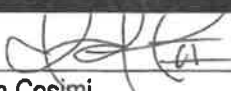


TAB 1: Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION					
Project Title:	Flagler County Youth Behavioral Health SOC Implementation Project				
County(ies):	Flagler County				
Project Start Date:	June 2018				
Type of Grant:	Planning Grant <input type="checkbox"/>		Implementation and Expansion Grant <input checked="" type="checkbox"/>		
GRANT POINT OF CONTACT					
Contact Name & Title:	Patrick Miley				
Applicant:	SMA Behavioral Health Services, Inc.				
Address Line 1:	150 Magnolia Avenue				
Address Line 2:					
City:	Daytona Beach	State:	FL	Zip:	32114
Email:	pmiley@smabehavioral.org				
Phone:	386-236-1697	Fax:			
ADDITIONAL CONTACTS					
Contact Name:					
Co-Applicant:					
Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Email:					
Phone:		Fax:			
FUNDING REQUEST AND MATCHING FUNDS					
	Total Amount of Grant Funds Requested	Total Matching Funds (Provided by Applicant and partners):			
Program Year 1	\$231,727.00	\$231,727.00			
Program Year 2	\$231,727.00	\$231,727.00			
Program Year 3	\$231,727.00	\$231,727.00			
Total Project Cost	\$695,181.00	\$695,181.00			
CERTIFYING OFFICIAL					
Certifying Official's Signature:					
Certifying Official's Name (printed):	Ivan Cosimi				
Title:	Chief Executive Officer				
Date:	January 22, 2018				

Certified Designation Letter

**Board of County
Commissioners**

1769 E. Moody Blvd Bldg 2
Bunnell, FL 32110



Flagler Youth Diversion Project

www.flaglercounty.org

Phone: (386)313-4001

Fax: (386)313-4101

November 29, 2017

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
1220 Willis Ave
Daytona Beach, FL 32114

Dear Mr. Cosimi:

On behalf of the Flagler County Public Safety Coordinating Council, Stewart-Marchman-Act Behavioral Healthcare has been designated as the official organization authorized to apply for Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant implementation funds on behalf of the County of Flagler.

SMA's proposed effort to improve the youth behavioral healthcare system of care to increase public safety, avert increased spending on juvenile justice systems, and to improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Public Safety Coordinating Council.

The members of the Public Safety Coordinating Council will actively participate in the oversight of the implementation project funded through the grant program.

Sincerely,

Nate McLaughlin, Chair
Public Safety Coordinating Council

Charles Erickson, Jr.
District 1

Greg Hansen
District 2

David Sullivan
District 3







Nate McLaughlin
District 4





Donald O'Brien
District 5

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TAB 3: STATEMENT OF MANDATORY ASSURANCES

	<u>Initial</u>
<p>A. Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.</p>	
<p>B. Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.</p>	
<p>C. Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.</p>	
<p>D. Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).</p>	
<p>E. Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.</p>	
<p>F. Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.</p>	

G.	<p><u>Compliance and Performance:</u> The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.</p>	
H.	<p><u>Certification of Non-supplanting:</u> The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.</p>	
I.	<p><u>Submission of Data:</u> The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.</p>	
J.	<p><u>Submission of Reports:</u> The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.</p>	

TAB 4: Match Commitment and Summary Forms

Please see the following pages for:

- **Appendix H: Commitment of Match Donation/Basis of Valuation Forms for:**
 - Flagler County
 - Flagler Cares
 - Flagler Schools
 - Halifax Health
 - Flagler Sheriff's Office
 - SMA Behavioral Health Services, Inc.
 - United Way of Volusia-Flagler Counties
- **Appendix I: Match Summary Form** for entire project

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**


TO: (name of county) Flagler County
FROM: (donor name) Flagler County Board of County Commissioners
ADDRESS: 1769 E. Moody Blvd, Building 2
Bunnell, FL 32110

The following space, equipment, goods or supplies, and X professional services, are donated to the County permanently (title passes to the County) X temporarily (title is retained by the donor), for the period June 30, 2018 to June 30, 2021.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Personnel Services (staff time committed to project)</u>	<u>\$ 2,744.66</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>2,744.66</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.



Sally Sherman,
Deputy County Administrator
Flagler County Board of
County Commissioners

11/29/17
(Date)



Ivan Cosimi, CEO
SMA Behavioral Healthcare
(County Designee Signature)

1/22/18
(Date)

BASIS OF VALUATION

Building/Space

1. Donor retains title:

a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

b. (1) Established monthly rental of space \$ _____

(2) Number of months donated during the contract _____

Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____

b. Estimated useful life at date of acquisition _____ yrs.

c. Annual depreciation (a./b.) \$ _____

d. Total square footage _____ sq. ft.

e. Number of square feet to be used on the grant program _____ sq. ft.

f. Percentage of time during contract period the project will occupy the building or space _____ %

Value to project (e./d. X f. X c.) \$ _____

Use Allowance

a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).

b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value

2. Title passes to County:

a. FMV at time of donation \$ _____

or

b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

2 hours X 37 months X \$37.09/hr = \$2,744.66

2. Volunteer -- Comparable annual salary \$ _____

Annual Salary Number of hours 2080 X to be provided = \$ _____

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**


TO: (name of county) Flagler County
 FROM: (donor name) Flagler Cares
 ADDRESS: 316 Ocean Shore Blvd
Flagler Beach, FL 32136

The following _____ space, _____ equipment, _____ goods or supplies, and X professional services, are donated to the County permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period July 1, 2018 to June 30, 2021.

Description and Basis for Valuation (See next page)


Description	Value
(1) Project Evaluation consultant services	\$47,250.00 (15,750 per year)
(2)	
(3)	
(4)	
TOTAL VALUE \$ 47,250.00	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.



 Carrie Baird, Executive Director
 Flagler Cares

 (Date)



 Ivan Cosimi, CEO
 SMA Behavioral Healthcare

1/22/18

 (Date)

BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____
2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation \$ _____

Personnel Services

1. Staff of another agency or organization:

Annual Salary/Program	Number of Hours	Total Value
Project Evaluator	175 consulting hours X \$90 per hour X 3 years	47,250.00

2. Volunteer -- Comparable annual salary \$ _____

Annual Salary	Number of Hours	Hours to be provided	Total Value

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) Flagler County
 FROM: (donor name) Flagler Schools
 ADDRESS: P.O. Box 755
Bunnell, FL 32110

The following space, equipment, goods or supplies, and X professional services, are donated to the County permanently (title passes to the County) temporarily (title is retained by the donor), for the period July 1, 2018 to June 30, 2021.

Description and Basis for Valuation (See next page)

Description	Value
<u>(1) Personnel Services (staff time committed to project)</u>	<u>\$243,106.44 (\$81,035.48 per year)</u>
<u>(2) Building/Space (in multiple schools)</u>	<u>\$16,335.00 (\$5,445.00 per year)</u>
<u>(4)</u>	
	TOTAL VALUE \$259,441.44

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

 11/18/2018
 Lynette Shott, Executive Director of Student & Community Engagement (Donor Signature) (Date)

 1/22/18
 Ivan Cosimi, CEO SMA Behavioral Healthcare (County Designee Signature) (Date)

BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ 55 X 4-5 schools X space for 2 positions
 (2) Number of months donated during the contract 11 months each program yr
 Value to the project [b.(1) X b.(2)] \$5,445.00 per year X 3 years
2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation \$ _____

Personnel Services

1. Staff of another agency or organization:

Position	Hourly Rate	Number of Hours	Rate x Hours	Indirect Cost-Benefit Package	Total Commitment
Student & Community Engagement Executive Director (District Supervisor)	\$55.17	X40	\$2206.80	X.30	\$2868.84
Exceptional Student Education Director	\$47.04	X40	\$1881.6	X .30	\$2446.08

Flagler Youth Diversion Project

(District)					
Coordinator of Student Supports and Behavior (D.B.)	\$38.19	X128	\$4888.32	X.30	\$6354.81
Clerical - Manage Full Service School Referrals	\$16.00	X90	\$1440.00	X.30	\$1872.00
Administrator on Assignment	\$52.80	X128	\$6758.40	X .30	\$8785.92
Assistant Principal (HS)	\$41.65	X72	\$2998.8	X .30	\$3898.44
School Social Worker	\$35.31	X72	\$2542.32	X.30	\$3305.02
Guidance Counselor (HS)	\$50.78	X72	\$3656.16	X.30	\$4753.08
Dean (HS)	\$36.09	X72	\$2309.76	X .30	\$3002.68
Assistant Principal (MS)	\$44.78	X72	\$2565.92	X .30	\$3425.69
Guidance Counselor (MS)	\$49.38	X72	\$3555.36	X.30	\$4621.97
Assistant Principal (MS)	\$39.15	X72	\$2505.60	X .30	\$3257.28
Dean (MS)	\$29.56	X72	\$2128.32	X .30	\$2796.82
Guidance Counselor (ES)	\$30.36	X72	\$2185.92	X.30	\$2841.70
Assistant Principal (ES)	\$39.27	X72	\$2827.44	X.30	\$3675.67
Dean (ES)	\$46.92	X72	\$3378.24	X.30	\$4391.71
School Psychologist (HS)	\$32.89	X72	\$2368.08	X .30	\$3078.50
School LEA Rep. (HS & MS & ES)	\$40.89	X72	\$2944.08	X .30	\$3827.30
School LEA Rep. (HS & MS & ES)	\$40.89	X72	\$2944.08	X .30	\$3827.30
School LEA Rep. (HS & MS & ES)	\$40.89	X72	\$2944.08	X .30	\$3827.30
Graduation Coach (HS)	\$44.63	X72	\$3213.36	X.30	\$4177.37
Total					\$81,035.48

2. Volunteer – Comparable annual salary \$ _____

**APPENDIX H - COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**



TO: (name of county) Flagler County
 FROM: (donor name) Halifax Health (Halifax Hospital Medical Center)
 ADDRESS: 303 N. Clyde Morris Boulevard
Daytona Beach, FL 32114

The following space, equipment, goods or supplies, and X professional services, are donated to the County permanently (title passes to the County) temporarily (title is retained by the donor), for the period July 1, 2018 to June 30, 2021.

Description and Basis for Valuation (See next page)

Description	Value
<u>(1) Personnel Services (staff time committed to project)</u>	<u>\$5,496 (\$1,832 per year X 3 years)</u>
<u>(4)</u>	
TOTAL VALUE \$5,496	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

 _____ Robert L. Williams Halifax Health Director Population Health Business Development	<u>1/15/18</u> (Date)	 _____ Ivan Cosimi, CEO SMA Behavioral Healthcare	<u>1/22/18</u> (Date)
--	--------------------------	--	--------------------------

BASIS OF VALUATION

Building/Space

- 1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 - (2) Number of months donated during the contract _____
 - Value to the project [b.(1) X b.(2)] \$ _____
- 2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____%
- Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

- 1. Donor retains title: Fair Rental Value
- 2. Title passes to County:
 - a. FMV at time of donation \$ _____
 - or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation \$ _____

Personnel Services

- 1. Staff of another agency or organization:

Position	Hourly Rate	Number of Hours per year	Rate X Hours per Year X 3 years	Total Commitment
Psych Service Line Administrator	\$127	12	4,572	4,572
Program Manager	\$41	2.5	307	307
TCM Supervisor/CAT Administrator	\$41	2.5	307	307
Grant Development Specialist	\$46	2.25	310	310

- 2. Volunteer – Comparable annual salary \$ _____

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) Flagler County
 FROM: (donor name) Flagler County Sheriff's Office
 ADDRESS: 901 E. Moody Blvd,
Bunnell, FL 32110

The following _____ space, _____ equipment, _____ goods or supplies, and X professional services, are donated to the County permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period July 1, 2018 to June 30, 2021.

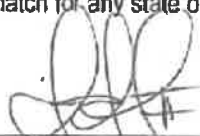
Description and Basis for Valuation (See next page)

Description	Value
<u>(1) Personnel Services: Youth mentoring, counseling and early intervention (school, afterschool and community)</u>	<u>\$190,326 (\$63,442 per year X 3 years)</u>
<u>(4)</u>	
TOTAL VALUE \$ <u>190,326</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

_____ (Pending signature)
 Sheriff Rick Staly
 Flagler County Sheriff's Office

_____ (Date)



 Ivan Cosimi, CEO
 SMA Behavioral Healthcare

_____ (Date)
1/22/18

BASIS OF VALUATION

Building/Space

- 1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 - (2) Number of months donated during the contract _____
 - Value to the project [b.(1) X b.(2)] \$ _____
- 2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____%
- Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

- 1. Donor retains title: Fair Rental Value
- 2. Title passes to County:
 - a. FMV at time of donation \$ _____
 - or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation \$ _____

Personnel Services

- 1. Staff of another agency or organization:

Program	Hours	Officers/Civilian	Hourly rate	Value
Leadership camp	64	5 officers 2 civilians	\$20.86	\$9,344.00
CSI Camp (summer)	40	6 officers 2 civilians	\$21.00	\$6,720.00
Dusk w/deputies (evening with youth in a local park)	9	5 officers 2 civilians	\$20.86	\$1,314.00
Girls Mentoring-At risk	50	2 civilians	\$18.00	\$1,800.00
Junior Police Academy	57	1 officer	\$22.00	\$1,254.00

Flagler Youth Diversion Project

Program	Hours	Officers/Civilian	Hourly rate	Value
Explorers	196	2 officers	\$11.50	\$4,508.00
ITMS Track Officer-after school program	48	1 officer 1 civilian	\$20.00	\$1,920.00
Warrior Football & Cheer	90	2 officers	\$31.50	\$5,670.00
Warrior Wrestling	30	2 officers	\$22.00	\$1,320.00
Elementary Track	16	1 civilian	\$18.00	\$288.00
School Resource Deputy-mentor, parent/teacher/student meetings	222	6 School Res. Deputies	\$22.00	\$29,304.00
				\$63,442.00

2. Volunteer -- Comparable annual salary \$ _____

RFA11H20GN1

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)**


TO: (name of county) Flagler County
FROM: (donor name) SMA Behavioral Health Services, Inc.
ADDRESS: 150 Magnolia Avenue
Daytona Beach, Florida 32114

The following ___ space, ___ equipment, ___ goods or supplies, and X services, are donated to the County _____ permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period 2018 to 2021.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Cash</u>	\$ <u>78,000</u>
(2) <u>In-kind personnel expenses for supervision</u>	\$ <u>19,122.33</u>
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>97,122.33</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.



(Donor Signature)

1/22/18
(Date)



(County Designee Signature)

1/22/18
(Date)

**Appendix H (cont.)
BASIS OF VALUATION**

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 5 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:
 - In-kind match for Director providing supervisory duties to the grant funded position
 Annual Salary \$53,788.80 Number of hours 2080 (\$25.86/hr) for .11 FTE x 3yrs = \$17,750.31 + \$1,372.02 fringe
 - Cash match from Flagler County to SMA providing supervisory duties to the grant funded position- \$78,000
 Annual Salary \$42,161.60 Number of hours 2080 (\$20.70/hr) for .5 FTE x 3yrs = \$63,242.40 + \$14,757.60 fringe
2. Volunteer -- Comparable annual salary \$ _____
 Annual Salary Number of hours 2080 X to be provided = \$ _____

BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation \$ _____

Personnel Services

1. Staff of another agency or organization:

Annual Salary/Program	Number of Hours	Total Value
211 total annual budget for staff and technology: 181,794	15% of program budget allocated for Flagler services annually X 3 years	\$81,807
Cash match for program implementation	\$5000 year 2, \$5000 year 3	\$10,000

2. Volunteer -- Comparable annual salary \$ _____

Annual Salary	Number of Hours	Hours to be provided	Total Value

Appendix I - MATCH SUMMARY
(for the entire grant period)

Date - January 22nd, 2018

County - Flagler

Type of Grant - Implementation

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ 695,181.00

Match Committed:

Cash	\$	<u>140,250</u>
In-Kind	\$	<u>554,931</u>
Total	\$	<u>695,181</u>

Comments: _____

Prepared By Patrick Miley 

Approved By 

TAB 5: PROJECT NARRATIVE

Flagler County stakeholders have spent the last year examining their youth mental health and substance abuse system of care through a Reinvestment grant funded planning project. Through this formal assessment process, a strategic plan to divert youth from the juvenile justice system has emerged that focuses on filling the most critical gaps in Flagler's continuum of services to ensure that youth with behavioral health concerns and risk factors for juvenile justice involvement are identified, screened and provided appropriate services as early as possible. This more complete community-based continuum of care is also an essential transformation in the delivery of services for youth served by the juvenile justice system but who are not eligible for DJJ funded behavioral health programs. The result of this planning work is this design for the Flagler Youth Diversion Project.

Criteria 1: Statement of the Problem

3.8.5.1 For both Planning and Implementation and Expansion Grants, the application must include a detailed description of the problem the project will address. The application should document the extent of the problem using local or state data and include trend analysis. Describe the project's geographic environment, Target Population, socioeconomic factors, and priority as a community concern.

Despite a decline in the number of youth involved in the juvenile justice system and similar declines in youth incarceration over the last decade, the prevalence of youth with behavioral health needs who are justice involved has continued to increase. Likewise, the number of at-risk youth is increasing and posing new challenges to the community, schools and justice system that are working to adequately identify and effectively address the emerging needs of Flagler County youth. Unlike the adult population, early identification of the behavioral health needs of youth is achievable with effective community and school-based processes to identify and assess mental health and substance use issues. Early identification enables appropriate interventions and services to be provided at the earliest possible juncture.

Flagler County currently has limited youth behavioral healthcare services in place but the focused assessment over the last 11 months has made it clear that **the current system is fragmented, uncoordinated and extremely difficult for families and youth-serving professionals to navigate, especially families with youth who are most at risk for involvement in the juvenile justice system.** The results of this ineffective system are children struggling in school, school suspensions, juvenile justice referrals, inappropriate use of involuntary commitment, psychiatric hospitalizations, child welfare placements and other symptoms of youth and families in crisis.

There exists an access gap between existing behavioral health services available in the Volusia/Flagler area:

- Most service agencies operate as an island with very little collaboration or coordination with other organizations.
- Intensive behavioral healthcare intervention services, including crisis mental health screening and day treatment, are only available out-of-county.

