

project, consumers and family members are all also on the JSOC board. During the monthly board meetings of the JSOC, a monthly report describing the progress of the Task Force, including data and analysis is disseminated and discussed. The work of this project will also be included in that forum independent of its own progress and data summary. This information is discussed by the Planning Council with an opportunity for them to ask questions and request any additional information for presentation. Further, Federation of Families members are represented on the Planning Council and its members can be accessed to use as a focus or workgroup in planning and problem solving.

The CJRG Task Force partners collaborated to develop and plan the project and compose the application. These partners include the SAO, DJJ, City of Jacksonville, Kids Hope Alliance, Office of the Public Defender, Federation of Families, Jacksonville Sheriff's Office, Court Administration and community providers. As a result of the strength of the collaboration in the juvenile justice arena, many of the partners come together in other forums that impact the project such as the JSOC Board Meeting, the JAC Advisory Board, the 4th Circuit Juvenile Justice Advisory Board, the SAO Juvenile Justice Advisory Committee, CJRG Task Force and many are represented on the newly appointed City Council Crime and Safety Task Force. The primary point person for this project will be the WINS program coordinator. The CJRG Task Force will continue to meet monthly and will incorporate the WINS initiative into its scope of work ensuring goals and objectives of the project are on schedule and monitoring the project outcomes. Initially, a WINS subcommittee will meet bi-weekly for the first quarter as the project is initially implementing and systemic changes are being cemented.

3.8.6.3.2.5 Screening and Assessments of Target Population

Assessing a youth's risk for future violence or re-offending is a critical function of the juvenile justice system and is necessary for the system to satisfy its obligations to ensure public safety. Mental health screening and assessment must be linked to the administration of risk assessments, to fully inform decision-makers about the risks and needs that each youth presents. The combined results of these screens and assessments should be used to guide decisions that not only ensure the appropriate level of security or supervision, but that also ensure that youth have access to the services and treatment that they need. (See attachment)

The SAO diversion case managers will administer the Center for Youth Wellness ACE-Questionnaire (CYW ACE-Q) and the Youth Level of Services/ Case Management Inventory (YLS/CMI), and a GAIN-Q if one was not administered by the CCP. (See attachment D)

Based on the instrument created by Vincent Felitti and Robert Anda for use with adults, the CYW ACE-Q is a clinical screening tool that calculates cumulative exposure to Adverse Childhood Experiences (ACES) in patients 0 – 19. The CYW ACE-Q is intended for use by practitioners to identify patients at increased risk for chronic health problems, learning difficulties, mental and behavioral health problems and developmental issues due to changes in brain architecture and developing organ systems brought on by exposure to extreme and prolonged stress. The tool is available in three age-specific versions and in English and Spanish. The instrument is comprised of two sections: Section 1 of the CYW ACE-Q (*i.e. items #1-10*) consists of the

traditional ten ACEs for which we have population-level data for disease risk in adults. Section 2 includes seven (*CYW ACE-Q Child*) or nine (*CYW ACE-Q Teen and CYW ACE-Q Teen SR*) items assessing for exposure to additional early life stressors identified by experts and community stakeholders. These items are hypothesized to also lead to disruption of the neuro-endocrine-immune axis but are not yet correlated with population level data about risk of disease. They include involvement in the Foster Care system, bullying, loss of parent or guardian due to death, deportation or migration, medical trauma, exposure to community violence, and discrimination.

The YLS/CMI (Short and Long version) is based on the general Personality and Social Psychological Model or Criminal Conduct. (Andrews, Bonta & Hoge, 1990) It is an assessment for adolescent male and female offenders and utilizes a check list that produces a detailed survey of the risk and need factors of the youth. The long version is administered to the youth who elevate in the short version. The YLS/CMI is utilized to determine the overall level of risk and needs, the level of supervision, and the appropriate intensity of extent of programming for diversion.

Youth referred to HFW will also undergo comprehensive screening, and evidence-based, testing. The program uses the Child and Adolescent Needs and Strengths - Comprehensive tool (CANS). The CANS originated from Dr. John Lyons and his work in modeling decision-making for psychiatric services. Dr. Lyons developed the Childhood Severity of Psychiatric Illness (CSPI) to assess those dimensions crucial to good clinical decision-making for mental health service interventions. The CSPI formed the basis for the development of the CANS. The CANS has been used to distinguish needs of children in rural and urban settings (Anderson & Estle, 2001), to predict service use and costs, and to evaluate outcomes of services (Lyons, 2009). The CANS screens for mental health, substance use and co-occurring disorders and helps to standardize outcomes for work with the youth and family. Those who meet criteria for intervention will be assigned to a Wraparound Specialist and Family Partner, with the goal of establishing the necessary community and natural supports needed to avoid deeper penetration into the juvenile justice system. The results of the CANS assessment are used to identify the strengths and the prioritization of needs of the youth and his/her family. Re-assessment of the CANS occurs every 90 days to determine the success of the intervention and allow for real-time assessment of the strengths and needs of the youth and family.

Mental health screening and assessment should be performed routinely as youth move from one point in the juvenile justice system to another: While screening is considered most critical at a youth's earliest point of contact with the juvenile justice system, it should also be employed periodically to monitor mental health status at all stages of justice system involvement. Since screening provides a view of a youth's short-term and immediate needs, it is recommended that it be performed repeatedly, as youth transition within or out of the juvenile justice system. Thus, youth who are on probation and receive technical violations will be re-screened with the PACT and the GAIN-Q in addition to the CYW ACE-Q.

3.8.6.3.2.6 Care Coordination to increase Access to Behavioral Health Treatment, Support and Ancillary Social Services

Since 2010, the Partnership for Child Health/JSOC has contracted with all the major child-serving mental health and substance abuse organizations for care coordination, therapeutic intervention, substance abuse, psychiatry and medication

management (i.e., Daniel Memorial, Children's Home Society, Jewish Family and Community Services, Family Foundations, Youth Crisis Center, Child Guidance Center, Gateway) as part of the System of Care. All these providers are involved in collaboration to some degree with the current Centralized Coordination Project and the System of Care. The variety of collaborative partners who will continue to participate in the proposed CJRG enhancement project ensures youth and families have access to a broad continuum of community services to meet every mental health and/or substance abuse need. Further, Daniel Memorial and Children's Home Society will be key partners in providing care coordination in the WINS initiative. Daniel Memorial will provide the care coordination for HFW and Children's Home Society will provide a dedicated Medicaid targeted case manager to provide case management and care coordination to youth in the JMHC. In order to meet the ancillary needs of program participants and their families, the proposed WINS will be coordinated with the Sulzbacher clinic, an FQHC which houses the medical-behavioral health home funded by the JSOC, other mental health providers, and those who provide ancillary services through the region's service networks: LSF Health Systems (the DCF contracted Managing Entity for substance abuse and mental health services); Family Support Services (the DCF contracted entity for child welfare services); and, Changing Homelessness, the lead agency in Northeast Florida for federal and state funded housing and supportive services for the homeless. Representation from each of these systems is included on the Planning Council.

3.8.6.3.2.7 Law Enforcement

Duval County Sheriff's office has made significant efforts to train new hires in Crisis Intervention Training (CIT). For fiscal year 2017-18, the CCP achieved its targeted goal by 346%. Several law enforcement officers have been CIT trained. In all 277 police officers, correctional officers, public school personnel and other community partners have been trained in CIT for 2017-2018. The WINS initiative plans to provide monthly training to JSO in MHFA, trauma, and cultural competency to train more than 1000 officers over the life of the grant.

In addition to this effort, the Mental Health Association of Northeast Florida has received a grant in 2015 to provide Mental Health First Aid training to community members including afterschool personnel, other youth development programs, churches and department of juvenile justice personnel. This is addition to a grant that the Duval County public school has that is training school personnel in Mental Health First Aid. These efforts to help community members identify cues from youth in mental health issues and provide them information on how to seek support and treatment for the youth can help divert you into appropriate services prior to an emergency call to police.

Community-based treatment agencies and other mental health and substance abuse providers participate in a weeklong training for local law enforcement officers who address the resources in the communities. In addition, the JSOC includes law enforcement and discussions ensue monthly at the board meetings about the needs of the youth. Those discussions include the youth, the parents, the Public Defender's Office, the State Attorney's Office, DJJ and providers. The CJRG Task Force meets monthly to discuss these issues as part of their agenda.

