



BOARD OF DIRECTORS

OFFICERS

Chairperson –
Bethany Atkins, M.D.
Northeast Florida Pediatric
Society

Vice-Chairperson –
Julie Kellogg, M.D.
Pediatric Primary Care

Secretary / Treasurer –
TBD
TBD

DIRECTORS

Michael D. Aubin
Wolfson Children's Hospital –
President

Jerry Bridgham, M.D.
Wolfson Children's Hospital

James Cheek, M.D.
Pediatric Primary Care

Thomas Chiu, M.D.
Children's Medical Services

Steven P. Cuffe, M.D., FACPsych
At-Large Member

Michael Erhard, M.D.
Nemours Children's Clinic

Mark Hudak, M.D.
UF College of Medicine /
Jacksonville, Department of
Pediatrics - Chair

Gary Josephson, M.D.
At-Large Member

Bethany Atkins, M.D.
Northeast Florida Pediatric
Society

Gerold L. Schiebler, M.D.
Children's Medical Services /
Ex-Officio

Mary Soha, M.D.
Pediatric Primary Care

Shelly Thompson, M.D.
Pediatric Primary Care

Robert Threlkel, M.D.
At-Large Member

Ravyn Winehouse
Youth Representative

Kelli Wells, M.D.
Florida Department of Health in
Duval County – Director

MEDICAL DIRECTOR
Jeff Goldhagen, M.D.

EXECUTIVE DIRECTOR
Vicki Waytowich, Ed.D.

Managed Access to Child Health, Inc
910 North Jefferson Street
Jacksonville, Florida 32209

January 31, 2019

Michele Staffieri, Procurement Manager
Department of Children and Families
1317 Winewood Blvd., Bldg. 6, Room 231
Tallahassee, FL 32399-0700


Dear Ms. Staffieri:

Managed Access to Child Health, Inc. d/b/a Partnership for Child Health is pleased to present for your review this grant proposal for *Wraparound and Intervention Strategies (WINS)*—a program for consideration under the Criminal Justice, Mental Health, and Substance Abuse (CJMHSAs) Reinvestment Grant (# RFA112818HSET1). WINS seeks to expand the measurable success of partnering agencies in Duval County who have been working, with CJMHSA Reinvestment Grant support, to improve the accessibility and effectiveness of services for youth with a mental illness and/or substance use disorder and who are in, or at risk of entering, the juvenile justice system.

Managed Access to Child Health, Inc. d/b/a Partnership for Child Health is a 501(C)3 non-profit organization with nearly three decades of effectively engaging community partners and leveraging resources to develop, implement and manage medical and mental / behavioral health programs and systems for children, youth and their families. Such experience places our organization in a unique position to further develop and expand the successful efforts of our community's ongoing CJMHSA programs.

Thank you for your consideration of our request.

Sincerely,

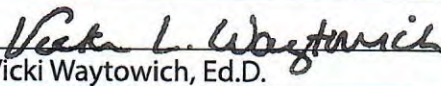

Vicki Waytowich, Ed.D.
Executive Director
Enc.

3.8.1 Tab 1
Cover Page & Certified Designation Letter

Tab
1

APPENDIX C – COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation and Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Wraparound and INtervention Strategies (WINS)	
County(ies):	Duval County	
Preferred Project Start Date:	July 1, 2019	
APPLICANT INFORMATION		
Type of Applicant	County Government <input type="checkbox"/> Consortium of County Governments <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input checked="" type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	Managed Access to Child Health, Inc. d/b/a Partnership for Child Health	
Contact Name & Title:	Vicki Waytowich, Ed.D. / Executive Director	
Street Address	910 North Jefferson Street	
City, State and Zip Code:	Jacksonville, Florida 32209	
Email:	VickiW@coj.net	
Phone:	(904) 630-7274	
ADDITIONAL CONTACT		
Participating Organization Name:	Managed Access to Child Health, Inc. d/b/a Partnership for Child Health	
Contact Name & Title:	Lisa Maldonado / Finance and HR Manager	
Street Address	910 North Jefferson Street	
City, State and Zip Code:	Jacksonville, Florida 32209	
Email:	Lisa.Maldonado@flhealth.gov	
Phone:	(904) 798-4166	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds:
Program Year 1	\$400,000	\$400,000
Program Year 2	\$400,000	\$400,000
Program Year 3	\$400,000	\$400,000
Total Project Cost	\$1,200,000	\$1,200,000
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Vicki Waytowich, Ed.D.	
Title:	Executive Director	
Date:	1/31/2019	



OFFICE OF MAYOR LENNY CURRY

ST. JAMES BUILDING
117 WEST DUVAL STREET, SUITE 400
JACKSONVILLE, FLORIDA 32202

PH: (904) 630-1776
FAX: (904) 630-2391
www.coj.net

January 23, 2019

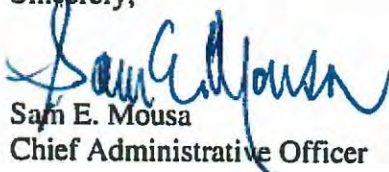
Michele Staffieri
Procurement Manager
Florida Department of Children and Families
Office of Substance Abuse and Mental Health
1317 Winewood Blvd. Bldg. 6, Room 231
Tallahassee, FL 32399

Dear Ms. Staffieri,

The City of Jacksonville, in its capacity as the government of Duval County, is supporting Managed Access to Child Health, Inc., d/b/a Partnership for Child Health, which has submitted a letter of intent to apply for the 2019 Criminal Justice, Substance Abuse, Mental Health Reinvestment Grant, and is allowing the applicant to implement the program on behalf of the county.

Furthermore, pursuant to s. 394.656, F.S., the City of Jacksonville has designated the Jacksonville System of Care Planning Council and the Criminal Justice Reinvestment Task Force as the required entity for a 3-year Implementation Grant (RFA12818HSET1). The entity complies with all the requirements listed in s. 394.658, F.S.

Sincerely,


Sam E. Mousa
Chief Administrative Officer

3.8.2 Tab 2
Table of Contents

Tab
2

**APPLICATION FOR CRIMINAL JUSTICE, MENTAL HEALTH & SUBSTANCE
ABUSE REINVESTMENT GRANT PROGRAM RFA112818HSET1
Wraparound and Intervention Strategies (WINS)**

Table of Contents

3.8.1 Tab 1 Cover Page & Certified Designation Letter

3.8.1.1 Cover Page1

3.8.1.2 Certified Designation Letter 2

3.8.2 Tab 2 Table of Contents3

3.8.3 Tab 3 Statement of Mandatory Assurances5

3.8.4 Tab 4 Match Commitment and Summary Forms6

3.8.5 Tab 5 Statement of the Problem

3.8.5.1 Description of the Problem 13

3.8.5.2 Analysis of Current Juvenile Population. 17

3.8.5.3 Target Population/ Needs Are Consistent with Strategic Plan 21

3.8.6 Tab 6 Project Design and Implementation

3.8.6.1 Planning Council or Committee 23

3.8.6.3 Implementation and Expansion Grant – Strategic Plan. 24

3.8.6.4 Performance Measures 41

3.8.6.5 Capability and Experience 42

3.8.6.6 Evaluation and Sustainability 49

3.8.7 Tab 7 Project Timeline54

3.8.8 Tab 8 Letters of Commitment

Letters of Commitment58

Summary List of Participating Organizations73

3.8.9 Tab 9 Line Item Budget and Budget Narrative74

Tab 10 Attachments

- Attachment A. Strategic Plan
- Attachment B. DJJ Circuit Advisory Board Comprehensive Plan
- Attachment C. JSOCI Strategic Plan
- Attachment D. Instruments
- Attachment E. Position Descriptions
- Attachment F. Biographical Sketches
- Attachment G. CJMHSR Reinvestment Grant Planning Council

3.8.3 Tab 3
Statement of Mandatory Assurances

Tab
3

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	vw
B.	Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	vw
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 on 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 meet the requirements of 28 CFR 42.301.	vw
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).	vw
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.	vw
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.	vw
G.	Compliance and Performance: 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.	vw
H.	Certification of Non-supplanting: 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.	vw
I.	Submission of Data: 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.	vw
J.	Submission of Reports: The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	vw

3.8.4 Tab 4
Match Commitment and Summary Forms

Tab
4



January 17, 2019

Vicki Waytowich, Ed.D.
Executive Director
Partnership for Child Health
910 N. Jefferson St.
Jacksonville, FL 32209

Dear Dr. Waytowich:

On behalf of the Kids Hope Alliance (KHA), I am pleased to pledge our continuing support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment grant (CJRG) application, to the Florida Department of Children and Families' applications request number RFA112818HSET1, to expand the system of care for juvenile offenders with substance abuse and mental health issues with the addition of high-fidelity wraparound and juvenile mental health court.

