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College of Behavioral & Community Sciences

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

Kids Hope Alliance

City of Jacksonville/Duval County

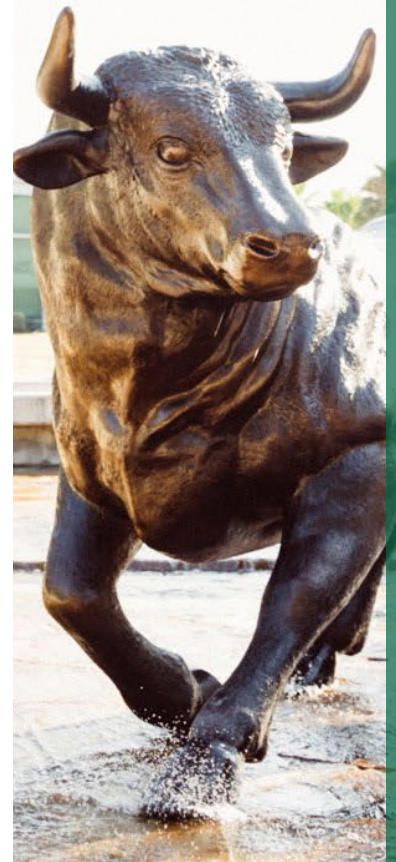
Parent and Family Engagement TA Recommendations

June 23, 2020

Prepared 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





Kids Hope Alliance

Summary of Technical Assistance: Parent and Family Engagement

This report was prepared for Kids Hope Alliance, the grantee for Duval County/City of Jacksonville for the Department of Children and Families Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant Program. The grant program supports a centralized coordination project in Duval County, which aims to identify and refer youth with a mental health and/or substance use disorder who can benefit from diversion and services in an effort to prevent continued involvement in the juvenile justice system. Youth served by this program are involved with the Juvenile Assessment Center or Duval Regional Detention Center. Through an annual technical assistance needs assessment, the grantee identified a desire to explore best practices and innovative strategies associated with increasing parent and family engagement in the juvenile justice process.

The CJMHS TAC coordinated and conducted a virtual training session to address Parent and Family Engagement in Juvenile Justice Settings facilitated by CJMHS TAC subject matter experts Norin Dollard, Ph.D. and Crystal Lilly, M.S., CRPS and the CJMHS TAC: Abby Shockley, M.P.H. and Katelind Halldorsson, M.A. Following the training, the CJMHS TAC facilitated a discussion with Duval County stakeholders and grantee partners who identified priorities, challenges to engagement, and areas of interest for consideration of program changes or adjustments. The recommendations that follow below are those identified in collaboration with Duval County technical assistance attendees and CJMHS TAC subject matter experts and staff.

For information or clarification regarding these recommendations, contact:

Abby Shockley, Program Director at ashockley1@usf.edu

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

Please visit the USF CJMHS Technical Assistance website at <https://www.floridatac.org>.

Sponsored by DCF Contract # LH289

CJMHSa TAC Recommendations

Information, Education, and Support:

1. Review and update the Parent Handbook previously created and utilized by the Center for Children's Rights, State Attorney's Office, and Public Defender's Office.
 - a. Disseminate and/or provide the handbook to families upon initial contact at the Juvenile Assessment Center.
2. Increase education for parents and family members to facilitate their understanding of the need for behavioral health treatment services among youth and the impact that trauma can have on their child, especially in regard to juvenile justice involvement.
 - a. Explore the feasibility of a voluntary parent orientation meeting/class for families who want to learn more about juvenile justice system processes and the positive impact that behavioral health treatment services can have on their youth.
 - b. The class may provide information on connecting and engaging appropriate treatment services. Additionally, the class may act as a gateway to engage families in a parent and caregiver support groups.
3. Ensure that there is an emphasis on parent and caregiver self-care to prevent burnout and ensure that that families have social supports necessary to encourage success among their youth. This may involve addressing parent and caregiver needs related to finances, self-care, and stress management.
 - a. Consider implementation of the FANS assessment tool among parents and caregivers to gauge their needs and facilitate positive conversations surrounding their current struggles.
4. Explore opportunities to embed family/parent peers at the Juvenile Assessment Center and/or develop a process and procedure for families to be connected with a parent support through a peer partner or parent support group. This may be accomplished through a partnership with Federation of Families or other local providers. Family navigators with lived experience may be very helpful as a point of contact for families who are experiencing juvenile justice involvement for the first time or who feel burnt out from repeated engagement.

5. Consider the development of virtual learning initiatives with providers to offer updated strategies to engage families and youth in the time of COVID-19 and following COVID-19.
 - a. Develop skill-building workshops with a focus on engaging with families in a virtual setting.
 - b. Facilitate opportunities for pro-social relationships and fun among families that are not tied to treatment goals (e.g. Family Feud zoom calls, or other family friendly game nights).
 - c. Explore opportunities for virtual peer support for professionals working with families and youth engaged in the juvenile justice system

Coordination, Collaboration, and Sustainability:

6. Evaluate existing parent supports in Duval County to ensure collaboration among all programs. Parent support programs ideally work in conjunction with each other to facilitate the best outcomes.
 - a. Reach out to all providers, including but not limited to, those involved in the Jacksonville System of Care/Wraparound program, Recovery Schools, and Criminal Justice Reinvestment Grant Program to create an inventory of existing parent peer programs and virtual parent support groups that are available for youth and their families.
 - b. Extend invitations to identified groups or convene additional family and youth support groups as needed.
 - c. Begin or continue convening virtual support groups on Zoom for families, parents, and/or caregivers to express feelings associated with burnout, difficulties, and frustrations with their youth (in general or due to COVID-19).
 - d. Establish virtual support groups for youth by way of Zoom, moderated by a therapist to facilitate meaningful discussions among youth in the Criminal Justice Reinvestment Grant program.
7. Ensure that all virtual groups are run by peers or staff members to build relationships among the group with the eventual goal of parents/families taking on all leadership and facilitation roles.
 - a. Establish community-driven schedules. Plan to convene groups weekly, and at the same time each week to increase involvement. (6:30 p.m. has been an ideal start time for existing virtual support groups in other communities).

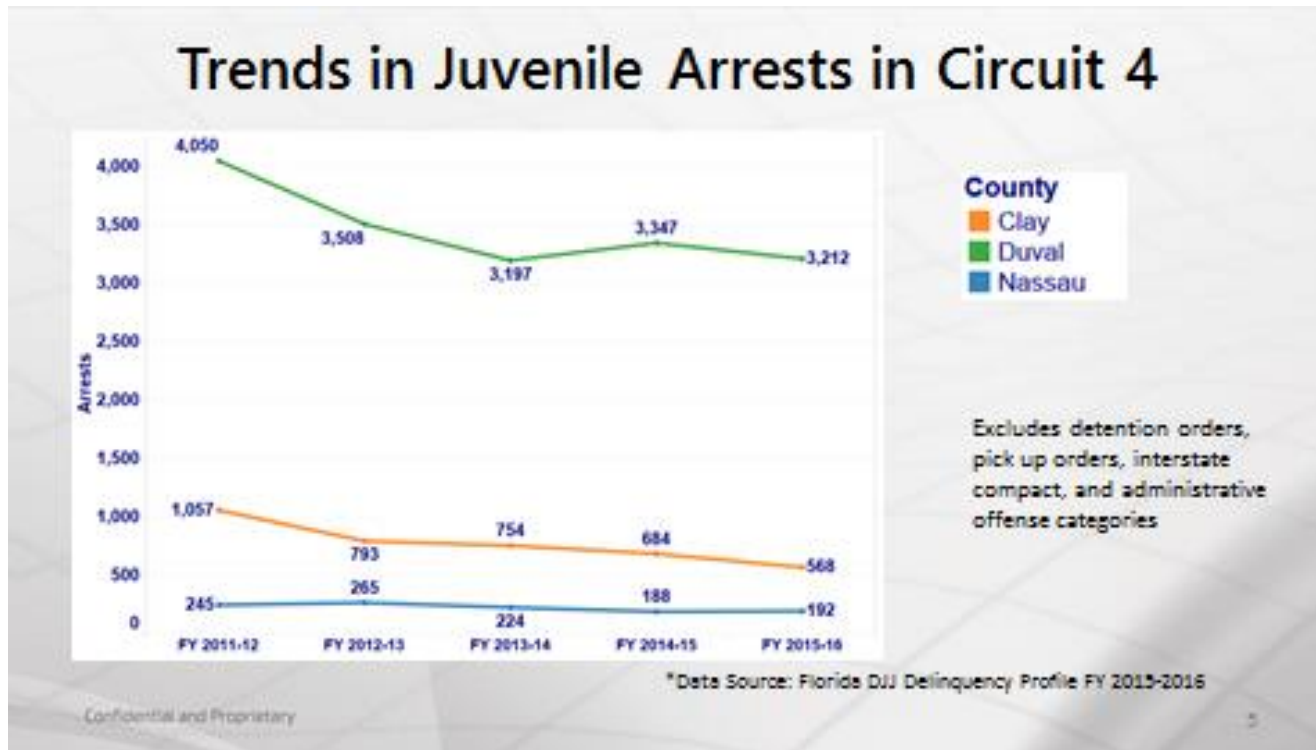
8. Facilitate a discussion surrounding sustainability of the dedicated parent partners/peer specialists upon conclusion of the Criminal Justice Reinvestment Grant No Cost Extension. A discussion surrounding sustainability of virtual parent and youth support groups following COVID-19 may also be appropriate, as it may be helpful to continue these online support groups once all service systems return to normal.
 - a. There may be an opportunity to connect work surrounding parent partners/family engagement to COVID-19 and health awareness, and thus create additional funding opportunities for parent and peer support.
9. Research existing peer support programs in Florida that have utilized young adult peers (ages 18-29, according to state guidelines) to explore successes and barriers to implementation of youth peer supports in Duval County.
 - a. Federation of Families Central Florida may be an invaluable resource to share lessons learned.

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

DJJ and Circuit 4 Mission Statement

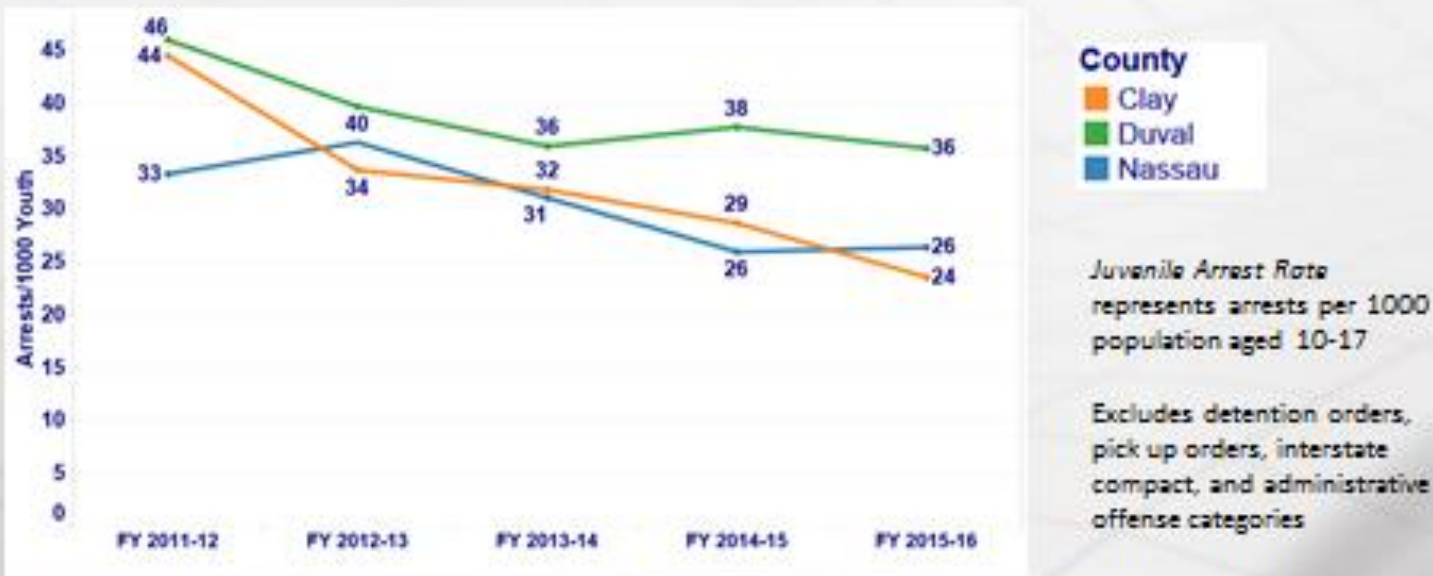
DJ Mission Statement: To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth.

Circuit 4 Advisory Board Mission Statement: The [Circuit 4] Advisory Board exists to provide advice and direction to the Department of Juvenile Justice (DJJ) in the development and implementation of juvenile justice programs and to work collaboratively with the DJJ in seeking program improvements and policy changes to address the changing needs of [Circuit 4] youth who are at risk of delinquency (F.S.985.664)



Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

Trends in Juvenile Arrest Rates in Circuit 4



*Data Source: Florida DJJ Delinquency Profile FY 2015-2016

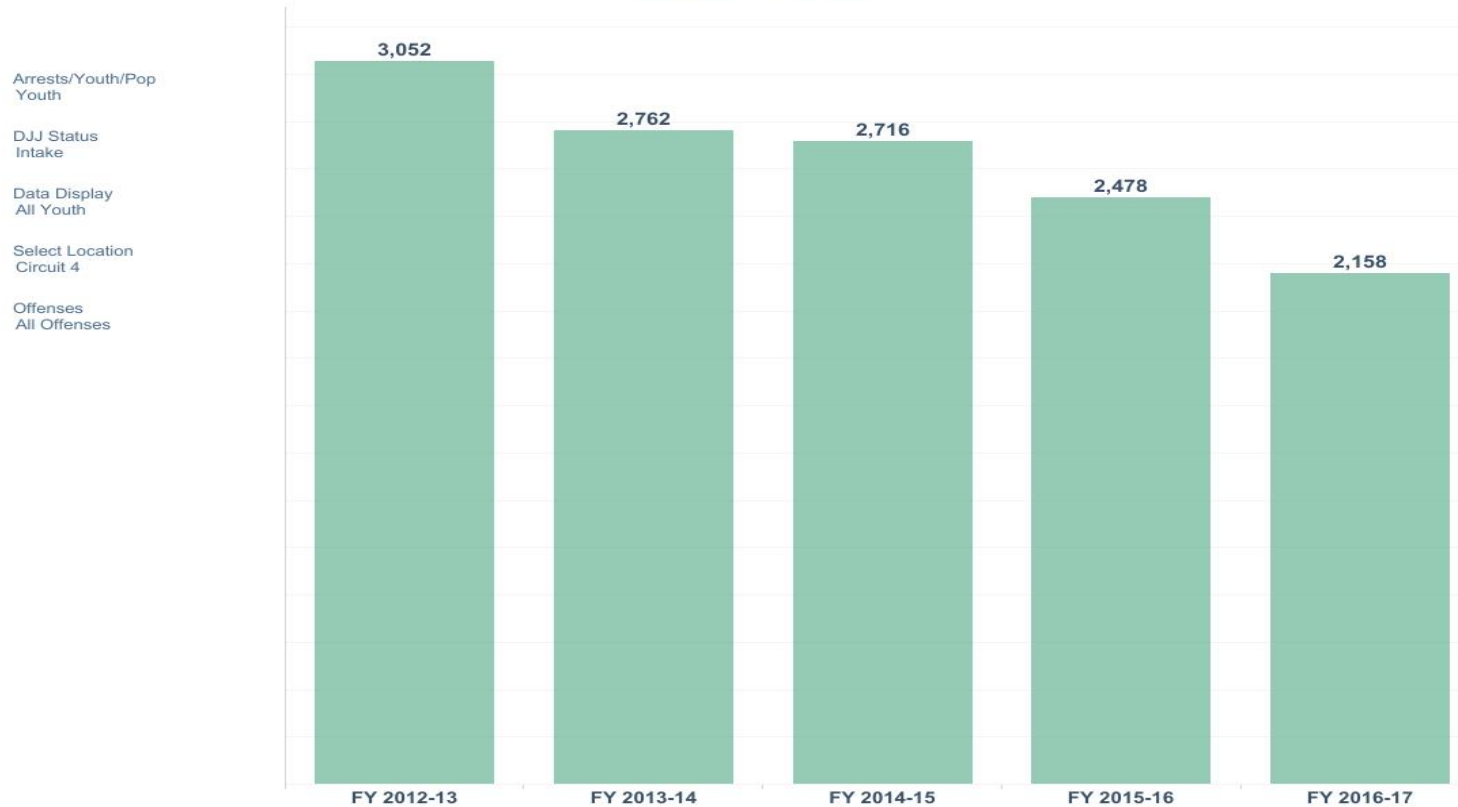
Confidential and Proprietary

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

Delinquency Profile 2017

Florida Department of
JUVENILE JUSTICE
Our Children, Our Future

Circuit 4 Intake - Youth

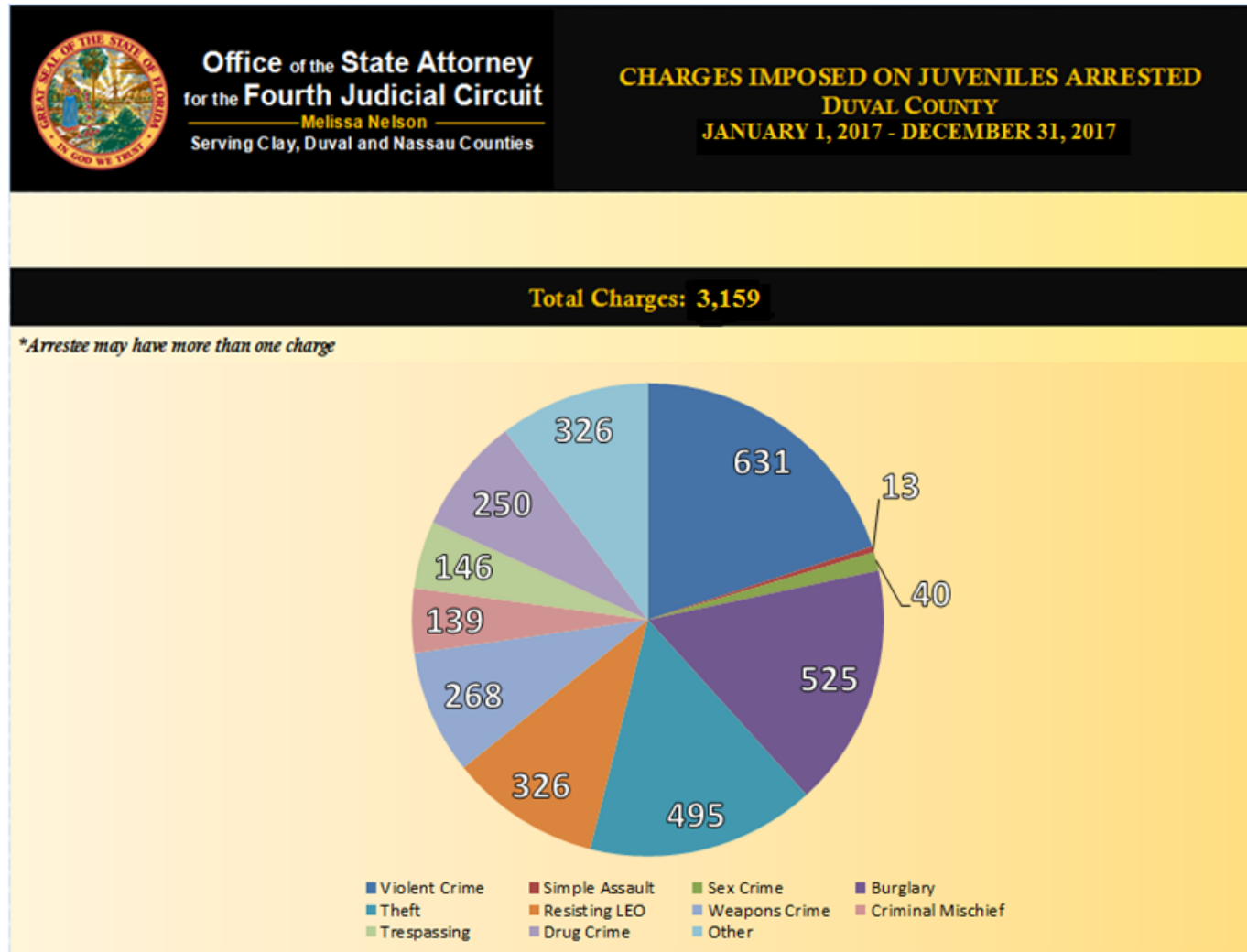


Arrests/Youth	3,052	2,762	2,716	2,478	2,158
% Difference From Previous		-10%	-2%	-9%	-13%
% Difference from FY 2012-13	0%	-10%	-11%	-19%	-29%

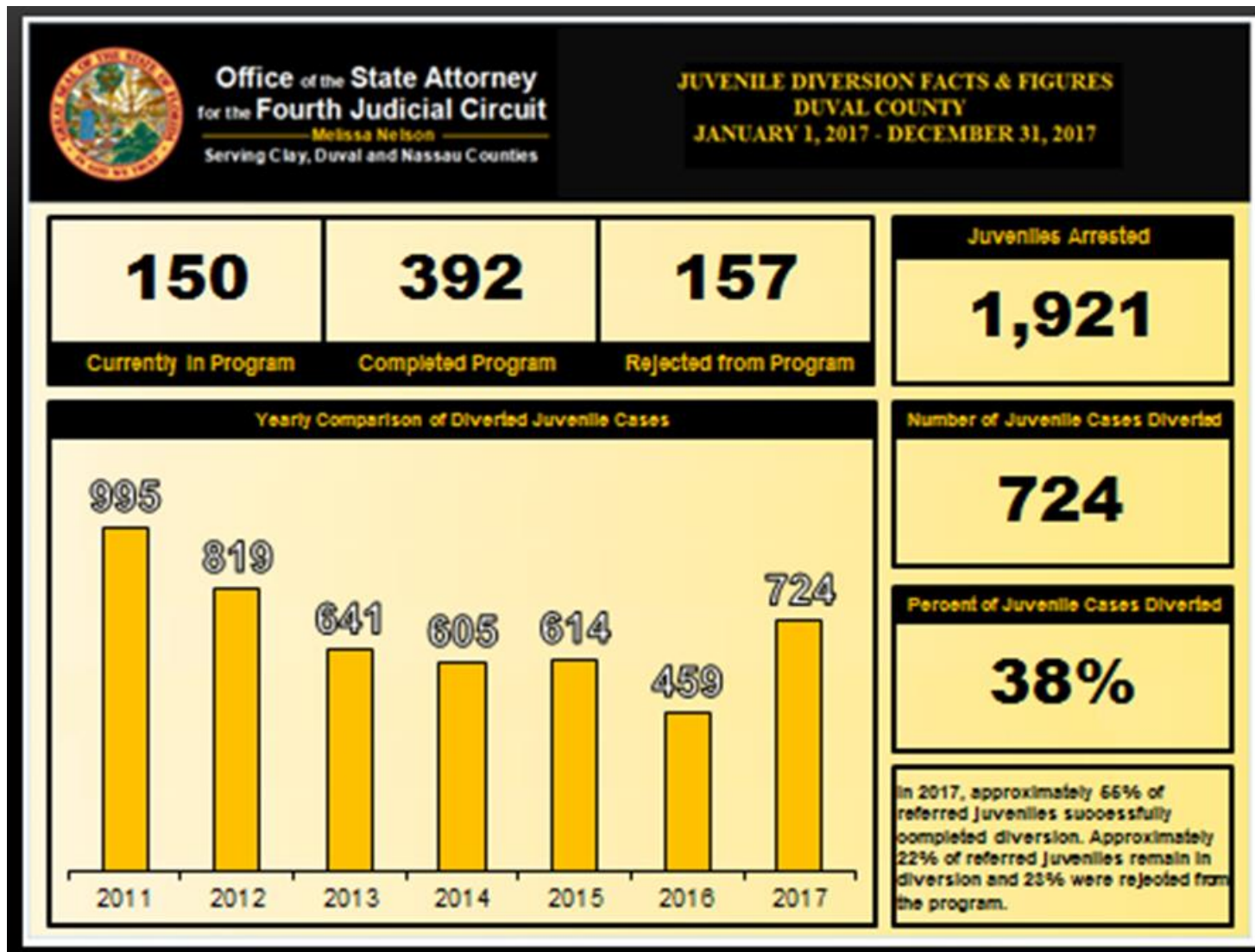
This report was compiled using data from the Juvenile Justice Information System (JJIS). For more information, visit <http://www.djj.state.fl.us>

*[HTTP://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD](http://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD)

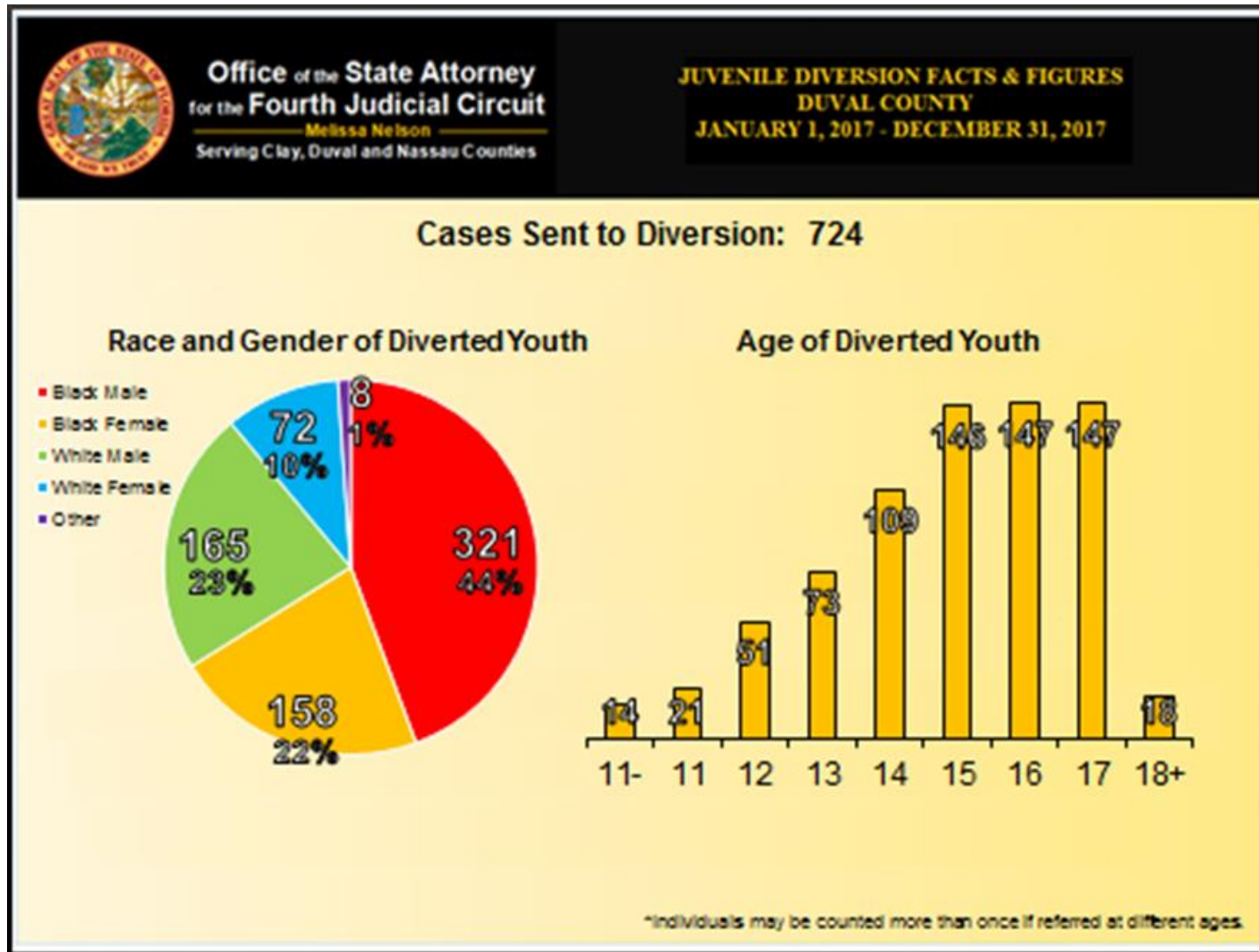
Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020



Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020



Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020



Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

In accordance with section 985.664 (2), Florida Statute, the Juvenile Justice Circuit Advisory Board for Clay, Nassau and Duval Counties has developed the following Comprehensive Plan for the 4th Judicial Circuit.

Section 1. Mission and Values	Section 2. Benchmarks and Goals	Section 3. SWOT Analysis	Section 4. Key Performance Indicators	Section 5. Operations Plan
DJJ's Mission Statement: 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.	1.Reduce juvenile delinquency <i>Goal: To reduce the current rate of juvenile crime in Circuit 4 by 10% or from 38.5 to 34.6*</i>	1.1 <i>Strength:</i> Circuit 4 has a strong DJJ provider network, a SOC grant, Kids Hope Alliance redesign, SAO increase of civil citation	1.1.1 <i>Issue:</i> Unidentified and untreated mental health issues contribute to the delinquency of juveniles. Research and local data indicate that upwards to 80% of youth in the justice system meet the criteria for having a mental health or substance abuse disorder. 97% of all DJJ youth have experienced adverse childhood events. The majority do not receive treatment.	1.1.1.1. By 2020, all offenders will be assessed at the JAC with an evidence-based trauma, mental health and substance abuse assessment. All youth identified as needing treatment will be referred and have follow up care coordination. 1.1.1.2 By 2020, all points of youth contact within the DJJ system will be trauma informed.
		1.2 <i>Weakness:</i> Care coordination and resources to create a trauma informed juvenile justice system; evidence based diversion programs; gang identification and treatment; human trafficking Lack of statewide data collection on youth with mental health diagnosis at an aggregate level.		
		1.3 <i>Opportunities:</i> Provider collaboration and increased funding opportunities and a focus by the Kids Hope Alliance's Juvenile Justice Task Force.	1.1.2 <i>Improvements:</i> Increased mental health funding in schools will allow for increased continuity of care for referred youth.	
		1.4 <i>Threats:</i> Lack of capacity and deficit of evidence based programming; gang identification and intervention; Inability to truly identify the extent of the mental health, trauma and substance abuse	1.1.3 <i>Solution:</i> All youth will be identified and referred for MH issues at the JAC using evidence based assessment tools and receiving evidence based treatment.	

*[HTTP://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD](http://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD)

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

		issue due to lack of JJIS ability to aggregate this type of data.		
Circuit 4 Advisory Board Mission Statement: The Circuit 4 Advisory Board exists to provide advice and direction to the Department of Juvenile Justice (DJJ) in the development and implementation of juvenile justice programs and to work collaboratively with the DJJ in seeking program improvements and policy changes to address the changing needs of Circuit 4 youth who are at risk of delinquency.	2. Reduce disproportionalities represented in the juvenile justice system <i>Goal: To reduce the disproportionate minority contact in Duval County by 30%.</i> 2013 disproportionalities* Duval = 66% black; 29% white (2,335) Clay = 76% white; 21% black (559) Nassau = 84% white; 14% black (172)	2.1 <i>Strength:</i> Engaged faith-based community and community stakeholders; CAB; State Attorney's Office Juvenile Justice Advisory Council	2.1.1. <i>Issue:</i> Need for evidence-based diversion programs.	2.1.1.1. Data will be collected on all youth receiving civil citations in addition to at-large diversion. Juvenile Justice advocates will continue to work with Law Enforcement for increasing diversion. The State Attorney's Office created a Juvenile Justice Advisory Council to dive deep into diversion programming and will be identifying evidence based solutions.
		2.2 <i>Weakness:</i> Insufficient funding to address the need.	2.1.2. <i>Improvements:</i> In the last two years Circuit 4 has increased the use of Civil Citation by 400%*.	
		2.3 <i>Opportunities:</i> increased community focus on civil citations and at-large diversions	2.1.3. <i>Solutions:</i> Through education, JSO and DCPS will utilize Civil Citation and other diversion programs as deemed appropriate.	
		2.4 <i>Threats:</i> gang involvement; high rate of poverty; low economic opportunities for youth in the urban core	2.1.4 Implement wraparound for diversion youth with substance abuse and mental health issues	

Section 1. Mission and Values	Section 2. Benchmarks and Goals	Section 3. SWOT Analysis	Section 4. Key Performance Indicators	Section 5. Operations Plan
Circuit 4 Advisory Board Values ➤ Family-Driven ➤ Youth-Guided ➤ Culturally and Linguistically Competent ➤ Community-Based ➤ Data Driven	3. Increase the use of alternatives to secure detention <i>Goal: To reduce the Average Daily Population (ADP) of youth in secure detention by 25%.</i>	3.1 <i>Strength:</i> Engaged judiciary; successful DV diversion initiative; Evening Reporting Center implemented; increased civil citations	3.1.1. <i>Issue:</i> Circuit 4 secure detention rates continue to be high (ADP between 70- 149);	3.1.1.1. Circuit 4 Advisory Board will develop LBRs for DJJ within the allotted timeframes for trauma assessments and probation respite.
		3.2 <i>Weakness:</i> funding to expand diversion opportunities.	3.1.2. <i>Improvements:</i> increase in DV beds and increased rate of ERC usage.	3.1.1.2. 2020, the Evening Reporting Center will be expanded, to include

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

				additional populations and locations.
		3.3 <i>Opportunities</i> : new funding opportunities and stakeholder collaboration around training and embracing wraparound and system of care philosophies;	3.1.3. <i>Improvements</i> : SAO administration change resulting in increased civil citation use;	3.1.1.3. By 2020, reimbursement for wraparound by MCOs and Medicaid will be accessible.
		3.4 <i>Threats</i> : gang violence, lack of trauma informed care in the juvenile justice system	3.1.4. <i>Solutions</i> : Expand the use of wraparound for DJJ youth.	3.1.1.4. DJJ will allow for the use of probation respite for youth at-risk of violation of probation due to family dysfunction.
			3.1.5. <i>Solutions</i> : Develop and implement probation respite program.	

Section 6. Executive Summary

The overarching vision of the Circuit 4 Juvenile Justice Advisory Board is to reduce juvenile delinquency, reduce disproportionalities and increase the use of alternatives to secure detention in Clay, Nassau and Duval Counties. The Board will apply our collective and individual knowledge, resources, and status as members of the community and juvenile justice advocates to effect this change. Benchmarks and goals will be assessed and monitored every six months to evaluate the progress/regress of the plan. Individuals required to achieve such goals will be recruited and the Board will continue to develop the plan of action throughout the course of the Board development in order to fulfill the Circuit's mission and that of the Department.

