



March 4, 2021

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

Dear Ms. Staffieri:

Kids Hope Alliance is pleased to present for your review this grant proposal for the Duval County CJRG Expansion, a program for consideration under the Criminal Justice, Mental Health, and Substance Abuse (CJMHSAs) Reinvestment Grant (# RFA 2021 001). The proposed Duval County CJRG Expansion project seeks to expand on the measurable successes of our current CJMHSAs Reinvestment Grant and implement the Sequential Intercept Mapping recommendations to improve the accessibility and effectiveness of services for youth with a mental illness and/or substance use disorder and who are in, or at risk of entering, the juvenile justice system.

Kids Hope Alliance (KHA) is a division of the City of Jacksonville that is dedicated to improving the lives of justice involved or at-risk children, youth, and their families with substance abuse and mental health issues. Jacksonville is a vibrant city, and we work to ensure equitable access to opportunity to all children and youth who live and grow in our community. Our mission is to build and ensure access to a continuum of comprehensive and integrated programs, services, and activities that address the critical needs of children and youth. If you need further information, please contact me at 904-255-4404 or sgrass@coj.net.

Thank you for your consideration of our request.

Sincerely,

Saralyn Grass, Ph.D.
Chief Administrative Officer

APPENDIX C – COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation and Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Duval County CJRG Expansion	
County(ies):	Duval County	
Preferred Project Start Date:	July 1, 2021	
APPLICANT INFORMATION		
Type of Applicant	County Government <input type="checkbox"/> Consortium of County Governments <input type="checkbox"/> Managing Entity <input checked="" type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	City of Jacksonville / Kids Hope Alliance	
Contact Name & Title:	Saralyn Grass, Ph.D.	
Street Address	1095 A. Philip Randolph Boulevard	
City, State and Zip Code:	Jacksonville, Florida 32206	
Email:	SGrass@coj.net	
Phone:	904-255-4404	
ADDITIONAL CONTACT		
Participating Organization Name:	Managed Access to Child Health, Inc. d/b/a Partnership for Child Health	
Contact Name & Title:	Vicki Waytowich, Ed.D. / Executive Director	
Street Address	910 North Jefferson Street	
City, State and Zip Code:	Jacksonville, Florida 32209	
Email:	VickiW@coj.net	
Phone:	(904) 255-4428	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds:
Program Year 1	\$400,000	\$400,000
Program Year 2	\$400,000	\$400,000
Program Year 3	\$400,000	\$400,000
Total Project Cost	\$1,200,000	\$1,200,000
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Saralyn Grass, Ph.D.	
Title:	Chief Administrative Officer	
Date:	03/04/2021	



OFFICE OF MAYOR LENNY CURRY

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

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

February 5, 2021

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

Dear Ms. Staffieri,

The City of Jacksonville, in its capacity as the government of Duval County, has submitted a letter of intent to apply for the 2021- Criminal Justice, Substance Abuse, Mental Health Reinvestment Grant, and is allowing the Kids Hope Alliance as a city department, to apply for, administer, and monitor the grant activities on behalf of the county.

Furthermore, pursuant to s. 394.656, F.S., the City of Jacksonville has designated the Jacksonville System of Care Planning Council and the Criminal Justice Reinvestment Task Force as the required entity for a 3-year Implementation or Expansion Grant (DCF RFA 2021 001). The entity complies with all requirements listed in s. 394.658, F.S.

Sincerely,


Brian Hughes,
Chief Administrative Officer



ATTEST:


Corporation Secretary
City of Jacksonville

**APPLICATION FOR
CRIMINAL JUSTICE, MENTAL HEALTH & SUBSTANCE ABUSE REINVESTMENT GRANT
GRANT # DCF RFA 2021 001**

Duval County CJRG Expansion

Table of Contents

Cover Letter

3.7.1	Tab 1	Cover Page & Certified Designation Letter	
	3.7.1.1	Cover Page (<i>RFA Appendix C</i>)	1
	3.7.1.2	Certified Designation Letter.	2
3.7.2	Tab 2	Table of Contents	
		Table of Contents	3
3.7.3	Tab 3	Statement of Mandatory Assurances	
		Statement of Mandatory Assurances (<i>RFA Appendix D</i>)	5
3.7.4	Tab 4	Match Commitment and Summary Forms	
		Match Commitment (<i>Per RFA Appendix H</i>)	6
		Match Summary Form (<i>Per RFA Appendix I</i>).	11
3.7.5	Tab 5	Statement of the Problem	
	3.7.5.1	Description of the Problem	12
	3.7.5.2	Analysis of Current Juvenile Population	17
	3.7.5.3	Target Population Needs Are Consistent with Strategic Plan	21
3.7.6	Tab 6	Project Design and Implementation	
	3.7.6.1	Planning Council or Committee	22
	3.7.6.3	Implementation and Expansion Grant – Strategic Plan	24
	3.7.6.4	Performance Measures	42
	3.7.6.5	Capability and Experience	43
	3.7.6.6	Evaluation and Sustainability	50

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	SG
B.	Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	SG
C.	Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.	SG
D.	Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	SG
E.	Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	SG
F.	Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	SG
G.	Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	SG
H.	Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	SG
I.	Submission of Data: The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	SG
J.	Submission of Reports: The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	SG



March 4, 2021

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

Dear Ms. Staffieri:

On behalf of the Kids Hope Alliance (KHA), I am pleased to pledge our commitment to *Duval County CJRG Expansion*—a proposed program in response to DCF RFA 2021 001, a Florida Department of Children and Families Criminal Justice Mental Health and Substance Abuse Reinvestment Grant to expand the system of care for juvenile offenders with substance abuse and mental health issues.

The Kids Hope Alliance, funded by the City of Jacksonville and established by Chapter 77 of City Ordinance 2017-563, is tasked with implementing youth intervention programs and strategic policy initiatives necessary to reduce juvenile offending. As integral partners with the current Criminal Justice Reinvestment Grant, the goals of KHA closely align with the Partnership for Child Health and its juvenile justice partners, particularly regarding preventing delinquency and providing interventions with the intent of reducing recidivism of juvenile offenders and those youth at-risk. And the current CJRG Centralized Coordinating Project has been instrumental in identifying the substance and mental health issues of justice involved youth.

As the designated managing entity, KHA is committed to assuring that the *Duval County CJRG Expansion* program will build on this success and further demonstrates its commitment by a pledge of \$255,000 over three years as direct cash match to carry out the work of this project

Kids Hope Alliance works to ensure equitable access to opportunity to all children and youth who live and grow in our community. Our mission is to build and ensure access to a continuum of comprehensive and integrated programs, services, and activities that address the critical needs of children and youth. If you need further information, please contact me at 904-255-4404 or sgrass@coj.net.

Sincerely,

Saralyn Grass, Ed.D.
Chief Administrative Officer

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

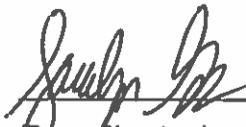
TO: (name of county) Duval County
FROM: (donor name) Kids Hope Alliance
ADDRESS: 1094 A. Philip Randolph Blvd.
Jacksonville, Florida 32206

The following ___ space, ___ equipment, ___ goods or supplies, and ___ services, are donated to the County _____ permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period _____ to _____.

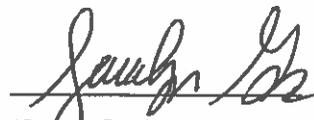
Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Cash</u>	<u>\$ 255,000</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>255,000</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.


(Donor Signature)

3/4/21
(Date)


(County Designee Signature)

3/4/21
(Date)



Jacksonville Sheriff's Office

MIKE WILLIAMS, SHERIFF

Serve • Protect • Community

January 21, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32206

Dear Mr. Weinstein:

On behalf of the Jacksonville Sheriff's Office, please accept this letter in support of your grant application for the Criminal Justice Mental Health Substance Abuse Reinvestment that is being submitted in response to Florida Department of Children and Families' RFA 2021 001.

The Jacksonville Sheriff's Office provides 24/7 security services for the Juvenile Assessment Center, which is a key operational component of the currently funded Criminal Justice Mental Health Substance Abuse Reinvestment grant to Duval County, Florida. The estimated cost of security is \$315,000 annually and \$945,000 over a three-year period.

This support will help the Partnership for Child Health, along with the State's Attorney's Office, Kids Hope Alliance, and the Criminal Justice Reinvestment Grant juvenile justice stakeholders expand their ability to intervene early and reduce recidivism of juvenile offenders with substance abuse and mental health issues.

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

Sincerely,

Mike Williams, Sheriff
Duval County, Florida

jaxsheriff.org

501 E. Bay Street, Jacksonville, FL 32202

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

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

The following services are donated to the Duval County temporarily, for the grant period 2021 – 2024 for the Grant Application: RFA 2021 001.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value (1)</u>
<u>Estimated cost of Security Services for the Juvenile</u>	
<u>Assessment Center (24 hours per day, seven days per</u>	
<u>week over three years)</u>	<u>\$ 945,000</u>

TOTAL VALUE \$ 945,000

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.



 (Donor Signature)

03/01/21

 (Date)

 (County Designee Signature)

 (Date)

**Appendix H (cont.)
BASIS OF VALUATION**

Building/Space

1. Donor retains title:

a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
 b. Estimated useful life at date of acquisition _____ yrs.
 c. Annual depreciation (a./b.) \$ _____
 d. Total square footage _____ sq. ft.
 e. Number of square feet to be used on the grant program _____ sq. ft.
 f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
 b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value

2. Title passes to County:

a. FMV at time of donation \$ _____
 or
 b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

Annual Salary Number of hours 2080 X to be provided = \$ 315,000 per year

2. Volunteer -- Comparable annual salary \$ _____

Annual Salary Number of hours 2080 X to be provided = \$ _____

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

Date - March 4, 2021

County - Duval

Type of Grant - Expansion

Match Requirement Percentage - 100%

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

Match Committed:

Cash	\$ <u>255,000</u>
In-Kind	\$ <u>945,000</u>
Total	\$ <u>1,200,000</u>

Comments: _____

Prepared By Dae Lynn Helm

Approved By Saralyn Grass 

Tab 5: Statement of the Problem

3.7.5.1 Description of the Problem

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

The Centralized Coordination Project has filled a crucial systems' gap in the Duval County juvenile justice system of care. While the current results demonstrated the effectiveness of early identification, referral and treatment of youth entering the JAC with mental health and substance abuse issues and that youth who receive treatment for mental health issues ultimately see a reduction in recidivism. Ironically,, unforeseen city and state political leadership and policy changes within the past two years has provided additional opportunities to reform the Circuit 4 Diversion System, while at the same time exposing a duplication of services. Thus, the proposed Duval County Criminal Justice Reinvestment Grant expansion project will enhance the recently implement Duval County Diversion System of Care by streamlining the efficient assessment and identification of justice involved youth coming thru the Juvenile Assessment Center (JAC) by assessing all youth for diversion (those who ultimately are not eligible for diversion will have additional information provided for their public defender to support their legal case and also provide the opportunity for expeditious referral into treatment.

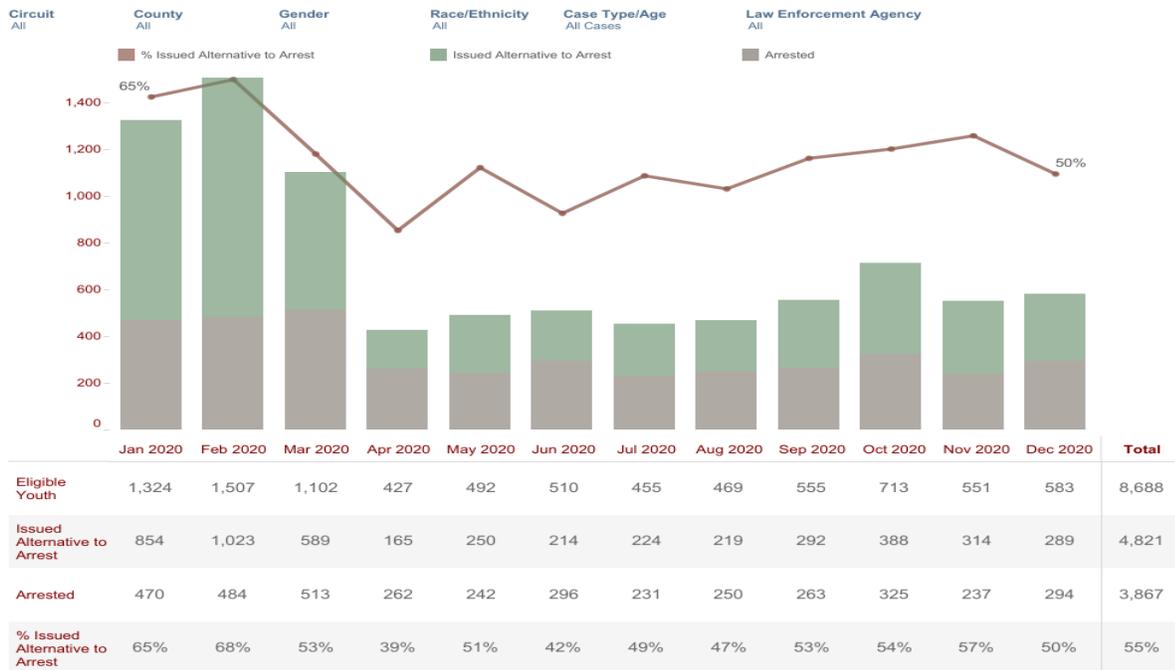
In 2016, the election of a new State Attorney resulted in a major policy change regarding how civil citations were determined for early offenders. Pointedly, a formalized Memorandum of Understanding was signed in 2017 by law enforcement and the State Attorney, which removed the SAO from the decision-making process and elevated police officer discretion. This has resulted in a significant increase in the number of youth receiving civil citations (97% in 2018, up from 22% in 2016). Conversely, the increase in youth receiving civil citations (Duval County provides civil citations for up to three times per youth) means a more complex level of youth is being processed and this has resulted in a significant reduction in the number of youth eligible for diversion (down 40% from 2016). However, Courts Administration reports a significant increase in Civil Citation youth (from 400 to close to 700) in 2018 and in 2019. While COVID-19 provided reductions across the board (arrests, diversion and civil citation), Court Administration reports for the past 4 years an average of 30% of youth referred for Civil Citation have either been rejected from the program or subsequently failed to complete, resulting in an opportunity for them to go into Diversion services (least restrictive) yet not formally processed thru the court system.

Civil Citation & Other Alternatives to Arrest Dashboard

Florida Department of
JUVENILE JUSTICE
Our Children, Our Future

Dates
Jan 2020 - Dec 2020

Civil Citation & Other Alternatives to Arrest by Month Jan 2020 - Dec 2020



Eligible youth and percentages reflect first time offenders only. Youth may receive multiple alternatives to arrest based on local policy and law enforcement discretion. Total civil citations/alternatives to arrest issued are displayed by hovering over the chart and table

It is these gaps in the continuum that are driving this CJRG application and has prompted the City of Jacksonville to continue their support and investment in juvenile justice programming. This commitment is clearly epitomized by the uniform support of Duval County leadership with the State Attorney, Sheriff, Mayor, Courts Administration and Chief Judge all pledging to continue the investment in reducing crime by improving the system of care for juveniles in Jacksonville with their commitment to the success of Diversion reform thru the transfer of diversion services to the Partnership for Child Health, a non-profit child-serving agency.

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

In 2013, juvenile courts across the US handled an estimated 1,058,500 delinquency cases (<http://www.ncjj.org/pdf/jcsreports/jcs2013.pdf>). In that same year, Florida had 78,330 arrests with Duval County accounting for 3,150 of those arrests.

Furthermore, 42% of those youth arrested received a Florida Department of Juvenile Justice (FDJJ) preliminary screen and were identified as needing a full mental health/substance abuse evaluation (400 youth were not screened).

According to NLP Logix's *2021 Criminal Justice Reinvestment Grant: Summary Recidivism Report*, from 2018-2021 more than 1,700 youth received a GAIN and were processed through the Juvenile Assessment Center (JAC) yet more than 85% scoring for needing a full mental health and/or substance abuse assessment which is consistent with the research on juvenile offenders (SAMHSA, 2015). Identifying youth with substance abuse and mental health issues is critical to reducing recidivism and changing the commitment trajectory of offending youth. Because a convincing body of research shows the majority of children and youth within the juvenile justice and correctional settings suffer from one or more mental disorders not surprisingly, the mental health prognoses for many of these youth is poor and urgent calls are being made to respond to the treatment and rehabilitation needs of youth within these settings to mitigate the trajectory towards incarceration. The predominance of the juvenile delinquency research will concede a critical role of the juvenile justice system should be in identifying mental health needs and diverting youth to the community with the purpose of treating needs and formulating rehabilitation options that include substance abuse and mental health treatment.

Local and state data and trends

According to the DJJ dashboard, arrests are trending in the right direction with 8% down statewide for 2017-2018 and down 25% since 2013-2014. In Duval arrests were 30% down for 2017-2018. According to data retrieved from the Department of Health, (<http://www.flhealthcharts.com/ChartsReports/>) while the population in Florida as a whole has increased 11% and Duval County has increased 9%, the adolescent population in Duval County has had minimal to negative growth. Specifically, in 2010, adolescents represented .31% of the population and .27% in 2017. While some shifts in population demographics may contribute slightly to a decrease in arrests, juvenile justice leaders credit improvements in juvenile justice policy and the resulting shift in not arresting youth for low level crimes.

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

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

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

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

Currently, FDJJ screens all youth upon arrest with the Community Assessment Tool (CAT), a validated actuarial risk/needs assessment designed to assess a youth's overall risk to reoffend. Similar to the earlier Department of Juvenile Justice Positive Achievement Change Tool (PACT), there are also two versions of the PACT: the Pre-Screen and the Full Assessment, consisting of more items. Both versions produce identical overall risk to reoffend classifications (low, moderate, moderate-high, high) for any given youth. The current policy of the FDJJ is to assess each youth entering the system using the CAT Pre-Screen. Youth scoring at moderate-high or high risk to reoffend on the Pre-Screen are then administered the Full Assessment. For the Baglivio and Epps study, ACEs scores were created based on the full PACT. Meaning, that while the researchers were able to ascertain composite scores regarding adverse childhood experiences from the full PACT, however, the PACT itself is not a valid trauma instrument, nor do all juveniles offenders receive the full PACT (Baglivio, et., al, 2015); yet we know that upwards to 93% of youth entering the juvenile justice system have a trauma history. Recently, the Florida-Times Union published a report titled "Young Killers: The Challenge of Juvenile Homicide," regarding juveniles in Duval County who committed homicides, and their research revealed the overarching contributing factor was trauma and that 100% of those surveyed had numerous adverse childhood experiences.

While most front-end youth will never be deep-end youth, it is safe to say that all deep-end youth were at one time, front-end or at-risk youth. Therefore, when City leaders released their 2019 Comprehensive Gang Reduction Strategy, there was a strong emphasis on a multi-pronged approach to reduce violence with the emphasis on prevention strategies. Primarily, strategies that seek to address the causes of violence and help change the culture of the communities where youth live with an emphasis on social services, education, and youth activities and by identifying early those children

who are exposed to and traumatized by their environments and their experiences. Further, Baglivio and Epps (2015) found that age and ACE scores were inversely related and juvenile offenders with higher ACE scores have been found more likely to have early-onset, chronic offending prevalence trajectories and to be classified as serious, violent, and chronic offenders by age 18.

Ironically, the COVID-10 pandemic impacted all components of the juvenile justice system, but the recent information from the DJJ dashboard on Civil Citation indicates that early offending is, again on the increase, with an expectation of 30% of those youth being referred due to unsuccessful completion and an expectation that as many as 75% have mental health conditions. COVID-19 has impacted the mental health system consistently during this time of isolation with an increase in suicide ideations and mental health issues.

Geographic environment and socioeconomic factors

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

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

Compared to Florida, Duval County's children also suffer the worst health outcomes and the most racial and socioeconomic disparities. Florida is the 4th largest state yet ranks 50th in per capita mental health spending. NE Florida receives the least resources in the state and meets less than 18% of the needs of children with SED (Florida Council for Community Mental Health, 2014).

Target population

The Duval County Criminal Justice Reinvestment Grant expansion project will enhance the recently implement Duval County Diversion System of Care by serving all justice involved youth in Duval County under age 18 with identified mental health and trauma indicators and preparing them thru the required paperwork and assessments for the diversion process and/or identifying them for early treatment by referring them to an appropriate provider. Further, all youth and their families will be supported thru a strength-based approach from the onset. In addition, at-risk youth who receive a civil citation but are either rejected from Teen Court (civil citation services) or unsuccessfully complete will also be referred for automatic diversion. According to the State Attorney's Office and Courts Administration this comprises approximately 30% of youth annually.

Due to the recent Civil Citation reform, there has been an increase in youth referred, but also in youth rejected/unsuccessfully completing.

Community priorities

The State/City partnership with the Criminal Justice Reinvestment Grant has helped shape the local commitment to juvenile delinquency issues and in identifying and developing strategies to address the causes and correlates of youth offending, specifically around addressing brain development and trauma and its impact on gang involvement and delinquency. Recently, the City of Jacksonville (COJ) has provided funding for a series of mini-grants for faith-based and grassroots organizations to provide prevention programming for at-risk youth in the urban core. Further, in 2018 the State Attorney convened the Juvenile Justice Advisory Committee (JJAC), a group of juvenile justice experts and community leaders, to embark on diversion reform for the 4th Judicial Circuit. Their task was to develop a comprehensive, evidence-based strategy uniquely tailored to the Jacksonville community to increase prevention and intervention efforts and reduce recidivism of diverted youth.

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

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

3.7.5.2 Analysis of Current Juvenile Population

The Florida Department of Juvenile Justice completes an intake on all youth that are arrested and taken the JAC. This tool is an interactive online report entitled the Community Assessment Tool (CAT). 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

An example of data for Duval County from 2013-14 is below. These current numbers, while not exact, reflect the trend locally compared to the state. 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. **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 1 st Offense (16 Years Old)	24.1% ↑	20.0%	12.6% ↑	8.1%	5.7% ↑	2.8%	2.5% ↑	1.3%

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

Demographics

In 2017-18, more than 2000 youth were processed for intake from a population age of 10-17 years of age with 77% male and 23% female. Disposition varied with 34% receiving probation, diversion accounting for 19% of arrests, commitment for 11% and 3% were adult transfers.

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

3.7.5.2.1 Description of Screening and Assessment

The Florida Department of Juvenile Justice utilizes the CAT for every youth that is arrested and processed at the JAC. The PACT is an actuarial risk/needs assessment designed to assess a youth's overall risk to reoffend, as well as to rank-order criminogenic needs/dynamic risk factors. Only youth scoring at moderate-high or high risk to reoffend on the CAT pre-Screen are then administered the full CAT. While JAC also assesses youth for suicide risk, human trafficking and administers the

Massachusetts Youth Screening Assessment (MAYSI), a brief behavioral health screening tool, they currently do not assess for trauma using a valid instrument.

