

IV.D. PROJECT NARRATIVE

“The right combination of services and sanctions, in the right place, at the right time, to care for each youth and keep the public safe.” DJJ Roadmap to System Excellence

Orange County has embraced DJJ’s efforts to transform Florida into a national model for juvenile justice. In order to increase public safety, avert increased spending on juvenile justice systems, decrease commitment to DJJ residential programs, and improve the accessibility and effectiveness of treatment services for juveniles with a mental health, substance use or co-occurring disorder, Orange County proposes an expansion and enhancement of ***Wraparound Orange (WAO)*** – a federally and locally funded initiative. WAO serves as a Centralized Coordination Project for youth ages 12 and under and is designed to make a youth’s first contact with the Juvenile Justice system their last. The program targets youth who are in, or at risk of, entering the juvenile justice and child welfare systems, including those who are victims of human trafficking and other trauma, and shifts their care and treatment to the behavioral healthcare system. The proposed CJMHSR Reinvestment Grant will expand services to target youth ages 13 – 14.

IV.D. (1). STATEMENT OF THE PROBLEM

(a) Planning Council - One of the most significant initiatives developed by Orange County is its Central Receiving Center (CRC) and the continuum of services that supports it. The CRC is a one-stop shop for adults with a mental health, substance use or co-occurring disorder. Since 2003, the CRC has provided screening, assessment, stabilization and referral services to more than 5,000 individuals each year. A collaborative effort that incorporates the services and expertise of the area’s two largest behavioral healthcare providers, the CRC is an example of what can be accomplished with progressive thinking and coordinated efforts.

The expansion and enhancement of ***Wraparound Orange (WAO)*** described in this proposal is based in part on the CRC model. The original development and implementation of WAO began in 2009 and was made possible with federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). By combining the resources and community leadership of Orange County, its staff and elected leaders, coupled with the expertise of local behavioral health providers, the project sought to change the “system of care” for at-risk children and their families.

WAO and the CRC share a common Governing Board which ensures integration of services across adult and adolescent continuums promoting efficiencies and reducing duplication of systems. The Orange County Commission has designated the CRC Governing Board as the criminal or juvenile justice mental health and substance abuse council or committee to serve as the identified “*planning council*” for WAO and the proposed expansion and enhancement of WAO through the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant in accordance with 394.657(2)(a), F.S. Membership on the Governing Board includes 20 “required” positions as outlined in s.394.657(2)(a), F.S., as well as, At-large members. Vacancies of “required” positions will be filled at the next scheduled meeting of the Governing Board in February, 2014. These include the appointment of a County Judge, the Director of the Orange Juvenile

Detention Center and representatives from State Probation and Orange County Probation / Pre-trial Diversion.

Day-to-day operations, budgeting and strategic planning for WAO is conducted by a Management Team comprised of 32 leaders from various child-serving entities across Orange County including DJJ, DCF, the local CBC, the Sheriff’s Office and the Public School System. The WAO Management Team reports directly to the Governing Board. Additionally, members of the Governing Board also serve on the WAO Management Team helping to ensure coordination between the two entities.

Supporting the efforts of the Governing Board and Management Team is the Youth Mental Health Commission which was appointed by Orange County Mayor Teresa Jacobs this past summer. The Commission was created in response to national and local incidents of violence that were rooted in mental illness. These incidents shocked the community and made the issue of prevention and early intervention for youth with mental health and substance use disorders a priority in Orange County. The 18 member Commission is tasked with reviewing current needs and services and making recommendations to enhance youth mental health across Orange County. See Attachment 1 for membership of the CRC Governing Board, WAO Management Team and Youth Mental Health Commission.

Planning Council's Activities – The CRC Governing Board (*Planning Council*) meets quarterly to review activities within the continuum, assess outcomes and needs and provide direction and assistance to the various components within the system of care. In the last year the Governing Board has met 4 times; October 12th, 2012, and March 20th, June 25th, and November 19th, 2013. The WAO Management Team meets monthly to monitor all activities related to the WAO Strategic Plan including policy implementation and service delivery standards. This helps to ensure a high-fidelity, wraparound model that is family-driven, youth-guided and culturally and linguistically competent. The WAO Management Team met 12 times in 2012.

Status of the Strategic Plan – The WAO Strategic Plan was approved by the Governing Board September 2010 and was updated in September 2013. The plan will be reviewed and updated following the completion and analysis of the WAO Longitudinal Study and Wraparound Fidelity Monitoring in January 2014 and then again after the completion of the Mayor’s Youth Mental Health Commission report on enhancing youth mental health across the county in March 2014. See Attachment 2.

(b) Target Population - The target population for WAO is juvenile offenders with mental health, substance use and co-occurring disorders who present low risks to public safety but who are at-risk for deeper penetration into the justice system without effective interventions. This includes youth arrested and brought to the Orange County Juvenile Assessment Center (JAC), those admitted to the Juvenile – Addictions Receiving Facility (J-ARF), youth issued Civil

Age	2010-11	2011-12	2012-13	Avg.
6&7	0	1	1	.66
8	8	2	2	4
9	13	21	10	15
10	39	17	11	22
11	72	66	49	62
12	206	157	165	176
13	410	399	385	398
14	750	764	667	727
15	1,274	1,114	1,101	1,163
16	1,520	1,516	1,379	1,472
17	1,664	1,434	1,212	1,437
18	497	364	341	401
	6,453	5,855	5,323	5,877
F	25.3%	25.5%	23.3%	24.7%
M	74.7%	74.5%	76.7%	75.3%

Citations by law enforcement, and youth enrolled in Teen Court, DJJ Probation and/or other Diversion programs.

