4 Project Narrative

Tab 4: Project Narrative
3.8.4.1 Statement of the Problem

Studies have found that for youth in the juvenile justice system, 50% to 70% met criteria for a mental disorder and 60% met criteria for a substance use disorder. (http://www.samhsa.gov/criminal-juvenile-justice)
Nationwide, in 2013, courts with juvenile jurisdiction handled an estimated 1,058,500 delinquency cases (http://www.ncjj.org/pdf/jcsreports/jcs2013.pdf). In 2013-14, Florida had 78,330 youth arrested with Duval County accounting for 3,150 of those youth. Furthermore, 42% of these youth that received a Positive Assessment Change Tool (PACT) preliminary screen, were identified as needing a full mental health/substance abuse evaluation (note that close to 400 youth did not receive a PACT). While the original Criminal Justice Reinvestment Grant focused on first time offenders and diversion status, data indicate a need to enhance and expand this program congruent to the population.

In 2014-15, Duval County had 3,347 intake arrests of which only 863 were first time offenders eligible for diversion. That same year the Florida Juvenile Justice Association reviewed the Duval Juvenile Assessment Center (JAC) data from May to July of 2015 and found that 792 youth were arrested and processed thru the JAC with 593 (75%) scoring on the PACT for needing further mental health and substance abuse evaluations, With the current youth population, (Duval County has 24 youth per 1,000 youth age 10-17 with an intake), identifying youth with substance abuse and mental health issues is critical to reducing recidivism and changing the commitment trajectory of offending youth. Because a convincing body of research shows that the majority of children and youth within the juvenile justice and correctional settings suffer from one or more mental disorders not surprisingly, the mental health prognoses for many of these youth is poor and urgent calls are being made to respond to the treatment and rehabilitation needs of youth within these settings to mitigate the likelihood of incarceration.

The cost of housing a juvenile in a detention center is extremely expensive compared to prevention services and treatment services in the community. According to the *Justice of Policy Institute report Sticker Shock: Calculating the Full Price Tag for Youth Incarceration*, a youth housed in a Florida confinement center for one day would cost $151.80, for 3 months $13,662, 6 months $27,324 and for 1 year $55,407. Florida was 2nd to last in the 46 states and jurisdictions reported in the amount spent on confining a youth. New York was the most expensive with the cost for one day at $966.20 and one year at $352,663. The report finds that on average the cost of confinement is $407.58 per day or $148,767 per year. The large variance of costs between states can be attributed to the amount of beds available to the jurisdictions (a large, filled center may be have lower costs, where as a small or unfilled center may be more expensive) and the availability of assessment, treatment, and rehabilitative services for youth while in confinement.

In May 2016, the community engaged the University of South Florida's Criminal Justice Mental Health & Substance Abuse Technical Assistance Center (CJMHSA) at Florida Mental Health Institute completed a Sequential Intercept Mapping in Duval County, Florida. A two day workshop included 28 individual representing multiple stakeholder systems. Participants included leadership from: 1) the judiciary and the courts, 2) mental health, substance abuse treatment, and human services providers, 3) corrections, 4) law enforcement, 5) children's advocates, 6) consumers, 7) and the consolidated government of Duval County. The group created a map of points of interception among all the relevant systems, identified the resources gaps and barriers in the existing systems to support recovery, and developed an initial strategic plan to promote progress in addressing the criminal justice diversion and treatment needs of youth in Duval County, primarily juveniles with mental illness and/or substance abuse disorders involved in the criminal justice system.

CJMHSA and the stakeholders identified five priority areas to promote "early, quick victories" and more strategic interventions to stimulate longer-term systems changes. The five priority areas: 1) Formalize a Behavioral Health Diversion System in lieu of Arrest/Incarceration; 2) Reestablish the Early Delinquency Intervention Program (EDIP); 3) Establish a Juvenile Justice Community Action Team (CAT); 4) Develop a Plan for Aftercare Services and Re-entry; 5) Expand Comprehensive Assessments at the Juvenile Assessment Center (JAC).

In addition to the work completed by CJMHSA, a recent gaps analysis of services for youth in Duval County identified services for teens to be lacking. The City of Jacksonville under their revived crime prevention initiative, the Jacksonville Journey, released several new grant opportunities for teen services and juvenile crime prevention programs. The programs awarded were gang intervention programs, teen summer camps, teen youth development and employment programs.

The types of programs in the Journey Crime Prevention funding and in this grant were created as a direct response to a teen survey that summarized and rank what teens said they wanted to do afterschool. The survey results from 633 students stated two-thirds of teens said they wished that there was more to do. The teens ranked their interest in activities and employment was their number one response. Activities such as art and technology were their second ranked interest. Another question asked for their top three choices for after school programing and they responded as: #1) hang with friends, #2) earn money, #3) eating and sports were tied for third. The group surveyed was 13-19 years old that were enrolled in school Duval County public schools.

According to the DJJ dashboard for Duval County from July 2015 through June 2016, 740 youth were eligible for the Civil Citation program but only 180 (24%) were served by the program. While this program is under-utilized, Duval County consistently has the highest number of low-risk juveniles youth committed to the Department of Juvenile Justice. According to an article in the Jacksonville Times Union, The 4th Judicial Circuit, which includes Duval County, has in the past five years incarcerated the highest number of low-risk juveniles in the state (553). Jacksonville also send a disproportionate number of those low-risk juveniles to high

and maximum-risk facilities, location meant for youth with the most intensive needs. (Data provided by the Department of Juvenile Justice).
(http://jacksonville.com/news/metro/2014-02-01/story/angela-coreys-office-threatens-jacksonville-area-juveniles-adult-charges)

In 2015, 3,266 youth were processed through the JAC. Fifty percent or 1,662 youth were eligible for a full mental health and/or substance abuse assessment. Duval County consistently has the most youth per capita entering the juvenile justice system than any other county in Florida. These issues contribute to 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.

In 2013, the Duval County was awarded a Criminal Justice Reinvestment Grant (CJRG). This grant was one of only two awarded in Florida that focused on serving juveniles. Duval County's proposal was originally designed to 1) provide Crisis Intervention Training (CIT) law enforcement officers and 2) establish a Centralized Coordination Project to assess and refer for treatment first time offenders that are arrested and processed at the Jacksonville Juvenile Assessment Center (JAC). Current CJRG funding provides for three full-time Care coordinators at the (JAC) to assess first time juvenile offenders referred by the Department of Juvenile Justice (DJJ) that received a "hit" on the PACT for trauma, suicide, mental illness or substance abuse, and to provide the appropriate level of care coordination for those juvenile offenders that receive a diagnosis to assure that those families get connected to the appropriate community-based provider. In addition to referring families to a services provider for treatment, Care Coordinators are tasked with coordinating payments for treatment services not covered by insurance and with assisting families in applying for Medicaid and other benefits. The overall program goals of the number of youth assessed and the number of law enforcement officers receiving CIT training are being met and the grant and has been successful in beginning to establish a system of care for youth entering the JAC.

In spite of the success in meeting the assessment goals, the local CJRG Task Force realized many juveniles were still leaving the JAC without receiving an assessment and without the opportunity to connect with much-needed service (18% for the quarter May 2016-July 2016.). As a result the task force expanded the scope of the Centralized Coordination Project (CCP) to include assessing all juveniles entering JAC, not just first time offenders. The Task Force has also observed that the assessment and referral process has created unintended barriers to family engagement and has resulted in a low percentage (67% of families making it to their first appointment. Some of the barriers include the length of time it takes to complete the current assessment (2 hours), and lack of space at the JAC to complete an assessment. Duval County will use the funding from this Expansion Grant to improve the current CCP, incorporating lessons learned these past three years by proposing the following additions and enhancements:

1) Increase the qualification of the Care Coordinators to Master's level therapist. This will allow for the Care Coordinators to begin to engage families immediately in treatment prior to being referred to a community-based provider.