Attachment B

Planning Council or Committee

APPENDIX K - CJMHSA REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE
PLEASE PRINT

Laura Lambert
 STATE ATTORNEY OR DESIGNEE

Magistrate Brooke Brady
 COUNTY COURT JUDGE

Stacy Peterson
 LOCAL COURT ADMINISTRATOR OR
 DESIGNEE

Councilman Kevin Carrico

 COUNTY COMMISSION CHAIR

Mike Williams
 SHERIFF OR DESIGNEE

Dawn Gilman
 AREA HOMELESS OR SUPPORTIVE
 HOUSING PROGRAM REPRESENTATIVE

Superintendent Michael Philpot
 DJJ - DIRECTOR OF DETENTION
 FACILITY OR DESIGNEE

Jackie Greene
 DCF - SUBSTANCE ABUSE AND
 MENTAL HEALTH PROGRAM OFFICE
 REPRESENTATIVE

Lesley Wells/Christian Senko
 COMMUNITY MENTAL HEALTH
 AGENCY DIRECTOR OR DESIGNEE

Federation of Family Executive Committee
 PRIMARY CONSUMER OF
 COMMUNITY-BASED TREATMENT
 FAMILY MEMBER

Diana Johnson
 PUBLIC DEFENDER OR DESIGNEE

Judge Michael Khalil
 CIRCUIT COURT JUDGE

Jill Bessette
 STATE PROBATION CIRCUIT
 ADMINISTRATOR OR DESIGNEE

Jennifer Whipple

 COUNTY DIRECTOR OF PROBATION

Chief Derrick Mitchell
 POLICE CHIEF OR DESIGNEE

Vacant
 CHIEF CORRECTIONAL OFFICER

Donna Webb
 DJJ – CHIEF OF PROBATION OFFICER OR
 DESIGNEE

Federation of Families Executive Committee
 PRIMARY CONSUMER OF MENTAL
 HEALTH SERVICES

Steve Bauer
 LOCAL SUBSTANCE ABUSE TREATMENT
 DIRECTOR OR DESIGNEE

Federation of Family Executive Committee
 PRIMARY CONSUMER OF SUBSTANCE
 ABUSE SERVICES

Attachment C
Instruments



Global Appraisal of Individual Needs - Q3 (GAIN-Q3)

Version [GVER]: 3.2.3 Standard

Site ID [XSITE]:.....	Local Site ID [XSITEa]:.....
Staff ID [XSID]:	Staff Initials [XSIN]:
Part. ID [XPID]:	Last Name [XPNAM]:
	First Name: _____ M.I.: _____
Observation [XOBS]:	v. _____
Edit Staff ID [XEDSID]:	Edit Date [XEDDT]: / / 20
Data Entry Staff ID [XDESID]:	Key Date [XDEDT]: / / 20

For Staff Use Only

A1. Administrative Information

A1a. Time::..... HH:MM..... A1b. (AM/PM)

A1c. Today's Date [XOBSDT]: / / 20 (MM/DD/YYYY)

Introduction

Purpose: The purpose of this assessment is to provide a summary of how things have been going in your life. The information collected will be used only to identify and address problems that you may want assistance with and to help us evaluate our own services.

Format: This assessment has questions about what has been going on in your life across a wide range of areas, including your physical and mental health, stress and risk behaviors, and life satisfaction. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

Length: Depending on how much has been going on in your life, it will take about 20-45 minutes to complete. You will be able to take a break if you need to.

Privacy and Confidentiality: Your answers are private. All research and clinical staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent. This includes giving information to family members, other individuals, other treatment agencies, social work agencies, criminal justice agencies and other agencies.

Your confidentiality is also protected under the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. (READ ONLY IF APPLICABLE): We have also obtained a certificate of confidentiality to prevent us from being forced to give any information to the court.

There are, however, two exceptions. First, we are mandated to report child abuse or if you are presently a danger to yourself or others. Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions?

A3. Timeframe Anchoring

Several questions will ask you about things that have happened during the **past 90 days**. To help you remember this time period, please look at the calendar. First, let's find today's date and circle it.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a1. Record anchor for 90 days: v. _____

When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about (NAME 90-DAY ANCHOR).

Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.

Additional Administration Instructions

As we go through the questionnaire, I will read the questions and record your answers. It is important that you try to answer each question if you can and are willing to. You may not always know the exact answer, but I would like you to give me your best guess if you can. You can also tell me if you simply do not know or if you do not want to or refuse to answer any questions. I also have some cards here that we will use to help answer some of the questions.

Do you have any questions before we begin?

A4a. In a few words, can you tell me why you are here today? (What is your main reason for coming to treatment?) (Do not ask, "Any others?")

v1. _____

(Clarify and code)

- Drug availability (difficulties obtaining drugs or "good" drugs)..... 1
 Financial (can't afford to stay on drugs, lost an income source) 2
 General personal motive ("habit out of control," "tired," "want to change," "improve lifestyle," "save self") 3
 Health reasons (too ill to continue; drugs or related diseases are hurting or threatening own health, unborn baby, to live) 4
 Pressure from family (parent, spouse, partner)..... 5
 Parenting issues (get or keep custody or become better parent)..... 6
 Pressure from criminal justice system (court mandate, probation officer, parole officer, attorney, etc.)..... 7
 Pressure from Department of Child and Family Services (DCFS) 8
 Pressure from school teacher, minister, coach, etc..... 9
 Desire for services (want housing or other benefit) 10
 School or job (to get, keep or improve situation)..... 11
 Other (**Please describe in A4a**) 99

A4b. What is the name of the person who referred you to come here?

v. _____

A4c. What is this person's relationship to you?

v. _____

A4d. Referral Code (from below).....

Individuals		Agencies	
1 Self	10 Judge	21 Alcohol/Drug abuse program	41 State alcohol/drug abuse program
2 Mother	11 Teacher	22 Behavioral health provider	42 State mental health program
3 Father	12 Supervisor at work	23 Other health care provider	43 State DCFS or welfare program
4 Brother	13 Social Worker	24 Outreach, Advocacy or Prevention program	44 State health department
5 Sister	14 Lawyer	25 School	49 Other State Agency
6 Grandparent	15 Probation Officer	26 Employer	50 Out of State CJ program
7 Aunt	16 Parole Officer	27 Social Service Agency	59 Other out of State agency
8 Uncle	17 Public Aid Worker	28 Criminal Justice Agency	99 Other (please describe in A4c)
9 Other family	18 Priest/Minister	30 TASC or diversion program	
	19 Other individual	39 Other Agency	

B. Background Information

In this first section, I am going to ask you some very basic questions about yourself.

B1. What is your gender?

- Male 1
 Female 2
 Transgender (Male to Female) 4
 Transgender (Female to Male) 5
 Other (**Please describe**)..... 99

v. _____

BAC B1d. About how **tall** are you in feet and inches?
Feet Inches

B1e. About how much do you **weigh** without shoes?.....
Pounds

B2. What is your date of birth? / /
Month Day Year

B2a. How old are you today? **[IF 18 OR OVER, GO TO B3a]**
Age

B2b. Who currently has **legal custody** of you? (Would you say...)

v. _____

(Clarify and code)

- Parents living together 1
 Parents who are separated but share custody..... 2
 One parent (even if living with stepparent) 3
 Other family members 4
 Legally emancipated minor living on your own..... 5
 Runaway/on own (without legal emancipation)..... 6
 County/State (foster home or protective services) 7
 Juvenile or correctional institution 8
 Other (**Please describe in B2bv**) 99

B3a. Which races, ethnicities, nationalities or tribes best describe you? (Any others?)
(Please record and select all that apply)

v1. _____

Please select at least one race.

		MENTIONED	
		<u>Yes</u>	<u>No</u>
1.	Alaskan Native (Please record tribe in B3av1)	1	0
2.	Asian.....	1	0
3.	African American/Black.....	1	0
4.	Caucasian/White.....	1	0
5.	Hispanic, Latino or Chicano.....	1	0
a.	Puerto Rican.....	1	0
b.	Mexican.....	1	0
c.	Cuban.....	1	0
e.	Dominican.....	1	0
f.	Other Central American.....	1	0
g.	Other South American.....	1	0
z.	Other (Please describe in B3av1)	1	0
6.	Native American (Please record tribe in B3av1)	1	0
7.	Native Hawaiian.....	1	0
8.	Pacific Islander.....	1	0
99.	Some other group (Please describe in B3av1)	1	0

B12. What is the **last** grade or year that you **completed in school**?
(NOTE: Use 12 for high school, 14 for 2 year college program, 16 for a BA/BS, and 17 for graduate school or more than 4 years of university) .
 Grade

B13. What kinds of diplomas, degrees, work-related certificates or licenses have you received? (Any others?)

MENTIONED

	<u>Yes</u>	<u>No</u>
1. High school diploma.....	1	0
2. Passed GED (general equivalency diploma)	1	0
3. Adult Basic Education (ABE) certificate	1	0
4. Junior college or associate's degree	1	0
5. Bachelor's degree.....	1	0
6. Advanced college degree (master's or doctorate)	1	0
7. Vocational or trade certificate	1	0
8. Trade license apprenticeship	1	0
9. Commercial driver's license	1	0
99. Other degrees or licenses (Please describe)	1	0

v. _____

B14. Which of the following best describes your sexual orientation?

(Select one)

Non-sexual or asexual	1
Heterosexual or straight.....	2
Homosexual, gay or lesbian.....	3
Bisexual	5
Questioning or curious.....	6
Not sure.....	7
Other (Please describe).....	99

v. _____

B15. What is your **current** marital status?

(Clarify and code)

Married	1
Remarried	2
Living with someone as married	3
Married but living apart	4
Divorced	5
Legally separated	6
Widowed.....	7
Never married and not living as married	8

[IF UNDER 17, SELECT 0 AND GO TO B17]

B16. Have you **ever** been in the armed forces of the United States or another country?

(Select one)

No, never served in any armed forces 0 [GO TO B17]

Yes, served in the United States armed forces 1

Which branch? v. _____

Yes, served in the armed forces or military of another country 99

Which country? v. _____

Yes No

B16a. Were you **ever** in a combat zone? 1 0

Where? v. _____

B16b. What was your **highest** rank in the military?

v. _____

Yes No

B16c. Are you currently on active duty in the armed forces, including in a reserve or guard? 1 0 [IF NO, GO TO B16c_2]

B16c_1. What is your current military status?

v. _____

(Clarify and code)

On active duty in the armed forces (not including activated Guard or reserve) 1 [GO TO B17]

In a guard or other reserve component that drills regularly 2

In the Individual Ready Reserve (Inactive Ready Reserve, Nonaffiliated Reserve Sections) 3

Other (**Please describe in B16c_1v**) 99

Yes No

B16c_2. Have you ever been discharged from the military? 1 0 [IF NO, GO TO B17]

B16c_2a. What is your discharge status?

v. _____

(Clarify and code)

Retired/honorably discharged 1
 Honorably discharged (not retired)..... 2
 Generally discharged or entry-level separation 3
 Other than honorably discharged..... 4
 Bad conduct or other administrative discharge or dismissal 5
 Dishonorably discharged or dismissal after court martial 6
 Other **(Please describe in B16c_2av)**..... 99

Yes No

B16d. Was your discharge related to any physical, medical, mental, alcohol, drug or other problems? 1 0 [IF NO, GO TO B17]

B16d. What were the problems? **(Please record and select all that apply)**

v. _____

MENTIONED

	<u>Yes</u>	<u>No</u>
1. Physical	1	0
2. Medical	1	0
3. Mental	1	0
4. Alcohol.....	1	0
5. Drug	1	0
99. Other problem (Please describe in B16dv)	1	0

[IF MALE, GO TO SP1]Yes No

B17. Are you currently pregnant? 1 0

SP. School Problems

The next questions are about being in any kind of school or training program. Using **Card Q** and responding "in the past month," "2 to 3 months ago," "4 to 12 months ago," "1 or more years ago," or "never"...

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

SPScr/ SP1. When was the **last** time you...

QOLI	a.	came in late or left early from school or training?	4	3	2	1	0
	b.	skipped or cut school or training just because you didn't want to be there? ..	4	3	2	1	0
	c.	got bad grades or had your grades drop at school or training?	4	3	2	1	0
	d.	got sick at school or training?	4	3	2	1	0
	e.	went to any kind of school or training?	4	3	2	1	0

SP1f. When was the **last** time, if ever, you received any kind of help dealing with school problems (for example, talking to a school counselor about problems at school, working with a tutor, attending a social skills group at school)?

4	3	2	1	0
---	---	---	---	---

[IF SP1e IS LESS THAN 3, GO TO SP1f1]

Please answer the next questions using the number of days.

QCS SP1e. **During the past 90 days**, on how many **days**...

- were you absent from school or training for a full day?
Days
- did you go to any kind of school or training?
Days

[IF SP1f IS LESS THAN 3, GO TO WP1a]

Please answer the next questions using the number of days.

SP1f1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with school problems?
Days

WP. Work Problems

The next questions are about working at a job. For these items, a job includes a full or part-time job that you are paid for doing, including military service. If you have never worked, please answer "never".

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

WPScr/ WP1. When was the **last** time you...

QOLI	a.	came in late or left early from work?	4	3	2	1	0
	b.	skipped or cut work just because you didn't want to be there?	4	3	2	1	0
	c.	did badly at work or did worse at work?	4	3	2	1	0
	d.	got sick at work?	4	3	2	1	0
	e.	went to work?	4	3	2	1	0

WP1f. When was the **last** time, if ever, you received any kind of help dealing with work problems (for example, talking to a counselor about problems at work, using the services of an employee assistance program, participating in mediation for dispute resolution)?

4 3 2 1 0

[IF WP1e IS LESS THAN 3, GO TO WP1f1]

Please answer the next questions using the number of days.

QCS WP1e. **During the past 90 days**, on how many **days**...

- were you absent from work for a full day?
Days
- did you work for money at a job or in a business?
Days

[IF WP1f IS LESS THAN 3, GO TO PH1a]

Please answer the next questions using the number of days.

WP1f1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with work problems?
Days

PH. Physical Health

The next questions are about your physical health.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

HPScr/ PH1. When was the **last** time you...

QOLI	a.	gained 10 or more pounds when you were not trying to?	4	3	2	1	0
	b.	lost 10 or more pounds when you were not trying to?	4	3	2	1	0
	c.	were worried about your health?	4	3	2	1	0
	d.	had a lot of physical pain or discomfort ?	4	3	2	1	0
	e.	had health problems that kept you from meeting your responsibilities at work, school or home?	4	3	2	1	0
	f.	saw a doctor or nurse about a health problem or took prescribed medication for one?	4	3	2	1	0

Please answer the next questions using the number of times, nights or days.

PH1e1. **During the past 90 days**, on how many days did you have an injury where any part of your body was hurt?
Days

[IF PH1f IS LESS THAN 3, GO TO PH2a]

QCS	PH1f.	During the past 90 days , how many...	
	1.	times have you had to go to the emergency room for a health problem?	<input type="text"/> <input type="text"/> Times
	2.	nights total did you spend in the hospital for a health problem?	<input type="text"/> <input type="text"/> Nights
	3.	times did you see a doctor or nurse in an office or outpatient clinic for a health problem?	<input type="text"/> <input type="text"/> Times
	4.	times did you have an outpatient surgical procedure for a health problem?	<input type="text"/> <input type="text"/> Times
	5.	days did you take prescribed medication for a health problem?	<input type="text"/> <input type="text"/> Days

- PPI PH2. **During the past 90 days**, on how many **days**...
- a. have you been bothered by **any** health or medical problems? [IF 0, GO TO PH2c]
Days
- b. have health problems kept you from meeting your responsibilities
at work, school or home?
Days
- c. have you smoked or used **any** kind of tobacco?
Days
- d. have you exercised for at least 20 minutes per day?
Days

SS. Sources of Stress

The next questions are about stress in your life.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

SSScr/ SS1. When was the **last** time you were under stress for any of the following reasons?
QOLI

- | | | | | | |
|---|---|---|---|---|---|
| a. Death of a family member or close friend..... | 4 | 3 | 2 | 1 | 0 |
| b. Health problem of a family member or close friend. | 4 | 3 | 2 | 1 | 0 |
| c. Fights with boss, teacher, coworkers or classmates. | 4 | 3 | 2 | 1 | 0 |
| d. Major change in relationships for you or your family (e.g., marriage, divorce, separations)..... | 4 | 3 | 2 | 1 | 0 |
| e. Something you saw or that happened to someone close to you. (Please describe) | 4 | 3 | 2 | 1 | 0 |
| v. _____ | | | | | |
| f. New job, position or school..... | 4 | 3 | 2 | 1 | 0 |
| g. You didn't have enough money to pay all your bills on time. | 4 | 3 | 2 | 1 | 0 |

SS1g1. When was the **last** time, if ever, that you considered yourself to be homeless? 4 3 2 1 0

SS1h. When was the **last** time, if ever, you received any kind of help dealing with your stress (for example, talking to a counselor about ways to manage stress, participating in classes to learn to better manage stress)? 4 3 2 1 0

[IF SS1h IS LESS THAN 3, GO TO SS2a]

Please answer the next questions using the number of days.

SS1h1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with your stress?
Days

PPI SS2. **During the past 90 days**, on how many days have you...

- | | | | | | |
|---|---|---|---|---|---|
| a. felt stressed by events or situations in your life?..... | 4 | 3 | 2 | 1 | 0 |
| b. had any money problems, including arguing about money or not having enough for food or housing?..... | 4 | 3 | 2 | 1 | 0 |

RB. Risk Behaviors for Infectious Diseases

The next questions are about behaviors that put you at risk for getting and spreading infectious diseases, including HIV. These behaviors may be things you have done or that others have done to you. Please remember that all of your answers are strictly confidential.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

RBSr/ RB1. When was the **last** time you...

QOLI

- | | | | | | | |
|----|---|---|---|---|---|---|
| a. | had two or more different sex partners during the same time period? | 4 | 3 | 2 | 1 | 0 |
| b. | had sex without using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy? | 4 | 3 | 2 | 1 | 0 |
| c. | had sex while you or your partner was high on alcohol or other drugs? | 4 | 3 | 2 | 1 | 0 |
| d. | used a needle to inject drugs like heroin, cocaine or amphetamines? | 4 | 3 | 2 | 1 | 0 |
| g. | were attacked with a weapon, including a gun, knife, stick, bottle or other weapon? | 4 | 3 | 2 | 1 | 0 |
| h. | were physically abused, where someone hurt you by striking or beating you to the point that you had bruises, cuts or broken bones? | 4 | 3 | 2 | 1 | 0 |
| j. | were sexually abused, where someone pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend? | 4 | 3 | 2 | 1 | 0 |
| k. | were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life? | 4 | 3 | 2 | 1 | 0 |

[IF ALL RB1g-k = 0, GO TO RB1n]

RBSr RB1. When was the **last** time you...

- | | | | | | | |
|-----|--|---|---|---|---|---|
| m1. | were abused several times or over a long period of time? | 4 | 3 | 2 | 1 | 0 |
| m2. | were afraid for your life or that you might be seriously injured by the abuse? | 4 | 3 | 2 | 1 | 0 |

RB1n. When was the **last** time, if ever, you received any kind of help to reduce your risk behaviors (for example, participating in a needle exchange program, being instructed in safe sex practices, moving to a shelter for domestic violence victims)?