An analysis of the 17,631 youth booked into the JAC between FY 2010-11 – FY 2012-13 provides an overview of those youth expected to be served by this program. Currently, more than three-fourths of all youth booked into the JAC are over the age of 15. With the proposed expansion and enhancement of WAO, the project will focus on youth under the age of 14, seeking to intervene and divert them before they penetrate deeper into the system. Program participants are expected to be primarily males, (average ratio 3:1 – male to female) and approximately 61.5% of all participants are anticipated to be Black and 32% White. Additional information on the Target Population can be found in Attachment 3: WRAPAROUND ORANGE – Framework for Addressing the Mental Health Needs of Orange County’s Children, Youth & Families.

Available Services and Gaps – The JAC is the one-stop, centralized receiving and processing center for youth from Orange County who are charged with a criminal offense, are truant, or are at-risk of becoming involved with the Juvenile Justice System. Every youth served by the JAC undergoes an assessment designed to identify individual risk and protective factors as well as their overall risk to re-offend. While the JAC does provide some services, (i.e. detoxification, case management, parenting and life skills classes), it is limited by the volume of youth it serves. Referrals for services outside the JAC are “passive”, leaving families to locate and secure the appropriate resources on their own. WAO has filled this gap by providing a “**centralized coordination project**” for youth under the age of 12. Every family served receives assistance with linkage to the appropriate referrals ensuring they are connected to the necessary services. The proposed expansion of WAO will extend this coordination to include families of youth ages 13-14.

The service delivery structure for youth and families in Orange County also has gaps. The existing system is comprised of a network of behavioral health providers that offer an array of services including: detox, crisis stabilization, mentoring, individual and group counseling, psycho-educational classes and psychiatric services. The majority of these services, including those provided to the population targeted by WAO, are funded and managed by DCF and Medicaid. **Current public funding for Children's Mental Health services covers only about 35% of the need (DCF Dashboard). Additionally, there is a significant gap in programing and interventions that target the needs of families.** This is largely due to billing constraints that require programs to target an individual instead of an entire family unit. Wraparound is a research-based, early intervention that recognizes that the needs and strengths of families have a tremendous impact on the success or failure of the children within that family. Since service delivery began in January 2011, over 343 families have been served by WAO, thereby impacting more than 1,000 children. Because Wraparound is not recognized by Medicaid as a billable service, it is unable to expand services to the target population through existing funding sources. As a result, many children and families are unable to access services that may prevent further penetration into the juvenile justice system.

Extent of the Problem / Data & Trend Analysis – Ongoing efforts over the last decade such as the removal of “zero-tolerance” policies in the school system and the implementation of civil citation programs have produced some dramatic results in our

State. However, the total number of youth being arrested and penetrating deeper into the juvenile justice system is still too high. In 2011-12, there were 8,661 delinquency cases in Orange County. Of those, 4,666 (54%) were referred to DJJ for Delinquency and of those, 37% were for Felony Offenses. While Statewide Felony Offenses committed by Juveniles fell 11% in FY 2012-13, in Orange County, Juvenile Felony Offenses increased by 3%. Furthermore, while overall arrest rates for juveniles are declining in every major category, the percentage of all arrests in Orange County for Felonies, Violent Offenses, and Weapons Offenses has been trending upwards. These contrasting trends – *Declining Juvenile Arrests vs. Increased Percentages of Felony, Violent and Weapons Offenses* – suggest that while diversion efforts have been successful at reducing Misdemeanor Offenses among youth with minor emotional and behavioral health issues, those youth with more developed mental health, substance use and co-occurring disorders still need targeted interventions if their arrest rates, and the victimization associated with their offenses, are also to decline.

Orange County JAC - Total Bookings			
	2009		2012
Felony Offenses	20.52%		22.12%
Violent Offenses	13.43%		16.84%
Weapons Offenses	2.41%		3.10%

Geographic Environment – Orange County, FL is the 4th largest county in Florida with a population of over 1.2 million residents (US Census Bureau, 2013). The median household income in 2011 for the county was \$44,635. Based on 2011 US Census Bureau estimates, 71% of Orange County residents are White; 27.5% Hispanic; and, 21.7% Black. Approximately 280,800 of Orange County’s residents are under the age of 18. At 23.4% of the total, Orange County’s adolescent population is almost 2 ½ percentage points higher than the state average of 21%. Of those under 18, 57.2 % are White, 32.7% are Hispanic, and, 25.1% are Black.

(c) Analysis of the Current Population of the Juvenile Detention Center

Identification of Youth with Mental Health or Substance Use Disorders – Every youth referred to DJJ and processed by the JAC or the Orange-Juvenile Detention Center (O-JDC) are screened using the Positive Achievement Change Tool (PACT). The PACT is a comprehensive process that helps outline the most effective way to work with youth by identifying protective factors, the overall risk to re-offend, as well as a youth’s criminogenic needs. Addressing these needs has been shown through research to reduce the risk of re-offending. As a triage tool, the PACT provides a mechanism to determine what level of intervention (if any) fits the youth’s risk to re-offend. If the PACT assessment indicates any possibility of a mental health, substance use or co-occurring disorder, a master’s level clinician will complete the TASC (Treatment Alternatives for Safer Communities) assessment. The TASC assessment provides extensive recommendations for service needs such as counseling, mentoring, and/or linkage with mental health and substance abuse services. Based on the results of the TASC assessment, youth may be referred to the diversion and intervention services offered by WAO. Once referred, youth are further assessed using the Child and Adolescent Needs and Strengths - Comprehensive tool (CANS - C). The CANS-C screens for mental health, substance use and co-occurring disorders. See Section IV.D.(2)(b). Youth with a Serious Emotional Disturbance (Axis I, Axis II or comparable diagnosis) are eligible for WAO.