The Kids Hope Alliance, funded by the City of Jacksonville and established by Chapter 77 of City Ordinance 2017-563, is tasked with implementing youth intervention programs and strategic policing initiatives necessary to reduce juvenile offending. As integral partners with the current Criminal Justice Reinvestment Grant, the goals of KHA closely align with the Partnership for Child Health (PCH) and its juvenile justice partners, particularly regarding preventing delinquency and providing interventions with the intent of reducing recidivism of juvenile offenders and those youth at-risk.

The current CJRG Centralized Coordinating Project has been instrumental in identifying the substance and mental health issues of justice involved youth and the proposed CJRG expansion will build on this success by adding evidence-based diversion programming through the addition of high-fidelity wraparound. Further, the pilot of Duval County's first juvenile mental health court will allow probation youth who receive technical violations the opportunity to remain on probation in the community and receive intense mental health and substance abuse interventions, thus reducing the number of youth with mental health issues going into commitment programs.

To that end, we believe the value of the therapeutic resources we provide in our Full-Service Schools program to serve children and youth with mental health and substance abuse issues should be counted as an in-kind contribution for the purposes of meeting the grant match requirements.

The annual value of these resources equate to \$425,000 annually.

Based on the demonstrated success of the current CJRG, we know the addition of evidence-based diversion and the implementation of juvenile mental health court will fill the existing gap in services on the current continuum of care; therefore, we are committed to our continued partnership in the implementation and expansion of the two-pronged CJRG Wraparound and INtervention Strategies (WINS).

Sincerely,

Joseph Peppers
CEO
Kids Hope Alliance

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

TO: (name of county) Managed Access to Child Health, Inc., For Duval County
FROM: (donor name) City of Jacksonville DBA Kids Hope Alliance
ADDRESS: 1095 A. Philip Randolph Blvd.
Jacksonville, FL 32206

The following ___ space, ___ equipment, ___ goods or supplies, and X services, are donated to the County _____ permanently (title passes to the County) X temporarily (title is retained by the donor), for the period 7/1/19 to 6/30/22.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Mental Health Therapists located at the Full Service Schools</u>	<u>\$1,275,000</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>1,275,000</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.

[Signature]
(Donor Signature)

2-1-19
(Date)

[Signature]
(County Designee Signature)

(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 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:
 Annual Salary \$60,714 Number of hours 2080 X 7 to be provided = \$ \$425,000 x 3 years = \$1,275,000
2. Volunteer -- Comparable annual salary \$ _____
 Annual Salary _____ Number of hours 2080 X to be provided = \$ _____

Total In-kind Match: \$425,000.00

• Jewish Family Services – Arlington Plus Model...Budget \$242,857.00 for 4 additional therapists

Schools include:

1. Arlington Elementary
2. Arlington Heights Elementary
3. Arlington Middle School
4. Fort Caroline Middle School
- Child Guidance Center – Englewood Plus Model...Budget \$121,429.00 for 2 therapists; Schools include:
 1. Love Grove Elementary
 2. San Jose Elementary
- Child Guidance Center – Sandalwood Plus Model...Budget \$60,714.00 for 1 therapist; Schools include:
 1. Windy Hill Elementary



OFFICE OF THE SHERIFF
CONSOLIDATED CITY OF JACKSONVILLE
DUVAL COUNTY

501 EAST BAY STREET • JACKSONVILLE, FLORIDA 32202-2975

MIKE WILLIAMS
SHERIFF

January 25, 2019

Vicki Waytowich, Ed.D.
Executive Director
Partnership for Child Health
910 N. Jefferson St.
Jacksonville, FL 32209

Dear Dr. Waytowich,

This letter is to express the Jacksonville Sheriff's Office support for the Criminal Justice Mental Health Substance Abuse (CJMHS) Reinvestment grant application, request number RFA112818HSET1, to the Florida Department of Children and Families.

The Jacksonville Sheriff's Office (JSO) provides 24/7 security services for the Juvenile Assessment Center (JAC), a key operational component of the currently funded CJMHS Reinvestment grant to Duval County, Florida. The JAC is the receiving center for processing and evaluating all youth in trouble. JSO pays approximately \$24,900 a month for this service. With this letter JSO commits to continuing the in-kind match for the proposed expansion of the CJMHS Reinvestment grant in years 2020-2021 and 2021-2022 which will total approximately \$597,600 over 24 months.

This will help support the Partnership for Child Health (PCH), along with the State's Attorney's Office (SAO), Kids Hope Alliance (KHA), and juvenile justice stakeholders in expanding their ability to intervene early and reduce recidivism of juvenile offenders with substance abuse and mental health issues.

We look forward to continuing our support of this initiative and believe our commitment is helping to improve services to Jacksonville's children and families.

Sincerely,

Mike Williams, Sheriff
Duval County, Florida

WWW.JAXSHERIFF.ORG



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

TO: (name of county) Duval County
FROM: (donor name) Jacksonville Sheriff's Office
ADDRESS: 501 East Bay Street
Jacksonville, FL 32202

The following ___ space, ___ equipment, ___ goods or supplies, and x services, are donated to the County _____ permanently (title passes to the County) x temporarily (title is retained by the donor), for the period 10/01/2020 to 09/30/2022.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>24/7 security service for the Juvenile Assessment Center</u>	<u>\$597,600</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE <u>\$597,600</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.

[Signature]
(Donor Signature)

01/30/19
(Date)

[Signature] 1/30/19
(County Designee Signature) (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 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization: Contractual Security Services
Annual Salary N/A Number of hours 2080 X to be provided = \$ 597,600
2. Volunteer -- Comparable annual salary \$ _____
Annual Salary Number of hours 2080 X to be provided = \$ _____

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

Date - January 31, 2019

County - Duval County

Type of Grant - Expansion

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ 1,200,000

Match Committed:

Cash	\$	0.00
In-Kind	\$	1,872,600.00
Total	\$	<u>1,872,600.00</u>

Comments: _____

Prepared By Lisa Maldonado

Approved By *Vicki L. Wray*

3.8.5 Tab 5
Statement of the Problem

Tab
5

Tab 5: Statement of the Problem

3.8.5.1 Description of the Problem

Studies have found that mental health disorders are prevalent among youth in the juvenile justice system with upwards to 85% meeting criteria for a mental health disorder and 60% meeting criteria for a substance use disorder as compared to 22% of the general youth population (<http://www.samhsa.gov/criminal-juvenile-justice>). Thus, leading Underwood and Washington (2016) to posit that the high prevalence of mental disorders within the juvenile justice system emphasizes the need for different levels of mental health care with varying treatment options. In 2017 Duval County once again earned the title, “murder capital of the state” and although the quantity of juvenile crime in Duval is trending downward, the severity of the charges is up with a 73% increase in the number of juveniles arrested for having a gun or weapon over the last five years.

In 2013, juvenile courts across the US handled an estimated 1,058,500 delinquency cases (<http://www.ncij.org/pdf/jcsreports/jcs2013.pdf>). In that same year, Florida had 78,330 arrests with Duval County accounting for 3,150 of those arrests. Furthermore, 42% of those youth arrested received a Florida Department of Juvenile Justice (FDJJ) preliminary screen and were identified as needing a full mental health/substance abuse evaluation (400 youth were not screened).

In 2015, more than 2,000 youth were processed through the Juvenile Assessment Center (JAC) with 50% scoring for needing a full mental health and/or substance abuse assessment and a review by the Florida Juvenile Justice Association of data from May to July of 2015 found that 792 youth were arrested and processed thru the JAC with 593 (75%) scoring for needing further mental health and substance abuse evaluations, which is consistent with the research on juvenile offenders (SAMHSA, 2015). Identifying youth with substance abuse and mental health issues is critical to reducing recidivism and changing the commitment trajectory of offending youth. Because a convincing body of research shows the majority of children and youth within the juvenile justice and correctional settings suffer from one or more mental disorders not surprisingly, the mental health prognoses for many of these youth is poor and urgent calls are being made to respond to the treatment and rehabilitation needs of youth within these settings to mitigate the trajectory towards incarceration. The predominance of the juvenile delinquency research will concede a critical role of the juvenile justice system should be in identifying mental health needs and diverting youth to the community with the purpose of treating needs and formulating rehabilitation options that include substance abuse and mental health treatment.

In 2014-15, Duval County had 3,347 intake arrests of which only 863 were first time offenders eligible for civil citation. In addition, the FDJJ dashboard for Duval County from July 2015 through June 2016 indicated 740 youth were eligible for the Civil Citation program but less than a quarter were served by the program. Further, during this same timeframe, the number of youth being diverted fell 23%. While these program alternatives were under-utilized, Duval County consistently had the highest number of low-risk juveniles youth committed to the Department of Juvenile Justice with the 4th Judicial Circuit, which includes Duval County, incarcerating the highest number of low-risk juveniles in the state. Jacksonville, at that time, also sent a disproportionate number of those low-risk juveniles to high and maximum-risk facilities, location meant

for youth with the most intensive needs. (Data provided by the Department of Juvenile Justice).