Youth receiving an indicator for mental health or substances are then referred to the CJRG CCP where the provider conducts a diagnostic clinical assessment using the Global Appraisal of Individual Needs (GAIN-Q3), an evidence-based tool that identifies mental health and substance abuse disorders and provides recommendations for treatment. In addition, all youth coming thru the JAC will be assessed for diversion, similar to the Miami model of early intervention care, utilizing Resiliency Scales, YLS/CMI tools and parent engagement surveys.

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

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

Further, juvenile offenders in Florida have starkly higher rates of adverse childhood experiences (ACEs) than the population, according to a study conducted by the state's Office of Juvenile Justice and Delinquency Prevention and the University of Florida. Of the 64,329 Florida juvenile offenders surveyed, only 2.8 percent reported no childhood adversity. The study also showed a greater risk to reoffend among those with higher ACE scores.

3.7.5.2.3 Analysis of Observed Contributing Factors

The increase in youth receiving civil citations has significantly reduced the number of low-level youth that previously were referred for diversion. The result is more youth being processed that are higher risk with elevated mental health needs, youth not typically diversion eligible due to diversion programming options. Current diversion programs are lacking in the capacity and the competency to address the mental and behavioral health needs of a moderate to high risk youth. It was with the goal of reforming diversion that prompted the State Attorney to convene the JJAC and the subsequent recommendations to expand diversion programming with the addition of High-Fidelity Wraparound.

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

These new subsets of youth highlighted the lack of appropriate diversion and intervention programming for youth. Diversion programming not only reduces trauma for youth entering the juvenile justice system, it also is more effective at reducing recidivism than commitment alternatives. The completion rate for diversion programs in the State of Florida is 80% with a recidivism rate of 11%. Compare this with an average recidivism rate

of commitment in Florida of approximately 35% (Department of Juvenile Justice, 2017, p. 9). Historically, charge has been the largest predictive factor as to whether a youth was referred to a diversion program or was formally processed in the juvenile justice system. However, a study in Florida has shown that social history rather than criminal charge is greatest predictor of recidivism for youth (Baglivio). Diversion programs have the unique ability to tailor services to the needs of the youth, focusing on both risk and protective factors, and offer services such as mental health or substance abuse counseling to reduce the potential for future offending. Restorative justice programs have also been proven successful at reducing recidivism rates among youth by providing opportunities for the youth to meet with the victim, pay restitution, or repair other damages done in the community. The proposed WINS initiative will bridge these identified gaps.

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

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

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

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

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4819805/>.

Juveniles and Toxic Stress

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

Juvenile Justice-Involved Youth and Toxic Stress

A study conducted by the Florida Department of Juvenile Justice (FDJJ) examined the Adverse Childhood Experiences (ACE) score of juvenile offenders in the State of Florida and found disturbingly high rates of ACEs and higher composite scores than previously examined populations that correlated with an increased risk to reoffend (Baglivio, 2014). Specifically, of the 64,329 Florida juvenile offenders

surveyed, only 2.8 percent reported no childhood adversity, meaning that more than 97% of offenders reported a history of trauma. Further, juvenile offenders were found to have ACE prevalence rates 3 times higher, were 13 times less likely to have no ACE exposure, and 4 times more likely to have ACE scores of **four or above** [toxic stress] as the adults in the original ACE study sample (Baglivio, et., al, 2014). Juvenile offenders with higher ACE scores have been found more likely to have early-onset, chronic offending prevalence trajectories (Baglivio et al., 2015), and to be classified as serious, violent, and chronic offenders by age 18.

3.7.5.3 Target Population/ Needs Are Consistent with Strategic Plan

In December 2018, the current CJRG engaged the University of South Florida's Criminal Justice Mental Health & Substance Abuse Technical Assistance Center at Florida Mental Health Institute and with the community, completed a Sequential Intercept Mapping (SIM) in Duval County (**Attachment A**). The SIM provided a strategic plan for youth with substance use and/or mental health disorders (SAMH) involved in or at risk of involvement in the juvenile justice system in Duval County and is an integrated tool that can facilitate other community planning related to behavioral healthcare and diversion from the juvenile justice system or plans to address prevention of youth homelessness.

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

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

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

The CJRG Expansion project is projected to serve 1200 youth with mental health and substance abuse issues over the 3-year life of the grant through screening and assessments with 900 (75%) referred for mental health treatment.

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

It is also further expected that 300 youth and families will be engaged in family strengthening activities (parent support, educations support groups, Talking Circles)

Tab 6: Project Design and Implementation

3.7.6.1 Planning Council or Committee

The City of Jacksonville (COJ) has designated the Kids Hope Alliance (KHA), the Children's Services Council governmental entity of the City of Jacksonville, to submit this Criminal Justice Mental Health and Substance Abuse Reinvestment Grant (CJRG) expansion on behalf of the consolidated city/county government.

In 2010, the City of Jacksonville was awarded a \$9 million dollar System of Care (SOC) cooperative agreement from the Federal Substance Abuse and Mental Health Service Administration (SAMHSA) to facilitate the transformation of Northeast Florida's mental health services into a system of care that integrates home and community-based services and supports for youth with serious emotional disturbances for children and youth in the juvenile justice, child welfare and homeless populations. In 2016, COJ received another SAMHSA award to continue this work and in 2019 COJ received a third SAMHSA SOC to integrate behavioral health homes into child-welfare and juvenile justice systems of care which will be leveraged to assist with the CJRG Diversion expansion.

As the grantee, the COJ and its children's services council, Kids Hope Alliance engaged Managed Access to Child Health, Inc. d/b/a Partnership for Child Health (PCH) a non-profit child-serving organization as the agency to implement the Jacksonville System of Care Initiative (JSOC) to improve the health and wellbeing of children in Northeast Florida. PCH implements the SAMHSA cooperative agreement by using existing agencies and joint ventures with other community stakeholders and initiatives. In addition, COJ has designated the Jacksonville System of Care Initiative Board of Directors as the "Planning Council" for the current CJRG grant and the proposed CJRG Diversion application. The designated Planning Council includes all the required members (congruent with a consolidated government) identified in F.S. 394.657(2)(a) for the grant including: leadership from the Department of Juvenile Justice, Department of Children and Families, State Attorney's Office, Public Defender's Office, Circuit 4 judiciary, mental health, substance abuse treatment, human services, corrections, law enforcement, children's advocates, consumers, county government and the courts. (See **Attachment B** for complete list of the members of the Planning Council).

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

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

3.7.6.1.1 Composition and Roles

The JSOC Planning Council provides oversight to the existing CJRG grant and will continue to do so for the proposed CJRG project and is the umbrella entity on youth issues in mental health and substance abuse for Duval County. The composition of the Planning Council includes all the required members as appropriate to the City of Jacksonville governance structure and demonstrates compliance with the Florida state statute. (See **Attachment B** for complete list of the members of the Planning Council).

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

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

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

3.7.6.1.2 Outline of Planning Council's Activities

The activities of the Planning Council's CJRG Task Force include meeting monthly to assess the grant status, including the number of referrals, the number of youth being assessed, number of those who were referred for treatment and those that are engaged and completed treatment, number of youth being diverted from higher levels of justice involvement and youth academic achievement. The group uses continuous improvement methods to identify problems in implementation and assigns actions to staff and members to resolve issues. The monthly meetings include discussion in assessment and data collection issues as well as partnership, collaboration, process and systems development.

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

In 2018, the 4th Circuit State Attorney's Office (SAO), along with the CJRG Task Force recognized the need to redesign Diversion Programming by transferring service delivery from the SAO's office to a social service provider. In 2020, the PCH became the provider for diversion services. Under the guidance and leadership of the CJRG Task Force, it became apparent that the current KHA CJRG assessment, referral and treatment services grant administered by PCH, coupled with the oversight of the diversion services programming, allowed for more efficiencies and the ability to serve more justice involved youth. In addition, thru the continuous quality improvement of the

CJRG Task Force and overarching Planning Council, redundancies in services have been eliminated and gaps in services have been identified with the Planning Council providing direction to seek a CJRG expansion grant to complete the Circuit 4 diversion transformation the DCF CJRG has helped to create and develop.

The CJRG Task Force also completed the USF Technical Assistance survey resulting in a draft report. *Kids Hope Alliance: Parent and Family Engagement TA Recommendations* that outlines the need for targeted strategies with family engagement and will be incorporated into the current 2018 Sequential Intercept Map (SIM). While a significant issue with engagement occurred during 2019 with the initiation of COVID-19, the CJRG has historically struggled with this component. 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.

3.7.6.3.1 Implementation and Expansion Grant – Strategic Plan

Since 2012, the Jacksonville System of Care Initiative has functioned under an established Strategic Plan (**Attachment A**) and continues to do so. That Plan has been reviewed annually with the goals remaining the same and recently revised on January 2020 with deletions to original Goals 9 and 10 (due to completions) and the addition of new Goals. .

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

The goals and objectives of the JSOC Strategic Plan govern the current CJRG Initiative as well and were directly revised as a result of data indicating the need to revise the efficiencies of the newly implemented Diversion System of Care (**see excerpt in Table 1**). The CJRG project expansion being proposed is also inclusive of the recent Duval County CJRG Sequential Intercept Mapping (SIM) with many of the tasks specific to this proposal and many priorities under various stages of implementation and quality improvement review and will be updated to include the JSOC Planning Council Strategic Plan goals and objectives specific to this expansion. Thus, the SIM will provide the overall direction to the CJRG expansion project with the inclusion of the 2020 *Kids Hope Alliance: Parent and Family Engagement TA Recommendations* of targeted **Family Engagement Strategies** that will include updating and dispensing the Parent Handbook, increase family supports through the implementation of Resiliency Navigators with specialized *Peer Recovery/Parent*

Partner training, implement weekly Parent Education/Support Groups (30 groups with approximately 20-40 parents/caregivers).

Table 1 Jacksonville System of Care Strategic Plan

Goal #9: Ensure the development of a seamless Diversion System of Care that focuses on early screening, identification and treatment for substance abuse and mental health issues				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
9.a. Implement assessment processes for all components of the juvenile justice continuum	9.a.1 Apply for Diversion System of Care grant to reform the diversion system of Circuit 4; 9.a.2 Implement Miami’s diversion and civil citation system of early identification (assessment and treatment for mental health)	Complete and submit diversion grant proposal Developed referral process; Completed and executed MOUs;	KHA, PCH, PD, SAO, Community Partners, CAB, DJJ, DJJ, JAC, Courts Administration, Community Partners	Dec 2020; Ongoing
9.b Implement early screening, assessment and referral processes for all arrested youth including youth who have received Civil Citations.	9.a.3 Implement MOUs with all diversion partners in the respective Tier System. 9.a.4. Reevaluate (based on CJRG research and new diversion system) effectiveness and efficiency/implement quality improvement plan 9.b.1 Apply for CJRG Expansion Grant to fill the reformed diversion SOC gaps and increase the number of youth served 9.b.2 Implement enhanced services and processes	Begin enrolling youth in diversion services Complete and submit diversion grant proposal Execute MOUs; implement assessment and referral processes; increase youth served		

In addition, a focus on data driven decision-making was identified with the need to establish an in-house care coordination data system that will track referrals, follow up and outcomes. (See Table 2)

Table 2 Jacksonville System of Care Strategic Plan

Goal #10: A comprehensive data system will be established to gather data and guide with evidence, the system of care changes				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
10.a Implement a case management database system	10.a.1 Identify IT needs and components 10.a.2 Solicit proposals for hardware and software 10.a.3 Select vendor and implement	Database installed, utilized and providing data driven information	Diversion System of Care; CJRG	January 2021 Ongoing

The Sequential Intercept Map (SIM) was conducted in December 2018, by the University of South Florida’s Criminal Justice Mental Health & Substance Abuse Technical Assistance Center (CJMHSa) at Florida Mental Health Institute in collaboration with the CJRG Task Force and SOC Planning Council in Duval County, Florida (**Attachment A**).

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

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

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

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

Additional research-based practices will include trauma indicator screens, educational-legal screens for the different intercepts and supervision level screens for diversion and additional needs assessments for youth within the juvenile justice system. These identified interventions are delineated in the SIM plan and specified in the *Priority Area 3 goal: To provide a continuum of community-based resources to reduce youth from entering higher levels of care* (Tasks 3.1, 3.2) have been addressed and Tasks 3.3 (*Explore the feasibility of developing a cadre of Parent Partners and Peer Support Specialists/ in Duval County*) through the focus on family engagement and Tasks 3.5 (Expand community-based services along the continuum) through the focus of the behavioral health home and ensuring all youth are enrolled with a primary care physician who can also manage behavioral health conditions, are the impetus of this Duval County CJRG expansion of the Diversion System of Care.

Further, *Priority Area 4 goal: Reduce recidivism thru effective care coordination* (Tasks 4.1, 4.3) has taken on a renewed focus with the redesign of Circuit 4 Diversion and Civil Citation services (**See SIM Attachment A**).

This plan will be reviewed quarterly for progress and report to the Planning Council, and coupled with the specific goals, objectives and activities in **Table 3** will help guide the monthly CJRG Task Force meeting. Minimal barriers to implementation are expected as the proposed interventions are community supported and documented in several community plans including the SIM, 4th Judicial Circuit Advisory Board Comprehensive Plan, the SAO, Public Defender, DJJ and specifically supported by the City of Jacksonville’s Mayor’s administration and 4th Circuit Courts Administration.

Table 3

Priority Area 4: Care Coordination and Crisis Response					
Goal: To reduce recidivism					
Objective: Effective care coordination will occur at all points in the system					
	Tasks/strategies	Action Step/activities	Performance Measure	Who	When
4.1	Expand pre-arrest and post-arrest front-end diversion options	<ul style="list-style-type: none"> • Research appropriate best practice diversion options and valid screening tools • Visit Miami JAC 	<ul style="list-style-type: none"> • Funding secured • Programs identified • SAO support obtained 	<ul style="list-style-type: none"> • SAO/CJRG Task Force • ME/LSF • DCF/CAB 	2020
4.3	Coordinate and integrate assessment and treatment plans as a youth moves through the system	<ul style="list-style-type: none"> • To identify effective care coordination strategies (across the spectrum of services the juvenile justice system) 	<ul style="list-style-type: none"> • MOUs are signed and developed • Funding identified 	<ul style="list-style-type: none"> • Center for Children’s Rights • CJRG Task Force • CAB 	2020

In addition, the USF TA conducted an updated SIM in June 2020 and identified *family engagement* as the **Priority Area** for this technical assistance review. Further, a 2019 survey conducted by the Northeast Florida Federation of Families revealed the

majority of families who did not engage in services indicated they “did not feel their voices were being heard” or “they did not feel empathy from the service provider.

3.7.6.3.2 Project Design and Implementation

Currently, if justice-involved youth have trauma indicators, a history of mental health issues and significant educational deficits, other than traditional outpatient counseling, there is limited effective program options in the community, and if the youth is moderate risk to re-offend, his or her legal outcome is directly impacted by the rehabilitative intervention options provided. Leveraging the partnership and resources of the Kids Hope Alliance and City of Jacksonville and building on the success of its current CJRG Centralized Coordination Project and Duval County Diversion System of Care, the newly proposed CJRG plan will fill the intervention gap at the front end of the juvenile justice system by connecting youth and their families with high social, emotional and educational needs with mental health, substance use, or wraparound services. Early service intervention will aid in preventing recidivism and provide additional opportunities for the youth to be diverted from the system.

The State Attorney’s Office will make a filing decision on all arrested youth. That decision will be to dismiss, divert, or prosecute. Currently, diversion filing decisions are made primarily based on the youth risk to reoffend and with no identified criteria for the SAO diversion case managers to utilize with regards to programming needs or supervision levels. For this initiative, first-time offenders, youth currently engaged in Diversion, or youth who may have previously been in the system, but are not currently, the project will complete the Youth Level Service/Case Management Inventory 2.0 Assessment (YLS/CMI), the GAIN-Q3, (if not already completed) and administer a trauma screen during processing. Eligible youth with low to moderate risk youth with high social and emotional needs would be referred to the Duval County Diversion System of Care with any recommended services based on the assessments completed.

All youth with educational needs will be referred to the Center for Children’s Rights for an educational-legal assessment for Educational Advocacy and legally informed concrete problem solving related to housing, safety, and access to medical, mental health, and behavioral services. Current data indicate that more than 25% of youth assessed at the diversion intercept required Individual Education Plans and research indicates that at the probation intercept there are even more that are not identified or who have inadequate supports and services for learning and behavior in the school setting

Youth seeking employment will be referred to a peer specialist to support them in job search and employment-related skills, including job application, locating apprenticeships, and maintaining

Implementation Care Coordination

Research indicates nearly all justice involved youth have trauma indicators and mental health issues that increase their social and emotional needs along with their risk of recidivism and often prohibit them from eligibility in traditional diversion program options. The addition of trauma informed Resiliency Navigators will provide research

driven assessment and referral procedure that increase the number of youth eligible for diversion services and provide expeditious information with efficiencies allowing for immediate SAO diversion determination. Further, Civil Citation youth rejected or unsuccessful from Civil Citation services will also be immediately assessed and referred. Youth with high social, emotion and educational needs resulting in an increased risk to reoffend will be identified and linked with services earlier than previously done with an emphasis on engaging the family from the onset. Further, through leveraging PCH federal SAMHSA funding, barriers to family engagement will be identified and funding provided to increase the family strengths. Youth and their families will be linked to appropriate services based on their assessments, the needs of the family, and the express goals of the youth and family. The resilience navigators utilize a restorative justice framework that engages youth in restorative communication and a youth-driven process. They may also have lived experience. Those services may include mental health, substance use, High Fidelity Wraparound, educational-advocacy, Operation Boost (employment career resource) ,mentoring, food bank resources, and parenting support groups.

Resiliency Navigators will assess incoming youth upon arrest and then in partnership with youth and their parent/guardian identify what supports and services they most prioritize and develop a plan for access and next steps. This plan may include a combination of traditional supports (counseling, etc.) and nontraditional supports (community and family based). Resilience navigators will explore youth's educational and career goals and connect youth to formal and informal supports to work towards those goals. They may connect and refer eligible youth to the Duval County Diversion System of Care to initiate programming. Currently, the Diversion Case Managers complete the YLS/CMI and GAIN-Q3 on all youth who are diverted. Recently efficiencies have been identified and implemented thru the CJRG Task Force, unintentionally creating a redundant assessment process. Going forward, all youth entering the JAC will be assessed for diversion with the required evidence-based instruments allowing for treatment services to not overlap or become convoluted. Creating a collaborative assessment and referral system between the front end and Diversion will ensure a seamless transition through the juvenile justice system and provide a continuation of services that is currently absent.

One of the programs within the Diversion System of Care is the Wraparound and Intervention Services (WINS) Program which provides diversion youth the ability to engage in High-Fidelity Wraparound services. This was a CJRG funded initiative that has shown incredible results, in spite of COVID-19 and is now part of the reformed diversion system of care. Research shows that the wraparound process is challenging, yet effective in treating the mental and behavioral needs of youth in the justice system and a significant body of literature that supports the use of wraparound services as **a front-end diversionary program for youth with complex mental health problems** who encounter law enforcement (Carney & Suttell, 2003; Pullman et al., 2006).

High-Fidelity Wraparound services are considered a high-intensity level of service that should be reserved for youth and families with the most complex needs. Our continued partnership with Daniel allows for the utilization of

specialized HFW coordinators. A specialized collaborative approach that organizes family support services, (counseling, case management, psychiatric, medication, sex offender treatment, etc.) under a Wraparound Model that is individualized and respects the culture, values and beliefs, while fostering effective communication, is paramount to effective service delivery. Burns and Goldman (1999) define wraparound as a “philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes.” This framework lends better treatment support for the notion that youth with complex emotional or behavioral problems are often involved in more than one system of care. HFW services link the youth’s strengths and needs to services and supports within his or her community. The wraparound process is an integral to the system-of-care framework. Generated by the Child and Adolescent Service System Program (CASSP) and established by the National Wraparound Initiative at Portland State University in Oregon, Systems-of care are comprehensive programs that use a coordinated network of mental health and other support services to meet the evolving needs of children and adolescents with severe emotional problems.

Family Engagement

In 2019, a survey conducted by the Northeast Florida Federation of Families which revealed that the majority of families who did not engage in services indicated they “did not feel their voices were being heard” or “they did not feel empathy from the service provider.” Further, in June 2020, the *Kids Hope Alliance: Parent and Family Engagement TA Recommendations* identified targeted **Family Engagement Strategies** that will include updating and dispensing the Parent Handbook, increase family supports through the implementation of Resiliency Navigators with specialized *Peer Recovery/Parent Partner* training, implement weekly Parent Education/Support Groups (30 groups with approximately 20-40 parents/caregivers). This will be included as a component of the 2018 SIM strategic plan.

Additionally, the Resilience Navigators facilitate a continuum of restorative practices that engage youth, their families, and formal/informal supports in a voluntary circle process to promote youth and family-led support and problem-solving processes. Resilience Navigators are trained restorative justice facilitators who can facilitate conflict resolution dialogue between youth and families as needed. If parents/guardians want additional support and community related to parenting, resilience navigators will connect parents/guardians with the agency Empowerment Resources which provides an evidence-based parenting curriculum, *Nurturing Parenting*. The Nurturing Parenting Program targets all families at risk for abuse and neglect with children birth to 18 years. The programs feature activities to foster positive parenting skills with nurturing behaviors, promote healthy physical and emotional development, and teach appropriate role and developmental expectations. Lessons can be delivered in a home-based setting, group-based setting, or combination of home and group settings.

Further, the CJRG Expansion project will add a Lead Family Coordinator to oversee the implementation of the family engagement component and to follow up with all families on the quality of services received.

Educational-Legal Advocacy

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

These diversion interventions are direct lessons learned from our current grant, research and new data trends gleaned from FDJJ and the results of recent policy changes. The proposed CJRG plan is intended to increase the number of youth being diverted from deeper levels of justice involvement, serve youth as quickly as possible, offer treatment as a diversion program, incentivize youth to complete treatment and provide support and collateral services for youth to be successful in education, youth development and employment in the community. Educational-legal advocacy disrupts the school to prison pipeline that disproportionately drives youth of color, youth with disabilities, youth who are experiencing homelessness or complex trauma, and youth who identify as LBGTQIA+ into the juvenile justice system. These strategies match the strategies outlined in the Jacksonville System of Care, CJRG Sequential Intercept Mapping and the Circuit 4 Department of Juvenile Justice Circuit Advisory Board Comprehensive Plan.

