

## IV.D. PROJECT NARRATIVE

### (1) Statement of the Problem

#### (a) Applications must include a description of the Planning Council, including:

- **Composition of the Council**

The Duval County Criminal Justice Coordinating Committee (hereinafter referred to as **CJCC**) is established pursuant to Florida Statute 951.26, which requires that counties establish public safety coordinating councils to perform assessment of and planning for county correctional facility requirements and pretrial intervention programs and to perform such others functions as required by that statute. In addition to performing the functions required by Florida Statute 951.26, it is the intention of the members of the **CJCC** that the committee endeavor to make recommendations and direct initiatives designed to increase the efficiency and effectiveness of the criminal justice system in Duval County. The composition of the CJCC includes 14 of the 20 required members and demonstrates compliance with the Florida state statute. The members are as follows: • The State Attorney or designee • A public defender or designee • A circuit judge • A county judge • Chief correctional officer • The Sheriff • Probation circuit administrator • Local court administrator • The director of probation or pre-trial intervention, or designee • The director of a local substance abuse program • A representative of local homeless program • Director of detention facility or designee • Chief probation officer of the Department of Juvenile Justice or designee • Police chief or designee

- **Council's activities**

The activities of the CJCC include assessing the population status of all detention and correctional facilities operated by the Duval County Sheriff and to formulate recommendations to ensure that the capacities of such facilities are not exceeded. The CJCC assesses the availability of pretrial intervention or probation programs, work release programs, substance abuse programs, gain-time schedules, bail bond schedules, and the confinement status of the inmates housed at each facility.

This group is responsible for reviewing, researching and evaluating existing programs relating to or impacting criminal justice in Duval County. The CJCC also serves a body that makes recommendations to the Jacksonville City Council on grants and contracts; amending, creating or repealing statutes and ordinances or regional comprehensive plans dealing with criminal justice systems and programs. The council also makes recommendations on modifying, creating or abolishing public and private systems and programs relating to or impacting criminal justice in Duval County and for the funding of said systems and programs.

Council meetings for the 2013 year were held on March 6, June 5, and September 4 with the final meeting for the year scheduled on December 4.

- **Status of the Strategic Plan.**

According to the by-laws, The council operates under a five year plan and the plan must be submitted to the local planning agency at least 120 days before adoption of the comprehensive plan.

#### (b) Applications must include a description of the Target Population, including:

- **An explanation of the selection of the Target Population;**

This project plans to serve youth referred by the Department of Juvenile Justice (DJJ) only. Those youth are: 1) first time juvenile offenders; 2) have a mental illness and/or substance abuse problem indicated by the PACT; 3) at risk for deeper penetration into the juvenile justice system without effective interventions; 4) eligible for consideration of a diversion program; and 5) present a low risk to public safety.

Youth with mental health and substance abuse problems are at higher risk of entering the juvenile justice system than other youth. Over the past five years, 10,167 (57%) youth received the full assessment at the JAC because there was a "hit on the PACT for trauma, suicide, mental illness or substance abuse. Demographics on those receiving the full assessment are as follows: 68% Black; 28.6% White; 2.4% Hispanic and .7% other; 79% were male; 58% were black males; 21% were white males; 12% were black females; 7.6% were white females; the remaining 4.4% were Hispanic and other.

- **Services currently available and those lacking in the community;**

Duval County has been fortunate in many ways with services provided for children. There are two major substance abuse treatment agencies that provide services based on income through funding provided by DCF through the Managing Entity, Lutheran Services of Florida. There are many child serving agencies providing after school programming provided by nonprofits. These programs are funded through Jacksonville's Children's Commission in addition to crime prevention efforts of the Jacksonville Journey, a community response supported by the city when Jacksonville led the state in murders over five years ago. Three years ago, the city was awarded a System of Care (SOC) grant from SAMHSA to coordinate mental health services for children. Still, many youth with mental health and substance abuse problems end up deep in the juvenile justice system without the front-end services needed to prevent them from entering the system in the first place. Jacksonville's JAC was developed

many years ago and has fallen victim to steady cuts resulting in Gateway using DCF assessment funding to provide the screening assessments only to those youth that get arrested and placed in detention missing the many youth who are diverted or go home with a slap on the wrist in hopes they won't reoffend. Being able to provide needed screening and assessments with follow-up care coordination to connect these youth with the existing services is a gap that has these youth falling through the cracks until they are arrested on more serious offenses. There are other services that benefited this population that went away through ending of federal grants and further cuts in funding. 5-6 years ago Gateway, in partnership with the State Attorney's Office, implemented a Brief Intervention and Referral for Treatment (BIRT) project funded by OJJDP which targeted the diversion population with a 5 session evidence-based intervention called MET/CBT5. This model proved successful and continued for a short time after funding ended. Because of budget cuts from all levels of funding, Gateway was not able to continue the program.

For those youth with substance abuse and/or mental illness in the juvenile justice system, there are several programs locally such as residential programs Impact House and Duval Academy which target substance abuse and co-occurring problems. Those youth needing mental illness residential programs are referred to 30 other programs throughout the state based on availability. Functional Family Therapy is provided locally for those under DJJ supervision but not in a residential program. For diversion youth and others there are local agencies such as Gateway Community Services, Inc., River Region Human Services, Northwest Behavioral, Mental Health Resource Center, Jewish Family and Community Services and the Child Guidance Clinic. Though referred to these programs, many youth do not make the linkage.

The planning group identified several services that were lacking that this proposal seeks to address. First, due to limited staff and funding, the only youth who have a "hit" on the PACT that get the full assessment are the ones being admitted to the detention center. Therefore, the youth targeted by this project are mostly being missed. Further, many of those that do get the assessment and are referred for treatment do not show. Many wait until they meet with the State Attorney. If the State Attorney does not divert or does not include treatment as a condition, then the families have not been motivated to get their child into treatment. The time period from the initial arrest to the meeting with the State Attorney is critical to engaging the family, yet no program does it.

- **Extent of the problem with data and trend analysis;**

Each year, more than 2 million children, youth, and young adults formally come into contact with the juvenile justice system. Millions of others are at risk of system involvement for reasons varying from national policies, such as Zero Tolerance for misconduct in schools, to local differences in school, police, and prosecution practices across states and localities (Puzzanchera, 2009; Puzzanchera & Kang, 2010). Of those children, youth, and young adults, a large number (65–70 percent) have at least one diagnosable mental health need, and 20–25 percent have serious emotional issues (Shufelt & Coccozza, 2006; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002).

Locally, first time juvenile offenders with a mental health or substance abuse problem who are not admitted to detention are not being assessed. Of the 1841 youth referred for at full assessment the first 10 months of 2013 at the JAC, only 41.5% were assessed. Duval County consistently has the most youth per capita entering the juvenile justice system than any other county in Florida. Though the Sheriff tells JSO officers that use of the civil citation program is a priority, still only 26% of those eligible for the program went into the program.

These issues all play into more youth with mental health and substance abuse problems unnecessarily entering the juvenile justice system because services are not provided during their first contact with police.