In addition, the Jacksonville Sheriff's Office chairs the CJRG Task Force and reports out bi-monthly to the 4th Circuit Juvenile Justice Circuit Advisory Board (CAB). The Circuit CABS are DJJ statutorily mandated boards whose charge is to identify gaps in service, develop strategies for intervention and lead the community in developing a Circuit Comprehensive Plan. The WINS program components are congruent with the 4th Circuit CAB Comprehensive Plan (**Attachment B**).

3.8.6.3.2.8 Consortium of Counties – N/A

3.8.6.3.3 Strategies, Services and Supervision Methods to be Applied

The Wraparound and Intervention Strategies (WINS) initiative will implement several interventions to expand our juvenile justice system of care designed to increase the number of youth diverted from prosecution, in addition to reducing the number of youth entering commitment programs due to technical violations. These interventions include:

3.8.6.3.3.1 Specialized responses by law enforcement agencies:

The WINS initiative will provide monthly training to JSO in MHFA, trauma, and cultural competency to train more than 1000 officers over the life of the grant.

3.8.6.3.3.4 Development and Implementation of Juvenile Mental Health Court

Mental health diversion programs show great promise in effectively addressing the treatment needs of scores of youth with mental health and substance use disorders who come in contact with the justice system. The further development of these programs and careful attention to treatment quality, treatment eligibility, and cultural sensitivity will increase the capacity of this system approach to fulfill the rehabilitative mission of the juvenile justice system. (AMA Journal of Ethics, 2013)

Juvenile Mental Health Courts, specifically designed to address the needs of individuals with mental illnesses, 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."

Like drug courts, mental health courts focus on engaging and maintaining individuals in community-based treatment through a separate docket as an alternative to deeper involvement in the traditional justice system, coupled with a team approach and regular judicial supervision. However, unlike drug courts, mental health courts are specifically designed to address the needs of individuals with mental illnesses and have been used in the adult criminal justice system for some time.

According to a National Survey of U.S. Juvenile Mental Health Courts, evidence points to the effectiveness of mental health courts in diverting individuals from incarceration and into treatment, reducing subsequent arrests <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201100113> JMHCs offer many great benefits to youth, and support the reduction of health disparities by addressing the needs of a highly underserved population and includes the use of leverage to gain

compliance from the youths and their families and to compel communities to provide services. Youth who are currently on probation and receive technical (non-law) violations of probation will be assessed with the Center for Youth Wellness ACE-Questionnaire (CYW ACE-Q) and GAIN-Q3 for trauma and mental health issues. Youth with identified trauma and mental health issues will be referred to Juvenile Mental Health Court for a multidisciplinary team staffing. This team will consist of the probation officer, the Magistrate presiding over JMHC, the mental health case manager, the WINS Coordinator, the Legal-Education Advocate and the family partner. Individual treatment plans will be developed with weekly to bi-weekly judicial reviews. 50 youth annually will be served in the pilot JMHC with 150 over the life of the grant.

3.8.6.3.3.5 Specialized Diversion Programs

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.

As discussed in 3.8.6.3.2 specialized diversion programs, HFW and JMHC will be implemented to provide community-based services in the least restrictive settings with the goal of reducing recidivism.

3.8.6.3.3.9 Linkages to community-based, evidence-based treatment programs for the target populations

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).

3.8.6.3.3.1 Community services and programs designed to prevent high-risk populations from becoming involved in the juvenile justice system.

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. 50 youth annually will be served by the Center for Children's Rights for educational-legal advocacy and 150 over the life of the grant.

3.8.6.4 Performance Measures

The following performance measures provided in the RFA, will be utilized:

- 80% of program participants will not re-offend while enrolled in the Program.
- 75% of Program participants will not re-offend within one year following program discharge.
- 75% of Program participants not residing in a stable housing environment will reside in a stable housing environment at program admission within 90 days of program admission.
- 75% of eligible Program participants (ages 17 & 18 years old) not employed at Program admission will be employed full or part time within 180 days of Program admission.
- 75% of eligible Program participants will maintain full or part time employment one year following Program discharge.
- 100% of Program participants will be assisted in applying for benefits for which they may be eligible but were not receiving at the date of their enrollment.
- 90% of Program participants will be diverted from a State Mental Health Treatment Facility.

3.8.6.4.1 Process of Collection of Data to Measure Effectiveness

Data sharing agreements and MOUs with SAO, Court Administration and COJ will be executed to ensure access to information. MOU with DJJ will be obtained to obtain access to the Juvenile Justice Information System (JJIS) to ensure timely and expedient data pulls. MOUs with KHA will be implemented to ensure seamless collaboration with CCP and WINS.

The CJRG WINS Initiative metrics will be included in the City of Jacksonville SAMIS database currently used to capture the CCP data. This collaboration and partnership will provide a comprehensive picture of the profiles and trends depicted in the realm of juvenile justice and specifically the diversion arena.

Contracted evaluation partner, NLP Logix will oversee the collection and analysis of the data as part of the proposed diversion expansion. Additionally, the evaluation vendor will conduct a series of data collection projects designed to identify and establish a baseline for evaluation of the proposed services being delivered to program participants including fidelity measures and improved youth functioning.

3.8.6.4.2 Targets and Methodologies to Address Measures (See 2.4.2) Chart

The CJRG grant has based the target of performance measures on current experience with the target population. MOUs with all partners including DJJ will request data to measure the outcomes of the measures.

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).

3.8.6.4.3 Additional Performance Measure Unique to Program

The following additional performance measures unique to the tasks outlined in the proposal will be included:

- 85% of program participants receiving educational-legal advocacy will demonstrate an improvement in academic achievement;
- 300 LEO not currently trained will be trained in MHFA, trauma and cultural competency
- 75% of program participants will successfully complete HFW
- 75% of program participants will successfully complete JMHC

3.8.6.5 Capability and Experience

This project brings together a wealth of juvenile justice and mental health knowledge and experience in the partners for the program. This experience is perfectly timed with the local and political shift in energy and momentum to collaborate more cohesively and utilize best practices in programming and system interventions to make the WINS initiative exceptionally successful.

The Partnership for Child Health (Jacksonville System of Care) is a 501(C)3 non-profit organization with nearly three decades of experience developing, implementing and managing medical and behavioral health programs and systems for children, youth and their families. PCH has a proven track record of providing high-quality behavioral health services to children and families and many of these services have been operating for decades with the newest, HFW, which has been in operation since 2011.

Since 2010, PCH has been the implementing agency for the Substance Abuse and Mental Health Services Administration (SAMHSA) Children's Mental Health Initiative (CMHI) grants in developing the Jacksonville System of Care (JSOC). Utilizing the values and philosophy of "systems of care," the System of Care grants require communities to create, develop and implement a system of care that provides for the identification of, and subsequent treatment for, children with mental health problems. Jacksonville targeted the following populations of focus: children with mental health issues in the child welfare system, juvenile justice system, subsidized childcare and homeless populations.

The Jacksonville System of Care has committed to transforming the current system of care for youth with mental health issues and has worked with the community

stakeholders to create systems change that will increase access and reduce barriers to health and mental health care. The following highlights the accomplishments of the project to date: • Cultural-competency training • Development of Federation of Families chapter • Development of Youth Council • Increased mental health assessments for targeted populations • development and implementation of High-Fidelity Wraparound Care Coordination integrated into existing mental health agencies • Revenue maximization activities • Expanded communication between youth-serving organizations • Trainings on trauma informed care and treatment, • Family support partners and peer specialists and Increased access to medical-behavioral health homes.

The goal of a successful system of care is to redirect the community's efforts and resources in a manner that provides for the successful identification of children and youth with mental health issues and assure they receive appropriate treatment in the least restrictive environment. This requires a level of collaboration and cooperation among service providers and organizations charged with the legal oversight of children. The Jacksonville System of Care has successfully engaged representatives from these entities to actively participate in the transformation.

Qualifications of Leadership: PCH's Executive Director, Vicki Waytowich, Ed.D., has over 25 years' experience in the realm of child advocacy, children's mental health, juvenile delinquency prevention and intervention, and program development, implementation and evaluation and over 15 years in non-profit executive leadership positions. Dr. Waytowich is currently leads PCH, the only regional forum that brings together public, private, non-profit and academic sector institutions and organizations to identify, mobilize and address priority issues of child health and well-being. Specifically, developing and implementing systemic changes in the realm of physical and behavioral health for at-risk children, youth and their families.

Prior to her current role, Dr. Waytowich was the Vice-President of Operations of Daniel Memorial, Inc., where she developed and managed in-patient and statewide community-based programs and interventions for at-risk children and youth in the mental health, child welfare, juvenile justice, homeless and independent living systems. She is also the Chair of the 4th Circuit Juvenile Justice Advisory Board, governed by FS 985.664 to provide direction to DJJ in the development and implementation of programs relevant to the delinquency trends of the circuit.