3.7.6.3.2.1 Project Goals, Strategies, Milestones and Key Activities

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

Table 4

Goal 1: Expand Diversion Programs

Objective #1	Implement programs and diversion initiatives that increase public safety, reduce spending, and provide services in the least restrictive environment for the Targeted Population			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	Establish legally binding MOUs and contracts with organizations to provide care coordination for CJRG, educational-legal advocacy and evaluation	MOUs and contracts signed by providers	PCH	Within 60 days of award.
1.2	Establish information sharing agreements to	MOUs signed by DJJ, SAO, KHA,	PCH	Within 90 days of award.

	track individuals during their involvement with the program and one year after discharge, including arrests, receipt of benefits, employment and housing.	Courts Administration		
1.3	Provide 1200 screened for mental health and substance abuse, 900 youth referred for services and 300 families will participate in family engagement t services	Annually admission reports	PCH/SAO/provider	Begins within 30 day of award

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

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

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

Objective #1		Measure positive change in youth and families served by CJRG		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	Measure youth and family functioning in CJRG by measuring outcomes of youth referred to services.	Quarterly CJRG reports	PCH/provider	Ongoing
1.2	Mitigate educational barriers: Complete educational needs assessment on all youth on probation with technical violations	Quarterly CJRG reports on IEPs/504 plans	PCH/CCR/DJJ	Ongoing
1.3	Complete the YLS/CMI, GAIN-Q3, resiliency scales and trauma assessments on all referred youth to determine indicators for high social, behavioral, and emotional needs for referral to services	CJRG referrals	SAO/PCH/CCR	Ongoing
1.4	Measure success of diverted youth by evaluating recidivism data post-program completion	Juvenile Justice Information System (JJIS)	DJJ/PCH, CCR	Ongoing

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

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

Partnership for Child Health/ Jacksonville System of Care for Children’s Mental Health will • Serve as the planning and oversight council for this project as designated by the local public safety coordinating council. • Engage the youth and family organizations who are part of the JSOC to assist with regular planning, oversight and evaluation of the project. • Sub-contract, oversee and monitor contracts with service

providers for the services needed to fulfill the contract with DCF • Engage other partners as gaps in services and expertise is needed. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Collect data and information from providers and partners to be able to submit quarterly reports to DCF. • Work with the sub-contracted agencies of the SOC who provide high intensity wrap around services to work with the youth of this project who meet the criteria for their program. • Work with partners and community providers to secure and document the remainder of the match which can be provided as “in-kind”. • Work with the planning council for this project to develop funding to be able to sustain the project after funding from the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant is finished. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Provide training for staff and partners of this project in cultural and linguistic competency, youth guided services and core values of the SOC. • Collect data and information to provide to the city to be able to submit quarterly reports to DCF. • Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors. • Partner with SAO and Kids Hope Alliance (the current applicant and lead agency for the Centralized Coordination Project) on integrating the proposed CJRG plan into the comprehensive juvenile justice reform efforts of the City of Jacksonville, including the current CJRG Centralized Coordination Project and the Duval County Diversion System of Care • Engage other partners as gaps in services and expertise is needed. • Meet regularly with partners in the project to work on challenges in a continuous quality improvement structure. • Collect data and information from all juvenile justice contracted providers and partners and aggregate to provide a holistic and comprehensive picture to the CJRG Task Force and Planning Council.

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

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

Community-based Treatment Service Providers (Daniel Memorial, Inc.) Provide High-Fidelity Wraparound Coordinators for the project Ensure staffs are certified to implement the Evidence-based Assessments and Interventions proposed in the application including but not limited to CANS and fidelity index measures • Provide

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

Center for Children's Rights

The Center for Children's Rights (CCR) is a restorative justice and advocacy center for youth in northeast Florida. The mission of CCR is to advance the rights of children through restorative justice, advocacy, and youth participation. CCR provides a continuum of restorative justice practices dedicated to cultivating access to appropriate supports and services, connection to people and places, and equitable treatment across settings. The resilience navigator is a trained restorative justice practices facilitator. The Resilience navigator acts as an initial youth-centered connection upon arrest and as a catalyst for the youth and family to access immediate concrete support when it is needed through a youth and family driven process. CCR provides targeted advocacy through the Hope Pipeline Project (HPP), early intervention educational advocacy designed to disrupt the school to prison pipeline (STPP). CCR's restorative educational advocacy focuses on collaboration with the school district to identify primary issues/needs of the student, develop a responsive plan based on identified needs, and collaborative accountability. CCR provides employment support through a peer specialist who helps youth clarify their goals and access employment, mentorship, or other pathways in the community to steady employment. Youth will be provided nurturing and space for authentic participation thru CCR's LYFT and Talking Circles.

3.7.6.3.2.3 Planning Council or Committee Participation

As the Planning Council, the JSOC Board of Directors provides the oversight for this project. CJRG Task Force is a dedicated sub-committee of the Planning Council whose role is to convene monthly to review the progress towards implementation and review the outcomes associated with the goals and objectives. Further, the Task Force reviews the data and is an active problem-solving agent for the oversight and planning council for this project since the JSOC's primary goal is to coordinate and improve the system of mental health care for children with a special target population being the juvenile justice population. The members of the CJRG Task Force are all represented on the Planning Council with family members represented on both. The JSOC has several established workgroups that provide training and system enhancements that are directly related to this project. JSO chairs the CJRG Task Force (ad is a member

of the Planning Council) and reports out to the Planning Council each month. The Planning Council provides vision and strategic planning to interventions targeting marginalized youth and as the program expansion is established the CJRG Task Force will expand in its scope and continue to guide and direct the CJRG processes both programmatically and systemically.

3.7.6.3.2.4 Communication Plan

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

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

3.7.6.3.2.5 Screening and Assessments of Target Population

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

The Resiliency Navigators will administer all required assessments identified, Youth Level of Services/ Case Management Inventory 2.0 (YLS/CMI), GAIN-Q3 , Resiliency Scales and the Center for Youth Wellness ACE-Questionnaire (CYW ACE-Q). **(See attachment C)**

Based on the instrument created by Vincent Felitti and Robert Anda for use with adults, the CYW ACE-Q is a clinical screening tool that calculates cumulative exposure to Adverse Childhood Experiences (ACES) in patients 0 – 19. The CYW ACE-Q is intended for use by practitioners to identify patients at increased risk for chronic health problems, learning difficulties, mental and behavioral health problems and developmental issues due to changes in brain architecture and developing organ systems brought on by exposure to extreme and prolonged stress. The tool is available in three age-specific versions and in English and Spanish. The instrument is comprised of two sections: Section 1 of the CYW ACE-Q (*i.e. items #1-10*) consists of the traditional ten ACEs for which we have population-level data for disease risk in adults. Section 2 includes seven (*CYW ACE-Q Child*) or nine (*CYW ACE-Q Teen and CYW ACE-Q Teen SR*) items assessing for exposure to additional early life stressors identified by experts and community stakeholders. These items are hypothesized to also lead to disruption of the neuro-endocrine-immune axis but are not yet correlated with population level data about risk of disease. They include involvement in the Foster Care system, bullying, loss of parent or guardian due to death, deportation or migration, medical trauma, exposure to community violence, and discrimination.

The YLS/CMI assessment is a multi-domain validated needs assessment that evaluates the youth's supervision level and is used to guide decisions related to case planning, appropriate levels of service and treatment progress. The foundation of this assessment tool was built upon the Risk Needs Responsivity (RNR) principle that states by assessing and targeting offenders' criminogenic needs or dynamic risk factors, the likelihood of recidivism can be reduced. This assessment along with the collateral information collected (arrest records, MAYSI, school records, etc.) will assist the resiliency navigator in evaluating the youth's criminogenic needs, protective factors (strengths), internal factors (motivation, cognitive deficiencies, personality, mental health), and current services already in place. The YLS/CMI (Short and Long version) is based on the general Personality and Social Psychological Model of Criminal Conduct. (Andrews, Bonta & Hoge, 1990) It is an assessment for adolescent male and female offenders and utilizes a check list that produces a detailed survey of the risk and need factors of the youth. The long version is administered to the youth who elevate in the short version. The YLS/CMI is utilized to determine the overall level of risk and needs, the level of supervision, and the appropriate intensity of extent of programming for diversion.

The Global Appraisal of Individual Needs-Quick (GAIN-Q) is a brief assessment that can be used in diverse settings. The design of the GAIN-Q3 is set to measure the frequency of problems and service utilization related to substance use, physical health, risk/protective involvement, mental health, environment and vocational situation. The assessment tool takes into account the youth's life entirely, but focuses in on the last 90 days. This ensures that the results are relevant to the youth's life and that appropriate services are put into place. This assessment is conducted in the least restrictive setting and if appropriate, with the youth alone so that the responses are not filtered. Once completed, the assessment will be documented into the GAIN ABS system and a reported will be generated.

Mental health screening and assessment should be performed routinely as youth move from one point in the juvenile justice system to another: While screening is

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

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

Since 2010, the Partnership for Child Health/JSOC has contracted with all the major child-serving mental health and substance abuse organizations for care coordination, therapeutic intervention, substance abuse, psychiatry and medication management (i.e., Daniel Memorial, Children's Home Society, Jewish Family and Community Services, Family Foundations, Youth Crisis Center, Child Guidance Center, Gateway) as part of the System of Care. All these providers are involved in collaboration to some degree with the current CJRG and the System of Care. The variety of collaborative partners who will continue to participate in the proposed CJRG Expansion Diversion System of Care ensures youth and families have access to a broad continuum of community services to meet every mental health and/or substance abuse need. Partnership with Daniel Memorial and Children's Home Society will be key in providing care coordination. In addition, Northwest Behavioral Services, Inspire to Rise, Child Guidance Center, River Oak Center, Chrysalis and Gateway will be utilized. Other providers will be considered and added to the continuum as needed to provide a full spectrum of services to all youth assessed. In order to meet the ancillary needs of program participants and their families, the proposed CJRG program will be coordinated with the Sulzbacher clinic, an FQHC which houses the medical-behavioral health home funded by the JSOC, other mental health providers, and those who provide ancillary services through the region's service networks: LSF Health Systems (the DCF contracted Managing Entity for substance abuse and mental health services); Family Support Services (the DCF contracted entity for child welfare services); and, Changing Homelessness, the lead agency in Northeast Florida for federal and state funded housing and supportive services for the homeless. Representation from each of these systems is included on the Planning Council.

3.7.6.3.2.7 Law Enforcement

Duval County Sheriff's office has made significant efforts to train new hires in Crisis Intervention Training (CIT). For fiscal year 2017-18, the CCP achieved its targeted goal by 346%. Several law enforcement officers have been CIT trained. In all 277 police officers, correctional officers, public school personnel and other community partners have been trained in CIT for 2017-2018

the Duval County public school has had trainings for school personnel in Mental Health First Aid. These efforts to help community members identify queues from youth in mental health issues and provide them information on how to seek support and treatment for the youth can help divert you into appropriate services prior to an emergency call to police.

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

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

3.7.6.3.2.8 Recovery Support and Peer Support

Those youth who have been identified as having a substance use need or further support in their recovery journey will be linked with specific partners within the community. The Resilience Navigators will support youth to explore what they identify as needing to support recovery and to increase youth's understanding of options in the community. Through collaborative relationships with Gateway, Inspire to Rise, and Chrysalis Health, all of which provide substance use treatment, groups, and support, the Resilience Navigator helps youth seeking recovery supports to be informed, be introduced to supportive partners, and to connection with recovery supports in the community. Further, Gateway provides residential treatment as needed for those who have high indicators for substance use. Additionally, those who have substance use indicators and educational needs can be linked to River Oak Center which is our community's recovery school. River Oak meets the educational needs of our youth while **providing substance use therapy, groups, and peer support specialists.**

3.7.6.3.2.9: Consortium of Counties- N/A

3.7.6.3.3 Strategies, Services and Supervision Methods to be Applied

The CJRG initiative will implement several interventions to expand our juvenile justice system of care designed to increase the number of youth diverted from prosecution, number of youth who receive early intervention services to reduce recidivism, and reduce the number of youth entering commitment programs due to technical violations. These interventions include:

3.7.6.3.3.1 Specialized responses by law enforcement agencies:

3.7.6.3.3.2 Systems for Individuals Evidencing Behavioral Difficulties

The CJRG project was developed as a direct result of the findings of the SIM to fill the gaps in the continuum of care by providing research driven interventions to prevent youth from entering higher levels of care through diversion and community-based programming. Additional research-based practices will include trauma indicator screens, educational-legal screens for the different intercepts and supervision level screens for diversion and additional needs assessments for youth within the juvenile

justice system. It also re-centers the initial supportive contact to be youth and family centered and driven, which is supported by the USF TA and survey conducted in 2020. The starting point through this project's use of Resilience Navigators is "what do you need," rather than "here is what you need to do," a subtle but important shift to more fully embody trauma informed practices and more deeply engage youth and families as partners in process.

This proposal aims to enhance the current system of care by identifying youth in the front end of the juvenile justice system and intervene with relevant, appropriate services through a youth-led process. The GAIN-Q3, CYW ACE, and YLS/CMI 2.0 assessments utilized by the Resilience Navigators would identify those youth with significant behavioral difficulties and to guide opportunities for services linkage. As the youth and family navigate the court system, those services will be in place to provide support, as well as, provide mitigating information to the State Attorney's Office and the youth's attorney to consider diverting the youth or placing the youth in the least restrictive supervision setting. Further, the proposal will fill in the gaps of the system of care by collaborating with all parts of the system to ensure the services put into place are continued and utilized the youth's case.

Partnerships with community partnerships to serve this population of youth are already solidified. Currently, the CJRG program has multiple MOUs developed with community-based providers to meet the needs of all youth. Those partners include, Children's Home Society, Child Guidance Center, Northwest Behavioral Services, First Coast Behavior Services, Inspire to Rise, Gateway, River Oak Center, Chrysalis, Jewish Family Community Services, and Social Care Services.

3.7.6.3.3.4 Post-booking Alternatives to Incarceration: Specialized Courts

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

Juvenile Mental Health Courts, specifically designed to address the needs of individuals with mental illnesses, utilize a multidisciplinary team approach, with teams comprised of representatives from mental health, probation services, prosecutors' offices, and defense counsel and focus on engaging and maintaining youth in community-based treatment through a separate docket as an alternative to deeper involvement in the traditional justice system, coupled with regular judicial supervision and are non-adversarial, rehabilitation-oriented, family- and community-based treatment focused on the "best interests of the child." According to a National Survey of U.S. Juvenile Mental Health Courts, evidence points to the effectiveness of mental health courts in diverting individuals from incarceration and into treatment, reducing subsequent arrests <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201100113>

The Juvenile Mental Health Court (HOPE Court) and Girls court are both utilized for diversionary purposes for youth within the juvenile justice system. Both courts currently utilize the CJRG grant to aid in determining the needs of the youth, in addition

to providing services. The proposed CJRG program would continue to assess the youth and utilize these specialized courts for referral.

3.7.6.3.3.5 Specialized Diversion Programs

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

The proposed CJRG program would assess and refer the youth for services at the front end and provide recommendations to aid in the diverting of the youth's case from the juvenile justice system. Those that are diverted would come into the Duval Diversion System of Care. Those services set into place would be implemented into the youth's diversion case plan to ensure a continuity of care. For youth who are not diverted, a supportive service plan would be in place to guide disposition and probation terms, creating an individualized plan of care that guides support of the youth rather than arbitrary or non-individualized sanctions.

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

The CJRG initiative is projected to serve 1,200 screened for mental health and substance abuse, 300 served in a therapeutic or behavioral milieu and 225 families will participate in engagement services.

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

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

3.7.6.4 Performance Measures

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

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

3.7.6.4.1 Process of Collection of Data to Measure Effectiveness

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

The CJRG Initiative metrics will be included in the City of Jacksonville SAMIS database currently used to capture the CCP data. This collaboration and partnership will provide a comprehensive picture of the profiles and trends depicted in the realm of juvenile justice and specifically the diversion arena. Contracted evaluation partner, NLP Logix will oversee the collection and analysis of the data as part of the proposed diversion expansion. Additionally, the evaluation vendor will conduct a series of data collection projects designed to identify and establish a baseline for evaluation of the proposed services being delivered to program participants including fidelity measures and improved youth functioning.

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

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

The CJRG initiative is projected to 1,200 youth screened for mental health and substance abuse, 300 youth in a therapeutic or behavioral milieu and 225 families in participate in engagement services.

3.7.6.4.3 Additional Performance Measure Unique to Program

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

- 85% of program participants receiving educational-legal advocacy will demonstrate an improvement in academic achievement;

3.7.6.5 Capability and Experience

3.7.6.5.1 Capability and Experience

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

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

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

The Jacksonville System of Care has committed to transforming the current system of care for youth with mental health issues and has worked with the community stakeholders to create systems change that will increase access and reduce barriers to health and mental health care. The following highlights the accomplishments of the project to date:

- Cultural-competency training
- Development of Federation of Families chapter
- Development of Youth Council
- Increased mental health assessments for targeted populations
- development and implementation of High-Fidelity Wraparound Care Coordination integrated into existing mental health agencies
- Revenue maximization activities
- Expanded communication between youth-serving organizations
- Trainings on trauma informed care and treatment,
- Family support partners and peer specialists and Increased access to medical-behavioral health homes.

The goal of a successful system of care is to redirect the community's efforts and resources in a manner that provides for the successful identification of children and youth with mental health issues and assure they receive appropriate treatment in the least restrictive environment. This requires a level of collaboration and cooperation among service providers and organizations charged with the legal oversight of children.

The Jacksonville System of Care has successfully engaged representatives from these entities to actively participate in the transformation.

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

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

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

Daniel Memorial, Inc. is the oldest child-serving organization in Florida. Established in 1884, the agency has a rich history of providing quality social service programming in northeast Florida. The agency has consistently sought to ensure that our most vulnerable children and families are provided with the skills and supports necessary to become healthy, productive, contributing citizens. To this end, Daniel now offers a continuum of programs including residential and community-based mental health treatment, comprehensive wrap-around, child-welfare (foster care and adoption), therapeutic group home and family-based care, comprehensive services for homeless teens, and academic services for children with emotional and learning disorders. All programs, collectively serving over 3000 children and youth each year, are accredited by the Council on Accreditation (COA). The agency has exhibited long-term stability as evidenced by on-going contractual relationships with the Florida Department of Children and Families, the Agency for Health Care Administration (AHCA), the City of Jacksonville, Lutheran Services of Florida, Family Support Services, the U.S. Department of Housing and Human Services (HHS), and the Partnership for Child Health. The agency provided comprehensive prevention and intervention services for the Department of Juvenile Justice for 30 years. Since 2011, Daniel Memorial has been a leader in providing High-Fidelity Wraparound to children, youth and their families in Jacksonville. Daniel provides a continuum of quality and research driven programs. The outpatient therapy program services children 0-18 years old and adults. Therapists are trained in a variety of evidence-based practices. The models most frequently used are and Trauma-Focused Cognitive Behavioral Therapy and Brief Solution Focused

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

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

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

Kids Hope Alliance As the children's services council for the City of Jacksonville, KHA has coordinated and administered many activities related to juvenile justice, substance abuse and mental health, including the current CJRG Centralized Coordination Project. In conjunction with the COJ, KHA oversees fiscally and administratively more than 3.5 million in juvenile crime prevention efforts funded by the COJ, in addition to working collaboratively with community leaders and stakeholders to develop juvenile justice policy and programs. In addition, KHA oversees fiscally and administratively the collective 3.4 million dollars of school-based mental health funding that support therapists in all Duval County Public Schools and in part, contributing to the required in-kind match of this project. KHA funds the school-based mental health in catchment areas serving the targeted population of the CRJG initiative.

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

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

Federation of Families of Northeast Florida

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

3.7.6.5.1 Capability of Applicant and Other Participants Include Law Enforcement

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

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

JSO routinely provides Crisis Intervention Training at least twice a year for all JSO officers. The training is five days for 40 hours and is eight hours each day. The training includes a discussion of the police officers' role, Baker Act, CIT debriefs, communication and Initial Contacts, the Sheriff's Forum. Mood Disorders & Psychotic Illnesses, Virtual Dementia Tour, site visits to the CSU & Detox, a Hearing Voices exercise, session on active listening & de-escalation, veteran's justice outreach, a legal panel, children's mental health, Alzheimer's, street applications, a community resource panel, camp consequence-empowering parents, suicide and homicide de-escalation.

3.7.6.5.2 Availability of Resources

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

3.7.6.5.3 Roles of Family Members and Responsible Partners

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

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

Empowering Resources, Inc, is a peer support organization led by a certified nurturing parent trainer with lived experiences. This weekly education and support group will provide parents/caregivers of at-risk children a space for community and support as well as opportunity to connect for follow up care and resources.

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 to influence mental and behavioral health services and develop a system of care that is family driven and youth guided
- Provide advocacy training, support, resources, and information that will assist families in navigating mental health, child welfare and juvenile justice systems.

3.7.6.5.4 Proposed Staff, Project Director, Key Personnel and Subcontractors

The CJRG initiative is a collaborative approach designed to provide a well-organized project able to meet its deliverables and provide quality, cost-effective, treatment and supportive services to the target population. The Kids Hope Alliance will be the fiscal agent for the project, ensuring contract and fiscal compliance and the Partnership for Child Health will be the administrative agent for the system transformation, ensuring quality program implementation and goal achievement, contract compliance and fiscal accountability. Dr. Vicki Waytowich is the Executive Director with over 25 years of experience in the field of behavioral health and human services with a focus on juvenile justice. Dr. Waytowich is Chair of the 4th Circuit Juvenile Justice Advisory Board, and an appointed commissioner on the Duval County Council's Safety and Crime Reduction Commission, Full position descriptions and qualifications found in **Attachment D**.

The CJRG Diversion Expansion System of Care is comprised of multiple partners in mental health, substance use and co-occurring disorder services for youth that are part of the proposed project. Resiliency Navigators will provide trauma-informed assessment and care management thru a restorative justice lens to both youth who have been arrested and Civil Citation youth who are either unsuccessful or

rejected by Civil Citation services. Trauma informed therapist will provide in home care to increase access and reduce barriers. Community child-serving partners will be utilized for ongoing community-based care, therapy, and other clinical services.