Subsequently, in 2017, the Kid's Hope Alliance, the children's services organization for the City of Jacksonville, was awarded a Criminal Justice Reinvestment Grant (CJRG) to identify juvenile offenders with mental health and substance abuse issues and care coordinate those youth into their first appointment with the goal of addressing identified mental health and substance abuse issues while increasing the number of youth eligible for diversion. Specifically, the 2017 award is designed to 1) provide Crisis Intervention Training (CIT) to all law enforcement officers and 2) establish a Centralized Coordination Project (CCP) to screen and assess all juvenile offenders that are arrested and processed thru the Juvenile Assessment Center (JAC) and receive a "hit" on the Positive Achievement Change Tool (PACT), for mental health or substance abuse and subsequently refer for treatment those youth who are identified on the assessment for needing treatment.

The Centralized Coordination Project has filled a crucial systems' gap in the Duval County juvenile justice system of care. While the current results are demonstrating the effectiveness of early identification, referral and treatment of youth entering the JAC with mental health and substance abuse issues, unforeseen city and state political leadership and policy changes within the past two years has exposed additional gaps impacting community-based programming.

In 2016, the election of a new State Attorney resulted in a major policy change regarding how civil citations were determined for early offenders. Pointedly, a formalized Memorandum of Understanding was signed in 2017 by law enforcement and the State Attorney, which removed the SAO from the decision-making process and elevated police officer discretion. This has resulted in a significant increase in the number of youth receiving civil citations (97% in 2018, up from 22% in 2016). Conversely, the increase in youth receiving civil citations (Duval County provides civil citations for up to three times per youth) means a more complex level of youth is being processed and this has resulted in a significant reduction in the number of youth eligible for diversion (down 40% from 2016). Interestingly, Duval County has seen an increase of technical violations for youth on probation this past fiscal year (up 33% in 2018), resulting in commitment. This is a phenomenon that is likely the result of judiciary policies requiring the violations be noted.

It is these gaps in the continuum that are driving this CJRG application and has prompted the City of Jacksonville to continue their support and investment in juvenile justice programming. This commitment is clearly epitomized by the uniform support of Duval County leadership with the State Attorney, Sheriff, Mayor and Chief Judge all pledging to continue the investment in reducing crime by improving the system of care for juveniles in Jacksonville with their commitment to the success of the CJRG Wraparound INtervention Strategies (WINS) initiative.

Local and state data and trends

According to the DJJ dashboard, arrests are trending in the right direction with 8% down statewide for 2017-2018 and down 25% since 2013-2014. In Duval arrests were 30% down for 2017-2018. According to data retrieved from the Department of Health, (<http://www.flhealthcharts.com/ChartsReports/>) while the population in Florida

as a whole has increased 11% and Duval County has increased 9%, the adolescent population in Duval County has had minimal to negative growth. Specifically, in 2010, adolescents represented .31% of the population and .27% in 2017. While some shifts in population demographics may contribute slightly to a decrease in arrests, juvenile justice leaders credit improvements in juvenile justice policy and the resulting shift in not arresting youth for low level crimes.

Prior to 2017, policy at the State Attorney's Office was to exclude all misdemeanor battery and domestic battery charges as well as all resisting without violence charges from eligibility of juvenile civil citations. Not only are they now eligible for civil citations, with the new policy, if a civil citation is not issued on a first-time offender, law enforcement is required to document and submit their rationale for review. While this policy change keeps youth who should not be arrested out of the delinquency system, it also keeps those youth who would have historically been identified early with substance and mental health issues from being identified. Resultingly, youth who are now arrested and processed thru the JAC are being identified with an increased level of social, emotional and trauma issues. In 2017-2018, of the 81% of youth arrested and screened as needing a mental health and substance abuse assessment, 69% of youth assessed were arrested for a felony with 31% for a misdemeanor. Thus, the profile of youth entering the JAC are those that are more complex in social, emotional and legal aspects, and typically not those meeting the criteria for diversion resulting in a decline in youth being diverted and more youth on probation.

To add to this complexity, we know that prior research on adverse and traumatic experiences of juvenile justice involved youth has been well-documented with estimates indicating that between 75%-93% of youth entering the delinquency system have experienced some type of trauma, in comparison to 25%-34% of the general population (Baglivio, et., al., 2015).

Recently, the Florida Department of Juvenile Justice (FDJJ) researchers examined the Adverse Childhood Experiences (ACE) score of juvenile offenders in the State of Florida and found disturbingly high rates of ACEs and higher composite scores than previously examined populations that correlated with an increased risk to reoffend (Baglivio, 2014). Specifically, of the 64,329 Florida juvenile offenders surveyed, only 2.8 percent reported no childhood adversity, meaning that more than 97% of offenders reported a history of trauma.

The use of the ACE score as a measure of the cumulative effect of traumatic stress exposure during childhood is consistent with the latest understanding of the effects of traumatic stress on neurodevelopment (Anda et al., 2006, 2010) and the policy implications from this research underline the need to screen for and address ACEs as early as possible to mitigate anti-social behaviors and other well-documented sequelae. The effects of childhood trauma and adverse childhood experiences leads to higher rates of self-reported total offending, violent offending, and property offending, as well as mental health issues such as substance use and conduct disorders, and suicidal ideation and attempts (Evans-Chase, 2014).

Currently, FDJJ screens all youth upon arrest with the Positive Achievement Change Tool (PACT), a validated actuarial risk/needs assessment designed to assess a youth's overall risk to reoffend. There are two versions of the PACT: the Pre-Screen and the Full Assessment, consisting of more items. Both versions produce identical

overall risk to reoffend classifications (low, moderate, moderate-high, high) for any given youth. The current policy of the FDJJ is to assess each youth entering the system using the PACT Pre-Screen. Youth scoring at moderate-high or high risk to reoffend on the Pre-Screen are then administered the Full Assessment. For the Baglivio and Epps study, ACEs scores were created based on the full PACT. Meaning, that while the researchers were able to ascertain composite scores regarding adverse childhood experiences from the full PACT, however, the PACT itself is not a valid trauma instrument, nor do all juveniles offenders receive the full PACT (Baglivio, et., al, 2015); yet we know that upwards to 93% of youth entering the juvenile justice system have a trauma history. Recently, the Florida-Times Union published a report titled “Young Killers: The Challenge of Juvenile Homicide,” regarding juveniles in Duval County who committed homicides, and their research revealed the overarching contributing factor was trauma and that 100% of those surveyed had numerous adverse childhood experiences.

While most front-end youth will never be deep-end youth, it is safe to say that all deep-end youth were at one time, front-end or at-risk youth. Therefore, when City leaders released their 2019 Comprehensive Gang Reduction Strategy, there was a strong emphasis on a multi-pronged approach to reduce violence with the emphasis on prevention strategies. Primarily, strategies that seek to address the causes of violence and help change the culture of the communities where youth live with an emphasis on social services, education, and youth activities and by identifying early those children who are exposed to and traumatized by their environments and their experiences. Further, Baglivio and Epps (2015) found that age and ACE scores were inversely related and juvenile offenders with higher ACE scores have been found more likely to have early-onset, chronic offending prevalence trajectories and to be classified as serious, violent, and chronic offenders by age 18.

Geographic environment and socioeconomic factors

Duval County is a consolidated city-county government located on the northeast coast of Florida and includes the cities of Jacksonville, Baldwin, and the beach communities of Jacksonville Beach, Neptune Beach and Atlantic Beach. Jacksonville is the largest city geographically in the contiguous forty-eight states and Duval County has a land area of over 800 square miles. Duval County is comprised of urban, suburban and pockets of rural areas. The county is divided into six health zones (HZ) which differ demographically and economically and consistently showed large health disparities.

In addition, many of Jacksonville’s most vulnerable and at-risk youth live in high-crime neighborhoods with exposure to violence and severe economic challenges. Over half the youths assessed in the CCP were from zip codes 32208, 32209, and 32210. These are the zip codes categorized by the Health Department as Health Zone 1 and make up Jacksonville’s urban core. Health Zone 1 has the largest percentage of minority population (81%), highest poverty rates (30%), the lowest percentage of population with a high school education (35.7%) and the highest death rate. Further this area has limited access to mental health services, transportation deficits and large pockets identified as food deserts.

Compared to Florida, Duval County’s children also suffer the worst health outcomes and the most racial and socioeconomic disparities. Florida is the 4th largest state yet ranks 50th in per capita mental health spending. NE Florida receives the least

resources in the state and meets less than 18% of the needs of children with SED (Florida Council for Community Mental Health, 2014).

Target population

The two-pronged CJRG WINS will serve Duval County youth under age 18 with identified mental health and trauma indicators and referred by the State Attorney's Office for diversion with High-Fidelity Wraparound (HFW). Youth on probation who have identified mental health and trauma indicators, have received technical violations and are at risk of commitment will be referred by FDJJ for Juvenile Mental Health Court.