Percentage with Mental Health, Substance Use, or Co-occurring Disorders –

Approximately 13% of youth live with a serious mental illness. Unfortunately, only about 20% get the treatment they need. Instead, all too often they end up in the juvenile justice system. National studies consistently show that anywhere from 65% - 70% of youth in the juvenile justice system meet the criteria for a diagnosable mental health disorder and many have co-occurring disorders with substance use disorders comprising the largest percentage. An estimated 20% have serious mental health disorders including schizophrenia, major depression and bipolar disorder, and are experiencing symptoms so severe their ability to function is significantly impaired (Rimer, 2004). Disordered youth under the stress of the juvenile justice system processing may be at higher risk for being a danger to themselves and to others (Vilhauer, Wasserman, McReynolds and Wahl, 2004). DJJ PACT data supports these findings, indicating that youth that enter the juvenile justice system struggle with high rates of trauma and neglect, physical and sexual abuse, anger, and substance use. The risk for re-offense is highest in the categories for trauma and anger and these two categories are also the reason many youth 12 and under enter the system.

At the Orange County JAC, an average of 60-70% of youth booked each year has a diagnosable mental health, substance abuse or co-occurring disorder. During a recent survey designed to develop a “snapshot” of the youth seen at the JAC, Urine Analysis Drug Tests were performed on 100 randomly selected juveniles and 50% screened tested positive for at least one drug.

Contributing Factors Affecting the Target Population –

High rates of family and economic instability are common factors among youth at-risk of entering, or re-entering, the juvenile justice system and they are present in Orange County.

Family and Economic Instability	Orange Co.	Florida
Households below the poverty line	15%	14.5%
Households headed by single-parents	21.1%	13.7%

US Census Bureau, in 2011

Specific Factors Placing Youth At-Risk – The mere presence of mental health, substance use or co-occurring disorders places a youth at risk of entering, or re-entering, the juvenile justice system. Approximately one out of five adolescents has a diagnosable mental health disorder (Schwarz, 2009) and more than one in four shows at least mild symptoms of depression. (Child Trends, 2010). Warning signs aren’t always obvious, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep. (Mental Health America, 2013; and, American Academy of Child and Adolescent Psychiatry 2008) Mental health disorders can disrupt school performance, harm relationships, and lead to risky and anti-social behaviors.

IV.D.(2) PROJECT DESIGN AND IMPLEMENTATION

(a) Description of the Project - Orange County’s Wraparound Orange Program (WAO), is a “System of Care” initiative focused on engaging community-wide collaboration between all child-serving systems to meet the multiple and changing needs of children and their families. The system is organized into a coordinated network, building meaningful partnerships with families and youth, and addressing their cultural and linguistic needs so they may function better at home, in school, in the community, and throughout life.

The Wraparound model was established by the National Wraparound Initiative at Portland State University in Oregon. There is a large research-base that supports the use of wraparound services as a front-end diversionary program for youth with mental health problems who come into contact with law enforcement (Carney & Buttell, 2003; Pullman et al., 2006). A meta-analytic review of seven studies found positive, significant effects of wraparound in four domains: living situation, youth behavior, youth functioning, and youth community adjustment (Suter & Bruns, 2009). Washington State Institute for Public Policy (WSIPP) and the University of Washington Evidence-Based Practice Institute has included "Full Fidelity Wraparound" as a "research-based practice" in its inventory of child EBPs. Wraparound services are identified by OJJDP as an Early Intervention – Direct Service for reducing Disproportionate Minority Contact and are currently being reviewed for inclusion in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) (Bruns & Suter, April, 2010) Wraparound services are considered a high-intensity level of service that should be reserved for youth with the most complex needs. A specialized collaborative approach that organizes all of the family support services, (counseling, sex offender treatment, etc.) under a Wraparound Model that is individualized and respects the culture, values and beliefs, while fostering effective communication, is paramount to effective service delivery. The unique Wraparound model is flexible enough to address the dynamic needs of families with youth who have serious behavioral/emotional/mental health disorders. Utilizing trauma-informed care, WAO can better understand why youth and families are where they are and specifically tailor a mental health approach for those who have experienced or been exposed to violence and trauma.

Wraparound Orange began in September 2009 under a federally funded cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). The “wraparound” service delivery model is a family-driven and youth-guided approach that utilizes a team of professionals and natural supports to establish goals and outcomes and to provide on-going support for youth and families.

This proposal expands Wraparound Orange by establishing 3 new Wraparound Teams. This project targets youth being booked at the Orange County Juvenile Assessment Center (JAC) and identified as having, or at risk of developing, a mental health, substance use or co-occurring disorder. Each WAO Team will carry an active caseload of 10-12 youth. With an average length of stay of 12 – 16 months, each team will serve an average of 16 youth each year for a total of 48 youth per year and 144 youth served over the 3-year life of the grant. Because WAO is a “family-centered” service model, all children in a family are served by the Wraparound Team. With an average of 3 youth in each family, the proposed project will serve more than 430 youth over the 3-year life of the grant.