Daniel Memorial, Inc. is the oldest child-serving organization in Florida. Established in 1884, the agency has a rich history of providing quality social service programming in northeast Florida. The agency has consistently sought to ensure that our most vulnerable children and families are provided with the skills and supports necessary to become healthy, productive, contributing citizens. To this end, Daniel now offers a continuum of programs including residential and community-based mental health treatment, comprehensive wrap-around, child-welfare (foster care and adoption), therapeutic group home and family-based care, comprehensive services for homeless teens, and academic services for children with emotional and learning disorders. All programs, collectively serving over 3000 children and youth each year, are accredited by the Council on Accreditation (COA). The agency has exhibited long-term stability as evidenced by on-going contractual relationships with the Florida Department of Children and Families, the Agency for Health Care Administration (AHCA), the City of

Jacksonville, Lutheran Services of Florida, Family Support Services, the U.S. Department of Housing and Human Services (HHS), and the Partnership for Child Health. The agency provided comprehensive prevention and intervention services for the Department of Juvenile Justice for 30 years. Since 2011, Daniel Memorial has been a leader in providing High-Fidelity Wraparound to children, youth and their families in Jacksonville. Daniel provides a continuum of quality and research driven programs. The outpatient therapy program services children 0-18 years old and adults. Therapists are trained in a variety of evidence-based practices. The models most frequently used are and Trauma-Focused Cognitive Behavioral Therapy and Brief Solution Focused Therapy. In addition to these two evidenced based models Daniels' therapists are trained in a variety of specific therapeutic modalities specific to children, adolescents and families. The following is a list of specializations: Family Systems Therapy • Cognitive Behavioral Therapy • Infant Mental Health (0-5 age) • Child Parent Psychotherapy (CPP) • Parent Child Interactive Therapy • Play Therapy • Circle of Security. The assessments utilized: Bonding Assessments (Crowell) • Sibling Bonding Assessments • Child Behavioral Check List

Jacksonville Sheriff's Office (JSO) is integrated in planning councils and advisory groups throughout the many groups that have a stake in this project. JSO chairs the CJRG Task Force. They will also be providing a portion of the required match through the provision of security for the enhanced services which will make it the Centralized Coordination Project. JSO also sits on the Planning Council board which will provides the ultimate oversight of the project. They coordinate the CIT training bringing in the

Center for Children's Rights (CCR) is a legal advocacy and resource center for youth in northeast Florida. Our mission 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.

Florida Department of Juvenile Justice Circuit 4 Probation and Community Intervention (FDJJ)-Every youth under the age of 18 charged with a crime in Florida is referred to the Department of Juvenile Justice. The Department provides a recommendation to the State Attorney and the Court regarding appropriate sanctions and services for the youth. Youth sentenced to probation are assigned a Juvenile Probation Officer who monitors compliance and helps the youth connect with service providers. Further, FDJJ provides leadership to the JAC and the Jacksonville Detention Center, in addition to participating on the City Council Crime and Safety Task Force, 4th Circuit Advisory Board, JAC Steering Committee, JSOC Board of Directors and the CJRG Task Force.

Kids Hope Alliance As the children's services council for the City of Jacksonville, KHA has coordinated and administered many activities related to juvenile justice, substance abuse and mental health, including the current CJRG Centralized Coordination Project. In conjunction with the COJ, KHA oversees fiscally and administratively more than 3.5 million in juvenile crime prevention efforts funded by the

COJ, in addition to working collaboratively with community leaders and stakeholders to develop juvenile justice policy and programs. In addition, KHA oversees fiscally and administratively the collective 3.4 million dollars of school-based mental health funding that support therapists in all Duval County Public Schools and in part, contributing to the required in-kind match of this project. KHA funds the school-based mental health in catchment areas serving the targeted population of the CRJG WINS initiative.

Children's Home Society (CHS) has more than 114 years of experience providing full spectrum of prevention, intervention and treatment services to Florida's children and families. Their mission—Building Bridges to Success for Children—speaks to our desire to provide services to Florida's children and families and help them build bright futures. During CHS' many years, they have provided mental health services to thousands of children and families focusing on the mental health and well-being of all clients. The clinical program at Children's Home Society focuses on utilizing Evidence Based Practices to provide effective treatment interventions that support quality outcomes for clients. The therapists are always seeking new and creative ways to deliver services, engage clients and ultimately have the most impact on the lives of children. The outpatient program at CHS has doubled in staff size over the past two years. Children's Home Society believes in always having enough staff to meet the needs of the clients. CHS has been able to build capacity as needed based on referrals and program growth. CHS continuously has therapist and targeted case management positions posted in order to continue to grow program capacity when needed. CHS also has several University partnerships such as Florida State University, University of North Florida and Jacksonville University to assist with recruiting new Master level therapists and Bachelor level targeted case managers as needed.

Federation of Families of Northeast Florida

Federation of Families (FOF) is a family-run chapter established in 2010 under the JSOC. The FOF offers support and education to help strengthen families, reduce stress, the feelings of isolation and loneliness as a result of having to cope with a loved one with mental health needs.

3.8.6.5.1 Capability of Applicant and Other Participants Include Law Enforcement

As discussed above, the Jacksonville Sheriff's Office is an active participant in leadership roles on the CJRG Task Force, the JSOC, the JJAC, the 4th Circuit CAB, the JAC Advisory Committee and the City Council's Crime and Safety Task Force. JSO has taken a lead in strategizing and conceptualizing programs and interventions for high-risk and gang involved youth as well as prevention and early offenders. JSO has made significant efforts to ensure all law enforcement is trained in MHFA and will be making an effort to ensure trauma informed training and cultural competency training is included.

Jacksonville Sheriff, Mike Williams, has driven the civil citation imperative and requires officers to document why a youthful, misdemeanor does not receive a civil citation, thus driving civil citations to upwards of 95% of youth eligible receive.

JSO routinely provides Crisis Intervention Training at least twice a year for all JSO officers. The training is five days for 40 hours and is eight hours each day. The training includes a discussion of the police officers' role, Baker Act, CIT debriefs, communication and Initial Contacts, the Sheriff's Forum. Mood Disorders & Psychotic Illnesses, Virtual Dementia Tour, site visits to the CSU & Detox, a Hearing Voices

exercise, session on active listening & de-escalation, veteran's justice outreach, a legal panel, children's mental health, Alzheimer's, street applications, a community resource panel, camp consequence-empowering parents, suicide and homicide de-escalation.

3.8.6.5.2 Resources

Duval County and its partners will leverage the collaborations and partnerships developed as a result of the work of the JSOC and the current CJRG. In addition, the WINS initiative will capitalize on the capacity of the Medicaid billing child-serving organizations and existing referral resources such as school-based mental health therapist. School-based therapists are community therapists working in each Duval County School and available to provide therapy to students on-site. Services and interventions provided by the Wraparound Teams will be delivered in the community, in-homes or at schools.

3.8.6.5.3 Roles of Family Members and Responsible Partners

The JSOC implements the System of Care approach to providing effective interventions for youth at-risk of involvement in the juvenile justice system. Specifically, the core values of family-driven and youth-guided, are embedded in HFW and family members have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community.

Further, the CJRG Task Force utilizes the Federation of Families of Northeast Florida to obtain input from consumers. The NE chapter of the Federation of Families is a family run organization recognized in Florida and nationally as a voice on behalf of families of children and youth with mental health and/or behavioral challenges. Our mission is to support families whose children and youth have mental health and/or behavioral challenges through education, technical assistance and advocacy. Federation members participate on the JSOC and the CJRG Task Force.

The Federation of Families of Northeast Florida is a family run organization designed to:

- Educate and support families that are impacted by the challenges associated with a mental and/or behavioral health disorder.
- Build and strengthen family involvement in order to influence mental and behavioral health services and develop a system of care that is family driven and youth guided
- Provide advocacy training, support, resources, and information that will assist families in navigating mental health, child welfare and juvenile justice systems.

3.8.6.5.4 Proposed Staff, Project Director, Key Personnel and Subcontractors

The WINS initiative is a collaborative approach designed to provide a well-organized project able to meet its deliverables and provide quality, cost-effective, treatment and supportive services to the target population. The Partnership for Child Health will be the administrative and fiscal agent for the project ensuring quality program implementation and goal achievement, contract compliance and fiscal accountability. Dr. Vicki Waytowich is the Executive Director with over 25 years of experience in the field of behavioral health and human services with a focus on juvenile justice. Full position descriptions and qualifications found in Attachment E.