2) Change the assessment tool to a shorter assessment. Master's level therapists are qualified to render their own diagnosis so the shorter tools (which do not give a diagnosis) will be able to be completed in a shorter period of time and allow the ability to still render a diagnosis based on the clinical expertise of the assessor.

3) Increase measures for productivity. Three Care Coordinators and an expanded targeted population will allow for more overall assessments to occur.

4) Provide broader coverage by the Care Coordinators. Data from DJJ will be used to staff the Care Coordinators at the JAC to include peak hours for juvenile arrests. The service provider will be required to staff morning, afternoon, evening and weekend shifts and to assess more youth before being released to the parents, assess those at the detention center that missed an assessment at the JAC.

5) Include a Targeted Case Manager (TCM). The TCM will enroll families in Medicaid or other insurance and benefit programs (increasing the number of youth on Medicaid and/or applying for SSI), increase communication with the state's attorney's office include treatment a requirement for diversion, and connect families to collateral services to support education and/or employment goals for their you.

6) Provide incentives for youth completing treatment. Juveniles that complete treatment can receive a referral to a job coaching program for employment in the community.

3.8.4.1.1 Analysis of Current Population

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

Data Points of Risk as Compared to the State

The current data for Duval County in the PACT is from 2013-14. When sorted by the youth in a DJCC Status of Intake, Duval County youth were higher in many areas such as: history of mental health problems, run away instances (2 to 3 instances and over 5 instances), history of physical abuse and sexual abuse and household member jail history. In Table1., Duval County youth statistics is compared to youth across the state. Youth in Duval County had equal to state averages in incidences in history of mental health problems, run away instances (no history, 2 to 3 instances and over 5 instances), history of physical abuse and sexual abuse and household member jail history. The self-reported occurrences are separated by risk level to re-offend (low to high). Direction of the arrow indicates that trend is higher than the comparison.

Table 1.

Indicator 2013-14	**Risk to Re-offend**							
	Low Risk Youth		**Moderate Risk Youth**		**Moderate – High Risk Youth**		**High Risk Youth**	
N=843	**Duval**	**State**	**Duval**	**State**	**Duval**	**State**	**Duval**	**State**
History of Mental Health Problems	19.4% ↑	14.6%	38.6% ↑	27.8%	37.4% ↑	28.2%	49.1% ↑	46.4%
Run Away History (2 to 3 Instances)	8.0% ↑	4.5%	19.6% ↑	12.2%	13.4$ ↑	10.1%	25.2% ↑	20.1%
Run Away History (Over 5 Instances)	3.9% ↑	2.1%	15.6 % ↑	9.5%	10.6% ↑	8.5%	29.4% ↑	24.5%
History of Physical Abuse	7.4% ↑	6.6%	15.6% ↑	13.8%	11.1%	12.0% ↑	31.0% ↑	26.0%
Sexual Abuse	5.6% ↑	3.5%	10.7% ↑	6.9%	6.4% ↑	5.4%	18.1% ↑	11.3%
House Hold Member Jail History	32.7% ↑	31.4%	49.0% ↑	48.4%	59.5% ↑	51.1%	71. 8% ↑	67.8%
Age of 1st Offense (16 Years Old)	24.1% ↑	20.0%	12. 6% ↑	8.1%	5.7% ↑	2.8%	2. 5% ↑	1.3%

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

(http://www.djj.state.fl.us/research/delinquency-data/pact-profile/pact-profile-fy2013-14)

Data Points towards Positive as Compared to the State

The following indicators were equal to or better than the state comparison: current alcohol use and current drug use, enrolled full time in school, and peer association, gang member or associate of a gang (see Table 2.). Direction of the arrow indicates that trend is higher or lower than the comparison.

Table 2.

	Risk to Re-offend							
Indicator 2013-14	**Low Risk Youth**		**Moderate Risk Youth**		**Moderate – High Risk Youth**		**High Risk Youth**	
N=843	**Duval**	**State**	**Duval**	**State**	**Duval**	**State**	**Duval**	**State**
Current Alcohol Use	8.4% ↓	13.2%	16.4% ↓	20.2%	20.1%	20.5%	24.8% ↓	31.7%
Current Drug Use	27.7% ↓	34.5%	49.3% ↓	49.8%	47.4%	45.1%	61.7%	61.0%
Enrolled Full Time In School	90.1% ↑	83.1%	81.0% ↑	74.8%	79.6% ↑	73.5%	64.1% ↑	62.1%
Peer Association – Gang Member/ Associate	.2% ↓	1.2%	.4% ↓	4.5%	1.3% ↓	3.9%	3.1% ↓	9.9%

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

(http://www.djj.state.fl.us/research/delinquency-data/pact-profile/pact-profile-fy2013-14)

Demographics

In 2014-15, 2,137 youth were processed for intake from a population age 10-17 of 89,318. Probation occurred for 839, diversion occurred for 838, commitment occurred for 250 and adult transfer occurred for 70.

Types of offenses included 960 felonies, 1,005 misdemeanors, 172 other. Minorities for in the intakes are 70% black, 25% white, 4% Hispanic. The youth population in Jacksonville is 39% black, 45% white, and 11% Hispanic. The number of intakes for minorities is disproportionate to the population.

3.8.4.1.1.1 Screening

For this project, the agency plans to use the GAIN family of assessments which is evidence-based. GAIN-Q3 is a brief screener used to identify and address a wide range of problems in clinical and general populations. It is designed for use by personnel in diverse settings (i.e. student assistance programs, health clinics, juvenile justice. The GAIN-Q3 has been validated for the juvenile justice populations (http://www.gaincc.org/). It assesses substance use and mental health problems including trauma and suicide.

3.8.4.1.1.2 Percentage with Mental Illness, Substance Abuse Disorder, or Co-Occurring Mental Health and Substance Abuse Disorders

Out of the 620 assessed since 2014, the Coordination Care Project found 519 needed a referral for treatment. Eighty-four percent of the youth assessed needed a referral for mental health, substance abuse and/ or co-occurring.

3.8.4.1.1.3 Analysis of Contributing Factors

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. After implementation of the current CJRG at the JAC, for the past three years, the CJRG Task Force has analyzed service implementation and data related to 620 assessments. The Task Force has made decision to apply for an enhancement to the grant to continue to identify and refer youth the youth with mental health or substance abuse problems who could benefit from diversion and services in an effort to prevent them from going deeper into the juvenile justice system. Lessons learned from this grant will enable the project to be more increase the assessments and referral, tripling the number to be assessed to 2,700 over three years.

For those being considered for diversion, the Mental Health & Substance Abuse team would help in designing a comprehensive diversion plan. The Task Force has found those that have treatment plans included in their diversion plan have been more likely to complete treatment. It is the goal of the project to meet with the youth and the family prior to their 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 mental health or substance abuse help that is needed to keep them from re-offending.

3.8.4.1.1.4 Data Narrative of Factors that Puts Target Population At -Risk for Entering or Re-entering the Criminal or Juvenile Justice System

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 & Cocozza, 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 & Cocozza, 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.

Assessments provided by the JAC in the Care Coordination Project showed that over the past 3 years, the total number of juveniles assessed 83% (519 of 620) needed a referral for treatment. Eighty-four percent the youth assessed needed a referral for mental health, substance abuse and/ or co-occurring.

3.8.4.1.2 Target Population/ Needs Are Consistent with Strategic Plan

The grant will serve 1) Duval County youth under age 18, referred by the Department of Juvenile Justice (DJJ) only. Youth will have been served through the JAC and/or Jacksonville Youth Detention center and have an 2) indication for mental health and/or substance use or problems as indicated from the PACT; 3) have a moderate or high risk of becoming homeless when leaving the JAC (may be indicated by being a runaway with no stabilized home); 4) is at risk for entering or is in the juvenile justice system; 5) eligible for consideration of a diversion program and

Strategic Plan

The Jacksonville System of Care (SOC) is the council that has outlined the Strategic Plan for the community in areas of mental health and substance abuse for youth. In 2010, Jacksonville received a $9 million dollar grant from the Federal Substance Abuse and Mental Health Service Administration (SAMHSA) to facilitate the transformation of Northeast Florida's mental health services into a system of care that integrates home and community-based services and supports for youth with serious emotional disturbances.