- There is some coordination by the Managing Entity of behavioral health providers/services for uninsured/indigent families but:
 - Only 10% of Flagler children lack insurance coverage of some kind
 - 47% of Flagler children have private insurance coverage (through a parent's employer)
- There is some coordination of services for severely mentally ill youth and those involved in multiple systems (juvenile justice, dependency, disabilities) through multi-agency teams (such as Family Services Planning Team, Local Review Team, and Integrated Practice Team) but the majority of Flagler youth do not need these intensive teams and would not qualify for these intensive interventions. Prevention and early intervention, especially on the part of school personnel and School Resource Deputies, to prevent school infractions by accessing a behavioral health resource is the cornerstone of an effective system of care. Utilizing screening, assessment, and appropriate clinical interventions as part of a more formal structure to embed system of care principles into policy and practice is key to system effectiveness.
- Flagler children with Medicaid/CHIP coverage (31% of youth) experience barriers with provider networks and adequacy of coverage.
- The Juvenile Justice system has adequate resources to provide evidence-based behavioral healthcare services but very few Flagler youth involved in DJJ services have access to DJJ funded behavioral health interventions. *In 2015-16: 183 youth were referred for delinquency (2% of the youth population), 39 were placed on probation and only 15 were placed in residential commitment.* These figures can be interpreted to show that only 20% of the youth referred for delinquency would have had access to DJJ funded behavioral health services.

Despite the relatively small number of Flagler youth under the care of DJJ through probation or commitment programs (those who have access to DJJ funded behavioral health services) there is substantial evidence that many Flagler youth are exhibiting risk factors for juvenile justice involvement and escalating mental health and substance use disorders.

Data and Trend Analysis: Qualitative & Quantitative Assessment Data

- During the 15-16 school year, 176 incidents occurred on school campus that required state reporting (139 of those were reported to law enforcement). 110 of the incidents were related to alcohol or drugs and 40 were related to threat of violence. This number also represents an 11% increase in incidents from the previous year.
- During 15-16, 959 students received in school suspension and 995 students received out of school suspension. These figures also represent an increase in suspensions from the previous year.
- From July to November 2017, 104 students were referred for substance abuse and/or mental health concerns. Most notably, to date, only approximately 73% received services as a result of their referral.
- During the three previous school years, Flagler's school social worker reports that 20-25 students were eligible for the region's day treatment program (educational and psychiatric services) but were unable to participate because of transportation issues

(program is located in Daytona Beach in neighboring Volusia County, a 30 minute minimum drive from Flagler County)

- Anecdotally, youth are waiting weeks to be formally assessed for mental health and substance abuse issues and a large percentage of referrals do not result in the delivery of appropriate services.
- There were 139 Flagler youth Baker Acts initiated in 2015 (a 44% increase from the previous year)
- During 2016-17, Flagler County School Resource Deputies spent 222 hours in counseling formal sessions with Flagler students and their families.

Flagler statistics for other nationally recognized risk factors for delinquency include:

- **Substance Use:** 19.8% of Flagler youth have used alcohol in the last 30 days, 13.3% have used marijuana and 8.9% report binge drinking in the last 30 days 34% of high schoolers reported using alcohol or drugs in the last 30 days. 9.6% of youth reported smoking marijuana before or during school. (FYSAS, 2016).
- **Academic Failure:** 81.1% of Flagler's students graduated high school (lower than the state rate) in 15-16. In 15-16, 58% of students had satisfactory English Language scores and 61% had satisfactory Mathematics scores on standardized tests. (FSA scores, FDOE)
- **Lack of Commitment to School:** In 15-16, 9.84% of students missed 21 or more days of school (a small increase over the previous year) (FDOE, 2016)
- **Antisocial or Delinquent Peers:** 39.6% of youth reported that they have friends that have been in trouble because of drugs/alcohol (FYSAS, 2016)
- **Gang Membership:** 4.5% of students reported that they have belonged to a gang.
- **Broken Home and Antisocial Parents.** 44.9% of youth reported that family members have been or are now in jail/prison (FYSAS, 2016)

In summary, the number of youth exhibiting risk factors for delinquency and early indications of substance use and mental health conditions are significant for a county the size of Flagler and a relatively small number of youth are receiving evidence based behavioral health services through their involvement with DJJ.

Flagler County Geographic Environment and Socioeconomic Factors

Flagler County, Florida has a population of 103,584 and is located in coastal Northeast Florida, south of St. Johns County and north of Volusia County. Flagler is sometimes included as part of North Florida (Part of the Northeast Florida Regional Planning Council) but is just as often grouped with Volusia County (HUD Continuum of Care and many health/behavioral health service areas). Flagler County is one of the four counties in the 7th Judicial Circuit, along with St. Johns, Volusia and Putnam County. This association with other, much larger counties and jurisdictions often leaves Flagler with a disproportionately small share of resources located within the county and the lack of public transportation makes accessing out of county resources very difficult for most at-risk families.

Regional Socio Demographics

	Flagler	Volusia	St. Johns	Putnam
Population	103,584	519,037	222,006	73,004
Youth Population (10-17)	8,961	42,756	23,449	6,885
Median Household Income	47,866	41,117	66,194	31,715
Percent Poverty (Under age 18)	24.5	27.0	10.6	45.8
Unemployment	5.5	5.1	3.7	6.3
% of Individuals over 25 with No High School Diploma	9.1	11.3	6.1	21.5

Sources: www.flhealthcharts.com, www.djj.state.fl.us

Flagler is not the smallest county in the circuit nor is it the most economically disadvantaged. Flagler has 1/5th the population of Volusia County and is one-half the size of St. Johns County. This “middle” position in the circuit causes Flagler to be often overlooked when resources are distributed. Many of the region’s health and human services are delivered by agencies that serve Volusia and Flagler with their main offices (and the bulk of their resources) being allocated to Volusia County

Project’s Priority as Community Concern

In 2016, the Flagler community completed a year-long Community Health Assessment and Planning Project led by Florida Hospital Flagler, Halifax Health, Flagler Cares and the Department of Health-Flagler. The project included the collection of data for hundreds of indicators, a community health survey completed by over 580 residents and the assemblage of a Leadership Council of leaders from 18 organizations. One of the five final community health priorities emerging from that process was **youth behavioral health**. Additionally, mental health and substance abuse ranked as top concerns among the community survey respondents:

2016 Community Health Survey, n=584	Among the top five responses:
Survey Question: Check up to 5 health issues YOU are most concerned about in your county	#2: Addiction (36.13%) #4: Mental Health problems (28.08%)
Survey Question: Check up to 5 unhealthy behaviors YOU are most concerned about in your county	#1, Drug Abuse (51.88%) #2, Alcohol Abuse (44.25%) #3, Mental health problems/stress (36.13%)

Over 80 community stakeholders actively participated in the recent Flagler Planning Project. Planning Committee meetings were well attended by actively engaged participants.

Current Juvenile Justice Population

3.8.5.1.1 The application must provide an analysis of the current population of the jail or juvenile detention center in the county or region

Flagler Referrals to the Department of Juvenile Justice, noted below, have continued to decline in the last 5-10 years as a reflection of law enforcement practices, a focus on

diversion and civil citation programs and reforms within the Department of Juvenile Justice.

	2011-12	2012-13	2013-14	2014-15	2015-16
Number of Youth Arrested (Intake)	334	276	230	222	183
Rate of Youth Arrested (Per 1,000 youth aged 10-17)	37/1000	30/1000	26/1000	25/1000	20/1000
Number of Youth Arrested for Felony	93	103	106	92	81
Number of Youth Arrested for Misdemeanor	213	150	112	113	82
Percent of Youth Arrested, Male	61%	67%	75%	72%	75%
Percent of Youth Arrested, Female	39%	33%	25%	28%	25%
Percent of Youth Arrested, White	61%	57%	57%	53%	47%
Percent of Youth Arrested, Black	34%	36%	37%	40%	46%
Number of Youth: Diversion	155	112	127	128	115
Number of Youth: Probation	112	86	64	53	39
Number of Youth: Residential Commitment	14	12	13	9	15

Source: Department of Juvenile Justice Delinquency Profile

The utilization of Civil Citation has also increased over the last 6 years as detailed below.

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
# Eligible Youth	166	127	101	102	87	84
# Issued Civil Citation	24	16	33	36	47	42
% Civil Citation	14%	13%	33%	35%	54%	50%

Current Screening and Assessment Processes

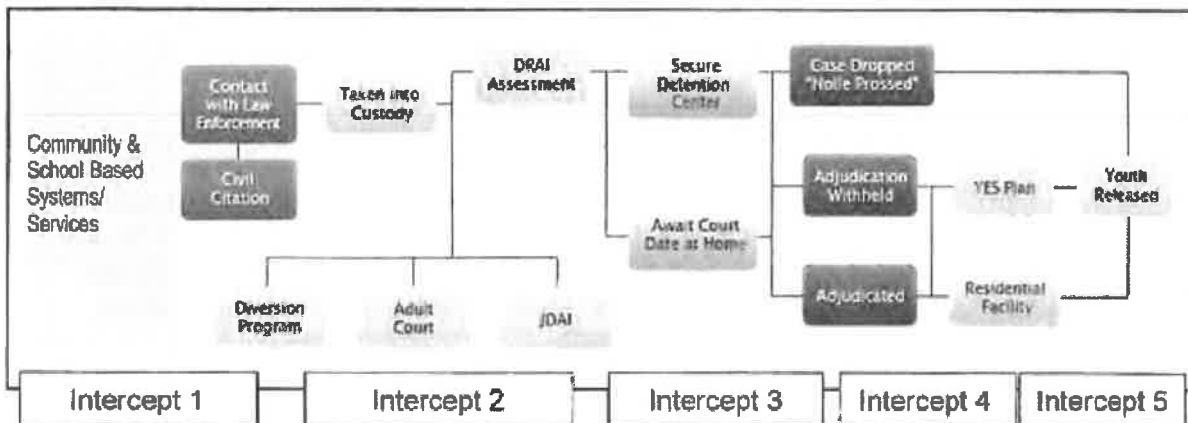
3.8.5.1.1.1 A description of the screening and assessment process used to identify the Target Population(s);

Flagler County has a series of processes that serve to identify youth with behavioral health care needs at various ages and in various settings—in the community and within the Juvenile Justice system. Once identified, youth are referred for further assessment of their needs and for services. Although these processes exist, a referral for behavioral health care assessment and/or services does not currently mean that youth receive the appropriate services due to a variety of barriers (parent involvement, cost, transportation, availability, etc.). Improvements in Flagler's screening and referral processes is a component of the proposed Flagler Youth Diversion program.

Intercepts	Summary of CURRENT Screening & Assessment Processes	
Intercept 0: Community	Parents/ Caregiver	Parents who identify potential BH issues reach out to school staff, medical provider, CINS/FINS provider or another social service agency. Referrals for further assessment and services can be made.
	Flagler Schools	Flagler Schools staff identify potential BH issues and the Student Services team is engaged. Referrals for further assessment and services can be made.
	Medical Provider	Medical provider identifies a BH issue and referrals for further assessment and services can be made.
	CINS/FINS Provider	CINS/FINS intake is conducted and if BH issues are identified, referrals for further assessment and services can be made.

Intercepts	Summary of CURRENT Screening & Assessment Processes	
	Child Welfare	Child Welfare system providers identify a potential BH need and referrals for further assessment and services can be made.
	Family Services Planning Team (FSPT)	Youth with more serious BH issues can receive a FSPT for service planning and referrals.
Intercept 1: Law Enforcement	Law Enforcement	Law Enforcement contact can result in arrest, civil citation, initiation of Baker Act screening, or initiation of Marchman Act screening.
Intercept 2: Detention & Initial Appearance	Detention Risk Assessment Screening (DRAI)	If BH needs are identified during the DRAI screening, a referral for a SAMH Level 2 is made (administered by SMA Behavioral)
	Intake Conference	Juvenile Probation Officer completes a PACT screening and youth completes a M.A.Y.S.I. questionnaire. If BH needs are identified, service information is shared with parents/caretakers. (services are voluntary during intake status)
	Diversion Programs (such as Teen Court)	If through the intake process BH issues are identified, referrals for further assessment and services can be made
Intercept 3: Detention & Courts	Detention Services	Substance Abuse and Mental Health screening, crisis intervention and stabilization services are available while in Detention
	Court Ordered Assessment or Services	Behavioral Healthcare assessment and/or services can be court-ordered (including Residential programs)
Intercept 4: Re-Entry	Community Reentry Team	Teams address youth needs prior to Reentry to include BH services.
Intercept 5: Home & Community Supervision	Continued BH Services and Juvenile Probation	BH services continue, youth can reenter Intercept 1 systems

DJJ System Overview



Common Types of Behavioral Health Screening and Assessments

- PACT Assessments (DJJ): Assessments include the Community PACT or C-PACT, the Residential PACT or R-PACT, and Prevention Assessment Tool or PAT
- M.A.Y.S.I Questionnaire (DJJ)
- SAMH Level 2 (SMA Behavioral Healthcare)
- Comprehensive Evaluation (Various Providers)

Juvenile Justice Population with Mental Illness, Substance Use Disorders or Co-Occurring Disorders

3.8.5.1.1.2 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance use disorder, or co-occurring disorders;

According to the Florida Department of Juvenile Justice, "Over 65% of the youth in the Department's care have a mental illness or substance abuse issue. Additionally, a significant number of youth have experienced severe childhood trauma (physical, sexual, emotional abuse) which impacts their behavior and treatment needs." (Source: <http://www.djj.state.fl.us/services/health>) NAMI reports that nationally, 70% of youth in state and local juvenile justice systems have a mental illness. (source: www.nami.org)

The prevalence of Flagler Youth involved in the Juvenile Justice system with mental health, substance abuse and co-occurring disorders is more difficult to quantify with available county-level data. Although youth entering the juvenile justice system are screened and assessed for behavioral health needs at various points, the only publicly available data regarding assessments is contained in the PACT (Positive Achievement Change Tool Assessment) profile. Trend data is not currently available for the PACT assessment and the most recent data published is for 2013-14. A summary of the 2013-14 PACT profile "risk factors" data quantifies the behavioral health care needs of youth assessed at the Juvenile Justice "intake" process in Table 1 below.

PACT Assessment Data, 2013-14, Risk Factors (Youth Assessed at Intake, n=227)

	Total # of Youth with a PACT Risk	Total % with a PACT Risk	% with Low Risk to Reoffend	% with Moderate Risk to Reoffend	% with Moderate-High Risk to Reoffend	% with High Risk to Reoffend
Currently using Alcohol	29	12.8%	12.0%	33.3%	26.1%	62.5%
Current Drug Use	53	23.3%	27.2%	38.1%	60.9%	75.0%
Mental Health Problems History	27	11.9%	16.3%	19.0%	17.4%	50.0%

Source: Florida DJJ PACT Profile

Youth Mental Illness and Substance Use Disorders in the General Population

There is more comprehensive behavioral health prevalence data available for the general youth population than specifically for youth involved in the Juvenile Justice system.

Mental Health. National data indicates that approximately 20% of youth ages 13-18 live with mental health condition. Additionally, 50% of all lifetime mental health disorders present by the age of 14 and 75% by the age of 24. 37% of students with a mental health condition at age 14 and older drop out of school creating an exponential risk for juvenile justice involvement. (Source: www.nami.org). In 2015-16, 11.9% of all Florida adolescents had a Major Depressive Disorder—a steady increase in prevalence each year since 2010-11 (source: SAMHSA Behavioral Health Barometer, Florida, Vol. 4)

Flagler County Youth: Involuntary Exam (Baker Act) Initiations			
	Number	Population 10-17	Rate per 1,000
2011-2012	119	9,253	12.86
2012-2013	139	9,400	14.79
2013-2014	128	9,535	13.42
2014-2015	148	9,601	15.42
2015-2016	133	9,595	13.86

Source: Dept. of Mental Health Law and Policy, de la Parte Florida Mental Health Institute

Substance Use. The Florida Youth Substance Abuse Survey (FYSAS) administered every other year in Florida quantifies the prevalence of substance use and other related risk factors among Flagler’s youth age 10-17. The table below shows 30-day (“current”) use trends among Flagler youth.

30-Day Use Trends, 2006-2016, Past-30-day trend in alcohol, tobacco and other drug use for Flagler						
	2006	2008	2010	2012	2014	2016
Alcohol	38.7	34.6	29.5	27.8	21.7	19.8
Binge Drinking	21.3	18.9	14.6	12.7	10.4	8.2
Cigarettes	15.2	12.9	10.1	9.1	7.5	5.1
Marijuana or Hashish	12.4	14.0	15.4	15.3	13.3	13.3
Depressants	2.5	2.9	2.7	1.8	1.7	2.6
Prescription Pain Relievers	3.8	4.1	3.3	4.0	2.5	1.7
Over-the-Counter Drugs	--	2.1	3.1	3.1	2.2	2.6
Any illicit drug	17.0	19.2	20.7	21.4	16.3	16.7
Any illicit drug other than marijuana	9.9	11.4	10.0	10.2	7.1	7.6
Alcohol only	24.8	19.8	14.8	12.4	11.7	8.9
Alcohol or any illicit drug	41.1	39.0	34.9	33.5	27.9	25.1

Source: Florida Youth Substance Abuse Survey 2016

Contributing Factors

3.8.5.1.1.3 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center; and

As identified in the problem statement, Flagler’s continuum of behavioral health services is incomplete and significant access barriers exist. The majority of youth identified through the school system as needing mental health and substance abuse interventions are Medicaid recipients. Flagler’s Medicaid network of providers is lacking in diversity and capacity. Across Florida, youth are not accessing needed services. In 2014-15, 65,8% of Florida Adolescents with major depression DID NOT receive services. (source: SAMHSA Behavioral Health Barometer, Florida, Vol. 4). During the formal planning process, gaps in the continuum of care to provide effective mental health and substance abuse services were repeatedly prioritized through key leader interviews, focus groups and community meetings. All partners in the system of care, including families, youth, providers, educators and governmental entities expressed their frustration in accessing, receiving, delivering and sustaining appropriate behavioral healthcare in the Flagler community.

Risk Factors for Juvenile Justice Involvement

3.8.5.1.1.4 Data and descriptive narrative delineating the specific factors that put the Target Population at risk of entering or re-entering the criminal or juvenile justice systems.