Community priorities

The State/City partnership with the Criminal Justice Reinvestment Grant has helped shape the local commitment to juvenile delinquency issues and in identifying and developing strategies to address the causes and correlates of youth offending, specifically around addressing brain development and trauma and its impact on gang involvement and delinquency. Recently, the City of Jacksonville (COJ) has provided funding for a series of mini-grants for faith-based and grassroots organizations to provide prevention programming for at-risk youth in the urban core. Further, the State Attorney convened the Juvenile Justice Advisory Committee (JJAC), a group of juvenile justice experts and community leaders, to embark on diversion reform for the 4th Judicial Circuit. Their task was to develop a comprehensive, evidence-based strategy uniquely tailored to the Jacksonville community to increase prevention and intervention efforts and reduce recidivism of diverted youth. While the formal report will be officially released with a press announcement in March, the intervention strategies in this CJRG proposal is based on some of those recommendations (i.e., High-Fidelity Wraparound for Diversion, Educational-Legal Advocacy).

Further, in December 2018, the current CJRG engaged the University of South Florida's Criminal Justice Mental Health & Substance Abuse Technical Assistance Center at Florida Mental Health Institute and with the community, completed a Sequential Intercept Mapping (SIM) in Duval County (**Attachment A**). This resulted in five priority areas being identified with various short and long-term strategic interventions to stimulate systems changes. These priorities included expanding diversion with High-Fidelity Wraparound and piloting Juvenile Mental Health Court for probation youth receiving technical violation.

In addition, the 4th Circuit FDJJ Circuit Advisory Board (CAB) Comprehensive Plan adopted in 2017, prioritizes the identification of mental health and trauma issues, implementing HFW as an evidence-based diversion program, and increased care coordination (**Attachment B**).

3.8.5.2 Analysis of Current Juvenile Population

The Florida Department of Juvenile Justice completes an intake on all youth that are arrested and taken the JAC. This tool is an interactive online report entitled the PACT (Positive Achievement Change Tool Assessment). This information provides a universal assessment to allow the state to identify the needs of the youth in their care and allow a case plan to be made. The tool addresses both the criminogenic needs and protective factors from the moment a youth enters the system to when they exit. The statewide information can be filtered by Judicial Circuit, county, gender and race. Topics include

Risk to re-offend, drug and alcohol use, mental health issues, motives for crime, school family and social issues and Criminogenic needs.

Data Points of Risk as Compared to the State

The current data for Duval County in the PACT is from 2013-14. When sorted by the youth in a DJCC Status of Intake, Duval County youth were higher in many areas such as: history of mental health problems, run away instances (2 to 3 instances and over 5 instances), history of physical abuse and sexual abuse and household member jail history. In Table 1., Duval County youth statistics is compared to youth across the state. Youth in Duval County had equal to state averages in incidences in history of mental health problems, run away instances (no history, 2 to 3 instances and over 5 instances), history of physical abuse and sexual abuse and household member jail history. The self-reported occurrences are separated by risk level to re-offend (low to high). Direction of the arrow indicates that trend is higher than the comparison.

Table 1.

Indicator 2013-14	Risk to Re-offend							
	Low Risk Youth		Moderate Risk Youth		Moderate – High Risk Youth		High Risk Youth	
	Duval	State	Duval	State	Duval	State	Duval	State
N=843								
History of Mental Health Problems	19.4% ↑	14.6%	38.6% ↑	27.8%	37.4% ↑	28.2%	49.1% ↑	46.4%
Run Away History (2 to 3 Instances)	8.0% ↑	4.5%	19.6% ↑	12.2%	13.4% ↑	10.1%	25.2% ↑	20.1%
Run Away History (Over 5 Instances)	3.9% ↑	2.1%	15.6% ↑	9.5%	10.6% ↑	8.5%	29.4% ↑	24.5%
History of Physical Abuse	7.4% ↑	6.6%	15.6% ↑	13.8%	11.1% ↑	12.0% ↑	31.0% ↑	26.0%
Sexual Abuse	5.6% ↑	3.5%	10.7% ↑	6.9%	6.4% ↑	5.4%	18.1% ↑	11.3%
House Hold Member Jail History	32.7% ↑	31.4%	49.0% ↑	48.4%	59.5% ↑	51.1%	71.8% ↑	67.8%
Age of 1 st Offense (16 Years Old)	24.1% ↑	20.0%	12.6% ↑	8.1%	5.7% ↑	2.8%	2.5% ↑	1.3%

Reference: Florida Department of Juvenile Justice PACT Profile RISK Factors website:

Demographics

In 2017-18, more than 2000 youth were processed for intake from a population age of 10-17 years of age with 77% male and 23% female. Disposition varied with 34%

receiving probation, diversion accounting for 19% of arrests, commitment for 11% and 3% were adult transfers.

Further, the 2017-2018 arrests accounted for 1062 felonies, 525 misdemeanors, 482 other and 182 technical non-law violations. Racial disparities increased slightly relative to the Jacksonville population with black youth accounting for 75% of arrests, white youth 19% white, and 5% Hispanic.

3.8.5.2.1 Description of Screening and Assessment

The Florida Department of Juvenile Justice utilizes the Positive Achievement Change Tool Assessment (PACT) for every youth that is arrested and processed at the JAC. The PACT is an actuarial risk/needs assessment designed to assess a youth's overall risk to reoffend, as well as to rank-order criminogenic needs/dynamic risk factors. Only youth scoring at moderate-high or high risk to reoffend on the PACT pre-Screen are then administered the full PACT. While JAC also assesses youth for suicide risk, human trafficking and administers the Massachusetts Youth Screening Assessment (MAYSI), a brief behavioral health screening tool, they currently do not assess for trauma using a valid instrument.

Youth receiving an indicator for mental health or substances are then referred to the CJRG CCP where the provider conducts a diagnostic clinical assessment using the Global Appraisal of Individual Needs (GAIN-Q3), an evidence-based tool that identifies mental health and substance abuse disorders and provides recommendations for treatment.

3.8.5.2.2 Percentage of Persons with Mental Illness, Substance Use Disorder or Co-Occurring

Of the more than 2000 youth arrested last year, 81% had an indicator for mental health or substance abuse requiring a diagnostic assessment and 75% of those had diagnosis requiring treatment.

Further, juvenile offenders in Florida have starkly higher rates of adverse childhood experiences (ACEs) than the population, according to a study conducted by the state's Office of Juvenile Justice and Delinquency Prevention and the University of Florida. Of the 64,329 Florida juvenile offenders surveyed, only 2.8 percent reported no childhood adversity. The study also showed a greater risk to reoffend among those with higher ACE scores. Those considered to be low-risk based on the department's Positive Achievement Change Tool (PACT), a risk/needs assessment of a youth's overall likelihood to reoffend, were far more likely to report less than three ACEs, while those considered high-risk based on the PACT measure were more likely to have ACE scores above three—and comprised more than three-quarters of those with ACE scores of either nine or 10.

<https://acestoohigh.files.wordpress.com/2014/08/hardt.jpg>
<https://acestoohigh.files.wordpress.com/2014/08/hardt.jpg>

3.8.5.2.3 Analysis of Observed Contributing Factors

The increase in youth receiving civil citations has significantly reduced the number of low-level youth that previously were referred for diversion. The result is more youth being processed that are higher risk with elevated mental health needs, youth not

typically diversion eligible due to diversion programming options. Current diversion programs are lacking in the capacity and the competency to address the mental and behavioral health needs of a moderate to high risk youth. It was with the goal of reforming diversion that prompted the State Attorney to convene the JJAC and the subsequent recommendations to expand diversion programming with the addition of High-Fidelity Wraparound.

At the same time, Duval County has experienced an increase of technical violations for youth on probation this past fiscal year (up 33% in 2018). Without a continuum of graduated interventions, many youth are unable to continue to cycle back on probation, thus, resulting in commitment. This is a phenomenon that is likely the result of judiciary policies requiring the violations be noted. In addition to policy contributing factors, at the individual level, high rates of family and economic instability are common factors among youth at-risk of entering, or re-entering, the juvenile justice system. In Duval County an average of 37% of families are living at or below the poverty line and current public funding for Children's Mental Health services covers only about 41% of the need (DCF Dashboard, 2014-2015).

These new subsets of youth highlighted the lack of appropriate diversion and intervention programming for youth. Diversion programming not only reduces trauma for youth entering the juvenile justice system, it also is more effective at reducing recidivism than commitment alternatives. The completion rate for diversion programs in the State of Florida is 80% with a recidivism rate of 11%. Compare this with an average recidivism rate of commitment in Florida of approximately 35% (Department of Juvenile Justice, 2017, p. 9). Historically, charge has been the largest predictive factor as to whether a youth was referred to a diversion program or was formally processed in the juvenile justice system. However, a study in Florida has shown that social history rather than criminal charge is greatest predictor of recidivism for youth (Baglivio). Diversion programs have the unique ability to tailor services to the needs of the youth, focusing on both risk and protective factors, and offer services such as mental health or substance abuse counseling to reduce the potential for future offending. Restorative justice programs have also been proven successful at reducing recidivism rates among youth by providing opportunities for the youth to meet with the victim, pay restitution, or repair other damages done in the community. The proposed WINS initiative will bridge these identified gaps.