- **Geographic environment;**

Jacksonville, Florida is located in the northeast corner of the state. The City of Jacksonville encompasses all of Duval County, creating one of the largest cities in square miles (773.9) in the United States. Duval County has had a consolidated city/county government since 1968 also including the towns of Baldwin, Jacksonville Beach, Neptune Beach, Atlantic Beach and Mayport. This results in numerous barriers for transportation of the disadvantaged populations. However, the consolidated government is also an asset when implementing local comprehensive programs.

According to DJJ, the zip code in Jacksonville with the most youth served by DJJ is zip code 32208 (356) followed by 32207 (322), 32210 (251) and 32209 (199). The largest clusters of juvenile crime seem to be located in the Northwest area, the Arlington area and the Westside of town. The Duval Detention Center is located in zipcode 32206 which is adjacent to 32208, 32209 and across the river from 32207. It is a good distance from the westside (32210). However the project plans to provide transportation assistance and provide services in the home and community where the participant lives.

- **Priority as a community concern; and**

There are many things happening in Jacksonville that show early intervention for juveniles with substance abuse and mental health problems as priority for this community. Because Duval County has the most youth committed to DJJ per capita in the state, several groups have identified this problem as a priority for planning

and services. When approached by the city to develop this proposal, the leaders of the SOC, DJJ and Gateway committed time, resources and energy to evaluate the needs in this community and determine how the targeted youth could best be served. Jacksonville was awarded a System of Care grant by SAMHSA three years ago. The needs assessment for that grant identified three priority populations of children with mental health problems- early childhood, child welfare and juvenile justice. A juvenile justice workgroup has been established and is proceeding to address the issue. In November 2007, Mayor John Peyton created Executive Order 07-14 that established the "Jacksonville Journey: Take a Step" anti-crime initiative. City officials assembled several committees of over 140 key stakeholders, interest groups, civic leaders, public safety experts, and constituents to develop a program to reduce the crime rate in Jacksonville over a 5-year period. The "Jacksonville Journey: Take a Step" program encompasses a three-fold approach that includes 1) Increased law enforcement, 2) Crime prevention and intervention programs, and 3) Education initiatives. A goal of the initiative was to address not only law enforcement and deterrence, but also the root causes of crime through prevention, rehabilitation and targeted intervention. The local JAC oversight committee is made up of law enforcement, MH & SA and CW providers, the State Attorney, the Public Defender, and JPOs. The SOC has also been working to improve services for this population. Finally, the local Juvenile Justice Council address mental health and substance abuse efforts both in prevention and in court ordered services.

**(c) Applications must include an analysis of the current population of the jail or juvenile detention center in the county or region, including:**

• **Screening and assessment processes**

All youth who are arrested or picked up by the police with no parent/guardian home to release the youth to are brought to the JAC. The Juvenile Probation Officers (JPO) conduct a PACT on all youth brought to the detention center. The Positive Achievement Change Tool Assessment (PACT) and Case Management System comprehensively addresses both criminogenic needs and protective factors from the moment a youth enters the system to the moment they exit. The Florida Department of Juvenile Justice created assessment instruments and case planning tools. The most important aspect of having a common assessment and evaluation process across our continuum of services (from intake through aftercare and release) is that it provides a common language for information sharing across program areas and between programs. Though not evidence-based, it is a standard instrument required by DJJ throughout Florida. If a child has a "hit" on the PACT for mental health problems, substance abuse, trauma related problems or suicide, the youth is referred to the Juvenile Assessment Center which is located at the Duval Detention Center.

Gateway is the treatment agency housed at the Juvenile Assessment Center (JAC) that provides the full assessment and based on the assessment, refers youth to services. Gateway is currently using the SAMH 2 and 3, which are not evidence-based assessments. In other juvenile services, Gateway uses the Global Assessment of Individual Need (GAIN) family of assessments, which is evidence-based, and can provide a diagnosis along with a feedback report for the youth which is set-up in a manner that allows the counselor to begin the engagement process using Motivational Interviewing. The GAIN is web-based and there have been problems accessing the internet in secure detention where all of the assessments are currently done. With this enhancement of the project, Gateway will exclusively use the GAIN-I Lite which has also been validated for the juvenile justice populations (<http://www.gaincc.org/>). The GAIN Initial is a comprehensive biopsychosocial assessment used for detailed treatment planning. It provides ASAM information and DSM-IV diagnoses and meets common reporting requirements (CARF, JCAHO, insurance, CDS/TEDS, Medicaid, CSAT, NIDA) for assessment, diagnosis, placement, treatment planning, performance and outcome monitoring, economic analysis, and program planning. It assesses substance use and mental health problems including trauma and suicide.

• **Percentage admitted who have mental illness, substance use disorder, or combination thereof**

The PACT data tells us that over the past 5 years 57% of those pre-screened had a hit for mental health or substance abuse and were referred for a full assessment. Over the 5 year period, the PACT Mental Health Screen showed 21% with a mental health issue, 13% with a mental health diagnosis including 13% with an anger problem; 9% with suicide ideation; 3.4% with a suicide attempt; 1.67% with a thought disturbance and 1.18% with a self-mutilation history. 47% report a trauma or neglect history including 41% who witnessed violence; 8% with a physical abuse history; 5% with a sexual abuse history; and 3% with a neglect history. In relation to substance abuse questions over the past 5 years, 43% reported that they have used drugs; 28% use alcohol; 6% report a drug problem; 2% report an alcohol problem; 5% report the alcohol and drugs contributed to their crime; 5% report it contributes to family problems and 3% report drugs and alcohol affect their education.

Because of limited staff at the JAC, only those in detention with a hit on the PACT got the full assessment. This year, 41% of those referred were assessed which averages to 76 youth per month. In addition, only those being committed to a DJJ program got a full state mandated psychological evaluation through First

Coast Management Services. In the 2012/2013 fiscal year, 478 assessments were completed for Duval County. 327 got the less intensive Level 2 evaluation. 114 got the intensive level 3 and 37 received the very intensive psychological assessment including a psycho-sexual assessment completed by a PhD psychologist.

- **Analysis of contributing factors that affect population trends in the juvenile detention center;**

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.

According to the DJJ dashboard for Duval County from November 2012 through October 2013, 1,445 youth were eligible for the Civil Citation program but only 369 (26%) were served by the program. While this program is under-utilized, Duval County consistently has the highest per capita youth committed to the Department of Juvenile Justice.

Due to limited funding and staff at the JAC, most of the youth with mental health (MH) or substance abuse (SA) problems who could benefit from diversion and services in an effort to prevent them from going deeper into the juvenile justice system, are not getting the full assessment. For those being considered for diversion, the MH & SA information which would help in designing a comprehensive diversion plan has not been completed for consideration by the State Attorney. Very little is being done during the 21 days prior to meeting with the State Attorney, when the youth and family are most amenable to services. Once they meet with the State Attorney, the crisis is over and they opt not to get the youth the MH and SA help that is needed to keep them from re-offending.