Based on the generally accepted risk and protective factor framework (adopted by Office of Juvenile Justice and Delinquency Prevention and other federal agencies), Flagler leaders have collected and analyzed data to quantify the prevalence of risk.

Risk Factor for Delinquency	Flagler Data
Substance Use	42.6% of Flagler students reported using alcohol and 19.9% reported having "blacked out" before. 35.7% of high schoolers have used marijuana (a significant jump from 9% in middle school)
Academic Failure & Lack of Commitment to School (graduation, truancy, suspensions)	In 2015-16, 81.1% of Flagler’s students graduated high school. In the same year, 9.84% of students missed 21 or more days of school. In 2015-16, 995 students received an out-of-school suspension and 22 were placed in an alternative setting.
Antisocial or Delinquent Peers	39.6% of youth reported that they have friends that have been in trouble because of drugs/alcohol.
Gang Membership	4.5% of students reported that they have belonged to a gang.
Broken Home/Antisocial Parents	44.9% of youth reported that family members have been or are now in jail/prison.
Homelessness	In 2015-16, 509 students were classified as homeless (including 20 in shelters and 39 in motels). 58 of those students were unaccompanied students.
Poverty	In 2015, 24.5% of individuals under 18 lived in poverty.
Maltreatment/Abuse	The rate of child abuse/neglect investigations with "not substantiated" or "verified" findings was 31.4 per 1,000 child population in 2015. (higher than the state rate)
Domestic Violence	The Flagler Domestic Violence Offense rate per 100,000 population was 608.4

Risk Factor for Delinquency	Flagler Data
	in 2015 (higher than the state rate)
Divorce	In 2015, 2,768 Flagler households with children were led by a single mother (28%)
Teenage Parenthood	The Teen birth rate in 2015 was 606 per 1,000 population.
<i>Sources: FYSAS, FDOE,, US Census, FL Charts</i>	

Target Population Analysis

3.8.5.1.2 Implementation and Expansion Applicants Only: The application must include a concise analysis of the Target Population, including the projected number of individuals to be served and demonstrate how the identified needs are consistent with the priorities of the Strategic Plan.

Based on the quantitative and qualitative data collected over the last year, along with input from numerous stakeholders, Flagler County's Youth Diversion Project will focus on school age youth (age 5-17) with both risk factors for juvenile justice involvement (or actual involvement) and early indicators of mental health or substance abuse concerns. Mental health and substance abuse concerns will be documented through valid screening instruments and juvenile justice risk will be measured through an inventory of risk factors noted by the youth, family or school system. It is anticipated that the majority of program participants will be in middle and high school.

Grant funds will be used to fund school-based substance abuse services and to fund the screening, referral and coordination of access to school-based mental health services and community-based mental health and substance abuse services for youth.

Projected Flagler Youth Diversion Project Participants/Number to be Served

Program Component	Numbers to be Served			
	Year 1	Year 2	Year 3	TOTAL
PROVISION of School-Based Substance Abuse Services (SMA)	50	55	60	165
COORDINATION of Community-Based Mental Health Services (Halifax)	70	75	80	225
COORDINATION of School- and Community-Based Mental Health and Substance Abuse Services (Flagler Schools)	70	75	80	225
TOTAL, ALL STRATEGIES	190	205	220	615

In addition to the above grant-funded components, program participants will have access to additional (match) supports:

- Community-based substance abuse services: SMA Behavioral
- Referral coordination to other social and financial support services: United Way 211

TAB 6: Project Design and Implementation

Sub Criteria 2A: Description of the Planning Council or Committee

3.8.6.1 For both Planning Grants and Implementation and Expansion Grants, the application must include a description of the planning council or committee, including:

3.8.6.1.1 A description of the composition of the planning council or committee, including the role of each member as stakeholder, consumer, etc. demonstrating compliance with s. 394.657(2)(a), F.S. If the Council does not currently meet the statutory requirements, provide a detailed explanation of how and when the Council intends to rectify the deficiency; and

3.8.6.1.2 An outline of the Planning council's activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.

The Flagler County Public Safety Coordinating Council (PSCC) currently meets all membership criteria outlined in 394.657(2)(a) F.S. If a vacancy occurs, county staff work to fill vacancies as soon as they exist. Once a recommended member is identified, their application is submitted to the Flagler County Board of County Commissioners for appointment. The Flagler PSCC also includes 3 additional member representatives, including a representative from Flagler County Schools, which will enhance the proposed youth Implementation Project.

Sector/Organization	Current Member
State Attorney or Designee	State Attorney R. J. Larizza
Public Defender or Designee	Public Defender James S. Purdy
Circuit Court Judge	Judge Dennis Craig
County Court Judge	Judge Melissa Moore-Stens
Local Court Administrator or Designee	Mark Weinberg
State Probation Circuit Administrator or Designee	Tammi Schimming, Circuit Administrator
County Commission Chair	Commission Chair Nate McLaughlin
County Director of Probation	Karen Lloyd
Sheriff or Designee	Sheriff Rick Staly
Police Chief or Designee	Thomas Foster, Police Chief City of Bunnell
Area Homeless or Supportive Housing Prog. Representative	Jeff White
Chief Correctional Officer	Chief Steve Cole
DJJ - Director of Detention Facility or Designee	Paul Finn
DJJ- Chief of Probation Officer or Designee	Daniel Memithew
DCF - Substance Abuse and Mental Health Program Office Representative	Charles Puckett
Primary Consumer of Mental Health Services	Nadine Dotson
Community Mental Health Agency Director or Designee	SMA Behavioral Health Care, Ivan Cosimi
Local Substance Abuse Treatment Director or Designee	
Primary Consumer of Community-Based Treatment Family Member	Linda Murphy
Primary Consumer of Substance Abuse Services	Bryan Plummer

Sector/Organization	Current Member
Representatives from county and state jobs programs and other community groups who work with offenders and victims	Christine Sikora
Flagler County School Board	Dr. Phyllis Pearson
At Large	Greg Feldman

Current and Past Public Safety Coordinating Council Activities

The Flagler PSCC will provide implementation oversight for the **Flagler Youth Diversion Project**. Unlike many counties in Florida, Flagler County’s PSCC is a very active group that meets at least 6 times a year to discuss issues related to the juvenile justice, criminal justice and behavioral health systems in Flagler County and to make recommendations to the Flagler County Board of County Commissioners. For most required positions, agency leaders participate in the PSCC, rather than designees (including the County Commission Chair, Sheriff, Judges and the DJJ Chief Probation Officer). Over the past 12 months, the PSCC met 6 times and meeting agendas included topics related to:

- Youth CJMHSA Planning Project Progress Reports
- Juvenile Justice Civil Citation Program
- Medical Marijuana
- Central Receiving Center grants
- Mental Health as a Public Health Crisis
- Pre-Trial Release Program
- Veterans Court
- Human Trafficking

Additionally, the Flagler County Public Safety Coordinating Council led a 2009 CJMHSA planning project examining the adult system and provided oversight to a CJMHSA Implementation Grant supporting the highly successful Crisis Triage and Treatment Unit program resulting from the 2009 Strategic Plan process. They also actively participated in the Planning Grant to examine the youth behavioral health system and unanimously approved the presented Youth CJMHSA Implementation Plan in November 2017.

The PSCC will serve as the official implementation oversight body for this Implementation Project and will meet not less than quarterly during each year of implementation. The standing meeting time for the PSCC is 8:45 a.m. on the second Wednesday of each month, at the County’s Emergency Services Center in Bunnell, FL. Monthly meeting agendas will include a standing agenda item for progress updates on the Implementation project. Many of the PSCC members will also participate on implementation committees.

Sub Criteria 2B: Strategic Plan

3.8.6.3.1 *The application must include copy of the existing Strategic Plan, which must include at minimum, all of the elements in Appendix A.*

3.8.6.3.2 *The application must include a description of the Strategic Plan, including progress toward implementation, when the plan was reviewed or updated, any challenges/barriers toward implementation.*

A comprehensive Flagler County Youth Behavioral Health Strategic Plan was developed through a formal assessment and planning process, funded through a 2016-17 CJMHSA Planning Grant and facilitated by Stewart-Marchman-Act Behavioral

Healthcare and Flagler Cares. Beginning in February 2017, over 80 stakeholders were engaged through Public Safety Coordinating Council meetings, Planning Committee meetings, key leader interviews, focus groups and online surveys and special sequential intercept and strategic planning session. That 15-page plan was approved by the Flagler County PSCC on November 8, 2017. The plan includes 5 key strategies that are proposed to be implemented in two phases. Phase 1 strategies are presented in this narrative and Phase 2 strategies will be resourced locally or through future grant funds. The full plan can be found in Appendix X, phase 1

Strategic Plan Summary:

Problem Statement Summary: Flagler County's existing continuum of community based behavioral health services for youth is uncoordinated and the system design and capacity creates access barriers—barriers that most strongly impacts the most at-risk youth. The Department of Juvenile Justice relies on community based behavioral health services for youth engaged through civil citation, probation and post-commitment probation and any interventions for at risk youth with behavioral health concerns prior to or during law enforcement contact leans heavily on resources at school or in the community. Additionally, key services to serve youth with moderate to severe mental health or substance use disorders are located out of county. See also the detailed Statement of the Problem in Tab 5

Strategic Planning Process and Participants: Flagler County's proposed approach to these systemic and capacity issues was to create a two-phased strategic approach grounded in the national evidence-based SAMHSA's System of Care model (Stroul and Friedman) and the School Responder Model (SRM) recently launched by the National Center for Mental Health and Juvenile Justice.

The Flagler Strategic plan was developed through a formal yearlong process with over 80 system stakeholders involved in needs assessment, mapping and planning activities. Stakeholders included agency leaders, judiciary, law enforcement, providers, state government, parents, youth and citizens of Flagler County. That same group of stakeholders will continue to be mobilized through regular discussions as part of the existing monthly Behavioral Health consortium meeting agendas.

Vision: School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance abuse System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

Mission: Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler through a system of care transformation.

Values (aligned with SAMHSA's SOC principals):

Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.

Values (aligned with SAMHSA's SOC principals):
No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
Flagler System of Care (Flagler SOC) is committed to creating a coordinated system of effective mental health and substance abuse services and supports that is easy for families and youth to navigate.
The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
All programs and services are designed to facilitate access and utilization - to help reduce disparities.

Service Model

Flagler County's service model is to create a coordinated and comprehensive system of community-based mental health and substance disorders services focused on serving youth who are most at risk of entering the juvenile justice system and youth served through the juvenile justice system who do not have access to DJJ funded behavioral health services.

Nineteen organizations have signed a SOC memorandum of understanding (MOU) to work collaboratively with each other to transform the existing array of services into a true system of care—a coordinated, collaborative system that is equipped to serve the needs of Flagler's most at risk youth. See also the list of MOU adopters in Tab 7.

The Flagler Strategic Plan is grounded in two national evidence based models of work:

1. SAMHSA's System of Care evidence-based framework based on the research of Stroul, Friedman and Blau and includes ten guiding principles.

<p>SAMHSA System of Care Principles</p> <ol style="list-style-type: none"> 1. Children have access to a comprehensive array of services 2. Services are individualized 3. Services are received in the least restrictive environment 4. Families are included as full participants in service planning and delivery 5. Services are integrated and coordinated 6. Case management is provided to ensure service coordination and system navigation 7. The system promotes early identification and intervention 8. Children with SED are ensured a smooth transition to adult services when they reach maturity 9. The rights of children with SED are protected 10. Children with SED receive services regardless of race, religion, national origin, sex, physical disability or other characteristic
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2. National Center for Mental Health and Juvenile Justice's School Responder Model is designed to use the school setting to divert youth with behavioral health needs from entry into the juvenile justice system through a targeted screening of youth involved in school infractions.

Strategic Plan Implementation: Two Phases

The Strategic plan will be implemented in two phases and summarized below. This proposal includes the implementation of strategies in Phase 1.

Strategic Plan Components	Strategy/Approach	Implementation Phase
Education and Awareness	Implement education and awareness strategies, utilizing social marketing principals, about substance use disorders and mental health conditions and how to access services.	Phase 2
Increase COMMUNITY BASED Access to Mental Health and Substance Abuse Services	Create a new resource at SMA's 24 hour Access Center that would provide phone-based assistance to connect at risk youth to appropriate mental health or substance abuse services (call center support to youth themselves, parents, law enforcement, school personnel and other individuals working with at risk youth)	Phase 2
	Create new position within Flagler County Schools to connect at risk youth to mental health or substance abuse services	Phase 1
	Create a new position at Halifax Adolescent Behavioral Services to coordinate Flagler youth access to Halifax's array of mental health services (as the designated Community Mental Health Center for Flagler County)	Phase 1
Increase SCHOOL BASED Access to Mental Health and Substance Abuse Services	Assist with the creation of new MOUs between Flagler Schools and Mental Health providers to provide increased school based mental health services	Phase 1 & 2
	Create a school-based outpatient substance use disorder program in priority schools	Phase 1
Increase Access to Out-of-County Resources	Provide transportation services to two out-of-county behavioral health services	Phase 2
Facilitate System of Care Improvements	Facilitate comprehensive System of Care improvements at the program, provider and system level.	Phase 1 & 2

Project Goals, Strategies, Milestones and Key Activities for each Objective

See additional details included in Project Timeline.

Goal A. (ESTABLISH FLAGLER YOUTH DIVERSION PROGRAM) Increase access for at risk youth to effective mental health and substance abuse interventions, at the earliest possible point, to prevent contact with the juvenile justice system or divert youth quickly from the juvenile justice system into appropriate community and school-based services.

Objective A.1. Establish an early identification, referral and service coordination program to expand the capacity and performance of the current Flagler County Youth Behavioral Health System of Care.

	Tasks	Performance Measures	Lead	Completion Date
A.1.1.	Establish legally binding agreements/contracts with two Program Partners to provide: <ul style="list-style-type: none"> • School-based referral and service coordination (Coordinator, Flagler Schools) • Community-based referral and service coordination (Halifax Clinical Liaison, Halifax Health) 	Sub-contracts signed and dated by Program Partners	SMA Behavioral Health	Within 3 mnths of contract execution
A.1.2.	Develop a data collection and reporting procedure and instrument for the provision of Program Participant data to SMA and Flagler Cares for formative evaluation processes during program implementation and one-year post-implementation.	Data Collection and Reporting Appendix for Sub-contract	Flagler Cares and SMA Behavioral Health	Within 3 mnths of contract execution
A.1.3.	Provide early identification, screening and assessment, referral and coordination of care/follow-up services to at risk youth and their families.	Quarterly Program reports	Flagler Schools, Halifax Health	Quarterly
A.1.4.	Implement formative evaluation of progress towards performance measures, barriers and issues at client, agency and system levels.	Quarterly Evaluation Reports	Flagler Cares	Quarterly
Objective A.2. Increase the capacity of school-based substance abuse and mental health services to serve youth at risk of juvenile justice involvement.				
	Tasks	Performance Measures	Lead	Completion Date
A.2.1.	Hire school-based outpatient SA Counselor	New Hire documents	SMA Behavioral	Within 3 months of contract execution
A.2.2.	Accept referrals for school-based substance abuse services and initiate services to Flagler students	Quarterly Program reports	SMA Behavioral	When position is filled
A.2.3.	Establish legally binding agreements/contracts with one Program Partners to provide: <ul style="list-style-type: none"> • Facilitation of the expansion of current MOUs between Mental Health providers and Flagler Schools (Flagler Cares) 	Sub-contract signed and dated by Program Partners	Flagler Cares and SMA Behavioral Health	Within 3 mnths of contract execution
A.2.4.	Increase the number of mental health providers with MOUs to provide school-based services	Number of new MOUs	Flagler Cares and Flagler Schools	Ongoing
A.2.5	Implement formative evaluation of progress towards performance measures, barriers	Quarterly Evaluation	Flagler Cares	Quarterly

	and issues at client, agency and system levels.	Reports		
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Goal B. (COLLABORATION) Establish a comprehensive and coordinated Youth Behavioral Health System of Care in Flagler County, focused on youth at risk for juvenile delinquency, through the adoption and adherence to shared values and goals, regular communication, data sharing and strategic partnerships.

Objective B.1. Establish new collaborative and coordinated processes through improved communication, project oversight and quality improvement activities.				
	Tasks	Performance Measures	Lead	Completion Date
B.1.1	Establish stakeholder communication methods including regular meetings of the Project Implementation Team, Leadership Team and Volusia/Flagler Behavioral Health Consortium meetings and progress update emails.	Meeting agendas, sign in sheets and minutes; emailed reports	Flagler Cares	Ongoing
B.1.3.	Map existing system of care partners and identify additional organizations for outreach and inclusion.	List of Current completed MOU's, new MOUs executed	Flagler Cares	Ongoing
B.1.4.	Distribute Quarterly Evaluation reports and discuss necessary adjustments for continuous quality improvement.	Quarterly Evaluation Reports with stakeholder feedback	Flagler Cares	Quarterly

Goal C. (ADDITIONAL LOCAL OBJECTIVE) Provide mental health, substance abuse and other support services to help at risk youth succeed in school.

Objective C.1. Assess the behavioral health, social, financial and health needs of at risk youth and coordinate referrals for appropriate services.				
	Tasks	Performance Measures	Lead	Completion Date
C.1.1.	Develop and implement assessment protocols to identify barriers to school success (attendance, behavior, academic performance)	Completed assessment(s)	Project Implementation Team (SMA, Halifax, Flagler Schools and Flagler Cares)	Ongoing

C.1.2.	Develop referral protocols, partnering with 211, to address program participant needs (and their families) to include educational, behavioral health, health, social, and financial.	Number of referrals for support services; Percent of referrals resulting in service provision	Project Implementation Team (SMA, Halifax, Flagler Schools and Flagler Cares)	Ongoing
C.1.3.	Implement formative evaluation of progress towards performance measures, barriers and issues at client, agency and system levels.	Quarterly Evaluation Reports	Flagler Cares	Quarterly

Implementation of Plan: Progress and Challenges

3.8.6.3.2 The application must include a description of the Strategic Plan, including progress toward implementing the plan, when the plan was last reviewed or updated, and any challenges or barriers toward implementation.