While the emphasis will be on youth at the JAC, program referrals will also be accepted from the Juvenile – Addictions Receiving Facility, DJJ-Probation, Teen Court, Civil Citation programs and schools. Each Wraparound Team consists of a Wraparound Specialist and an in-home, peer support worker called a Family Partner. The Wraparound Specialist is a master’s level clinician and will be responsible for facilitating the entire “wraparound” process with the youth, family and Family Partner. The Specialist will focus on

teaching the family how to continue the wraparound model even after formal services end. The Family Partner is a person with a high-school degree that has been involved in the raising of a child with mental health, substance use and co-occurring disorders and has had experience in system-navigation which may include DJJ and the court system.

Goals, Strategies, Milestones and Key Activities –

Objective	Wraparound Orange Goals and Tasks	Responsible Party
1: Create a Centralized Coordination Project within eight months of the execution of the MOU.		
Tasks	<ul style="list-style-type: none"> Establish a MOU with all participating law enforcement agencies (city, county, local municipalities) outlining the transportation plan, roles and responsibilities of each party. Establish a MOU with the local Homeless Coalition outlining planning strategies and available housing alternatives (e.g. low demand, veterans, transitional, permanent, etc.) in the community. 	Orange Co. Health Services (OCHS)
	<ul style="list-style-type: none"> Hire and train relevant staff. Establish a collaborative relationship between the Centralized Coordination Project and law enforcement, school personnel, judicial personnel, families, and consumers of substance abuse and mental health services, and substance abuse and mental health providers. 	OCHS & The Center for Drug-Free Living (CFDFL)
2: Assure that individuals and entities who will be working with the Target Population are adequately trained in identifying or delivering recovery-oriented services.		
Tasks	<ul style="list-style-type: none"> Train school personnel or school resource officers to identify acting out and truant behavior that might be a result of mental health issues. 	NAMIGO
	<ul style="list-style-type: none"> Train law enforcement and other community partners (i.e. 211/911 dispatchers, jail or school personnel, etc.) in the principles of Crisis Intervention Teams for Youth (CIT-Y). 	
	<ul style="list-style-type: none"> Engage families and other natural supports to reduce the likelihood of subsequent crises. 	CFDFL
3: Increase access to mental health and substance abuse treatment or prevention services for program participants identified as the Target Population.		
Tasks	<ul style="list-style-type: none"> Create an information system for identifying those individuals who receive program services and how they will be followed for at least one year. 	CFDFL
	<ul style="list-style-type: none"> Work with the agencies involved in the Centralized Coordination Project to assure that individuals are receiving coordinated substance abuse and mental health services, identifying the nature and extent of those services, payer sources, and ways to improve early identification of youth with mental health and substance abuse issues (if applicable). 	OCHS & CFDFL
4: Increase public safety by reducing the number of arrests for the Target Population		
Tasks	<ul style="list-style-type: none"> Demonstrate that there is an active / updated Strategic Plan for the Program in the community and that the Planning Council meets on a regular basis to implement elements of the plan. 	OCHS
	<ul style="list-style-type: none"> Provide individuals with interventions associated with reduced criminal justice recidivism in the Target Population. 	CFDFL
	<ul style="list-style-type: none"> 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. 	OCHS & DJJ
5: Increase the percentage of eligible youth being diverted into the DJJ Civil Citation Program.		
Tasks	<ul style="list-style-type: none"> Provide technical assistance and support to local law enforcement agencies in order to develop and assess effective Civil Citation programs. 	OCHS
	<ul style="list-style-type: none"> Train individual LEO's on the benefits of Civil Citations and how to use the Civil Citation program. 	CFDFL
6: Increase youth/family functioning across multiple life domains (stability in living situation, school, social functioning, etc.) based on the individual needs of the youth/family as identified by the CANS-C.		
Tasks	<ul style="list-style-type: none"> Establish a system for tracking youth/family outcomes that allows for reporting progress at both the individual level and the population level. 	HCECF & CFDFL
	<ul style="list-style-type: none"> Educate community providers working with the youth/family on how to interpret scores and utilize as a foundation for treatment planning. 	OCHS

Key Stakeholders and Partners – WAO incorporates more than 32 Key Stakeholders into its Management Team in order to ensure effective integration of the project's services into the community's larger continuum of care. Orange County Government's

Department of Health Services will be the administrative and fiscal agent for the project responsible for project oversight and coordination. The Center for Drug-Free Living (The Center) will be the primary provider of mental health, substance use and co-occurring disorder assessment and treatment services. NAMIGO will provide CIT-Y training to LEO's and school personnel. Youth and family members at-risk of contracting HIV Spectrum Disease or Hepatitis can access HIV testing, counseling, education and supportive services including housing, medical, nutrition, through The Center's partnership with CENTAUR. Homeless Services Network will address needs for emergency, transitional and permanent housing as well as educational and vocational training. Health Council of East Central Florida will work with each of the partners to identify baseline data and conduct the project evaluation.

Participation of the Planning Council – As outlined in Section IV.D. (1).(a) the Planning Council, the WAO and the CRC share a common Governing Board which ensures integration of services, promotes efficiencies and reduces duplication of systems. The WAO Management Team reports directly to the Governing Board and members of the Governing Board also serve on the WAO Management Team helping to ensure coordination between the two entities. The CRC Governing Board meets quarterly to review activities within the continuum, including WAO. The Governing Board will assess WAO's outcomes and needs and provide direction and assistance in order to ensure successful implementation of the project. The WAO Management Team meets monthly to monitor all activities related to the WAO including implementation of the Strategic Plan and program services. This oversight structure helps to ensure a high-fidelity, wraparound model that is family-driven, youth-guided.