As the grantee, the Jacksonville Children's Commission engaged Partnership for Child Health, an organization to advocate for and develop and implement services to improve the health and wellbeing of children in Northeast Florida to serve as the implementing agency. The Partnership implements this cooperative agreement by using existing agencies and joint ventures with other community stakeholders and initiatives.

The System of Care focuses on improving access and assuring that services to all at-risk children and youth, specifically those in the child welfare, juvenile justice, subsidized childcare, and homeless systems, are family-driven, youth-guided and culturally responsive. The over-arching objectives for the six-year grant period are to: • Expand community capacity to serve children and adolescents identified with serious emotional disturbances by utilizing a public health framework to screen and assess all children and youth for behavioral health issues and refer appropriately for treatment; • Increase the community capacity to provide a broad array of accessible, clinically effective and fiscally accountable services, treatments and supports for children and families; • Provide for the integration of physical and behavioral health through the development of the pediatric/psychiatric collaborative care model; • Implement authentic participation of families and youth in the development, evaluation and sustainability of local services and supports and in overall system transformation activities; • Serve as a catalyst for broad-based, sustainable systemic change inclusive of policy reform and infrastructure development.

For the past six years, the System of Care Initiative has worked with youth and families and the community partners to achieve these objectives.

The Centralized Coordination Project meets all of the goals in the strategic plan outlined within the SOC:

Goal 1: All child-serving organizations will be family-driven, youth-guided and culturally and linguistically competent

Goal 2: Families will be empowered and supported

Goal 3: Children and youth will be valued and their rights protected

Goal 4: All children in the targeted populations will have their mental health needs met in the least restrictive environment

Goal 5: Services are prioritized by and funded based on the needs of children and that of the individual child

Goal 6: Revenue Maximization strategies will generate additional resources for children and youth at-risk of and with severe emotional disturbances

Goal 7: All children have a behavioral health home structured as a component of the Medical Home, with access to the services required to prevent and treat children with emotional/behavioral/mental health conditions

Goal 8: All services are evidence-based or promising practices

Goal 9: A robust children's mental health research and policy center will be established.

Goal 10: A comprehensive training center will be established to support all facets of established system of care changes.

Goal #4 All children in the targeted populations will have their mental health needs met in the least restrictive environment specifies that an objective for Juvenile Justice. See Table 4.

Table 4.

Goal #4 All children in the targeted populations will have their mental health needs met in the least restrictive environment specifies that an objective for Juvenile Justice.	
Juvenile Justice 4.d. All youth referred to the JAC will be screened for SED and referred for diagnosis and treatment and, if appropriate, diverted from JJ to diversion programs for mental health treatment.	4. d.1. All youth coming through the Juvenile Assessment Center will be screened, with evidence-based instruments, for mental health and referred appropriately for further assessment and treatment 4. d.2. Youth are tracked and data compiled on outcomes
4.e. Youth will receive services in the least restrictive environment	4.e.1 Crisis intervention prior to Baker Acts will be available to all children and youth 4. e.2. Wraparound will be utilized for all eligible youth prior to foster care placement disruptions or residential placements 4.e.3.Intensive in-home services will be a viable case plan option for children in foster care

Within the SOC the CJRG Task Force was created to provide oversight, planning, evaluation and continuous improvement activities to meet the goals of the grant. The members of this committee meet the requirements of this grant. As mentioned before, the CJMHSA and the stakeholders identified five priority areas to promote “early, quick victories” and more strategic interventions to stimulate longer-term systems changes. The CJRG Task Force is implementing the fifth priority area in the action plan: Expand Comprehensive Assessments at the Juvenile Assessment Center (JAC). This subcommittee is focused solely on the CJRG grant goals, objectives, milestones and continuous improvement. The subcommittee meets monthly and reports back to the SOC.

5 Project Design and Implementation

Tab 5: Project Design and Implementation

3.8.5.1 Planning Council or Committee

Upon winning the CJRG, Duval County assigned the Jacksonville System of Care (SOC) entity to assist in fulfilling the Florida Statute 951.26, which requires that counties establish public safety coordinating councils to perform assessment of and planning for county correctional facility requirements and pretrial intervention programs and to perform such others functions as required by that statute. The SOC provides oversight to the existing CJRG grant and is the umbrella entity on youth issues in mental health and substance abuse for Duval County. In addition to performing the functions required by Florida Statute 951.26, it is the intention of the members of the JSOC that the committee endeavors to make recommendations and direct initiatives designed to increase the efficiency and effectiveness of mental health and substance abuse services as they relate to the criminal justice system in Duval County.

3.8.5.1.1 Composition and Roles:

The composition of the CJRG Task Force includes all of the required members as appropriate to the City of Jacksonville governance structure, 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 • Local court administrator • Probation circuit administrator • The director of probation • The Sheriff • A representative of local homeless program • DJJ - Director of detention facility or designee • DJJ - Chief probation officer of the Department of Juvenile Justice or designee • DCF - The director of a local substance abuse program • Primary consumer of mental health services • Community mental health agency director or designee • Local substance abuse treatment director or designee • Primary consumer of community base treatment family member • Primary consumer of substance abuse services.

The CJRG grant has a separate task force that meets monthly to review the activities of the grant, review the goals, objectives, tasks and outcomes. Recommendations for changes or improvements are made during these meetings. Updates from the CJRG Task Force are presented to the larger group at the monthly board meetings.

The objectives of the members are to participate in the planning council regularly, assess the progress of the program based on established timelines and review attainment of goals, recommend necessary adjustments to implementation activities as needed.

3.8.5.1.2 Activities, Frequency, Future Schedule

The activities of the CJRG Task Force include meeting monthly to assess the grant status, including the number of referrals, the number of youth being assessed, number of those who were referred for treatment and those that made it to the first appointment and completed treatment. The group uses continuous improvement methods to identify problems in implementation and assigns actions to staff and members to resolve issues. The monthly meetings include discussion in assessment

and data collection issues as well as partnership development. The Northeast Florida Federation of Families is a family support organization that focuses on education, support and advocacy for families with children living with emotional challenges. They have participated in collecting data to help improve family engagement and improved outcomes.

The task force typically meets monthly and reports to SOC monthly. The meetings for the 2016 year were held on January 12, February 23, May 24, June 28, July 26, and August 23. The future schedule will remain the same.

3.8.5.3.1 Existing Strategic Plan

The Jacksonville System of Care focuses on improving access and assuring that services to all at-risk children and youth, specifically those in the child welfare, juvenile justice, subsidized childcare, and homeless systems, are family-driven, youth-guided and culturally responsive. The over-arching objectives for the six-year grant period are to:

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

Within the SOC the CJRG Task Force was created to provide oversight, planning, evaluation and continuous improvement activities to meet the goals of the grant. The members of this committee meet the requirements. As mentioned before, the CJMHSA and the stakeholders identified five priority areas to promote “early, quick victories” and more strategic interventions to stimulate longer-term systems changes. The CJRG Task Force is implementing the fifth priority area in the action plan: Expand Comprehensive Assessments at the Juvenile Assessment Center (JAC). This subcommittee is focused solely on the CJRG grant goals, objectives, milestones and continuous improvement. The subcommittee meets monthly and reports back to the SOC. See Appendix for the SOC strategic plan.