- **Data or other descriptive narrative that delineates the specific factors that put the Target Population at-risk of entering or re-entering the criminal or juvenile justice systems; and**

Research across different sites and time frames has consistently demonstrated that approximately 70 percent of youth who come into formal contact with the juvenile justice system warrant at least one mental health diagnosis and approximately 20 to 25 percent have serious emotional issues (Shufelt & Coccozza, 2006; Teplin, Abram, McClelland, Dulcan & Mericle, 2002; Wasserman, McReynolds, Lucas, Fisher & Santos, 2002). One influential study further determined that approximately 55 percent of males and females involved in the juvenile justice system warranted two or more co-occurring mental health diagnoses. It also found that some 60 percent of youth who warranted a mental health diagnosis also met diagnostic criteria for a substance use disorder (Shufelt & Coccozza, 2006). The high prevalence of youth with significant mental health needs and co-occurring substance use disorders is a disturbing counterpart to research findings about the elevated risk of criminal justice system involvement for adults with serious mental health needs, particularly if these adults also have substance abuse problems.

Limited assessments provided by the JAC showed that over the past 5 years, 57% of those screened had a hit for mental illness, substance abuse, trauma and/or suicide risk.

- **Number of individuals who were admitted to a forensic state mental health treatment facility in the past year and projected impact this grant would have on reducing admissions in the next three years.**

Only the juveniles who are adjudicated as adults are admitted to the forensic state hospital which, for this area, is in Gainesville. The forensic hospital for juveniles is the privately run, Apalachicola Youth Camp (AYC), run by AFYC. Youth are only admitted to AYC through a court order. The number of youth admitted to AYC from Duval County is was not available at the time of the submission. According to DJJ, circuit 4 refers juvenile justice youth in Duval County to 32 different specialty facilities throughout the state based on the youth needs and availability. 44 Duval County youth were place in local programs. Others were sent throughout the state.

The partners who developed this project determined that this project would have limited impact on this number early in the project because the targeted populations of first time offenders are not the ones who typically go into these programs. However, because we would be intervening and connecting with services in a manner that would prevention further penetration into the deep end juvenile justice services, impact should be seen by the end of the funding for the project and for future years to come.

#### **IV.D.(2) Project Design and Implementation**

##### **(a) Applications must include a description of the project design including:**

- **Project goals, strategies, milestones, and key activities**

This project will embrace the goals established in the RFA for the project

Objectives:

1: Create a Centralized Coordination Project within eight months of the execution of the MOU.

- 2: Assure that individuals and entities who will be working with the Target Population are adequately trained in identifying or delivering recovery-oriented services.
- 3: Increase access to mental health or substance abuse treatment or prevention services for program participants identified as the Target Population.
- 4: Increase public safety by reducing the number of arrests for the Target Population.
- 5: Increase the number of youth in the Target Population admitted into the diversion program.

• **Responsible party for each task or key activity necessary to accomplish the objectives;**

Task/Key Activity	Person Responsible
1. Create a Centralized Coordination Project within 8 months	
a. MOU with Law Enforcement Strategy: Place the city oversight for this grant in the Jacksonville Journey. The city staff person, Taurean Sinclair will work with Law Enforcement to gain involvement in developing a MOU. Work with Jacksonville Sheriff's Office, Chief J Carson Tranquil, who is the chair person for the JAC oversight committee, to develop, and implement a MOU with the Project.	Taurean Sinclair, Jacksonville Journey Coordinator
B MOU with the local homeless coalition Strategy: Work with the homeless coalition to explain the project and develop resources for housing for those youth and their families who are part of the Target Population and are homeless and in need of housing. Gateway is a member of the local homeless coalition and will coordinate efforts for the MOU and with housing providers.	Karen Tozzi, VP, Gateway Community Services, Inc
C Hire and Train staff Strategy: Advertise inside and outside the Agency to find staff best able to fulfill the needs of the project. Staff will be responsible within the first 2 months of hire to become certified in the GAIN. Staff will be trained in Motivational Interviewing, SOAR and complete all required training.	Phil Amorgianos, Director of Juvenile Justice Programs, Gateway
D Establish collaborative relationship with: Law enforcement; Schools; Judicial Personnel; Families Consumers of SA & MH services; SA and MH providers Strategy: All of these groups are represented on the SOC Board of Directors. The SOC has a Juvenile Justice committee lead by Chris Carr, retired DJJ administrator. Chris and Vicki incorporate the coordination of services and collaborative relationships under the SOC.	Vickie Waytowich, Executive Director for the System of Care Project
2. Train those working with target population in identifying and delivering recovery oriented services	
A Train school personnel or school resource officers to identify acting out and truant behavior that might be the result of mental health issues. Strategy: the SOC is working with the Duval County School System in an effort to improve services for children with MH problems. SOC will coordinate training for school personnel and resource officers. Gateway will assist with training of school resource officers. In addition, the project plans to subcontract with Alice Conte, trauma expert for training.	Vicki Waytowich, Executive Director, System of Care Project
B Train law enforcement and other community partners (i.e. 211/911 dispatchers, jail or school personnel, etc.) in the principles of Crisis Intervention Teams (CIT). Strategy: Integrate additional training specific to youth in the local week-long training of Officers in the Crisis Intervention Training Course that is required for all local police Officer's. This training includes many of the SA & MH providers who are member of the SOC.	Vicki Waytowich, Executive Director of the System of Care
C Engage families and other natural supports to reduce the likelihood of subsequent crises. Strategy: Train JPOs to work with the families to identify natural supports for the youth.	Gwen Steverson, Chief Probation Officer. Circuit 4
Increase access to mental health or substance abuse treatment or prevention services for program participants identified as the Target Population.	
A Create an information system for identifying those individuals who receive Program services and how they will be followed for one year. Strategy: Gateway will enter all youth targeted for this program in Avatar, their electronic health records system, to be able to follow-up with them one year post entry into the program. Gateway Cowdery Research Center will assist in structuring and analyzing the data.	Phil Amorgianos, Director of Juvenile Justice Programs, Gateway
B Work with agencies involved in the Centralized Coordination Project to assure that	Vicki Waytowich,