Communication Among Key Stakeholders and Partners – Monthly meetings of the Management Team include each partner in the proposed project and other key stakeholders from various child-serving entities across Orange County. The Team is Chaired by Donna Wyche, M.S., C.A.P., Manager, Mental Health and Homeless Issues for Orange County and Project Director for the proposed CJMHSR Reinvestment Grant. Issues related to implementation and performance are discussed openly among members of the management team. Whenever possible, a consensus decision and “action plan” will be developed. On a quarterly basis, the Management Team will report to the Governing Board. As the “Family Member of a Consumer” member of the Governing Board and member of the Management Team, Mike Mathis, NAMIGO, will be responsible for providing feedback on the project to the Governing Board.

WAO Management Team – Key Partner Liasons
AnneMarie Sheffield, LCSW , Project Director Orange County Health Services
Marnie Williams, LMHC , Director of Prevention The Center for Drug-Free Living, Inc.
Mike Mathis , Board of Directors, NAMI - Greater Orlando
David Cavalleri , Lead Evaluator Health Council of East Central Florida

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(b) Plan to Implement the Project

Screening and Needs-Based Assessments – Youth served by WAO undergo comprehensive screening, urinalysis testing and evidence-based, communimetric testing. The program uses the Child and Adolescent Needs and Strengths - Comprehensive tool (CANS - C), an evidence-based assessment tool. 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-C 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-C assessment are used to identify the strengths and the prioritization of needs of the youth and his/her family. Re-assessment of the CANS-C occurs at-least 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.

Law Enforcement Strategies to Identify and Respond – The proposed initiative includes an enhancement of WAO which focuses on law enforcement and their ability to identify and respond to youth with mental health, substance use and co-occurring disorders. For some youth, contact with law enforcement is their first call for help and may be the first time they have the opportunity to get the help they need. For others, it is the last resort after exhausting all other options to accessing care. Schools have often proven to be a pipeline into the juvenile justice system in part due to the integration of School Resource Officers into many school’s faculty and staff. All too often, when untrained officers intervene with students engaged in disruptive behaviors, including cases involving mental health and substance use disorders, the opportunity for communities to intervene with quality services is lost.

Through the implementation of a Crisis Intervention Training – Youth (CIT-Y) curriculum from the National Alliance on Mental Illness (NAMI), WAO will increase law enforcement officers’ knowledge and skills for working with youth in crisis thereby improving their interactions and helping to prevent or de-escalate mental health crises when they occur. At the same time a dynamic collaboration between law enforcement, families and youth, schools, community mental health centers and child-serving agencies ensures that youth in a mental health crisis are identified and referred to appropriate mental health services and supports rather than thrust into the courts and juvenile justice system. The curriculum is based on NAMI’s new CIT for Youth manual and includes classroom instruction. The adult CIT model has been in use in Orange County for the past 15 years and 1,729 officers have been trained in its use. These officers are on the force at the Orange County Sheriff’s Department, the Orlando Police Department and at numerous smaller departments including Apopka, Maitland, Ocoee, Winter Garden and Winter Park. WAO will use this cadre of CIT- trained officers as the base for additional CIT-Y training which will be provided by trained facilitators from NAMI-Greater Orlando (NAMIGO). The program’s goal will be to train 50%, (865) of all CIT officers in the new CIT-Y model during the course of the 3-year grant.

Integration of Mental Health and Co-occurring Substance Abuse Treatment Services – The Center for Drug-Free living is Orange County’s collaborative partner in the proposed expansion and enhancement of the WAO Program. The 3-new Wraparound Teams will be employed by The Center who will be responsible for providing training and clinical supervision to the Wraparound Specialists and Family

Partners. The Center has extensive experience providing co-occurring treatment services to adolescents. Since 1997, The Center has operated a Level II Adolescent Residential Program serving youth ages 13-18. The program serves youth with a primary substance use disorder but also treats co-occurring disorders including conduct disorder, depression, anxiety, attention-deficit / hyperactivity disorder, eating disorders, including anorexia and bulimia and trauma related behaviors. The practical experience of working with these youth has produced a familiarity and capability to address common behavioral issues including anger management, attention seeking and manipulation, compulsiveness and suicidal ideations.

In addition to the services provided by the Wraparound Teams, WAO participants will receive priority placement within The Center’s continuum of services for adolescents with substance use and co-occurring disorders. This includes outpatient and residential treatment as well as school-based interventions. As a founding member of ASPIRE Health Partners along with Lakeside Behavioral Healthcare, participants served by The Center’s Wraparound Teams can also access Crisis Intervention services, case management and pharmacological services provided by Lakeside. The Center’s services for youth have been recognized by CARF as “Exemplary” for their ability to provide innovative services, engage youth and their families and deliver strong outcomes. The Center’s staff will provide training to other WAO teams to ensure that these ancillary services, as well as those services provided by collaborative partners, are made available throughout the WAO network.