3.8.5.3.2 Progress on Implementation of Strategic Plan

Some notable accomplishments of the System of Care’s strategic plan include:

Northeast Florida Federation of Families

A family support organization that focuses on education, support and advocacy for families with children living with emotional challenges.

YouthMOVE

Youth M.O.V.E. (Motivating Others through Voices of Experience) Jacksonville, is a youth organization dedicated to improving the services and systems that serve young people by uniting the voices of youth who have experience within the mental health, foster care, juvenile justice, substance abuse and homeless systems. The youth use their familiarity with these systems to be voices and advocates for systems change.

Jacksonville Youth Council

The Jacksonville Youth Council is comprised of 25-30 young leaders within our community that come together and work collectively to find solutions to the issues that impact them through the advancement of the rights of children and youth.

The Office of the Children's Ombudsperson

The mission of the Office of the Children's Ombudsperson is to build the capacity of children, families, institutions and systems to fulfill the rights of children required to promote and attain their optimal health and wellbeing.

Screening children in Early Learning Centers for Social and Emotional Challenges

A screening process was developed and implemented for children in subsidized childcare in October 2013. Year to date, 590 children were screened in 30 subsidized childcare centers. 137 children were referred for needing additional services based on their screening scores.

Implementation of the Medical Home

The purpose of the Medical Home concept is to ensure that all children, specifically children in our targeted populations (foster care, homeless) have their medical, dental and behavioral health needs identified and addressed through a coordinated system of care. Since 2012 more than 1200 children and youth in foster care and 400 children and youth in the homeless system have been screened and connected with a medical home and provided nurse care coordination for their medical, dental and behavioral health needs.

Implementation of the Collaborative Care Model

The System of Care has partnered with Nemours to develop and implement the pediatric/psychiatric collaborative care model. The purpose of the collaborative care concept is to increase the quantity and quality of the mental health service capacity through training pediatricians to identify signs of depression and suicide risk, determine appropriate treatment, and know when/where to refer. This year's expansion will include training pediatricians on screening for social and emotional wellness in children 0 – 5 years of age. Since 2013, more than 11,000 adolescents were screened by their pediatrician for suicide and depression.

Implementation of High Fidelity Wraparound Care Coordination

High-fidelity wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams. Although "wraparound" has been defined in different ways, high-fidelity wraparound has primarily been described as an intensive, individualized care planning and management process. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team

planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family.

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

The System of Care currently contracts with Jewish Family and Community Services, Daniel, Mental Health Resource Center, Children's Home Society and Child Guidance Center to provide high-fidelity wraparound. In Duval County there are currently five trained wraparound coordinators providing services to up to 50 youth at any given time who are living with mental health challenges.

3.8.5.3.3 Project Design and Implementation

The Centralized Coordination Project program will hire three Master's Level therapists which will be called Care Coordinators to complete assessments on youth referred by DJJ that have been identified as needing mental health, substance abuse or housing issues. This includes all youth processed at the JAC, not only first-time offenders. The Master's level therapist will have experience providing both mental health and substance abuse treatment or receive training in co-occurring treatment within six months of hire. The three Care Coordinators will have a rotating schedule that will allow 16 hours coverage 6-7 days a week at the JAC center to attempt to complete 900 assessments (or one third) of youth arriving at the JAC per year. Schedules of the Care Coordinators may be adjusted to accommodate trends in busy times of the year or days of the week.

In this expansion, youth assessed by the Care Coordinators may receive mental health treatment from the Care Coordinator (therapist) if the necessary components are available to begin treatment. This will allow those youth and parents that are ready for treatment services to begin this as soon as possible rather than be referred to the treatment centers. This dual role will allow Care Coordinators to be able to maximize productivity and serve a group of youth that are ready for treatment services at the time of entry.

Care Coordinators will make recommendations to the State's Attorney to include treatment in the youth's diversion plans for increase commitment to completed treatment.

Youth not served by the Care Coordinator will be referred to a community based treatment center and/or support collateral services. Youth that do not have active insurance will not be denied services, rather the partnering agencies may bill the Centralized Coordination Project for treatment and collateral services for up to six months. The goal of the project is to assist parents and youth to obtain insurance

either through Medicaid, Healthy Kids, private insurance, the affordable care act or SSI to cover treatment costs. Transportation vouchers will be available for families and youth to attend treatment appointments, available through the grant.

Finally, youth that are successful with completing their case plans of treatment goals, will be eligible for a job coaching program that will assist 15—17 year old youth in securing employment and coaching them through the first 90 days of employment. Youth that are able to save 25% of their checks may be eligible for a match to their savings of 1:1 at the end of their 90 days. Youth that are not engaged in school may be eligible for reimbursement of GED classes or other educational services costs to a limited amount. The employment program provides opportunities to youth to hone workplace and career skills, build character, develop leadership traits and promote respect for themselves and others through a wide array of work experiences.

Youth under age 15 and not eligible for employment may be eligible for reimbursement for collateral services such as tutoring, summer camps, youth development costs such as karate, running club, computer classes, etc. Agency therapists may assist the youth to request the reimbursement through the Centralized Coordination Project.

These enhancements to the Centralized Coordination Project are direct lessons learned from our current grant and intend to increase the number assessed, increase productivity, serve youth as quickly as possible and before the state's attorney's office can release them, offer treatment as a diversion program, incent youth to complete treatment and provide support and collateral services for youth to be successful in education, youth development and employment in the community. These strategies match the strategies outlined in the System of Care, Jacksonville Journey and Department of Juvenile Justice.

3.8.5.3.3.1 Goals, Strategies, Milestones, Key Activities

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

Goals/Objective 1:

1: Establish legally binding agreement with existing and new partners (mental health and substance abuse treatment services, diversion programs, service delivery for collateral services such as treatment cost reimbursement, housing or runaway programs, employment resources, tutoring or GED classes) to expand the Centralized Coordination Project within three months of the execution of the Grant Agreement Letter.

2: Provide, directly or by agreement, an information system to track individuals during their involvement with the program and for at least one year after discharge, including but not limited to arrests, receipts of benefits, employment and stable housing.

3: Implement at least four strategies to serve the target population:

a. supporting the existing centralized receiving facility for juveniles by completing treatment assessments before being released,

b. coordinating with the state's attorney's office to add treatment goals as part of diversion,

c. link the target population with community based, evidenced-based treatment program and

d. support youth in collateral activities to help prevent them from returning to the juvenile justice system or criminal system.

Goals/Objective 2:

1. Participate in planning council or committee meet regularly
2. Assess progress of the project based on established timelines and review attainment of goals
3. Make necessary adjustments to implementation activities as needed

Goals/Objective 3:

1. Collect data regarding Mental Health First Aid training provided to all police officers in Duval County (nearly 3,500)

2.

Responsible party for each task or key activity necessary to accomplish the goals:

Table 5.

Task/Key Activity		**Person Responsible**
Enhance and update partnerships the Centralized Coordination Project within 3 months of Grant Award		
	MOU with Sheriff's Office, DJJ and Community Partners Strategy: Update all existing MOU's with expanded services based on grant narrative.	Colin Murphy
	MOU with a local Runaway Program	Colin Murphy
	Hire and Train Staff	Colleen Rodriquez and Kymberly Cook
	Establish Collaborative Relationship with Newly elected State's Attorney Office	Colin Murphy and Colleen Rodriguez
	Reestablish Collaborative Partners for Referrals Treatment and Collateral Services	Vicki Waytowich
	Develop reimbursement agreements with referral partners	Vicki Waytowich
Finalize data sharing and analysis process.		
	Create an information system for identifying those individuals who receive Program services and how they will be followed for one year.	Colin Murphy, Colleen Rodriquez and Vicki Waytowich
	Update role of the Program Director and Contract Manager based on new structure.	Colin Murphy
Implement at least four strategies to serve the target population		

	Mental health and substance abuse assessment for youth referred by DJJ.	Care Coordinators, Colleen Rodriquez
	Mental health treatment and/or referral to community based treatment.	Care Coordinators, Colleen Rodriquez
	Recommendations for diversion.	Care Coordinators, Colleen Rodriquez
	Service delivery for collateral services such as targeted case management, assistance obtaining Medicaid or other insurance, youth development services and job coaching for 17 and 18 year old youth.	Colleen Rodriquez, Kymberly Cook & Colin Murphy

3.8.5.3.3.2 Organizational and Key Stakeholders Activities

Youth centered services will be provided throughout the various organizations and activities provided to coordinate a successful treatment plan. The activities include engagement, assessment, care coordination, referrals, follow-up, coordination with insurance, connection with education and/or employment for those old enough and will be culturally competent and youth centered. See Table 5.