Project Staff	FTEs	Qualifications
DCCJRG Program Coordinator, 1 FTE	100%	Qualified individuals will have a minimum of a baccalaureate degree (Master's degree preferred) in education, or related health, child development, or human services field and program management experience.
<p>Responsibilities: This position will be responsible for oversight and reporting on the Criminal Justice Reinvestment grant activities. This includes implementation of the requirements of the grant and sub-contracting with local community mental health agencies. This position will serve as liaison to assure implementation and operation of the program adheres to the requirements of the grant. In addition, this position will assume Quality Assurance responsibility by developing standards and measurements to be applied on an ongoing basis to determine compliance, best practices and to identify issues that may impede positive outcomes.</p>		
Therapist, 1 FTE	100%	Qualified individuals will have a minimum of a Master's degree in psychology, counseling, child development or human services (license preferred) with 3-5 years screening, assessing mental health disorders and providing cognitive behavioral therapy to justice involved youth.
<p>Responsibilities: This position will be responsible for providing therapeutic services to non-Medicaid youth referred youth identified as needing therapy by evidence-based assessments.</p>		
Behavioral Health Coordinator, 1 FTE	100%	Qualified individuals will have a minimum of a Bachelor's degree. RN or Master's preferred. 3-5 years' experience in program development, health care coordination, trauma training, and process implementation, preferably in a pediatric care setting. Knowledge of integrated physical and behavioral health practice settings
<p>Responsibilities: The position is responsible for facilitating the referrals of CJRG youth into Medical/Behavioral Health Home (M-BHH) and working closely with the Director of the Collaborative Care and the physicians to ensure to ensure implementation of Collaborative Care, identification and referral of children and youth, data collection and trauma training of practice staff.</p>		
Grant Manager, .5 FTE	50%	Bachelor's degree from an accredited institution with comparable amount of training, education, and significant work experience in education, program management, public administration, social work, or related field. Experience in managing human services operations in a not-for-profit organization desired.
<p>Responsibilities: This position reports to the KHA – Director of Juvenile Justice (KHA). This position performs specialized grant management and program monitoring services for KHA regarding funding to social service agencies in the areas of Juvenile Justice Intervention & Prevention</p>		

Lead Family Coordinator, .5 FTE	50%	Minimum of baccalaureate degree in education, or related health, child development, or human services field. Minimum of two years' experience working with families, youth and/or children in the children and family services community.
Responsibilities: Provide leadership role in advocacy measures. Organizing, facilitating, and overseeing family advocates of justice involved youth and youth with serious emotional disturbances. Facilitating a group of parents or other care-giving family members who have, or have had, services due to legal involvement and/or serious emotional disturbances in collaboration with Peer/Employment Specialist. Provide perspective on behalf of parents and youth in developing, implementing and evaluating the system of care. Recognize and provide representation for the cultural and linguistic background of the Jacksonville population.		
Subcontractor: Center for Child Rights	Resiliency Navigator (3 FTEs)	Bachelor's degree; Master's degree preferred. Relevant lived experience and at least 3 years of professional work experience as well as experience with a variety of conflict resolution practices.
The Navigator is a trained restorative justice practices facilitator, available to facilitate a range of practices from community conference to circles engaging in resource brokerage, resilience building, care coordination, and restorative responses to conflict and/or experiences of high stress.		
Subcontractor: Center for Child Rights	Peer/Employment Specialist (.5 FTE)	High School Diploma with comparable amount of training, education, and work experience in education, program management, public administration, social work, or related field. Experience in managing human services operations in a not-for-profit organization desired.
Responsibilities: Provides vision driven hope and encouragement support to peers and assist them in connecting to the community.		
Subcontractor: Empowerment Resources	Family Engagement Classes	30 classes, at \$500 each for a maximum of \$15,000.
Responsibilities: Providing educational classes dedicated to the empowerment of youth and their families, with increased emphasis being placed on the at-risk population. The focus will be on making children and their families stronger, while empowering the youth to become successful leaders in the community. Each class will be marketed, and attendance will be tracked.		
Subcontractor: NLP Logix	Evaluation	\$10,000 Flat Fee.
Responsibilities: Collection and analysis of all data collected for each phase of the grant.		
Subcontractor: Jacksonville Sheriff's Office	Security Services	24 hours / 7 days week. \$315,000 provided as in-kind match.
Responsibilities: Security Services for the Juvenile Assessment Center (JAC),		
Subcontractor: Kid's Hope Alliance	Program Services	\$85,000 provided as in-kind match.
Responsibilities: To fulfill the cost of the subcontract for the Center for Children's Rights.		

3.7.6.6 Evaluation and Sustainability

3.7.6.6.1 Evaluation

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

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

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

In addition to NLP, KHA has a SAMIS data system that will be used to track the required RFA metric and PCH has recently implemented a case management data system (C3S) that will provide for ancillary quantitative measures (number of contacts, therapy appts, assessment information) as well as qualitative metrics such as Talking Circle activities, family engagement activities that will be utilized to provide a holistic picture of youth and family engagement, progress and recidivism outcomes.

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

However, based on the current program outcomes, the CJRG can anticipate for a 75.3% success rate with an estimation of 24.74.7% recidivism rate for those that

successfully complete the program. Over the three-year project an estimated 226 youth will not reoffend because they have successfully completed the community-based CJRG initiative reducing the likelihood of a more restrictive environment. Based on the average cost per day \$151.80 if 226 youth are diverted from re-arrest/detention for at least one day, this would save the juvenile detention center **at least \$34,307** over three years.

3.7.6.6.2.1 Estimate of Reduced Cost Associated with Incarceration

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

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

http://gucchdtacenter.georgetown.edu/publications/return_oninvestment_insoreports6-15-14.pdf

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

NLP Logix, the contracted evaluation partner, with the CJRG Task Force will identify the outcomes and metric to be measured (in addition to the rfa requirements). Further, NLP Logix will develop the methodology, data collection process and evaluation plan to ensure validity. Data analysis will be reported on monthly at the CJRG Task Force meetings. The project expects that more youth will receive diversion services and fewer youth with mental health and substance abuse problem will enter the juvenile justice system.

According to the Juvenile Diversion guidebook: Models for Change (2011), a review of the diversion literature over the past 35 years finds at least five emergent themes identified by communities explaining why they developed methods to divert youth from formal juvenile court processing. These themes include 1) reducing recidivism; 2) providing services; 3) avoiding labeling effects; 4) reducing system costs; and 5) reducing unnecessary social control. Several studies indicated that treating

youth in the community using non-justice personnel can reduce further involvement with the juvenile justice system and have positive results for the youth. Emerging from the diversion literature is the reduction of unnecessary social control. This theme arises from a legal perspective focusing on civil liberties. Proponents have argued that the judicial system should not impose greater restrictions on individuals than are necessary to protect public safety. When youth engaging in low-severity offenses (e.g., status offenses) are formally processed through the juvenile justice system and taken out of the community, the judicial system sometimes exerts a degree of control that is disproportionate to the actual threat to public safety or the needs of the youth. Diversion programs could reduce social control by serving youth in the least restrictive environments that will satisfy their needs and the community's safety. Several studies found positive results for diversion, including lower juvenile arrests⁵ and lower re-arrest rates for diverted youth compared to similar cases handled by the juvenile justice system. In addition, youth who were diverted to services in the community had a lower re-offending rate than adjudicated youth, whereas youth who were diverted without services (e.g., simply reprimanded and dismissed) were not much different from non-diverted youth in re-offending rates. In addition, youth who were diverted to services in the community had a lower re-offending rate than adjudicated youth, whereas youth who were diverted without services (e.g., simply reprimanded and dismissed) were not much different from non-diverted youth in re-offending rates.

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

3.7.6.6.2.3 Reduced Number Committed to State Mental Health Treatment Facilities

This project is estimating that 90% of youth served will remain in the community rather than be committed to a state mental health treatment facilities. The average daily rate cost for an adolescent stay at a Florida Statewide Inpatient Psychiatric Program (SIPP) is \$404 per day. Based on 270 youth that results in a **\$109,080** for a one day **stay over the life of the grant. The typical SIPP placement is 60 – 120 days.**

3.7.6.6.3 Sustainability

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

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

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

Insurance revenue streams have been developed for High-Fidelity Wraparound that will ultimately provide a continuity of care based on funding sustainability. The recent Diversion Reform Contract will be initially funded at \$1million per year of city funding with the Duval County CJRG Diversion Expansion grant to fill the gaps in the current system of care and reduce the redundancies to complete the collaborative and well thought out community effort of a systemic and smart justice approach to early intervention and diversion based on the Miami Civil Citation and Diversion System of care.

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

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

The CJRG Task Force is consistently looking for ways to communicate who, where, and how to implement sustainability plans for our programs and to establish strategies

to create more flexible funding in order to develop comprehensive support systems and to fund an array of needed services when one or another funding stream disappears or cannot do the job alone. The SOC is working with providers to increase Medicaid billing for eligible services. In addition, the SOC is working to gain expertise to be able to bill for at-risk youth.

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

Tab 7: Project Timeline

Abbreviations:

CCR – Center for Children’s Rights
 CJRG – Criminal Justice Reinvestment Grant
 DJJ – Department of Juvenile Justice
 FOF – Federation of Families
 JSO – Jacksonville Sheriff’s Office
 KHA – Kids Hope Alliance
 MOU – Memorandum of Agreement
 NLP – NLP Logix
 PCH - Partnership for Children
 SAO – States Attorney’s Office
 YLS/CMI – Youth level of service/case management index

Anticipated start date July 1, 2021

Goal #1: Implement the Duval County CJRG Expansion				
Objectives	Key Activities	Milestones	Responsibility	Timeframe
1. Community Announcement	1.1 Meet with partners and stakeholders	Press Release	Kids Hope Alliance (KHA) and Partnership for Child Health (PCH)	Upon notice of award
2. Develop/update infrastructure	2.1 Hire staff, Establish information sharing MOUs with DJJ, SAO, KHA, Courts Administration	Staff hired Signed MOUs	CJRG Director	Within 30 days after notice of award
	2.2 Develop and execute contracts (CCR, NLP, Empowerment Resources)	Executed contracts	CJRG Director	Within 30 days after receipt of contract
	2.3 Develop/update internal reimbursement forms; accounting measures	CJRG controls completed	Lisa M./PCH	Within 30 days after notice of contract

3. Hire/Train staff	3.1 Hire/train part-time KHA contract mgr.	Hired/Trained	Mary N./KHA	Within 90 days after receipt of contract
	3.2 Hire and train internal and contracted positions, CJRG Coordinator, Behavioral Health Care Manager, Therapist, Resiliency Navigators, Peer Specialist, etc.	Start date	CCR, PCH	Within 30-60 days after receipt of contract
4. Develop/update referral process with SAO for CJRG	4.1 Develop/update policies and procedures for CJRG and referral forms and processes	Begin referring youth	CJRG Coordinator/SAO/Daniel	Within 60 days after receipt of contract
	4.2 Develop/update referral criteria			
	4.3 Train SAO on instruments			
5. Develop/update referral process for Civil Citation and Diversion	5.1 Develop/update policies and procedures for diversion and referral forms and processes	Begin referring youth	CJRG Coordinator CJRG Task Force, PCH	Within 90 of contract execution
	5.2 Develop/update referral criteria for Civil Citation to diversion			
	5.3 Train SAO on instruments			
6. Establish educational advocacy processes	6.1 Meet with stakeholders and educate on screening tools	Begin referring youth	CCR/ CJRG Coordinator /DJJ/ SAO	Within 60 days after receipt of contract
	6.2 Develop/update referral criteria			
7. CJRG Initiative presentation	7.1 Educate CJRG Task Force and community stakeholders on the model with components; goals; objectives	Presentation	CJRG Coordinator	Within 90 days after receipt of contract
8. Develop/update evaluation plan	8.1 Execute contract with NLP Logix;	Metrics identified; baseline data gathered	CJRG Coordinator NLP/CJRG Task Force	Within 60 days after receipt of contract
	8.2 Gather baseline data			
	8.3 Meet with CJRG Task Force			

9. Prepare quarterly report	9.1 Gather data; meet with partners 9.2 CQI	Report Submitted; amendments made	CJRG Coordinator /NLP Logix/CJRG Task Force	November 2021 and quarterly thru June 2024
10. Implement CIT trainings/Trauma Training	10.1 Meet with JSO 10.2 Schedule trainings	Completed trainings	PCH MHAT Grant	Within 90 days after receipt of contract; monthly thru June 2022
11. Monitor payment methods for treatment and reimbursement	11.1 Develop/update invoice forms 11.2 Reconcile expenditures with receipts 11.3 Review treatment expenditures monthly	Reconciled expenditures with documentation	Lisa/PCH	Within 30 days of award and monthly ongoing thru June 2024
12. Train staff and stakeholders on data collection	12.1 Develop/update processes and protocols 12.2 identify metrics and means to gather	Monthly and quarterly reports	NLP Logix; Daniel; CHS; CCR; SAO	Within first 60 days of award; ongoing as new staff come on
13. Monitor implementation status	13.1 Meet monthly with Magistrate Brady; Daniel and Center for Children's Rights 13.2 Identify issues and barriers 13.3 Identify solutions 13.4 Take notes of meeting and distribute to stakeholders	Monthly reports; minutes to meeting	CJRG Coordinator/ DJJ/CCR/CJRG Task Force	August 2019 and monthly for first 9 months; quarterly ongoing thru the life of the grant

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

Objectives	Key Activities	Milestones	Responsibility	Timeframe
1. CQI Plans will be developed/updated	1.1 CJRG Task Force will review program implementation progress quarterly and make	Meeting minutes; reports	CJRG	October 2021 and quarterly thru June 2024

	necessary adjustment to activities		Coordinator /CJRG Task Force	
2. All CJRG partners meet and review progress on implementation	2.1 CJRG Task Force meets monthly 2.2 CJRG Task Force reports out to Planning Council monthly 2.3 Assess progress of the project based on established timelines and attainment of goals 2.4 Make necessary adjustments to the implementation activities as needed	Meeting minutes; agendas; reports	CJRG Coordinator; CJRG Task Force Planning Council	August 2021 and monthly ongoing
3. Ensure communication and data sharing throughout the CJRG implementation	3.1 Ensure all child serving systems, including the managing entity, are represented on the Planning Council 3.2 CJRG Task Force report out monthly to JSOC Planning Council	Meeting minutes; agendas; reports	CJRG Coordinator; CJRG Task Force Planning Council	August 2021 and monthly ongoing
Goal #3: Measure positive change in youth and families served by CJRG.				
Objectives	Key Activities	Milestones	Responsibility	Timeframe
1. Improve the functioning of youth	1.1 Measure youth and family functioning in Resiliency Scales and family satisfaction surveys	Quarterly CJRG reports	CJRG Coordinator/Daniel	Upon admission into program and every 90 days thru discharge; Ongoing
2. Improve educational and/or employment status of youth	2.1 Train SAO/Courts Administration and CCR on referral process and criteria 2.2 Develop and implement referral processes for Operation Boost.	IEPs/504 plans	CCR/ CJRG Coordinator/DJJ/ SAO/Councilman Newby (Operation Boost)	Upon admission into program and every 90 days thru discharge; Ongoing

3. Increase the number of youth referred for diversion	3.1 1200 youth referred annually and screened for diversion 3.2 900 youth referred for treatment 3.3 300 families engaged in family activities	Number of youth referred	SAO/Court Administration/ PCH	Upon each admission into the program; ongoing
4. Ensure residential stability	4.1 Work with Homeless Coalition and Supportive Housing Providers to Develop/update MOU and housing resources when needed.	Signed MOU and referral process	CJRG Coordinator / Changing Homelessness	Within first 60 days of receipt of award
5. Ensure grant compliance metrics	5.1 Monitor data plan and collection 5.2 Review the analyzed data monthly 5.3 Meet with providers	Grant compliance	CJRG Coordinator /NLP Logix	October 2021 and every quarter; ongoing
6. Establish Federation Meetings quarterly/increase Family engagement	6.1 Meet with Jill Hill (FOF) 6.2 Identify meeting space/time 6.3 Advertise and plan 6.4 Advertise weekly Parent/Caregiver support/education group	Scheduled FOF meetings/ Scheduled Nurturing Parent Classes	Federation of Families/ CJRG Coordinator/Empowerment Resources	Within 90 days of receipt of contract and ongoing thru June 2024

**APPLICATION FOR CRIMINAL JUSTICE, MENTAL HEALTH & SUBSTANCE
ABUSE REINVESTMENT GRANT PROGRAM
GRANT # DCF RFA 2021 001**

Duval County CJRG Expansion

Summary List of Participating Organizations

The following community partners have provided letters of commitment:

Partnership for Child Health

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

Juvenile Justice 4th Circuit Advisory Board

Court Administration - Duval County Teen Court Program

Florida Department of Juvenile Justice

Criminal Justice Reinvestment Grant Task Force

Lutheran Services Florida

Federation of Families of Northeast Florida

Center for Children Rights

Daniel Kids

Children's Home Society of Florida

Northwest Behavioral Health

Operation Boost

Empowerment Resources Inc.

Office of the Public Defender - Fourth Judicial Circuit of Florida

BOARD OF DIRECTORS

OFFICERS

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

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

Secretary / Treasurer –
TBD
TBD

DIRECTORS

Michael D. Aubin
Wolfson Children's Hospital –
President

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

James Cheek, M.D.
Pediatric Primary Care

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

Steven P. Cuffe, M.D., FACP/psych
At-Large Member

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

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

Gary Josephson, M.D.
At-Large Member

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

Mary Soha, M.D.
Pediatric Primary Care

Shelly Thompson, M.D.
Pediatric Primary Care

Robert Threlkel, M.D.
At-Large Member

Ravyn Winehouse
Youth Representative

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

MEDICAL DIRECTOR
Jeff Goldhagen, M.D.

EXECUTIVE DIRECTOR
Vicki Waytowich, Ed.D.

March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32209

Dear Mr. Weinstein:

I am writing to you in your role as CEO of the Kids Hope Alliance (KHA) to pledge our support and collaboration of your Criminal Justice Reinvestment Grant (RFA 2021 001) application to the Department of Children and Families to expand the identification and treatment of juvenile offenders with substance abuse and mental health issues. As you know, the Jacksonville System of Care Initiative (JSOCI), a federally funded initiative to improve mental health services for children and youth, has been an integral component in the implementation of mental health and substance abuse services for children and youth in Jacksonville. The JSOCI Board serves as the “Planning Council” for the current Criminal Justice Reinvestment Grant (CJRG) providing oversight to the Criminal Justice Reinvestment Grant Task Force, a sub-committee of the JSOCI Board, which governs the CJRG.

The Criminal Justice Reinvestment Grant has been instrumental to our community in identifying the substance and mental health issues of justice involved youth and increasing the number of youth receiving treatment, resulting in reducing recidivism.

Partnership for Child Health commits specifically to:

- Continue to serve as the planning and oversight council for this project;
- Engage youth and family organizations who are part of the JSOCI to provide peer and family support;
- Ensure the implementation of the family engagement strategies identified through the Sequential Intercept Mapping exercises with the University of South Florida;
- Collect and provide data and information to KHA for quarterly report submission to DCF; and
- Work with sub-contracted agencies to ensure youth are assessed and enrolled into appropriate treatment.

We look forward to working over the life of this project in partnership with you, youth, families, providers, other Northeast Florida stakeholders and collaborators in improving the system of care for children and youth involved in the justice system.

Sincerely,



Vicki Waytowich, Ed.D.
Executive Director

311 West Monroe Street
Jacksonville, Florida 32202
www.sao4th.com



Fourth Judicial Circuit
Clay • Duval • Nassau
(904) 255-2500

MELISSA W. NELSON
STATE ATTORNEY

February 26, 2021

Mike Weinstein
Executive Director
Kids Hope Alliance
1095 A. Philip Randolph Blvd.
Jacksonville, Florida 32206

Dear Mr. Weinstein:

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

Research indicates that most justice-involved youth have been exposed to trauma and/or have substance abuse and mental health concerns, which increase their risk for interaction with the justice system. To that end, the State Attorney's Office wholeheartedly commits to continued alliance with our juvenile justice partners in supporting this Criminal Justice, Mental Health, and Substance Abuse Reinvestment grant application (RFA2021001) to expand the system of care, where appropriate, for juvenile offenders with substance abuse and mental health issues in our Circuit.

The State Attorney's Office looks forward to continued collaboration through the Criminal Justice Reinvestment Grant and advancing our community's efforts in reducing juvenile crime through smart justice approaches.

Sincerely,

Melissa W. Nelson



JUVENILE JUSTICE CIRCUIT ADVISORY BOARD

March 1, 2021

Dear Mr. Weinstein,

On behalf of the Department of Juvenile Justice 4th Circuit Advisory Board (CAB), please accept this letter in support of the Criminal Justice Reinvestment Grant (CJRG) RFA 2021 001 application being submitted by the Kids Hope Alliance on behalf of the Jacksonville community to expand the system of care for juvenile offenders with substance abuse and mental health issues through the implementation of core family engagement strategies as identified in the June 2020 Sequential Intercept Mapping.

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

Identifying and developing strategies to address the causes and correlates of juvenile delinquency is the goal of the CAB and this body is statutorily mandated to develop a county-wide comprehensive plan that prioritizes community juvenile justice issues and intervention strategies based on a data-driven crime analysis. Specifically, our draft 2021 – 2024 Comprehensive Plan identifies the need for increased early identification and intervention of children and youth with mental health issues due to the increase caused by Covid. Further, our plan also focuses on family engagement due to the number of youth engaged in gang violence in Jacksonville.

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

Sincerely,

Dr. Vicki Waytowich
Chair
4th Judicial Circuit
DJJ Circuit Advisory Board

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

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



DUVAL COUNTY TEEN COURT PROGRAM
Court Administration
Fourth Judicial Circuit of Florida
501 West Adams Street, Ste 2321
Jacksonville, Florida 32202-2921

March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph
Jacksonville, FL 32209

Dear Mr. Weinstein:

Please accept this letter of support on behalf of Teen Court, a division of the Fourth Circuit Court Administration, for your Criminal Justice Mental Health Substance Abuse Reinvestment grant expansion application RFA 2021 001, to the Florida Department of Children and Families to expand the system of care for juvenile offenders with substance abuse and mental health issues with the trauma informed Resiliency Navigators and targeted family engagement strategies.

We recognize the nexus between mental health and delinquency and also know that early identification, and increased access and treatment services for youth in Jacksonville will increase our successes in reducing juvenile crime thru the provision of evidence-based therapeutic interventions. As you know, since 2017, the rate of youth entering Civil Citation has increased. Thus, we commit to referring youth who are not successful in Civil Citation immediately to the CJRG expansion project for assessment and appropriate referral and diversion services.

Based on the demonstrated success of the current CJRG, we know the addition of Resiliency Navigators and targeted family engagement strategies will fill the existing gap in services on the current continuum of care; therefore, we are committed the implementation and expansion of Duval County Criminal Justice Reinvestment Grant Expansion Project.