The mental health, substance use and co-occurring disorder services for youth that are part of the proposed project, will be provided by Daniel Memorial, the contract provider for HFW and Children’s Home Society for JMHC care coordination. Provider agencies will be responsible for recruitment of qualified staff. Community child-serving partners will be utilized for ongoing community-based care, therapy, and other clinical services. The proposed project will provide 3 Wraparound Teams in the HFW component of the WINS initiative. Each team will be comprised of a Bachelors/Masters level Wraparound Coordinator and Family Support Partner. Each team will carry an active caseload of 10-13 youth. Teams will provide ongoing assessment and intervention, as well as referrals and linkages to continuing care treatment, housing placement assistance and entitlement enrollment. The Wraparound Teams will be supervised by a Program Supervisor within the provider organization and the contract oversight and management will be managed by the WINS program coordinator who will be responsible for the overall direction of the proposed expansion and enhancement.

JMHC care coordination will be provided by a targeted case manager from Children’s Home Society who will be integrated into the multidisciplinary team.

Project Staff	FTEs	Qualifications
Finance & HR Manager	20%	Minimum of a Bachelor’s Degree, ideally with an MBA or related degree; At least 7-10 years of overall professional experience; ideally 6+ years of broad financial and human resources management experience; Knowledge of generally accepted accounting principles; Knowledge of legislation and financial processes related to Nonprofits; Ability to translate financial concepts to—and to effectively collaborate with—programmatic and fundraising colleagues who do not necessarily have finance backgrounds; A track record in grants management.
Responsibilities: Oversee program functioning in adherence to the subcontract with the city. Monitor program within contracted budget. Ensure the quality of the assessments and care coordination. Develops monitoring plans and tools, performs desk reviews, schedules monitoring visits, monitor program activities including review of provider documents, complete monitoring report and action plan, submit report, review and monitor response. Track utilization and cost effectiveness of program.		
WINS Program Coordinator	100%	Minimum Bachelor’s degree in related field with at least 5 years management and administration experience in implementing and mental health or juvenile justice program.
Responsibilities: Implementation of the requirements of the grant and sub-contracting with local community mental health agencies. Coordinate training. Represent project on JAC Advisory Board, CJCC, and SOC. Assist with establishing guidelines for collecting the data needed for program reporting. Ensure staff collects needed data. Collate data and report data on a monthly basis for quality improvement and for		

<p>require grant reporting. Ensure all program reports are completed on time. Coordinate contracted treatment services.</p>		
Wraparound Coordinators (3)	100%	Minimum Bachelor's degree in related field Certified wraparound coordinator with least 2 year experience in mental health case management or juvenile justice
<p>Responsibilities: Provide assessment using the GAIN- Q3 on the Target Population both at the JAC, in community centers such as the court house, Full Service Schools or in the home. Ensure privacy while conducting assessment. Secure consents for care coordination and communication with partners. Care Coordination using motivational interviewing to assist youth to link with services. Establish a care coordination plan with the youth and family members. Assist with transportation when needed.</p>		
Wraparound Director	50%	Minimum Bachelor's degree in related field. At least 2 years' experience in assessment, substance abuse, case management or juvenile justice. Certified in GAIN within 6 weeks of hire.
<p>Responsibilities: Primary supervision of all programmatic, fiscal components and staff supervision to ensure all clients receive quality services</p>		
Education-Legal Advocate	Contracted 10 hours / week	Minimum Juris Doctor licensed to practice law in Florida. At least 2 years' experience in educational-legal advocacy
<p>Responsibilities: 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.</p>		
Family Support Partner (2)	50%	Life-trained paraprofessional who has successfully negotiated the child welfare, juvenile justice and/or early learning systems. High School Graduate; some college preferred.
<p>Responsibilities: Serves as an advocate to mentor to parents currently involved with the system(s).</p>		
Cultural and Linguistic Competence Coordinator	42 trainings per year.	Master's degree preferred/ minimum baccalaureate degree in public health, social work or related degree or an equivalent combination of training and business experience. Expertise in cultural competency required.

Responsibilities: Provide training and technical assistance in the area of cultural and linguistic competence to project staff and partner agencies; Work directly with leadership, management, families, youth and community partners to ensure assessment, screening and interventions are culturally and linguistically effective; Provide oversight of translation and interpretation services for individuals with Limited English Proficiency (LEP).

3.8.6.6 Evaluation and Sustainability

3.8.6.6.1 Evaluation

The contracted evaluation vendor, NLP Logix, will be the primary research partner and evaluator for the CJRG WINS project and responsible for the collection and analysis of all data collected as part of the proposed expansion and enhancement of the program. NLP Logix is an advanced analytics and machine learning data product and services company based in Jacksonville who specialize in taking complex and disparate data sources and returning timely, valuable and actionable information to partners and clients. Their capabilities include predictive and statistical modeling, business analytics, forecasting, data visualization, optimization, and automation. Over the past five years, NLP Logix has analyzed program efficacies, conducted ROI studies and developed data collection/utilization strategies for the Kids Hope Alliance (KHA) as well as the former Jacksonville Children's Commission and anti-crime initiative known as the Jax Journey. In partnership with KHA and Partnership for Child Health, NLP Logix has acted as the data analytics partner for Jacksonville's Criminal Justice Reinvestment Grants. This work has included development of data collection plans, analysis of grant performance and service measures, development of interactive data dashboards for process and outcomes analysis, and presentations to the CJRG Task Force as well as the Circuit 4 Advisory Board. Due to their technical expertise combined with their extensive knowledge of juvenile justice programming in Jacksonville, NLP Logix is in a prime position to advise on and implement proper data and evaluation strategies to contribute to the success of the new CJRG grant.

NLP Logix will conduct a series of data collection projects designed to identify and establish a baseline for evaluation of the proposed services being delivered to program participants. The projects include: officially-recorded juvenile arrest data; measurement and monitoring of long-term outcomes; measurement and monitoring of fidelity to the model utilizing the Wraparound Fidelity Index and CANS assessment scores and analysis of the effectiveness of Juvenile Mental Health Court and Educational-legal advocacy.

In addition, as HFW is part of the System of Care, all youth enrolled in HFW will be enrolled in the national evaluation, which includes the longitudinal study. This will provide qualitative and quantitative data points to provide a comprehensive analysis.

3.8.6.6.2 Additional Evaluation – Effects Related to Budget of Juvenile Detention Center

Communities are safest when low-risk youth are diverted from the juvenile justice system and re-arrest rates are much lower for youth supervised on probation or civil citation than those committed to deep-end services. A recent study found that low-risk youth are much more likely to re-offend if they are committed to

residential programs or placed in intensive interventions designed for high-risk youth.

This program will not have an immediate effect on the program budget of the Juvenile Detention center because the youth involved in this project will be the lower to moderate risk youth that theoretically will not score for detention. Studies have found that youth provided treatment and supports in the community reduces recidivism as compared to confinement and detention. The *Justice Policy Institute: The Cost of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense, May 2009 reports* that some programs have been shown to reduce recidivism by up to 22 percent, a cost significantly lower than imprisonment. (<http://www.wsipp.wa.gov/ReportFile/986>)

However, based on the Briefing Report, the CJRG can anticipate for a 78.3% success rate with an estimation of 21.7% recidivism rate. Over the three-year project an estimated 475 youth will not reoffend because they have successfully completed the community-based WINS initiative (HFW/JMHC and/or Educational Advocacy) reducing the likelihood of a more restrictive environment. Based on the average cost per day \$151.80 if 475 youth are diverted from re-arrest/detention for at least one day, this would save the juvenile detention center **at least \$216,315** over three years.

3.8.6.6.2.1 Estimate of Reduced Cost Associated with Incarceration

Youth with unidentified and untreated mental health issues are at greater risk of involuntary psychiatric hospitalizations and residential placements. Residential placements dropped in Miami from 17% to 3% a result of Miami's wraparound program, FACES. The data demonstrated that after a 12-month period, a total of 54 youth were diverted from residential placement, saving the county \$1.5 million.