Table 6.

Organizational and Key Stakeholders Activities (Administration by the Jacksonville Children's Commission/ City of Jacksonville)						
The Jacksonville System of Care for Children's Mental Health (CJRG Task Force)						
Sheriff's Office	DJJ/JAC or Detention	Community-based Services Care Coordinators, Assessment at the JAC, Parents engaged	Referral to Diversion, Treatment, Housing and/or Collateral Services	JCC Care Coordinator Case Management	Community-based Agency, Treatment Goals, Insurance Billing	Employment And/ or Education
Youth Centered						

Key Organizational and Key Stakeholders Activities

Jacksonville Children's Commission (JCC) (the arm of the City of Jacksonville where the grant will reside) 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 $20,000 for the first year; $40,000 for the second year and $60,000 for the third year of the project. JCC will commit $60,000 in year one. • 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. • 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.

In addition to serving as the applicant and lead agency for the project, the Jacksonville Children's Commission will hire a Job Coach that will find employers willing to hire youth in the project • provides instructional support for developing job skills • monitors youth's performance (visits job site, obtains evaluations, serves as a liaison between employer and youth employee) • develops, trains and counsels youth employees for the purpose of conveying and/or gathering information required to ensure employment success • monitors youth towards established goals • provides support to youth opening a checking account and/or savings account for incentive program

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.

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

The Florida Department of Juvenile Justice - Circuit Four will • Integrate this project into their system of care for juvenile offenders. • 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.

Community-based Treatment Service Providers (Jewish Family & Community Services and Children's Home Society) will • Hire three assessors/care coordinators for the project with funds provided by the grant. • Ensure staffs are certified to implement the Evidence-based Assessments and Interventions proposed in the application including but not limited to GAIN-Q-3, 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, collateral services and reimbursement for youth. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors.

3.8.5.3.3.3 Planning Council or Committee Participation in Program Expansion

This project utilizes 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 Brooke Brady of the State Attorney's office. This planning council works with partners in enhancing the services provided at the JAC to support the Centralized Coordinating Center within the intent of the Reinvestment grant. The planning council will continue meeting monthly with the partners and providers to provide the planning, guidance needed. As the program expansion is established a regular meeting schedule will continue 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 CJRG on the progress and impact of the project.

3.8.5.3.3.4 Communication, Meetings and Decision Making for Success

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 Jacksonville Children's Commission, the arm of the City of Jacksonville where the grant will reside, (Colin Murphy), the Jacksonville System of Care (Vicki Waytowich), the Florida Department of Juvenile Justice-Circuit 4 (Gwen Stevenson and Karen McNeal), the System of Care for Children's Mental Health (Vicki Waytowich) and Jewish Family and Community Services (Colleen Rodriguez).

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 CJRG Task Form. The two primary coordinators for the work will be Vicki Waytowich with the SOC and Colin Murphy with the Jacksonville Children's Commission. 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.

3.8.5.3.3.5 Screening Participants, Conducting Needs Based Assessment, Criteria and Tools

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 detention center. The Juvenile Probation Officers (JPO) conduct a PACT on all youth brought to the 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.

3.8.5.3.3.6 Care Coordination to increase Access to Treatment and Support Services

The Community-based Treatment Service Provider (Jewish Family and Community Services) 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, the agency plans to use the GAIN- Q3 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-Q3 has been validated for the juvenile justice populations (http://www.gaincc.org/). It assesses substance use and mental health problems including trauma and suicide.

3.8.5.3.3.7 Law Enforcement Process and Intension to Diversion Initiatives

Duval County Sheriff's office has made significant efforts to train new hires in Crisis Intervention Training (CIT) over the past three years. Several law enforcement officers have been CIT trained. In all 350 police officers, correctional officers, public school personnel and other community partners have been trained in CIT.

In addition to this effort, the Mental Health Association of Northeast Florida has received a grant in 2015 to provide Mental Health First Aid training to community members including afterschool personnel, other youth development programs, churches and department of juvenile justice personnel. This is addition to a grant that the Duval County public school has that is training school personnel in Mental Health First Aid. These efforts to help community members identify ques from youth in mental health issues and provide them information on how to seek support and

treatment for the youth can help divert you into appropriate services prior to an emergency call to police.

Community-based treatment agencies and other mental health and substance abuse providers participate in a weeklong training for local law enforcement officers who address the resources in the communities and provide tours of Detox, the Juvenile Addiction Receiving Facility, and the Crisis Stabilization Unit. There are lectures and panels and it is required training that is includes the Sheriff. In addition the CJCG work includes discussions re: the handling of mentally ill offenders. Finally, the SOC includes law enforcement and discussions about the needs of the youth. That discussion included the youth, the parents, the Public Defender's Office, the State Attorney's Office, DJJ and providers.

The CJRG Task Force meets monthly to discuss these issues. The JAC Advisory includes a JSO Officer in which the issues surrounding the JAC are brought to the table and worked on with similar partners to resolve the issues. 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 proposed to be able to work out real and effective solutions. For example, the JAC is a central facility for three counties and this advisory board discussed on how to handle youth from other counties and these discussions were instrumental in creating a multi-disciplinary Memorandum of Understanding for the CJRG.

The previous Sheriff has discussed his intent to utilize the Civil Citation Program many times. He required 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 24% of the cases eligible for civil citation are participating in the program. A culture shift needs to take place. Over the past two and a half years, 350 officers have been trained on Crisis Intervention Training (CIT). With the election of a new Sheriff and Circuit Four States attorney and Public Defender, the planning council expects to see a shift in first time offenders to receive diversion services and use of Civil Citation Program.

The project plans to screen youth entering the JAC with an identified issue mental health substance use or housing which could be as high as 1,800 per year or 50% of the 3,600 that enter the JAC per year. The project plans to assess 900 youth each year for a total of 2,700 youth for the three year project.

3.8.5.3.3.8 Consortium of Counties Collaboration - N/A

3.8.5.3.4 Strategies of Services and Supervision Methods and Interventions

The Centralized Coordination Center project will utilize four service and supervision interventions:

- 3.8.5.3.4.2 Centralized Receiving Facility for Behavioral Difficulties
- 3.8.5.3.4.5 Specialized Diversion Program
- 3.8.5.3.4.9 Linkages to Community-based, Evidenced-based Treatment
- 3.8.5.3.4.10 Community Services and Programs to Prevent High- Risk Population from Becoming Involved in the Juvenile Justice System

3.8.5.4 Performance Measures

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

- 80% of program participants will not re-offend while enrolled in the Program.
- 75% of Program participants will not re-offend within one year following program discharge. Current rate: A 69% (76/242) reduction in re-arrest of program participants at one year post admission.
- 75% of Program participants not residing in a stable housing environment will reside in a stable housing environment at program admission within 90 days of program admission.
- 50% of eligible Program participants (ages 17 & 18 years old) not employed at Program admission will be employed full or part time within 180 days of Program admission.
- 75% of eligible Program participants will maintain full or part time employment one year following Program discharge.
- 60% of eligible Program participants will be enrolled in social security or other benefits for which they may be eligible but were not receiving at Program admission. Current rate: 100% (45 of 45) attended their first appointment and were eligible for benefits were enrolled in benefits in their first six months of program.
- 90% of Program participants will be diverted from a State Mental Health Treatment Facility.