Sincerely,

A handwritten signature in black ink that reads "Stacy A. Peterson".

Stacy A. Peterson
Teen Court Director
Fourth Circuit Court Administration



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

March 3, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph
Jacksonville, FL 32209

Dear Mr. Weinstein:

The Department of Juvenile Justice (DJJ) is pleased to pledge our continuing support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment grant application, to the Florida Department of Children and Families' applications request number RFA2021 001, to expand the system of care for juvenile offenders with substance abuse and mental health issues with the trauma informed Resiliency Navigators and targeted family engagement strategies.

The goals of the DJJ and those of the Kids Hope Alliance (KHA), and the Criminal Justice Reinvestment Grant Task Force are closely aligned, particularly regarding preventing delinquency and providing interventions to reduce the recidivism of juvenile offenders and those youth at-risk thru the provision of appropriate community-based services.

As critical juvenile justice partners, DJJ commits our probation resources to assist the CJRG Resiliency Navigators in ensuring all arrested youth receive the evidence-based assessment GAIN and any identified treatment recommendations for probation youth will be referred to their probation plan.

Based on the demonstrated success of the current CJRG, we know the addition Resiliency Navigators and targeted family engagement strategies will fill the existing gap in services on the current continuum of care; therefore, we are committed the implementation and expansion of Duval County Criminal Justice Reinvestment Grant Expansion Project.

Sincerely,

ACPO Ashley Graves for CPO Donna Webb

Donna Webb
Circuit 4 Chief

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

Ron DeSantis, Governor

Josefina M. Tamayo, Acting Secretary

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



Criminal Justice Reinvestment Grant Task Force

March 1, 2021

Dear Mr. Weinstein,

On behalf of the Criminal Justice Reinvestment Grant (CJRG) Task Force, the governing sub-committee of the Jacksonville System of Care Board (Planning Council), we support the Criminal Justice Reinvestment Grant (RFA 2021 001) application being submitted to the Department of Children and Families by the Kids Hope Alliance (KHA) to expand the system of care for juvenile offenders with substance abuse and mental health issues through the redesign of Resiliency Navigators and enhanced family engagement.

As you know, the CJRG has demonstrated the effectiveness of early identification and treatment of mental health and substance abuse issues in juvenile offenders. Because the majority of justice involved youth have trauma indicators and mental health issues that increase the risk of recidivism, early identification and intervention is critical to reducing recidivism. Further, research indicates a direct correlation with parental involvement to child success.

Identifying and developing strategies to address the causes and correlates of juvenile delinquency is one of the charges of the Task Force and a recent Sequential Intercept Mapping identified in family engagement as a gap in our juvenile justice system of care.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Asst. Chief Derrick D. Mitchell, Sr." with a stylized flourish at the end.

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



March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32209

Dear Mr. Weinstein:

LSF Health Systems (LSFHS) is pleased to provide our support and collaboration of Kids Hope Alliance's, Criminal Justice Mental Health Substance Abuse Reinvestment grant application (RFA 2021 001), to the Florida Department of Children and Families to expand the system of care for juvenile offenders in Duval County with substance abuse and mental health issues by increasing targeted family engagement through the addition of Resiliency Navigators and additional family education and support services as identified in your June Sequential Intercept Mapping.

As you know, LSFHS is one of seven Managing Entities who work in partnership with the Florida Department of Children and Families in managing behavioral health care for people facing poverty who do not have health insurance. Because the majority of justice involve youth have trauma indicators and mental health issues, increasing the risk of recidivism, LSFHS commits to working with KHA to provide services to those individuals who are not insured.

The goals of LSFHS and those of Kids Hope Alliance and its partners are closely aligned, particularly regarding preventing delinquency and providing interventions with the intent of reducing recidivism of juvenile offenders and those youth at-risk thru the provision of appropriate community-based services for children and youth with substance abuse and mental health issues.

We look forward to working over the life of this project in partnership with you, youth, families, providers, other Northeast Florida stakeholders and collaborators in improving the system of care for children and youth involved in the justice system.

Sincerely,


Christine Cauffield, PhD., CEO





Federation of Families of Northeast Florida

March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph
Jacksonville, FL 32209

Dear Mr. Weinstein:

The Federation of Families of Northeast Florida is pleased to pledge our continuing support and commitment of your Criminal Justice Mental Health Substance Abuse Reinvestment grant application, to the Florida Department of Children and Families' applications request number RFA2021001, to expand the system of care for juvenile offenders with substance abuse and mental health issues with the intentional focus on family engagement.

The Northeast Florida chapter of the Federation of Families has provided support, education and advocacy to the families of children and youth with emotional, behavioral and mental health challenges in Northeast Florida since 2010. We recognize the role that families have in their children's success and commit to providing training to the Resiliency Navigators and educational support groups to the families of children and youth identified by the Criminal Justice Mental Health Substance Abuse Reinvestment grant as having substance abuse and/or mental health issues.

We look forward to continuing to support families of justice involved youth with mental health issues.

Sincerely,

Jill Hill

Jill Hill, CRPS
Director
Federation of Families of Northeast Florida



March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph
Jacksonville, FL 32209

Dear Mr. Weinstein:

The Center for Children's Rights (CCR) is pleased to pledge our support and collaboration of your Criminal Justice Mental Health Substance Abuse Reinvestment Grant (RFA2021 001) application to the Florida Department of Children and Families to expand the system of care for juvenile offenders with substance abuse and mental health issues with the addition of trauma informed Resiliency Navigators and targeted family engagement strategies.

The goals of the Center for Children's Rights and those of the Kids Hope Alliance (KHA), and the Criminal Justice Reinvestment Grant Task Force are closely aligned, particularly regarding preventing delinquency and providing interventions to reduce the recidivism of juvenile offenders and those youth at-risk. Our Resiliency Navigators play a key role in the early engagement of families of justice involved youth, utilizing research driven parent engagement strategies.

As critical juvenile justice partners, CCR commits our trauma and restorative justice trained Resiliency Navigators to conduct trauma informed GAIN and Resiliency assessments on all youth arrested and entering the Juvenile Assessment Center as well as engage families from the beginning and work with them as partners in the identification and connection of social and educational resources for their child and their family to begin the development of their diversion treatment plan and to work collectively with the State Attorney's Office and the CJRG partners to implement the proposed CJRG expansion

Based on the demonstrated success of the current CJRG, we know the addition Resiliency Navigators and targeted family engagement strategies will fill the existing gap in services on the current continuum of care; therefore, we are committed the implementation and expansion of Duval County Criminal Justice Reinvestment Grant Expansion Project.

Sincerely,

Betsy Dobbins

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



March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32209

Dear Mr. Weinstein:

I am writing to you in your role as CEO of the Kids Hope Alliance (KHA) to pledge our support and collaboration of your Criminal Justice Reinvestment Grant (RFA 2021 001) application to the Department of Children and Families to expand the identification and treatment of juvenile offenders with substance abuse and mental health issues. The goals of Daniel and KHA are closely aligned, particularly regarding providing community-based interventions to at-risk and justice-involved youth, with the intent of reducing recidivism of juvenile offenders.

The Criminal Justice Reinvestment Grant has been instrumental to our community in identifying the substance and mental health issues of justice-involved youth and increasing the number of youth receiving treatment, resulting in reduced recidivism.

Daniel is a child-serving organization that provides therapeutic services to children, youth and their families in Northeast Florida and we commit to partnering with KHA to provide high-fidelity wraparound for justice-involved youth with mental health issues and to leveraging the services in our continuum of care to assist in the success of the implementation of the proposed project. Further, we commit to implementing the family engagement strategies identified through the Sequential Intercept Mapping exercises with the University of South Florida.

We look forward to working over the life of this project in partnership with you, youth, families, providers, other Northeast Florida stakeholders and collaborators in improving the system of care for children and youth involved in the justice system.

Sincerely,

Lesley Wells
CEO

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

Residential Campus
3725 Belfort Road
Jacksonville, FL 32216
(904) 296-1055
FAX: (904) 448-7700

Independent Living Village
1526 Parental Home Road
Jacksonville, FL 32216
(904) 296-1055
FAX: (904) 296-1953



March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32209

Dear Mr. Weinstein:

I am writing to you in your role as CEO of the Kids Hope Alliance (KHA) to pledge our support and collaboration of your Criminal Justice Reinvestment Grant (RFA 2021 001) application to the Department of Children and Families to expand the identification and treatment of juvenile offenders with substance abuse and mental health issues. The goals of the Children's Home Society and those of KHA are closely aligned, particularly regarding providing community based interventions to at-risk and justice involved youth with the intent of reducing recidivism of juvenile offenders.

The Criminal Justice Reinvestment Grant has been instrumental to our community in identifying the substance and mental health issues of justice involved youth and increasing the number of youth receiving treatment, resulting in reducing recidivism.

Children's Home Society commits to partnering with KHA to provide case management and therapeutic services to all eligible youth referred. Further, we commit to implementing the family engagement strategies identified through the Sequential Intercept Mapping exercises with the University of South Florida.

We look forward to working over the life of this project in partnership with you, youth, families, providers, other Northeast Florida stakeholders and collaborators in improving the system of care for children and youth involved in the justice system.

Sincerely,

Ernest Hamilton
Regional Executive Director

2392 Edgewood Avenue North
Jacksonville FL. 32254
P. O. Box 9373 A
Jacksonville, FL 32208



Administrative and Adult Services
Telephone: (904) 781-7797
Fax: (904) 781-8685
Children Services
Telephone: (904) 781-0600
Fax: (904) 781-0016

March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32209

Dear Mr. Weinstein:

I am writing to you in your role as CEO of the Kids Hope Alliance (KHA) to pledge our support and collaboration of your Criminal Justice Reinvestment Grant (RFA 2021 001) application to the Department of Children and Families to expand the identification and treatment of juvenile offenders with substance abuse and mental health issues. The goals of Northwest Behavioral Health and those of KHA are closely aligned, particularly regarding providing community-based interventions to at-risk and justice involved youth with the intent of reducing recidivism of juvenile offenders.

The Criminal Justice Reinvestment Grant has been instrumental to our community in identifying the substance and mental health issues of justice involved youth and increasing the number of youths receiving treatment, resulting in reducing recidivism.

Northwest Behavioral Health Services commits to partnering with KHA to provide therapeutic services to all eligible youth referred. Further, we commit to implementing the family engagement strategies identified through the Sequential Intercept Mapping exercises with the University of South Florida.

We look forward to working over the life of this project in partnership with you, youth, families, providers, other Northeast Florida stakeholders and collaborators in improving the system of care for children and youth involved in the justice system.

Sincerely,

Terri Glover, M.A.
CEO
Northwest Behavioral Health Services





OFFICE OF THE CITY COUNCIL

SAMUEL NEWBY
VICE PRESIDENT
COUNCIL MEMBER AT-LARGE, GROUP 5
OFFICE: (904) 255-5219
FAX: (904) 255-5230
E-MAIL: SNEWBY@COJ.NET

117 WEST DUVAL STREET, SUITE 425
4TH FLOOR, CITY HALL
JACKSONVILLE, FLORIDA 32202

March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32209

Dear Mr. Weinstein:

I am writing to you in your role as CEO of the Kids Hope Alliance (KHA) to pledge our support and collaboration of your Criminal Justice Reinvestment Grant (RFA 2021 001) application to the Department of Children and Families to expand the identification and treatment of juvenile offenders with substance abuse and mental health issues.

Operation Boost originated from the office of Council Vice President Newby and is the result of a partnership between the City of Jacksonville and Florida State College at Jacksonville and Workforce Industrial Training. Operation Boost is a free workforce training program that targets justice involved individuals that are prone to recidivism.

The goals of Operation Boost and those of KHA are closely aligned, particularly regarding providing community based interventions to at-risk and justice involved youth with the intent of reducing recidivism of juvenile offenders, thus we commit to providing eligible youth referred from the Criminal Justice Reinvestment Grant, job readiness training.

We look forward to working over the life of this project in partnership with you, youth, families, providers, other Northeast Florida stakeholders and collaborators in improving the system of care for children and youth involved in the justice system.

Sincerely,

Sam Newby



March 1, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph Boulevard
Jacksonville, FL 32209

Dear Mr. Weinstein:

I am writing to you in your role as CEO of the Kids Hope Alliance (KHA) to pledge our support and collaboration of your Criminal Justice Reinvestment Grant (RFA 2021 001) application to the Department of Children and Families to expand the identification and treatment of juvenile offenders with substance abuse and mental health issues. The goals of Empowerment Resources, Inc. (ERI) and those of KHA are closely aligned, particularly regarding providing support and education to at-risk and justice involved youth and their families with the intent of reducing recidivism of juvenile offenders.

ERI is a 501(c)(3) grassroots non-profit organization in Jacksonville that has served at-risk youth and their families since 2003 by providing programs and services that positively impact the whole family. ERI is dedicated to the empowerment of youth and their families, with increased emphasis being placed on marginalized and underserved populations. It is the mission of ERI to focus on making children and their families stronger, while empowering the youth to become successful leaders in the community today for a better tomorrow.

ERI recognizes that parenting education and coaching are vital to engaging parents/caregivers and increasing their competency in raising children in warm, trusting and caring households. ERI's certified staff provides parenting education through their **Nurturing Parenting** program, a family-centered initiative designed to build parenting skills.

The **Nurturing Parenting** program is recognized by SAMHSA, the National Registry of Evidence-based Parenting Programs (NREPP), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and other state and federal agencies as an evidenced based parenting program. The overarching goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.

To that end, ERI commits to being an integral partner with KHA in the implementation of the Duval County Criminal Juvenile Reinvestment Grant Expansion Project. Upon receipt of award, ERI delivering parenting education seminars and coaching through their **Nurturing Parenting** program to families of justice involved youth.

Sincerely,

A handwritten signature in black ink that reads "Elexia Coleman-Moss".

Elexia Coleman-Moss
Founder and Executive Director

TEL: (904) 268-8287
FAX: (904) 739-1364
3832-010 Baymeadows Rd.
#348
Jacksonville, FL 32217
empowermentresourcesinc.org
**Founding Executive
Director**
Elexia Coleman-Moss,
MPA

Board of Directors
Iana Benjamin, Esq.
Tasha Gaitlin, MBA
Penelope Knox, MA
Chad Smith, BA



Office of the Public Defender Fourth Judicial Circuit of Florida

Serving Duval, Clay & Nassau Counties

Charlie Cofer
Public Defender

Lewis H. Buzzell III
Chief Assistant

March 4, 2021

Mike Weinstein
Chief Executive Officer
Kids Hope Alliance
1095 A. Philip Randolph
Jacksonville, FL 32209

Dear Mr. Weinstein:

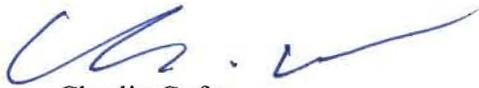
The Office of the Public Defender for the Fourth Judicial Circuit recognizes that reducing juvenile crime requires the development and implementation of a comprehensive strategy that identifies contributing causal factors of delinquency early in order to intervene, treat and prevent further recurring behaviors. Research indicates that the majority of justice-involved youth have been exposed to trauma and/or have substance abuse and mental health concerns, which increase their risk for interaction with the justice system unless there is appropriate treatment intervention.

Our office supports efforts to identify the causal factors of early offenders and assist youth and their families in connecting with the social and educational resources necessary to combat the social determinants of health. Further this office remains committed to working with our community partners in reducing juvenile crime and recidivism.

To that end, the Office of the Public Defender wholeheartedly commits to our continued alliance with our juvenile justice partners in supporting your Criminal Justice, Mental Health, and Substance Abuse Reinvestment grant application (RFA2021 001), to expand the system of care for juvenile offenders with substance abuse and mental health issues in Duval County.

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

Sincerely,



Charlie Cofer
Public Defender
Fourth Judicial Circuit



Diana Johnson
Director of Juvenile Court
Office of the Public Defender

Appendix A- Strategic Plan Summary

Statement of the Problem: Since 2018 close to 82% of juveniles who were arrested and entered the Jacksonville Assessment Center in Duval County were identified with mental health and/or substance abuse issues, with the majority having never been diagnosed prior to arrest and almost half not having an identified pediatrician and would be better served by consistent treatment and intervention rather than detention, decreasing the amount of recidivism and cost of detaining youth.

Regional Partnership Strategic Planning Process and Participants: The City of Jacksonville (COJ) has designated the Kids Hope Alliance (KHA), the Children's Services Council governmental entity of the City of Jacksonville, to submit the Criminal Justice Mental Health and Substance Abuse Reinvestment Grant (CJRG) expansion proposal on behalf of our consolidated city/county government. COJ has designated the Jacksonville System of Care Initiative Board of Directors as the "planning council" for the current CJRG grant and the proposed application. The designated Planning Council includes all the required members (congruent with a consolidated government) identified in F.S. 394.657(2)(a) for the grant including: leadership from the Department of Juvenile Justice, Department of Children and Families, State Attorney's Office, Public Defender, judiciary, mental health, substance abuse treatment, human services, corrections, law enforcement, children's advocates, consumers, county government and the courts. See Attachment B (per RFA Appendix K) for the members of the Planning Council. The program planning and contents of this expansion proposal are crafted directly from data gleaned from the successful implementation of the current CJRG program and the recently updated Sequential Intercept Mapping and Action Plan created with the leadership of the University of South Florida's Criminal Justice Mental Health & Substance Abuse Technical Assistance Center (CJMHTSA) at Florida Mental Health Institute.

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

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

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

Service Model(s): High-Fidelity Wraparound, Cognitive Behavior Therapy (CBT), Educational-Advocacy, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Restorative Justice, Functional Family Therapy (FFT), Medical-behavioral health homes.

The proposed Criminal Justice Reinvestment Grant Expansion Project meets the goals in the Sequential Intercept Map strategic plan.



Strategic Plan

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

Mission: Our mission, as a dedicated group of youth and families, child-serving agencies, community partners and other stakeholders is to develop a comprehensive strategic plan to guide the expansion of family driven and youth guided systems of care to improve outcomes for children and families within their cultural context. We will accomplish this through effective utilization of resources, having youth and families in all discussions, intervening early with prevention and intervention, and promoting mental health as a recognized health issue.

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

February 17, 2012, the Jacksonville System of Care Board of Directors identified tenets of system transformation that culminated into the following ten goals that serve as the foundation to the System of Care System’s Transformation plan. On January 17, 2014 and January 19, 2018, the Jacksonville Board of Directors voted to re-confirm these systemic goals as the framework by which the system of care will continue to operate. With the addition of several system enhancing grants to both the mental health and the juvenile justice systems, the SOC BOD voted again on January 17, 2020, to recommit to these goals with the revisions to goals 9 and 10 to include the diversion and CJRG system of care and juvenile justice data base data collection system.

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 medical-behavioral health home with access to the services required to assess, identify and treat children with emotional/behavioral/mental health conditions

Goal 8: All services are evidence-based and trauma-informed

Goal 9: Ensure the development of a seamless Diversion System of Care that focuses on early screening, identification and treatment for substance abuse and mental health issues.

Goal 10: A comprehensive data system will be established to gather data and guide with evidence, the system of care changes.

Goal #1: All organizations will meet standards of cultural and linguistic competence to include family-driven and youth-guided				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
1.a Organizations will complete the cultural and linguistic competency organizational self-assessment	1.a.1. Identify organizational self-assessment 1.a.2. Test and pilot the self-assessment 1.a.3. Distribute to stakeholder organizations	Completed organization self-assessments by System of Care stakeholder agencies.	CLC Coordinator/ Committee/FOF/CHEQR/ Community stakeholder agencies	November 2014 Ongoing
1.b. Organizations will be culturally and linguistically competent	1.b.1. Develop standard SOC training curricula for organizations 1.b.2. Provide monthly training opportunities for organizations	Customer Satisfaction surveys Completed CLC training curricula	CLC Coordinator/Community stakeholder organizations /committees/FOF	October 2015 Ongoing
1.c. MOUs with all stakeholders establishing their commitment	1.c.1 MOUs are developed delineating SOC commitment. 1.c.2 MOUs are developed for specific ad hoc relationships (i.e., training)	Signed MOUs	Project Director	Ongoing
1.d. Managing Entity will adopt SOC core value contract language	1.d.1 Develop MOU with LSF Health Systems that includes developing SOC contract language 1.d.2.	SOC core value language included in all LSF Health System contracts	PD/CLC Coordinator/FOF/ LSF Health Systems	May 2016 Complete Ongoing
Goal #2 Families will be empowered and supported through a viable and independently functioning FOF				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
2.a SOC has a functioning and purposeful Federation of Families	2.a.1. Develop and implement a robust Federation of Families support group 2.a.2. Develop and implement a weekly virtual family support and education group through Empowering Resources, Inc. 2.a.3. Identify advocacy initiatives 2.a.4. Develop training calendar with training for youth and families in Leadership, Self Advocacy & Policy Development 2.a.5. Family partners program 2.a.6. Mechanisms and infrastructure for family partner reimbursements 2.a.7. Develop family guide	Completed brochures Completed strategic plan Hire family partners Obtain Medicaid number Completed Family Guide	FOF Officers and organization/PCH, Jill Hill, Empowering Resources	July 2014 September 2015 Complete Ongoing

Goal #3: Children and youth will be valued and their rights protected				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
3.a. Provide spaces for authentic youth participation	3.a.1. Hire youth ombudsperson 3.a.2. Apply for America’s Promise youth enhancement funding 3.a.3. Identify various youth groups in existence around Jacksonville 3.a.4. Increase Talking Circles 3.a.5. Identify Youth Driven Agenda for State of the Youth Summit	Ombudsperson hired Submit AP grant Increase Talking Circles State of the Youth Summit – Summer 2021	CCR-Ombudsperson position redesigned and hired January 2021 Center for Children’s Rights (CCR) America’s Promise, PCH	March 2014 June 2014 September 2015 September 2017 January 2021
3.b. Children will be valued	3.b.1. Implement Frameworks 3.b.2. Initiate social marketing plan	Consistent youth message	MHA/ Kristin/ PD/Frameworks/youth	July 2014 Marketing plan complete
Goal #4: All children in the targeted populations will have their mental health needs met in the least restrictive environment				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
Homeless 4.a. All homeless children are screened for social-emotional wellness and referred for diagnosis and treatment	4.a.1. All children residing in homeless shelters will be screened for social and emotional issues 4.a. 2. Homeless children are tracked and data compiled on outcomes	Completed screens Data collected	SOC/Daniel/MHHCP/ CHEQR	Ongoing
Foster Care 4.b. All foster care children will have their social, emotional and medical needs met.	4.b.1 All children coming into care will receive immediate trauma informed care and therapy 4.b.2. All children coming into care are screened periodically for SED and referred as required for diagnostic and treatment services 4.b.3 All child coming into care will have an established Medical and Behavioral Health home.	Children referred and completing trauma therapy Completed screens Identified Medical and behavioral health homes	SOC/FSS/MHRC/agencies/ CMOs SOC/FSS/NCC PD/NCC/FSS	Ongoing