Ancillary Social Services – In order to meet the ancillary needs of program participants and their families, the proposed expansion and enhancement of WAO will be coordinated with The Center’s adolescent and family services which include School-Based Intervention Services, Screening and Assessment, Outpatient Counseling, Residential Treatment and Continuing Care/Aftercare. Services will also be coordinated with the local hospitals, other mental health providers, and those who provide ancillary services through the region’s service networks: Central Florida Cares Health Network, the DCF contracted Managing Entity for substance abuse and mental health services; Community Based Care of Central Florida, the DCF contracted entity for child welfare services; and, the Homeless Services Network of Central Florida, the lead agency for federal and state funded housing and supportive services for the homeless. Youth and family members at-risk of contracting HIV Spectrum Disease or Hepatitis can access HIV testing, counseling, education and supportive services which include housing, medical and nutrition, through The Center’s partnership with CENTAUR.

Juvenile Justice Indicators, 20011/12		
	Orange	Florida
Delinquency Cases Received	8,611	96,515
Youths Referred for Delinquency	4,666	58,173
Felony	37.0%	39.1%
Misdemeanor	50.8%	52.8%
Other Offense	12.2%	8.1%
Youths Diverted	1,861	24,284
Youths Placed on Probation	1,171	17,246
Youths Transferred to Adult Court	196	2,063
Youths Committed	219	3,690

Florida Department of Juvenile Justice

Law Enforcement Practices, Capacity and Diversion Opportunities – In 2011-12, law enforcement agencies in Orange County handled 8,661 delinquency cases: 21.6% were Diverted; 13.5% were placed on Probation; and 54% were referred to DJJ for Delinquency. Of those, more than half were for Misdemeanors. Despite the large

percentage of misdemeanants among those referred, local law enforcement and the State Attorney's office has been slow to embrace DJJ's Civil Citations diversion initiative. Between November 2012 and October 2013, law enforcement agencies in Orange County diverted only 175 youth (10% of those eligible) into a Civil Citation program. The Orange Co. Sheriff's Office, which only handled 51% of the eligible youth, was responsible for 97% of the Civil Citations in the County. (FDDJ) In comparison, the Orlando Police Department handled 28% of the eligible youth but only diverted 2 youths into the Civil Citation program. Of the other 14 law enforcement agencies in the County, a total of 5 youth were given Civil Citations. WAO will work directly with DJJ to educate law enforcement agencies and individual LEO's about the benefits of Civil Citations and to develop effective Civil Citation programs within their agencies. WAO will utilize the CIT-Y training component to train LEO's how to use the Civil Citation program.

IV.D.(3) Capability and Experience

Orange County has developed a wide array of social services to meet the needs of its residents. Orange County Government's Health Services Department, which includes the Mental Health and Homeless Issues Division, has a proven track record of providing high-quality behavioral health services to children and families.

Orange County's Mental Health and Homeless Issues Division Programs
<ul style="list-style-type: none"> • Great Oaks Village (GOV) – a residential group home for children ages 6 to 18+ who have been removed from their homes due to abuse, neglect or abandonment. Children are placed at GOV by the DCF and CBC of Central Florida.
<ul style="list-style-type: none"> • The Orange County Youth Shelter – an 18-bed shelter for youth who may be homeless, runaways, lockouts or may be seeking a cooling off period during a family crisis. The Youth Shelter is part of the CINS/FINS (Children in Need of Services/Families in Need of Services) network under the Florida Department of Juvenile Justice (DJJ).
<ul style="list-style-type: none"> • The Family Counseling Program – non-residential counseling services for families struggling with adolescents, especially those who are truant, runaway and ungovernable. The program is part of the CINS/FINS network of services.
<ul style="list-style-type: none"> • The Oaks Community Intervention Program – provides intensive counseling and probation services to youth ages 10 – 18 that have current or pending probation supervision services with DJJ and that score moderate to high risk for continued involvement with DJJ based on the PACT assessment tool.

Orange County programs, including WAO contracted staff, are credentialed under the Council on Accreditation or the Joint Commission on Accreditation for Healthcare Organizations. Staff are certified and trained to meet the needs of delinquent youth and have the expertise and training to provide services that are trauma informed, individualized, coordinated, family-driven, youth-guided, culturally and linguistically competent and outcome-based.

Orange County's primary collaborative partner in the proposed project is The Center for Drug-Free Living, Inc. (The Center). The Center is a comprehensive, community-based behavioral health organization that has been in operation since 1971. The Center has extensive experience serving at-risk and hard to serve populations including juvenile offenders and adolescents with substance use, mental health and co-occurring disorders. The Center is a not-for-profit, 501(c)(3) Florida corporation. Program services are licensed by the Florida Department of Children and Families and nationally accredited through the Commission on Accreditation of Rehabilitative Facilities (CARF). The Center has 43-years of experience providing a diverse continuum of services designed to meet the needs of adolescents and their families.

The Center for Drug-Free Living – Adolescent and Family Programs
<ul style="list-style-type: none"> • Community- and School-Based Prevention and Intervention – The Center operates several programs designed to identify,

educate and treat adolescents with, or at-risk of, developing, substance use, mental health or co-occurring disorders. These include: <i>Alpha</i> (Elementary School), <i>New Horizons</i> (Middle and High School), <i>Back on Track</i> (High School students facing expulsion), <i>FOCUS</i> (mental health and co-occurring counseling services to children, adolescents, and families), <i>Midnight Basketball</i> and <i>Village House</i> (prevention services, safe-haven and activity center)
<ul style="list-style-type: none"> • Treatment Drug Courts – The Center is the treatment and case management provider in several Drug Courts including Orange County’s Juvenile Drug Court and Family Dependency Drug Court.
<ul style="list-style-type: none"> • Outpatient and Residential Treatment – The Center provides outpatient treatment for non-court involved youth and a residential treatment program for youth with more developed substance use disorders. These DCF funded and licensed programs serve youth referred by DJJ, CBC’s (child welfare), and victims of human trafficking.
<ul style="list-style-type: none"> • Juvenile Justice Residential Commitment Programs – Since 1994, The Center has operated programs that have served Low-, Moderate- and High-Risk males and females, including programs targeting females with substance use disorders and males with developmental delays. The Center currently operates the 30-bed Brevard Group Treatment Home for Low-Risk males ages 13 – 15, and the 30-bed Frances Walker Halfway House for Moderate-Risk females ages 14-18.