To date, the Flagler Strategic Plan has been unanimously supported by community stakeholders. Nineteen organizations to date have signed System of Care MOUs agreeing to actively support its implementation, including system stakeholders such as the Department of Children and Families, the Department of Juvenile Justice, Community Partnership for Children (CBC), the Flagler Sheriff’s Office and Flagler Schools. See Tab 7 for full list of MOUs. The implementation of Phase 1 of the Strategic Plan is anticipated to officially begin July 1, 2018 but stakeholder discussion at Behavioral Health Consortium meetings will begin February 7th.

The Strategic Plan was divided into two implementation phases to allow time for local resource development to take place. Project leaders believe that local funding through United Way, hospital systems, LSF Health Systems and private sources will enable a logical implementation of strategies.

Sub Criteria 2C: Description of Project Design and Implementation

3.8.6.3.3 The application must include a description of the project design and implementation, including:

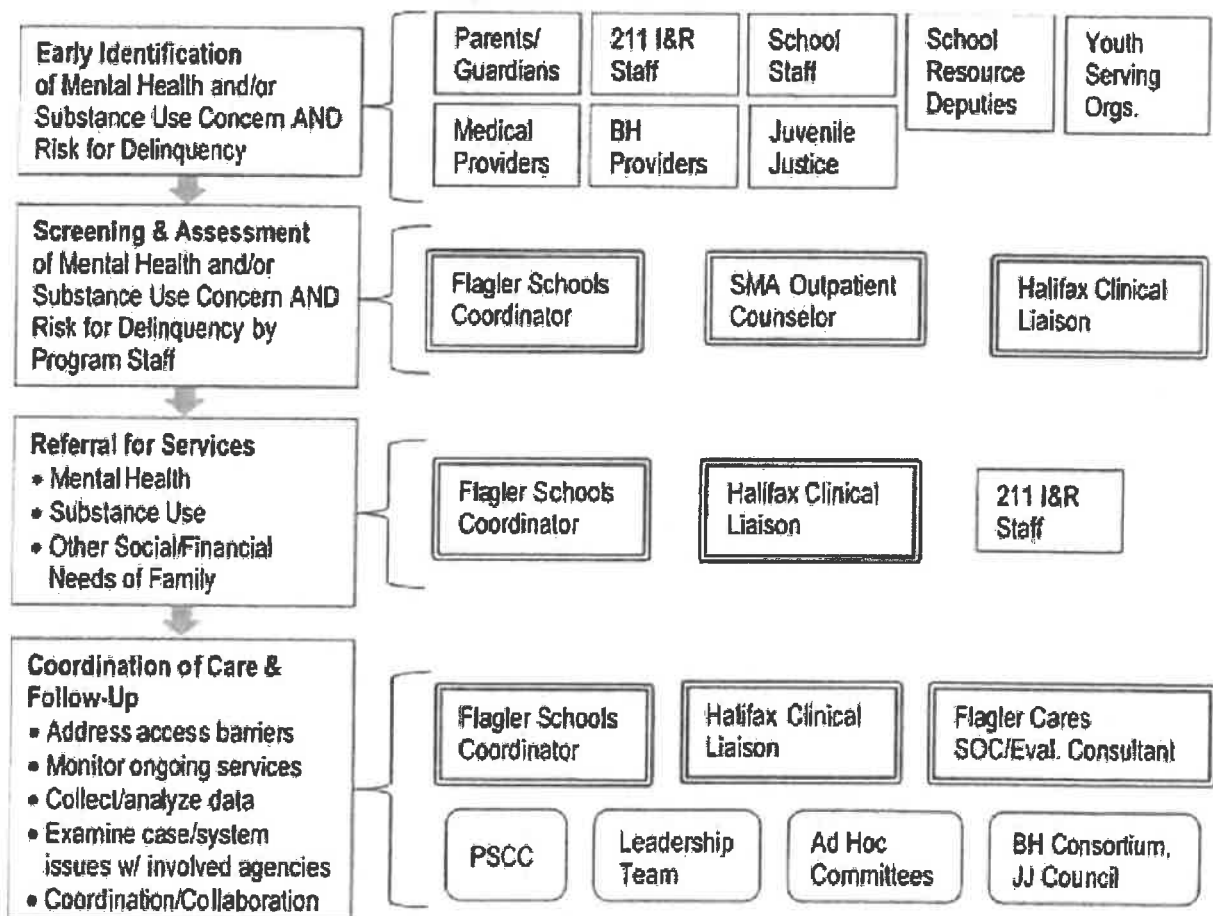
3.8.6.3.3.1 Project goals, strategies, milestones, and key activities toward meeting the objectives outlined in Section 2.2. Applicants must include at least one objective in addition to those outlined in Section 2.2 and may propose tasks in addition to those specified in the RFA.

3.8.6.3.3.2 Organization and key stakeholder responsible for each task or key activity necessary to accomplish the objectives;

Flagler County’s Youth Diversion Project is a System of Care initiative designed to engage the full array of child- and family-serving organizations in the community to meet the multiple needs of Flagler’s at-risk youth in a comprehensive and coordinated way. Early identification of mental health and substance abuse concerns will be accomplished through the mobilization of parents, school staff and many youth-serving sectors of the community so that access to screening, referral and service coordination

is provided to a youth with risk factors for juvenile justice involvement. Modeling the SOC framework, the new grant-funded positions at key agencies will address each Project Participant's comprehensive needs—to address their behavioral health concerns and other needs for ancillary services to increase their success in school and divert them from the school-to-jail pathway referenced in numerous national studies. Progress data for each Project Participant will be reviewed continuously during implementation and their success will be tracked for at least one-year post-discharge. The project's emphasis on school-based services also mirrors the principals of Systems of Care and the School Responder Model—by providing services in the least restrictive, natural environment where fewer access barriers exist for families with financial and transportation obstacles.

The Flagler Youth Diversion Project Implementation Team will work with the members of the Leadership Team and the larger System of Care agencies to identify recurring barriers or implementation issues to address them at the youth/family level as well as at the interagency and system level by examining problematic policies, protocols or systemic issues that need to be addressed for successful outcomes.



Organization and Key Stakeholders

3.8.6.3.3 How the planning council or committee will participate and remain involved in Program implementation or expansion on an ongoing basis; and

3.8.6.3.4 How the agencies and organizations involved will communicate throughout the lifetime of the project, detailing the frequency of planned meetings, and the decision-making process to ensure successful implementation.

The project will create formal partnerships between 4 substantial organizations serving the Flagler community: Flagler Schools, SMA Behavioral Health (largest community substance abuse agency), Halifax Health (largest children's mental health agency) and Flagler Cares (an emerging community impact organization in Flagler County). This formal partnership will be supported by several implementation partners including the Flagler County Sheriff's Office, United Way of Volusia/Flagler and the Department of Juvenile Justice. These key stakeholder organizations will work collaboratively with the other governmental and nonprofit organizations committed to Flagler's System of Care approach (see Tab 7 for organizations committed through MOUs).

The **Public Safety Coordinating Council** will continue to be actively involved in the Flagler Project, as they were during the yearlong planning process, through a standing agenda item at each PSCC meeting. Progress reports will be made at each meeting and members will be asked for input and guidance regarding any implementation issues that occur. Additionally, individual members of the PSCC will be engaged through other existing groups and newly developed stakeholder groups to ensure consistent and coordinated communication throughout implementation.

- **Project Implementation Team** (consisting of agency leadership and grant funded positions at SMA Behavioral, Flagler Cares, Flagler Schools and Halifax Health) will meet monthly during the first implementation year and not less than bi-monthly in following years to actively manage the implementation of each strategy in a coordinated manner. The Project Leadership Team will be responsible for all decisions related to project implementation and will ensure that input from other system leaders is obtained, as appropriate.
- **Leadership Team** (consisting of leaders from key system organizations including the Project Implementation Team, Department of Children and Families, Department of Juvenile Justice, Community Partnership for Children, SEDNET, Flagler Sherriff, LSF Health System, United Way 211, DCF System of Care and the agencies coordinating Family Services Planning Team and Integrated Practice Team) will meet quarterly to assess the progress of the project and reflect on its impact on the larger youth and family-service systems.
- **Three ad-hoc committees** will be formed to complete specific implementation tasks:
 - Committee to review and recommend evidence-based screening tools (for SAMH and risk factors for juvenile justice involvement) to be utilized by implementing agencies
 - Committee to develop the communication and education plan
 - Committee to engage youth and families throughout the implementation of the project and formative evaluation activities

- **Volusia/Flagler Behavioral Health Consortium, Flagler Cares and the Flagler County Juvenile Justice Council will receive periodic progress reports.**

Screening and Assessment of Potential Participants

3.8.6.3.3.5 The plan to screen potential participants and conduct tailored, validated needs-based assessments. Include the criteria to be used, specific screening tool(s) and validity specific to the Target Population. If specific tool(s) have not yet been selected, describe the process by which tool(s) will be selected;

A cross-systems team consisting of parents, youth, Flagler County schools, Department of Juvenile Justice, law enforcement, Department of Children and Families, Halifax Behavioral Services, Stewart-Marchman-Act, and appropriate grass roots agencies will identify existing and potential screening and assessment tools for the Implementation Project. The committee will focus on validated screening instruments for identifying school-age youth who may have a behavioral health need and be at risk for juvenile justice involvement. Selecting instruments that have been well-researched and shown to accurately identify potential behavioral health needs, both internalizing and externalizing, among the target population is critical. Potential screening instruments, such as BASC-3, CRAFFT, GAIN-SS, MAYSI and others suggested by the National Council of Justice and Family Court Judges: Disrupting School-Justice Pathways for Youth with Behavioral Health Needs: School Responder Model (Greene, J and Allen, O., pg 21/22) will guide the committee to select appropriate screening instruments and comprehensive assessments.

Coordinated Care

3.8.6.3.3.6 How the Program will coordinate care to increase access to mental health, substance abuse and co-occurring treatment and support services and ancillary social services (i.e., housing, primary care; benefits, etc.);

Coordinated care is the cornerstone of Flagler's Strategic Plan. Through the establishment of staff resources at 3 key early access portals to mental health and substance abuse services, Flagler youth and families will have individualized support to ensure full access to each youth's identified service and support needs. The Project Implementation Team will also coordinate directly with support organizations to address youth/families ancillary service needs, including:

- **Housing:** Volusia/Flagler Coalition for the Homeless (Coordinated Entry Program) and Flagler Schools Families in Transition program
- **Financial Stability:** SNAP outreach, Career Source, SOAR, Northeast Florida Community Action Agency, Flagler County Human Services
- **Health:** Florida Department of Health-Flagler, Azalea Health, Flagler County Free Clinic, Halifax Healthy Communities (KidCare), Rural Partnership for Healthy Kids
- **Other Social Service Needs:** United Way's 211 Information and Referral System

Law Enforcement Involvement

3.8.6.3.3.7 *How law enforcement will assess their current process at intercept points, capacity, and how they intend to implement or expand diversion initiatives (e.g., processes, training, etc.);* Law Enforcement staff, specifically Flagler’s School Resource Deputies (SRDs), are an important early intervention component in Flagler’s strategic plan. Deputies routinely observe, identify and counsel youth (and families) based on behavior in school and during multiple non-school hour activities. The SRDs will coordinate with Program staff when youth are identified as having both risk factors for delinquency and potential behavioral health concerns. They will also play a critical role in engaging families in addressing emerging youth problems in school and at home. SRDs will also receive communications when other Sheriff’s Department staff have encounters with students’ families that might indicate an emerging student need or concern (for example, domestic violence cases when youth are present, child abuse and neglect cases, and other trauma related encounters)

Sub Criteria 2D: Service Strategies (Evidence Based Intervention Service Model)

- **3.8.6.3.4** *The application must include a description of the strategies an Applicant intends to use to serve the Target Population, including a description of the services and supervision methods to be applied and the goals and measurable objectives of the new interventions.*

As referenced in the Strategic Plan Summary, two evidence based models are being utilized for the Flagler Youth Diversion Project: SAMHSA Systems of Care and the School Responder Model. The alignment of Flagler strategies and these two models includes:

Flagler Strategy/Approach	SAMHSA SOC	School Responder Model
Flagler’s SOC organizations have formalized their philosophy and approach to early intervention services for youth at risk of juvenile justice involvement through an MOU and will coordinate and collaborate to meet youth/families array of needs, including behavioral health	Services are integrated and coordinated	Cross-Systems Collaborative Team; Creation of formal structures
Youth and Families will be actively engaged in the identification of BH concern and the in the crafting of an individualized plan for service delivery	Families are full participants, services are individualized	Family and Youth engagement
There is a focus on early identification of youth with BH concerns who are at risk for delinquency, especially in the school environment	Early identification and intervention	School-based screening protocols
There is an emphasis on school-based services to ameliorate access barriers for at risk families.	Services provided in least restrictive environment	School infractions trigger screening and referral
Formal referral processes will be established for mental health/substance use services and support services	Service coordination and system navigation	Formalized referral processes

Criteria 3: Performance Measures

3.8.6.4 Performance Measures Applications must include a description of the manner in which the grant will be monitored to determine achievement of performance measures outlined in Section 2.4, including:

3.8.6.4.2 Proposed targets and methodologies to address the measures specified in Section 2.4.2, for Implementation and Expansion Grants;

3.8.6.4.3 At least one additional proposed performance measure unique to the tasks outlined in the application, including proposed targets and methodologies.

The Project Implementation Team will be responsible for collecting, reporting and analyzing program data with the evaluator (Flagler Cares). This activity will be a key component of the Team’s regular meetings and will afford the opportunity to adjust data collection methods, program strategies and the coordination approaches utilized with the program participants. The results of this monitoring process will also be reported to the Leadership Team and other key stakeholders to ensure that every organization engaged in this project through coordination and referrals are aware of the progress, barriers and successes throughout implementation.

Performance Measures and Targets

2.4.2.1 Percent of arrests or re-arrests among Program participants while enrolled in the Program.	50%
2.4.2.2 Percent of arrests or re-arrests among Program participants within one year following Program discharge.	85%
2.4.2.3 Percent of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission	50%
2.4.2.4 Percent of Program participants who reside in a stable housing environment one year following Program discharge.	85%
2.4.2.5 Percent of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission.	N/A, Youth Target Population
2.4.2.6 Percent of Program participants employed full or part time one year following Program discharge.	N/A, Youth Target Population
2.4.2.7 Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission.	85%
2.4.2.8 Percent of Program participants diverted from a State Mental Health Treatment Facility.	N/A, Youth Target Population
2.4.2.9 (LOCAL MEASURE) Percent of Program participants who positively increase performance by 10% on two or more school success measure: academic performance, attendance, disciplinary actions (compared to previous school year).	85%

Program Component	Numbers to be Served			
	Year 1	Year 2	Year 3	TOTAL
PROVISION of School-Based Substance Abuse Services (SMA)	50	55	60	165
COORDINATION of Community-Based Mental Health Services (Halifax)	70	75	80	225
COORDINATION of School- and Community-Based Mental Health and Substance Abuse Services (Flagler Schools)	70	75	80	225
TOTAL, ALL STRATEGIES	190	205	220	615

Data Collection Process and Communication of Progress/Results

3.8.6.4.1 A description of the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness;

After an analysis of each Project Partner's existing data collection forms, protocols and electronic records, a data collection plan will be developed for each program component to ensure all data necessary to monitor and evaluate the performances measures is collected upon initiation of services and throughout implementation. Monthly and/or quarterly reporting process will be developed. The analysis of data for each performance measure will be done manually with electronic reports provided by each Project Partner.

Performance Measure	Evaluation Method
2.4.2.1 and 2.4.2.2, arrest and re-arrest data	Recidivism data provided by Department of Juvenile Justice at discharge, and one-year post-discharge.
2.4.2.3, 2.4.2.4, stable housing measure	Program participant self-report of housing environment at intake, 90-days post intake and one-year post discharge (via phone contact)
2.4.2.7, benefits measure	Program participant self-report of current benefits, and evaluation of eligibility of additional supports at intake. Program participant self-report of current benefits at discharge.
2.4.2.9 (LOCAL MEASURE) school success measure: academic performance, attendance, disciplinary actions.	Program participant provision of report cards and other school documentation OR data provided by Flagler Schools (with proper release of information). Data for previous and current school year (for comparison)

Flagler Cares will analyze the formative performance measure data and develop progress reports that will be shared with the Leadership Team. Progress reports will be reviewed to ensure that adequate progress is being made each quarter so that any necessary adjustments can be made to ensure that all proposed targets are met annually.

Periodic reviews of source documents (case files, intake forms etc.) will be conducted by Flagler Cares to ensure the accuracy of performance measure data included in each Partners' electronic client records.

Criteria 4: Capability and Experience

3.8.6.5 Capability and Experience

For both Planning and Implementation and Expansion Grants, the application must include a description of the Applicant's capability and experience in providing similar services, including:

SMA Behavioral Health Services, Inc, was founded in 1960. It is the largest and most comprehensive provider of behavioral health services in its four-county service area – Flagler, Putnam, St. Johns and Volusia. SMA's services in Flagler County include outpatient behavioral services for adults and children, including psychiatric and substance abuse evaluation and treatment, a medication clinic, and a 70-bed residential treatment program for pregnant and parenting women with addiction and other behavioral illnesses. Across the four-county service area more than 700 SMA staff provide behavioral health services. SMA is primarily funded by local, county, state and federal grants ensuring that all citizens may access their services regardless of their ability to pay for the cost of care.

Specific to the CJMHSA program, SMA has partnered with Flagler County in both planning and implementation grants. Our most recent collaboration, funded by a CJMHSA implementation grant through March 2017 is our Crisis Triage and Treatment Unit. (CTTU) This innovative program is an enhancement of Mobile Crisis Intervention, and evidence based practice designed to divert individuals who are acutely mentally ill from the criminal justice system. The CTTU functions as an alternative for Flagler law enforcement officers. They can immediately initiate mental health treatment services by either calling CTTU staff to the scene of their involvement with a person in acute distress or making a brief transport to the CTTU location in Flagler County. Prior to this innovation law enforcement's only option was to transport an acutely mentally ill person to a Crisis Stabilization Unit or Detoxification Unit in a neighboring county as there is no such facility in Flagler County. The CTTU takes over the case, assesses the individual, transports to a Crisis Unit if necessary. For all those who are transported to the CTTU, staff there take responsibility for year-long case management of those referred. The CTTU has dramatically reduced law enforcement's processing time of those acutely mentally ill and the follow up services provided by the CTTU have dramatically reduced the number of law enforcement initiated Baker Acts in Flagler County.