Subsidized child care 4.c All children in subsidized child care will be screened for developmental and social-emotional wellness and be referred for diagnosis and treatment	4.c.1. All children in subsidized childcare will receive an ECSA and referred appropriately for further assessment and treatment 4.c.2. Children tracked and data compiled on outcomes	Completed social and emotional screens Accurate and accessible data	SOC/ELC/Child serving agencies ELC/CHEQR/ SOC	Ongoing
Juvenile Justice (See goal #9) 4.d All youth referred to the JAC will be screened for SED and referred for diagnosis and treatment and, if appropriate, diverted from JJ to diversion programs for mental health treatment.	4.d.1. All youth coming through the Juvenile Assessment Center will be screened, with evidence-based instruments, for mental health and referred appropriately for further assessment and treatment 4.d.2. Youth are tracked and data compiled on outcomes	Completed screens and referrals Data collected	DJJ/DBWPC/SOC/Gateway CHEQR	January 2014 November 2015 Ongoing
4.e. Youth will receive services in the least restrictive environment	4.e.1 Crisis intervention prior to Baker Acts will be available to all children and youth 4.e.2. Wraparound will be utilized for all eligible youth prior to foster care placement disruptions or residential placements 4.e.3. Wraparound and care coordination will be utilized for all eligible youth in juvenile justice to reduce higher levels of care.	Increased wraparound caseloads with foster care population of focus Identified alternatives on plan of care	SOC/MHRC/Wraparound Wraparound Director/community agencies/Care Review Team SOC/FSS/DJJ Committees	Jan 2013 January 2014 January 2017 Ongoing
Goal #5: Services are prioritized and funding is blended and braided and allocated based on needs of children				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
5.a Services are prioritized based on gaps and need	5.a.1. Comprehensive assessment of sources of funds completed using Funding Matrix 5.a.2. USF expenditure report completed	Completed Funding Matrix Completed report	CHEQR USF	March 2014 Matrix Completed March 2014 Ongoing

5.b. Funding is maximized thru ensuring insurance (public/private) is billed primary to contract dollars	Established strategy and movement is documented using the ME as a venue for blending and braiding funds 5.b.1.ME/JCC/FSS contract language directs Medicaid billing to be used as the primary source for funding services 5.b.2. Providers bill Medicaid for eligible youth when available	Identified language in contracts Rev Max documented	PD/Rev Max Committee/LSF Providers/JCC/PD	July 2015 November 2014 Ongoing
Goal #6: Revenue Maximization strategies will generate additional resources for children and youth at-risk of and with severe emotional disturbances				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
Objective 6.a. TCM at-risk will be a source of revenue generation for the community	6.a.1. Contract with PCG for TCM infrastructure developments 6.a.2 Obtain Medicaid number for JCC 6.a.3 Identify providers 6.a.4 Develop processes for supporting infrastructure 6.a.5 Modify contracts for TCM at-risk compliance	-Implemented TCM infrastructure -Medicaid number -Completed policies TCM reimbursements	Revenue Max Committee/JCC/PCG/SOC	January 2015 June 2015 Complete
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				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
Objective 7.a: Train pediatricians in Suicide/Depression Screens; ASQ-SEs	7.a.1 All pediatricians trained to screen for social and emotional wellness using the ASQ-SE or comparable screening tool will screen all children 0-5 in their respective practice and make appropriate referrals. 7.a.2 A Collaborative care model will be implemented with 40 pediatricians in the NE Florida 7.a.3 A referral network, including child serving agencies and individual clinicians, will be established to support the collaborative care system 7.a.4 Thirty pediatricians trained to screen for suicidality, depression and anxiety will screen all age appropriate youth in their respective practice and make appropriate referrals.	Pediatricians will screen and refer children under the age of 5 for social and emotional issues. Pediatricians will screen and refer adolescents for suicide and depression	Nemours/Elise Fallucco/SOC/child-serving agencies/pediatric community	July 2015 Complete Ongoing

Goal #8: All services are evidence-based or promising practices				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
8.a Organizations will utilize an array of evidence-based practices to meet the needs of children and youth	8.a.1 Establish inventory of EBP 8.a.2 Identify gaps in availability and access to EBP 8.a.3 Establish a priority list for expanding availability 8.a.4 Implement priority training	Identified list of EBPs Implemented evidence-based training	EBP and training Committee/PD/JCC/ Child-serving organizations	August 2015 Complete Ongoing
Goal #9: Ensure the development of a seamless Diversion System of Care that focuses on early screening, identification and treatment for substance abuse and mental health issues				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
9.a. Implement assessment processes for all components of the juvenile justice continuum	9.a.1 Apply for Diversion System of Care grant to reform the diversion system of Circuit 4; 9.a.2 Implement Miami’s diversion and civil citation system of early identification (assessment and treatment for mental health) 9.a.3 Implement MOUs with all diversion partners in the respective Tier System. 9.a.4. Reevaluate (based on CJRG research and new diversion system) effectiveness and efficiency/implement quality improvement plan	Complete and submit diversion grant proposal Developed referral process; Completed and executed MOUs; Begin enrolling youth in diversion services	KHA, PCH, PD, SAO, Community Partners, CAB, DJJ, DJJ, JAC, Courts Administration, Community Partners	December 2020; Ongoing
9.b Implement early screening, assessment and referral processes for all arrested youth including youth who have received Civil Citations.	9.b.1 Apply for CJRG Expansion Grant to fill the reformed diversion SOC gaps and increase the number of youth served 9.b.2 Implement enhanced services and processes	Complete and submit diversion grant proposal Execute MOUs; implement assessment and referral processes; increase youth served	DJJ, JAC, Courts Administration, Community Partners	July 2021; Ongoing

Goal #10: A comprehensive data system will be established to gather data and guide with evidence, the system of care changes

Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
10.a Implement a case management database system	10.a.1 Identify IT needs and components 10.a.2 Solicit proposals for hardware and software 10.a.3 Select vendor and implement	Database installed, utilized and providing data driven information	Diversion System of Care; CJRG	January 2021 Ongoing



Juvenile Sequential Intercept Mapping Duval County, Florida

December 4 - 5, 2018

Facilitated by:

The Criminal Justice, Mental Health, and
Substance Abuse Technical Assistance Center

Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida



Criminal Justice,
Mental Health,
and Substance Abuse
Technical Assistance Center

Duval County Juvenile Sequential Intercept Mapping Report Abbreviations

Below is a list of abbreviations that may be helpful when reading the Duval County Juvenile Sequential Intercept Mapping (SIM) narrative and map.

General List of Abbreviations

ADC	Average Daily Census
ADP	Average Daily Population
AHCA	Agency for Health Care Administration
BA	Baker Act
CCSU	Children's Crisis Stabilization Unit
CINS/FINS	Children In Need of Services/Families In Need of Services
CIT	Crisis Intervention Team
CJMHPA	Criminal Justice, Mental Health, and Substance Abuse
CJMHPA TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CoC	Continuum of Care
CRS	Central Receiving System
CRF	Central Receiving Facility
CSU	Crisis Stabilization Unit
DCF	Florida Department of Children and Families
DJJ	Florida Department of Juvenile Justice
EBP	Evidence-Based Practice
EMS	Emergency Medical Services
ER	Emergency Room
FACT	Florida Assertive Community Treatment Team
FDC	Florida Department of Corrections
FDLE	Florida Department of Law Enforcement
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing
JAC	Juvenile Assessment Center
JARF	Juvenile Addictions Receiving Facility
JDAP	Juvenile Alternative Diversion Program
JDO	Juvenile Detention Officer
JPO	Juvenile Probation Officer
LE	Law Enforcement

MA	Marchman Act
MH	Mental Health
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
PACT	Positive Achievement Change Tool Assessment (R-PACT is residential PACT, C-PACT is community PACT)
PAT	Prevention Assessment Tool (used by FL DJJ in prevention and civil citation programs)
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SIM	Sequential Intercept Mapping
SIPP	Statewide Inpatient Psychiatric Program for Children
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation
YES Plan	Youth-Empowerment Success Plan (JPOs and case managers use to establish goals/outcomes with youth and family; also referred to as probation's case plan); it is becomes part of the Performance Plan when youth transition into the community

Duval County Abbreviations

DCPS	Duval County Public Schools
JFCS	Jewish Family and Community Services
LSF	LSF Health Systems (Managing Entity)
JSO	Jacksonville Sheriff's Office
MHRC	Mental Health Resource Center
SSA	School Safety Assistant
SSO	School Safety Officer

Table of Contents

Duval County Juvenile Sequential Intercept Mapping Report Abbreviations.....	1
General List of Abbreviations	1
Duval County Abbreviations.....	2
Introduction	1
Background.....	1
Objectives of the Sequential Intercept Mapping.....	2
Keys to Success.....	2
Duval County Juvenile Sequential Intercept Map Narrative.....	3
Intercept 0—Community Services.....	3
Intercept 1—Law Enforcement & Emergency Services.....	9
Intercept 2—Initial Detention & Hearings	12
Intercept 3—Jails & Courts	15
Intercept 4—Reentry	19
Intercept 5—Community Supervision.....	22
Duval County Priority Areas	25
Duval County Action Plan	25
Action Planning Process.....	25
Conclusion.....	30
Sequential Intercept Map: Duval County, Florida	31
Appendix A: Participant List.....	32
Appendix B: Resources	34

Duval County, Florida:

Transforming Services for Juveniles with Mental Illness and Substance Use Disorders in Contact with the Juvenile Justice System

Introduction

This report provides a summary of the *Sequential Intercept Mapping* (SIM) held in Duval County, Florida on December 4-5, 2018. The SIM provided a strategic plan for a targeted population, namely youth with substance use and/or mental health disorders (SAMH) who are involved in or at risk of involvement in the juvenile justice system in Duval County, FL. Moreover, the SIM is an integrated tool that can facilitate other community planning related to behavioral healthcare and diversion from the juvenile justice system or plans to address prevention of youth homelessness. The City of Jacksonville/Duval County, Partnership for Child Health, and Kids Hope Alliance hosted the SIM at the Schultz Center for Teaching & Leadership (4019 Boulevard Center Drive, Jacksonville, FL 32207).

This report includes:

- A brief review of the background for the SIM
- A detailed summary of the information gathered during the SIM, presented by intercept
- A sequential intercept map developed with input from the participants during the SIM
- An action planning (priorities in rank order) matrix developed by the participants
- Recommendations to assist Duval County in achieving their goals

Background

Kids Hope Alliance, the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment grantee for Duval County, requested the SIM as a top priority in the implementation of a three-year implementation/expansion grant awarded by the Florida Department of Children and Families (DCF) SAMH Program Office. The SIM provided Kids Hope Alliance and the City of Jacksonville with the activities and products listed below.

- Creation of a “point-in-time” map of the current juvenile justice system indicating points of “interception” where diversion strategies and programs for youth with SAMH disorders can be developed and implemented.
- Identification of resources, gaps in services, and opportunities within the existing school system, behavioral healthcare system, juvenile justice system, law enforcement, and the judiciary.
- Development of a strategic action plan to implement identified priorities to address juvenile justice diversion, reentry, and treatment needs of youth with SAMH disorders involved with the juvenile justice system.

The SIM was comprised of 52 participants representing cross-systems stakeholders including the Kids Hope Alliance, Partnership for Child Health, Department of Juvenile Justice, Duval County Public Schools, the Fourth Judicial Circuit State Attorney’s Office, the Department of Children and Families, as well as, SAMH treatment providers, human services, advocates, family members, law enforcement, and court administration. A complete list of participants is available in Appendix A at the end of this report. Karen Mann and Katelind Halldorsson from the University of South Florida (USF) Criminal Justice, Mental

Health, and Substance Abuse Technical Assistance Center (CJMHSATAC) facilitated the mapping.

Objectives of the Sequential Intercept Mapping

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, M.D. for the National GAINS Center for Behavioral Health and Justice Transformation funded by SAMHSA. During the mapping, the facilitators guided participants to identify resources, gaps in services, and opportunities at each of the six distinct intercept points of the juvenile justice system.

The SIM has three primary objectives:

- Development of a comprehensive map of how youth with substance use and mental health disorders flow through six distinct intercept points of the Duval County juvenile justice system: Community and Crisis Services, Law Enforcement and Emergency Services, Initial Detention and Hearings, Detention and Courts, Reentry and Transition, and Community Supervision.
- Identification of resources, service gaps, and opportunities for improvements at each intercept for youth with SAMH disorders involved in the juvenile justice system (target population).
- Development of priorities to improve the system and service-level responses for youth.

The Duval County Juvenile SIM map is on page 31.

Keys to Success

Existing Cross-Systems Partnerships

Duval County's history of collaboration between the behavioral healthcare and juvenile justice systems is reflected in a number of existing local efforts that were identified prior to and during the SIM. Examples include:

- Criminal Justice and Mental Health Taskforce
- Kids Hope Alliance

Representation from Key Decision Makers

The SIM included broad, cross-systems representation and involved many key decision makers. Opening remarks set the stage and established a clear message as to the importance of the SIM and commitment to an action plan. Opening remarks were provided by:

- Vicki Waytowich, Ed.D., Executive Director, Partnership for Child Health
- Chief Derrick Mitchell, Chair, Criminal Justice Mental Health Taskforce
- Jackie Green, DCF Community Development Administrator (Northeast Region)
- Joe Peppers, CEO, Kids Hope Alliance

Duval County Juvenile Sequential Intercept Map Narrative

This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Duval County Juvenile SIM map, especially with regard to program specifics and acronyms used on the map.

Intercept 0—Community Services

Education Programs

Full Service Schools of Jacksonville

- Collaborative partnership with City of Jacksonville and Kids Hope Alliance
- Serves approximately 128,000 Duval County Public School (DCPS) students experiencing non-academic barriers to success (K-12)
- Students may be referred by a parent, teacher, school, or provider
 - The average time between referral and service initiation is two weeks.
 - Average duration of counseling services is 6-to-9 months
- There are 87 full service schools with comprehensive physical health, mental health, and social services.
- As of October 15, 2018 and with funding from the State Department of Education, mental health services are provided in an additional 73 schools.
- Therapists visit traditional schools only when needed.
 - Therapist-to-school ratio is 1:4
 - Therapist-to-student ratio is 1:1 for 46 high priority schools (full service schools)
 - Therapist-to-student ratio is 1:3-4 for all other schools



River Oak Center/ Florida Recovery Schools

- River Oak Center is a high school supporting the educational needs of students, aged 14-19, who are in recovery from substance use.
- It serves up to 40 students at a time and an average of 50 students a year.
- The average length of stay is 190 days.
- Referrals are received from law enforcement, schools, providers, family, self-referral, Teen Court, Drug Court, and the Juvenile Diversion Alternative Program (JDAP).
- The Center provides academic counseling, behavioral health counseling, individual, group, and family outpatient services and case management, onsite academic instruction, and employment training and placement.

School Safety Officers (SSO) employed by Duval County School Police Department

- SSOs are stationed at middle and high schools only.
 - SSOs receive Youth Mental Health First Aid training.
- School Safety Assistants (SSA) are stationed in the county's 113 elementary schools.
 - The role of the SSA is to prevent individuals from inappropriately accessing elementary school grounds.
 - SSAs receive 400 hours of training in mental health, fire arms, and Crisis Intervention Teams (CIT).

Project SOS

- Project SOS is an afterschool substance use program for youth and their parents.

Prevention and Early Intervention Programs

Daniel Kids (Intercepts 0, 3, and 4)

- For youth aged 0-19, Daniel provides traditional counseling, case management, academic support and mentoring, independent living, and a respite program.
 - The average length of time between referral to Daniel and start of services is one week.
- 15 WRAP coordinators
 - Average caseload 1:13
- Youth receive an aftercare plan at release, but additional transition services are not provided (Intercept 4).
- Operates Statewide Inpatient Psychiatric Program for Children (SIPP) (Intercept 3).
- Juvenile Prevention Program (Intercepts 0 and 3):
 - Provides youth with the necessary supports to remain in school through comprehensive case management, tutoring services, and life skills training.
 - Referrals are made by the State Attorney's Office, Department of Juvenile Justice (DJJ), teachers, guidance counselors, and parents.
 - Case manager conducts an assessment upon admission to the program and an academic assessment is conducted by a teacher.
 - Youth must be between the age of 10 and 17, and have at least one prior arrest to receive services.
 - Serves up to 200 youth at a time.
 - Average length of program is nine months.
- Full Service Schools Program (Intercept 0):
 - Provides individual mental health counseling, group counseling, and behavioral services to students.
 - Referrals are made by parents, teachers, guidance counselors, and self-referral.
 - Therapist completes a biopsychosocial for each student at intake and for students receiving behavioral healthcare services; the behaviorist conducts a behavioral health assessment.
 - Serves up to 800 students at a time.
 - Average length of program is six months.

PACE Center for Girls (PACE)

- PACE is a no cost, voluntary, day program that provides holistic, gender responsive, and trauma informed services including academics, counseling, service learning, career preparation, and life skills.

- Referrals are made by schools, mental health counselors, community providers, families, and self-referral.
- Serves middle school and high school aged girls (grades 6-12) with a minimum of three of the following risk factors:
 - DJJ involvement
 - Mental health problems
 - Poor academic achievement and social skills
 - Truancy
 - Victimization (mental, physical, or sexual abuse)
- PACE can serve up to 80 girls at a time; average number served is 70 girls.
- Average length of stay in the day program is 12-to-15 months, with three years of follow-up and transition services.
- PACE personnel includes four full-time mental health counselors, one full-time therapist, and a monthly visit from a psychiatrist.
 - Caseload size is 1:15
- Emergency call line available on evenings, weekends, and holidays.
- School safety officers (SSO) are located on-site at the PACE Center.
- PACE provides in-school therapy for girls in need of such services and who are not attending their day program.

Youth Crisis Center (Intercepts 0 and 5)

- Serves CINS/FINS (children-in-need-of-services/families-in-need-of-services) youth aged 6-to-17 years.
- Prevention and early intervention programs include:
 - Family Link outpatient counseling
 - Residential crisis care
 - Stop Now and Plan (SNAP)
 - SNAP in schools
 - Outpatient behavioral health (individual, family, and group counseling)
 - Intensive case management with a capacity to serve 15 youth

Hope Pipeline Project

- Educational and legal advocacy for violations and infringements on youth rights.
- Serves youth at risk of or involved in the juvenile justice system.
- Average number served is 50 youth at any given time, with a capacity of 75-to-100 youth.

Chrysalis Health (Intercepts 0, 4, and 5)

- Services include targeted case management and outpatient services for youth aged three and older.
- Therapists conduct a biopsychosocial assessment.
- Personnel includes 12 therapists.
- Chrysalis Impact Program (Intercept 4):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and diagnosed with a mental health, substance use and/or co-occurring disorder; or
 - any age, released from a residential commitment program, returning to their home community, and placed on either conditional release or post-commitment probation

status

- Services include in-home and family therapy for mental health, substance use, and co-occurring disorders (Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, and Seeking Safety treatment model).
- Therapists complete comprehensive clinical assessments for juveniles at admission.
- The average time between referral and initial assessment is 10 days; there is an average of 14 business days between assessment and initiation of therapy sessions.
 - The average length of stay is 15-to-18 weeks.
 - Juveniles are referred to community providers for transition services upon program completion.
- Chrysalis Redirections Program (Intercept 5):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and have family factors as a ranking criminogenic need or assessed as having mental health or substance use needs, and present a risk of violating the conditions of supervision (as identified through the administration of the Positive Achievement Change Tool [PACT] assessment); or
 - any age, released from a residential commitment program, returning to their home communities, and on either conditional release or post-commitment probation status
- Services include in-home and family therapy for mental health, substance use, and co-occurring disorders.
- The average time from referral to assessment and start of services is 17 days.
- The average length of stay is 15-to-18 weeks.
- Transition services are provided upon completion of the program.

Teen Court (Intercepts 0, 1, and 2)

- Serves juveniles aged 8-to-17 who are:
 - Referred by school administration for a Student Code of Conduct Violation (Intercept 0), or
 - Eligible for a juvenile civil citation (Intercept 1), or
 - Referred by the State Attorneys' Office for a misdemeanor crime (Intercept 2).
- Referrals for the Teen Court are made by Duval County law enforcement agencies, Duval County Public Schools, and the State Attorney's Office.
 - Case managers utilize the Prevention Assessment Tool (PAT) to screen for Teen Court eligibility.
- The Teen Court serves between 600 and 700 youth per year.
 - Average length of time in the program is 90 days.
- Services include assessment, case management, drug testing, mentoring, life skills, restorative justice conferencing, "Know the Law" class, family coaching, anger management, Nurturing Parenting groups, and Journey to Womenhood groups.
 - Youth in need of outpatient and residential treatment for substance use and mental health services are referred to community-based service providers.
 - The average time from referral to start of services may take as little as 3 days or up to 2 weeks.
 - There is no waitlist for the Teen Court and appointments for services are set up immediately following program referral.
- There is no cost associated with the Teen Court or any of the referral services.
- Transition services vary, but all youth are encouraged to return as volunteers for community

service hours and are encouraged to complete any therapeutic services they are engaged in (at no cost to the family).

Family Support Services of North Florida (Intercepts 0 and 5)

- Family Assessment Support Team (FAST), an in-home voluntary program, provides supports and services within the family home to prevent youth from entering the foster care system.
- FAST provides intensive supervision and services to Duval's high and very-high risk youth. The program also serves Nassau County.
- It provides wraparound services, care coordination, transportation, housing, food, clothing, other basic needs.

Reach Program

- Provides in-school therapy services

Journey to Success

- Case management and advocacy for students aged 10-17 arrested for the first time

SEDNET

- Family Service Planning Team facilitated by SEDNET
 - Provides services such as mentoring

National Youth Advocate Program (Intercepts 0 and 5)

- Provides behavioral health services, sex offender counseling, family engagement services, and other services for youth and families involved in the child welfare and juvenile justice system.
- The intensive outpatient therapist and treatment coordinator meet with youth and their family at least three times per week and provide in-home counseling and community services.
- Provides all transportation to appointments.
- 24-hour crisis line for clients.