	<p>individuals are receiving coordinated SA and MH services, identifying the nature and extent of those services, payer sources and ways to improve early identification of youth with MH and SA issues</p> <p>Strategy: Work with the JAC Community Council and the staff whose responsibility is to oversee the day to day operations of the JAC. Train the Care Coordinators in SOAR for them to be able to assist youth in applying for SSI &amp; SSDI</p>	Executive Director of the System of Care
Increase public safety by reducing the number of arrests for the Target Population		
a	<p>Demonstrate there is an active and updated Strategic Plan for the Program in the community and the Planning Council meets on a regular basis to implement elements of the plan.</p> <p>Strategy: Include this project in the SOC strategic plan, the Jacksonville Journey and the CJCC strategic plan. Report on progress, by way of the juvenile justice workgroup for the SOC, at the monthly Board and Stakeholders meetings for the SOC. Report to quarterly CJCC meeting and the monthly Jacksonville Journey meetings on the progress, challenges and success of the project.</p>	Vicki Waytowich, Executive Director of The System of Care
b	<p>Provide individuals with interventions associated with reduced criminal justice recidivism in the Target Population.</p> <p>Strategy: Gateway will identify youth that meet criteria of the project. Gateway will provide evidence-based assessment of those youth. The Care Coordinators will work with the youth and their family to immediately engage in services prior to meeting with the State Attorney; Gateway will connect youth with MH/SA providers of their choice for treatment. The City will subcontract with Gateway for enhanced assessments and care coordination. The city will subcontract with local SA &amp; MH providers for Treatment when there is no other source of payment for the treatment. The city by way of the subcontract will ensure the treatment provided is proven effective to work with this specific population. Gateway will use the MET/CBT-5 as a brief intervention.</p>	Taurean Sinclair, Jacksonville Journey
c	<p>Have available directly or by agreement, a system to track arrests of individuals prior and subsequent to their involvement with the Program for at least one year.</p> <p>Strategy: With proper consents, Gateway will provide DJJ with the names of the youth involved in the program. DJJ will provide information on a regular basis of the prior arrest records of the program participants and any arrests after their involvement for program evaluation. De-identified information will be presented to each of the oversight councils to report on the progress and outcomes of the program.</p>	Gwen Steverson, Chief Probation Officer. Circuit 4
Increase the number of youth in the Target Population admitted into the diversion program.		
a	<p>Task: Enhance the services at the JAC to make it a Centralized Coordination Project</p> <p>Strategy: Add 3 additional Assessment Counselor to the JAC to provide the full assessments to those NOT detained but having a "hit" on the PACT for a MH or SA problem. Provide assessments in the home when needed. The working hours of the assessment counselors will correspond to the hours of most arrests at the Detention Center.</p>	Phil Amorgianos, Director of Juvenile Justice Programs, Gateway Community Services, Inc
b	<p>Task: Increase the capacity &amp; utilization of the JAC</p> <p>Strategies: Train &amp; certify staff in Evidence-based practices (GAIN, MET, SOAR). Increase times and locations a counselors are available to conduct assessment. Engage youth and connect with services during the 21 days prior to meeting with State Attorney. Use evidence-based engagement strategies.</p>	Phil Amorgianos, Director of Juvenile Justice Programs Gateway
c	<p>Task: Provide Care Coordination services to the target population in the community</p> <p>Strategy: Cross train the Assessment Counselors as Care Coordinators to follow-up with youth immediately after assessment in an effort to connect with case managers and treatment before they meet with the State Attorney to discuss diversion.</p>	Phil Amorgianos, Director of Juvenile Justice Programs, Gateway

• **Key stakeholders and partners and their role in accomplishing project objectives;**

**City of Jacksonville** will • Serve as the applicant and lead agency for the project • Conduct overall administration of the grant • Provide or secure the required cash match for the project including at least \$40,000 for the first year; \$40,000 for the second year and \$60,000 for the third year of the project. • Work with partners and community providers to secure and document the remainder of the match which can be provided as "in-kind". • Work with the planning council for this project to develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Sub-contract, oversee and monitor contracts with service providers for the services needed to fulfill the contract with DCF. • Engage other partners as gaps in services and expertise is needed. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Collect data and information from providers and partners to be able to submit quarterly reports to DCF. •

Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors.

**The Jacksonville System of Care for Children's Mental Health** will • Serve as the planning and oversight council for this project as designated by the local public safety coordinating council. • Engage the youth and family organizations who are part of the SOC to assist with regular planning, oversight and evaluation of the project. • Work with the sub-contracted agencies of the SOC who provide high intensity wrap around services to work with the youth of this project who meet the criteria for their program. • Work with partners and community providers to secure and document the remainder of the match which can be provided as "in-kind". • Work with the planning council for this project to develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Provide training for staff and partners of this project in cultural and linguistic competency, youth guided services and core values of the SOC. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors.

**The Florida Department of Juvenile Justice- Circuit Four** will • Integrate this project into their system of care for juvenile offenders. • Refer youth who meet criteria for the project to the program. • Provide office space, land lines and internet service in the JAC office for the project. • Train JPOs and affected DJJ staff about the program. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Work with partners and community providers to secure and document the remainder of the match which can be provided as "in-kind". • Work with the planning council for this project to develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors.

**Gateway Community Services** will • Hire three assessors/care coordinators for the project with funds provided by the grant. • Ensure staff are certified to implement the Evidence-based Assessments and Interventions proposed in the application including but not limited to GAIN, Motivational Interviewing and SOAR. • Provide immediate engagement of youth and their families during the 21-day period of time prior to meeting with the state attorney re: a diversion contract. • Provide services in-home and at the Duval Juvenile Assessment Center (JAC) during hours determined by the planning committee as most productive. • Engage parent participation to obtain appropriate consents required to allow participants to get the assessments and treatment recommended. • Determine systems already involved with the family and coordinate the care needed. • Assess participant's eligibility for entitlements and assist with applications, as needed or follow-up with existing case managers re: SSI, SSDI or Medicaid. • Provide Evidence-based Interventions recommended by the assessments on a fee for service-basis when billing for Medicaid is not possible. • Coordinate transportation for youth. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Work with partners and community providers to secure and document the remainder of the match which can be provided as "in-kind". • Work with the planning council for this project to develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors

• **How the Planning Council will participate and remain involved in Program implementation**

This project plans to ask the CJCC to designate the SOC as the oversight and planning council for this project since the SOC's primary goal is to coordinate and improve the system of mental health care for children with a special target population being the juvenile justice population. The SOC has several established workgroups that provide training and system enhancements that are directly related to this project. The person overseeing the juvenile justice work of the SOC is Christine Carr, retired administrator from the local DJJ circuit. This planning council will work with partners in enhancing the services provided at the JAC to make it a Centralized Coordinating Center within the intent of the Reinvestment grant. The planning council will begin by meeting monthly with the partners and providers to provide the planning, guidance needed. As the program is established a regular meeting schedule of not less than once a quarter will be established to allow the planning council to receive feedback from the program and engage in a quality improvement

process. In addition, the project will plan to regularly report to the CJCC on the progress and impact of the project.

- **How the agencies will communicate**

The Program Manager will be an employee of the SOC and will coordinate all the activities of the project. Agencies involved in this project, consumers and family members are all also on the SOC board. During the monthly board meetings of the SOC, a handout describing the progress of the workgroups is disseminated and discussed. The work of this project will be included in that monthly summary with an opportunity for the Board to ask questions and request any additional information for presentation. When additional feedback is needed, the larger youth group supported by the SOC can be used as a focus or workgroup in planning and problem solving.

The partners that joined together to plan the project and write the application (primary contact will be the first person in parenthesis) include the city of Jacksonville (Taurean Sinclair & Thomas Waters), the Florida Department of Juvenile Justice-Circuit 4 (Gwen Steverson & Karen McNeal), the System of Care for Children's Mental Health (Vicki Waytowich & Chris Carr) and Gateway Community Services (Phil Amorgianos & Steve Bauer). All of these people come together in other forums that impact the project such as the SOC Board Meeting, the JAC Advisory Board, and the CJCC. The two primary coordinators for the work will be Vicki Waytowich with the SOC and Taurean Sinclair with the Jacksonville Journey. Other members such as youth and families, law enforcement and other providers will be added as the project progresses. Initially, the planning group will meet monthly as the Centralized Coordination Project is developing and project services are being enhanced. Then the meetings will reduce to quarterly.

