



**Tab 4: Project Narrative**  
**3.8.4.1 Statement of the Problem**

In May 2016, the community engaged the University of South Florida's Criminal Justice Mental Health & Substance Abuse Technical Assistance Center (CJMHTSA) at Florida Mental Health Institute completed a Sequential Intercept Mapping in Duval County, Florida. A two day workshop included 28 individual

and maximum-risk facilities, location meant for youth with the most intensive needs. (Data provided by the Department of Juvenile Justice).

(<http://jacksonville.com/news/metro/2014-02-01/story/angela-coreys-office-threatens-jacksonville-area-juveniles-adult-charges>)

In 2015, 3,266 youth were processed through the JAC. Fifty percent or 1,662 youth were eligible for a full mental health and/or substance abuse assessment. Duval County consistently has the most youth per capita entering the juvenile justice system than any other county in Florida. These issues contribute to more youth with mental health and substance abuse problems unnecessarily entering the juvenile justice system because services are not provided during their first contact with police.

In 2013, the Duval County was awarded a Criminal Justice Reinvestment Grant (CJRG). This grant was one of only two awarded in Florida that focused on serving juveniles. Duval County's proposal was originally designed to 1) provide Crisis Intervention Training (CIT) law enforcement officers and 2) establish a Centralized Coordination Project to assess and refer for treatment first time offenders that are arrested and processed at the Jacksonville Juvenile Assessment Center (JAC). Current CJRG funding provides for three full-time Care coordinators at the (JAC) to assess first time juvenile offenders referred by the Department of Juvenile Justice (DJJ) that receive

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

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

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

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

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

#### **3.8.4.1.1 Analysis of Current Population**

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

#### **Data Points of Risk as Compared to the State**

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

**Table 1.**

Indicator 2013-14	Risk to Re-offend							
	Low Risk Youth		Moderate Risk Youth		Moderate – High Risk Youth		High Risk Youth	
N=843	Duval	State	Duval	State	Duval	State	Duval	State
History of Mental Health Problems	19.4% ↑	14.6%	38.6% ↑	27.8%	37.4% ↑	28.2%	49.1% ↑	46.4%
Run Away History (2 to 3 Instances)	8.0% ↑	4.5%	19.6% ↑	12.2%	13.4% ↑	10.1%	25.2% ↑	20.1%
Run Away History (Over 5 Instances)	3.9% ↑	2.1%	15.6% ↑	9.5%	10.6% ↑	8.5%	29.4% ↑	24.5%
History of Physical Abuse	7.4% ↑	6.6%	15.6% ↑	13.8%	11.1% ↑	12.0%	31.0% ↑	26.0%
Sexual Abuse	5.6% ↑	3.5%	10.7% ↑	6.9%	6.4% ↑	5.4%	18.1% ↑	11.3%
House Hold Member Jail History	32.7% ↑	31.4%	49.0% ↑	48.4%	59.5% ↑	51.1%	71.8% ↑	67.8%
Age of 1 <sup>st</sup> Offense (16 Years Old)	24.1% ↑	20.0%	12.6% ↑	8.1%	5.7% ↑	2.8%	2.5% ↑	1.3%

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

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

**Data Points towards Positive as Compared to the State**

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

**Table 2.**

	Risk to Re-offend							
Indicator 2013-14	Low Risk Youth		Moderate Risk Youth		Moderate – High Risk Youth		High Risk Youth	
N=843	Duval	State	Duval	State	Duval	State	Duval	State









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

# 5

## Project Design and Implementation







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

Additionally, wraparound plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and to





- c. link the target population with community based, evidenced-based treatment program and
- d. support youth in collateral activities to help prevent them from returning to the juvenile justice system or criminal system.

**Goals/Objective 2:**

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

**Goals/Objective 3:**

- 1. Collect data regarding Mental Health First Aid training provided to all police officers in Duval County (nearly 3,500)
- 2.

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

**Table 5.**

<b>Task/Key Activity</b>	<b>Person Responsible</b>
Enhance and update partnerships the Centralized Coordination Project within 3 months of Grant Award MOU with Sheriff's Office, DJJ and Community Partners Strategy: Update all ex50( )TJk w509 41.4 re W 42(c)cr -0.	