Additional Programs for At-Risk Youth

- The Boys and Girls Club
- Police Athletic League
- Big Brothers Big Sisters

Crisis Response

Duval County Public Schools (DCPS) Crisis Line

- The Crisis Line is for DCPS employees who are interacting with a student in crisis.
- The Crisis Line connects the caller with the school psychologist and it is the responsibility of the psychologist to reach out to the Mobile Crisis Team (MCT) operated by Child Guidance Center to conduct a mental health assessment.
- If the crisis call results in an involuntary Baker Act examination, the guidance counselor will contact the parent/guardian and the parent has the right to pick up their child from school.
- If the school proceeds with an involuntary Baker Act examination, the SSO transports the youth to the Children's Crisis Stabilization Unit (CCSU) operated by the Mental Health Resource Center (MHRC) or River Point CCSU.
- Between August 2018 and December 2018, there were over 2,500 crisis calls in the schools and

less than 10 percent resulted in involuntary Baker Act examinations.

Mobile Crisis Team (MCT) operated by Child Guidance Center

- The MCT serves youth in crisis at home and in schools, operates 24/7, and receives the majority of referrals from schools.
- The MCT has 7-8 program staff.

Community Action Team (CAT) operated by Child Guidance Center

- Team of therapists, case managers, mentors, nurse, and psychiatrist provide wraparound services to high-risk youth and their families.
- CCSU provides referrals to the CAT.

Children's Home Society

- Operates a crisis line that serves out-of-home population.
- Provides telemedicine, SPARK services (pregnancy prevention), in-school counseling, and care coordination for high utilizers (youth involved with JSO and under a Baker Act Order).

Strengths

- Duval County Public Schools offers employees up to six free counseling visits, if needed.
- There is no waitlist for the Teen Court and appointments for services are set up immediately following program referral.
- There is a variety of community-based prevention and early intervention services.
- Presence of CAT and MCT
- Large number of full service schools
- DCPS Crisis Line for school employees

Opportunities for Improvement

- Coordination of services for youth during the nine-month school year *and* three-month summer term
- Single point of access to reach community-based prevention/early intervention services
- Day program for males, similar to the PACE day program for females, including a three-year follow-up for transition planning (AMI was suggested as a provider)
- Job skills training and employment opportunities
- Coordination of community service hours for civil citation and the Teen Court
- Mentoring program, boundary spanners, and navigators for youth and family
- Data collaboration to generate youth profiles with user-friendly data and a unified voice
- A comprehensive up-to-date resource guide (electronic-based)
- Raise public awareness to reduce stigma surrounding behavioral health services
- Reduce Mobile Crisis Team response time

Intercept 1—Law Enforcement & Emergency Services

Emergency Services and 911

911

- If a youth is experiencing an apparent behavioral health crisis and involved with a possible law violation, the Jacksonville Sheriff's Office, is the first point of emergency contact and system response.
- If the youth is at school and experiencing an apparent behavioral health crisis, the first point of contact may be the guidance counselor or School Safety Officer (SSO).
- 911 dispatchers receive CIT and Mental Health First Aid (MHFA) training.

211 operated by United Way

- Duval County has a 211 information and referral service operated by United Way.

24/7 Access to Care Line operated by LSF Health Systems

- For 24/7 assistance, a consumer, a family member, or a provider can dial (877) 229-9098.

Law Enforcement

Sheriff's Office

- Jacksonville Sheriff's Office (JSO)

Municipal Law Enforcement

- Duval County School Police Department
- Jacksonville Beach Police Department
- Neptune Beach Police Department
- Atlantic Beach Police Department

Crisis Intervention Team (CIT) Training

- JSO is 100% CIT trained.
- There is a refresher course every three years facilitated by the Police Academy.
- At the time of the mapping, JSO officers were receiving MHFA training.

Baker Act

- When a law enforcement officer arrives to an incident involving a youth, the law enforcement officer must determine if the youth in crisis meets the standard for involuntary commitment in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This determination is often at the discretion of the officer.
 - If the youth meets the criteria for an involuntary Baker Act examination, he/she is transported to the Mental Health Resource Center (MHRC) Children's Crisis Stabilization Unit (CCSU) for assessment (applies to youth who have committed a misdemeanor or no law violation). Law enforcement does not provide secondary transportation from the MHRC CCSU.
 - If the youth meets the criteria for an involuntary Baker Act examination, but has



committed a felony offense, he/she is transported to the Duval County Jail for assessment.

- According to the Baker Act Reporting Center at the University of South Florida, there were 1,664 involuntary Baker Act examinations of Duval County juveniles in FY2016-17.
- Law enforcement's policy is to handcuff juveniles during transportation to a Baker Act receiving facility.

Marchman Act

- If the youth meets the criteria for a Marchman Act Order (Chapter 397, F.S.) and has not committed a law violation, law enforcement transports the youth to MHRC (substance use facility).
- If the youth requires medical stabilization, the MHRC will transport the youth to an emergency room until stabilized.

Civil Citation (pre-arrest diversion)

- If a juvenile has committed a misdemeanor offense (also applicable for youth that meet the criteria for an involuntary Baker Act examination), the officer has the discretion to issue a civil citation in lieu of arrest.
- Juveniles aged 17 and younger may receive up to three civil citations for misdemeanor offenses.
- A juvenile is not eligible for a civil citation if he/she commits a felony offense or if he/she is a certified gang member.
- Juveniles issued a civil citation by law enforcement are referred to Teen Court.

Teen Court (Intercepts 0, 1, and 2—see Intercept 0 for full description)

- Pre-arrest diversion program for juveniles who committed a misdemeanor offense.
- Serves juveniles aged 8-to-17 who are:
 - Referred by school administration for a Student Code of Conduct Violation (Intercept 0), or
 - Eligible for a juvenile civil citation (Intercept 1), or
 - Referred by the State Attorney's Office for a misdemeanor crime (Intercept 2).

Crisis Services

Mental Health Resource Center (MHRC) Children's Crisis Stabilization Unit (CCSU)

- Baker Act receiving facility for Duval County youth with a capacity of 30 beds
- Upon arrival at MHRC, an Emergency Services Evaluator conducts a clinical assessment to determine the need for inpatient stabilization. Trauma assessments are performed as ordered by the psychiatrist.
 - Youth requiring medical stabilization are transported by MHRC to UF Health Jacksonville/Shands Jacksonville Healthcare or Baptist Medical Center Jacksonville/Baptist Health Center.
 - Youth who do not meet the criteria for an involuntary Baker Act commitment are released to parents and the MHRC assists in aftercare planning.
- While in the CCSU, the youth may have contact with their existing community treatment provider,
- Average length of stay is three-to-five days.
- MHRC employs four full-time master's level clinicians to coordinate discharge planning with

the family and community treatment providers.

River Point Behavioral Health Children’s Crisis Stabilization Unit (CCSU)

- This CCSU is the Baker act receiving facility for Duval County youth.
- Upon arrival at River Point, an involuntary Baker Act examination is conducted.
 - If the youth is a walk-in for crisis services, a biopsychosocial assessment is conducted before the youth receives a Baker Act examination.
 - If the youth requires medical stabilization, Liberty Ambulance provides the primary and secondary transports to Memorial Hospital of Jacksonville.
- The average length of stay is three-to-five days.
- River Point provides counseling and discharge planning.
- A psychiatrist is on staff.

Strengths

- There are two in-county CCSUs.
- The MHRC CCSU rarely reaches capacity.
- There are pre-arrest diversion options (Teen Court and Civil Citation).

Opportunities for Improvement

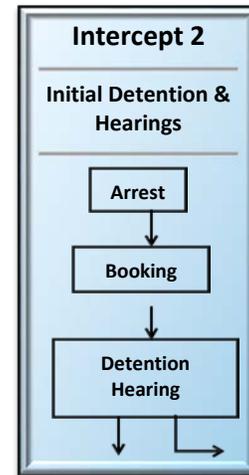
- Juvenile Addictions Receiving Facility (see Intercept 2 Opportunities for Improvement).
- Raise public awareness and educate communities regarding access to community-based behavioral health services rather than law enforcement being the initial contact.
- Discourage law enforcement as the initial contact, when there is a behavioral health conflict and no law violation.
- Explore the conditions and policies that direct school administrators and educators to utilize the Baker Act involuntary assessment process.
- Encourage law enforcement to reach out to the State Attorney’s Office for pre-arrest diversion options.
- Encourage the use of provider- and school-driven “safety plans”, similar to Wellness Recovery Action Plans (WRAP) in case of a future behavioral health crisis.

Intercept 2—Initial Detention & Hearings

Arrest and Booking

Arrest/Taken into Custody

- When a juvenile is arrested, he/she is transported to the Intake and Processing Area of the adult jail to be processed by a juvenile processing officer/intake control officer.
 - The juvenile processing officer/intake control officer reviews the booking report and fingerprints the youth.
 - The DJJ Admission Questionnaire is completed.
 - Tattoos, gang affiliation, scars, are photographed and documented. This information along with the DJJ Admission Questionnaire information is entered into the Corrections Management Information System (CMIS).
 - Processing at the jail may take up to one hour.
 - During the booking process, if the officer detects signs of substance use or mental health problems (intoxication or self-harm), the juvenile is assessed by a nurse and, if appropriate, the juvenile may be transported to UF Health Jacksonville for medical clearance.
- The officer prepares three Arrest and Booking reports (copy for each of the SAO, Clerk of the Court, and the JAC).
- Upon completion of processing at the jail or receiving medical clearance at UF Health, a transportation officer transports the juvenile to the Juvenile Assessment Center (JAC).
- The JAC receives the juvenile's JAC docket (arrest and booking report and the DJJ questionnaire).



Juvenile Assessment Center (JAC) operated by DJJ

- The JAC is the central intake facility for all juveniles arrested in District IV (following booking processing at the jail).
- Once a youth arrives at the JAC, the Detention Risk Assessment Instrument (DRAI) is administered to determine the detention status.
 - Detention options include secure detention, intensive home detention with electronic monitoring, intensive home detention without electronic monitoring, home detention, evening reporting center, or release.
- The juvenile probation officer (JPO) also administers the following assessments as a part of the initial screening:
 - Positive Achievement Change Tool (PACT)
 - Massachusetts Youth Screening Instrument (MAYSI)
 - Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)
 - Prison Rape Elimination Act (PREA)
 - Human Trafficking Screening Tool (HTST)
 - Suicide Screening Instrument (SRSI)
- JAC personnel inquire about the juvenile's medical history and any psychotropic medications the juvenile may be taking.
- Based on the results of the various assessments, Jewish Family and Community Services (JFCS) care coordinators administer the Global Appraisal of Individual Needs (GAIN-I).
 - If the juvenile is in need of services, JFCS care coordinators make referrals to community

behavioral health treatment providers.

- Once a referral is made, the intake conference occurs in person with the youth, the family, the JPO, and the provider.
- On average, 70-to-85 percent of youth taken to the JAC have mental health problems.

Detention Hearing

- If a juvenile is placed in secure detention, a detention hearing occurs in person, within 24 hours of initial detainment to determine the need for continued secure detention.
- The Judge, State Attorney's Office, Public Defender's Office, and JPO receive a copy of the juvenile's docket (arrest and booking report and DJJ Questionnaire) as well as other assessment materials.
- Parents must sign a release of authorization for evaluation and treatment (AET).
- Designated juvenile probation officers (JPOs) are assigned to attend detention hearings.
- The juvenile may remain in detention for 21 days before another detention hearing is required.

Arraignment Hearing

- The arraignment occurs within 24-to-48 hours of arrest.
- The Judge, State Attorney's Office, Public Defender's Office, and JPO receive a copy of the juvenile's packet including assessment materials.
- The juvenile may plead guilty, not guilty, or no contest; or he/she may request an extension.
- A juvenile may be formally charged or the State Attorney's Office may request that the juvenile be direct filed into the adult criminal justice system. The judge may judicially waive a juvenile into the adult criminal justice system also.
- The State Attorney's Office may make recommendations for diversion.

Diversion Opportunities

BAYS Florida Juvenile Diversion Alternative Program (JDAP)

- Post-arrest juvenile diversion program serving high-risk youth aged 17.
- With the approval of the State Attorney's Office, juveniles are referred to the program by DJJ. The SAO utilizes JDAP when seeking more intensive supervision and programming. Admission criteria include (but are not limited to) juveniles who commit a:
 - Misdemeanor offense,
 - Misdemeanor offense with a prior adjudication,
 - Second misdemeanor offense with a prior adjudication,
 - Violent first-degree misdemeanor offense, or
 - First time felony offense (of the third degree).
- Upon admission, JDAP case managers conduct an intake needs assessment and administer the Positive Achievement Change Tool (PACT).
- Provides individualized services including:
 - Scheduling supervision and monitoring of compliance with court-ordered sanctions (e.g. community service, curfew and restriction, individual, group, and family counseling, anger management, school and vocational services, life and social skills classes).
 - Referral to and monitoring of substance use and mental health treatment services.
- JDAP has the capacity to serve 70 juveniles at any given time (no waitlist).
- The program served an average of 200 youth from November 2017 to November 2018.

- The average length of time from referral to start of services is seven days.
- The average length of stay in the program is two-to-four months based on a juvenile’s individual needs.
- JDAP does not provide transition services at this time.

Youthful Offender Program operated by the State Attorney’s Office

- Serves qualified first-time juvenile offenders
- Juveniles and parents participate in a hearing conducted by specially trained hearing officers.
- Typically, assigned sanctions can be completed in 90 days.
- Charges may be dismissed upon successful completion.

Teen Court (Intercepts 0, 1, and 2—see Intercept 0 for full description)

- Diversion program for juveniles who commit misdemeanor offenses/
- Serves youth ages 8-to-17 who are:
 - Eligible for a juvenile civil citation (Intercept 1)

Strengths

- When a juvenile has been referred to a community-based treatment provider and is exiting the JAC, an intake conference is convened in-person (warm hand-off) and includes the youth, the family, the JPO, and the provider.
- DJJ, JAC personnel, and providers utilize multiple evidence-based screening/assessment tools.
- Pre-arrest and post-arrest diversion options (JDAP, Youthful Offender Program, Teen Court) are available.

Opportunities for Improvement

- “No wrong door”—a central receiving system for juveniles that includes a JAC, CCSU, and JARF (co-located)
- Shift the booking process from the Duval County Jail to the JAC
- Multidisciplinary team to examine diversion options and their appropriateness prior to a youth’s arraignment
- Sustainability of screening and case management services at the JAC once the reinvestment grant concludes

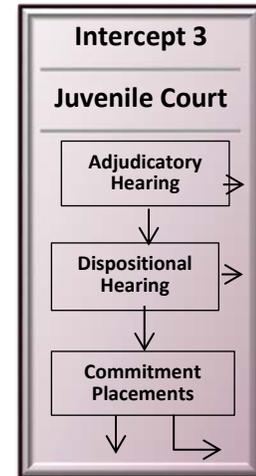
Intercept 3—Jails & Courts

Secure Detention

- Secure facility with a 100-bed capacity
- A nurse sees every juvenile within 24 hours of admission into the secure detention facility.
- If a juvenile is taking prescribed psychotropic medications, he/she may see a psychiatrist, if needed.
- Mental health treatment services are available to youth during business hours.
- In lieu of secure detention, a juvenile may be released and required to report to the Evening Reporting Center.

Juvenile Court

- Juvenile court is located in Duval County.
- At the adjudicatory hearing, the juvenile is adjudicated delinquent or not (guilt or innocence).
- At the dispositional hearing and based on the recommendations of the JPO and SAO, the judge makes a determination of the outcome—adjudicated delinquent, adjudication withheld, or not guilty/no adjudication.



Juvenile Drug Court

- State Attorney's Office refers youth to Drug Court post-arraignment.
- Eligibility depends on the nature of the offense—the offense must be related to or the result of a substance use problem or the juvenile must be clinically diagnosed with substance dependence.
- Upon admission, the case manager administers the GAIN-I assessment.
- Juvenile Drug Court hearings convene one-to-two times a month.
- The average duration of involvement with the Juvenile Drug Court is six-to-twelve months.
- At the time of the mapping (December 2018), there were 15 juveniles participating in Drug Court.
- It has the capacity to serve up to 30 juveniles at one time.
- Juveniles must participate in community service and prepare written assignments.
- The Juvenile Drug Court team meets bi-weekly to provide recommendations for youth.
- Gateway provides outpatient substance use and residential treatment, when appropriate, for Drug Court participants.
- Random drug screens are required on a call-in basis.
- Sanctions may include confinement in secure detention (up to five days).
- Successful completion of all requirements:
 - If diversion—charges are dropped
 - If probation—successful completion of conditions of probation

Girls Court

- Accepts female youth with felony and misdemeanor charges, as well as females on probation who are in need of a more intensive program. Females involved in the Girls Court have a mental health or substance use problem.

- At the time of the mapping (December 2018), there were nine females in the court program.
 - Duval County would like to increase this number because there is capacity to serve 15-to-20 female juveniles.
- Since inception, January 2017, the Girls Court has served 25 youth.
- Girls Court personnel (all female) include four juvenile probation officers.
- Multidisciplinary meeting occurs every two weeks with JPOs, DJJ, the Public Defender's Office, the State Attorney's Office, and Family Support Services to discuss girls' progress.
- Services include mental health counseling, substance use services, wraparound services, and mentoring.
- The State Attorney's Office may initiate a Walker Plan for a girl involved in the Girls Court. The SAO develops the conditions of the plan. Typically, the SAO will initiate a Walker Plan post-detention petition filed but pre-adjudicatory hearing.
- Successful completion of the conditions of Girls Court can result in the charges being dropped (not filed).

Crossover Court

- Serves juveniles involved in both the child welfare and the juvenile justice system. A juvenile in the child welfare system who receives a felony or misdemeanor charge would be referred to the Crossover Court. This court may accept a juvenile in the child welfare system who is direct filed or transferred into the adult criminal justice system.
 - At the JAC, juveniles are screened to identify the presence of child welfare involvement.
- This court was serving 60 juveniles at the time of the mapping (December 2018).
- A multidisciplinary team serves the Crossover Court.
- There are dedicated JPOs who serve juveniles participating in this court.
- A variety of services are available.
- A juvenile's duration in the Crossover Court is based on his/her treatment plan (probation or commitment).
- Successful completion does not necessarily result in having the charges dismissed.

Dispositional Options

Department of Juvenile Justice Residential Commitment Programs

- After all community interventions and treatment options are exhausted, a juvenile will be placed in a DJJ commitment program. Commitment programs are organized by levels: minimum risk nonresidential, non-secure residential, high-risk residential, and maximum-risk residential.
- Wait time for residential commitment programs vary; there can be a two-to-six month wait for a commitment placement. Juveniles awaiting placement in a residential commitment program are waiting in secure detention.
- A mental health and substance use overlay program will begin in 2019.
- Services provided in residential commitment programs include education, vocational skills training, and substance use and mental health treatment services.

Twin Oaks (Intercepts 3 and 5)

- Residential Alternative for the Mentally Challenged (Intercept 3)
 - Overall goal is to restore competency for juveniles.
 - Twin Oaks has a contract with DJJ to serve the North Florida Region (Circuits 1, 2, 3, 4, 5,

- 7, 8, and 14).
- This is a residential commitment program serving moderate-risk juvenile offenders with developmental disabilities.
- It offers vocational, mentoring, and educational programming.
- Twin Oaks operates a Community Action Team (CAT).
- It provides wraparound services, care coordination, housing, food, clothing, and transportation,
- Aftercare Services (Intercept 5)
 - DJJ contracts with Twin Oaks to serve the North Florida Region (Circuits 1, 2, 3, 4, 5, 7, 8, and 14).
 - Capacity: 80 juveniles
 - Serving 84 juveniles at the time of the mapping (December 2018)
 - Kids Hope Alliance/City of Jacksonville contracts with Twin Oaks
 - Capacity: 34 juveniles
 - Serving 12 juveniles at the time of the mapping (December 2018)
 - Serves males aged 16-to-18, high-to-maximum risk
 - Provides aftercare services to juveniles on probation
 - Vocational and educational programs

AMIkids Jacksonville

- This program serves juveniles, aged 14-to-18, in the sixth grade or higher and under the supervision of DJJ.
 - Juveniles are referred to the program through DJJ and the SAO.
- Capacity: up to 34 DJJ juveniles and 45 juveniles total
- AMI operates a day treatment program for juveniles placed on probation or conditional release.
- AMI operates a minimum risk DJJ residential commitment program for males.
- The average duration of a juvenile's participation is five months.
- Transition services are provided upon program completion.

Community Mental Health Services

Gateway

- Provides adolescent intervention, assessment, residential and outpatient treatment, probation, and aftercare services.

Community-based Counseling

- Provides counseling to youth referred by JFCS care coordinators at the JAC, once a youth has been assessed using the GAIN-I.

Statewide Inpatient Psychiatric Program (SIPP) operated by Daniel Kids (Intercepts 0, 3, and 4—see intercept 0 for full array of services)

- Residential treatment program for juveniles aged five to 17 exhibiting severe symptoms of mental health and emotional distress.
- Services include individual, group, and family counseling and psychiatric treatment.
- Juveniles continue education while at SIPP through Duval County Schools' Hospital Homebound Program.
- SIPP personnel includes therapists, behaviorists, nurses, psychiatrists, recreation specialist, and a certified teacher.

- Average length of stay is four-to-six months.

Strengths

- Many of the community providers serving youth are located within Duval County.
- There are specialty courts to address behavioral health needs and criminogenic risk factors of juveniles.
- Treatment providers work closely with the specialty courts.

Opportunities for Improvement

- Develop a residential program for females in Duval County.
- Develop a day treatment sex offender program and sex offender counseling services within the community.
- Provide in-county intensive outpatient services.
- Reduce the wait time for DJJ residential placement because the juveniles are housed in secure detention until a residential placement is available (costly and not receiving extensive treatment services).
- Increase psychiatric capacity to reduce the wait time for appointments.
- Address the double “disposition” that results when a juvenile is released from SIPP and has a DJJ commitment order remaining.

Intercept 4—Reentry

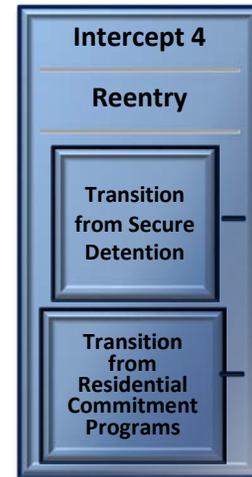
Reentry/Discharge Planning

Release from Secure Detention

- After 21 days in secure detention, youth are usually released on probation or, subject to another detention hearing and order, retained in secure detention.
- There is no formal transition planning for direct release youth.
- Juveniles beginning probation upon release are referred to their JPO.