- (b) **Applications must include a description of the plan to implement the project design, including:**

- **The plan to screen potential participants**

All youth who are arrested or picked up by the police, with no parent/guardian at home to release the youth to, are brought to the Juvenile Assessment Center (JAC). The Juvenile Probation Officers (JPO) conduct a PACT on all youth brought to the detention center. The Positive Achievement Change Tool Assessment and Case Management System is a comprehensive assessment and case management process that addresses both criminogenic needs and protective factors, from the moment a youth enters the system to the moment they exit. The Florida Department of Juvenile Justice created assessment instruments and case planning tools. The most important aspect of having a common assessment and evaluation process across our continuum of services (from intake through aftercare and release) is that it provides a common language for information sharing across program areas and between programs. Though not evidence-based, it is a standard instrument required by DJJ throughout Florida. If a child has a "hit" on the PACT for mental health problems, substance abuse, trauma related problems or suicide, the youth is referred to the Juvenile Assessment Center which is located at the Duval Detention Center.

Gateway is the treatment agency housed at the Juvenile Assessment Center (JAC) that provides the full assessment and, based on the assessment, refers youth to services. For this project, Gateway plans to use the GAIN family of assessments which is evidence-based and can provide a diagnosis along with a feedback report for the youth which is set-up in a manner that allows the counselor to begin the engagement process using Motivational Interviewing. The GAIN-I has been validated for the juvenile justice populations (<http://www.gaincc.org/>). The GAIN Initial is a comprehensive biopsychosocial assessment used for detailed treatment planning. It provides ASAM information and DSM-IV diagnoses and meets common reporting requirements (CARF, JCAHO, insurance, CDS/TEDS, Medicaid, CSAT, NIDA) for assessment, diagnosis, placement, treatment planning, performance and outcome monitoring, economic analysis, and program planning. It assesses substance use and mental health problems including trauma and suicide.

- **Strategies law enforcement will utilize to identify and respond to incidents involving mentally ill offenders, including the number of individuals to be screened and enrolled in the Program;**

With this program, more efforts will be made to educate local law enforcement about handling juveniles they encounter breaking the law that may have mental health or substance abuse problems with no prior history. Work will be done to assist in identifying signs and symptoms and aid in helping them to handle the youth in a manner that does not further agitate the youth and assist in getting the youth additional help. Most officers will welcome the resources this project will offer. The Duval Detention Center where the JAC/Coordinating Project is/will be located is centrally located.

Gateway and other mental health and substance abuse providers participate in a weeklong training for local law enforcement officers which address the resources in the communities and provides tours of Detox, the Juvenile Addiction Receiving Facility, the Crisis Stabilization Unit. There are lectures and panels and it is required training that includes the Sheriff. In addition the CJCC work includes discussions re: the handling of mentally ill offenders. Finally, the SOC includes law enforcement and discussions about the needs of the

youth. In those discussion are included the youth, the parents, the Public Defender's Office, the State Attorney's Office, DJJ and providers.

The project plans to screen all youth entering the JAC which has be averaging 3500 per year. The project plans to serve 900 youth (200 the first year; 300 the second year and 400 the third year)

- **How mental health and co-occurring substance abuse tx services will be made available;**

The enhancement of the JAC/Centralized Coordinating Project, through the addition of 3 additional counselors/care coordinators, enables more youth to receive the more comprehensive assessments and be referred for services. The key is the follow-up in services. The planning group identified the first 21 days after the youth encounters the police and before they meet with the State Attorney's Office as a critical time when the parents and youth may be more receptive to services. The project plans to engage the youth and family immediately. If youth do not get an assessment at the JAC, the counselor can go to the youth's home and do in-home assessments. During the initial 21 days the counselor will serve as a care coordinator, connecting the youth with mental health case managers funded through the SOC or brief substance abuse intervention (MET/CBT-5). A listing of available treatment providers will be provided by the care coordinator. The care coordinator will assist the families in identifying funding to pay for the treatment including applications to SSI, SSDI, Kid's Care etc. For those with no means of paying for the needed treatment, there will be funding available through this grant to pay for services. The city will subcontract with several providers for this purpose to reimburse on a fee per service contract. Included in the contract will be a requirement for the treatment service to be evidence-based.

The strategy will be to gain more cooperation from the youth and family prior to meeting with the State Attorney's Office in an effort to show the good faith of the family and their willingness to get their child the assistance needed to prevent further involvement in crime. This will help in their desire for the State Attorney to consider diversion over prosecution.

For those involved with drug or alcohol, this project plans to use MET/CBT 5 which has proven effective with youth entering the juvenile justice system prior to intense involvement with drugs and alcohol leading to a substance dependence diagnosis. The goal of MET/CBT5 intervention is to provide basic alternative skills to cope with situations that might otherwise lead to substance use. Skills deficits are viewed as central to the relapse process in adolescents, and the major focus of CBT groups is the development and rehearsal of these skills. This treatment approach focuses on interpersonal and self-management skills and incorporate elements that have been demonstrated to have reliable, clinical effectiveness. The focus of CBT treatment is on teaching and rehearsing overt behaviors as well as using realistic case examples to enhance generalization to real life settings. Adolescents are asked to identify cues, recognize high risk situations, and learn new coping skills.

Those needing more intense treatment services, will be referred to Gateway's Treatment Programs for the level of care determined through the assessment which could be outpatient or residential. For youth with a diagnosed mental illness, either existing or indicated on the assessment, the care coordinator will connect the SOC's High Intensity Wrap Around program. This program assists in connecting the youth with the mental health treatment services needed.

Because the data pulled from the DJJ website showed 47% of the youth screened by the PACT had a hit on "trauma or neglect", the program plans to use the Think Trauma toolkit for training of program staff and JPO and staff encountering the target population and provide trauma focused training for parents. The Think Trauma training provides an overview for juvenile justice staff of how to work towards creating a trauma-informed juvenile justice residential setting. Creating a trauma-informed setting is a process that requires not only knowledge acquisition and behavioral modification, but also cultural and organizational paradigm shifts, and ultimately policy and procedural change at every level of the facility. Think Trauma is a PowerPoint-based training curriculum including four modules that can be implemented back-to-back in a single all-day training or in four consecutive training sessions over the course of several weeks or even months. Each module takes approximately one to two hours, depending on the size of the trainee group, and whether you elect to implement all of training materials and activities. It contains six case studies of representative youth who've been involved with the juvenile justice system. This is a training developed by the NCTSN Learning Center for Child and Adolescent Trauma. Alice Conte is a local trainer who will be able to provide the training for the project.

- **How ancillary social services will be coordinated and accessed;**

High Intensity Wrap-around services have been provided through the SOC for youth with mental illness who qualify. The youth targeted by this program are eligible to be referred. Wraparound is an innovative and widely practiced approach to improving the lives of children and their families. The process fosters community integration by inviting professionals and natural supports to work together. By emphasizing Family Voice and Choice, the team builds a support plan that meets the family's priority needs in a way that fits their personal

values and culture. The long-term goal of Wraparound is to strengthen connections with natural supports and reduce reliance on formal systems. The wraparound process has been implemented widely across the United States and internationally for several reasons, including its documented success in promoting shifts from residential treatment and inpatient options to community-based care (and associated cost savings); its alignment with the value base for systems of care; and its resonance with families and family advocates. Wraparound has been included in Surgeon General's reports on both Children's Mental Health and Youth Violence, mandated for use in several federal grant programs, and presented by leading researchers as a mechanism for improving the uptake of evidence-based practices.