Orange County will also rely on the experience and capabilities of NAMIGO and the Orange County Sheriff’s Office (OCSO) to implement the CIT-Y training portion of the project and increased utilization of civil citations. Founded in 1985, NAMIGO provides a series of nationally recognized educational programs to individuals living with mental illness, family and friends, caregivers, and professionals including law enforcement. As part of the CIT-Y training, OCSO will share its experience developing and implementing a Civil Citations program with other law enforcement agencies in Orange County.

Collaboration Structure - Orange County Health Services Department is collaborative by design and is recognized for forging alliances with community partners and building infrastructure that is innovative and effective. The CRC and its adolescent counterpart WAO are excellent examples of this emphasis on collaborative efforts. Currently, WAO collaborates with over eighty local and state providers, government agencies, advocates, and consumers. The proposed expansion and enhancement will rely on the following collaborative structure:

Wraparound Orange Collaborative Structure
Orange County Government: Health Services: Project oversight and coordination.
The Center for Drug-Free Living: Mental Health, Substance use and Co-occurring Disorder Assessment and Treatment
NAMI - Greater Orlando: CIT-Y curriculum development and training of LEO’s and School Personnel.
Health Council of East Central Florida: Project Evaluation and Baseline Data
CENTAUR: HIV/AIDS, Hepatitis and TB overlay services
Homeless Services Network: Emergency, transitional and permanent housing; Educational and vocational training.

Availability of Resources and Role of Consumers, Advocates, and Family Members – Orange County and its partners will utilize existing resources including the Orange-JAC, where program participants are initially screened and assessed. Those youth needing inpatient detoxification will be treated at the Juvenile-ARF which is co-located at the JAC. Services and interventions provided by the Wraparound Teams will be delivered in the community, in-homes or at schools. Office space for Team members will be provided by The Center at its North Lane Campus which also houses its Prevention and Intervention, Drug Court and CENTAUR programs.

WAO is a Family Driven – Youth Guided approach to providing early, effective interventions for youth at-risk of involvement in the Juvenile Justice system.

Wraparound Orange’s Family Driven – Youth Guided Approach
<i>Family Driven Care</i> – Families 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. This includes choosing culturally and linguistically competent

supports, services and providers, setting goals, monitoring outcomes and partnering in every area, including funding decisions. WAO families are encouraged to: participate as active decision-makers on the Management Team; co-facilitate community trainings for school personnel, community providers and other parent groups; and, become the next generation of Family Partners after they complete their own recovery. Training, support and encouragement for family members is provided through the Federation of Families of Central Florida, a network of over 100 youth and families. Families meet twice per month to build friendships, learn about resources and enjoy a family-style dinner. Childcare and transportation to events is provided as needed.

Youth Guided Care – Youth have the right to be educated and empowered to influence the services they receive and the policies and procedures governing their care. Giving them a sustainable voice with a focus on creating a safe environment enables them to gain self-sustainability in accordance with their culture and beliefs. A Youth Guided approach recognizes the power and choice that young people should have based on their understanding and maturity in the strength-based change process. Youth-guided also means that this process should be fun and worthwhile. WAO enrolled youth will be encouraged to participate in Young Educated Speakers (YES), a local chapter Youth Move. YES youth engage and educate other youth on topics such as bullying and depression and participate in training and outreach to community members to inform and educate on the best way for adults to engage youth.

Key Staff and Subcontractors - WAO 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. Orange County Government's Department of Health Services will be the administrative and fiscal agent for the project. Donna Wyche, M.S., C.A.P., Manager, Mental Health and Homeless Issues will serve as the Project Director. Ms. Wyche brings over 25 years of experience in the field of behavioral health and human services. She was instrumental in the development of the County's CRC and WAO and as part of her duties provides oversight and coordination of both projects. Ms. Wyche has the knowledge and experience necessary to serve in the same capacity for the project described within this proposal. Ms. Wyche will be supported by the Project Director for WAO, Ms. AnneMarie Sheffield, LCSW, who manages the 10 existing Wraparound Teams. She provides training and support to The Center's staff as they develop and implement the new Wraparound Teams.

The mental health, substance use and co-occurring disorder services for youth that are part of the proposed project, will be provided by the County's collaborative partner, The Center for Drug-Free Living. The Center will be responsible for training and general supervision of the Wraparound Teams and the services they provide. As Project Director, Ms. Wyche will be responsible for general oversight and coordination with The Center including coordination of the project's evaluation. The proposed project will add 3 new Wraparound Teams to the WAO Program. Each team will be comprised of 1 FTE Masters level Wraparound Specialist and 1 FTE Family Partner, (for a total of 6 FTE's). Each team will carry an active caseload of 10-12 youth. The teams will be the primary contact/service provider for each client providing 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 Manager (1 FTE) who will be responsible for the overall management of the proposed expansion and enhancement. Clinical Supervision (0.15 FTE) of the Wraparound Specialists and the clinical services they deliver will be provided by Ms. Marnie Williams, LMHC. Ms. Williams is the Director of Community-Based Prevention and Intervention Services at The Center. She has over 17-years of experience providing and supervising clinical services for children, adolescents and their families and has been a Licensed Mental Health Counselor since 2000 and a Qualified Supervisor in the State of Florida since 2003.