4	3	2	1	0
---	---	---	---	---

[IF RB1n IS LESS THAN 3, GO TO RB2a]

RB1n1. **During the past 90 days**, on how many **days** did you receive any kind of intervention to reduce your risk behaviors?

Days

Please answer the next questions using the number of times or days. If something does not apply, please answer zero (0).

- PPI RB2. **During the past 90 days**, how many...
- a. **times** have you had unprotected sex (sex **without** using any kind of condom, dental dam or other barrier to protect you and your partner from disease or pregnancy)?.....
Times
- b. **days** have you used a needle to inject any kind of drug or medication?.....
Days
- c. **days** have you been attacked with a weapon, beaten, sexually abused or emotionally abused?.....
Days
- d. **days** have you gone without eating or thrown up much of what you did eat?.....
Days

MH. Mental Health

The next questions are about common psychological, behavioral and emotional problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

IDScr6/MH1. When was the **last** time you had **significant** problems with...

QOLI

- | | | | | | |
|--|---|---|---|---|---|
| a. feeling very trapped, lonely, sad, blue, depressed or hopeless about the future? | 4 | 3 | 2 | 1 | 0 |
| b. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? | 4 | 3 | 2 | 1 | 0 |
| c. feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen? | 4 | 3 | 2 | 1 | 0 |
| d. becoming very distressed and upset when something reminded you of the past? | 4 | 3 | 2 | 1 | 0 |
| e. thinking about ending your life or committing suicide? | 4 | 3 | 2 | 1 | 0 |
| f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? | 4 | 3 | 2 | 1 | 0 |

Using **Card Q...**

EDScr6MH2. When was the **last** time you did the following things **two or more times**?

QOLI

- | | | | | | |
|---|---|---|---|---|---|
| a. Lied or conned to get things you wanted or to avoid having to do something. | 4 | 3 | 2 | 1 | 0 |
| b. Had a hard time paying attention at school, work or home. | 4 | 3 | 2 | 1 | 0 |
| c. Had a hard time listening to instructions at school, work or home. | 4 | 3 | 2 | 1 | 0 |
| d. Had a hard time waiting for your turn. | 4 | 3 | 2 | 1 | 0 |
| e. Were a bully or threatened other people. | 4 | 3 | 2 | 1 | 0 |
| f. Started physical fights with other people. | 4 | 3 | 2 | 1 | 0 |
| g. Tried to win back your gambling losses by going back another day. | 4 | 3 | 2 | 1 | 0 |

MH2h. When was the **last** time, if ever, you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication?

4	3	2	1	0
---	---	---	---	---

[IF MH2h IS LESS THAN 3, GO TO MH3a]

Please answer the next questions using the number of times, nights or days.

QCS MH2h. **During the past 90 days**, how many...

1. **times** have you had to go to an **emergency room** for mental, emotional, behavioral or psychological problems?
Times
2. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems?
Nights
3. **times** did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems?
Times
4. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems?
Days

PPI MH3. **During the past 90 days**, on how many **days**...

- a. were you bothered by any nerve, mental or psychological problems? **[IF 0, GO TO MH3c]**
Days
- b. did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?...
Days
- c. have you been disturbed by memories of things from the past that you did, saw or had happen to you?
Days
- d. have you had any problems paying attention, controlling your behavior, or broken rules you were supposed to follow?
Days

SU. Substance Use

The next questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any **non-medical** use of prescription-type drugs. Please do not include any prescription drugs you used only as instructed by a doctor.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

SDScr/ SU1. When was the **last** time...

QOLI

- | | | | | | | |
|----|---|---|---|---|---|---|
| a. | you used alcohol or other drugs weekly or more often?..... | 4 | 3 | 2 | 1 | 0 |
| b. | you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)? | 4 | 3 | 2 | 1 | 0 |
| c. | you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?... | 4 | 3 | 2 | 1 | 0 |
| d. | your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?..... | 4 | 3 | 2 | 1 | 0 |
| e. | you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? | 4 | 3 | 2 | 1 | 0 |
| f. | you received treatment, counseling, medication, case management or aftercare for your use of alcohol or any other drug ? Please do not include any emergency room visits, detoxification, self-help or recovery programs . | 4 | 3 | 2 | 1 | 0 |

[IF SU1f IS LESS THAN 3, GO TO SU2a]

Please answer the next questions using the number of times, nights or days.

QCS SU1f. **During the past 90 days**, how many...

2. **nights** were you in a halfway house, **residential**, inpatient, or hospital program for your alcohol or other drug use problems?
Nights
3. **days** were you in an **intensive outpatient** or day program for your alcohol or other drug use problems?.....
Days
4. **times** did you go to a regular (1-8 hours per week) **outpatient** program for your alcohol or other drug use problems?
Times
5. **days** did you take medication like **methadone or Antabuse** to help with withdrawal or cravings?
Days
99. **days** did you go to any **other** kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems? (**Please describe**)
Days

v. _____

- QCS SU2. **During the past 90 days**, how many...
- days** have you been in a **detoxification** program to help you through withdrawal?
Days
 - days** have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use?
Days
 - times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today)
Times
 - times** did you go to an **emergency room** for your alcohol or other drug use problems?
Times

Please answer the next questions using the number of days.

- PPI SU3. **During the past 90 days**...
- on how many **days** did you go **without using any** alcohol, marijuana or other drugs? [IF 90, GO TO SU5]
Days
 - on how many **days** did you get drunk **at all** or were you high for most of the day?
Days
 - on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?
Days

- PPI SU4. **During the past 90 days**, on how many **days** have you...
- used any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)? [IF 0, GO TO SU4c]
Days
 - gotten drunk or had 5 or more drinks?
Days
 - used marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?
Days
 - used cocaine, opioids, methamphetamine or **any other drug**, including a prescription medication that was **not** prescribed to you, or one that you took more of than you were supposed to? [IF 0, GO TO SU5]
Days

SU4. **During the past 90 days**, on how many **days** have you...

- e. used crack, smoked rock or freebase?
Days
- f. used other forms of cocaine?
Days
- g. used inhalants or huffed (such as correction fluid, gasoline, glue, lighters, spray paints or paint thinner)?
Days
- h. used heroin or heroin mixed with other drugs?
Days
- j. used nonprescription or street methadone?
Days
- k. used painkillers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine)?
Days
- m. used PCP or angel dust (phencyclidine)?
Days
- n. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, shrooms)?
Days
- p. used anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)?
Days
- qa. used methamphetamine, crystal, ice, glass, or other forms of methedrine (such as Desoxyn)?
Days
- qb. used speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Adderall, Biphedamine, Benzedrine, Concerta, Dexedrine, Methylphenidate, Mixed Salt Amphetamine or Ritalin)?
Days
- r. used downers, sleeping pills, barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal)?
Days
- s. used any other drug that has not been mentioned (such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers, Robitussin or steroids)? **(Please describe)**
Days
- v. _____

SU5. **During the past 90 days**, on how many **days** have you been in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs? **(Use 0 for none)** [IF 0-12, GO TO CV1a]
Days

To help you remember the time period for the next set of questions, let's get out the calendar like we did earlier and mark out the last 90 days when you spent fewer than 13 days in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs. Do you recall anything that was going on about (DATE 90 DAYS BEFORE PARTICIPANT ENTERED CONTROLLED ENVIRONMENT)?

(PROBE FOR SPECIFIC EVENT AS BEFORE)

Record anchor: v. _____

When we talk about things happening to you during "those 90 days in the community," we are talking about things that have happened from about (PRE-CONTROLLED ENVIRONMENT ANCHOR) to the time you entered the controlled environment.

Please answer the next questions using the number of days. **(Use 0 for none)**

- SU5. In those 90 days in the community...
- a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs? [IF 90, GO TO CV1a]
Days
 - b. on how many **days** did you get drunk **at all** or were you high for most of the day?
Days
 - c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?
Days

CV. Crime and Violence

The next questions are about crime and violent behavior.

Using **Card Q...**

Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
4	3	2	1	0

CVScr/ CV1. When was the **last** time you...

QOLI

- | | | | | | | |
|----|--|---|---|---|---|---|
| a. | had a disagreement in which you pushed, grabbed or shoved someone?..... | 4 | 3 | 2 | 1 | 0 |
| b. | took something from a store without paying for it? | 4 | 3 | 2 | 1 | 0 |
| c. | sold, distributed or helped to make illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| d. | drove a vehicle while under the influence of alcohol or illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| e. | purposely damaged or destroyed property that did not belong to you?..... | 4 | 3 | 2 | 1 | 0 |
| f. | were involved in the criminal justice system, such as jail or prison, detention, probation, parole, house arrest or electronic monitoring? | 4 | 3 | 2 | 1 | 0 |

[IF CV1f IS LESS THAN 3, GO TO CV3]

Please answer the next questions using the number of days.

QCS CV2. **During the past 90 days**, on how many **days** have you been...

- | | | |
|-----|---------------------------------|---|
| a. | on probation? | <input type="text"/> <input type="text"/> |
| | | Days |
| b. | on parole? | <input type="text"/> <input type="text"/> |
| | | Days |
| c1. | in juvenile detention? | <input type="text"/> <input type="text"/> |
| | | Days |
| c2. | in jail or prison? | <input type="text"/> <input type="text"/> |
| | | Days |
| d. | on house arrest? | <input type="text"/> <input type="text"/> |
| | | Days |
| e. | on electronic monitoring? | <input type="text"/> <input type="text"/> |
| | | Days |

PPI CV3. **During the past 90 days**, on how many **days** did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?

Days

PPI CV4. **During the past 90 days**, on how many **days** were you involved in any activities you thought might get you into trouble or be against the law, besides drug use? [IF 0, GO TO CV4b]
Days

PPI CV4a. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...

1. in order to support yourself financially?
Days

2. in order to obtain alcohol or other drugs?
Days

3. while you were high or drunk?
Days

Please answer the next question using the number of times.

QCS CV4b. **During the past 90 days**, how many **times** have you been arrested and charged with breaking a law? (Please do not count minor traffic violations.)
Times

LS. Life Satisfaction

The next questions are about how satisfied you feel with different parts of your life. After you hear each question, please tell me **how satisfied** you currently feel by using **Card I** and responding "very satisfied," "satisfied," "mixed," "dissatisfied," or "very dissatisfied."

Very Satisfied	Satisfied	Mixed	Dissatisfied	Very Dissatisfied
5	4	3	2	1

LSI	LS1.	Currently , how satisfied are you with...				
	g.	the level of physical intimacy (sexual activity) in your relationships?	5	4	3	2 1
	h.	your family relationships?	5	4	3	2 1
	j.	your general level of happiness?	5	4	3	2 1
	k.	where you are living?	5	4	3	2 1
	m.	how your life is going so far?	5	4	3	2 1
	n.	your school or work situation?	5	4	3	2 1

Z. End

Thank you! That is all of the questions we have for you at this time.

(Please enter the current time in Z1. If you went straight through, we will figure out how many minutes you took. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing interview on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

- Z1. What time is it now? |__|__| : |__|__|
Time (HH:MM)
- b. Is it AM or PM? |__|__|
AM/PM
- c. How many breaks did you take today? |__|__|
Breaks
- d. Not counting breaks, how long did it take you to finish this? |__|__|__|
Minutes

- Z2. Are there any other special issues we need to know about to help you (or help you come to treatment)? Do you have any additional comments or questions?

v1. _____

<i>For Staff Use Only</i>			
XADM.Administration			
Please document the following aspects of how the interview was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section in XADMj or at least say where we can find them.			
a1.	How were the questions administered?	<u>Yes</u>	<u>No</u>
a.	Self-Administered	1	0
b.	Orally Administered by staff	1	0
c.	Orally Administered by others	1	0
z.	Other (Please describe)	1	0
v.		
a2.	What was the mode of administration?	<u>Yes</u>	<u>No</u>
a.	Done with Pen and Paper	1	0
b.	Done on Computer	1	0
c.	Done on Telephone	1	0
z.	Other (Please describe)	1	0
v.		
b.	What was the primary language in which it was conducted?		
	English using the English GAIN	1	
	Spanish using the English GAIN	2	
	Spanish using the Spanish VGNI	3	
	Other combinations/languages (Please describe)	99	
v.		
c.	Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, indications of developmental disabilities ?		
	No/none	0	
	Minimal	1	
	Moderate	2	
	Major	3	
e.	Was there any evidence of the following observed participant behaviors ?	<u>Yes</u>	<u>No</u>
1.	Depressed or withdrawn	1	0
2.	Violent or hostile	1	0
3.	Anxious or nervous	1	0
4.	Bored or impatient	1	0
5.	Intoxicated or high	1	0
6.	In withdrawal	1	0
7.	Distracted	1	0
8.	Cooperative	1	0

<i>For Staff Use Only</i>		
g.	What was the participant's location during the assessment?	
	Treatment unit.....	1
	Specialized intake unit	2
	Correctional setting	3
	School	4
	Employment or work setting.....	5
	Home	6
	Probation or Parole Office	7
	Welfare or Child Protection Agency	8
	Research Office or Setting	11
	Other (Please describe)	99
v. _____		
g1-5.	Were there any problems providing a quiet, private environment?	<u>Yes</u> <u>No</u>
1.	Noise or other frequent distractions	1 0
2.	Divided attention or frequent interruptions.....	1 0
3.	Other people present or within earshot	1 0
4.	Police, guards, social workers or other officials present	1 0
5.	Speaker or telephone call monitoring	1 0
h1.	Was administration done over multiple days?	1 0
[IF NO, GO TO XADMj]		
a.	What is the final revision date (mm/dd/yyyy)?	<div style="display: flex; justify-content: space-between; align-items: center;"> ____ / ____ / 20 ____ </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small;"> Month Day Year </div>
b.	What is the total number of breaks across all sessions and days? (Include "1" for break in between multiple sessions.).....	____
c.	What is the total number of minutes spent doing the interview across all sessions and days?	____
d.	What is the Staff ID [XSID] of the person finishing the interview?. _____	____
j.	Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment? Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).	
	v1. _____	



Child & Youth Resilience Measure-Revised (CYRM-R)

CYRM-R

To what extent do the following statements apply to you?

There are no right or wrong answers.

		No [1]	Sometimes [2]	Yes [3]
1	I get along with people around me	1	2	3
2	Getting an education is important to me	1	2	3
3	I know how to behave/act in different situations (such as school, home and church)	1	2	3
4	My parent(s)/caregiver(s) really look out for me	1	2	3
5	My parent(s)/caregiver(s) know a lot about me (for example, who my friends are, what I like to do)	1	2	3
6	If I am hungry, there is enough to eat	1	2	3
7	People like to spend time with me	1	2	3
8	I talk to my family/caregiver(s) about how I feel (for example when I am hurt or sad)	1	2	3
9	I feel supported by my friends	1	2	3
10	I feel that I belong/belonged at my school	1	2	3
11	My family/caregiver(s) care about me when times are hard (for example if I am sick or have done something wrong)	1	2	3
12	My friends care about me when times are hard (for example if I am sick or have done something wrong)	1	2	3
13	I am treated fairly in my community	1	2	3
14	I have chances to show others that I am growing up and can do things by myself	1	2	3
15	I feel safe when I am with my family/caregiver(s)	1	2	3
16	I have chances to learn things that will be useful when I am older (like cooking, working, and helping others)	1	2	3
17	I like the way my family/caregiver(s) celebrates things (like holidays or learning about my culture)	1	2	3

For administration instructions and scoring, please refer to the accompanying manual.

When using the measure, please cite the following:

Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work*, 1-24. <https://doi.org/10.1080/23761407.2018.1548403>

Name of Assessed: _____ Gender: ☐ M ☐ F Age: _____

Setting: ☐ Community ☐ Custodial

Date of Birth: ____/____/____ Today's Date: ____/____/____
mm dd yyyy mm dd yyyy

Part I: Assessment of Risks and Needs

The YLS/CMI 2.0™ is a quantitative screening survey of attributes of juvenile offenders and their situations relevant to decisions regarding level of service, supervision, and programming. Within each subscale, use an "X" to mark all items that apply to the juvenile being assessed. If the subscale is considered to be an area of strength for the juvenile, indicate with a checkmark ✓ in the "Strength" box. The items are explained in Appendix A of the User's Manual. For any omitted items, circle the item letter.

1. Prior and Current Offenses/Dispositions:

- | | |
|--------------------------------------|--------------------------|
| a. Three or more prior convictions | <input type="checkbox"/> |
| b. Two or more failures to comply | <input type="checkbox"/> |
| c. Prior probation | <input type="checkbox"/> |
| d. Prior custody | <input type="checkbox"/> |
| e. Three or more current convictions | <input type="checkbox"/> |

2. Family Circumstances/Parenting:

- | | |
|---------------------------------------|--------------------------|
| a. Inadequate supervision | <input type="checkbox"/> |
| b. Difficulty in controlling behavior | <input type="checkbox"/> |
| c. Inappropriate discipline | <input type="checkbox"/> |
| d. Inconsistent parenting | <input type="checkbox"/> |
| e. Poor relations (father-youth) | <input type="checkbox"/> |
| f. Poor relations (mother-youth) | <input type="checkbox"/> |
| Strength | <input type="checkbox"/> |

3. Education/Employment:

- | | |
|---|--------------------------|
| a. Disruptive classroom behavior | <input type="checkbox"/> |
| b. Disruptive behavior on school property | <input type="checkbox"/> |
| c. Low achievement | <input type="checkbox"/> |
| d. Problems with peers | <input type="checkbox"/> |
| e. Problems with teachers | <input type="checkbox"/> |
| f. Truancy | <input type="checkbox"/> |
| g. Unemployed/not seeking employment | <input type="checkbox"/> |
| Strength | <input type="checkbox"/> |

4. Peer Relations:

- | | |
|----------------------------------|--------------------------|
| a. Some delinquent acquaintances | <input type="checkbox"/> |
| b. Some delinquent friends | <input type="checkbox"/> |
| c. No/few positive acquaintances | <input type="checkbox"/> |
| d. No/few positive friends | <input type="checkbox"/> |
| Strength | <input type="checkbox"/> |

Comments:

Source(s) of information:

Comments:

Source(s) of information:

Comments:

Source(s) of information:

Comments:

Source(s) of information:

Within each subscale, use an "X" to mark all items that apply to the juvenile being assessed. If the subscale is considered to be an area of strength for the juvenile, indicate with a checkmark ✓ in the "Strength" box. For any omitted items, circle the item letter.