Though wraparound has typically been described as a "promising" intervention, there has been consistent documentation of the model's ability to impact residential placement and other outcomes for youth with complex needs. The research base for wraparound continues to expand and, as a result, wraparound is likely to be more consistently referenced as an "evidence-based" model in the years to come.

Members of the planning committee are also members of the local homeless coalition and have ties to supportive housing programs. The Executive Director for the local homeless coalition is also a member of the SOC Board. Youth Crisis Center, which has a supportive housing program for youth is also part of the SOC Board and can help with housing for youth. Daniel, a nonprofit in the Stakeholders group for SOC has an independent living program for youth and will be able to work with our population. The City has a summer youth employment program in which the youth can participate.

- **How law enforcement will assess current practices, capacity, and how they intend to implement or expand arrest diversion opportunities (e.g., processes, training, etc.); and**

As discussed above, the Jacksonville Sheriff's Office has a required week-long training with tours that is required for all officers. The CJCC meets quarterly to discuss these issues. The JAC Advisory is led by a JSO Officer in which the issues surrounding the JAC are brought to the table and worked on. This advisory board is a great place to discuss the integration of these new expansion efforts into the JAC and discuss strategies from law enforcement on improving the functioning of the JAC as a Central Coordinating Project as a great resource for them. Regular quality improvement efforts will be brought to the table to be able to work out real and effective solutions. The Sheriff has discussed his intent to utilize the Civil Citation Program many times. He requires the officers to document "Why" they are not issuing a civil citation in the arrest report for first time misdemeanors. Even with this effort, only 26% of the cases eligible for civil citation are participating in the program. A culture shift needs to take place. Each of the planning group members plan to assist with the training to help the street officers become more comfortable with civil citation and arrest diversion. The CIT training will be used for this purpose and can be addressed during sessions provided by the Sheriff's talk, the Mental Health Resource Center, Gateway, and during the tours of the facilities.

JSO provides the Crisis Intervention Training at least twice a year for all JSO officers. The last one was September 30- October 4, 2013 and went from 8:30 to 5:00 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. The training is offered each quarter and normally involves 35 officers per training.

#### **IV.D.(3) Capability and Experience**

- **Capability and experience of the Applicant and other participating organizations**

This project brings together a wealth of knowledge and experience in the partners for the program. The city has long-term grant management and subcontracting experience. DJJ is the expert and keeper of the youth in relation to juvenile crime. The SOC has pulled together many long-term child mental and behavioral health advocates and experts through the SAMHSA grant that has access national resources in serving Jacksonville's children.

The **City of Jacksonville** has coordinated and administered many activities related to juvenile justice, substance abuse and mental health, in conjunction with relevant partners. For example, the City administers the Teen Court grant, through HHS funding, serving teens with substance abuse issues. Through the US Dept. of Justice, the City administers the Justice Assistance Grant (JAG) intended to reduce crime and improve public safety providing crime prevention. At the State level, JAG dollars are awarded through the FL Dept. of Law Enforcement for a range of critical support programs, including The Victim of Crime Act (VOCA) is awarded through the FL Office of the Attorney General for crisis intervention, stabilization and recovery services to crime victims. The City also administers the Drug Court Discretionary Grant to fund substance

abuse and mental health services to US veterans, through the Dept. of Justice. These programs consistently meet or exceed program objectives and produce positive outcomes for the City of Jacksonville.

The Jacksonville Journey was created in 2009 by Mayor of Jacksonville John Peyton. The Journey was designed as an action group to take the lead in studying the problem of violent crime in the Jacksonville community and to find solutions. The Journey is led Jacksonville Journey Oversight Committee, which is composed of members from the fields of private industry, the legal community, education, health and medicine, and retired public servants. The Oversight Committee has the following responsibilities: • Work in concert with the city's grant making agencies to establish measurement and reporting systems; • Issue an annual community-wide report card on the progress of the Journey funded programs; making annual recommendations on programs to be funded based on the prior year's performance; • Continue the data gathering and public policy initiated by the Journey for further refinement; and, • Advocate for the investment of new public and private dollars as well as state and federal initiatives. Jacksonville Journey-funded programs are focused in three program areas: Focusing on Felon Re-Entry, Increasing Police Presence and Eliminating Crime, and Keeping Kids Safe and Productive.

Jacksonville, Florida, was awarded the SAMHSA **System of Care** grant in 2010. The grant proposal was developed by a consortium of substance abuse and mental health organizations, as well as representatives from local and state agencies, the school system, law enforcement, the medical community and child advocates. 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 in the child welfare system, children in the juvenile justice system and children in the homeless populations.

The tenets of systems of care include provisions requiring culturally-competent, family-driven and youth-guided services for all recipients. The Jacksonville System of Care has committed to transforming the current system of care for youth with mental health issues and has made great strides in the first three (3) years of operation. 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 • Creation of Wraparound Care Coordination integrated into existing mental health agencies • Revenue maximization activities • Expanded communication between youth-serving organizations

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 with mental health issues and assure they receive appropriate treatment. 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.

**Florida Department of Juvenile Justice Circuit 4 Probation and Community Intervention (DJJ)**-Every youth under the age of 18 charged with a crime in Florida is referred to the Department of Juvenile Justice. A referral is similar to an arrest in the adult criminal justice system. The Department provides a recommendation to the State Attorney and the Court regarding appropriate sanctions and services for the youth. When making a recommendation, the Department has several options that allow the youth to remain in his or her home community. One option is diversion, which uses programs that are alternatives to the formal juvenile justice system for youth who have been charged with a minor crime. Diversion programs include Community Arbitration, Juvenile Alternative Services Program (JASP), Teen Court, Intensive Delinquency Diversion Services (IDDS), Civil Citation, Boy and Girl Scouts, Boys and Girls Clubs, mentoring programs, and alternative schools. Each youth is assigned a Juvenile Probation Officer who monitors compliance and helps the youth connect with service providers. Youth referred for diversion and or court supervision may have a variety of conditions or sanctions of supervision to follow. • Restitution (payment) to the victim(s); • No victim contact; • Community service hours; • Letter of apology to the victim(s); • Curfew; • Forfeiture of driver's license; • Avoid contact with co-defendants, friends, or acquaintances who are deemed to be inappropriate associations; • Referrals to local social service agencies; and • Substance abuse or mental health counseling