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

### 3.8.5.3.3.2 Organizational and Key Stakeholders Activities

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

**Table 6.**

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



## **Key Organizational and Key Stakeholders Activities**

**Jacksonville Children's Commission (JCC)** (the arm of the City of Jacksonville where the grant will reside) will

- Serve as the applicant and lead agency for the project
- Conduct overall administration of the grant
- Provide or secure the required cash match for the project including at least \$20,000 for the first year; \$40,000 for the second year and \$60,000 for the third year of the project. JCC will commit \$60,000 in year one.
- Work with partners and community providers to secure and document the remainder of the match which can be provided as "in-kind".

Provide training for staff and partners of this project in cultural and linguistic competency, youth guided services and core values of the SOC. y Collect data and information to provide to the city to be able to submit quarterly reports to DCF. y Attend monthly, quarterly, semi-annual or annual meetings, as necessary, to evaluate program effectiveness, need for expansion of services, number of clients served and other strategic planning endeavors.

**Jacksonville Sheriff's Office** will yprovide 24/7 security services for the Juvenile Assessment Center (JAC) and commit to training all police officers in Mental Health First Aid to better recognize and handle youth that may exhibit mental health behaviors.i 0 Td (8)14( m)-3(o)10(n -2(o bet4(.).2ex)14(hi)3622)-5ev23(en)2nation >>BDQy /CS0 cs



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

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

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

Community-



#### **3.8.5.4 Performance Measures**

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

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

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

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

- x Target number of individuals to be served by the Program: year 1: 900; year 2: 900 and year 3: 900 for a total of 2,700 over the 3 year period.

#### **3.8.5.4.1 Process of Collecting Data to Measure Effectiveness**

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

#### **3.8.5.4.2 Targets and Methodologies (as reference in 2.4.2)**

The CJRG grant has based the target of performance measures on current

- x 90% of those youth assessed as needing treatment are referred for treatment. (Counted monthly and documented)
- x 60% of those youth referred for treatment will make at least one appointment with the treatment provider. (Care Coordinators follow-up with treatment providers and document monthly)
- x 60% of those referred and making one appointment will complete treatment (Care Coordinators will follow-up with treatment providers and document monthly)





JFCS has an established track record providing in-home services to families involved in or at-risk of becoming involved in the Dependency system due to abuse and/or neglect. Under contract with Family Support Services of North Florida, Inc. (FSSNF), JFCS provides child welfare case supervision and in-home abuse prevention services to over 2,500 youth in Duval and Nassau Counties, as well as in-home therapeutic services. JFCS is the only case management organization in Jacksonville that provides all such core services. Staff is proficient in youth- and family-centered assessment and case management, services/resource planning, services coordination and follow-up monitoring.

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models most frequently used are and Trauma-

assist with the training to help the street officers become more comfortable with civil citation and arrest diversion. The CIT training will be used for this purpose and can be addressed during sessions provided by the Sheriff's talk, the Mental Health Resource Center, Gateway, and during the tours of the facilities.

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

#### **3.8.5.5.2 Availability of Resources**

High Intensity Wrap-around services have been provided through the SOC for youth with mental illness who qualify. The youth targeted by this program are eligible to be referred. Wraparound is an innovative and widely practiced approach to improving the lives of children and their families. The process fosters community integration by inviting professionals and natural supports to work together. By emphasizing Family Voice and Choice, the team builds a support plan that meets the family's priority needs in a way that fits their personal values and culture. The long-term goal of Wraparound is to strengthen connections with natural supports and reduce reliance on formal systems. The wraparound process has been implemented widely across the United States and internationally for several reasons, including its documented success in promoting shifts from residential treatment and inpatient options to community-based care (and associated cost savings); its alignment with the value base for systems of care; and its resonance with families and family advocates. Wraparound has been included in Surgeon General's reports on both Children's Mental Health and Youth Violence, mandated for use in several federal grant programs, and presented by leading researchers as a mechanism for improving the uptake of evidence-based practices.

with our population. The City has a summer youth employment program in which the youth can participate.