3.8.5.2.4 Data and Narrative on Factors that put the Target Population at Risk

The high prevalence of youth with significant mental health needs and co-occurring substance use disorders is a disturbing counterpart to research findings about the elevated risk of criminal justice system involvement for adults with serious mental health needs, particularly if these adults also have substance abuse problems. National data indicates approximately 20% of youth ages 13-18 live with a mental health condition. Additionally, 50% of all lifetime mental health disorders present by the age of 14 and 75% by the age of 24. For youth in the justice system this percent is significantly higher.

Eighty-three percent of offenders assessed thru the CCP met the criteria for a mental health disorder and needed a referral for treatment. Eighty-four percent the youth assessed needed a referral for mental health, substance abuse and/ or co-occurring.

In addition to the identified mental health and substance abuse issues, other factors that contribute to the delinquency of youth include the unidentified trauma histories, family dynamics, access to appropriate treatment and other social and environmental influences. Individual traumas or abuses (such as neglect, or physical abuse) and their effects on offending and violence have long been recognized as important correlates of antisocial behavior and victimization and left unidentified and untreated increases the likelihood of reoffending <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4819805/>.

Further, nearly a quarter of Duval County youth assessed in diversion were flagged with a risk factor associated with having special education needs. In 2017, Duval County Public Schools placed 2,319 students in alternative school settings and suspended over 15,000. The most common reasons for suspensions were skipping school and disrupting class. (<http://www.jacksonville.com/news/metro/education/2017-07-28/duvalschools-suspend-larger-number-blacks-whites>). Students who are suspended frequently are more likely to fail a grade and more likely to drop out. Of kids who are arrested in Duval County, 9% have dropped out of school, nearly double the district average of 5%. (<http://www.djj.state.fl.us/research/reports/reports-and-data>). According to DJJ, for youth at a high risk of re-offending, the percentage of drop out is 23%, nearly five times the district average.

Juveniles and Toxic Stress

Toxic stress results from a culmination of ACEs affects the areas of the brain that control decision making, selective attention, and reward processing (Thomason, & Marusak, 2017) and is often the result of physical and sexual abuse or assault, emotional abuse or psychological maltreatment, neglect, school violence and bullying, and being a witness to domestic or community violence (SAMHSA, 2018). A Department of Justice study found that 60% of American children have been exposed to toxic stress: violence, crime, or abuse either in the community, at home, or at school (Webb, 2015).

A study conducted by the Florida Department of Juvenile Justice (FDJJ) examined the Adverse Childhood Experiences (ACE) score of juvenile offenders in the State of Florida and found disturbingly high rates of ACEs and higher composite scores than previously examined populations that correlated with an increased risk to reoffend (Baglivio, 2014). Specifically, of the 64,329 Florida juvenile offenders surveyed, only 2.8 percent reported no childhood adversity, meaning that more than 97% of offenders reported a history of trauma. Further, juvenile offenders were found to have ACE prevalence rates 3 times higher, were 13 times less likely to have no ACE exposure, and 4 times more likely to have ACE scores of **four or above** [toxic stress] as the adults in the original ACE study sample (Baglivio, et., al, 2014). Juvenile offenders with higher ACE scores have been found more likely to have early-onset, chronic offending prevalence trajectories (Baglivio et al., 2015), and to be classified as serious, violent, and chronic offenders by age 18.

3.8.5.3 Target Population/ Needs Are Consistent with Strategic Plan

In December 2018, the current CJRG engaged the University of South Florida's Criminal Justice Mental Health & Substance Abuse Technical Assistance Center at Florida Mental Health Institute and with the community, completed a Sequential

Intercept Mapping (SIM) in Duval County (**Attachment A**). The SIM provided a strategic plan for youth with substance use and/or mental health disorders (SAMH) involved in or at risk of involvement in the juvenile justice system in Duval County and is an integrated tool that can facilitate other community planning related to behavioral healthcare and diversion from the juvenile justice system or plans to address prevention of youth homelessness.

The two-day workshop included close to 50 individuals representing multiple stakeholder systems. The Planning Council and the CJRG Task Force along with community stakeholders identified five priority areas and various short and long-term strategic interventions to stimulate systems changes. The five priority headings are: 1) Juvenile Addiction Receiving Facility (JARF); 2) Community Awareness and Education; 3) Sustain and Expand Behavioral Health Resources and Services; 4) Care Coordination and Crisis Response; and 5) Juvenile Processing Post-Arrest. Specific program priorities included expanding diversion with High-Fidelity Wraparound and piloting Juvenile Mental Health Court for probation youth receiving technical violation.

The two-pronged CJRG WINS initiative will serve Duval County youth under age 18 with identified mental health and trauma indicators and referred by the State Attorney's Office for diversion with High-Fidelity Wraparound (HFW). In addition, youth on probation who have identified mental health and trauma indicators, have received technical violations and are at risk of commitment will be referred by FDJJ for Juvenile Mental Health Court.

In addition, the 4th Circuit FDJJ Circuit Advisory Board (CAB) Comprehensive Plan adopted in 2017, prioritizes the identification of mental health and trauma issues, implementing HFW as an evidence-based diversion program, and increased care coordination (**Attachment B**). The projected number of youth and families served reflect the priorities to expanded evidence-based diversion, increased identification of trauma

3.8.5.3.1 Projected Number of Broader Category of Person served in any Capacity

The CJRG WINS initiative is projected to serve 1080 youth with mental health and substance abuse issues over the 3-year life of the grant through High-Fidelity Wraparound (60 annually), Juvenile Mental Health Court (50 annually), Education-Legal Advocacy (50 annually), Family Engagement (50 annually), and Trauma Screening and Youth Level of Services/ Case Management Inventory (150 annually).

3.8.5.3.2 Projected Number of Subset of Person Served who Consent to Treatment (Section 2.5.1.2.1)

High-Fidelity Wraparound is an intensive care coordination process that couples a wraparound care coordinator with a parent partner to provide family-driven, youth-guided and culturally responsive HFW that will serve 50 youth annually and 150 youth and their families over the 3-year life of the grant. Each team will carry an active caseload of 10-13 youth. With an average length of stay of 6 - 12 months. The Juvenile Mental Health Court pilot is expected to serve 50 moderate to high risk youth with mental health and trauma issues annually with 150 over the 3-year life of the grant.

3.8.6 Tab 6
Project Design and Implementation

**Tab
6**

Tab 6: Project Design and Implementation

3.8.6.1 Planning Council or Committee

The City of Jacksonville (COJ) has designated the Partnership for Child Health (PCH), which houses the Jacksonville System of Care Initiative, to submit the Criminal Justice Mental Health and Substance Abuse Reinvestment Grant (CJRG) expansion proposal on behalf of the City of Jacksonville. COJ has designated the Jacksonville System of Care Initiative Board of Directors as the “Planning Council” for the current CJRG grant and the proposed CJRG expansion application. The designated Planning Council includes all the required members (congruent with a consolidated government) identified in F.S. 394.657(2)(a) for the grant including: leadership from the Department of Juvenile Justice, Department of Children and Families, State Attorney’s Office, Public Defender, judiciary, mental health, substance abuse treatment, human services, corrections, law enforcement, children’s advocates, consumers, county government and the courts. There is currently one vacancy (Chief of Correction) which is currently being filled by the State Probation Administrator. This vacancy is anticipated to be filled by the April 2019 meeting (See Attachment F for complete list of the members of the Planning Council).

In 2010, the City of Jacksonville was awarded a \$9 million dollar System of Care cooperative agreement from the Federal Substance Abuse and Mental Health Service Administration (SAMHSA) to facilitate the transformation of Northeast Florida’s mental health services into a system of care that integrates home and community-based services and supports for youth with serious emotional disturbances for children and youth in the juvenile justice, child welfare and homeless populations. In 2016, COJ received another SAMHSA award to continue this work.

As the grantee, the COJ and its children’s services council, Kids Hope Alliance (formerly known at the Jacksonville Children’s Commission) engaged PCH, a non-profit child-serving organization as the agency to implement the Jacksonville System of Care Initiative (JSOC) to improve the health and wellbeing of children in Northeast Florida. PCH implements this cooperative agreement by using existing agencies and joint ventures with other community stakeholders and initiatives.

Using a “System of Care” approach, JSOC is focused on engaging community-wide collaboration between all child-serving systems to meet the multiple and changing needs of children/youth and their families. The system is organized into a coordinated network which builds meaningful partnerships with families and youth in a culturally and linguistically competent manner so the child/youth may function better at home, in school, in the community, and throughout life.