SMA Behavioral will hire and supervise highly qualified full time (1 FTE) Adolescent Outpatient Counselor position to be housed at Flagler County Schools under the supervision of Clinical Director of Flagler County. The position requires a Master's degree in a human service field with a preference toward Florida State licensure with two years of experience counseling adolescents. The position will be filled through standard hiring practices that meet all state and federal guidelines.

Capability and Experience of the Applicant and Other Participating Organizations

3.8.6.5.1 Capability and experience of the Applicant and other participating organizations, including law enforcement agencies, to meet the objectives detailed in this RFA;

The Flagler County Implementation Project will be led by Partner and Supporting Agencies with the expertise and capacity to successfully achieve the proposed performance measures.

SMA Behavioral Health (detailed above)

Flagler Cares is a collective impact backbone organization formed to facilitate systemic improvements in the county's health and human services systems. Youth Behavioral Health is one of Flagler Cares seven key priorities that emerged from the 2016 Community Health Needs Assessment and Improvement process, conducted in partnership with Flagler's two health systems and DOH-Flagler. Carrie Baird, Executive Director, will lead the system of care facilitation tasks as well as all evaluation activities. She has a background in Juvenile Justice and led Volusia County's Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders project in the late 1990's—a federally funded collaborative model that aligns with the CJMHSA and sequential intercept models. Ms. Baird has over 15 years of experience in facilitating stakeholder processes and in leading formative and summative project evaluation activities. Ms. Baird has been the evaluator on 5 federal grant projects including SMA's SAMHSA/CSAT Minority Aids Initiative Grant (2005-2015), a SAMHSA Campus Suicide Prevention Grant with Daytona Beach Community College (2005-2008), a CSAP Drug Free Communities Support Program Grant with Flagler County Board of County Commissioners (2005-2006) and a USDOE 21st Center Community Learning Center grant with Boys & Girls Clubs of Volusia/Flagler (2009-2012). She has also evaluated state and locally funded projects in the fields of child welfare, jail-based substance abuse treatment, women's health, and community health improvement.

Flagler Schools operates 5 elementary schools, 2 middle schools and 2 high schools and is currently serving 13,027 students. Flagler Schools have been highly rated by the Florida accountability system and ranked among the best in the nation by U.S. World and News Report three years in a row. Flagler Schools is the largest employer in the county with over 1,750 employees.

Halifax Health. Halifax District Hospital opened its doors to the community on January 3, 1928. Founded by the state legislature, the hospital began operations with 125 licensed beds. During World War II, the hospital became a convalescent facility. In 1947, it was remodeled and returned to the community as an acute care general hospital. In 1985, the hospital was designated as the area's only Level II Trauma Center and changed its name to Halifax Medical Center. In 2007, after many additional services were added, Halifax Medical Center became Halifax Community Health System, and recently simplified the name to Halifax Health. Halifax Health is the area's largest healthcare provider with a tertiary and community hospital with 678 licensed beds, more than 500 physicians on its medical staff representing 46 medical specialties. Halifax Child and Adolescent Behavioral Health Services (HBS) is the area's only comprehensive center that provides psychiatric services for children and adolescents (ages 2-17) with emotional and behavioral problems.

Flagler County Sheriff's Office is the largest and only full-service law enforcement agency in Flagler County. The Flagler County Sheriff's Office is Accredited by the Florida Commission on Law Enforcement Accreditation; the National Institute of Ethics; and, our 9-1-1 center is accredited by the Florida Tele-communicators Accreditation Commission. They employ over 300 individuals, including a youth services division that includes School Resource Deputies.

United Way of Volusia/Flagler Counties began in 1941 as the "Daytona Beach Community Fund" and has grown to be a recognized as the leading coordinator and facilitator of human services with an annual campaign raising almost \$2.5 million dollars annually. Funding raised is invested in three areas or work: education, financial stability and health. The **211 program** is a nationally accredited information and referral system available online and via phone 24 hours a day, 7 days a week.

The **Department of Juvenile Justice** was actively involved in the recent planning project and has agreed to provide recidivism data for all Program Participants to achieve the required Performance Measure.

Availability of Resources

3.8.6.5.2 Availability of resources for the proposed project;

Each Project Partner is leveraging their entire continuum of services to serve Program Participants effectively. The Project design strategically created new coordination resources at key hubs for youth and families: SMA Behavioral (the largest substance abuse/mental health provider serving Flagler County), Flagler Schools (the public school system serving Flagler County), Halifax Health (the children's Mental Health provider for Flagler County) and Flagler Cares (the only Flagler County-focused collective impact backbone agency). In addition to the Project Partners, significant commitments of time and match have been leveraged from United Way of Volusia/Flagler and the Flagler Sheriff's Office.

Anticipated Role of Advocates, Family Members and Responsible Partners

3.8.6.5.3 Anticipated role of advocates, family members, and responsible partners; and

Role of Advocates, Partners and Stakeholders. All interested parties, those actively involved in the implementation of the project and those with a general interest, will be invited to participate in the Volusia/Flagler Behavioral Health Consortium as a way to hear progress reports and provide input to guide the implementation of the proposed project.

Engagement of Family Members. Several methods to ensure the meaningful participation of youth and families in the System of Care will be utilized. The Flagler Youth Diversion Project will actively engage families of youth in a proactive manner, using opportunities to involve families whose child(children) are at any level of involvement in behavioral health care, including those questioning their child's need for

services, those currently in need of intervention, and those who have experience in the system and whose child is in the recovery phase. Key participation opportunities include:

- Flagler Schools Parent Teacher Organizations, Flagler Boys and Girls Clubs: provide opportunities for parent input through the ongoing distribution of the SOC Parent Survey as well as educating parents about SOC access to care information in Flagler.
- The Northeast Florida Federation of Families: this advocacy and information sharing organization will be included in the ongoing distribution of the project information and input inquiries.
- The Transitional Youth System of Care Flagler Team are involved as active participants in the SOC through surveys, individual and group interviews, and other meaningful activities to ensure their thoughts about the system of care are documented, incorporated into decision making, and entrenched in system programmatic planning
- NAMI (National Alliance on Mental Illness) of Volusia/Flagler/St. Johns, whose mission is to support, educate, and advocate to improve the lives of individuals and families, will be included in the distribution of project information and input inquiries.
- Florida North Area--District 4 AL--ANON for Families and Friends
- The Family Café Dialogues (an evidence based Strengthening Families initiative sponsored by the Healthy Start Coalition)
- Halifax Behavioral Services Youth and Parent Support Groups

Proposed Staff, Roles, Level of Effort and Qualifications

3.8.6.5.4 Proposed staff, including Project Director, key personnel, and subcontractors who will participate in the project, showing the role of each and their level of effort and qualifications. Briefly discuss the responsibilities of each participating organization and how the Applicant proposes to fill staff positions and select subcontractors.

SMA Behavioral Health

SMA Behavioral will provide administrative support to the project and submit required reports and data to the Dept. of Children and Families. SMA will also execute and manage sub-contracts with Project Partners: Halifax Health, Flagler Schools and Flagler Cares.

SMA Behavioral will hire and supervise highly qualified full time (1 FTE) Adolescent Outpatient Counselor position to be housed at Flagler County Schools under the supervision of Clinical Director of Flagler County. The position requires a Master's degree in a human service field with a preference toward Florida State licensure with two years of experience counseling adolescents. The position will be filled through standard hiring practices that meet all state and federal guidelines.

Halifax Health

Hire and supervise highly qualified fulltime (1 FTE) Clinical Liaison who will assume responsibility and accountability for management of resources through interdisciplinary collaboration and continuous partnership with school system and other child serving agencies/systems while ensuring safety of patient care delivery. The position will be responsible for coordinating the provision of patient care, providing general oversight of

patient placement and flow throughout hospital, school systems, systems of care, community agencies and resources. This new position will require a bachelor's degree and a minimum of 5 years' experience in the field. The positions will be filled through Halifax Health's standard hiring practices that meet all state and federal guidelines.

Flagler Schools

Hire and supervise highly qualified fulltime (1 FTE) Coordinator position to facilitate the identification, screening, referral and coordination of services for students with behavioral health concerns and risk factors for delinquency. This new position will require a bachelor's degree, a minimum of 3 years' experience in the field and must be certified as a School Social Worker by the State of Florida. The position will be filled through their standard hiring practices that meet all state and federal guidelines.

Flagler Cares

Allocate current Executive Director time (350 hours per year) to facilitate System of Care improvements and formative and summative evaluation activities. Responsibilities will include convening and facilitating collaborative meetings, developing policies and protocols and agreements to formalize system improvements, facilitating communication among Project Partners, assisting with sub-contract management, assisting Project Staff with data collection and evaluation activities and preparing quarterly and annual reports. The Executive Director has a Bachelor's degree and 20 years' experience in the government/non-profit field (including juvenile justice, child welfare, substance abuse prevention, and program evaluation)

Criteria 5: Evaluation and Sustainability

Sub Criteria 5A: Evaluation

3.8.6.6 Evaluation and Sustainability

3.8.6.6.1 Evaluation For both Planning and Implementation and Expansion Grants, the application must include a description of how the project's effectiveness will be demonstrated, including assessments of planning or implementation outcomes. Discuss how variables like stakeholder support and service coordination will be defined and measured. Describe the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness in promoting public safety, reduction of recidivism and access to services and supports for the Target Population(s).

Flagler Cares will coordinate the evaluation process with all Project Partners throughout the implementation and for at least one-year post-implementation. Prior to the initiation of service delivery, Flagler Cares will meet with each Partner to review their existing data collection instruments, protocols and electronic client records to determine the data elements necessary for a formative evaluation process to aid in continuous quality improvement and the required performance measurement processes. As a team, Project Partners will review and adopt appropriate tools to ensure the confidentiality of all Program Participants throughout the evaluation process.

The **Process Evaluation** protocol will include a review of all work papers to ensure adequate process is made with regards to the projected implementation timeline to include: meeting materials (agendas, sign in sheets, meeting minutes), interagency

agreements (MOUs, policies and procedures, programmatic forms and new written protocols) and written communication among the Partners.

Flagler Cares will conduct periodic (not less than twice per year) interviews with key stakeholders to assess the **perceived quality and effectiveness** of the implementation strategies. Stakeholders will include the Project Partners, key governmental officials with Department of Children and Families, Department of Juvenile Justice, Community Partnership for Children (CBC), Circuit 7 Court Administration/Judiciary, and the Flagler County Sheriff, staff from behavioral health and youth-serving agencies and the Program Participants (including their families.)

Flagler Cares will evaluate the **Service Coordination** process through observation of Project Team meetings, a review and analysis of collected data and a review of a sample of Program Participant case notes.

A specific evaluation plan will be developed to collect, analysis and report data related to the proposed **Performance Measures**. After an analysis of each Project Partner's existing data collection forms, protocols and electronic records, a monthly and/or quarterly reporting process will be developed. The analysis of data for each performance measure will be done manually with electronic reports provided by each Project Partner (each of the 4 Project Partner's have invested significantly in their own electronic health record system so a new shared system does not make fiscal sense for the scope of this project and the number of projected Program Participants).

Performance Measure	Target	Evaluation Method
2.4.2.1 Percent of arrests or re-arrests among Program participants while enrolled in the Program.	50%	Recidivism data provided by Department of Juvenile Justice at discharge.
2.4.2.2 Percent of arrests or re-arrests among Program participants within one year following Program discharge.	85%	Recidivism data provided by Department of Juvenile Justice one-year post discharge.
2.4.2.3 Percent of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission	50%	Program participant self-report of housing environment at intake and 90-days post environment.
2.4.2.4 Percent of Program participants who reside in a stable housing environment one year following Program discharge.	85%	Program participant self-report of housing environment via phone contact one-year post discharge.
2.4.2.7 Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission.	85%	Program participant self-report of current benefits, and evaluation of eligibility of additional supports at intake. Program participant self-report of current benefits at discharge.

<p>2.4.2.9 (LOCAL MEASURE) Percent of Program participants who positively increase performance by 10% on two or more school success measure: academic performance, attendance, disciplinary actions (compared to previous school year).</p>	<p>85%</p>	<p>Program participant provision of report cards and other school documentation OR data provided by Flagler Schools (with proper release of information). Data for previous and current school year (for comparison)</p>
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Averted or Reduced Cost Estimates

3.8.6.6.2 Additional Evaluation Requirements - Implementation and Expansion Grants Only

The application must include an estimation of the effect of the proposed project on the Target Population related to the budget of the jail and juvenile detention center, including:

- 3.8.6.6.2.1 An estimate of how the Program will reduce the expenditures associated with the incarceration of the Target Population;*
- 3.8.6.6.2.2 The proposed methodology to measure the defined outcomes and the corresponding savings or averted costs;*
- 3.8.6.6.2.3 An estimate of how the cost savings or averted costs will sustain or expand the mental health, substance abuse, co-occurring disorder treatment services and supports needed in the community; and*
- 3.8.6.6.2.4 How the county's proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.*

The Flagler County Implementation Project seeks to divert youth with behavioral health concerns and risk factors for delinquency from arrest and entry into the Juvenile Justice System. Each Program Participant served effectively in the community will help the county and state avoid the costs associated with arrest, detention screening, court processes, state attorney and public defenders, DJJ probation, DJJ Evidence Based programs and DJJ Commitment programs.

Specific costs for each of these avoided services were not readily available through the Department of Juvenile Justice or the Florida Technical Assistance Center but the following is one potential methodology to measure the avoided costs (source: DJJ Comprehensive Accountability Report, 2015-16):

- Average Length of Stay at Volusia Regional Detention Center: 13 days
- Operating Budget for 64 beds: \$4,100,597
- Estimated Average Cost per stay: \$2,281 (annual budget/beds/365*13)

The Flagler Youth Diversion Project is focused on school-aged youth and will not have an impact on the state mental health treatment facility.

Sub Criteria 5B: Sustainability

3.8.6.6.3 Sustainability For both Planning and Implementation and Expansion Grants, the application must address sustainability of the project. Describe the proposed strategies to preserve and enhance the community mental health and substance abuse systems. Describe how sustainability methods will be used and evaluated, including how collaborative partnerships and funding will be leveraged to build long-term support and resources to sustain the project when the state grant ends.

The System of Care approach to the Flagler Youth Diversion Project is the foundation of Flagler’s sustainability plan. By creating new infrastructure/capacity at 3 large-impactful organizations, it is anticipated that positive practices, protocols and collaborations will be developed and institutionalized beyond the funded implementation. The implementation also has a strong focus on evaluation—to create a data-based success story for the components of the projects that are most important to sustain long-term. This measurable evidence will strengthen funding requests to local funders (county and United Way), state funders (LSF Health Services), federal funders (SAMHSA) and potential private/foundation partners.

Sub Criteria 5C: Complete Project Timeline

3.8.6.6.4 Project Timeline The application must include a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal.

Flagler County Implementation Project Timeline				
Based on anticipated start date of 7.1.18				
Timeframe	Task	Responsible	Start	Complete
First 90 Days	Announce grant award to Project Partners, Planning project participants, and community stakeholders	SMA Behavioral and Flagler Cares	7.1.18	7.31.18
	Establish legally binding subcontracts between SMA and Flagler Cares, Flagler Schools and Halifax Health.	SMA Behavioral	7.1.18	8.31.18
	Develop a data collection and reporting procedure and instrument for the collection of Program Participant data for formative evaluation processes during program implementation and one-year post-implementation.	Flagler Cares and Project Partners	7.1.18	9.31.18
First 90 Days	Develop tools to facilitate referral processes, information sharing and service coordination (consents for release of information, referral forms and tracking tools, communication tools and protocols)	Flagler Cares and Project Partners	7.1.18	9.31.18
	Hire and train Project Staff on protocols and practices, data collection and evaluation methods and service design.	Project Implementation Team	7.1.18	9.31.18

Flagler County Implementation Project Timeline Based on anticipated start date of 7.1.18				
Timeframe	Task	Responsible	Start	Complete
	Initiate new screening, referral and service coordination services.	Flagler Schools, Halifax Health, Flagler Cares	7.1.18	9.31.18
	Initiate expanded school-based substance abuse services.	SMA Behavioral	7.1.18	9.31.18
	Prepare and distribute educational materials about new System of Care Resources	Flagler Cares	9.1.18	9.31.18
	Convene the Project Implementation Team and Leadership Team to review formative data and to discuss barriers, successes and necessary modifications to the Project.	Flagler Cares and Project Partners	7.1.18	9.31.18
	Facilitate agenda item/discussion at Behavioral Health Consortium meetings	Flagler Cares and SOC participants	7.1.18	9.31.18
91-180 Days	Collect and analyze Program Participant data, qualitative input from Project Staff and recommended adjustments and create quarterly evaluation report for Q1	Flagler Cares and Project Partners	10.1.18	10.31.18
	Convene the Project Implementation Team and Leadership Team to review formative data and to discuss barriers, successes and necessary modifications to the Project.	Flagler Cares and Project Partners	10.1.18	12.31.18
	Recruit new organizations to join the System of Care and sign the SOC MOU	Flagler Cares	10.1.18	12.31.18
	Facilitate agenda item/discussion at Behavioral Health Consortium meetings	Flagler Cares and SOC participants	10.1.18	12.31.18
	Continue Public awareness activities	Flagler Cares and SOC participants	10.1.18	12.31.18
181-270 Days	Collect and analyze Program Participant data, qualitative input from Project Staff and recommended adjustments and create quarterly evaluation report for Q2	Flagler Cares and Project Partners	1.1.19	1.31.19
	Convene the Project Implementation Team and Leadership Team to review formative data and to discuss barriers, successes and necessary modifications to the Project.	Flagler Cares and Project Partners	1.1.19	3.31.19
181-270 Days	Recruit new organizations to join the System of Care and sign the SOC MOU	Flagler Cares	1.1.19	3.31.19
	Facilitate agenda item/discussion at Behavioral Health Consortium meetings	Flagler Cares and SOC participants	1.1.19	3.31.19
	Continue Public awareness activities	Flagler Cares and SOC participants	1.1.19	3.31.19
271-365 days	Collect and analyze Program Participant data, qualitative input from Project Staff and	Flagler Cares and Project Partners	4.1.19	4.30.19