The WINS initiative through the expansion seeks to improve public safety and reduce expenditures by identifying and diverting at-risk youth into community-based interventions and providing supportive services to their family. The return on investment in systems of care is well documented, with the most recent and comprehensive look at monetary savings published in April 2014. An excerpt from page 4 indicates, "Although the population of children with the most serious and complex mental health conditions is relatively small, costs for these children are disproportionate to the costs of serving all children with mental health conditions. This finding has been attributed to their high utilization of expensive and restrictive treatment in psychiatric inpatient and residential treatment setting, costs that are borne largely by the public sector. For example, an analysis of Medicaid expenditures for over 29 million children found that Medicaid costs for physical and behavioral health services were 5 times higher for children using behavioral health services than for Medicaid children in general. These costs were an average of \$8,250 per child per year, compared with \$1,729 per child per year."

http://gucchdtacenter.georgetown.edu/publications/return_oninvestment_insocreports6-15-14.pdf

In addition, Wraparound Milwaukee allows families to select from an array of services and provides "care coordination" to ensure the best use of resources. Although rigorous evidence-based studies have not been conducted for Wraparound Milwaukee, it reported in 2000 that 650 youth were served in the community at a monthly cost of about \$3,300 per participant; traditional incarceration would have cost \$5,000.

3.8.6.6.2.2 Methodology to Measure the Defined Outcomes and Corresponding Savings or Averted Costs

NLP Logix, the contracted evaluation partner, with the CJRG Task Force will identify the outcomes and metric to be measured (in addition to the rfa requirements). Further, NLP Logix will develop the methodology, data collection process and evaluation plan to ensure validity. Data analysis will be reported on monthly at the CJRG Task Force meetings. The project expects that more youth will receive diversion services and fewer youth with mental health and substance abuse problem will enter the juvenile justice system. In addition, as HFW is part of the System of Care, all youth enrolled in HFW will be enrolled in the national evaluation, which includes the longitudinal study. This will provide qualitative and quantitative data points to provide a comprehensive analysis. Further, all participants in the national evaluation are also part of the cost-benefit study.

According to the Juvenile Diversion guidebook: Models for Change (2011). A review of the diversion literature over the past 35 years finds at least five emergent themes identified by communities explaining why they developed methods to divert youth from formal juvenile court processing. These themes include 1) reducing recidivism; 2) providing services; 3) avoiding labeling effects; 4) reducing system costs; and 5) reducing unnecessary social control. Several studies indicated that treating youth in the community using non-justice personnel can reduce further involvement with the juvenile justice system and have positive results for the youth. Emerging from the diversion literature is the reduction of unnecessary social control. This theme arises from a legal perspective focusing on civil liberties. Proponents have argued that the judicial system should not impose greater restrictions on individuals than are necessary to protect public safety. When youth engaging in low-severity offenses (e.g., status offenses) are formally processed through the juvenile justice system and taken out of the community, the judicial system sometimes exerts a degree of control that is disproportionate to the actual threat to public safety or the needs of the youth. Diversion programs could reduce social control by serving youth in the least restrictive environments that will satisfy their needs and the community's safety. Several studies found positive results for diversion, including lower juvenile arrests⁵ and lower re-arrest rates for diverted youth compared to similar cases handled by the juvenile justice system. In addition, youth who were diverted to services in the community had a lower re-offending rate than adjudicated youth, whereas youth who were diverted without services (e.g., simply reprimanded and dismissed) were not much different from non-diverted youth in re-offending rates. In addition, youth who were diverted to services in the community had a lower re-offending rate than adjudicated youth, whereas youth who were diverted without services (e.g., simply reprimanded and dismissed) were not much different from non-diverted youth in re-offending rates.

The CJRG Task Force will begin to advocate for the DJJ and COJ to recognize cost savings of this project and redirect savings to improving services in prevention and/or services for those that are kept in detention. This project will reduce the number of youth absorbing costly detention and commitment services and allow the county to provide services on the prevention side. Early intervention treatment in the least

restrictive services setting is more effective programming and will help reduce overcrowding at the detention center.

3.8.6.6.2.3 Reduced Number Committed to State Mental Health Treatment Facilities

This project is estimating that 75% of youth served will remain in the community rather than be committed to a state mental health treatment facilities. The average daily rate cost for an adolescent stay at a Florida Statewide Inpatient Psychiatric Program (SIPP) is \$404 per day. Based on 475 youth that results in a **\$191,000** for a one day stay over the life of the grant. The typical SIPP placement is 60 – 120 days.

3.8.6.6.3 Sustainability

Since 2010, the JSOC has focused on revenue maximization and sustainability for all system of care programs and processes that have been implemented in the community. The JSOC has been successful in various sustainability arenas such as train-the-trainer models for evidence-based treatments and High-Fidelity Wraparound, revenue maximization strategies and utilizing Medicaid to expand service models. A sub-committee will be created from the CJRG Task Force to address sustaining SIM initiatives.

Key elements to sustainability are: • vision, • results orientation, • strategic financing orientation, • adaptability to changing conditions, • broad base of community support, • key champions, • strong internal systems, and • a sustainability plan (Wegener and Torrico 2009). By being focused on the core issues of this project, this groups vision of connecting juveniles, who have mental illness and/or substance abuse problems, first coming in contact the juvenile justice system quickly with an assessment, care coordination and evidence-base HFW diversion and brief interventions in an effort to provide services and divert them from deeper penetration into the juvenile justice system strongly supports the sustainability of this project.

The partners in this project individually consistently have positive results associated with their programs. Programs are continually evaluated and adjusted to keep current with research, trends, and client population needs. Data collection and statistical information is accurately and consistently maintained to ensure the programs' effectiveness. The partners recognize that resources necessary to build and sustain innovative programs and initiatives may come in a variety of forms and from many sources: new funding used to leverage other public and private sector funding; a positive return on investment can attract community partners; sharing resources to promote the efficient provision of services; maximizing resources through in-kind support and volunteer contributions; and using cost data to demonstrate the value of investing in community programs, to name of few.

The project has developed a strategic plan that is a dynamic document is reviewed at least annually to ensure the most current and effective financing opportunities are considered and explored. The planning council is proactive in adapting to changing conditions by being active in coalitions, committees, and community forums, and are consistently notified of and aware of the current research available on adolescents, substance abuse and co-occurring disorders. Using input from community resources and the most recent research available helps adapt the programs to the most

current evidence-based practices. COJ is invested in crime prevention for juveniles, after this funding opportunity ends and the planning council expects the focus will remain on sustaining these dollars.

Each group has a broad base of community support because we are active in many community-based coalitions, collaborations and committees. The council is entrenched in the community as organizations with proven track records of beginning new programs while sustaining existing programs. This broad base of community support also lends itself to having key champions that are willing to use their influence and power to sustain a broad range of supporters.

The CJRG Task Force is consistently looking for ways to communicate who, where, and how to implement sustainability plans for our programs and to establish strategies to create more flexible funding in order to develop comprehensive support systems and to fund an array of needed services when one or another funding stream disappears or cannot do the job alone. The SOC is working with providers to increase Medicaid billing for eligible services. In addition, the SOC is working to gain expertise to be able to bill for at-risk youth.

Throughout the community, PCH, KHA and its various partners seek to leverage all state, local and philanthropic funding to maximize state programs and services with its standards of excellence. This has the effect of providing more resources than would be possible with State funding alone and allows state agencies to maximize their local investments through dollars leveraged by the County. It has also resulted in some excellent examples of successful local government partnerships with various entities. Additionally, COJ has recently committed a budget of \$360,000 per year to continue crime prevention strategies. Further, the successful outcomes and demonstrated cost-savings with a reduction in recidivism will elevate the collective CJRG CCP and WINS delinquency intervention and crime reduction impact.

3.8.7 Tab 7
Project Timeline

Tab
7

Tab 7: Project Timeline
Anticipated start date July 1, 2019

Goal #1 Implement the Wraparound and Interventions Strategies Initiative					
Objectives	Key Activities	Milestones	Responsibility	Timeframe	
1. Community Announcement	1.1 Meet with partners and stakeholders	Press Release	PCH	Upon notice of award	
2. Develop infrastructure	2.1 Establish information sharing MOUs with DJJ, SAO, KHA, Courts	Signed MOUs	WINS Coordinator	Within 60 days after notice of award	
	2.2 Develop and execute contracts (Daniel, CCR, Voices Inst, NLP)	Executed contracts	WINS Coordinator	Within 60 days after receipt of contract	
	2.3 Develop internal reimbursement forms; accounting measures	CJRG Controls completed	Lisa/PCH	Within 30 days after notice of contract	
3. Hire staff	3.1 Hire part-time contract mgr	Hired	WINS Coordinator	Within 90 days after receipt of contract	
	3.2 Hire and train HFW Care coordinators and Family Support Partners	Start date	Daniel Memorial	Within 90 days after receipt of contract	
4. Develop referral process with SAO for HFW	4.1 Develop policies and procedures for WINS HFW and referral forms and processes	Begin referring youth	WINS Coordinator/SAO/Daniel	Within 60 days after receipt of contract	
	4.2 Develop referral criteria				
	4.3 Train SAO on instruments				
5. Develop referral process for JMHC	5.1 Develop policies and procedures for JMHC and referral forms and processes	Begin referring youth	WINS Coordinator/CHS/DJJ/CCR/Magistrate Brady/CJRG Task Force	Within 90 of contract execution	
	5.2 Develop referral criteria				
	5.3 Train SAO on instruments				
6. Establish educational advocacy processes	6.1 Meet with stakeholders and educate on screening tools	Begin referring youth	CCR/WINS Coordinator/DJJ/SAO	Within 60 days after receipt of contract	
	6.2 Develop referral criteria				