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: 900; year 2: 900 and year 3: 900 for a total of 2,700 over the 3 year period.

3.8.5.4.1 Process of Collecting Data to Measure Effectiveness

Community-based agency will enter all youth targeted for this program in an identified database system (ETO) to be able to follow-up with them one year post entry into the program. Project will assist in structuring and analyzing the data.

3.8.5.4.2 Targets and Methodologies (as reference in 2.4.2)

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

3.8.5.4.3 Centralized Care Coordination Additional Performance Measure

The following additional performance measures, currently measured in the CJRG, will be reported:

- 2,700 youth assessed using an evidence-based assessment. (Count number youth assessed using the assessment tool- collected monthly)

- 90% of those youth assessed as needing treatment are referred for treatment. (Counted monthly and documented)
- 60% of those youth referred for treatment will make at least one appointment with the treatment provider. (Care Coordinators follow-up with treatment providers and document monthly)
- 60% of those referred and making one appointment will complete treatment (Care Coordinators will follow-up with treatment providers and document monthly)
- NEW 50% completed treatment plan and discharged with improved functioning
- NEW 50% of police officers will be trained in Mental Health First Aid.

3.8.5.5 Capability and Experience

This project brings together a wealth of knowledge and experience in the partners for the program. The Jacksonville Children's Commission (a department of the City of Jacksonville) has long-term grant management and subcontracting experience. The current Mayor has revitalized a commitment to prevention and early intervention services for youth and first time offenders by providing funding through a community based committee called the Jacksonville Journey. DJJ is the expert and keeper of the youth in relation to juvenile crime. The Sheriff's office supports the JAC by providing security and plans to increase mental health awareness skills of their officers. 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.

Jacksonville Children's Commission (JCC) has extensive experience in obtaining and administering large federal, state and local grant dollars since its beginning in 1994. The following grants are examples: 21st CCLC, Florida Department of Education, State funded at $700,000 (2014) and $518,970 (2015); Ounce of Prevention through the Florida Department of Children and Families, State funded, $1,876,428 (2014) and $2,066,000 (2015); Afterschool Food Program, USDA FL Department of Health, State funded, $3,488,979 (2014) and $3,327,286 (2015); Summer Food, USDA FL Department of Health, State funded, $1,002,597 (2014) and $1,089,496 (2015) and Substance Abuse and Mental Health Services, Federal funded $1.5 M (2014) and $1M (2015). All programs funded have both program monitoring and audit findings satisfactory or in compliance with few recommendations.

A contract manager is assigned to the contract for fiscal, administrative and program compliance oversight. The JCC fiscal director has oversight of invoices and payment which provide monthly audits of invoices and payments. The project, fiscal and site directors are trained and expected to follow the fiscal and administrative requirements of both the Department of Children and Families and the Federal Guidelines. Training occurs on funding methods (reimbursement with performance,) required deliverables, financial consequences (allowable and unallowable expenses), contractor regulations, supplement and not supplant, records retention and equipment policies for attractive items. Weekly communication between the key partners by face to face meetings, emails, trainings, policy briefings and updates and technical assistance occurs to adhere to compliance of the grant.

Qualifications of Leadership: JCC's CEO, Jon Heymann, has over 20 years of experience operating grants acquired in his executive position. Colin Murphy, Senior Operations Manager supervises the contract manager and provides oversight to the grants department. The fiscal director, Cynthia Nixon, has over 20 years' experience in fiscal oversights with grants and budgets within city and school district.

The Jacksonville Journey (City of Jacksonville) 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 System of Care (Partnership for Children) -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.

Jacksonville Sheriff's Office (JSO) is integrated in planning councils and advisory groups throughout the many groups that have a stake in this project. JSO chairs the 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.

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

Jewish Family & Community Services, Inc. (JFCS) is highly qualified and has the organizational capacity to take on a new grant serving youth entering the Juvenile Assessment Center. As the premiere case management organization in Northeast Florida, JFCS provides innovative, solution-focused case management and supportive services that serve as a model for system-wide improvements. JFCS has a nearly 100 year history of providing case management services to residents of Northeast Florida. Currently, 80% of the services JFCS provides to nearly 20,000 individuals each year can be described as assessment and case management.

JFCS has previously held contracts directly with the Juvenile Justice system to provide similar case management services to the target population of this grant. Staff is skilled in providing quality case management services to high-risk families…families facing challenges such as single parenthood, poverty, abuse and trauma, and current or previous issues related to substance abuse, mental health, and/or domestic violence.

JFCS has an established track record providing in-home services to families involved in or at-risk of becoming involved in the Dependency system due to abuse and/or neglect. Under contract with Family Support Services of North Florida, Inc. (FSSNF), JFCS provides child welfare case supervision and in-home abuse prevention services to over 2,500 youth in Duval and Nassau Counties, as well as in-home therapeutic services. JFCS is the only case management organization in Jacksonville that provides all such core services. Staff is proficient in youth- and family-centered assessment and case management, services/resource planning, services coordination and follow-up monitoring, psychosocial assessment, client advocacy and community collaboration. This past May, JFCS was selected by FSSNF as Case Management Organization of the Year for 2015, based on quality of services, contract compliance and high-caliber court work.

Through DuPont Counseling Group, a licensed business division of JFCS, families will have access to a therapeutic team to provide follow-up mental health treatment in the home, school or office setting. DuPont Counseling Group is a team of over 30 experienced licensed and license-eligible mental health counselors who specialize in brief, solution- focused therapy with children and families. Individual, couples and family outpatient mental health counseling, treatment planning and bio-psychosocial assessments are performed. An in-house psychiatrist is available to provide psychiatric evaluations and medication management services.

From a single entry point, families access services that "wrap" around them: child welfare and abuse prevention case management, adoption, mental health assessment and therapy, middle-school dropout prevention case management, a walk-in emergency food pantry, emergency financial assistance for rent and utilities, access to public assistance benefits, anger management classes and visitation and exchange services for families experiencing domestic violence.

This combination of in-house services, community partnerships and additional leveraged resources provide children and families with timely access to resources and services that meet basic needs, support the achievement of service plan goals and help families maximize the resources at their disposal – both formal and informal.

Children's Home Society of Florida (CHS) has more than 114 years of experience providing full spectrum of prevention, intervention and treatment services to Florida's children and families. Their mission—Building Bridges to Success for Children-speaks to our desire to provide services to Florida's children and families and help them build bright futures. During CHS' many years, they have provided mental health services to thousands of children and families focusing on the mental health and well-being of all clients. The clinical program at Children's Home Society focuses on utilizing Evidence Based Practices to provide effective treatment interventions that support quality outcomes for clients. The therapists are always seeking new and creative ways to deliver services, engage clients and ultimately have the most impact on the lives of children.

Outpatient Therapy Program: CHS outpatient program provides individual and family therapy to clients in the office, their home or in the community based on the client's individual need. The outpatient therapy program services children 0-18 years old and adults. Therapists are trained in a variety of evidence based practices. The

models most frequently used are and Trauma-Focused Cognitive Behavioral Therapy and Brief Solution Focused Therapy. In addition to these two evidenced based models CHS' therapists are trained in a variety of specific therapeutic modalities specific to children, adolescents and families. The following is a list of specializations: Family Systems Therapy • Cognitive Behavioral Therapy• Infant Mental Health (0-5 age) • Child Parent Psychotherapy (CPP) • Parent Child Interactive Therapy • Play Therapy •Circle of Security. The assessments utilized: Bonding Assessments (Crowell) • Sibling Bonding Assessments • Child Behavioral Check List • Parent Stress Scale • Trauma Symptom Checklist.