**Gateway Community Services** was founded in 1978 by a group of concerned citizens who wished to provide a supportive and therapeutic environment for individuals who sought treatment for addictive diseases. Originally a grassroots effort, Gateway is currently a recognized leader in the treatment of addictive diseases for adults and adolescents. Gateway operates separate programs for adults and adolescents. The program serving children include: Residential Treatment Facilities, Outpatient Services, Juvenile Receiving/ Detoxification Services, the Juvenile Assessment Center, Substance Abuse Education and Prevention, Department of Juvenile Justice Adolescent Residential Program and education programs for juveniles incarcerated in the Duval County Jail and Duval Detention Center. Gateway has a history of providing trauma-

focused services and effectively mobilizing the community to address the needs of traumatized children in a purposeful and evidence driven manner. In 2000, the agency began training all staff to be aware of the connection between trauma, mental illnesses and substance abuse. Trauma awareness training was offered periodically for staff for three years. Then in 2003, Gateway was chosen to be one of the community-based sites for the Women and Trauma study for the NIDA Clinical Trail Network. In 2008, Gateway became a grantee for the National Child Traumatic Stress Network (NCTSN) and began reaping the benefits of all the available resources. Special trauma counselors were hired, trained and implementing NCTSN protocols including Psychological First AID, Real Life Heroes, TF-CBT, SPARCS, and TGCT-A. Staff were also trainers in the Child Welfare Tool kit, the Substance Abuse Tool Kit, and the Juvenile Justice Toolkit. In 2006, Gateway began using the Global Assessment of Individual Need (GAIN), an evidence-base assessment and now has 6 certified local trainers and over 15 certified assessors. In addition, Gateway has counselors certified in implement in MET/CBT-5 and many other evidence-based treatments for adolescents.

Jacksonville Sherriff'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 JAC Advisory Board and are in the JAC coordinating Council. They will be providing much 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 CJCC board which will provides the ultimate oversight of the project. They sit on the Board for the SOC. They are part of the Jacksonville Journey. They coordinate the CIT training bringing in the professionals from the community to train the officers on mental health and substance abuse etc.

- **Proposed collaboration structure and how it will ensure successful implementation;**

In planning this project, the city brought together leaders of the organizations that can make this happen and who are already involved in the infrastructure that works with the targeted youth. Each of these organizations have the connections and partnerships with other organizations that are involved with the youth. The city has engaged the state attorney's office about the project and has gained its cooperation. DJJ sits on CJCC and runs the Duval Detention Center employing the JPOs that do the PACT. The SOC coordinates and works to improve mental health services for children and Gateway is a long-term substance abuse treatment agency that has been providing assessment services at the JAC for more than 15 years.

Each was actively engaged in identifying the need for the services for this grant and developing the plan to enhance the services of the JAC to help it function as a Centralized Coordinating Project. Each has within their responsibilities the functions to contribute to the success of the project.

- **Availability of resources for the proposed project (e.g., facilities, equipment, etc.), anticipated role of consumers, advocates, and family members, and responsible partners; and**

The JAC/Centralized Coordinating Project will be located in offices that connect with the Duval Detention Center in a location that has been center to juvenile justice for more than 40 years. It is well established and known throughout the community. This group of office has recently been freshened up which will make it a more inviting environment for the project. The office space, furniture, internet connection and land phone lines will be provided by the DJJ and in-kind to the project. Funding is allocated to be able to purchase laptop with aircards for completing the web-based GAIN in the home when needed.

The SOC already has a group coordinated through Mental Health America of youth (Youth Move) and parents (Federation of Families) who have seats on the board and give a youth and family voice to the services of the SOC. The SOC in beginning its fourth year of operation in Jacksonville and the youth and families have gained experience in giving that consumer and family voice to the manner in which we all do business. This knowledge and experience will benefit this project and provide the insight and personal expertise to make the services more effective.

[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		


**IV.D.(4) Evaluation and Sustainability**

**(a) How the Applicant intends to evaluate the program performance, including:**

• **A description of how effectiveness will be measured,**

The objectives of this project involve creating a Centralized Coordination Project, training entities that work with the target population in identifying and delivering services that focus on recovery, increasing access to MH and SA treatment for the target population, increasing public safety by decreasing arrests in the target population and increasing the number of youth in the target population who are diverted from the juvenile justice system. The degree to which these objectives are achieved will show the effectiveness of the program. Upon award of the grant, the partners will come together to fine tune the evaluation process. The evaluation process to be used will be one of continuous quality improvement (CQI). Data will be collected monthly, collated quarterly and reported to the juvenile justice committee of the SOC. The JJ Committee and program staff will look at progress, challenges and opportunities for improvement and make adjustments to the implementation plan based on the reports. Progress on each objective will be measured in the following manner:

Progress in meeting milestones in the timeline	
During partners meetings the timeline will be reviewed and staff and partners will determine once tasks are complete or what percentage is complete. Reviewed at each partner meeting.	Chair of partner group
The Centralized Coordination Project will be functional with 8 months	
During partners meetings, responsible persons identified in section IV.D (2)(a) for tasks will report on their progress in achieving their tasks.	Person assigned task
2. Training entities working with the target population to deliver recovery oriented services	
All trainings related to the program will be recorded including topic, learning objectives, population trained, time of training and number of people trained. Documentation provided to Program Manager for compiling and reporting. Training summary will be provided to the partners meeting for CQI.	Training Coordinated by the SOC
3. Increase access to mental health or substance abuse treatment or prevention service of the target population	
The Care Coordinator will document linkage and participation in treatment services of the participants in the program. Funding of treatment services will also be tracked and reported to partners	Gateway
4. Increase public safety by reducing number of arrests for the Target population.	
The project will track all participants for one year after entrance into the program. With consents, once the first group of participants have reached the one year anniversary of entrance into the program, Gateway will provide DJJ a list of program participants quarterly to run through their data system to determine how many have been arrested during the period between program entrance and one year post entrance. This data will be reported to the partner committee for analysis and CQI.	Gateway & DJJ
5. Increase the number of program participants diverted from the juvenile justice system	
Care Coordinators will track the number of program participants who are accepted into the State Attorney's diversion programs. In addition DJJ will track and report on those the number of youth involved in civil citation (currently 26%)	Gateway and DJJ

**Proposed percentages for each of the core set of performance measures (outlined in Section II.D.);**

The Performance Measures:

- 60% reduction of re-arrests among Program participants in the juvenile justice systems (as applicable to Target Population).
- 75% of Program participants receiving increased access to services in comprehensive recovery based mental health and/or substance abuse treatment services that are community based.

- 10% change from admission to re-entry into the community of Program participants who reside in a stable housing environment. (measured at admission and completion of diversion program; if did not go into diversion or completion-measured at one year post entrance)
- 50% increase of Program participants linked to social security or other benefits for which they are eligible.

• **Proposed target numbers for each of the service units to be achieved over the life of the MOU**

The following service units will be incorporated into the final MOU as target numbers to be achieved over the life of the MOU and reported as part of the Quarterly Program Status Report:

- Target number of individuals to be served by the Program: year 1: 200; year 2: 300 and year 3: 400 for a total of 900 over the 3 year period.
- 140 law enforcement officers per year will be trained in the Crisis Intervention Team model.
- 10% reduction of individuals judicially committed to a state forensic mental health treatment facility.