7. WINS Initiative presentation	7.1 Educate CJRG Task Force and community stakeholders on the model with components; goals; objectives	Presentation	WINS Coordinator	Within 90 days after receipt of contract
8. Develop evaluation plan	8.1 Execute contract with NLP Logix; 8.2 Gather baseline data 8.3 Meet with CJRG Task Force	Metrics identified; baseline data gathered	WINS Coordinator NLP/CJRG Task Force	Within 60 days after receipt of contract
9. Prepare quarterly report	9.1 Gather data; meet with partners 9.2 CQI	Report Submitted; amendments made	WINS Coordinator/NLP Logix/CJRG Task Force	November 2019 and quarterly thru June 2022
10. Implement CLC/Trauma Training	10.1 Meet with JSO 10.2 Schedule trainings	Completed trainings	Selena Webster-Bass/Voices/ WIN Coordinator	Within 90 days after receipt of contract; monthly thru June 2022
11. Monitor payment methods for treatment and reimbursement	11.1 Develop invoice forms 11.2 Reconcile expenditures with receipts 11.3 Review treatment expenditures monthly	Reconciled expenditures with documentation	Lisa/PCH	Within 30 days of award and monthly ongoing thru June 2022
12. Train staff and stakeholders on data collection	12.1 develop processes and protocols 12.2 identify metrics and means to gather	Monthly and quarterly reports	NLP Logix; Daniel; CHS; CCR; SAO	Within first 60 days of award; ongoing as new staff come on
13. Monitor implementation status	13.1 Meet monthly with Magistrate Brady; Daniel and Center for Children's Rights 13.2 Identify issues and barriers 13.3 Identify solutions 13.4 Take notes of meeting and distribute to stakeholders	Monthly reports; minutes to meeting	WINS Coordinator/CHS/ DJJ/CCR/Magistrate Brady/CJRG Task Force	August 2019 and monthly for first 9 months; quarterly ongoing thru the life of the grant

Goal #2 Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the project

Objectives	Key Activities	Milestones	Responsibility	Timeframe
1. CQI Plans will be developed	1.1 CJRG Task Force will review program implementation progress quarterly and make necessary adjustment to activities	Meeting minutes; reports	WINS Coordinator; CJRG Task Force	October 2019 and quarterly thru June 2022
2. All WINS partners meet and review progress on implementation	2.1 CJRG Task Force meets monthly 2.2 CJRG Task Force reports out to Planning Council monthly 2.3 Assess progress of the project based on established timelines and attainment of goals 2.4 Make necessary adjustments to the implementation activities as needed	Meeting minutes; agendas; reports	WINS Coordinator; CJRG Task Force Planning Council	August 2019 and monthly ongoing
3. Ensure communication and data sharing throughout the WINS implementation	3.1 Ensure all child serving systems, including the managing entity, are represented on the Planning Council 3.2 CJRG Task Force report out monthly to JSOC Planning Council	Meeting minutes; agendas; reports	WINS Coordinator; CJRG Task Force Planning Council	August 2019 and monthly ongoing
4. Plan and incorporate JMHC into JPO processes	4.1 Educate JPOs on JMHC 4.2 Develop MDT team 4.3 Develop communication processes for JPO/CHS/JMHC 4.4 Develop MOUs with clinical resources 4.5 JMHC monthly reviews	Youth served	WINS Coordinator/CHS/DJJ/Magistrate Brady	August 2019; monthly ongoing

Goal #3: Measure positive change in youth and families served by Wraparound and Intervention Strategies					
Objectives	Key Activities	Milestones	Responsibility	Timeframe	
1. Improve the functioning of youth	1.1 Measure youth and family functioning in HFW using the CANS and fidelity index measures	Quarterly CJRG reports	WINS Coordinator/Daniel	Upon admission into program and every 90 days thru discharge; Ongoing	
2. Improve educational status of youth	2.1 Train SAO and JMHC on referral process and criteria 2.2	IEPs/504 plans	CCR/WINS Coordinator/DJJ/SAO	Upon admission into program and every 90 days thru discharge; Ongoing	
3. Increase the number of youth referred for diversion	3.1 Complete trauma assessments on all high social and emotional needs for referral to wraparound 3.2 Complete the YLS/CMI	HFW referrals	SAO/provider	Upon each admission into the program; ongoing	
4. Ensure residential stability	4.1 Work with Homeless Coalition and Supportive Housing Providers to develop MOU and housing resources when needed.	Signed MOU and referral process	WINS Coordinator/Changing Homelessness	Within first 60 days of receipt of award	
5. Ensure grant compliance metrics	5.1 Monitor data plan and collection 5.2 Review the analyzed data monthly 5.3 Meet with providers		WINS Coordinator/NLP Logix	October 2019 and every quarter; ongoing	
6. Establish Federation Meetings quarterly	6.1 Meet with Jill Hill (FOF) 6.2 Identify meeting space/time 6.3 Advertise and plan	Scheduled FOF meetings	Federation of Families/WINS Coordinator	November 2019 and quarterly thru June 2019	

3.8.8 Tab 8 Letters of Commitment

Tab 8



STATE ATTORNEY'S OFFICE
FOURTH JUDICIAL CIRCUIT OF FLORIDA

MELISSA WILLIAMSON NELSON
STATE ATTORNEY

311 WEST MONROE STREET
JACKSONVILLE, FLORIDA 32202
(904) 255-3002
MWNELSON@COJ.NET

January 29, 2019

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

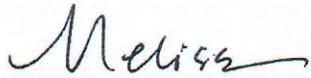
Dear Dr. Waytowich:

The State Attorney's Office for the Fourth Judicial Circuit of Florida recognizes that reducing juvenile crime requires the development and implementation of a comprehensive strategy targeting prevention, intervention, and corrections. In 2017, the State Attorney's Office reshaped its approach to juvenile justice by reviewing our internal processes and moving towards evidence-based practices for our community's justice-involved youth. This office remains committed to working with our community partners in reducing juvenile crime and recidivism.

Research indicates that the majority of justice-involved youth have been exposed to trauma and/or have substance abuse and mental health concerns, which increase their risk for interaction with the justice system. To that end, the State Attorney's Office wholeheartedly commits to continued alliance with our juvenile justice partners in supporting this Criminal Justice, Mental Health, and Substance Abuse Reinvestment grant application (RFA112818HSET1) to expand the system of care, where appropriate, for juvenile offenders with substance abuse and mental health issues in our Circuit.

We look forward to continued collaboration through the Criminal Justice Reinvestment Grant and advancing our community's efforts in reducing juvenile crime through smart justice approaches.

Sincerely,

A handwritten signature in cursive script that reads "Melissa". The signature is written in black ink and has a fluid, connected style.

Melissa W. Nelson



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

January 29, 2019

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

Dear Dr. Waytowich:

The Department of Juvenile Justice (DJJ) is pleased to pledge our continuing support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment grant 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 goals of the DJJ and those of the Partnership for Child Health (PCH) and its partners, Kids Hope Alliance (KHA), City of Jacksonville (COJ), Center for Children's Rights (CCR) and Danielkids are closely aligned, particularly regarding preventing delinquency and providing interventions with the intent of reducing recidivism of juvenile offenders and those youth at-risk thru the provision of appropriate community-based services.

As critical partners in the process of enhancing the system of care in Northeast Florida for at-risk youth, DJJ commits our probation resources with the expansion grant through the identification and referral of youth with severe emotional disturbances to the piloted mental health court.

Because so many of our justice involved youth have trauma indicators and mental health issues, increasing the risk of recidivism, the addition of high-fidelity wraparound will provide evidence-based diversion programming to reduce the number of youth on probation, while juvenile mental health court will provide probation youth who receive technical violations the opportunity to remain on probation in the community and receive intense mental health and substance abuse interventions.

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Ron DeSantis, Governor

Simone Marsteller, Secretary

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

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 participate in the implementation and expansion of the two-pronged CJRG Wraparound and Intervention Strategies (WINS).