#### **3.8.5.5.3 Role of Advocates, Family Members and Responsible Partners**

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

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



data needed for program reporting. Ensure staff collects needed data. Collate data and report data on a monthly basis for quality improvement and for require grant reporting. Ensure all program reports are completed and turned in to the city on time. Coordinate contracted treatment services.

Assessment  
Counselor/Care  
Coordinator

(\$41,000)





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

**Table 9.**

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

Education/ Employment within one year

Employed youth are less likely to

Medicaid, SSI,  
Insurance or other  
benefits

Emergency cost  
for a teen without  
insurance - \$150  
to \$3,000.

Surgery could  
reach \$20,000.

Cost of outpatient  
treatment for  
therapy or  
substance abuse  
\$75-150 a visit or  
\$900 - \$1800 per  
12 weeks.

Prescription





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

**Table 10. Timeline: May 2017 to April 2020**

<b>Activity</b>	<b>Date</b>
First Quarter Activities May - July 2017 (Following end of current grant in April 2017).	
Award Announced by DCF	November 2016
City meets with DCF to negotiate contract	December 2016
Partners meet to review grant and implementation plan- Additional partners are invited to join.	January 2017
Stakeholders are informed of the grant award and plans for implementation including CJRG, JAC Advisory Board, JAC Community Council, SOC, Jacksonville Journey, Juvenile Justice Board and local service providers.	January 2017
Grant Award is Announced to the Community	January 2017
City begins developing sub-contracts for services with legal	January 2017
SOC and Jewish Family and CHS advertise for new staff to be hired	January 2017
Contract with DCF is signed	February 2017
Other sub-contracts for mental health and substance abuse services are identified and engaged	February 2017
Partners meet to review implementation/ expansion process and plans	February 2017
Update with JSO an MOU relating to the implementation/ expansion Project.	February 2017
Sub-contracts are signed with SOC, Jewish Family & Others	March 2017
SOC hires Reimbursement Coordinator	March 2017
Jewish Family hires 3 new assessment/counselors	March 2017
New staff are trained in Motivational Interviewing	March 2017

Jewish Family staff begin certification process for assessment tool  
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Collect Process Data for Quarterly Report & submit to DCF	April 2017
Jewish Family staff earn certification on assessment tool and begin accepting target population as clients	May 2017
Train Staff on data collection for the project	May 2017
Jewish Family staff will participate in SOAR training when offered (work with provider to offer during the April or May of 2017).	May 2017
Begin reviewing and signing off on assessments and continue on a weekly basis	May 2017 through end of grant
Report to Stake Holder Groups of the progress on implementation of the project including	At each of their meetings which may be monthly, bi-monthly or quarterly
Begin care coordination of those assessed for the project, connecting them with treatment providers and following up on progress during the 21 day window prior to youth meeting with the State Attorney	May 2017
Collect data on participants in the program.	On-going
Plan and incorporate expanded Juvenile mental health and substance abuse training into CIT/ Mental Health First Aid training.	May 2017
Review data collected for May start up for accuracy and quality improvement	June 2017
Partners meet to review progress on start-up implementation, initial utilization and outcome data from May.	June 2017
Ongoing training schedule planned for stakeholders, parents and service providers for Mental Health & Substance Abuse in the Juvenile Justice System; Cultural and Linguistic Competence; Trauma informed and focused care; and parent training	June 2017 and on-going
Functioning and expectation for the Centralized Coordination Project is reviewed	June 2017
Monthly staff supervision and training begins with Jewish Family, CHS, JJ Director and SOC and continue through the life of the project	June 2017-ongoing
Data collected, collated and provided to partners to analyze for quality improvement	June 2017
Assessments and Care Coordination continue.	For 3 years +
Utilization management and entitlement utilization is examined	July 2017 and ongoing
First full quarterly report including services to clients and process evaluation done	July 2017
First group of participants completing the CBT/MET 5 diversion	July 2017

Continue the Continuous Quality Improvement (CQI) efforts throughout the life of the project to seek and implement improvements in the process and project.

Continue partner meeting quarterly after the need for monthly meeting subsides during the beginning implementation process.

Collect information monthly and review quarterly Quarterly in Jan, April, July and September 2018-2020