IV.D.(4) Evaluation and Sustainability

(a) Evaluation

Measurement of Effectiveness – The Health Council of East Central Florida (HCECF) is currently the primary research partner and evaluator for the WAO project. HCECF will be responsible for the collection and analysis of all data collected as part of the proposed expansion and enhancement of the program. HCECF will lead a program evaluation team that will include: Orange County Health Services’ Division Manager for Mental Health and Homeless Issues – Donna Wyche; the Project Director for WAO – Anne Marie Sheffield; and The Center’s Program Manager for the proposed expansion and enhancement of WAO. This team will be involved in all phases of the research and evaluation component of the program (i.e., planning, development of evaluation plan, and quarterly review of the data). HCECF 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 from a longitudinal study; Measurement and monitoring of fidelity to the model utilizing the Wraparound Fidelity Index; CANS assessment scores from youth served by the program; and Administration of pre- and post-test of law enforcement officers participating in CIT-Y training.

Core Performance Measures & Target Numbers for Service Units –

Wraparound Orange Performance Measures	
1. Percentage reduction of re-arrests among program participants in the juvenile justice system.	50%
2. Percentage of program participants that receive increased access to comprehensive, recovery-based mental health and/or substance abuse treatment services that are community based.	90%
3. Percentage change from admission to re-entry into the community of program participants who reside in a stable housing environment.	90%
4. Percentage increase of eligible program participants linked to Social Security benefits.	75%
Wraparound Orange Deliverables	
1. Target number of individuals to be served by the Program.	48 per year (144 over 3-yrs)
2. Total number of LEO’s currently trained in CIT who will be trained in the CIT – Youth model.	50%, (865 over 3-yrs)
3. Increase the percentage of eligible youth being diverted into the DJJ Civil Citation Program.	300%

(b) Sustainability

Strategies to Preserve and Enhance Systems and Promote Sustainability – Since service delivery began in January 2011, over 343 families have been served by WAO. As a family focused intervention over 1,000 children have been impacted. Local dollars and in-kind match contributions are required to fulfill the commitments of the federal grant (SAMHSA) that funded the original development and implementation of the project thereby ensuring collaboration amongst many providers. Throughout the community, Orange County 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.

Implementation of SOAR – WAO recognizes the critical nature of SSI and SSDI benefits for families with at-risk youth. These benefits provide access to housing, health

insurance and income that is critical for family stabilization. Historically, an average, only 37% of eligible individuals have their initial applications approved and appeals can take years. The application is a difficult process, particularly for individuals with mental health, substance use and co-occurring disorders, and applicants need appropriate assessment and documentation of their qualifying disability. Orange County's CRC Adult Continuum of Care currently uses SAMHSA's SSI/SSDI Outreach, Access, and Recovery model to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are homeless, or at risk of homelessness, and have a mental illness and/or a co-occurring substance use disorder. Orange County case managers and community partners have been trained by Cindy Schwartz, Project Director for the 11th Judicial Circuit's Criminal Mental Health Project which has been nationally recognized for its 90% approval rate on initial applications by individuals participating in the Miami Jail Diversion Program. This training provides case managers and other professionals with the knowledge and skills necessary to actively assist individuals being served. WAO will utilize the same approach in order to identify a target percentage of 80% of program participant's parents who are eligible for SSI/SSDI.

Wraparound Orange – SSI / SSDI Assistance Protocols	
<i>Ensure that the initial application is filled out accurately and completely.</i>	<ul style="list-style-type: none"> ○ Ensure adequate staffing necessary to support the number of program participants; ○ Provide appropriate training and quality control and ○ Become an applicant's representative (SSA Form 1696)
<i>Provide appropriate documentation of disability.</i>	<ul style="list-style-type: none"> ○ Develop relationships with community medical providers; ○ Collect medical records directly from hospitals and clinics; ○ Reduce the need for consultative exams; and, ○ Develop medical summary reports signed by physician or psychologist
<i>Avoid appeals.</i>	<ul style="list-style-type: none"> ○ Develop collaborative relationships with SSA and AHCA. ○ Maintain complete records of all applications and correspondence

Impact on Public Safety and Fiscal Issues – 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 and civil citations 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. WAO seeks to improve public safety by identifying and diverting at-risk youth into community-based interventions and providing supportive services to their family. As a result, costs to the County and State will be reduced. A representative sample of youth served by WAO and enrolled in a longitudinal study looked at data from intake to 12 months. The study found a decrease in arrest rates from 67% to 11%. Assuming similar results among the youth served by the WAO expansion, as many as 81 fewer youth will be arrested. Based on a daily rate of \$326.13 for youth in the Orange-JDC and an average length of stay of 8 days, the proposed project could result in savings of over \$200,000. Using CIT-Y training to train LEO's on the process and advantages of Civil Citations will help the project reach its goal of producing a 300% increase in the number of eligible diverted through the use of civil citations. This should result in 525 additional youth being diverted in this manner. Based on the average cost to process a youth through the DJJ system (\$5,000) versus the estimated cost of a Civil Citation (\$386), (AMA & DJJ), this goal could result in combined cost savings for the County and the State of approximately \$2.5 million.