Flagler County Implementation Project Timeline Based on anticipated start date of 7.1.18				
Timeframe	Task	Responsible	Start	Complete
	recommended adjustments and create quarterly evaluation report for Q3			
	Convene the Project Implementation Team and Leadership Team to review formative data and to discuss barriers, successes and necessary modifications to the Project.	Flagler Cares and Project Partners	4.1.19	6.30.19
	Recruit new organizations to join the System of Care and sign the SOC MOU	Flagler Cares	4.1.19	6.30.19
	Facilitate agenda item/discussion at Behavioral Health Consortium meetings	Flagler Cares and SOC participants	4.1.19	6.30.19
	Continue Public awareness activities	Flagler Cares and SOC participants	4.1.19	6.30.19
	Prepare materials for yearend report	Flagler Cares and SMA Behavioral	6-1-19	6.30.19

Flagler County Implementation Project Timeline Year Two-Three		
Timeframe	Tasks	Responsible
Each Quarter	Convene the Project Implementation Team and Leadership Team to review formative data and to discuss barriers, successes and necessary modifications to the Project.	Flagler Cares and Project Partners
	Facilitate agenda item/discussion at Behavioral Health Consortium meetings	
	Continue building the system of care and supporting the coordination of care among its participants	
	Collect and analyze Program Participant data, qualitative input from Project Staff and recommended adjustments and create quarterly evaluation report	
TBD, year 2 or 3	Submit CJMHPA Reinvestment Program proposal to EXPAND implementation to include Phase 2 strategies	

TAB 7: Letters of Commitment

Role	Organization	Documentation
Lead Agency/ Applicant	SMA Behavioral Health Services, Inc.	Grant Proposal and MOU
Oversight	Flagler County Public Safety Coordinating Council	Certified Designation Letter and MOU
Partner Agency	Flagler Cares	Letter of Commitment and MOU
Partner Agency	Flagler Schools	Letter of Commitment and MOU
Partner Agency	Halifax Health	Letter of Commitment and MOU
Supporting Agency	Flagler County Sheriff's Office	Letter of Commitment and MOU
Supporting Agency	Department of Juvenile Justice	Letter of Commitment and MOU
Supporting Agency	United Way of Volusia-Flagler	Letter of Commitment and MOU
System of Care Agencies	Adapt Behavioral Services	MOU
	Big Bear Behavioral Health	MOU and Letter of Support
	CareerSource	Letter of Support
	Children's Home Society of Florida	Letter of Support
	City of Bunnell	MOU
	Community Partnership for Children	MOU and Letter of Support
	Department of Children and Families	MOU and Letter of Support
	Early Learning Coalition of Flagler/Volusia	Letter of Support
	Easterseals	MOU and Letter of Support
	Focus on Flagler Youth Coalition	MOU
	REACH Counseling and Wellness	MOU
	SEDNET (Florida Department of Education)	MOU
	The House Next Door	MOU and Letter of Support
	Volusia/Flagler Coalition for the Homeless	MOU

**Board of County
Commissioners**

1769 E. Moody Blvd Bldg 2
Bunnell, FL 32110



www.flaglercounty.org

Phone: (386)313-4001

Fax: (386)313-4101

November 29, 2017

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
1220 Willis Ave
Daytona Beach, FL 32114

Dear Mr. Cosimi:

On behalf of the Flagler County Public Safety Coordinating Council, Stewart-Marchman-Act Behavioral Healthcare has been designated as the official organization authorized to apply for Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant implementation funds on behalf of the County of Flagler.

SMA's proposed effort to improve the youth behavioral healthcare system of care to increase public safety, avert increased spending on juvenile justice systems, and to improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Public Safety Coordinating Council.

The members of the Public Safety Coordinating Council will actively participate in the oversight of the implementation project funded through the grant program.

Sincerely,

Nate McLaughlin, Chair
Public Safety Coordinating Council

Charles Ericksen, Jr.
District 1

Greg Hansen
District 2

David Sullivan
District 3

Nate McLaughlin
District 4

Donald O'Brien
District 5



January 19, 2018

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Flagler County Free Clinic

Vice President, Chet Bell
Stewart-Marchman-Act
Behavioral Healthcare

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County of Flagler

Sheriff Rick Staly
Flagler County Sheriff's Office

Dennis Burns
United Way of Volusia and
Flagler Counties

Lynette Shott
Flagler Schools

Laura Spencer
Azalea Health

Trish Giaccone
Family Life Center

Dr. Maralee Walsh
Retired

Dorothy Sperber
Flagler Board of REALTORS

Carrie Baird
Executive Director

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi,

Flagler Cares strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Flagler Schools.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff. Specifically, Flagler Schools will:

- Allocate my time to facilitate diversion system of care improvements as described in your grant proposal
- Facilitate the Leadership Team
- Commit, as cash match, my time to coordinate all evaluation processes for the project
- Work with other project staff and system leaders to identify and implement improved information and data sharing agreements
- Participate in a System of Care performance measurement process

Sincerely,

A handwritten signature in cursive script that reads "Carrie Baird".

Ms. Carrie Baird, Executive Director
Flagler Cares



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Phone (386) 437-7526 # Fax (386) 437-7577
www.flaglerschools.com

BOARD OF EDUCATION

January 18, 2018

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Chairman
District 4

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Jane McDonald
Vice Chairman
District 2

Dear Mr. Cosimi,

Dr. Maria P. Barbosa
Board Member
District 5

Flagler Schools strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Flagler Schools.

Andy Dancy
Board Member
District 1

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff. Specifically, Flagler Schools will:

Colleen Conklin
Board Member
District 3

Student School Board Member
Brittany Franklin
Flagler Palm Coast H.S.

- Add a grant funded social worker position at Flagler Schools to facilitate the early identification, assessment, referral and coordinated access to mental health and substance abuse services with a focus on students most at risk of entering the juvenile justice system.
- Designate staff to participate on the proposed Leadership Team
- Commit, as in-kind match, personnel resources throughout the school system to support the proposed system of care enhancements
- Work with project staff and system leaders to identify and implement improved information and data sharing agreements
- Participate in a System of Care performance measurement process

Student School Board Member
Kobi Kane
Matanzas H.S.

Teacher of the Year
Andrew Hutcheson
Matanzas High School

Sincerely,

Ms. Lynette Shott,
Executive Director of Student & Community Engagement
Flagler Schools

Employee of the Year
Brandon Seminars
Flagler County Youth Center

James Tager
Superintendent

"An Equal Opportunity Employer"



**HALIFAX
HEALTH**

January 9, 2018

Mr. Ivan Cosimi, CEO
Stewart Marchman Act Behavioral Health (SMA)
1220 Willis Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi:

As the region's only designated safety-net hospital provider of psychiatric services for children and adolescents, Halifax Health would like to commend your efforts to coordinate youth providers in Flagler County as part of the regional Department of Children and Families Criminal Justice, Mental Health and Substance Abuse Reinvestment (CJMHSR) Grant program award.

To forward the collaborative's Flagler County Youth System of Care project, Halifax Health Behavioral Services for Children and Adolescents is dedicated to participate in your provider coordination efforts. If the proposed grant is funded, Halifax Health will ensure an appropriate Interlocal Agreement is in effect, and will then assign a clinical liaison staff member to participate in the grant implementation, along with Flagler County system stakeholders, youth/families and System of Care implementation project staff. The Halifax clinical liaison will assist Stewart Marchman Act and other Stakeholders in the youth psychiatric services intake and discharge process to ensure continuity of psychiatric care for Flagler youth, consistent with the grant terms. Aggregate data and services provided by this position will be collected and shared monthly for grant reporting processes. Additionally, if the proposed grant is funded, Halifax Health will commit a portion of expenditures related to providing administrative support and supervision to the clinical liaison position as in-kind match - up to \$5,496 annually - to be reported quarterly.

To assist your budgeting efforts for the position, the following estimations have been developed for your grant planning purposes:

Position Title:		
Salary	\$50,000	Annual
Benefits	\$12,000	Annual
Travel	\$ 4,800	Annual
Computer	\$ 900	One Time Purchase
Phone/Plan	\$ 1,000	Annual
Total	\$68,700	

As always, we are pleased to continue our long standing relationship with Stewart Marchman Act to address this need and confident this project will further enhance access to the local system of services available to regional youth.

Sincerely,

Eric M. Peburn
Executive Vice President & Chief Financial Officer

PO Box 2830
DAYTONA BEACH, FL 32112
Tel: 386.425.4000

halifaxhealth.org



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

"An honor to serve, a duty to protect."

January 17, 2018

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

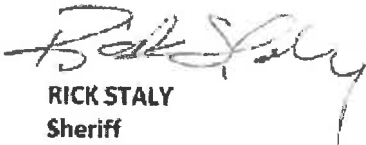
Dear Mr. Cosimi:

The Flagler County Sheriff's Office strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Flagler County Sheriff's Office.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff. Specifically, the Flagler County Sheriff's Office will:

- Designate staff to participate on the proposed Leadership Team.
- Commit, as in-kind match, our youth-focused resources devoted to engaging Flagler's youth in school, afterschool and in the community.
- Work with project staff and system leaders to identify and implement improved information and data sharing agreements.
- Participate in a System of Care performance measurement process.

Sincerely,


RICK STALY
Sheriff

Proudly Serving the Community for 100 Years - Centennial Anniversary 1917 - 2017
An Accredited Law Enforcement Agency



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor

Christina K. Daly, Secretary

December 26, 2017

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114


Dear Mr. Cosimi,

The Department of Juvenile Justice Circuit 7 strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Department of Juvenile Justice.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff. Specifically, the Circuit 7 Department of Juvenile Justice will:

- Designate staff to participate on the proposed Leadership Team
- Provide project staff with recidivism data for program participants (a required performance measure)
- Work with project staff and system leaders to identify and implement improved information and data sharing agreements
- Participate in a System of Care performance measurement process

Sincerely,



Daniel Merrithew, Chief Probation Officer
Circuit 7 Department of Juvenile Justice

210 N. Palmetto Avenue • Daytona Beach, Florida
<https://www.djj.state.fl.us>

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.



3747 W. International Speedway Blvd.
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www.unitedwayvfc.org

OFFICERS:

January 22, 2018

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Joyce Shanahan

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Immediate Past Chair
James Halleran

Chair Elect
Sam Willett

Dear Mr. Cosimi,

Campaign Chair
Sam Willett

United Way of Volusia-Flagler Counties strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RF111H20GNI). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Flagler Schools.

Community Impact
Bruce Page

Community Programs
Sarah Bates

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff. Specifically, United Way will:

Community Foundation
Bill Navarra

Administration
Robin King

Marketing
Rene Adams

Special Events
Jessica Scott

Treasurer
Don Needham

- Designate staff to participate on the proposed Leadership Team
- Commit, as in-kind match, supporting services through United Way's 211 Information & Referral System to provide access to financial and support service referrals for Flagler's Program Participants and their families
- Work with project staff and system leaders to identify and implement improved information and data sharing agreements
- Participate in a System of Care performance measurement process

President & Secretary
Dennis Burns

Sincerely,

Mr. Dennis Burns, President-CEO
United Way of Volusia-Flagler Counties

DB/kmw

Our Mission
To increase the organized
capacity of our
community
to care for its people.



January 4, 2018

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi,

Big Bear Behavioral Health, Inc strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of Big Bear Behavioral Health.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melissa Norris".

Melissa Norris
Executive Director
Big Bear Behavioral Health
407-462-1907

Big Bear Behavioral Health
1009 Maitland Center Commons Blvd, Suite #212
Maitland, FL 32751
1.800.840.2528
Fax: 321-400-5193



Robin R. King
President & CEO

December 20, 2017

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi:

CareerSource Flagler Volusia (CareerSourceFV) strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of CareerSourceFV.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin R. King".

Robin R. King
President & CEO

CareerSourceFV.com
329 Bill France Blvd.
Daytona Beach, FL 32114
p: 386.323.7074 | f: 386.323.2985
TDD/Florida Relay 711



01/09/2018

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi,

Children's Home Society of Florida strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of Children's Home Society of Florida.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff.

Sincerely,

A handwritten signature in black ink that reads 'Kimberly Cook'.

Kimberly Cook
Executive Director
Children's Home Society of Florida



January 2, 2018

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi,

Community Partnership for Children strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of Community Partnership for Children.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff. Specifically, Community Partnership for Children will:

- Designate staff to participate on the proposed Leadership Team
- Work with project staff and system leaders to identify and implement improved information and data sharing agreements
- Participate in a System of Care performance measurement process

Sincerely,

A handwritten signature in black ink that reads "Mark D. Jones".

Mark D. Jones
Chief Executive Officer
Community Partnership for Children

135 Executive Circle, 2nd Floor • Daytona Beach, FL 32114

P: 386.238.4900 • F: 386.238.4860 • www.CommunityPartnershipforChildren.org





**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

Patricia Medlock
Regional Managing Director

01/03/18

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi,

The Department of Children and Families in Circuit 7 strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of the Department of Children and Families.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff. Specifically, the Department of Children and Families in Circuit 7 will:

- Designate staff to participate on the proposed Leadership Team
- Work with project staff and system leaders to identify and implement improved information and data sharing agreements
- Participate in a System of Care performance measurement process

Sincerely,

Charles Puckett M.S., C.P.M.
Circuit 7 Community Development Administrator
Department of Children and Families

Circuit 7 (Flagler, Putnam, St. Johns, & Volusia Counties)
210 N. Palmetto Ave • Daytona Beach, Florida 32114



135 Executive Circle, Suite 100, Daytona Beach, FL 32114
Telephone (386) 323-2400 Fax (386) 323-2423
www.elcfv.org
DJ Lebo, Chief Executive Officer

Assume Positive Intent - Be Effective - Choose Responsibility
Deliver Excellent Customer Service - Embrace Fun - Find the Solution that Best Helps the Child

December 20, 2017

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi,

The Early Learning Coalition of Flagler and Volusia Counties, Inc. (ELCFV) strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of ELCFV

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide periodic input to project staff.

Sincerely,

DJ Lebo
Chief Executive Officer

Officers of the Board

John Birney, Interim Chair - Heidi Rand, Vice Chair - Kristen Perry, Treasurer - Barry Whitaker, Secretary

easterseals
Northeast
Central Florida

January 9, 2018


Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

Dear Mr. Cosimi,

It is with great pleasure that I write this letter of support. Easterseals Northeast Central Florida and Stewart-Marchman-Act Behavioral Healthcare have partnered on many occasions and work collaboratively for the betterment of our community in a variety of ways. I am excited about the opportunity that exists with this grant. Easterseals strongly supports Stewart-Marchman-Act Behavioral Healthcare's application for implementation funds made available through the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA11H20GN1). Your proposed effort to improve Flagler County's youth behavioral health system of care to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral healthcare needs is an important undertaking and is in alignment with the mission of Easterseals.

I commit to actively support the implementation of the strategies included in Flagler's Strategic Plan and will provide input to project staff as needed.

Sincerely,



Bev Johnson, MHA, MS
President/CEO

1219 Dunn Ave. | Daytona Beach, FL 32114 | 386-255-4568 | Toll-free 1-877-255-4568
Videophone 386-310-1157 | Fax 386-258-7677 | eastersealsnecfl.org | info@esnecfl.org





January 8, 2018

Mr. Ivan Cosimi, CEO
Stewart-Marchman-Act Behavioral Healthcare
150 Magnolia Avenue
Daytona Beach, FL 32114

The House Next Door
*Serving
Volusia and Flagler Counties*

Dear Mr. Cosimi,

This letter is to express strong support for Stewart-Marchman-Act Behavioral Healthcare's application for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (FRA011H20GN1) for planning funds. Your proposed effort to assess Volusia County's current juvenile justice, mental health and substance abuse systems and to develop a strategic plan to increase public safety, avert increased spending on juvenile justice systems, and improve the accessibility and effectiveness of treatment services for juveniles with behavioral health care needs is an important undertaking and is in alignment with the mission of The House Next Door.

I commit to actively participating in the assessment and planning activities coordinated through the grant project and will designate other staff to participate in activities, as appropriate. I am also willing to assist with the gathering and analysis of youth data to support the objectives of the project.

Sincerely,

Stephen R. Sally, CEO

Administrative Offices
804 North Woodland Blvd.
DeLand, FL 32720
386-734-7571
386-734-0252 (fax)

DeLand Counseling Center
121 W. Pennsylvania Ave.
DeLand, FL 32720
Counseling: 386-735-9169
Programs: 386-734-2236
386-943-8823 (fax)

Deltona Counseling Center
840 Deltona Blvd., Suite K
Deltona, FL 32725
Counseling and Programs:
386-860-1776
386-860-6006 (fax)



Presenting • Facilitating • Advancing



visit our website at
www.thehousenextdoor.org

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and SMA Behavioral Health Services, Inc.

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, SMA Behavioral Health Services, Inc. commits to the following:


- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 23rd day of October 2017, I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by SMA Behavioral Health Services, Inc. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance notice of intent not to renew the agreement.



Ivan Cosimi, CEO

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and the Flagler County Public Safety Coordinating Council

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, the Flagler County Public Safety Coordinating Council commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 8th day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the Flagler County Public Safety Coordinating Council. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.



Chair Nate McLaughlin
Flagler County Public Safety Coordinating Council

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and the Flagler Cares

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Flagler Cares commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 1st day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by Flagler Cares. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.



Carrie Baird, Executive Director
Flagler Cares

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Flagler County School District

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Flagler County School District commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 21 day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the School Board of Flagler County School District. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance notice of intent not to renew the agreement.



Trevor Tucker, Board Chairman

DEFINITIONS:

A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Halifax Health

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Halifax Health commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

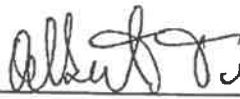
V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 15th day of December 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by Halifax Health. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.

By signing this Agreement, each System of Care Partner acknowledges receipt of the Halifax Entities' Arrangements Policies and Procedures, including the Code of Conduct, Physician Referral and Anti-Kickback and Stark Laws policies and procedures ("Policies and Procedures"). Each party hereby certifies that it has been provided the Policies and Procedures. In the event any employee or agent of any party becomes a Covered Person as defined by the Halifax Health Corporate Integrity Agreement, the parties agree such persons will complete the required training. Furthermore, all parties agree not to violate the Anti-Kickback Statute and the Stark Law with respect to the performance of this Agreement.