Duval County designated the JSOC Board of Directors as the “Planning Council” to fulfill the Florida Statute 951.26, which requires that counties establish public safety coordinating councils to perform assessment of and planning for county correctional facility requirements and pretrial intervention programs and to perform such others functions as required by that statute.

3.8.6.1.1 Composition and Roles

The JSOC Planning Council provides oversight to the existing CJRG grant and will continue to do so for the CJRG Wraparound and INTERvention Strategies (WINS) expansion initiative and is the umbrella entity on youth issues in mental health and

substance abuse for Duval County. The composition of the Planning Council includes all the required members as appropriate to the City of Jacksonville governance structure and demonstrates compliance with the Florida state statute. (See Attachment F for complete list of the members of the Planning Council).

Within the Planning Council, the CJRG Task Force was created to provide oversight, planning, evaluation and continuous improvement activities to meet the goals of the grant and report back to the Planning Council. This subcommittee is focused on the CJRG grant goals, objectives, milestones and continuous improvement. The subcommittee meets monthly and reports back to the JSOC Planning Council.

In addition to performing the functions required by Florida Statute 951.26, it is the intention of the members of the JSOC Planning Council that Task Force endeavors to make recommendations and direct initiatives designed to increase the efficiency and effectiveness of mental health and substance abuse services as they relate to the criminal justice system in Duval County.

The CJRG Task Force meets monthly to review the activities of the grant, review the goals, objectives, tasks and outcomes. Recommendations for changes or improvements are made during these meetings. Updates from the CJRG Task Force are presented to the Planning Council at the monthly board meetings.

3.8.6.1.2 Outline of Planning Council's Activities

The activities of the Planning Council's CJRG Task Force include meeting monthly to assess the grant status, including the number of referrals, the number of youth being assessed, number of those who were referred for treatment and those that are engaged and completed treatment, number of youth being diverted from higher levels of justice involvement and youth academic achievement. The group uses continuous improvement methods to identify problems in implementation and assigns actions to staff and members to resolve issues. The monthly meetings include discussion in assessment and data collection issues as well as partnership, collaboration, process and systems development. The Northeast Florida Federation of Families is a family support organization that focuses on education, support and advocacy for families with children living with emotional challenges. They have participated in collecting data to help improve family engagement.

The Task Force meets monthly and reports to the Planning Council monthly. The Task Force meetings for the 2018 year were the second Tuesday of each month with the Planning Council meetings the third Friday of each month. All meetings are noticed under Sunshine. The future meeting schedule will remain the same.

3.8.6.2 Not applicable: Planning Grants Only

3.8.6.3 Implementation and Expansion Grant – Strategic Plan

Since 2012, the Jacksonville System of Care Initiative has functioned under an established Strategic Plan (**Attachment C**) and continues to do so. That Plan has been reviewed annually and revised on two occasions, but the goals have remained the same.

The over-arching objectives for the JSOC are to: • Expand community capacity to serve children and adolescents identified with serious emotional disturbances by

utilizing a public health framework to screen and assess all children and youth for behavioral health issues and refer appropriately for treatment; • Increase the community capacity to provide a broad array of accessible, clinically effective and fiscally accountable services, treatments and supports for children and families; • Provide for the integration of physical and behavioral health through the development of the pediatric/psychiatric collaborative care model; • Implement authentic participation of families and youth in the development, evaluation and sustainability of local services and supports and in overall system transformation activities; • Serve as a catalyst for broad-based, sustainable systemic change inclusive of policy reform and infrastructure development.

The goals and objectives of the JSOC Strategic Plan govern the current CJRG Centralized Coordination Project as well and while they translate to the proposed CJRG expansion project (**see excerpt in Table 2**), the CJRG WINS initiative being proposed was developed as a direct result of the findings of the recent Duval County CJRG Sequential Intercept Mapping (SIM) and the tasks are specific to this proposal. Thus, the SIM will provide the overall direction to the CJRG expansion project.

Table 2 Jacksonville System of Care Strategic Plan

Goal #4: All children in the targeted populations will have their mental health needs met in the least restrictive environment				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
Juvenile Justice 4.d All youth referred to the JAC will be screened for SED and referred for diagnosis and treatment and, if appropriate, diverted from JJ to diversion programs for mental health treatment.	4.d.1. All youth coming through the Juvenile Assessment Center will be screened, with evidence-based instruments, for mental health and referred appropriately for further assessment and treatment 4.d.2. Youth are tracked and data compiled on outcomes	Completed screens Data collected	SOC/ CHEQR	Ongoing
4.e. Youth will receive services in the least restrictive environment	4.e.1 Crisis intervention prior to Baker Acts will be available to all children and youth 4.e.2. Wraparound will be utilized for all eligible youth prior to foster care placement disruptions or residential placements 4.e.3. Wraparound and care coordination will be utilized for all eligible youth in juvenile justice to reduce higher levels of care.	Increased wraparound caseloads with foster care youth Integrate into DJJ Identified alternatives on plan of care	SOC/MHRC / Wraparound Wraparound Director/community agencies/Care Review Team SOC/FSS/DJJ Committees	Jan 2013 January 2014 January 2017 Ongoing

3.8.6.3.1 Strategic Plan Description, Progress, Challenges and Barriers

In December 2018, the community engaged the University of South Florida's Criminal Justice Mental Health & Substance Abuse Technical Assistance Center (CJMHS) at Florida Mental Health Institute completed a Sequential Intercept Mapping (SIM) in Duval County, Florida (**Attachment A**).

The SIM provided a strategic plan for a targeted population, namely youth with substance use and/or mental health disorders (SAMH) involved in or at risk of involvement in the juvenile justice system in Duval County and will be utilized to guide community decision-making with regards to the behavioral healthcare needs of at-risk youth in an effort to reduce recidivism, divert from the juvenile justice system and prevent youth homelessness.

The two-day workshop included close to 50 individuals representing multiple stakeholder systems. Participants included leadership from: 1) the judiciary and the courts, 2) mental health, substance abuse treatment, and human services providers, 3) corrections, 4) law enforcement, 5) children's advocates, 6) consumers, 7) and the consolidated government of Duval County. The group created a map of points of interception among all the relevant systems, identified the resources gaps and barriers in the existing systems to support recovery, and developed an initial strategic plan to promote progress in addressing the criminal justice diversion and treatment needs of youth in Duval County, primarily juveniles with mental illness and/or substance abuse disorders involved in the criminal justice system.

CJMHS and the stakeholders identified five priority areas and various short and long-term strategic interventions to stimulate systems changes. The five priority areas are: 1) Juvenile Addiction Receiving Facility (JARF); 2) Community Awareness and Education; 3) Sustain and Expand Behavioral Health Resources and Services; 4) Care Coordination and Crisis Response; and 5) Juvenile Processing Post-Arrest.

The CJRG Wraparound and Intervention Strategies (WINS) initiative was developed as a direct result of the findings of the SIM to fill the gaps in the continuum of care by providing research driven interventions to prevent youth from entering higher levels of care through diversion and community-based programming.

Specifically, the WINS initiative programming that will be implemented is High-Fidelity Wraparound for diversion, Juvenile Mental Health Court (with care coordination) and Educational-Legal Advocacy. Additional research-based practices will include trauma indicator screens, educational-legal screens for the different intercepts and supervision level screens for diversion and additional needs assessments for multidisciplinary staffings for probation youth with technical violations. These identified interventions are delineated in the SIM plan and specified in the *Priority Area 3 goal: To provide a continuum of community-based resources to reduce youth from entering higher levels of care* (Tasks 3.1, 3.2, 3.5) and the *Priority Area 4 goal: Reduce recidivism thru effective care coordination* (Tasks 4.1, 4.3) **See Table 3.**

This plan will be reviewed quarterly for progress and report to the Planning Council, and coupled with the specific goals, objectives and activities in **Table 4** will help guide the monthly CJRG Task Force meeting. Minimal barriers to implementation are expected as the proposed interventions are community supported and documented in several community plans including the SIM, 4th Judicial Circuit Advisory Board Comprehensive Plan and the Juvenile Justice Advisory Committee and specifically

supported by the City of Jacksonville’s Mayor’s administration, Circuit 4 State Attorney, Department of Juvenile Justice and the 4th Circuit Chief Judge.