Part I: Assessment of Risks and Needs (Continued)

5. Substance Abuse:

- a. Occasional drug use ☐
- b. Chronic drug use ☐
- c. Chronic alcohol use ☐
- d. Substance abuse interferes with life ☐
- e. Substance use linked to offense(s) ☐

Strength ☐

Comments:

Source(s) of information:

6. Leisure/Recreation:

- a. Limited organized activities ☐
- b. Could make better use of time ☐
- c. No personal interests ☐

Strength ☐

Comments:

Source(s) of information:

7. Personality/Behavior:

- a. Inflated self-esteem ☐
- b. Physically aggressive ☐
- c. Tantrums ☐
- d. Short attention span ☐
- e. Poor frustration tolerance ☐
- f. Inadequate guilt feelings ☐
- g. Verbally aggressive, impudent ☐

Strength ☐

Comments:

Source(s) of information:

8. Attitudes/Orientation:

- a. Antisocial/procriminal attitudes ☐
- b. Not seeking help ☐
- c. Actively rejecting help ☐
- d. Defies authority ☐
- e. Callous, little concern for others ☐

Strength ☐

Comments:

Source(s) of information:

Part II: Summary of Risks and Needs

Check the first two pages of the assessment for omitted (circled) items. If more than four (4) items are omitted, the test should be considered invalid, and more information should be obtained before scoring. Sum the total number of items marked with an "X" within each subscale and mark the risk/need level for each. Then sum the number of Xs in Column A and in Column B. Use the combined total to complete the Overall Total Score at the bottom of the page, which is used to complete the Total Risk/Need Level box. Checkmarks in the boxes labeled "S" indicate a strength. The table below can be used for a summary.

Scores	Prior and Current Offenses	Family	Education	Peers	Substance Abuse	Leisure/Recreation	Personality/Behavior	Attitudes/Orientation
Low								
Moderate								
High								
Strength								

Column A Column B

1. Prior and Current Offenses/Dispositions

Risk/Need Level:

- Low (0) ☐
 Moderate (1-2) ☐
 High (3-5) ☐

S

5. Substance Abuse

Risk/Need Level:

- Low (0) ☐
 Moderate (1-2) ☐
 High (3-5) ☐

2. Family Circumstances/Parenting

Risk/Need Level:

- Low (0-2) ☐
 Moderate (3-4) ☐
 High (5-6) ☐

S

6. Leisure/Recreation

Risk/Need Level:

- Low (0) ☐
 Moderate (1) ☐
 High (2-3) ☐

3. Education/Employment

Risk/Need Level:

- Low (0) ☐
 Moderate (1-3) ☐
 High (4-7) ☐

S

7. Personality/Behavior

Risk/Need Level:

- Low (0) ☐
 Moderate (1-4) ☐
 High (5-7) ☐

4. Peer Relations

Risk/Need Level:

- Low (0-1) ☐
 Moderate (2-3) ☐
 High (4) ☐

S

8. Attitudes/Orientation

Risk/Need Level:

- Low (0) ☐
 Moderate (1-3) ☐
 High (4-5) ☐

Total Risk/Need Levels

Custodial Male:

- ☐ Low (0-19)
☐ Moderate (20-29)
☐ High (30-36)
☐ Very High (37-42)

Custodial Female:

- ☐ Low (0-19)
☐ Moderate (20-29)
☐ High (30-36)
☐ Very High (37-42)

Community Male:

- ☐ Low (0-9)
☐ Moderate (10-21)
☐ High (22-31)
☐ Very High (32-42)

Community Female:

- ☐ Low (0-8)
☐ Moderate (9-19)
☐ High (20-28)
☐ Very High (29-42)

+ =
 Column A Total Column B Total YLS/CMI 2.0 Total Score

Part III: Assessment of Other Needs and Special Considerations

1. Family/Parents

- | | | |
|---|---|---|
| <input type="checkbox"/> Chronic History of Offenses | <input type="checkbox"/> Financial/Accommodation Problems | <input type="checkbox"/> Abusive Mother |
| <input type="checkbox"/> Emotional Distress/Psychiatric | <input type="checkbox"/> Uncooperative Parents | <input type="checkbox"/> Significant Family Trauma (specify): _____ |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Cultural/Ethnic Issues | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Marital Conflict | <input type="checkbox"/> Abusive Father | |

Comments: _____

2. Youth

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Adverse Living Conditions | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Self-Management Skills |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Gender Issues | <input type="checkbox"/> Low Intelligence/ Developmental Delay | <input type="checkbox"/> Shy/Withdrawn |
| <input type="checkbox"/> Communication Problems | <input type="checkbox"/> Health Problems | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Suicidal Ideation/Attempts or Self-Injury |
| <input type="checkbox"/> Cruelty to Animals | <input type="checkbox"/> History of Assault on Authority Figures | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Third Party Threat |
| <input type="checkbox"/> Cultural/Ethnic Issues | <input type="checkbox"/> History of Bullying | <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Underachievement |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> History of Escape | <input type="checkbox"/> Peers Outside Age Range | <input type="checkbox"/> Victim of Bullying |
| <input type="checkbox"/> Diagnosis of Conduct Disorder/ Oppositional Defiant Disorder | <input type="checkbox"/> History of Fire Setting | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Victim of Neglect |
| <input type="checkbox"/> Diagnosis of Psychosis | <input type="checkbox"/> History of Running Away | <input type="checkbox"/> Poor Problem-Solving Skills | <input type="checkbox"/> Victim of Physical/Sexual Abuse |
| <input type="checkbox"/> Engages in Denial | <input type="checkbox"/> History of Sexual/Physical Assault | <input type="checkbox"/> Poor Social Skills | <input type="checkbox"/> Witness of Domestic Violence |
| <input type="checkbox"/> Fetal Alcohol Spectrum Disorder (FASD) | <input type="checkbox"/> History of Weapons Use | <input type="checkbox"/> Pregnancy Issues | <input type="checkbox"/> Other Mental Health Issues (specify below) |
| <input type="checkbox"/> Financial/Accommodation Problems | <input type="checkbox"/> Inappropriate Sexual Activity | <input type="checkbox"/> Protection Issues | <input type="checkbox"/> Other (specify below) |
| | | <input type="checkbox"/> Racist/Sexist Attitudes | |

Comments: (Note any special cultural/ethnic or gender-related responsivity considerations) _____

Part IV: Final Risk/Need Level and Professional Override

Taking into account all available information, provide your estimate of the risk level for this case. If your risk estimation differs from that of the inventory, please provide reasons why.

Part II Risk/Need Level	Use the professional override?	Final YLS/CMI 2.0 Risk/Need Level
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Very High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Very High

Reasons for override: _____

YLS/CMI 2.0TM Case Management

Youth Level of Service/Case Management Inventory 2.0

By Robert D. Hoge, Ph.D., D. A. Andrews, Ph.D., & Alan W. Leschied, Ph.D.

Name of Assessed: _____

Gender: ☐ M ☐ F Age: _____

Setting: ☐ Community ☐ Custodial

Date of Birth: ____/____/____
mm dd yyyy

Today's Date: ____/____/____
mm dd yyyy

Part V: Program/Placement Decision

Complete V.1 for custodial youth and V.2 for community youth.

V.1 Custodial

Recommendation/Decision ☐ Administrative/Paper
☐ Minimum Supervision
☐ Medium Supervision
☐ Maximum Supervision

Release Recommended ☐ No ☐ Yes

Custodial Placement _____

Comments: _____

V.2 Community

Recommendation/Decision ☐ Administrative/Paper
☐ Minimum Supervision
☐ Medium Supervision
☐ Maximum Supervision

Program Placement _____

Comments: _____

Probation Officer's Signature/Date

Supervisor's Signature/Date



YLS/CMII 2.0TM Case Management

Youth Level of Service/Case Management Inventory 2.0

By Robert D. Hoge, Ph.D., D. A. Andrews, Ph.D., & Alan W. Leschied, Ph.D.

Name of Assessed: _____

Gender: ☐ M ☐ F

Age: _____

Setting: ☐ Community ☐ Custodial

Date of Birth: ____/____/____
mm dd yyyy

Today's Date: ____/____/____
mm dd yyyy

Part VI: Case Management Plan

A. Criminogenic Needs (rank order)

Criminogenic Need	Goal	Intervention	Time Frame
1.			
2.			
3.			
4.			

B. Other Client Non-Criminogenic Needs Requiring Attention (rank order)

Other Needs	Goal	Intervention	Time Frame
1.			
2.			
3.			
4.			



Name of Assessed: _____ Reference No.: _____

Gender: ☐ M ☐ F Date of Birth: _____ Referral Source: _____Setting: ☐ Community ☐ Custodial

Offence(s): _____

Outcome: _____

Date of Test: _____ Tested by: _____

Part VII: Case Management Review

A. Risk Level	Date:	Date:	Date:	Date:	Date:	Date:
Offenses/ Dispositions						
Family Factors						
Education/ Employment						
Peer Relations						
Substance Abuse						
Leisure/ Recreation						
Personality/ Behavior						
Attitudes/ Orientation						
Total Score						
Contact Level						

B. Other changes

Indicate any other changes in circumstances, including new charges, court appearances, or contacts since last review:

C. Non-compliance with court orders (action taken/comments)

Part VII: Case Management Review (Continued)**D. Progress/Revisions in Case Management Plan: Criminogenic Needs**

Review the current case management goals and any progress (e.g. not achieved, partly achieved, achieved)/revisions to the plan:

Date	Criminogenic Need	Change	Noteworthy Developments

E. Progress/Revisions in Case Management Plan: Other Needs and Special Considerations

Review the current case management goals and any progress/revisions to the plan:

Date	Other Needs and Special Considerations	Change	Noteworthy Developments

Social Worker's Signature/Date

Supervisor's Signature/Date

Attachment D

Position Descriptions

Position Description
Program Coordinator, Duval County CJRG Expansion

Reports To: Executive Director

Status: Exempt, Full Time

Salary Range: \$50,000-\$60,000

EDUCATION/EXPERIENCE

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.

ESSENTIAL DUTIES AND 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 endeavor is a collaboration among several entities including the City of Jacksonville, the Jacksonville Children's Commission, the Jacksonville System of Care Initiative (Partnership for Child Health) and Gateway Community Services, Inc. In addition, there are other partners vital to the success of the project including the Florida Department of Juvenile Justice, the State Attorney's Office, the Public Defender's Office and the 4th Circuit judiciary. 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.

PERFORMANCE REQUIREMENTS/PERSONAL QUALITIES

- ◆ Knowledge of the operations of the juvenile justice system in Florida
- ◆ Knowledge of the mental health and substance abuse resources in Duval County
- ◆ Knowledge of the community partners serving youth in the juvenile justice system
- ◆ Knowledge of basic contracting components
- ◆ Ability to communicate verbally and in writing
- ◆ Ability to work collaboratively with other agencies, organizations, government entities
- ◆ Ability to organize and coordinate multiple groups/individuals to work toward common goal
- ◆ Ability to establish timelines, prioritize activities and assure all tasks are completed within required time frames
- ◆ Ability to develop Quality Assurance measures and monitor all grant activities to assure compliance.
- ◆ Ability to troubleshoot weaknesses or problems interfering with the grant goals
- ◆ Skills in contract negotiating and handling contract business transactions
- ◆ Skills in computer applications Word, Excel, Power Point, etc.
- ◆ Skills in report writing
- ◆ Skills in presentation of information to various entities

Position Description
Behavioral Health Coordinator, Duval County CJRG Expansion

Job Status: Full-Time, Exempt

Reports To: Project Director

Work Schedule: 40 hours per week; 1.0 FTE

Salary Range: \$45,000 - \$50,000

Positions Supervised: N/A

POSITION SUMMARY

The CJRG Behavioral Health Coordinator 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 implementation of Collaborative Care, identification and referral of children and youth, data collection and trauma training of practice staff.

EDUCATION AND EXPERIENCE

- Bachelor's required, RN or Master's preferred.
 - 3-5 year's 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
-

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Facilitate training of M-BHH staff in trauma, cultural competency and SOC core values;
- Facilitate the integration of behavioral health services into primary care practices;
- Facilitating collaborations with community behavioral health organizations;
- Develop referral processes into the CJRG Expansion into M-BHHs;
- Develop referral processes from M-BHHs into community behavioral health organizations if appropriate
- Develop documentation protocols and processes to track follow up; family engagement and improved child-wellbeing;
- Assure family and youth involvement in all aspects of planning process;
- Provide education and training to community pediatric primary care practices on the integration of physical and behavioral health;
- Provide monthly status reports on the progress of M-BHHs and any barriers to success;
- Track and report data as needed to ensure accurate, relevant and current documentation for all CJRG youth M-BHH referrals and follow up activities
- In collaboration with the Center Physician, Partnership for Child Health Executive Director and Medical Director, develop policies and refining and evaluating Center services
- Communicate professionally to educate and promote the Collaborative Care and Medical-Behavioral Health Homes to Jacksonville physicians, community providers and child and youth-serving agencies.
- Request and obtain all available past medical records on the child, including hospitalizations, outpatient visits, immunizations, and other pertinent medical records (physical, mental health and dental care) as well as the current Comprehensive Behavioral Health Assessment and other relevant information.
- Contact the child's assigned caregiver to establish a working relationship.
- Attend required staff meetings and trainings as appropriate.
- Provide information and attend court proceedings if necessary.

Position Description
Lead Family Coordinator, Duval County CJRG Expansion

Job Status: Full-Time; Exempt

Work Schedule: 40 hours per week; 1.0 FTE

Positions Supervised: None

Reports To: Executive Director

Salary Range: \$45,000 - \$52,000

EDUCATION/EXPERIENCE

- 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 families services community. Expressed personal experience as a parent of a justice involved youth with severe emotional disturbances with the desire to openly utilize that experience in a leadership and supporting role with the CJRG.
-

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Provide leadership role in advocacy measures.
 - Responsible for organizing, facilitating, and overseeing family advocates of justice involved youth and youth with serious emotional disturbances.
 - Responsible for organizing and 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.
 - Coordinate and/or provide support services for families receiving services in cooperation with service partners.
 - Coordinate and develop programs for young people to facilitate their involvement in the system of care in collaboration with Youth Coordinator.
 - Participate in grant development, project evaluation and quality improvement activities.
 - Other duties as assigned.
-

PERFORMANCE REQUIREMENTS/PERSONAL QUALITIES

- Demonstrate problem solving skills, decision making skills and sound judgment.
- Demonstrate time management skills, effective public speaker, attention to details, and demonstrated independent mobility within the community.
- Ability to interpret, adapt and apply guidelines and procedures.
- Ability to work independently and utilize initiative, ability to be organized and meet deadlines.
- Possess excellent oral and written communication skills appropriate for children, parents and professionals.
- Continue personal competency through in-service and staff development training.
- Ability to work in partnership with other team members and service providers.
- Ability to maintain client confidentiality according to established policies, federal and state statutes as evidenced by obtaining needed releases of information and maintaining updated releases of information.

Position Description
Resilience Navigator/Facilitator, Duval County CJRG Expansion

Reports To: Program Coordinator

Status: Exempt, Full Time

Salary Range: \$35,000-\$45,000

ESSENTIAL DUTIES AND RESPONSIBILITIES:

The Resilience Navigator is expected to take initiative and ensure Center for Children's Rights (CCR) offers effective programs, with high-level impact as the lead member of the Restorative Response team serving children at risk of and in the juvenile justice system. 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.

- ◆ Act as the connection catalyst for the child and family to provide immediate concrete support when it is needed, such as locating financial assistance with a utility payment, food, clothing, referral for mental health counseling, transportation, or an activity of interest.
- ◆ Administer assessments such as Global Appraisal of Individual Needs (GAIN), Resiliency Assessments, etc.
- ◆ Empower the child and family to develop teams of community-based and natural supports and coordinates services across that team.
- ◆ Engage the child in restorative conversations towards their goals and facilitates restorative justice practices to create secure and structured spaces for children and families to resolve conflict when conflict arises in the home or the community.
- ◆ Convene community residents and work to create more equitable access to trauma-informed community behavioral health resources.
- ◆ Communicate directly and consistently with supervisor.
- ◆ Complete intakes with youth and families, including pre/post resilience scale.
- ◆ Provide comprehensive resource brokerage for concrete support needs identified by the family, including but not limited to rent assistance, financial support, activities, etc.
- ◆ Utilize restorative conversations to empower youth explore ways to resolve conflicts and overcome barriers.
- ◆ Facilitate restorative practices to resolve conflict or make a situation better as needed over the course of involvement with the youth.
- ◆ Evening and weekend work as required program responsibilities.
- ◆ Meet any reporting deadlines as assigned by supervisor.
- ◆ Attend training and skill building sessions as required.

EDUCATION AND EXPERIENCE:

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

OTHER SKILLS AND ABILITIES:

- ◆ Must demonstrate ability to communicate clearly and respectfully with people in stressful situations
- ◆ Demonstrate excellent written and verbal communication skills
- ◆ Demonstrate knowledge of local and state-wide community organizations and resources • Possess strong computer skills, be detail-oriented and self-directed and possess strong time management skills
- ◆ Experience with basic Microsoft office programs and google products •
- ◆ Strong ability for self-reflection and to work flexibly within a team

Position Description

GRANT MANAGER

Kids Hope Alliance

Kids Hope Alliance
Strategy Division
Worker
Sort Code: C01083

Occ Code: 04465
Exempt Status
Pay Grade: 29.12

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. This position also supports program implementation efforts.