Albert J. ...
 [Name and Title]

AW

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and the Flagler County Sheriff's Office

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, the Flagler County Sheriff's Office commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 9th day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the Flagler County Sheriff's Office. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.



Sheriff Rick Staly
Flagler County Sheriff's Office

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Department of Juvenile Justice

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Department of Juvenile Justice commits to the following:

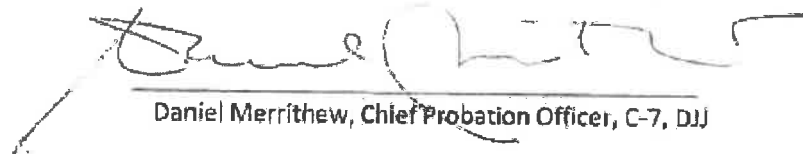
- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 20th day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by Department of Juvenile Justice. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal



Daniel Merrithew, Chief Probation Officer, C-7, DJJ

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

**Memorandum of Understanding (MOU)
between the
Flagler County Youth Behavioral Health System of Care Initiative
and United Way of Volusia-Flagler Counties, Inc.**

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, **United Way** commits to the following:

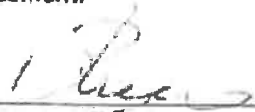
- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 1st day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by United Way of Volusia-Flagler Counties, Inc. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance noticed of intent not to renew the agreement.



Dennis Burns, President

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Adapt Behavioral Services

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Adapt Behavioral Services, commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 21st day of February 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by Flagler County Board of Supervisors. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance notice of intent not to renew the agreement.


Sharon [Title] Executive Director

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and the Boys & Girls Clubs of Volusia/Flagler Counties

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Boys & Girls Clubs of Volusia/Flagler Counties commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 27th day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the Boys & Girls Clubs of Volusia/Flagler Counties. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.



Joe Sullivan, Chief Professional Officer

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU)
between the
Flagler County Youth Behavioral Health System of Care Initiative
and Psychamerica Behavioral Services, LLC d/b/a Big Bear
Behavioral Health, Inc

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.

- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Big Bear Behavioral Health commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.


V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 6th day of November, 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by Big Bear Behavioral Health, Inc. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.

Melissa Norris, Executive Director
[Name and Title]



DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and the City of Bunnell

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, the City of Bunnell commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 13th day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the Bunnell City Commission. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance notice of intent not to renew the agreement.

CITY OF BUNNELL, FLORIDA



Catherine D. Robinson, Mayor

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Community Partnership for Children

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Community Partnership for Children commits to the following:

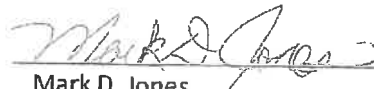
- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 6th day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by Community Partnership for Children. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.



Mark D. Jones,
Chief Executive Officer
Community Partnership for Children

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Department of Children and Families

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based Interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Department of Children and Families commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 26th day of October, 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the Department of Children and Families. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance noticed of Intent not to renew the agreement.



Patricia Medlock, Regional Managing Director

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Easterseals Northeast Central Florida, Inc.

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Easterseals Northeast Central Florida commits to the following:


- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 23 day of October 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the Organization. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance notice of intent not to renew the agreement.



Bey Johnson, President/CEO

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and Focus on Flagler Youth Coalition

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, Focus on Flagler Youth Coalition, commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU,

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 30 day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by Focus on Flagler Youth Coalition's Governing Body. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.

Debra Neuman, Coordinator 
[Printed and Title]

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and REACH Counseling & Wellness, LLC

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, **REACH Counseling & Wellness, LLC** commits to the following:

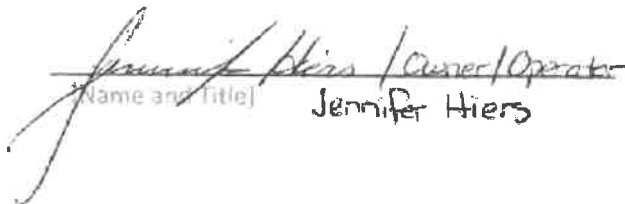
- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the 30 day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by REACH Counseling & Wellness, LLC. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.


Name and Title: Jennifer Hiers

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Memorandum of Understanding (MOU) between the Flagler County Youth Behavioral Health System of Care Initiative and SEDNET Region 12

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children’s mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, **SEDNET Region 12** commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
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VI. EFFECTIVE DATE:

Approved and adopted the 18 day of December 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by SEDNET Region 12. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.

Carl. V Coalson, Jr.
SEDNET Regional Project Manager

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

**Memorandum of Understanding (MOU)
between the
Flagler County Youth Behavioral Health System of Care Initiative
and
The House Next Door**

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.

- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
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- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, The House Next Door commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
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- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
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VI. EFFECTIVE DATE:

Approved and adopted the 6th day of November, 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by The House Next Door. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.


Steve Sally, CEO

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

**Memorandum of Understanding (MOU)
between the
Flagler County Youth Behavioral Health System of Care Initiative
and
Volusia Flagler County Coalition for the Homeless, Inc. (VFCCH)**

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.

- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, VFCCH commits to the following:

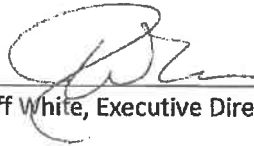
- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
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VI. EFFECTIVE DATE:

Approved and adopted the 9th day of November 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by VFCCCH. This agreement will extend from year to year automatically, unless either party provides written notice of nonrenewal.



Jeff White, Executive Director

DEFINITIONS:

A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Flagler County Youth Diversion Strategic Plan

November 1, 2017

Statement of the Problem

Despite a decline in the number of youth involved in the juvenile justice system and similar declines in youth incarceration over the last decade, the prevalence of youth with behavioral health needs who are justice involved has continued to increase. Likewise, the number of at-risk youth is increasing and posing new challenges to the community, school and justice systems that are working to adequately identify and effectively address the emerging needs of Flagler County youth. Unlike the adult population, early identification of the behavioral health needs of youth is achievable with effective community and school-based processes to identify and assess mental health and substance use issues enabling appropriate interventions and services to be provided at the earliest possible juncture.

Flagler County has youth behavioral healthcare services in place but the focused assessment over the last 9 months has made it clear that the current system is fragmented, uncoordinated and extremely difficult for families and youth-serving professionals to navigate. The results of this ineffective system are children struggling in school, school suspensions, baker act exams, psychiatric hospitalizations, child welfare placements and other symptoms of youth and families in crisis.

Flagler’s existing behavioral health services are structured to best serve “fully functioning” youth and families, those families that:

- Have the knowledge and skills to fully understand their child’s needs
- Can independently research and identify appropriate services
- Can access those services and pay for them
- Can advocate for themselves and their children if there are barriers to accessing services
- Can actively participate in their child or family’s recovery with full compliance to program requirements and expectations
- Have some level of stability at home (stable income, stable housing, stable family environment)

This system flaw is compounded by the following factors:

- Each service agency operates as an island with very little collaboration or coordination.
- Many intensive behavioral healthcare intervention services, such as mental health screening and day treatment, are only available out-of-county.

Flagler Snapshot	
Youth Age 5-17	14,355
Families w/Children, Below Poverty	2,149
% of Youth Below Poverty	24.5
Homeless Students	509
Students Absent 21+ days	1,293
In School Suspensions	919
Out of School Suspensions	972
Student Dropouts	97
EBD Students (Emotional/Behavioral Disability)	67
Baker Act Exams (for Involuntary hospitalization)	193
Youth Arrested	183

- There is some coordination by the Managing Entity of behavioral health providers/services for uninsured/indigent families but:
 - Only 10% of Flagler children lack insurance coverage of some kind
 - 47% of Flagler children have private insurance coverage (through a parent's employer)
- There is some coordination of services for very severely mentally ill youth and those involved in multiple systems (juvenile justice, dependency, disabilities) through multi-agency teams (such as FSPT, LRT, MDT) but the majority of Flagler youth do not need these intensive teams and would not qualify for these intensive interventions. Prevention and early intervention, especially on the part of school personnel, to prevent school infractions by accessing a behavioral health resource instead of law enforcement is the cornerstone of an effective system of care. Utilizing screening, assessment, and appropriate clinical interventions as part of a more formal structure to embed system of care principles into policy and practice is key to system effectiveness.
- Flagler children with Medicaid/CHIP coverage (31% of youth) experience barriers with provider networks and adequacy of coverage.
- The Juvenile Justice system has adequate resources to provide evidence-based behavioral healthcare services but very few Flagler youth are involved in DJJ services or deemed as appropriate for their evidence based programs. *In 2015-16: 183 youth were referred for delinquency (2% of the youth population), 39 were placed on probation and only 15 were placed in residential commitment.*

This evaluation of the current system of care and service systems has led to the determination that a system transformation is necessary to best address youth behavioral health concerns through the effective utilization of existing resources.

Regional Partnership Strategic Planning Process and Participants

A formal assessment and planning process, funded through a Criminal Justice, Mental Health and Substance Abuse Reinvestment (CJMHSR) Planning Grant, was facilitated by Stewart-Marchman-Act Behavioral Healthcare and Flagler Cares. Beginning in February 2017, over 80 stakeholders were engaged through Public Safety Coordinating Council meetings, Planning Committee meetings, key leader interviews, focus groups and online surveys. See list of participants on page 8.

The assessment and planning process implemented in Flagler County included the following key components:

- **Needs Assessment:** a formal needs assessment document was created and published in April 2017.
- **Presentations to Public Safety Coordinating Council:** presentations and project updates were made at five PSCC meetings.
- **Key Leader Interviews:** Interviews were conducted with 33 individuals representing 18 key stakeholder organizations.
- **Planning Committee Meetings:** A planning committee of 65 individuals representing the community and 40 organizations participated in 6 planning committee meetings.
- **Provider Survey and Focus Group:** 23 providers participated in an online provider survey and focus group process
- **Sequential Intercept and System of Care Mapping Session:** 28 individuals participated in a half-day mapping session.
- **Parent Survey:** an online parent survey was implemented in October 2017 and there have been 29 responses to date.
- **Youth Survey:** an online youth survey will be launched in November 2017.

System of Care Memorandum of Understanding

Organizational partners involved in the assessment and planning process in Flagler County formalized their commitment to the youth behavioral health system of care and this strategic plan through the execution of a Memorandum of Understanding (MOU). The Vision, Mission and Values listed below are detailed in each MOU. See System of Care MOU on page 12.

Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance abuse System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

Mission Statement

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler through a system of care transformation.

Values

System of Care Values: Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler System of Care (Flagler SOC) is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance abuse.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;

- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

Service Model(s)

The Flagler County System of Care transformation process is being built upon four key research-based approaches to systems of care.

1. Children Mental Health Systems of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life. (Beth A. Stroul, M.Ed., Robert M. Friedman, Ph.D., Gary M. Blau, Ph.D.)
2. Wraparound, is an empirically supported, family-driven, strengths-based planning approach that provides individualized care using an array of formal services and natural supports.
3. Comprehensive, Continuous, Integrated System of Care (CCISC) is a vision-driven system “transformation” process for re-designing behavioral health and other related service delivery systems to be organized AT EVERY LEVEL (policy, program, procedure, and practice)—within whatever resources are available—to be more about the needs of the individuals and families needing services, and the values that reflect welcoming, empowered, helpful partnerships throughout the system. The ultimate goal of CCISC is to help develop a system of care that is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can. (Kenneth Minkoff, MD, Christie A. Cline, MD, MBA)
4. School Responder Model (SRM) is a behavioral health response to school infractions that provides an alternative to referral of students to the justice system and addresses root causes of behavior. (Jacquelyn Greene, ESQ., Olivia Allen)

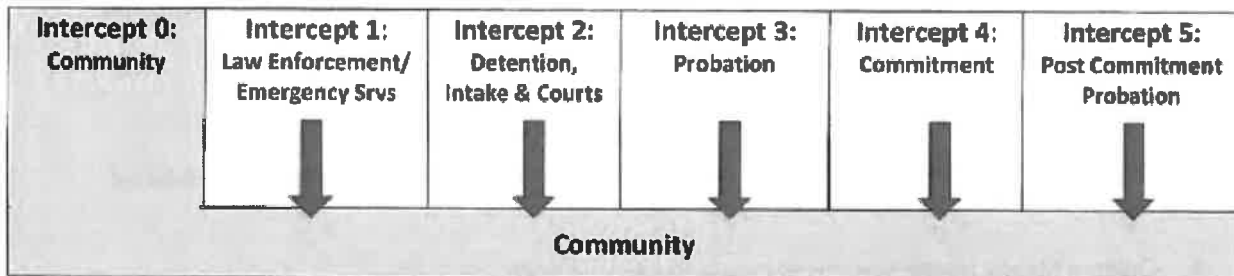
Additionally, Behavioral Health providers in the Flagler SOC employ many evidence-based practices including: Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, Trauma Informed Care, Motivational Interviewing, Acceptance and Commitment Therapy, Eye Movement Desensitization Reprocessing (EMDR), Rational Emotive Behavioral Therapy, Wraparound, Functional Family Therapy, Moral Reconation Therapy, and Child Parent Psychotherapy,

Target Population

The Flagler County Youth Behavioral Health Strategic Plan is focused on school-aged youth (age 5-17) who are at risk of or have been identified as having a potential mental health concern or substance use disorder.

Strategy Overview

Youth Behavioral Health System of Care Transformation



Strategy 1: Education/Awareness: Implement education and awareness strategies, utilizing social marketing principals, about substance use disorders and mental health conditions and how to access services.

Strategy 2: Early Identification Access Portals: Create and/or promote FOUR portals to behavioral health service access.

Portal 1	Portal 2	Portal 3	Portal 4
Via Phone: Access to information, referral and follow-up health navigation and case management services at SMA Access Center.	Via Flagler Schools: Access to information, referral and follow-up health navigation and case management services at Flagler Schools.	Via the Community Mental Health provider (Halifax Health): Follow-up and health navigation and case management services for youth who intercept the out-of-county Halifax continuum of services (mental health screening, baker act screening, outpatient services, targeted case management, CAT team, day treatment)	Via Medical Providers (Primary Care) Engaging primary care providers to screen and refer families to behavioral healthcare services (through one of the other 3 portals, when appropriate)

Strategy 3: Increase School-Based BH Capacity: Increase the capacity of school-based mental health and substance abuse services.

New MOUs between Flagler Schools and mental health providers to establish school-based mental health services at priority schools.	Create school-based Outpatient Substance Abuse service at priority schools.
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Strategy 4: Access to Out-of-County Services: Provide transportation services to two out-of-county resources for behavioral health care services integrated with education services.

Halifax Health's Day Treatment program	PACE Center for Girls
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Strategy 5: System of Care Transformation: Establish of a System of Care Director (independent from any service provider, funder or governmental system) to facilitate system of care transformation at every level.

Implementation Strategies

1. **Education/Awareness:** Implement education and awareness strategies, utilizing social marketing principals, about substance use disorders and mental health conditions and how to access services.
 - a. Target populations: general public, parents/caretakers, adults working with youth/youth service organizations, law enforcement, school resource deputies, juvenile probation officers, child welfare case managers, judges, public defenders.

2. **Access Portals:** Create and/or promote FOUR portals to behavioral health service access:
 - a. Via Phone: Access to information, referral and follow-up health navigation and case management services at SMA Access Center.
 - b. Via Flagler Schools: Access to information, referral and follow-up health navigation and case management services at Flagler Schools.
 - c. Via the Community Mental Health provider (Halifax Health): Follow-up and health navigation and case management services for youth who intercept the out-of-county Halifax continuum of services (mental health screening, baker act screening, outpatient services, targeted case management, CAT team, day treatment).
 - d. Via Medical Providers (Family Practice/pediatricians) Engaging primary care providers to screen and refer families to behavioral healthcare services (through one of the other 3 portals, when appropriate).

Key Portal Components:
Promotion of access to services at the earliest possible juncture
Access to a current inventory of providers and services available, by accepted payor
Staff with appropriate training and competencies to engage and support youth and families
Ability to advocate for youth/family needs
Relationships with key contacts at system of care agencies to facilitate communication and continuity of care
Ability to share information with all service providers
Ability to identify system issues to be addressed by System of Care Director

Specific Research Support for Strategy 1 & 2: Timely and accurate mental health and substance abuse screening and evaluation are the single most critical elements in successfully diverting youth from the juvenile justice system. Services must be integrated across public and private agencies, families, and the community.

3. **Increase School-Based BH Capacity:** Increase the capacity of school based mental health and substance abuse services
 - a. Develop new, effective, mutually beneficial memorandums of understanding between Flagler Schools and mental health providers to establish school-based mental health services as priority schools.
 - b. Create school-based Outpatient Substance Abuse service at priority schools.