In addition, CHS Therapists are all trained in Infant Mental Health. The therapists are able to assess the needs of the child 0-5 years of age and assess the bonding between the parent and child. The therapist then identifies the parents' strengths and areas of improvement the parent needs to address through Child Parent Psychotherapy.

Targeted Case Management: The Targeted Case Manager (TCM) will work collaboratively with the Therapist to provide comprehensive wraparound services for the child/family. Targeted Case Managers can assist with a broad spectrum of services such as: appropriate school placement, assistance and participation in Individual Education Plans (IEP); assistance with linkage to community resources; coordination with medical appointments and an array of other services. Services are billed to Medicaid if the individual or family has coverage and meets the criteria for a billable diagnosis.

The outpatient program at CHS has doubled in staff size over the past two years. Children's Home Society believes in always having enough staff to meet the needs of the clients. CHS has been able to build capacity as needed based on referrals and program growth. CHS continuously has therapist and targeted case management positions posted in order to continue to grow program capacity when needed. CHS also has several University partnerships such as Florida State University, University of North Florida and Jacksonville University to assist with recruiting new Master level therapists and Bachelor level targeted case managers as needed.

3.8.5.5.1 Capability and Experience including Law Enforcement

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 24% 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 trainings occurred June 13 – 17, July 25 - 29 which trained a total of 49 officers. The training is five days for 40 hours and is eight hours each day. The training includes a discussion of the police officers role, Baker Act, CIT debriefs, communication and Initial Contacts, the Sheriff's Forum. Mood Disorders & Psychotic Illnesses, Virtual Dementia Tour, site visits to the CSU & Detox, a Hearing Voices exercise, session on active listening & de-escalation, veteran's justice outreach, a legal panel, children's mental health, Alzheimer's, street applications, a community resource panel, camp consequence-empowering parents, suicide and homicide de-escalation. The training is offered each quarter and normally involves 35 officers per training.

3.8.5.5.2 Availability of Resources

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.

3.8.5.5.3 Role of Advocates, Family Members and Responsible Partners

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

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

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

3.8.5.5.4 Staff/Organizations Roles, Effort, Qualification & Responsibilities

Organizational and subcontractor roles are outlined in **3.8.5.5**.

Table 7.

Project Staff	FTEs	Qualifications
Contract Manager ($50,000)	25%	Bachelor's degree with comparable amount of training, education, and significant work experience in education, Criminal Justice, Program Management, Public Administration, Social Work, or related field. Experience in managing human services operations in a not-for-profit organization desired
Responsibilities: Oversee program functioning in adherence to the subcontract with the city. Monitor program within contracted budget. Ensure the quality of the assessments and care coordination. Develops monitoring plans and tools, performs desk reviews, schedules monitoring visits, monitor program activities including review of provider documents, complete monitoring report and action plan, submit report, review and monitor response. Track utilization and cost effectiveness of program.		
Program Director for the System of Care initiative (in-kind)	25%	Minimum Bachelor's degree in related field At least 5 years administrative experience in a juvenile justice program.
Responsibilities: Coordinate training. Represent project on JAC Advisory Board, CJCC, and SOC. Assist with establishing guidelines for collecting the		

data needed for program reporting. Ensure staff collects needed data. Collate data and report data on a monthly basis for quality improvement and for require grant reporting. Ensure all program reports are completed and turned in to the city on time. Coordinate contracted treatment services.		
Assessment Counselor/Care Coordinator ($41,000)	3 (100%)	Master's Level Preferred with experience in substance abuse treatment. At least 2 year experience in assessment, substance abuse, case management or juvenile justice. Certified in GAIN-Q3 within 6 weeks of hire.
Responsibilities: Provide assessment using the GAIN- Q3 on the Target Population both at the JAC, in community centers such as the court house, Full Service Schools or in the home. Ensure privacy while conducting assessment. Secure consents for care coordination and communication with partners. Care Coordination using motivational interviewing to assist youth to link with services. Establish a care coordination plan with the youth and family members. Assist with transportation when needed.		
Targeted Case Manager ($14,000)	.50 (50%)	Minimum Bachelor's degree in related field. At least 2 year experience in assessment, substance abuse, case management or juvenile justice. Certified in GAIN within 6 weeks of hire.
Responsibilities: Provide assessment targeted case management services. Establish a care coordination plan with the youth and family members. Assist with transportation when needed.		
Job Coach ($14,000)	.50 (100%)	Minimum Bachelor's degree in related field. At least 2 year experience in assessment, substance abuse, case management or juvenile justice.
Responsibilities: Finds employers ready to hire youth in program and allow job coaching. Provides support to the instructional program with specific responsibilities for supporting and developing employment skills, training and providing information and /or direction to youth employees and promoting the program with youth, parents, and supervisors.		

3.8.5.6 Evaluation and Sustainability

3.8.5.6.1 Evaluation

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 mental health and substance abuse 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 CJRG Task Force and program staff will look at progress, challenges and opportunities for improvement and make adjustments to the implementation plan based on the reports.

Overall implementation of the CJRG has met objectives outlined in the grant but have not maximized the resources provided in the grant. The task force has determined that the current community agency that is managing the Care Coordinators, the assessment and referrals will be discontinued and replaced with another agency. The strategic plan is to smoothly transition the services to the new provider and increase capacity of the grant, assessing more youth, identifying youth who can be diverted from juvenile detention to more appropriate intervention treatment.

Progress on each objective in the Expansion grant will be measured in the following manner:

Table 8.

Progress in meeting milestones in the timeline	
1. 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.	CJRG
The Centralized Coordination Project will complete expansion transition with 3 months of award date.	
2. During partners meetings, Program Director and partners will report on their progress in achieving their tasks found in the timeline.	Person assigned task
Training entities working with the target population to deliver recovery oriented services.	
3. 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
Increase access to mental health or substance abuse treatment or prevention service of the target population.	
4. 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.	Jewish Family
Increase public safety by reducing number of arrests for the Target population.	
5. 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, Jewish Family will provide DJJ a list of program participants quarterly to run	Jewish Family & DJJ

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.	
Increase the number of program participants diverted from the juvenile justice system.	
6. 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 24%).	Jewish Family and DJJ

3.8.5.6.1.1 Estimated Effect of the Program on Budget of Juvenile Detention Center

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

The Florida DJJ completed an analysis of youth and the recidivism rate and produced a *Briefing Report: Recidivism Time to Failure by Placement and Risk Level, (Sept. 2014)* that examined the length of time between successful completion and subsequent recidivism for those that do reoffend within one year. The recidivism rate for those youth studied in 2011-12 were 21.7% and it was lowest for a placement type of diversion (15.6%) and probation (18.6%), compared to a high recidivism rate at non-secure (41.7%) and secure (44.4%) placements. (http://www.djj.state.fl.us/docs/par-data/briefing-report-recidivism-time-to-failure.pdf?sfvrsn=0)

3.8.56.1.1.1. Estimate of Reduced Cost Associated with Incarceration

Based on the Briefing Report, the CJRG can anticipate for a 78.3% success rate with an estimation of 21.7% recidivism rate. Over the three year project an estimated 2,114 youth will not reoffend because they are referred out to the community for treatment rather than a more restrictive environment. Based on the average cost per day $151.80 if 2,114 youth are diverted from re-arrest/detention for at least one day, this would save the juvenile detention center ***at least $335,703*** over three years.

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

This project is estimating that a total saving for society could be calculated at $813,813,020 or $678 per $1 spent in the $1.2 million dollar project serving 2,700 youth. This savings was calculated conservatively in the areas of defined outcomes

in arrest, recidivism, homelessness/ runaways, chronic runaway/ homelessness, education/employment, obtaining insurance coverage (Medicaid or other) and diversion from a state mental health facility.

Table 9.