Sincerely,



Donna Webb

Chief Probation Officer, Circuit 4

Florida Department of Juvenile Justice



CIRCUIT COURT
FOURTH JUDICIAL CIRCUIT OF FLORIDA
CLAY, DUVAL AND NASSAU COUNTIES

MARK H. MAHON
CHIEF JUDGE

DUVAL COUNTY COURTHOUSE
501 W. ADAMS ST., ROOM 7140
JACKSONVILLE, FLORIDA 32202

January 29, 2019

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

Dear Dr. Waytowich:

The Fourth Judicial Circuit of the State of Florida is committed to serving Duval's youngest citizens and has long been a leader in innovation, creativity and implementation of best practices in our approach to handling cases involving children and families through the development of specialized treatment courts.

Treatment Courts are court programs designed to reduce substance abuse and mental health instability thus reducing the chance of recurrence into the criminal justice and child welfare systems. Treatment Courts include various types of Drug Courts and Mental Health Courts which focus on providing effective treatment services for substance abuse and mental health disorders along with intensive judicial oversight.

We recognize that Treatment Courts increase the efficiency of the court system by creating an environment that is conducive to substance abuse and mental health treatment and wellness, while ensuring the safety of the public at large.

Vicki Waytowich, Ed.D.
Executive Director
Page Two (2)
January 29, 2019

Because the majority of justice involved youth have trauma indicators and mental health issues which increases the risk of recidivism, the addition of juvenile mental health court will provide eligible probationary youth with identified mental health issues who receive technical violations the opportunity to remain on probation in the community and receive specialized intervention.

As a critical partner in the process of enhancing the system of care in Duval County for young offenders, the Fourth Judicial Circuit is pleased to pledge our support of and collaboration with your Criminal Justice Mental Health Substance Abuse Reinvestment grant application and commits to working with our juvenile justice partners in the development and implementation of Duval County's first juvenile mental health court.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Mark H. Mahon', with a stylized flourish at the end.

Mark H. Mahon
Chief Judge
Fourth Judicial Circuit

MHM:fg



JUVENILE JUSTICE CIRCUIT ADVISORY BOARD

January 19, 2019

Dear Dr. Waytowich,

On behalf of the Department of Juvenile Justice 4th Circuit Advisory Board (CAB), please accept this letter in support of the Criminal Justice Reinvestment Grant (CJRG) expansion proposal being submitted by the Partnership for Child Health (PCH) on behalf of the Jacksonville community to expand the system of care for juvenile offenders with substance abuse and mental health issues through the addition of high-fidelity wraparound and juvenile mental health court.

The CAB is a board codified in F.S. 985.664, comprised of community leaders and experts in the field of juvenile justice, with the mission to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services.

Identifying and developing strategies to address the causes and correlates of juvenile delinquency is the goal of the CAB and this body is statutorily mandated to develop a county-wide comprehensive plan that prioritizes community juvenile justice issues and intervention strategies based on a data-driven crime analysis. Specifically, our 2017 – 2020 Comprehensive Plan identifies the need for evidence-based diversion programs with the implementation of wraparound identified as the key performance indicator metric.

Because the majority of justice involved youth have trauma indicators and mental health issues that increase the risk of recidivism, the addition of high-fidelity wraparound will provide research driven diversion programming to reduce the number of youth on probation.

Recently, the CAB also identified a trend in the high number of youth receiving technical violations. The proposed juvenile mental health court will provide probation youth who receive technical violations the opportunity to remain on probation in the community and receive intense mental health and substance abuse interventions.

The CAB is committed to the continued success of the CJRG and many CAB members are part of the Planning Council that governs the Criminal Justice Reinvestment Grant as part of the Jacksonville System of Care which will be responsible for implementing and reporting progress towards the goals of this program.

Sincerely,

James D. Clark
Vice-Chair
4th Judicial Circuit
DJJ Circuit Advisory Board

<http://www.djj.state.fl.us/partners/circuit-advisory-boards>

The mission of the juvenile justice circuit advisory boards is to provide advice and direction to the Florida Department of Juvenile Justice in the development and implementation of juvenile justice programs and to work collaboratively with the department in seeking program improvements and policy changes to address the emerging and changing needs of Florida's youth who are at risk of delinquency.



Criminal Justice Reinvestment Grant Task Force

January 27, 2019

Dear Dr. Waytowich,

On behalf of the Criminal Justice Reinvestment Grant Task Force, the governing sub-committee of the Jacksonville System of Care Board (Planning Council), we support the Criminal Justice Reinvestment Grant (CJRG) application being submitted by the Partnership for Child Health (PCH) to expand the system of care for juvenile offenders with substance abuse and mental health issues through the addition of high-fidelity wraparound and juvenile mental health court.

As you know, the CJRG Centralize Coordination Project has demonstrated the effectiveness of early identification and treatment of mental health and substance abuse issues in juvenile offenders. Further, with our City's recent civil citation policy changes, we have seen a significant increase in the number of youth receiving civil citations. In 2016, 185 juveniles were issued civil citations. In 2018, after the policy change there was a significant increase with 472 juveniles being issued civil citations. 96.33% of eligible juveniles were issued civil citations in 2018. There has been a reduction in the number of youth eligible for diversion (down 40% from 2016). In addition, Duval County has seen an increase (33%) of technical violations for this past fiscal year, resulting in commitment.

Because some justice involved youth have trauma indicators and mental health issues that increase the risk of recidivism, the addition of high-fidelity wraparound will provide research driven diversion programming to increase the number of youth with high social need to receive diversion. Identifying and developing strategies to address the causes and correlates of juvenile delinquency is one of the charges of the Task Force and a recent Sequential Intercept Mapping identified the addition of high-fidelity wraparound and juvenile mental health court as a gap in our juvenile justice system of care.

The Task Force, as part of the Jacksonville System of Care Planning Council that governs the Criminal Justice Reinvestment Grant, looks forward to our continued collaboration with our juvenile justice stakeholders and the opportunity to deepen our impact on juvenile crime through the addition of evidence-based diversion programming and solid research-based interventions.

Sincerely,

Asst. Chief *D. Mitchell Sr.*

Derrick D. Mitchell, Sr.
Asst. Chief, Jacksonville Sheriff's Office
Chair, Criminal Justice Reinvestment Grant Task Force



January 20, 2019

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

Dear Dr. Waytowich:

LSF Health Systems (LSFHS) is pleased to pledge our support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment grant application (RFA112818HSET1), to the Florida Department of Children and Families', 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.

As you know, LSFHS is one of seven Managing Entities who work in partnership with the Florida Department of Children and Families in managing behavioral health care for people facing poverty who do not have health insurance. Because the majority of justice involved youth have trauma indicators and mental health issues, increasing the risk of recidivism, the addition of high-fidelity wraparound will provide evidence-based diversion programming to reduce the number of youth on probation, while juvenile mental health court will provide probation youth who receive technical violations the opportunity to remain on probation in the community and receive intense mental health and substance abuse interventions.

The goals of LSFHS and those of the Partnership for Child Health (PCH) and its partners, Kids Hope Alliance (KHA), City of Jacksonville (COJ), Center for Children's Rights (CCR) and Danielkids are closely aligned, particularly regarding preventing delinquency and providing interventions with the intent of reducing recidivism of juvenile offenders and those youth at-risk thru the provision of appropriate community-based services for children and youth with substance abuse and mental health issues.

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 participate in the implementation and expansion of the two-pronged CJRG Wraparound and INtervention Strategies (WINS).

Sincerely,

A handwritten signature in blue ink that reads 'Dr. Christine Cauffield'.

Christine Cauffield, PhD.
Chief Executive Officer
LSF Health Systems, Inc.



Federation of Families of Northeast Florida

January 17, 2019

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

Dear Dr. Waytowich:

The Federation of Families of Northeast Florida is pleased to pledge our continuing support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment grant 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 Northeast Florida chapter of the Federation of Families has provided support, education and advocacy to children and youth with emotional, behavioral and mental health challenges and their families in Northeast Florida since 2010. The Federation has been an integral partner with the Jacksonville System of Care in the establishment of a system of care model for children, youth and their families in our community through the implementation of wraparound. Specifically, the FOF has provided training to parent support partners and various components of the Crisis Intervention Training (CIT) for law enforcement.

As critical partners in the process of enhancing the system of care in Northeast Florida for at-risk youth, the FOF commits to continuing to provide training for parent support partners and CIT training for law enforcement with the expansion grant .