**Additional proposed performance measures**

- 900 youth assessed using an evidence-based assessment. (Count number youth assessed using the GAIN- collected mthly on the EHR)
- 90% of those youth assessed as needing treatment are referred for treatment. (Counted mthly and documented in EHR)= # assessed/# referred
- 60% of those youth referred for treatment will make at least one appointment with the tx provider. (Care Coordinators follow-up with Tx providers and document mthly)= # referred/# making 1 apt
- 60% of those referred and making one appointment will complete treatment (Care Coordinators will follow-up with Tx providers and document monthly)= # making 1 Apt/ # completed

**(b) How the Applicant intends promote sustainability of the Program, including:**

- **Proposed strategies that the Applicant to preserve and sustain**

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 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 is developing a strategic plan that is a dynamic document that will be reviewed at least annually to ensure the most current and effective financing opportunities are considered and explored. We are 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 we adapt our programs to the most current evidence-based practices.

Each group has a broad base of community support because we are active in many community-based coalitions, collaborations and committees. We are 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.

We are 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. Through the local homeless coalition, two people have been certified as SOAR trainers in an effort to train case managers in an effective means of working with families when applying for SSI or SSDI. The Managing Entity and DCF are on the Board of the SOC and will be engaged at looking at the funding trends for the program as we all seek solid funding for continuation of the project.

- **SSI/SSDI eligibility using the SSI/SSDI Outreach, Access, and Recovery (SOAR) program.**

Fortunately, the local homeless coalition sought funding and got 2 people in this community trained as SOAR trainers. One of the SOAR trainers is employed by the Managing Entity. Regular training is now being offered to community providers. Major funders of substance abuse and mental health services are behind this effort to have more people trained in SOAR to enable the community to increase access to SSI/SSDI entitlements. The care coordinators for this project will be required to participate in the next available SOAR training after the onset of the project. As part of the Care Coordination planning with the youth and family, all families who might qualify, the care coordinator will use their motivational interviewing skills to encourage the application and upon agreement of the family, assist with the completion of the application using the SOAR method.

- **The anticipated impact on public safety and the fiscal impact on juvenile justice system**

The planning committee (City, DJJ, SOC & SA/MH provider), the State Attorney's Office, the Public Defender's Office and other stakeholders contracted during the development of this application were excited about the possibilities of the enhancements to the JAC. This project plans to turn the JAC into a Centralized Coordination Project to provide better coverage for assessments of first time offending youth with mental health and substance abuse problems to be able to get immediate assessments and interventions in an effort to prevent further penetration into the juvenile justice system. We expect that more youth will receive diversion services and fewer youth with mental health and substance abuse problem will enter the juvenile justice system. Law enforcement will be better equipped to handle these youth and feel relief in knowing there are more resources for them when they encounter them. The State Attorney will have more information about the willingness of the youth and family to access the services available for their young people to take in consideration when considering a diversion program for the youth. The Public Defender will have services available to their client before they meet with the State Attorney which will help them come with proof that it is in their client's best interest to go into a diversion program. 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<sup>1-4</sup>. 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 arrests<sup>5</sup> and lower re-arrest rates for diverted youth compared to similar cases handled by the juvenile justice system.<sup>6-9</sup> 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.

## Timeline

Activity	Date
First Quarter Activities Jan- March 2014	
Award Announced by DCF	December 30, 2013
City meets with DCF to negotiate contract	
Partners meet to review grant and implementation plan- Additional partners are invited to join.	January 2014
Stakeholders are informed of the grant award and plans for implementation including CJCC, JAC Advisory Board, JAC Community Council, SOC, Jacksonville Journey, Juvenile Justice Board and local service providers.	January 2014
Grant Award is Announced to the Community	January 2014
City begins developing sub-contracts for services with legal	January 2014
SOC and Gateway advertise for new staff to be hired	January 2014
Contract with DCF is signed	February 2014
Other sub-contracts for MH & SA services are identified and engaged	February 2014
Partners meet to review implementation process and plans	February 2014
Develop with JSO an MOU relating to the Project.	February 2014
Sub-contracts are signed with SOC & Gateway	March 2014
SOC hires Project coordinator	March 2014
Gateway hires 3 new assessment/counselors	March 2014
New staff are trained in Motivational Interviewing	March 2014
Gateway staff begin GAIN certification process	March 2014
Partners meet to review progress and plan further implementation	March 2014
Begin training of DJJ staff and law enforcement about the new project	April 2014
Work with School system to develop MOU re: Project	April 2014
Work with Homeless Coalition and Supportive Housing Providers to develop MOU and housing resources when needed.	April 2014
Partners meet to review progress on start-up	April 2014
Prepare State Attorney and Public Defend staff involved in Diversion for new approach for youth approaching diversion	
Collect Process Data for Quarterly Report & submit to DCF	April 2014
Gateway Staff Gain Certified and Begin accepting target population as clients	April 2014
Train Staff on data collection for the project	April 2014
Gateway Staff will participate in SOAR training when offered (work with ME to offer during the April or May of 2014.	April 2014
Begin Reviewing and signing off on Assessments and continue on a weekly basis	April 2014 through end of grant
Report to Stake Holder Groups of the progress on implementation of the project including	At each of their meetings which may be monthly, bi-monthly or quarterly
Begin care coordination of those assessed for the project, connecting them with treatment providers and following up on progress during the 21 day window prior to youth meeting with the State Attorney	April 2014

Collect data on participants in the program.	
Plan and incorporate expanded Juvenile MH & SA Juvenile training into CIT training	May 2014
Review data collected for April start up for accuracy and quality improvement	May 2014
Partners meet to review progress on start-up implementation, initial utilization and outcome data from April.	May 2014
Ongoing Training schedule planned for stakeholders, parents and service providers for Mental Health & Substance Abuse in the Juvenile Justice System; Cultural and Linguistic Competence; Trauma informed and focused care; and parent training	May 2014
Functioning and expectation for the Centralized Coordination Project is reviewed	May 2014
Monthly staff supervision and training begins with Gateway JJ Director and SOC Program Manager and continue through the life of the project	May 2014- ongoing
Data collected, collated and provided to partners to analyze for quality improvement	June 2014
Assessments and Care Coordination continue.	For 3 years +
Utilization Management and entitlement utilization is examined	June 2014 and ongoing
First full quarterly report including services to clients and process evaluation done	July 2014
First group of participants completing the CBT/MET 5 diversion program examined	July 2014
Continue monthly partner meetings for the first 6 months of implementation- reviewing monthly reports of progress, processes and functioning of the program then determine frequency of regular meetings based on the progress of the project	April 2014 – Sept 2014
The Centralized Assessment Project is fully functional	August 2014
Review strategic plan, original grant application to compare the intent of the project with what is actually happening. Update strategic plan based on progress and lessons learned. Report to stake holder groups.	January 2015, 2016, 2017
Continue the Continuous Quality Improvement (CQI) efforts throughout the life of the project to seek and implement improvements in the process and project.	Collect information monthly and review quarterly
Continue partner meeting quarterly after the need for monthly meeting subside during the beginning implementation process.	Quarterly in Jan, April, July and September of 2015 & 2016
Monitor payment methods for treatment as the project builds toward sustainability	Monthly
Seek additional funding opportunities to expand as the strategic planning directs	Begin Sept 2014- 2016 and beyond

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