- Reviews and verifies agency agreements for financial, personnel and/or program grant proposals and compliance.
- Conducts evaluation of performance against grant requirements and prepares written reports.
- Monitors new program initiatives including participation in the competitive procurement process; reviews, ranks, and makes funding recommendations. Prepares and presents recommendations at KHA Board meetings as needed regarding current grants.
- Facilitates negotiations related to grant proposals; prepares and presents recommendations to the Board as needed and is the liaison between the provider and KHA.
- Develops and reviews grant budgets and budget amendment requests.
- Extracts and analyzes financial and program information and develops integrated analyses, projections, reports, and presentations for data integrity purposes.
- Provides technical assistance to the agencies as necessary to ensure data integrity.
- Interfaces with local government agencies, providers, community groups and internal departments as needed to achieve KHA goals.
- Works cooperatively on inter and intra departmental teams and interact to provide support to the other departments.
- Other duties as assigned

Position Requirements: 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.

Approved: 2/28/15

Revised: 09/27/2019

Position Description
In-home and Tele-Therapist, Duval County CJRG Expansion

Reports To: Program Coordinator

Status: Exempt, Full Time

Salary Range: \$40,000-\$50,000

EDUCATION/EXPERIENCE

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.

ESSENTIAL DUTIES AND RESPONSIBILITIES

This position will be responsible for providing therapeutic services to non-medicaid youth referred youth identified as needing therapy by evidence based assessments. Responsibilities include:

- Review the charts of all psychiatric patients to determine their counseling and other social services needs
- Contacts all current patients of psychiatric patients to see if they are receiving these services & offering to provide the counseling for those patients who have not
- Provide counseling
- Recognizes and reports signs and symptoms of abuse and neglect.
- Progress notes contain clinically appropriate data submitted in a timely manner.
- Demonstrates knowledge and understanding of client needs based on the age and functioning level of the client.
- Consistently includes the parent/guardian in client care.
- Ensures all treatment team members are educated and instructed on individual needs that are pertinent to clients stay.
- Demonstrates knowledge and understanding of the client's needs based upon the age and functioning level of the client.
- Provides education to client and parent/guardian regarding special needs of the client according to the client's abilities.
- Models appropriate and professional behavior (i.e., dress, habits, personality, tact, etc.).
- Relates with clients, parents, peers and the general public in a respectful and professional manner in person and phone interaction.
- Performs other duties that may be assigned.

PERFORMANCE REQUIREMENTS/PERSONAL QUALITIES

- ◆ Knowledge of the mental health and substance abuse resources in Duval County
- ◆ Knowledge of the community partners serving youth in the juvenile justice system
- ◆ Ability to communicate verbally and in writing
- ◆ Ability to work collaboratively with other agencies, organizations, government entities
- ◆ Skills in report writing

Position Description
Peer/Employment Specialist Position, Duval County CJRG Expansion

Overall Function: Provides vision driven hope and encouragement support to peers and assist them in connecting to the community.

Responsibilities: Engages peers and establishes trusting, collaborative relationships directed toward the goal of obtaining and keeping wellness and healthy lifestyle related goals.

- Shares personal experiences and develops authentic peer-to-peer relationships
- Offers instruction and support to help people develop the skills they need to facilitate their individual success
- Informs people served of available service options and choices while promoting the use of natural supports and resources within the community
- Provides peer mentoring and support for individuals with psychiatric disabilities and receiving mental health services
- Assists individuals in navigating the mental health services system and in achieving resiliency and recovery as defined by the person
- Help a peer work through the process of identifying health and wellness related goals.
- Ask facilitative questions to help peers gain insight into their own personal situations.
- Empower peers to find solutions for health problems and concerns they are facing.
- Help peers to find their own solutions by asking questions that give them insight into their wellness status.
- Assist in identifying steps to take to achieve a health and wellness related goal.
- Assist peers in strengthening their readiness to actively pursue health wellness.
- Use a variety of methods, tailored to the individual, to move through the process of setting and reaching health and wellness related goals.
- Provide structure and support to promote personal progress and accountability.
- Compile and share wellness and healthy lifestyle resources for peers and other staff or supporters.
- Selectively use self disclosure to inspire and support.
- Visit community resources with people using services to assist them in becoming familiar with potential opportunities
- Ensures confidentiality of individual information
- Assess emergency situations, notifies supervisor and/or appropriate clinical and administrative personnel of actual or potential problems
- Exhibits a nonjudgmental approach, effective listening, good eye contact, and positive interactions
- Lived experiences that will focus on reducing barriers to employment while providing youth support
- Other duties as assigned.

Position Requirements: 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.

- Strong conflict resolution skills, and training in crisis intervention.
- Strong leadership skills.
- Strong working knowledge of community resources and social services in Jacksonville, Florida.
- Demonstrated understanding of family systems and youth development.
- Demonstrated ability to be punctual, organized, and able to follow through on assignments.
- Ability to work under pressure and in crisis situations.
- Excellent written and oral communication and interpersonal skills required to work effectively with co-workers, clients, community, and other service providers.
- Ability to work individually as well as in a team environment to support the function and mission of youth violence prevention.
- Ability to follow direction, provide/receive feedback, and engage in pro-active problem solving.
- Computer literacy and experience using MS Office preferred.
- Valid Florida driver's license.

Attachment E

Biographical Sketches

Vicki L. Waytowich
Curriculum Vitae

3745 Reedpond Dr. N
Jacksonville, Florida 32223

(904) 860-8530
vickiw@coj.net

EDUCATION

Ed.D., Educational Leadership, University of North Florida, April 2009

Dissertation: “*Violence attribution errors among low-risk and high-risk offenders*” UMI 3354475

M.S., Criminal Justice, University of North Florida, Jacksonville, Florida 2001

B.A., Sociology, University of North Florida, Jacksonville, Florida, 1995

EXPERIENCE

University of North Florida, Adjunct Professor, Department of Criminal Justice,
May 2002 – Present

Areas of Teaching and Research Specialization

Crime in America; Juvenile Delinquency; Criminological Theory; Inequality/Social Problems

Partnership for Child Health, Jacksonville, FL 2011 - Present

Executive Director

Responsible for leading a successful trans-disciplinary organization whose mission is to advocate for and develop and implement services, programs and systems of care that are evidence-based and trauma informed to advance the child health priorities of our community. Specifically:

- directing the overall design, development, implementation and evaluation of an integrated system of care for children with serious emotional disorders that provides a continuum of services that are evidence-based, trauma-informed, family-driven and culturally competent;
- provide vision and convene committees and workgroups charged with identifying existing system strengths, assessing gaps in services and re-engineering community resources and collaborations to mitigate resource challenges for child and family initiatives and provide leadership and problem-solving strategies, particularly for issues that cross system boundaries (e.g. mental health, juvenile justice, child welfare);
- conduct research and evaluate intervention strategies;
- increase awareness and implement operational strategies to ensure Child Rights;
- identify and orchestrate resource and revenue maximization strategies;
- ensure local and federal fiscal and programmatic contract compliance.

Daniel Memorial, Inc., Jacksonville, FL 1995 - 2011

Vice-President of Operations

Responsible for overall direction and leadership of *daniel's* outpatient mental health, independent living, prevention, juvenile justice, psychiatric in-patient, foster care guardianship, therapeutic foster care, education and training programs and the corresponding support functions comprising more than 150 staff and 11 million dollars of the 13 million dollar agency budget. Duties include: advancement of agency mission through program expansion locally and statewide, strategic planning, quality improvement, grant writing, fundraising, human resource

management, data and research management, program evaluation, IRB oversight, utilization management, licensing and accreditation, and advocacy in local and statewide political and civic arenas. Professional skill set includes: relationship building; conceptualizing, developing, and implementing program initiatives; engineering and improving business processes; teambuilding; policy development; communication; collaboration; and resource maximization.

PUBLICATIONS

Book Chapters Accepted for Publication

- Waytowich, V. L., & Onwuegbuzie, A. J. (2010). Violence attribution errors among low-risk and high-risk juvenile offenders. In C. Quin & S. Tawse (Eds.), *Handbook of Aggressive Behavior Research: Psychology of Emotions, Motivations and Actions*. Hauppauge, NY: Nova Science Publishing Inc.
- Waytowich, V. L., & Onwuegbuzie, A. J. (2006). Violence in American high schools: An overview. In K. Borman, S. Cahill, & B. Cotner (Eds.), *The Praeger Handbook of American High Schools*. Westport, CT: Greenwood Publishing Group.
- Waytowich, V. L., & Onwuegbuzie, A. J. (2006). The juvenile justice system in American high schools: An historical overview. In K. Borman, S. Cahill, & B. Cotner (Eds.), *The Praeger Handbook of American High Schools*. Westport, CT: Greenwood Publishing Group.
- Waytowich, V. L., & Onwuegbuzie, A. J. (2006). The full service American high school. In K. Borman, S. Cahill, & B. Cotner (Eds.), *The Praeger Handbook of American High Schools*. Westport, CT: Greenwood Publishing Group.

Refereed Articles Accepted for Publication

- Waytowich, V. L., Onwuegbuzie, A. J., & Elbedour, S. (2011). Violence and attribution errors in adolescent male and female delinquents. *International Journal of Education*, 3(1), E6.
- Onwuegbuzie, A. J., Daley, C. E., & Waytowich, V. L. (2009). A mixed methods investigation of male juvenile delinquents' attributions toward violence. *Journal of At-Risk Issues*, 14, 1-11.
- Jiao, Q. G., Onwuegbuzie, A. J., & Waytowich, V. L. (2008). The relationship between bibliographic errors and library anxiety among graduate students. *Information Processing and Management*, 44, 948-956.
- Onwuegbuzie, A. J., Waytowich, V. L., & Jiao, Q. G. (2006, December). Bibliographic errors in articles submitted to scholarly journals: The case for *Research in the Schools*. *Academic Exchange Extra*. Retrieved December 4, 2006, from <http://asstudents.unco.edu/students/AE-Extra/2006/12/index.html>

.AFFILIATIONS/SERVICE (selected)

4th Circuit Juvenile Justice Advisory Board, Chair
Leadership Jacksonville
Women's Giving Alliance
SAMHSA's Child and Adolescent Family Branch Advisory Board
Florida Juvenile Justice Association Executive Board Member

Tabatha Wilemon

Jacksonville, Florida 32258

Tabatha.Wilemon@yahoo.com

C:(904) 803-5487

KEY COMPETENCIES

Coordination of services	Patient advocacy	Medical assistant
Comprehensive assessments	Family engagement	D.M.E. orders
Hospital/Home visits	Culturally competent	Phlebotomy
Benefits specialist	Identifying barriers to care	TB testing
H.E.D.I.S. measurements	Community resources	Contact tracing
Prior authorization	Health education	D.O.C. clearance
D.M.E. orders	Linkage to services	Direct observed therapy
Discharge follow up	TBRI trained	Treatment compliance

PROFESSIONAL EXPERIENCE

Partnership for Child Health

December 2019 - Present

Care Coordinator – Behavioral Health JSOCC

- Manages behavioral health referrals from community providers through a process of care coordination.
- Receives and routes referrals to community behavioral health provider identified to best fit service needs of the youth.
- Conducts case reviews with community behavioral health providers to track compliance and or barriers of care.
- Completes assessments with youth or caregiver at initiation of behavioral health services, every six months after, and at time of discharge to evaluate impact of services received.
- Provides family support through community services and organizations, ex/ referrals for IEP support, food banks, clothing, housing assistance.
- Assists families with treatment plan adherence and insurance benefits as needed, ex/ scheduling appointments and transportation, identifying medical homes, obtaining medical supplies/DME.
- Completed mental health first aid certification February 2021.

Aetna Healthcare

June 2019 – December 2019

Care Advocate – Aetna Cancer Program

- Non-clinical Care Advocate, pilot program start up for Aetna Cancer Care Program.
- Identify members who require outreach upon prior auth approval for cancer treatment, specific to breast, lung, and colorectal cancer.
- Focus on holistic cancer care, supported by interdisciplinary care team working together to guide patient and their support system through the challenging healthcare system of cancer diagnosis, treatment, remission, survival, reoccurrence and death.
- Provide an on-demand resource to members supporting all needs in the manner in which the patient desires.
- Support and educate members on their options with the consumer's views, preferences and experience at the center.
- Triage members during contact as needed for RN Case Manager or other clinical case management, refer as needed.

Molina Healthcare

April 2015 – October 2018

Community Connector (Remote-work from home)

- Remote/work from home- Organize and manage case load independently.
- Make contact with MMS Medicaid and Market place members by phone and face-to-face contact.
- Complete home visits or telephonic communication to identify social and medical barriers, complete assessments, address needs.
- Coordinate and advocate services and needs for member.

- Identify NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) measures and establish plan of resolution including appointment scheduling with the provider.
- Assist with linking members to community resources to eliminate barriers to obtaining medical care.
- Establish relationships with local providers to increase patient access to care and identify additional resources and programs for members. Programs include Sickle Cell and High ED utilizers.
- Target high ER utilizers and identify the problem, assist with any linkage needed including getting member to engage in preventative services. Attend visits with member when needed.
- Prenatal program – OB linkage – identifying barriers and high risk prenatal members - coordinating and advocating services and needs for member – provide education and educational materials based on the needs and pregnancy stage including any community resources and referrals needed - complete Health Risk Assessments and High-risk OB screeners – referrals, linkage and coordination with the RN Case Manager.
- Resolve medications and pharmacy issues.
- Advocate for member's in the community, food housing, support member's access to community resources, participate in projects, and meetings, Travel to community centers, homeless shelters, and last known addresses to locate member.
- Documents activity, assessments and interventions in appropriate modules (Case Management and Electronic Medical Record). DAR
- Operate CCA, QNXT, UMK2, Mosaic and MClinical.

Department of Health-Duval TB Control Program

October 2012 – April 2015

Disease Intervention Specialist

- Documenting/Recording TB contact investigations to Program Manager and Surveillance Coordinator.
- Initiate/Perform targeted screening and testing for active cases and contacts.
- Initiate/Perform routine screening and testing for all Duval County homeless shelter residents.
- Specialize in large investigations within Dept. of Corrections and homeless shelters.
- Report all client care to Nurse Case Managers and State Physician.
- Specialize in locating homeless clients lost to follow-up.
- Transport clients to and from appointments as needed.
- Home visits for Direct Observed Therapy (D.O.T.) with strong focus to adherence plans.
- Home visits for hospital release, D.O.T., testing and investigations.
- Have personally built large Community Services and Hospital contacts to further assist in job duties, and client/community needs.
- Work independently to multi task the various client and community needs.
- Able to establish and maintain positive and effective work relationships with coworkers, clients, and providers.

Brooks Rehabilitation Hospital

August 2011- October 2012

D.M.E. Coordinator / Research Assistant / P.T. / O.T. Tech (PRN)

- Complete all DME orders for all discharging patients.
- Verify coverage for and payment arrangements for DME equipment.
- Negotiate pricing and donated items with vendors.
- Research Assistant for "The Life Study" containing 62 participants.
- Co-facilitate healthy aging classes two days per week for study participants.
- Accurate data entry and maintenance of all data submitted for IRB approval.
- Arrange all transportation needs for study participants.
- Trained as OT/PT tech for: Brain Injury, Stroke, Ortho, Spinal, Pediatrics.

AIDS Healthcare Foundation

October 2009 – December 2010

Medical Assistant / Phlebotomist

- Assess and ready Patients for examination or procedures.
- Review Patient history and fill Physician orders for all vaccines.
- Implemented and administered open flu shot clinic for all H.I.V. patients.
- Draw blood to fill Physician orders, process specimens to be sent to lab.
- Assist in all gynecological exams and minor procedures.
- Completed all log books for vaccinations and medications administered.
- Keep inventory and submit orders for all medications and vaccines to on site Pharmacist.
- Assist Patients with guidance towards additional needs with Case Management.
- Cleaning and sanitizing of all exam rooms, work surfaces, and equipment.
- Insurance verification and assisted uninsured patients with application process for Government assisted programs.
- Assist head nurse with referrals.

Borland Groover Clinic

October 2008 - August 2009

Medical Office Specialist

Prudential Healthcare

September 2005 - July 2006

Benefits Specialist

PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST

JILL HILL, CRPS-F

7841 Troy Hills Lane Jacksonville, Florida 32256 Cell:(904) 376-5983 Email: JillJax@Yahoo.com

EDUCATION AND TRAINING:

1992 B.A. Art, Communications, University of North Florida
2012 Certified Special Education Teacher, License # 1189123
2015 Certified Recovery Peer Specialist, MH-008314-2015
2017 Started MBA, California Coast University

EXPERIENCE

2020-2019 Partnership for Child Health (JSOCI, Managed Access to Child Health)

Director of Family Engagement and Director of Federation of Families

Lead in planning, implementing, and evaluating family and community engagement goals and objectives. Secure "Family Voice and Choice" in various systems of care. Develop, guide, and monitor implementation of comprehensive strategy for family and community engagement initiatives within and on behalf of Partnership.

Collaborate with colleagues within the organization to implement cross functional strategies and initiatives.

Collaborate with Daniel, Inc on Wraparound Training and support and training of Peer Supports.

Support and Advocate for families in Academic Settings, IEP and 504 Plans. Provide Trainings to Families and Community in Mental Health, Autism, and Substance Use Disorders. Work in Collaboration with Family Support Services (FSS) to develop and recruit parents for the Parent Advisory Council (PAC) Board. Develop parent leadership and advocacy curriculum for training of FSS PAC Board. Provide Parent Voice on the Jacksonville System of Care Board.

Supervise the Mental Health Awareness Training (MHAT) Grant.

Work with MHAT Coordinator in providing trainings, reports, evaluations, and data collection.

Work with Duval County Public Schools on several committees in the Behavioral Health Department.

Collaborate with NAMI (National Association for the Mentally Ill), provide support in support groups, provide NAMI Trainings, help to get the word out about the services NAMI offers to the Community. Provide family voice on various committees across the city. Other duties available upon request.

2019 Lutheran Services Florida Health Systems (LSF)/ MHAT Project Coordinator

Responsible for organizing people, providing and conducting training and resources for the duration of the MHAT grant FY 2018-2021. The

essential functions include; train in a variety of evidence-based practices related to substance abuse and mental health; Coordinate resources and third parties/vendors for the flawless execution of the grant project; Ensure projects are delivered on-time and within the scope of work; Track and analyze projects' performance, expenditures, procurement and report; Based on provided scope and requirements translate them into tasks, schedule and assign tasks; Work with team on project work to keep project going according to schedule; Communicate to management team; Track and analyze project performance, cost performance, schedule and report to the management on the changes project scope, project schedule, and project costs, being able to suggest the improvements to all the above; Create and maintain comprehensive project documentation; Participate in team's project performance reviews; Perform quality assurance; Must also possess the ability to train individuals in the community, professionals and paraprofessionals and other course requirements; Be knowledgeable about and connect students and interns to community resources and services, if requested.