Release from DJJ Residential Commitment Programs

- Transition planning begins 60 days prior to release from a residential commitment program.
- Daniel Kids operates a Community Reentry Team (CRT) comprised of DJJ, the juvenile’s commitment program, parent/guardian, and the JPO.
 - The CRT develops a plan to address transportation home, communication with the school board regarding readmission into the juvenile’s home school, as well as referrals to community-based services, if needed.
- The juvenile, parents, the JPO, and the provider cooperatively develop a YES Plan that includes key information from the PACT (risk and protector factors) and stipulates measureable goals for the juvenile, the parents, and the JPO. Examples of goals include:
 - The juvenile will attend school and attend an anger management course.
 - The parent will work with the juvenile to recognize the differences between pro-social and anti-social behaviors.
 - The JPO will assist the juvenile to identify positive role models and encourage pro-social relationships.
- Conditional release
- The juvenile retains the remainder of prescription medication taken while in the program and an additional 30-day supply.
- Parents receive referral information and are responsible for making appointments.



Project Connect

- Reentry and aftercare services for juveniles involved in the juvenile justice system who are transitioning back into the community.
- Services focus on education, vocational training, transportation assistance, mentoring, and family reunification.
- Project Connect receives referrals from Circuit Four DJJ JPOs.
- Average length of stay is three-to-six months depending on service plan completion.
- Project Connect’s state contract:
 - Eligible youth include males and females, aged 11 and older, who are on probation, direct discharge/release, post-commitment program, or conditional release.
 - Referrals may be initiated within one month of residential placement and transition services begin within one month of receiving an approved referral.
 - Serves 80 youth at a time through the state contract.
 - Serves an average of 190 juveniles per year.

- Kids Hope Alliance / City of Jacksonville contract
 - Eligible juveniles include 16-to-18 year olds returning from maximum-risk or high-risk DJJ residential commitment programs.
 - Transition services are initiated during the last four months of residential commitment and community-based services are initiated within 3 days of release.
- Serves 30 juveniles annually
- Served 35 youth in FY2017-18

Daniel Kids (Intercepts 0 and 4—see intercept 0 for full description)

- For youth aged 0-19, Daniel provides traditional counseling, case management, academic support and mentoring, independent living, and a respite program.
- The program has 15 WRAP coordinators (average caseload 1:13).
- Juveniles receive an aftercare plan at discharge, but additional transition services are not provided.

Chrysalis Health (Intercepts 0, 4, and 5—see Intercept 0 for full array of services)

- Services include targeted case management and outpatient services for clients aged three and older.
- Therapists conduct a biopsychosocial assessment.
- Personnel include 12 therapists.
- Chrysalis Impact Program (Intercept 4):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and diagnosed with a mental health, substance use and/or co-occurring disorder; or
 - any age, released from a residential commitment program, returning to their home community, and placed on either conditional release or post-commitment probation status.
 - Services include in-home and family therapy for mental health, substance use, and co-occurring disorders (Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, and Seeking Safety treatment model).
 - Therapists complete comprehensive clinical assessments for juveniles at admission.
 - The average time between referral and initial assessment is 10 days; there is an average of 14 business days between assessment and initiation of therapy sessions.
 - The average length of stay is 15-to-18 weeks.
 - Juveniles are referred to community providers for transition services upon program completion.

Delores Barr Weaver Policy Center

- Advocacy center for girls involved in the juvenile justice and child welfare systems.
- Girls are referred to Delores Barr Weaver Policy Center 30 days prior to release from residential commitment programs.
- Services include:
 - Advocacy in court, detention facility, and commitment programs
 - Tele-mental health services
 - Mentoring
 - Group counseling in the detention center

Child Guidance Center

- Provides wraparound services

Operation New Hope

- Provides housing assistance, job training, and employment placement

Justice Works Program

- Provides mentorship and support for high-risk DJJ youth
 - Meet with youth for an average of six hours a week
- Serving 12 youth at the time of the mapping (December 2018)

Strengths

- Reentry services for juveniles transiting from residential placement back into their home communities
- Daniel Kids' Community Reentry Team (CRT)
- Assistance, even if limited, is available for housing, job training, employment placement, and mentoring

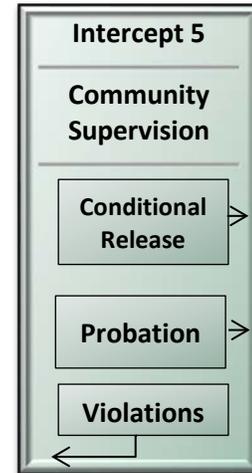
Opportunities for Improvement

- Care coordination embedded throughout programs and services
- High-fidelity wraparound services as part of the System of Care

Intercept 5—Community Supervision

Twin Oaks (Intercepts 3 and 5—see Intercept 3 for full array of services)

- Aftercare Services for juveniles on probation
 - DJJ contracts with Twin Oaks to serve the North Florida Region (Circuits 1, 2, 3, 4, 5, 7, 8, and 14)
 - Capacity is 80 youth
 - At the time of the mapping (December 2018), the program was serving 84 youth.
 - Kids Hope Alliance/City of Jacksonville contracts with Twin Oaks for services.
 - Capacity is 34 youth
 - At the time of the mapping (December 2018), the program was serving 12 youth.
 - Serves males aged 16-to-18, high-to-maximum risk
 - Vocational and educational programs



Additional Resources

Chrysalis Health (Intercepts 0, 4, and 5—see Intercept 0 for full array of services)

- Services include targeted case management and outpatient services for clients aged three years and older.
- Therapists conduct a biopsychosocial assessment.
- Personnel include 12 therapists.
- Chrysalis Redirections Program (Intercept 5):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and have family factors as a ranking criminogenic need or assessed as having mental health or substance use needs, and present a risk of violating the conditions of supervision (as identified through the administration of the Positive Achievement Change Tool [PACT] assessment); or
 - any age, released from a residential commitment program, returning to their home communities, and on conditional release or post-commitment probation status.
- Services include in-home and family therapy for mental health, substance use, and co-occurring disorders.
- The average time from referral to assessment and start of services is 17 days.
- The average length of stay is 15-to-18 weeks.
- Transition services are provided upon completion of the program.

Vocational Rehabilitation

CareerSource

- Offers employment training through education, resume and interview training, and job readiness workshops.

Fresh Ministries

- Fresh Futures II Program
 - Serves juveniles and young adults, aged 14-to-24, who have been involved in the juvenile

- justice system and are residents of Duval County.
- Juveniles must be under DJJ supervision, in an out-of-home placement, on probation or parole, or under an alternative disposition in a diversion program as an alternative to juvenile prosecution (cannot be transferred/prosecuted in the adult court/convicted of a crime as an adult).
- Program provides comprehensive case management, educational supports such as mentoring and tutoring, and employment supports such as work readiness training.
- Successful completion of the program may result in expungement of records for eligible juveniles.
- Fresh Futures Youth Program
 - Year-long program for Duval County high school students aged 14-to-19
 - Services include financial literacy training, college readiness, job readiness, academic enrichment, health and wellness, family involvement, cultural outings, and leadership and character development.

Youth Crisis Center (Intercepts 0 and 5)

- Serves juveniles in the juvenile justice system and CINS/FINS (children-in-need-of-services/families-in-need-of-services) youth aged 6-to-17.
- Provides short- and long-term housing and counseling for juveniles; provides safe haven during transition from unstable adolescence to a productive adulthood.
- Prevention and early intervention programs include:
 - Family Link outpatient counseling
 - Residential crisis care
 - Stop Now and Plan (SNAP)
 - SNAP in schools
 - Outpatient behavioral health (individual, family, and group counseling)
 - Intensive case management with a capacity to serve 15 youth

National Youth Advocate Program (Intercepts 0 and 5)

- Provides behavioral health services, sex offender counseling, family engagement services, and other services for youth and families involved in the child welfare and juvenile justice system.
- The intensive outpatient therapist and treatment coordinator meet with youth and family members at least three times per week and provide in-home counseling and community services.
- Provides all transportation to appointments.
- 24-hour crisis line for clients

Family Support Services of North Florida (Intercepts 0 and 5)

- Provides wraparound services, care coordination, transportation, housing, food, clothing, other basic needs

Thaise

- Community-based non-residential service provider serving CINS/FINS
- Assists juveniles considering higher education by providing visits to colleges

Strengths

- Duval County has a variety of community services including educational and vocational

programs.

- Case management and care coordination services are available for youth.

Opportunities for Improvement

- Peer specialists/parent partners

Duval County Priority Areas

Based on the SIM discussion, the participants developed a list of five priorities that will become the focus of the action plan.

Top Priorities

1. Central Receiving Facility (CRF)
2. Community Awareness and Education
3. Sustain and Expand Behavioral Health Resources and Services
4. Care Coordination and Crisis Response
5. Juvenile Processing Post-Arrest

Duval County Action Plan

Action Planning Process

The stakeholders were enthusiastic participants in the development of a strategic action plan. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas. The plan specifies the individuals responsible for implementation of each action step and a reasonable timeframe for completion of identified tasks.

The Action Plan is presented on the following pages (one priority described on each page)

Priority Area 1: Central Receiving Facility

Objective		Action Step	Who	When
1.1	Explore the feasibility of a single-site JAC/CCSU/JARF to provide stabilization and treatment services	<ul style="list-style-type: none"> To identify primary provider To research available funding opportunities To visit the Hillsborough County CRF operated by GracePoint and ACTS To revisit Duval County's prior CRF application 	<ul style="list-style-type: none"> Steve Bauer (Gateway) Dan Renaud (Florida Recovery Schools) 	2019-20
1.2	Examine best practices related to Juvenile Assessment Centers	<ul style="list-style-type: none"> To explore options for privatizing the JAC 	<ul style="list-style-type: none"> Steve Bauer FL Department of Juvenile Justice Circuit 4 Advisory Board 	2019-20

Priority Area 2: Community Awareness and Education

Objective		Action Step	Who	When
2.1	Develop a community resource guide	<ul style="list-style-type: none"> To explore potential funding sources To identify the methodology for the collection and subsequent updates of the information To identify who would have primary responsibility for the maintenance and upkeep of this application 	<ul style="list-style-type: none"> Jarrett Bolin (Chrysalis) United Way/ 211 Shad Vinson (FSS) 	

Priority Area 3: Sustain and Expand Behavioral Health Resources and Services

Objective		Action Step	Who	When
3.1	Explore the feasibility of developing Parent Partners and Peer Support Specialists/ Survivor Mentors in Duval County	<ul style="list-style-type: none"> To examine best practices related to Parent Partners and Peer Support Specialists 	<ul style="list-style-type: none"> Criminal Justice Reinvestment Grant Taskforce 	2019
3.2	Explore the feasibility for high fidelity Wraparound services	<ul style="list-style-type: none"> To identify funding streams To research the best practices for Wraparound services 	<ul style="list-style-type: none"> System of Care Daniel Kids 	2019
3.3	Expand DJJ residential placement options in order to reduce a youth's wait time in secure detention	<ul style="list-style-type: none"> To establish an in-county residential program for female youth To develop a day treatment sex offender program 	<ul style="list-style-type: none"> FL Department of Juvenile Justice 	2019
3.4	Expand community-based services	<ul style="list-style-type: none"> To identify options to expand psychiatric services in Duval County To develop intensive outpatient program/services To develop community-based sex offender counseling services 	<ul style="list-style-type: none"> Youth Crisis Center System of Care Behavioral Health Consortium FADAA 	2019-20
3.5	Conduct a cross-systems training (hands-on) on trauma, substance use, mental health, sexual assault, and cultural sensitivity	<ul style="list-style-type: none"> To identify best practices related to trauma-informed care/services To implement trauma-informed culture in the juvenile justice system (leadership and direct service providers) 	<ul style="list-style-type: none"> Behavioral Health Integration/ Family Support Services LSF Health Systems Behavioral Health Consortium (Trauma Committee) 	2019-20
3.6	Explore a feasibility of establishing a Juvenile Mental Health Court	<ul style="list-style-type: none"> To identify funding opportunities To research Juvenile Mental Health Court models 	<ul style="list-style-type: none"> Circuit 4 Court Administration 	2019-20

Priority Area 4: Care Coordination and Crisis Response

Objective		Action Step	Who	When
4.1	Expand Mobile Crisis Team	<ul style="list-style-type: none"> To estimate the impact of additional funding in conjunction with serving a greater number of individuals To identify strategies to reduce response time 	<ul style="list-style-type: none"> Child Guidance Center 	2019
4.2	Develop collaboration strategies between 911 dispatchers, mobile crisis, and law enforcement to appropriately direct crisis calls	<ul style="list-style-type: none"> To develop and implement training for dispatchers to direct crisis calls that do not involve law violations To research best practices in other agencies for 911/crisis response (co-responder model) 	<ul style="list-style-type: none"> Jacksonville Sheriff's Office Child Guidance Center 	2019
4.3	Coordinate and integrate assessment and treatment plans as a youth moves through the system	<ul style="list-style-type: none"> To identify effective care coordination strategies (across the spectrum of services in the juvenile justice system; no wrong door) To develop a position for a SOAR (SSI/SSDI) coordinator to assist youth and families obtaining benefits 	<ul style="list-style-type: none"> Jewish Family and Community Services 	2019
4.4	Expand pre-arrest and post-arrest front-end diversion options	<ul style="list-style-type: none"> To demonstrate the efficacy of front-end diversion options 	<ul style="list-style-type: none"> State Attorney's Office 	2019

Priority Area 5: Juvenile Processing Post-Arrest

Objective		Action Step	Who	When
5.1	Explore the feasibility of transferring the juvenile intake and booking process from the adult jail to the Juvenile Assessment Center (JAC)	<ul style="list-style-type: none"> To design an array of services for the JAC to offer To develop an MOU with providers for JAC treatment services 	<ul style="list-style-type: none"> FL Department of Juvenile Justice Jacksonville Sheriff's Office Terry Glover (Northwest Behavioral Circuit Advisory Board) 	2019-20

Conclusion

The two-day Sequential Intercept Mapping was an excellent example of community collaboration and a focused approach to addressing the needs of this target population. To that end, as discussed and observed during the SIM, the USF CJMHSa TAC recommend the following actions:

In summary, it is encouraging to observe the local leadership and commitment to taking the juvenile justice and behavioral healthcare systems to a new level in Duval County. This plan, like other plans, requires follow through.

For information or clarification regarding this Sequential Intercept Mapping, action plan, and report, contact:

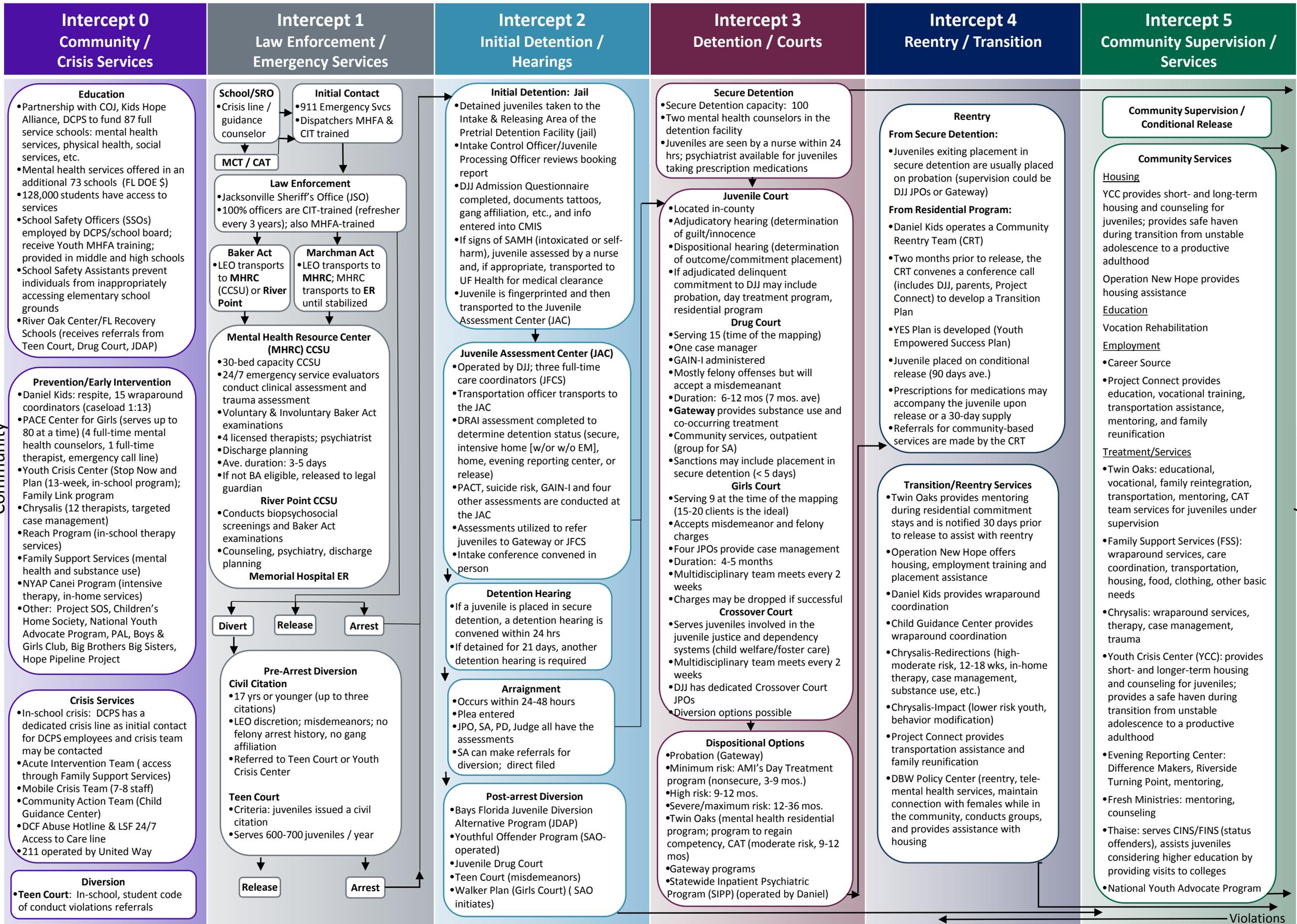
Karen Mann, CJMHSa TAC Program Director at kem2@usf.edu

Katelind Halldorsson, CJMHSa TAC Researcher at katelind@usf.edu

Please visit the USF CJMHSa Technical Assistance website at www.floridatac.org

Sponsored by DCF Contract # LH289

Sequential Intercept Mapping: Duval County Juvenile Justice System



Appendix A: Participant List

First Name	Last Name	Organization
Jennifer	Anan	Family Support Services
Vicky	Basra	Delores Barr Weaver Policy Center
Steve	Bauer	Gateway
Alyssa	Beck	Delores Barr Weaver Policy Center
Jennifer	Blalock	Kids Hope Alliance
Jarrett	Bolin	Chrysalis Health
The Honorable Judge	Brady	Judiciary
Mikeila	Carpenter	BAYS/Juvenile Diversion Alternative Program
Jim	Clark	Circuit Advisory Board
Chelsie	Coleman	Juvenile Justice Ministry
Amy	Cooper	Mental Health Resource Center
Joshua	Dasher	Jacksonville Sheriff's Office
Betsy	Dobbins	Center For Children's Rights
Erin	DuPristle	Family Foundations
Stephany	Durham	Youth Crisis Center
Alexandra	Field	Children's Home Society
Andrew	Geroge	Evening Reporting Center
Terri	Glover	Northwest Behavioral Health
Angel	Gomez	Jewish Family and Community Services
Ashley	Graves	Florida Department of Juvenile Justice
Jackie	Green	Florida Department of Children and Families
Diane	Hall	National Youth Advocate Program
Alfreta	Hendley	LSF Health Systems
Kimberly	Hixson	Twin Oaks
Darrell	Johnson	Florida Department of Juvenile Justice
Laura	Lambert	State Attorney's Office
Kevin	Lee	Family Support Services

First Name	Last Name	Organization
Rob	Mason	Public Defender's Office
Jamie	Mericle	Daniel Kids
Chief Derrick	Mitchell	Jacksonville Sheriff's Office
Stephanie	O'Brien	AMIkids Jacksonville
Joe	Peppers	Kids Hope Alliance
Stacy	Peterson	Teen Court/NAB
Greg	Pittman	Daniel Kids
Keto	Porter	United Way
Amy	Read	Florida Department of Juvenile Justice
Kimberly	Reed	PACE Center for Girls
Dan	Renaud	Florida Recovery Schools
Theresa	Rulien	Child Guidance Center
Nikki	Runion	Center For Children's Rights
Stacy	Sechrist	Child Guidance Center
Jackie	Simmons	Duval County Public Schools
Sara	Simpson	Partnership for Child Health
Sarah	Smith	Family Support Services
Willie	Smith	Florida Department of Juvenile Justice
Cecelia	Stalnaker	Youth Crisis Center
Shad	Vinson	Florida Support Services
Sebrina	Walker	BAYS/Juvenile Diversion Alternative Program
Ruth	Waters	Kids Hope Alliance
Vicki	Waytowich	Partnership for Child Health
Katoia	Wilkins	Kids Hope Alliance
Virgil	Wright	Florida Department of Juvenile Justice

Appendix B: Resources

Web Resources and Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLP)	http://www.usf.edu/cbcs/mhlp/
Florida Department of Children and Families (DCF)- Mental Health and Substance Use Policy Research Associates (PRA)	http://www.myflfamilies.com/service-programs/mental-health
SAMHTA's GAINS Center for Behavioral Health and Justice Transformation	https://www.prainc.com/ https://www.samhsa.gov/gains-center

The Substance Abuse and Mental Health Services Administration (SAMHTA) Web Resources

The Substance Abuse and Mental Health Services Administration (SAMHTA)	https://www.samhsa.gov/
Center for Mental Health Services	https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat
Center for Substance Abuse Treatment	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat
Homelessness Programs and Resources	https://www.samhsa.gov/homelessness-programs-resources
National Center for Trauma Informed Care (NCTIC)	https://www.samhsa.gov/nctic/about
National Clearinghouse for Alcohol and Drug Information	https://www.addiction.com/a-z/samhsas-national-clearinghouse-for-alcohol-and-drug-information/
National Registry of Evidence-based Programs and Practices (NREPP)	http://www.nrepp.samhsa.gov/01_landing.aspx
Partners for Recovery	https://www.samhsa.gov/partners-for-recovery
SAMHTA Grant Announcements	https://www.samhsa.gov/grants/grant-announcements-2017

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.org/
Florida Partners in Crisis	http://flpic.org/
CSG Justice Center	https://csgjusticecenter.org/
Grant Opportunities	http://www.grants.gov/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Alliance to End Homelessness	http://www.endhomelessness.org/pages/housing_first
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Criminal Justice Reference Service	https://www.ncjrs.gov/
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	https://www.drugabuse.gov/
Office of Justice Programs	https://ojp.gov/

Office of Juvenile Justice and Delinquency Prevention (OJJDP)	https://www.ojjdp.gov/mpg
U.S. Department of Health and Human Services - Mental Health	https://www.mentalhealth.gov/index.html
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/