Outcomes Measure	Cost to Public Studies	Program Formula	Savings/Averted Costs
Arrest or re-arrest	$151.80 per day	2,700 x $151.80 x 7 days =	$2,869,020
Recidivism < 1 year	$151.80 per day	2,187(81%) x 1 day in detention =	$331,987
Homelessness/ runaway	Cost savings of $4 for every $1 spent	Estimated 900 youth (1/3) of intakes served x $444 per cost of youth =	$399,600
Repeat homelessness/ runaway	Placing a homeless youth in the criminal justice system for one year ($53,665), a burden to be paid for by taxpayers, is significantly more than the cost ($5,887) of "permanently [moving] a homeless youth off the streets."	90 (10%) youth chronic runaways/homeless 90 x $53,665 =	$4,829,850
Education/ Employment	Up to 40% of youth in more restrictive placement drop out of school. Cost to society over a lifetime $292,000	2,700 x $292,000 =	$788,400,000
Education/ Employment within one year	Employed youth are less likely to be engaged in property crimes.	Estimated 1,782 (2/3) youth 16 & 17 year old x 1 day in detention @ $151.80 =	$270,508

Medicaid, SSI, Insurance or other benefits	Emergency cost for a teen without insurance - $150 to $3,000. Surgery could reach $20,000. Cost of outpatient treatment for therapy or substance abuse $75-150 a visit or $900 - $1800 per 12 weeks. Prescription drugs - $45 - $150 a month for 1 year.	Estimated 50-75% of youth eligible for Medicaid or other insurance benefits. Cost of 1 emergency visit in one year ($1,500) + 12 weeks therapy ($900) + 12 month prescription ($600) per year = $3,000. 2,025 youth eligible for insurance will be covered savings=	$6,075,000
Diversion from State MH Treatment Facility	Range from $8,509 for 11.1 days to $4,147 for 3.8 days.	2,565 (95%) not hospitalized x 3.8 day stay @ $4,147 =	$10,637,055
Estimated Conservative Cost Savings for Project			$813,813,020
Cost Savings of $678.18 per dollar spent			

References are located in the Appendixes.

3.8.5.6.1.1.3 Estimate of Reduced Cost will Sustain or Expand Treatment Services and Supports needed in the Community

This Centralized Coordination Project provides better coverage for assessments 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.

The project expects that more youth will receive diversion services and fewer youth with mental health and substance abuse problem with 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. 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[5] and lower re-arrest rates for diverted youth compared to similar cases handled by the juvenile justice system. In addition, youth who were diverted to services in the community had a lower re-offending rate than adjudicated youth, whereas youth who were diverted without services (e.g., simply reprimanded and dismissed) were not much different from non-diverted youth in re-offending rates. In addition, youth who were diverted to services in the community had a lower re-offending rate than adjudicated youth, whereas youth who were diverted without services (e.g., simply reprimanded and dismissed) were not much different from non-diverted youth in re-offending rates.

The CJRG Task Force will begin to advocate for the DJJ and the JAC to recognize cost savings of this project and redirect savings to improving services in prevention and/or services for those that are kept in detention. This project will reduce the number of youth absorbing costly detention services and allow the county to provide services on the prevention side. Early intervention treatment in the least restrictive services setting is more effective programming and will help reduce overcrowding at the detention center.

3.8.5.6.1.1.4 Reduced Number Committed to State Mental Health Treatment Facilities

This project is estimating that 95% of youth served will remain in the community rather than be committed to a state mental health treatment facilities which we have calculated as a savings to the state of $10,637,055 (2,565 youth x $4,147 for a 3.8 day stay).

3.8.5.6.2 Sustainability

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 has developed a strategic plan that is a dynamic document is reviewed at least annually to ensure the most current and effective financing opportunities are considered and explored. The planning council is proactive in adapting to changing conditions by being active in coalitions, committees, and community forums, and are consistently notified of and aware of the current research available on adolescents, substance abuse and co-occurring disorders. Using input from community resources and the most recent research available helps adapt the programs to the most current evidence-based practices. COJ is invested in crime prevention for juveniles, after this funding opportunity ends and the planning council expects the focus will remain on sustaining these dollars.

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

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

Through the grant a case manager will be hired to help families to obtain Medicaid or other insurance for billing for services. Case managers have 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.

3.8.5.6.3 Project Timeline – Goals, Objectives, Key Activities, Milestones and Responsible Partners

Table 10. Timeline: May 2017 to April 2020

Activity	Date
First Quarter Activities May - July 2017 (Following end of current grant in April 2017.	
Award Announced by DCF	November 2016
City meets with DCF to negotiate contract	December 2016
Partners meet to review grant and implementation plan- Additional partners are invited to join.	January 2017
Stakeholders are informed of the grant award and plans for implementation including CJRG, JAC Advisory Board, JAC Community Council, SOC, Jacksonville Journey, Juvenile Justice Board and local service providers.	January 2017
Grant Award is Announced to the Community	January 2017
City begins developing sub-contracts for services with legal	January 2017
SOC and Jewish Family and CHS advertise for new staff to be hired	January 2017
Contract with DCF is signed	February 2017
Other sub-contracts for mental health and substance abuse services are identified and engaged	February 2017
Partners meet to review implementation/ expansion process and plans	February 2017
Update with JSO an MOU relating to the implementation/ expansion Project.	February 2017
Sub-contracts are signed with SOC, Jewish Family & Others	March 2017
SOC hires Reimbursement Coordinator	March 2017
Jewish Family hires 3 new assessment/counselors	March 2017
New staff are trained in Motivational Interviewing	March 2017
Jewish Family staff begin certification process for assessment tool	March 2017
Children's Home Society to hire a Targeted Case Manager	March 2017
Partners meet to review progress and plan further implementation	March 2017
Reengage DJJ staff and law enforcement about the expanded project	April 2017
Work with all partners to update and/or develop MOU	April 2017
Work with Homeless Coalition and Supportive Housing Providers to develop MOU and housing resources when needed.	April 2017
Partners meet to review progress on implementation and expansion	April 2017
Prepare Newly elected State Attorney and Public Defend staff involved in Diversion for new approach for youth approaching	April 2017

diversion	
Collect Process Data for Quarterly Report & submit to DCF	April 2017
Jewish Family staff earn certification on assessment tool and begin accepting target population as clients	May 2017
Train Staff on data collection for the project	May 2017
Jewish Family staff will participate in SOAR training when offered (work with provider to offer during the April or May of 2017).	May 2017
Begin reviewing and signing off on assessments and continue on a weekly basis	May 2017 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	May 2017
Collect data on participants in the program.	On-going
Plan and incorporate expanded Juvenile mental health and substance abuse training into CIT/ Mental Health First Aid training.	May 2017
Review data collected for May start up for accuracy and quality improvement	June 2017
Partners meet to review progress on start-up implementation, initial utilization and outcome data from May.	June 2017
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	June 2017 and on-going
Functioning and expectation for the Centralized Coordination Project is reviewed	June 2017
Monthly staff supervision and training begins with Jewish Family, CHS, JJ Director and SOC and continue through the life of the project	June 2017-ongoing
Data collected, collated and provided to partners to analyze for quality improvement	June 2017
Assessments and Care Coordination continue.	For 3 years +
Utilization management and entitlement utilization is examined	July 2017 and ongoing
First full quarterly report including services to clients and process evaluation done	July 2017
First group of participants completing the CBT/MET 5 diversion	July 2017

program examined	
Continue monthly partner meetings for the first 6 months of implementation/ expansion- reviewing monthly reports of progress, processes and functioning of the program then determine frequency of regular meetings based on the progress of the project	June 2017 – Nov. 2017
The Centralized Assessment Project is fully functional	July 2017
JCC to hire a Job Coach to recruit business to hire teen youth. The coach will train the youth and coach them for 90 days of employment.	November 2017
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.	Dec. 2017 and at least every six months.
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 2018-2020
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. 2017- 2020 and beyond