2018 Partnership for Child Health (Managed Access for Child Health) / Project AWARE-C Program Coordinator

Provide trainings in Youth and Adult Mental Health First Aid for the Jacksonville Community. Federal Grant Management from the Substance Abuse Mental Health Services Administration (SAMHSA). Collect Data, Analyze and evaluate Data, MOU's, Collaboration with Community Leaders and Organizations, input training data into the National MHFA System and the Federal Government TRAC/SPAR System. Provide Trainings to Police Officers in Autism Awareness and Intellectual Disabilities. Attending meetings and trainings. Provide education advocacy support to families in our community. Provide trainings on Autism Spectrum Disorder, IDEA, ASD, 504 Plans, IEP, Mental Health, Intellectual Disabilities, Communication with Person First Language, and others

**2018 Mental Health America/ Jacksonville System of Care
-2013 Project AWARE-C Program Coordinator**

Provide trainings in Youth and Adult Mental Health First Aid for the Jacksonville Community. Federal Grant Management from the Substance Abuse Mental Health Services Administration (SAMHSA). Collect Data, Analyze and evaluate Data, MOU's, Collaboration with Community Leaders and Organizations, input training data into the National MHFA System and the Federal Government TRAC/SPAR System. Attending meetings and trainings. Provide education advocacy support to families in our community. Provide trainings on IDEA, ASD, 504 Plans, IEP, Mental Health, Intellectual Disabilities, Communication with Person First Language, and others. Collaborated on Florida Mental Health Summit, The Ripple Effect Mental Health Awards, Department of Education State management Team for AWARE (Mental Health in schools) Provide trainings in Intellectual Disabilities and Mental Health for Police Officers and Crisis

Intervention Teams across Florida. **(Formerly Family Advocate and Parent Partner Supervisor)** Provide leadership role in advocacy measures of Jacksonville System of Care (JSOC); Actively recruit and engage families becoming members of the Federation of Families of Northeast Florida chapter; Serve as the supervisor for the Parent Partner program (Hiring, training and Supervision) , Responsible for advocating for the needs for families involved in the system of care (Education, Juvenile Justice, Foster Care, Homeless and Early Childhood); Provide perspective on behalf of parents and youth to the JSOC Management Team in developing, implementing and evaluating the system of care; Recognize and provide representation for the cultural and linguistic background of the Jacksonville population served by JSOC; Coordinate and/or provide support services for families receiving services in cooperation with service partners; Provide training and support to families in all aspects of the system. Design and maintain Federation of Families of Northeast Florida's website. Participated in grant writing.

2012 Duval County Public School (Exceptional Student Education Teacher, Alfred I DuPont Middle)

Taught Math in Special Education (Emotional Behavioral Disorder) Classroom for grades 6-8; ESE Inclusion (Math and Language Arts) for General Education for 7th Grade; and 8th Grade Research Class; PCM (Professional Crisis Management) Trained

2012 Central Florida Parent Center (Parent Trainer)

-2006 Serve the 6-county region of Northeast Florida, to ensure that parents of children with disabilities and young adults with disabilities will receive training and information on their rights, Responsibilities and protections under IDEA in order to develop the skills necessary to cooperatively and effectively participate in planning and decision-making relating to early intervention, educational, and transitional services. Provide One-On-One Assistance, Present information to community, Help families find resources, Support families at IEP (Individual Education Plan) meetings, offer phone assistance and distribute information concerning Special Education and Services

2005 Autism Society of America, Greater Jacksonville Chapter

-2004 Founder and Board of Directors, secretary of the Greater Jacksonville Chapter of the National organization of Autism Society of America. Responsibly include fundraising (Raised \$50,000 at Ride for Autism), raising awareness, support group for families, guest speakers for workshops

2005 Autism Association of Northeast Florida

-2003 Parent Support for families with children on the Autism Spectrum. Duties include organization of Annual Walk for Autism fund raiser, support parents by phone and in person, help families find resources, Raise awareness of Autism in NE FL

2003 -1999 Jacksonville Transportation Authority Communications and Marketing Specialist, Designed Marketing Campaigns (Creative, Budget, Implementation), Worked with media to report on JTA projects. Assisted CEO on various informational reports Annual Report). Won national Conference Of Minority Transportation Officials (COMTO) awards for campaigns (Ride JTA, Ride to Read and Bus cover design).

CERTIFICATIONS AND CERTIFIED INSTRUCTOR

2006	IDEA (Individuals with Disabilities Education Act) Special Education Law
2006	IEP (Individual Education Plan) and 504 (Section 504 of the Rehabilitation Act), Special Education
2007	Procedural Safeguards in IDEA
2008	First Person Language
2014	Trained in Cultural and Linguistic Competency Training Modules
2015	Mental Health First Aid (Youth) Instructor
2016	Mental Health First Aid (Adult) Instructor
2017	Autism Awareness Training for Police and First Responders
2019	Wraparound Instructor
2019	NAMI, Ending the Silence Training
2020	TBRI Principles and Strategies, Hope Street
2020	TBRI Champions, Hope Street
2020	NAMI, In Our Own Voice Training
2020	QPR (Question. Persuade. Refer.) Instructor
2020	NAMI Jacksonville Peer to Peer
2020	Silver Linings Advocacy Certification Program

ACCOMPLISHMENTS, ACTIVITIES AND HONORS:

- Jacksonville System of Care, Board Member 2019-2021
- The Tools for Success Conference, Committee Member, 2006-2021
- Spoke at Florida Family Leader Network conference on First Person Language
- Duval County Public Schools ESE Program of Study, Stakeholder Committee, 2011 (DCPS ESE Director)
- Member of Florida Council for Exceptional Children (FCEC)
- Autism Society of America, Board Member of State of Florida Board, 2016-2018
- Autism Society of America, Greater Jacksonville Chapter, Past Board Member and Founder, 2004-2005
- Exceptional Student Education Advisory Committee – 2006 to Present, Past Board Chair
- Autism Advisory Council, Past Board Chair, 2004-2006

- PTA Duval County, ESE Board chair, 2009
- Conference Of Minority Transportation Officials Award, Marketing programs for Jacksonville Transportation Authority, 2002
- Jewish Community and Family Services, Family of the Year 2008
- Pure Radio, Interview about Youth Mental Health First Aid, Sept. 2017
- National Project Award Conference Speaker, Washington DC, July 2017
- Provided trainings in Intellectual Disabilities and Autism Awareness for Crisis Intervention Teams of Police Office in Florida in 2017
- The Ripple Effect Mental Health Awards 2017, Keynote Speaker
- Juvenile Law Seminar Series for the Department of Juvenile Division Office of the Public Defenders in Florida, IDEA (Sept. 2016) Speaker
- Guest Lecturer at Florida Coastal School of Law, IDEA presentation (June 2016)
- Tools for Success Conference, Keynote Speaker, Jax., Florida 2016
- ABC Local News, Families and Autism
- FOX Local News, interview with son on living with Autism
- WEJZ Radio, interview providing information on Autism and the Autism Society of America, Greater Jacksonville Chapter

ADDITIONAL TRAININGS AND EXPERIENCES AVAILABLE UPON REQUEST

Katoia V. Wilkins

KatoiaV@hotmai.com

Mobile - (904)233-2551

4318 Shallow Lake Drive

Jacksonville, Florida 32258

Summary of Qualifications

Enthusiastic professional that is highly experienced in juvenile justice issues. Proven excellent interpersonal and team motivating skills with a dedication to human service needs. Major strengths include reliability, great attention to detail and follow-up, and the capacity to remain focused and goal-driven during transition periods. Exceptional ability to establish and maintain efficient working relationships.

Relevant Experience

Contract Management

- Responsible for administering and monitoring more than 30 various youth programs totaling over \$3.1 million dollars in funding provided by the Kids Hope Alliance
- Contract Manager for all Juvenile Justice Programs currently funded by the Kids Hope Alliance
- Manages and analyzes data, maintains contract files, reviews all documents and follow up on any incidents, completes performance reviews, conducts formal site visits and completes monitoring reports and action plans
- Attends 4th Circuit Advisory Board meetings, the executive committee meetings for the Juvenile Detention Alternative Initiatives Board as a representative for the Kids Hope Alliance
- Developed excellent working relationships with the Florida Department of Juvenile Justice, the State's Attorney Office, the Public Defender's Office, 4th Circuit Advisory Board, Jacksonville Sheriff's Office, Duval County Public Schools and many other juvenile justice stake holders in the community

Program Management/Coordination

- Responsible for the oversight and Coordination of the 1.2 million dollar Criminal Justice Reinvestment Grant (CJRG) awarded to the City of Jacksonville . Oversaw implementation of the grant requirements, sub-contracting with community substance abuse and mental health providers to ensure youth in the community were receiving services needed
- Developed Quality Assurance measurements for the CJRG and monitored all grant activities for compliance and responsible for analyzing and report writing on data pertaining to the grant
- Implemented and redefined a new program for student orientation. Supervised and trained a staff of six regarding orientation and programming for the entire student body of over 5,000 students. The orientation targeted new, transfer, and readmit students
- Maintained an annual budget of \$50,000 and allocated money for student events. Drafted proposals for programs and events. Set up controls to monitor program expenses and utilization of programs offered
- Administered projects by selecting research methods, collected and analyzed data using the Statistical Package for the Social Sciences (SPSS), conducted interviews and surveys of research participants, facilitated research presentations, compiled in-depth written reports and statistics from gathered information
- Facilitated office management and daily operations for the orientation and programming department. Recruited and trained over sixty volunteers to assist in new student orientation
- Marketed programs by advertising in the newspaper, conducting presentations and seminars throughout the college, developing and distributing newsletters and flyers. Developed local networks to enhance program delivery

Advising/Counseling

- Prepared over 600 clients in the areas of career development, life skills, work ethics, and job readiness
- Assisted in developing participants' individual career and educational plans and recommended necessary steps towards achieving personal goals. Counseled and provided follow-up advice on career objectives
- Served as Director to the Central Texas College assisted adults in career and education plans. Key advisor to assist military service members and their families with their career and educational goals

- Worked in the Career Development Resource Center as a Fleet and Family Support Center (FFSC) volunteer and facilitated seminars for military Spouse's relocating at the FFSC

Teaching

- Performed investigative intake interviews and diagnostic evaluations, counseled chemically dependent adolescents and adults, formulated individualized treatment plans to address patients' therapeutic needs.
- Completed over 500 hours of patient teaching groups
- Served as an Adjunct Instructor at Lorain County Community College, teaching college seminar courses
- Served as an Adjunct Criminal Justice Instructor for Columbia College, teaching juvenile delinquency courses and criminal law and evidence courses

Employment History

10/18-Present **Director of Juvenile Justice Programs-** City of Jacksonville, Kids Hope Alliance, Jacksonville, FL
10/16-10/18 **Youth Contract Manager-** City of Jacksonville, Kids Hope Alliance, Jacksonville, FL
12/14-10/16 **Program Coordinator** – Partnership for Child Health, Jacksonville, FL
03/12-06/14 **Administrative Assistant-** Promise Land Academy, Jacksonville, FL
12/09-06/11 **Academic Advisor-** Lorain County Community College, Elyria, OH
08/10-06/11 **Adjunct Instructor-** Lorain County Community College, Elyria OH
10/05-04/08 **Counselor/Teacher -** Middlesex County College, Perth Amboy, NJ
06/04-09/04 **Probation Officer -** MAXIMUS Corporation, Key West, FL
03/02-10/03 **Adjunct Professor -** Columbia College, Roosevelt Roads. PR
05/02-07/02 **Program Director-** Central Texas College, Fort Buchanan, PR
10/99-12/00 **Research Assistant -** Northeast Florida Center for Community Initiatives, Jacksonville, FL
12/99-12/00 **Teachers Assistant -** University of North Florida, Jacksonville, FL
07/98-07/00 **Mental Health Technician -** Ten Broeck Hospital, Jacksonville, FL
05/96-10/97 **Graduate Assistant For Orientation and Programming -** Ramapo College, Mahwah, NJ

Internship Experience

1/11 – 6/11 **Graduate Intern - Lorain County Community College**
 Interned for the Vice President/Provost of Academic and Learner Services

Education/Certifications

Florida Certified Contract Manager: State of Florida, February 2017
Master of Arts: Education, Cleveland State University, May 2011
Master of Science: Criminal Justice, University of North Florida, December 2000
Bachelor of Arts: Psychology, Ramapo College of New Jersey, January 1997

Memberships/Honors/Awards/Committees

4th Circuit Advisory Board Youth Success Day Committee August 2018
 Member of Children's International Step Up Village (CISV) Jacksonville Chapter, November 2017-Present
 Member of Outstanding Young Women of America, Fall 1996
 Member of Who's Who Among American Colleges and Universities, Fall 1996
 Member of College Leaders in New Jersey, Spring 1996
 Member of Zeta Phi Beta Sorority Inc. Psi Lambda Chapter, 1995

Criminal Justice Reinvestment Grant

Summary Recidivism Report

3.03.2021

Prepared by NLP Logix

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Tools Utilized

Data was managed and shaped using SQL Server Management Studio. Analyses were performed using Tableau 2020.

Data Inclusions

Youth considered in this report had a JPO Referral from 2017-11-01 through 2021-01-31. Some youth successfully completed the program but were arrested and enrolled prior to this period, and those appointments, completions, and rearrests are not considered in this report.

Descriptive Statistics

Intake, First Appointments, and Completions

	GAINS	Recommended	Already Engaged	Declined	First Appointments	Successful Completions
<i>FY 2018</i>	523	390	75	49	111	42
<i>FY 2019</i>	590	519	120	40	132	26
<i>FY 2020</i>	509	465	121	54	137	12
<i>FY 2021</i>	100	94	20	11	10	0
<i>Total</i>	1,722	1,468	336	154	390	80

Table 1: Intake, First Appointments, and Completions

Reason for Discharge

	Non - Compliant	Other	Pending	Ran Away	Referred Out for Different Service	Relocated Out of Town	Successful Completion	Total
<i>FY 2018</i>	46	68	27	4	12	7	42	206
<i>FY 2019</i>	91	82	64	4	8	3	26	278
<i>FY 2020</i>	62	42	89	7	6	4	12	222
<i>FY 2021</i>	1	3	32					36
<i>Total</i>	200	195	212	15	26	14	80	742

Table 2: Reason for Discharge

Provider Summary

First Appointments by Provider

	Child Guidance Center	Children's Home Society	Daniel Kids	Family Foundations	Gateway	Inspire to Rise	JFCS	NW Behavioral	River Oak Center	YCC
<i>FY 2018</i>			9	36	13	1	40		6	2
<i>FY 2019</i>		0	8	24	6	44	18		13	13
<i>FY 2020</i>	7	26	1		7	58	0	12	7	1
<i>FY 2021</i>	0	0	1		0	3	0	5	0	
<i>Total</i>	7	26	19	60	26	106	58	17	26	16

Table 3: First Appointments by Provider

Discharges by Provider

	Child Guidance Center	Children's Home Society	Daniel Kids	Family Foundations	Gateway	Inspire to Rise	JFCS	NW Behavioral	River Oak Center	YCC
<i>FY 2018</i>			28	54	31	1	74		11	3
<i>FY 2019</i>		3	28	31	29	87	31		28	38
<i>FY 2020</i>	11	51	2		20	85		16	27	1
<i>FY 2021</i>		3	1		2	12		14	2	
<i>Total</i>	11	57	59	85	82	185	105	30	68	42

Table 4: Total Discharges by Provider

Note – hidden 'Pending' and 'Not Applicable' columns. All discharge reasons included.

Successful Completions by Provider

	Children's Home Society	Daniel Kids	Family Foundations	Gateway	Inspire to Rise	JFCS	NW Behavioral	River Oak Center	YCC
<i>FY 2018</i>		1	17	10		11		1	1
<i>FY 2019</i>			10	3	3	5		4	1
<i>FY 2020</i>	5			1	4		1		
<i>Total</i>	5	1	27	14	7	16	1	5	2

Table 5: Successful Completions by Provider

Note – hidden 'Pending' column.

Recidivism Analysis

Successful Completions & Recidivism

	Total Youth	Prior Offenses	Num Reoffending Youth < 1 yr Discharge	Total Reoffences < 1 Yr	Percent of Youth who Reoffended < 1 Yr	Num Reoffending Youth All-time	All-time Reoffences	Percent of Youth who Reoffended
<i>FY 2018</i>	29	36	8	18	27.6%	12	44	41.4%
<i>FY 2019</i>	21	23	2	3	9.5%	5	10	23.8%
<i>FY 2020</i>	22	23	0	0	0.0%	1	1	4.5%
<i>FY 2021</i>	8	12	0	0	0.0%	1	2	12.5%
<i>Total</i>	81	95	10	21	12.3%	20	58	24.7%

Table 6: Recidivism of those who Successfully Completed

Youth Who Attended a First Appointment & Recidivism

<i>Discharge Year</i>	Total Youth	Prior Offenses	Total Reoffences < 1 Year	Percent of Youth Reoffended < 1 Year	All-time Reoffences	Percent of Youth Who Reoffended
<i>FY 2018</i>	79	98	46	33%	111	51.9%
<i>FY 2019</i>	69	79	23	19%	63	41.2%
<i>FY 2020</i>	98	111	24	18%	72	37.1%
<i>FY 2021</i>	17	26	1	6%	18	35.3%
<i>Total</i>	337	389	94	17%	296	38.7%

Table 7: Recidivism of those who Attended a First Appointment

Includes those who successfully completed the program.

Treatment and Recidivism

To better isolate the variable of treatment by CJRG providers, we grouped participants into five treatment groups. The definitions of these groups are in the following table.