Sincerely,

Jill Hill, CRPS
Director

Federation of Families of Northeast Florida



January 17, 2019

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

Dear Dr. Waytowich:

The Center for Children's Rights (CCR) is pleased to pledge our support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment Grant (RFA112818HSET) application to the Florida Department of Children and Families 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 goals of the Center for Children's Rights and those of the Partnership for Child Health (PCH), the Jacksonville System of Care (SOC) and the Criminal Justice Reinvestment Grant Task Force are closely aligned, particularly regarding preventing delinquency and providing interventions to reduce the recidivism of juvenile offenders and those youth at-risk.

As critical juvenile justice partners, CCR commits our legal expertise and educational resources to work collectively with the State Attorney's Office and the CJRG partners to implement the proposed CJRG expansion Wraparound and Intervention Strategies (WINS) program. CCR recognizes the majority of justice involved youth have trauma indicators and mental health issues, increasing the risk of recidivism, thus we support the addition of the promising practice, high-fidelity wraparound for diversion youth and the pilot of Duval County's first juvenile mental health court to provide probation youth who receive technical violations the opportunity to remain on probation in the community and receive intense mental health and substance abuse interventions.

Based on the demonstrated success of the current CJRG, we know the addition of research driven diversion programs 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 the implementation and expansion of the two-pronged CJRG Wraparound and Intervention Strategies (WINS).

Sincerely,

A handwritten signature in black ink, appearing to read "Betsy Dobbins", with a long, sweeping underline.

Betsy Dobbins, Esq., MSW
Executive Director
Center for Children's Rights



Jewish Family & Community Services

Serving the First Coast for a Century

Colleen Rodriguez
Executive Director

8540 Baycenter Road
Jacksonville, FL 32256-7420

Phone: (904) 448-1933
Fax: (904) 448-0349
Email: info@jfcsjax.org

www.jfcsjax.org



January 23, 2019

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

Dear Dr. Waytowich,

Jewish Family & Community Services is pleased to pledge our support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment Grant (RFA112818HSET) application to the Florida Department of Children and Families 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 current CJRG Centralized Coordinating Project has been instrumental in identifying the substance and mental health issues of justice involved youth and referring to treatment. The proposed CJRG expansion will build on this success by increasing diversion 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.

Based on the demonstrated success of the current CJRG, we know the addition of the research driven wraparound 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 the implementation and expansion of the two-pronged CJRG Wraparound and INTERvention Strategies (WINS).

Sincerely,

Colleen Rodriguez, LCSW
Executive Director





January 17, 2019

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

Dear Dr. Waytowich:

Danielkids, Inc. has been a committed partner with the Partnership for Child Health (PCH), the Jacksonville System of Care (SOC) and the Criminal Justice Reinvestment Grant (CJRG) Task Force in working towards the prevention and reduction of juvenile delinquency. Danielkids is pleased to pledge our continued support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment Grant (RFA112818HSET) application to the Florida Department of Children and Families 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 current CJRG Centralized Coordinating Project has been instrumental in identifying the substance and mental health issues of justice involved youth and referring to treatment. The proposed CJRG expansion will build on this success by increasing diversion 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.

Danielkids is a child-serving organization that provides therapeutic services to children, youth and their families in Northeast Florida and we commit to partnering with PCH to provide high-fidelity wraparound for diversion youth with mental health issues and to leveraging the services in our continuum of care to assist in the success of implementation of the proposed project.

Based on the demonstrated success of the current CJRG, we know the addition of the research driven wraparound 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 the implementation and expansion of the two-pronged CJRG Wraparound and INTervention Strategies (WINS).

Sincerely,

Lesley Wells
President and CEO
Danielkids

Administrative Offices
4203 Southpoint Boulevard
Jacksonville, FL 32216
(904) 296-1055
FAX: (904) 296-1953

Residential Campus
3725 Belfort Road
Jacksonville, FL 32216
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FAX: (904) 448-7700

Independent Living Village
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FAX: (904) 296-1953

Accredited by the Council on Accreditation For Children and Family Services

Florida Adoption Information Center
800-96-ADOPT
www.danielkids.org



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

Dear Dr. Waytowich:

Children's Home Society of Florida is pleased to pledge our support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment Grant (RFA112818HSET) application to the Florida Department of Children and Families 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 current CJRG Centralized Coordinating Project has been instrumental in identifying the substance and mental health issues of justice involved youth and referring to treatment. The proposed CJRG expansion will build on this success by increasing diversion 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.

Children's Home Society is a child-serving organization that provides therapeutic services to children, youth and their families in Northeast Florida and we commit to partnering with the Partnership for Child Health by providing case management and therapeutic services for youth referred from the pilot Juvenile Mental Health Court.

Based on the demonstrated success of the current CJRG, we know the addition of the research driven wraparound 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 the implementation and expansion of the two-pronged CJRG Wraparound and Intervention Strategies (WINS).

Sincerely,

A handwritten signature in black ink, appearing to read 'Colin Murphy', with a stylized flourish at the end.

Colin Murphy
Statewide Director of Business Development
Children's Home Society of Florida



Dr. Diana Greene
Superintendent

1701 Prudential Drive | Jacksonville, FL 32207
904.390.2115 | Fax 904.390.2586
greened@duvalschools.org | www.duvalschools.org

January 31, 2019

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

Dear Dr. Waytowich,

On behalf of Duval County Public Schools (DCPS), I am pleased to submit a letter of commitment to Managed Access to Child Health, Inc. in support of the submission for a Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant funding under the Florida Department of Children and Families. DCPS supports your application for funds and is eager to partner with you. The enhancement grant seeks therapeutic strategies to prevent violence in schools, and the proposed program has a history of success and a strong potential for impact in Duval County schools.

DCPS provides space for the Full Service School program to operate in the county which includes the mental health therapists which will serve the youth in this enhancement grant. DCPS looks forward to collaborating with our juvenile justice partners and providing school based mental health services to appropriate youth.

DCPS looks forward to this opportunity to bring such an important program to our schools and our students. We thank you in advance for your partnership.

Sincerely,

A handwritten signature in blue ink, appearing to read "Diana Greene", is written over the word "Sincerely,".

Dr. Diana Greene
Superintendent
Duval County Public Schools

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

Summary List of Participating Organizations

The following community partners have provided letters of commitment:

State Attorney's Office - Fourth Judicial Circuit Court of Florida

Florida Department of Juvenile Justice

Fourth Judicial Circuit Court of Florida

Juvenile Justice Circuit Advisory Board

Criminal Justice Reinvestment Grant Task Force

Lutheran Services Florida

Federation of Families of Northeast Florida

Center for Children Rights

Jewish Family & Community Services, Inc.

Daniel, Inc.

Children's Home Society of Florida

Duval County Public Schools

Tab 10 Attachements	Tab 10
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Attachment A. Strategic Plan

Strategic Plan Cover Page

Statement of the Problem: Since 2016, Nearly two thirds of juveniles who were arrested in 2018 and entered the Jacksonville Assessment Center in Duval County, were identified with a mental health and/or substance abuse issue and would be better served by treatment and intervention rather than detention, decreasing the amount of recidivism and cost of detaining youth.

Regional Partnership Strategic Planning Process and Participants: The City of Jacksonville (COJ) has designated the Partnership for Child Health, 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 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. See Appendix K for the members of the Planning Council. The program planning and contents of this expansion proposal are crafted directly from data gleaned from the successful implementation of the current CJRG program and the recently updated Sequential Intercept Mapping and Action Plan created with the leadership of the University of South Florida’s Criminal Justice Mental Health & Substance Abuse Technical Assistance Center (CJMHTSA) at Florida Mental Health Institute.

Vision: Jacksonville’s children and youth with behavioral health challenges and their families are engaged as primary decision makers in a trauma-informed, culturally relevant, coordinated healthcare setting that provides the highest quality services and supports and promotes their individual growth to reach their maximum potential.

Mission: Our mission, as a dedicated group of youth and families, child-serving agencies, community partners and other stakeholders is to develop a comprehensive strategic plan to guide the expansion of family driven and youth guided systems of care to improve outcomes for children and families within their cultural context.

Values: Family-Driven; Youth-Guided; Culturally & Linguistically Competent; Trauma-Informed; Community Based; Data Driven; Evidence-Based; Outcome-Oriented

Service Model(s): High-Fidelity Wraparound, Cognitive Behavior Therapy (CBT), Education-Legal Advocacy, Trauma Focused Cognitive Behavioral Therapy (TFCBT), Group Therapy, Interpersonal Therapy (IPT), Juvenile Mental Health Court and substance abuse services provided by a Certified Addictions Professional.

The proposed Wraparound and INtervention Strategies (WINS) initiative meets the goals in the Sequential Intercept Map strategic plan.