Table 3

Priority Area 3: Sustain and Expand Behavioral Health Resources and Services					
Goal: To provide a continuum of community-based resources to reduce youth from entering higher levels of care					
Objective: Youth will receive services in the least restrictive environment					
Tasks/strategies	Action Step/activities	Performance Measure	Who	When	
3.1	Establish high fidelity Wraparound services for diversion	<ul style="list-style-type: none"> To identify funding streams/apply for CJRG To develop protocols and processes 	<ul style="list-style-type: none"> Written support from the SAO Written support from DJJ Developed diversion process Secured funding 	<ul style="list-style-type: none"> Criminal Justice Reinvestment Grant Taskforce PCH/KHA/Daniel 	2019
3.2	Explore a feasibility of establishing a Juvenile Mental Health Court	<ul style="list-style-type: none"> Establish judiciary support To research Juvenile Mental Health Court models 	<ul style="list-style-type: none"> Model identified and operationalized Approval from Chief Judge Approval from SAO 	<ul style="list-style-type: none"> JSOC/CJRG Task Force SAO/PD/Chief Judge Magistrate Brady 	2019
3.5	Expand community-based services along the continuum	<ul style="list-style-type: none"> To identify options to expand psychiatric services in Duval County To develop intensive outpatient program/services Establish educational-legal advocacy 	<ul style="list-style-type: none"> Gaps analysis conducted Number of collaborations established Funding secured for treatment Number of youth receiving IEPs and 504 plans 	<ul style="list-style-type: none"> Behavioral Health Integration/Family Support Services LSF Health Systems BH Consortium Center for Children’s Rights 	2019-20
Priority Area 4: Care Coordination and Crisis Response					
Goal: To reduce recidivism					
Objective: Effective care coordination will occur at all points in the system					
Tasks/strategies	Action Step/activities	Performance Measure	Who	When	
4.1	Expand pre-arrest and post-arrest front-end diversion options	<ul style="list-style-type: none"> Research appropriate best practice diversion options and valid screening tools Visit Miami JAC 	<ul style="list-style-type: none"> Funding secured Programs identified SAO support obtained 	<ul style="list-style-type: none"> SAO/CJRG Task Force ME/LSF DCF/CAB 	2019
4.3	Coordinate and integrate assessment and treatment plans as a youth moves through the system	<ul style="list-style-type: none"> To identify effective care coordination strategies (across the spectrum of services the juvenile justice system) 	<ul style="list-style-type: none"> MOUs are signed and developed Funding identified 	<ul style="list-style-type: none"> Jewish Family and Community Services CJRG Task Force CAB 	2019

3.8.6.3.2 Project Design and Implementation

Currently, if justice-involved youth have trauma indicators, a history of mental health issues and significant educational deficits, other than traditional outpatient counseling, there is limited effective program options in the community, and if the youth is moderate risk to re-offend, his or her legal outcome is directly impacted by the rehabilitative intervention options provided. Leveraging the partnership and resources of the Kids Hope Alliance and City of Jacksonville and building on the success of its current CJRG Centralized Coordination Project, the Wraparound Intervention Strategies will fill the intervention gap currently lacking in the continuum for low and moderate risk youth with high social, emotional and educational needs.

The State Attorney's Office will make a filing decision on all arrested youth. That decision will be to dismiss, divert, or prosecute. Currently, diversion filing decisions are made primarily based on the youth risk to reoffend and with no identified criteria for the SAO diversion case managers to utilize with regards to programming needs or supervision levels. For this initiative, the SAO diversion case managers will refer youth for a GAIN Q (if not already completed) and administer a trauma screen and Youth Level of Services/Case Management Inventory (YLS/CMI). Eligible low to moderate risk youth with high social and emotional needs would be referred for **HFW diversion**.

For those youth on probation who receive technical violations, Juvenile Probation Officers will refer for a GAIN-Q and administer the trauma instrument. Youth identified with mental health and trauma indicators will be referred to multidisciplinary staffing team to be paired with the care coordinator from Children's Home Society and a referral to the pilot **Juvenile Mental Health Court (JMHC)**.

All youth referred for HFW and JMHC will be referred to the Center for Children's Rights for an educational-legal assessment for **Educational-Legal Advocacy**. Current data indicate that more than 25% of youth assessed at the diversion intercept required Individual Education Plans and research indicates that at the probation intercept there are even more that are not identified.

Implementation of High-Fidelity Wraparound Care Coordination for Diversion

Research indicates nearly all justice involved youth have trauma indicators and mental health issues that increase their social and emotional needs along with their risk of recidivism and often prohibit them from eligibility in traditional diversion program options. The addition of High-Fidelity Wraparound (HFW) will provide a research driven diversion programming opportunity to allow youth with high social, emotion and educational needs resulting in an increased risk to reoffend, to receive diversion.

Burns and Goldman (1999) define wraparound as a "philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes." This framework lends better treatment support for the notion that youth with complex emotional or behavioral problems are often involved in more than one system of care. HFW services link the youth's strengths and needs to services and supports within his or her community. The wraparound process is an integral to the system-of-care framework. Generated by the Child and Adolescent Service System Program (CASSP) and established by the National Wraparound

Initiative at Portland State University in Oregon, Systems-of care are comprehensive programs that use a coordinated network of mental health and other support services to meet the evolving needs of children and adolescents with severe emotional problems.

Wraparound services are considered a high-intensity level of service that should be reserved for youth and families with the most complex needs. A specialized collaborative approach that organizes family support services, (counseling, case management, psychiatric, medication, sex offender treatment, etc.) under a Wraparound Model that is individualized and respects the culture, values and beliefs, while fostering effective communication, is paramount to effective service delivery.

Additionally, wraparound plans are more holistic than traditional care plans in that they are designed to also meet the identified needs of caregivers and siblings and to address a range of life areas. Through the team-based planning and implementation process, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. Wraparound's philosophy of care begins from the principle of "voice and choice," which stipulates that the perspectives of the family—including the child or youth—must be given primary importance during all phases and activities of wraparound. The values associated with wraparound further require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent, and community based.

The unique Wraparound model is flexible enough to address the dynamic needs of families with youth who have serious behavioral/emotional/mental health disorders. Utilizing trauma-informed care, HFW can better understand why youth and families are where they are and specifically tailor a mental health approach for those who have experienced or been exposed to violence and trauma. The "wraparound" service delivery model is a family-driven and youth-guided approach that utilizes a team of professionals and natural supports to establish goals and outcomes and to provide on-going support for youth and families. Each Wraparound Team consists of a Wraparound Care Coordinator and an in-home, peer support worker called a Family Support Partner. The Wraparound Coordinator is a bachelor's or master's level clinician and is responsible for facilitating the entire "wraparound" process with the youth, family and Family Support Partner. The Coordinator focuses on teaching the family how to continue the wraparound model even after formal services end. The Family Support Partner is a peer support worker; a person with a high-school degree that has been involved in the raising of a child with mental health and/or substance use disorder and has had experience in system-navigation which may include juvenile justice and the court system.

Research shows that the wraparound process is challenging, yet effective in treating the mental and behavioral needs of youth in the justice system and a significant body of literature that supports the use of wraparound services as **a front-end diversionary program for youth with complex mental health problems** who encounter law enforcement (Carney & Suttell, 2003; Pullman et al., 2006). A meta-analytic review of seven studies found positive, significant effects of wraparound in four domains: living situation, youth behavior, youth functioning, and youth community adjustment (Suter & Bruns, 2009). Washington State Institute for Public Policy (WSIPP) and the University of Washington Evidence-Based Practice Institute

has included "Full Fidelity Wraparound" as a "research-based practice" in its inventory of child EBPs. Wraparound services are identified by OJJDP as an Early Intervention - Direct Service for reducing Disproportionate Minority Contact and are currently being reviewed for inclusion in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) (Bruns & Suter, 2010).

Since 2011, the Partnership for Child Health's Jacksonville System of Care Initiative has implemented HFW thru its contracted service provider, Daniel Memorial, Inc. With five HFW Coordinators and Family Support Partners providing services to up to 75 youth at any time, the program has served more than 1200 youth since inception. Mirroring the outcomes of the literature, HFW in Duval has seen:

- a reduction in Baker Acts and higher-level care (96%);
- improved functioning in everyday life (76%);
- a decrease in those experiencing serious psychological distress (43%); and
- a decrease in those utilizing an ER for behavioral health issues (82%)

Duval County's WINS initiative will provide an additional three HFW coordinators dedicated solely to increase diversion for youth with an elevated risk to reoffend and high social, emotional and educational needs.

Juvenile Mental Health Court

Juvenile Mental Health Courts, are specifically designed to address the needs of individuals with mental illnesses and utilize a multidisciplinary team approach, with teams comprised of representatives from mental health, probation services, prosecutors' offices, and defense counsel and focus on engaging and maintaining youth in community-based treatment through a separate docket as an alternative to deeper involvement in the traditional justice system, coupled with regular judicial supervision and are non-adversarial, rehabilitation-oriented, family and community-based treatment focused on the "best interests of the child."

Referred youth will be maintained on probation and a multidisciplinary team including a care coordinator will be assigned, a treatment plan developed and weekly to bi-weekly judicial reviews will ensue.

Educational-Legal Advocacy

All youth referred to HFW and JMHC will be referred to the Center for Children's Rights for an educational-legal assessment. The educational advocate provides a comprehensive educational records review, advises the youth and parent/guardian of the child's educational legal rights as a child with a disability, and advocates with the local school district to ensure that child's educational rights are fulfilled related to the child's disability. This includes advocacy related to provision of services and supports under a 504 or Individualized Education Plan. It also includes addressing discipline such as frequent suspensions, alternative school setting, and risk of expulsion. The goal of educational-legal advocacy is to identify educational needs and ensure appropriate formalized educational supports are obtained.