<i>Treatment Group</i>	<i>Definition</i>
<i>Treatment Needed – Not Received</i>	Recommended for treatment via the GAIN but did not receive treatment due to missing first appointment, unable to contact, or other reason not including declined
<i>Treatment Needed – Declined</i>	Recommended for treatment via the GAIN but declined to be referred. (Primary Control Group)
<i>First Appointment Only</i>	Attended first appointment but is still in treatment or was discharged for a reason other than successful completion
<i>Successfully Completed</i>	Attended first appointment and successfully completed the program
<i>Treatment Elsewhere</i>	Already engaged with non-CJRG provider

Table 8: Treatment Group Definitions

Percent of Youth Who Reoffended

In Figure 1, we chart the percent of youth who reoffended in each treatment group. Of those who successfully completed the program (N=80), 25% reoffended (either during treatment or after discharge). This treatment group had the lowest percentage of reoffending youth. Of our primary control group, those who were recommended for treatment but declined (N=145), 38.6% reoffended. This information can also be found in Table 9.

Percent of Youth who Reoffended by Treatment Group

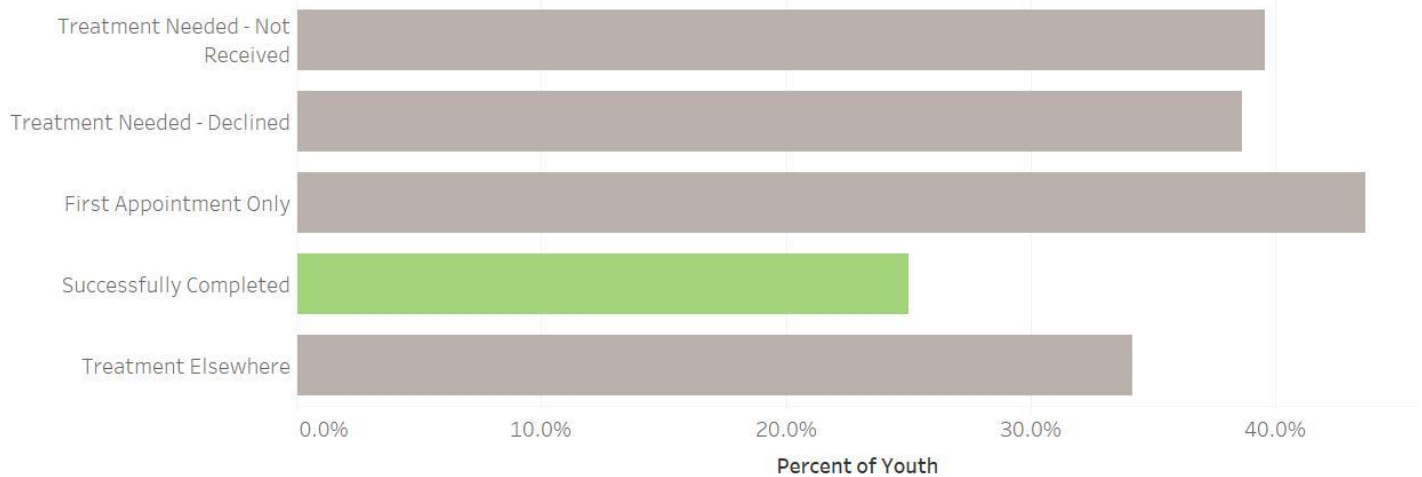


Figure 1: Percent of Youth who Reoffended by Treatment Group

(NB: The youth who have been discharged for more time are treated equally with those who have been discharged for less.)

Figure 2: Reduction in Reoffences by Treatment Group

Treatment Group Summary Data

	Total Youth	Prior Offenses	Reoffending Youth	All-time Reoffences	Percent of Youth who Reoffended	Reoffense Reduction
<i>Treatment Needed - Not Received</i>	647	901	256	642	39.6%	28.7%
<i>Treatment Needed - Declined</i>	145	214	56	128	38.6%	40.2%
<i>Successfully Completed</i>	80	94	20	58	25.0%	38.3%
<i>Treatment Elsewhere</i>	410	562	140	371	34.1%	34.0%
<i>First Appointment Only</i>	245	290	107	236	43.7%	18.6%

Table 9: Recidivism by Treatment Group

Recidivism in the 1 Year Following Successful Completion

If we focus only on the first year after discharge, we see a marked improvement. As displayed below in Table 10, of those who attended a first appointment but did not successfully complete (N=245), only 18.8% reoffended within this time frame. For those who successfully completed (N=80), only 12.5% reoffended during this time frame. The reoffense reduction for this time is 75.2% for those only attending a first appointment and 77.7% for those who successfully completed the program.

	First Appointment Only	Successfully Completed
<i>Total Youth</i>	240	80
<i>Prior Offenses</i>	285	94
<i>Reoffending Youth Count While Enrolled</i>	57	9
<i>% of youth that reoffend while enrolled</i>	23.8%	11.3%
<i>Reoffense Count while Enrolled</i>	110	16
<i>Reoffending Youth < 1 Yr</i>	46	10
<i>Reoffences Count < 1 Yr</i>	72	21
<i>Percent of Youth who Reoffended < 1 Yr</i>	19.2%	12.5%
<i>Reoffense Reduction < 1 Yr</i>	74.7%	77.7%

Table 10: Recidivism for Successful Completions and First Appointment Only Groups

Conclusions

Fewer youth who successfully complete the program reoffend.

The CJRG Program demonstrates a strong ability to reduce the number of youth who go on to reoffend. Only 25% of those who successfully completed the program were ever rearrested, compared to 39.2% of our control group (those who were recommended for treatment but declined). Focusing on the first year after discharge, only 12.5% of those successfully completed and 19.2% of those who only attended a first appointment reoffended.

Attending a first appointment is not enough to reduce recidivism.

Of those who attended their first appointment but did not successfully complete the program (N=245), 44.6% went on to reoffend, but as we saw above this recidivism rate drops to 25% for those who successfully completed. Three times as many youth attended a first appointment but did not complete as youth who successfully completed (245 compared to 80). Taken together, these facts suggest that a large impact could be made if CJRG focuses on retaining youth through completion once they are engaged.



Technology that **empowers.**

Jacksonville Juvenile Justice Diversion
Data Assessment
Executive Summary and Preliminary Findings

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Agenda

- KHA meeting kickoff
- Project update and timeline
- Review of preliminary findings
- Next Steps
- Q&A

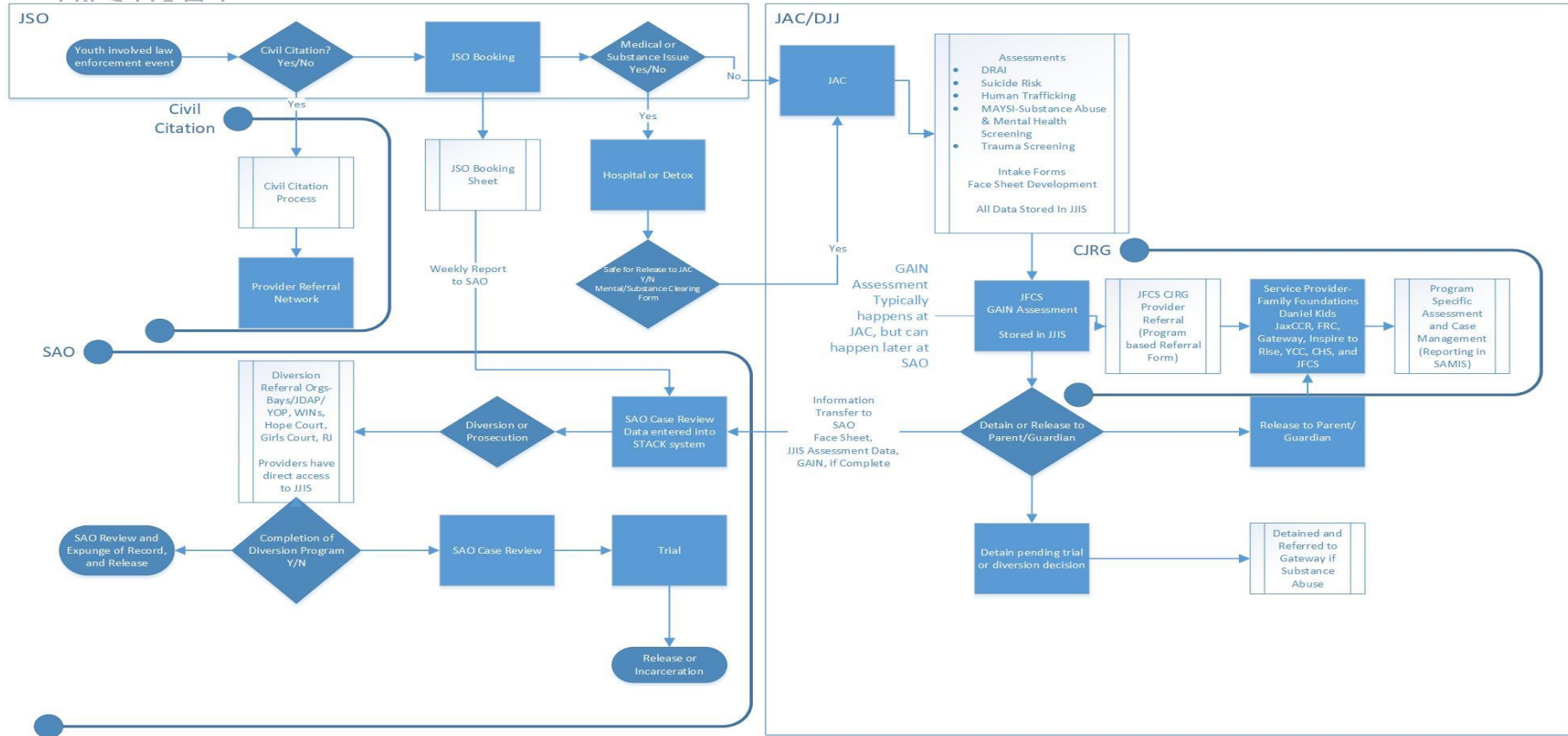
Project Update and Timeline

- Project goals
 - Readiness assessment for the deployment of an IDS (Integrated Data System) to support the Juvenile Justice Diversion program and network of providers
 - Review of data structures and level of standardization
 - Review of data systems and integrations
 - Review of data processes
 - Development of roadmap for organizational readiness and data alignment across the network of providers, agencies, and organizations involved with the Juvenile Justice Diversion program
- Timeline
 - Project kick-off - December/January 2020
 - Onsite interviews - late February 2020
 - Follow-up interviews - March 2020
 - Preliminary findings report - March 2020
 - Final report – early/mid May 2020

What Is An Integrated Data System (IDS)?

- A software application that collects, aggregates, stores, and reports data shared by multiple organizations that are working collaboratively (demographic & program-specific data)
- Purpose of an IDS is to *effectively* integrate data, people, and processes across organizations to produce insight and intelligence that can be acted upon (actionable intelligence)
- Major goal is to eliminate as much as possible the isolated, disconnected data silos that inhibit care coordination for individuals obtaining service from multiple providers
- Typical IDS functionality includes but is not limited to:
 - automating intake
 - referring program participants and managing their activity across programs
 - ad-hoc reporting
 - case management
 - workflow automation
 - integration with external data sources

NOVUS INSIGHT Process Map



Key Findings - *Assessments*

- Length of time conducting assessments
 - 4-6 hours of assessment, booking, and screening at JAC
 - 2-4 hours of provider based assessments, including GAIN
 - Total time: 8-10 hours
- Data duplication
 - Review of all intake, referral, and assessment forms revealed significant duplication
 - Example: Youth arrested and referred to BAYS is subject to 230+ substance abuse questions, many of which are the same, at:
 - JSO
 - JAC
 - JFCS
 - BAYS

Key Findings - *Data Silos*

- Paper files used as transport vehicles of information between programs
 - Typically summary files and do not include case notes or other specific details
- Partner orgs with no access to certain systems because of regulatory/privacy requirements
 - Only partners with CJIS certification will have access to JJIS
 - Even within JJIS system, data access is limited - JSO does not have access to JJIS case notes unless phone call requesting access is made
 - Orgs like CCR only receive summary of the GAIN, along with agency-specific referral form
- Partner orgs lacking a feedback loop
 - Referrals often a one-way transaction
 - Youth contact information is a major need
 - Would be helpful for a way to push changes in contact information and status across the service delivery network

Key Findings - *Reporting*

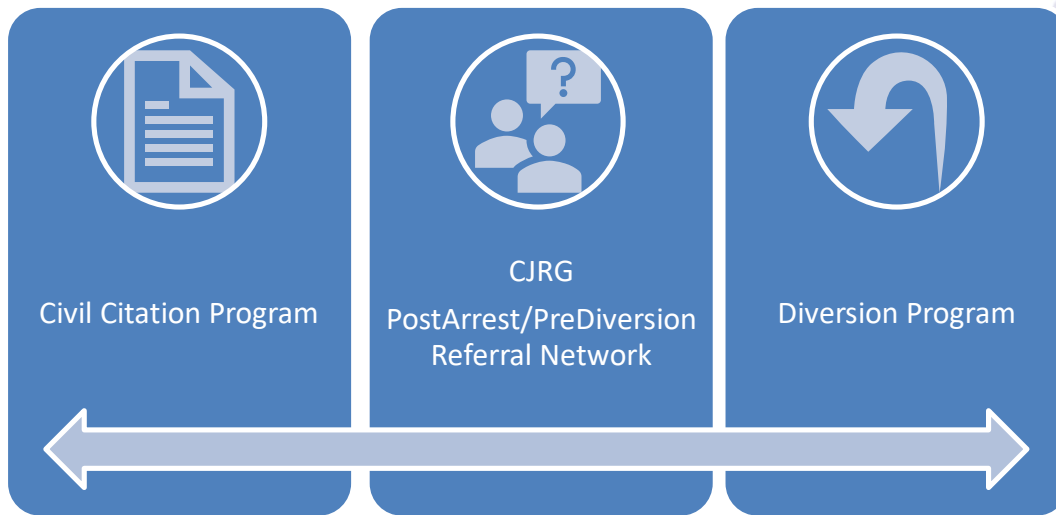
- Mostly funder mandated and focused on counts (number of youth served, number of assessments, time spent delivering service, etc.)
- Partner orgs reporting monthly. Partners would like more real-time data.
- Most organized form of reporting and data sharing occurs within SAMIS and JJIS, but only bridge between these systems is manual referral forms.
- Individual agencies conduct own, separate reporting based on intake and assessments. No coordinated reporting other than SAMIS.
- Data inconsistent across agencies
 - Demographic data begins with a standard in JJIS, but as soon as a referral takes place, there are multiple ways of recording race, ethnicity, gender.

Key Findings - *Discovered Systems*

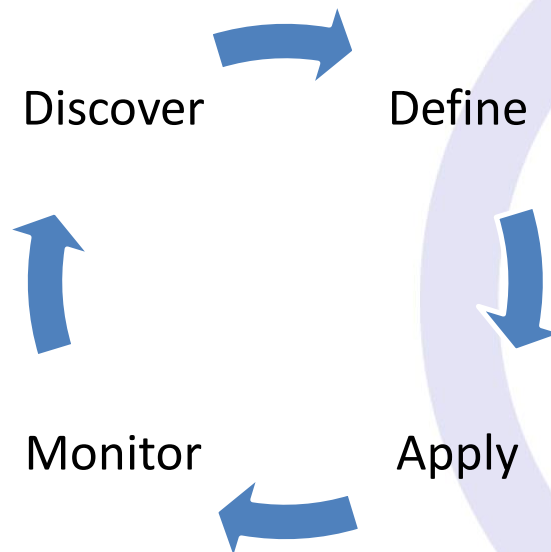
Organization	Platform	Use
JAC, SAO, JDAP/BAYS, JFCS (only for inputting GAIN and data lookup)	JJIS	Database for all juvenile records, assessments, bookings forms, etc.
JFCS and provider network within CJRG	SAMIS	Reporting platform for CJRG programs.
CCR	Google forms	Referral form
Family Foundations	ETO	Internal case management
SAO	Stack	Internal case management
JDAP/BAYS	Quest	Internal case management
JFCS (within provider network), JDAP	Email	Referral forms

Recommendations - *Governance & Standardization*

- Establish data standardization across entire Juvenile Justice Program
- Establish data governance structure for all programs



- Discover - Current state of data inventory, system inventory, privacy inventory
- Define - What does the future state look like?
 - Data standard
 - Success measures
 - Assessment standard
 - Sharing standard
 - Informed consent
 - Incident response
- Apply - Proof of concept
 - Workflow development
 - Training
 - Access control
- Monitor - Continuous Improvement
 - Lessons learned
 - Evaluating success



- Compliance regulations discovered in the assessment
 - Criminal Justice Information System (CJIS)
 - Family Educational Rights and Privacy Act (FERPA)
 - Health Insurance Portability and Accountability Act (HIPPA)
 - Personally Identifiable Information (PII)
 - Personal Health Information (PHI)
 - Child Welfare- Title IV-B and CAPTA
- For an IDS to be implemented, governance of regulated information must be established
 - Informed consent
 - MOUs
 - *“An organization needs to be the point guard for this data”*

- Decisions must be informed by those whose success depends on the success of the process.
- Collect information on
 - Needs
 - Experiences
 - Challenges
 - What worked well and what didn't

- What are measurable outcomes that can be tracked across the system and partners?

Examples:

- Improvements in mental health
 - Improvements in family dynamics
 - Improvements in school participation and grades
- Define minimum number of data elements to achieve this goal
- Segment sanctions from services
 - Establish measures for wraparound services
 - Establish measures for Diversion sanction programs

NOVUS Challenges and Opportunities

INSIGHT

- Before IDS is even considered, significant effort needs to be put into defining and developing the future state.
- Feedback from interviewed parties indicated optimism at the prospect of KHA's involvement.
- Opportunity to improve the process between CJRG and Diversion. Treat the process as a continuum of service and align the data.
- IDS implementation - The only place where an IDS could improve the *current* system is with referral tracking, as a system to replace Google forms or email communications.

Final Report Focus Areas

- Deeper dive into demographic and reporting challenges
- Detailed review of assessments
- IDS future state “hypothetical”
- Roadmap for data governance



Questions, Comments