4. **Access to Out-of-County Services:** Provide transportation services to two out-of-county resources for behavioral health care services integrated with education services.
 - a. Halifax Health’s Day Treatment program
 - b. PACE Center for Girls

5. System of Care Transformation: Establish of a System of Care Director (independent from any service provider, funder or governmental system) to facilitate system of care transformation at every level.

a. Work with System of Care Partner Agencies

SOC Director coordinates a robust coalition of stakeholders to support a coordinated system. Included are the following: agencies, school leadership and staff, family members and students, court system, local law enforcement, juvenile probation, local and regional Interagency Service Teams, and local disproportionate minority contact committees. The coordinated SOC provides access to a range of services and supports for youth that make diversion from juvenile justice system referral a realistic option. (Bracey, Arzubi, and Plourd)

b. Work with Key Systems (School District, Department of Children and Families, Department of Juvenile Justice, Community Partnership for Children (Dependency), Agency for Persons with Disabilities, Vocational Rehabilitation, Department of Health):

Voices from a range of stakeholders should be at the table from the outset of planning. Active involvement from law enforcement, schools, service providers, and families lays the foundation for a robust program structured for success. Initiatives must be institutionalized through formal structures that include training, policies and procedures review, and structured decision-making tools, such as matrices. Ultimately through the buy-in of key systems and the development of cross – systems collaborative teams key questions are addressed: 1-what is the problem to be solved; 2-does the solution actually work to address the problem; 3-how will each agency benefit. Through this collaboration shared vision develops and strengthens MOU's and system sustainability.

c. Interface with Multi-Agency Teams (Community: C7 Child and Family Staffing, C7 Family Services Planning Team (FSPT), C7 Local Review Team (LRT), Regional Review Team, System of Care (SOC) Team for Transition Youth; School: Flagler Schools Student Services Team (SST); Child Welfare: CPC Multi-Discipline Team (MDT) and CPC Integrated Practice Team; Juvenile Justice: DJJ Community Reentry Team (CRT))

SOC Director coordinates systematic and proactive communication, coordination, data sharing amongst Multi-Agency Teams to determine gaps in services, system strengths and needs, and sharing and analysis of data about gaps in services.

d. Work with Behavioral Health Care Funders (Department of Children and Families, LSF Health Systems, Department of Juvenile Justice, Agency for Healthcare Administration, Medicaid Managed Care companies, United Way, County of Flagler)

Engaging policy making and funding stakeholders lays a strong foundation for a SOC. The approach includes the effective use of data, providing a compelling case for the efficacy of the models used to effect change, development of a shared vision, strong and consistent communication, and solidifying engagement through Memorandums of Understanding. Coordination among system funders can facilitated creative use of private funds with public local, state and federal funding to create synergy and support needed system capacity.

e. Continuous Quality Improvement and Formative Evaluation Processes

SOC Director will create a formative evaluation process to initiate and assess continuous system improvements utilizing the SOCAT System of Care Assessment Tool (ZiaPartners) as a working framework.

Assessment & Planning Stakeholders

Flagler Public Safety Coordinating Council

- The chairperson of the Board of County Commissioners, or another County Commissioner designee, shall serve as the chairperson of the council until the council elects a chairperson from the membership of the council. Commission Chair Nate McLaughlin
- The state attorney or his designee. (no term limit) State Attorney R. J. Larizza
- The public defender or his designee. (no term limit) Public Defender James S. Purdy
- The chief circuit judge or his designee. (no term limit) Judge Dennis Craig
- The chief county judge or his designee. (no term limit) Judge Melissa Moore-Stens
- The chief correctional officer. (no term limit) Chief Steve Cole
- The sheriff or his designee. (no term limit) Sheriff Rick Staly
- The state probation circuit administrator or his designee. (4 year term) Tammi Schimming Circuit Administrator
- The director of any county probation or pretrial intervention program. (4 year term) Karen Lloyd
- The director of a local substance abuse treatment program or his designee. (4 year term) Stewart-Marchman-ACT Behavioral Health Care / Ivan Cosimi, appointee
- Representatives from county and state jobs programs and other community groups who work with offenders and victims, appointed by the chairperson of the Board of County Commissioners. (4 year term) Christine Sikora
- At large member/Court Administrator (4 year term). Mark Weinberg
- At large member (4 year term). Greg Feldman
- Flagler County School Board. Dr. Phyllis Pearson
- Representing police chief or designee from local police chief's association. Thomas Foster, Police Chief City of Bunnell
- Representative of substance abuse program office and mental health program office of the Dept. of Children and Family Services. Arnold Anderson
- Representing consumer of mental health services. Nadine Dotson
- Representing consumer of substance abuse services. Bryan Plummer
- Representing family member of consumer of mental health services. Linda Murphy
- Representing area homeless programs. Jeff White
- Director of detention facility of Dept. of Juvenile Justice. Paul Finn
- Chief Probation Officer or designee of the Dept. of Juvenile Justice. Daniel Merrithew

Key Leader Interviews Completed

Organization	Participants
Juvenile Judge	1. Judge Stens-Moore
Flagler Sheriff	2. Sheriff Staly 3. Commander Brandt
Halifax Behavioral Services	4. James Terry, Director
Department of Juvenile Justice	5. David Kerr, Chief Probation Officer, C7 6. Dan Merrithew, Assistant Chief Probation Officer, C7
Department of Juvenile Justice	7. Jeanna Hester, JPA Supervisor 8. Donna Easterling, Senior JPO 9. Nadine Albergo-Kelly, JPO 10. Michael Conville, JPO 11. Woody Douge, JPO 12. Deanna Johnson, JPO
Community Partnership for Children	13. Mark Jones, CEO 14. Karin Flositz, COO
Flagler Schools	15. Lynette Shott, Executive Director of Student and Community Engagement 16. Phyllis Pearson, Administrator on Assignment 17. David Boussardet, Assistant Principal, Flagler Palm Coast High School 18. Robert Boussardet, Assistant Principal
SMA Behavioral	19. Rhonda Harvey, COO 20. Alicia Vincent, VP of Flagler County Services 21. Patrick Miley, VP of Development
SEDNET	22. Carl Coalson
Community Informant	23. Myra Middleton
Department of Children and Families	24. Chuck Puckett, Family Safety Program Administrator
Department of Children and Families	25. Linda Mandizha, Operations Manager-Circuit 7 26. Clay LaRoche, Community Relations Coordinator
Flagler Schools	27. Tim King, ESE Director
SMA Behavioral	28. Heather Prince, Director of Adolescent Services Residential Division
LSF Health Systems (Managing Entity)	29. Dr. Christine Cauffield, CEO
Flagler Palm Coast High School Future Problem Solvers Team: Project Hope	30. Future Problem Solvers team of students (via phone)
The House Next Door	31. Steve Sally, CEO 32. Jennifer Nadelkov, LMFT, Clinical Director
SMA Behavioral	33. Pam Palmer, Assistant Director of the Residential Adolescent Program

Planning Committee Members (Cumulative participation through October 2017)

First Name	Last Name	Organization
Fred	Baker	SAYS
Chet	Bell	Stewart-Marchman-Act Behavioral Healthcare
Lois	Berardi	Flagler Cares
David	Bossardet	Flagler Schools
Commander	Brandt	Flagler County Sheriff's Office
Kelly-Kay	Brown	
Denise	Calderwood	Project Hope
Stephanie	Capehart	Coquina Coast Democratic Progressive Caucus
Carl	Coalson	SEDNET
Ivan	Cosimi	Stewart-Marchman-Act Behavioral Healthcare
Alma	Dixon	Vitas Healthcare
Jason	Dominguez	United Way Volusia/Flagler
Richard	Fay	
Karin	Flositz	Community Partnership for Children
Christy	Gillis	Community Partnership for Children
Terry	Gilyard	Azalea Health
Kim	Hale	Flagler Sheriff
Christine	Hancock	City of Bunnell
Rhonda	Harvey	Stewart-Marchman Act Behavioral Healthcare
Jeanna	Hester	Department of Juvenile Justice
Jennifer	Hiers	REACH Counseling & Wellness
Shirley	Holland	GAL
Jennifer	Holness	
Ashleigh	Husbands	Florida Linking Individuals Needing Care (FL LINC) Project, Florida Council for Community Mental Health
Marian	Irvin	Teen Court
Megan	Jeffrey	Devereux Family Builders
Larry	Jones	
Cassandra	Kennedy	Stewart-Marchman-Act Behavioral Healthcare
Tim	King	Flagler Schools
Clay	Laroche	Department of Children and Families
D.J.	Lebo	Early Learning Coalition of Flagler and Volusia
Dorothy	Lefford	Easter Seals
Jillian	Lewandowski	Department of Juvenile Justice
Jerusha	Logan	NAACP
Evelyn	Lynam	Circuit 7 System of Care Initiative (DCF)
James	Lynam	Department of Children and Families, SAMH Program Office
Christopher	Massey	Department of Juvenile Justice
Kassie	McCune	Big Bear Behavioral Health
Cris	McLaughlin	Easterseals
Daniel	Merrithew	Department of Juvenile Justice

First Name	Last Name	Organization
Patrick	Miley	Stewart-Marchman Act Behavioral Healthcare
Judge	Moore-Stens	7th Judicial Circuit
Jennifer	Nadelkov	The House Next Door
Melissa	Norris	Big Bear Behavioral Health
Katie	Ostrander	Adapt Behavioral Services
Phyllis	Pearson	Flagler Schools
Patricia	Poldo	Chrysalis Health
Heather	Prince	Stewart-Marchman-Act Behavioral Healthcare
Chuck	Puckett	Department of Children and Families
Dusty	Pye	Lutheran Services Florida Health Systems
Jeanne	Rademacher	United Way Volusia/Flagler
Christina	Roebing	United Way Volusia/Flagler
Lisa	Ryals	Boys & Girls Clubs of Volusia/Flagler Counties
Steve	Sally	The House Next Door
Sandra	Shank	Abundant Life Ministries-Hope House Inc.
Liane	Simoos	A Helping Hand Inc
James	Terry	Halifax Health
Shannon	Thomas	Choices
Travis	Thomas	Flagler Technical Institute
Angel	Torres	Pathfinder Advocacy Center
Alicia	Vincent	Stewart-Marchman-Act Behavioral Healthcare
Felicia	Walker	Halifax Health
Cherise	Webb	Pace Center for Girls
Jonathan	Welker	Flagler County Sheriff's Office
Alicia	Vincent	Stewart-Marchman-Act Behavioral Healthcare
Felicia	Walker	Halifax Health
Cherise	Webb	Pace Center for Girls
Jonathan	Welker	Flagler County Sheriff's Office

**Memorandum of Understanding (MOU)
between the
Flagler County Youth Behavioral Health System of Care Initiative
and [Agency Name]**

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision

School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission

Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values

Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs

- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what's available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children's mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership

We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, [Agency Name] commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.

VI. EFFECTIVE DATE:

Approved and adopted the [XX] day of [month] 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the [Organization's Governing Body]. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance notice of intent not to renew the agreement.

[Name and Title]

DEFINITIONS:

A **System of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.

Flagler County System of Care and Sequential Intercept Mapping Session Results

- Mapping Session held May 1, 2017, refined/finalized June 5, 2017
- Prioritization of Components (voting process on May 1)

Intercept 0 Mapping

	Comprehensive SOC Continuum		Flagler's System of Care		
	Component	Description	Assets	Limitations	Priority Votes
Early Intervention	1. Public awareness of youth wellbeing, MH and SA warning signs 1	Use ongoing social marketing, media and other strategies to increase the public's knowledge of youth wellbeing, MH/SA warning signs.	<ul style="list-style-type: none"> • Who Is Jay? • Crisis Intervention Training 4 • Mental Health First Aid/Youth MHFA Training 4 		9
	2. Assessment and diagnostic services, screening of at risk youth to intervene 2	Entry point in various systems (School, SA/MH agency, DCF, DJJ, Doctor's office, etc.) to screen, assess, diagnose. Specify strengths, extent of the problem, contributing factors, and recommend what, if any, interventions or treatment is needed.	<ul style="list-style-type: none"> • Psycho-Sexual, Psychiatric and Substance Abuse Evaluation Provider Resources (10) 		2

Comprehensive SOC Continuum		Flagler's System of Care			
Component	Description	Assets	Limitations	Priority Votes	
Early Intervention	<p>3. Information, referral and linkages to MH/SA services, available 24/7 with follow-up</p>	<p>Appropriate level of care referrals provided quickly, depending on needs of youth/family, with repeated follow up to ensure services are accessed and satisfactory.</p>	<ul style="list-style-type: none"> LSF 24/7 Access to Care Line SMA 24/7 Access Center call line United Way 2-1-1 Flagler School's Full Service Schools process [1] 	<ul style="list-style-type: none"> Follow-up communication after a referral is made could be improved. [1] Information sharing among providers was stronger with the SAMH office had a multi-agency data system— does not exist now. It is important to share client data among providers. Information CAN be shared but often isn't shared. SB 12 could address some of this issue. [1] There is no universal release of information. [2] Service systems need to communicate with each other more. [2] 	7
	<p>4. Family education about mental health and substance abuse disorders [5]</p>	<p>Educate children, youth, and family members about the effectiveness of behavioral health interventions, and how to combat stigma.</p>	<ul style="list-style-type: none"> NAMI Florida SMA Family Education program 	<ul style="list-style-type: none"> Family engagement is critical to the success of a child receiving services [5] Family protective factors should be focused on (Family Dialogues) [1] 	10

	Comprehensive SOC Continuum		Flagler's System of Care		
	Component	Description	Assets	Limitations	Priority Votes
Intervention	5. Family support services such as mentoring, support groups, and connections to natural supports	Community supports, faith-based organizations, informal social groups, educational activities.	<ul style="list-style-type: none"> System of Care, Family and Youth Coordinator 5 Parenting program at House Next Door (with SMA) 1 	<ul style="list-style-type: none"> Parents need to take responsibility to obtain services their children need—Rights of the child. 6 Support families and address parents' needs at the same time youth receive services (families MH/SA Issues, trauma etc.) Work with the whole family—wraparound model. 5 Connect families to each other—peer support. 1 	18
	6. Individual, Family or Group Interventions, Counseling and Supports, in the home, office or at school 4	Occurs on a regularly scheduled basis. Assess and/or diagnosis, develop a specialized treatment program for a wide range of mental health and substance abuse issues.	<ul style="list-style-type: none"> SMA CINS/FINS program 2 Outpatient Provider Resources (22) 		6

Comprehensive SOC Continuum		Flagler's System of Care		
Component	Description	Assets	Limitations	Priority Votes
7. Medication management	Assess, prescribe, and dispense medication for the treatment of a behavioral health condition. Primary care physician, Psychiatrist, Psychiatric Nurse Practitioner, Physician Assistant (not controlled substances)	<ul style="list-style-type: none"> Medication Management Provider Resources (5) 		0
8. Trauma services after an event	Specially trained staff provide individual, family, or group sessions aimed at developing coping strategies to process and learn from the event.	<ul style="list-style-type: none"> Halifax Hospice BeginAgain Children's Grief Center Crisis Response Team at The House Next Door 		1

	Comprehensive SOC Continuum		Flagler's System of Care		
	Component	Description	Assets	Limitations	Priority Votes
Intervention	9. Case Management	Specially trained staff that access and coordinate behavioral health, legal, medical, recreational services and other supports/services.	<ul style="list-style-type: none"> Targeted Case Management Provider Resources (7) 10 	<ul style="list-style-type: none"> TCM-Used to be more vibrant program Current functionality severely limited by insurance companies Families don't want providers in their homes (TCM requirement) 1 People are auto-assigned to insurance provider—then have to change providers TCM can't transport Staff training needs to address family acceptance of TCM services 5 	16

Comprehensive SOC Continuum		Flagler's System of Care			
Component	Description	Assets	Limitations	Priority Votes	
Crisis/ Moderately Severe	<p>10. Intensive or Crisis Outpatient and In-Home therapeutic and behavioral supports</p>	<p>Services include individual and family therapy, parenting skill development, needs assessment and coordinating with other community based services, anger management, crisis intervention designed to strengthen the family to prevent removal or support youth transitioning back into home following out-of-home placement. After component provides follow-up, crisis intervention and coordination with other related support programs.</p>	<ul style="list-style-type: none"> • Family Builders • CAT team (potentially funded this Leg. Session) [5] • The House Next Door programs funded by CPC (Family Coach, Family Connections, Conflict Resolution) [3] 	<ul style="list-style-type: none"> • Program similar to previous ICCP program (Intensive Crisis Counseling Program) is needed [5] 	15
	<p>11. Respite services [5]</p>	<p>Temporary (typically 2 week), 24/7 specialized residential care to allow for a break for primary care giver and youth. (Runaway, ungovernable, etc.)</p>	<ul style="list-style-type: none"> • SMA BEACH House • Easter Seals Respite Program 	<ul style="list-style-type: none"> • LSF is seeking Respite services for more challenging kids—can't find a provider. (would need psychologist, 24-hour nursing and discharge planning to have effective respite program) [2] 	7

Comprehensive SOC Continuum		Flagler's System of Care		
Component	Description	Assets	Limitations	Priority Votes
Crisis/ Moderately Severe	12. Day treatment or partial day treatment	<p>Intensive, non-residential program that typically provides education, counseling, family services including therapy and parent training, crisis intervention, skill building, education, behavior management, and recreational and/or vocational therapy. Medication management may also be a component of this program designed to stabilize youth and integrate back to a less restrictive setting or transition from more restrictive setting to community.</p> <ul style="list-style-type: none"> Halifax Day Treatment Program University Behavioral Center Partial Hospitalization Program PACE Center for Girls 5 	<ul style="list-style-type: none"> Transportation is major barrier because programs are out of county 14 Flagler Schools lose FTE funding because youth are unenrolled 	20
Severe	13. Screening for and placement in Children's Crisis Stabilization Unit	<p>Emergency service: assess need for immediate access to mental health services, including admittance to locked, 24/7 inpatient.</p> <ul style="list-style-type: none"> Halifax Baker Act Exam process and CCSU University Behavioral Center CCSU 		0

Comprehensive SOC Continuum		Flagler's System of Care		
Component	Description	Assets	Limitations	Priority Votes
14. Immediate, Short-term Residential Services, respite care for youth with severe behaviors, while awaiting placement, during transition [5]	Temporary, 24/7, specialized residential care with staff with the knowledge and skills to maintain a youth for return to caregiver/prevent a placement in an institutional setting/for those waiting for placement.		<ul style="list-style-type: none"> No short term residential program or respite care in circuit [2] Lock out kids are of high concern: MH needs, unstable, waiting for SIPP placement [9] 	20
15. Therapeutic Group Home [5]	24/7 (3-9 months) community-based setting with intense therapeutic and behavioral supports. Access to education, medication management, recreation, etc.	<ul style="list-style-type: none"> CHOICES Group Home SAYS Group Home Florida United Methodist Children's Home Group Home 	<ul style="list-style-type: none"> Family engagement is difficult—all out of area 	5
16. Residential psychiatric or substance abuse placement [2]	Short term (typically 30-90 days), 24/7 locked or unlocked treatment facility with a clinical focus, and/or behavior management, and full continuum of treatment services for serious issues.	<ul style="list-style-type: none"> SMA Residential Adolescent Program (RAP) [1] University Behavioral Center Psychiatric Residential Program 	<ul style="list-style-type: none"> SIPP—long process, often don't meet criteria [5] Limited availability Family engagement is difficult—all out of area [3] 	11

Intercept 1 Mapping