These diversion interventions are direct lessons learned from our current grant, research and new data trends gleaned from FDJJ and the results of recent policy changes. The WINS initiative is intended to increase the number of youth being diverted from deeper levels of justice involvement, serve youth as quickly as possible, offer treatment as a diversion program, incentivize youth to complete treatment and provide support and collateral services for youth to be successful in education, youth development and employment in the community. These strategies match the strategies outlined in the Jacksonville System of Care, CJRG Sequential Intercept Mapping and the Circuit 4 Department of Juvenile Justice Circuit Advisory Board Comprehensive Plan.

3.8.6.3.2.1 Project Goals, Strategies, Milestones and Key Activities

In addition to the SIM, the following goals, objectives, tasks and measures in **Table 4** (below) will be adhered including the responsible party/organization responsible for each task.

Goal 1: Expand the continuum of community-based resources to reduce youth from entering higher levels of care

Table 4

Objective #1	Implement programs and diversion initiatives that increase public safety, reduce spending, and provide services in the least restrictive environment for the Targeted Population			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	Establish legally binding MOUs and contracts with organizations to provide HRW, care coordination for JMHC, educational-legal advocacy and evaluation	MOUs and contracts signed by providers	PCH	Within 60 days of award.
1.2	Establish information sharing agreements to track individuals during their involvement with the program and one year after discharge, including arrests, receipt of benefits, employment and housing.	MOUs signed by DJJ, SAO, KHA, Courts Administration	PCH	Within 90 days of award.
1.3	Provide HFW to 50 youth per year	Monthly admission reports	PCH/SAO/provider	Begins within 30 day of award

1.4	Provide JMHC to 50 youth per year	Monthly admission reports	PCH/DJJ/provider	Begins within 30 day of award
1.5	Provide trauma, MHFA and CLC training as part of CIT to JSO monthly	Monthly reports	CLC provider	Begins within 30 day of award

Goal 2: Establish a coordinated System of Care based on core values of community-based, family-driven, youth-guided, culturally responsive and trauma informed

Objective #1	Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the project			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	Participate in planning council or committee meet regularly	Meeting minutes and sign in sheets	CJRG Task Force/PCH	Ongoing Monthly
1.2	Assess progress of the project based on established timelines and attainment of goals	Meeting minutes and sign in sheets; Quarterly reports	CJRG Task Force/PCH	Quarterly Ongoing
1.3	Ensure communication and data sharing throughout the WINS implementation	Meeting minutes and sign in sheets	CJRG Task Force/PCH	Ongoing
1.4	Ensure all child serving systems, including the managing entity, are represented on the Planning Council	Planning Council and CJRG Task Force membership; Meeting sign in sheets	PCH	Completed Ongoing
1.5	Make necessary adjustments to implementation activities as needed	Meeting minutes and amended strategic plan	CJRG Task Force/PCH	Ongoing

Goal 3: Increase diversion and reduce recidivism by implementing best practices

Objective #1	Measure positive change in youth and families served by WINS			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	Measure youth and family functioning in HFW using the CANS and fidelity index measures	Quarterly CJRG reports	PCH/provider	Ongoing
1.2	Mitigate educational barriers: Complete educational needs assessment on all youth on probation with technical violations	Quarterly CJRG reports on IEPs/504 plans	PCH/CCR/DJJ	Ongoing
1.3	Complete trauma assessments on all high social and emotional needs for referral to wraparound	HFW referrals	SAO/provider	Ongoing

3.8.6.3.2 Organization and Key Stakeholder Responsibilities for Each Task/Key Activities

Youth centered services will be provided throughout the various organizations and activities provided to coordinate a successful treatment plan. The activities include engagement, screening/assessment, care coordination, referrals, follow-up, coordination with insurance, connection with education and/or employment for those old enough and will be culturally competent and youth centered. Key organizations and stakeholders involved include the Partnership for Child Health/Jacksonville System of Care, Kids Hope Alliance, Jacksonville’s Sheriff’s Office, State’s Attorney’s Office, Florida Department of Juvenile Justice, Daniel Memorial, and Center for Children’s Rights.

Partnership for Child Health/ Jacksonville System of Care for Children’s Mental Health will • Serve as the planning and oversight council for this project as designated by the local public safety coordinating council. • Engage the youth and family organizations who are part of the JSOC to assist with regular planning, oversight and evaluation of the project. • Sub-contract, oversee and monitor contracts with service providers for the services needed to fulfill the contract with DCF • Engage other partners as gaps in services and expertise is needed. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Collect data and information from providers and partners to be able to submit quarterly reports to DCF. • Work with the sub-contracted agencies of the SOC who provide high intensity wrap around services to work with the youth of this project who meet the

criteria for their program. • Work with partners and community providers to secure and document the remainder of the match which can be provided as “in-kind”. • Work with the planning council for this project to develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Provide training for staff and partners of this project in cultural and linguistic competency, youth guided services and core values of the SOC. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors. • Partner with SAO and Kids Hope Alliance on reforming diversion for the County

Kids Hope Alliance (the children’s services council of the City of Jacksonville) is the current applicant and lead agency for the Centralized Coordination Project and KHA will: Work with the Planning Council and CJRG Task Force to seamlessly integrate the WINS initiative into the comprehensive juvenile justice reform efforts of the City of Jacksonville, including the current CJRG Centralized Coordination Project • Identify and develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Engage other partners as gaps in services and expertise is needed. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Collect data and information from all juvenile justice contracted providers and partners and aggregate to provide a holistic and comprehensive picture to the CJRG Task Force and Planning Council.

Jacksonville Sheriff’s Office will • provide 24/7 security services for the Juvenile Assessment Center (JAC) and continues to commit to training all police officers in Mental Health First Aid to better recognize and handle youth that may exhibit mental health behaviors.

The Florida Department of Juvenile Justice - Circuit Four will • Integrate this project into their system of care for juvenile offenders. • Screen all youth on probation who receive a technical violation for trauma and mental health issues. • Refer youth who meet criteria for the project to the program. • Train JPOs and affected DJJ staff about the program. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Work with the planning council for this project to develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors.

Community-based Treatment Service Providers (Daniel Memorial, Inc.) will • Hire three High-Fidelity Wraparound Coordinators for the project with funds provided by the grant. • Hire 2 part-time Family Support Partners with funds provided by the grant. • Ensure staffs are certified to implement the Evidence-based Assessments and Interventions proposed in the application including but not limited to CANS and fidelity index measures • Provide immediate engagement of youth and their families upon

receipt of referral • Provide services in-home and other locations convenient to the family and youth • Engage parent participation to obtain appropriate consents required to allow participants to get the assessments and treatment recommended. • Determine systems already involved with the family and coordinate the care needed. • Assess participant's eligibility for entitlements and assist with applications, as needed or follow-up with existing case managers re: SSI, SSDI or Medicaid. • Provide Evidence-based Interventions recommended by the assessments on a fee for service-basis when billing for Medicaid is not possible. • Coordinate transportation, collateral services and reimbursement for youth. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors.

Center for Children's Rights

The Center for Children's Rights (CCR) is a legal advocacy and resource center for youth in northeast Florida. The mission of CCR is to advance the rights of children through legal advocacy, policy and practice transformation, and youth participation. CCR provides targeted legal advocacy through the Hope Pipeline Project (HPP), early intervention educational advocacy designed to disrupt the school to prison pipeline (STPP). CCR's restorative educational advocacy focuses on collaboration with the school district to identify primary issues/needs of the student, develop a responsive plan based on identified needs, and collaborative accountability

3.8.6.3.2.3 Planning Council or Committee Participation

As the Planning Council, the JSOC Board of Directors provides the oversight for this project. CJRG Task Force is a dedicated sub-committee of the Planning Council whose role is to convene monthly to review the progress towards implementation and review the outcomes associated with the goals and objectives. Further, the Task Force reviews the data and is an active problem-solving agent for the oversight and planning council for this project since the JSOC's primary goal is to coordinate and improve the system of mental health care for children with a special target population being the juvenile justice population. The members of the CJRG Task Force are all represented on the Planning Council with family members represented on both. The JSOC has several established workgroups that provide training and system enhancements that are directly related to this project. JSO chairs the CJRG Task Force (ad is a member of the Planning Council) and reports out to the Planning Council each month. The Planning Council provides vision and strategic planning to interventions targeting marginalized youth and as the program expansion is established the CJRG Task Force will expand in its scope and continue to guide and direct the CJRG processes both programmatically and systemically.

3.8.6.3.2.4 Communication Plan

The WINS program coordinator will be an employee of the Partnership for Child Health and will coordinate all the activities of the project, distribute electronic information including meeting notices, agendas and meeting minutes. Agencies involved in this