a. Statement of the Problem (20%)

Nature and scope of the problem. Brevard County, Florida is located on the Space Coast, midway between Jacksonville and Miami and is the 10th largest in Florida by size among the 67 counties. Nineteen percent of the residents are between birth age and 18 years old. The poverty rate continues to increase and is currently at 15% - 24% of whom are under 18 years old. (United States Census Bureau, 2016). This has significant implications for education, literacy, transportation, housing, employment and other services, as indicated by the Space Coast Transportation Planning Organization 2017 Strategic Plan. These individuals are more likely to have substance abuse problems coupled with limited means of gaining access to services.

It is our experience that 75% of youth with substance abuse problems who come in contact with the Brevard County juvenile court are faced with gaps in trauma-informed care. The proposed Juvenile Addiction and Mental Health Services (JAMHS) Program recognizes youth in need of behavioral health services have histories of physical and sexual abuse, unstable home environments, post-traumatic stress disorder (PTSD), domestic violence, and other types of trauma-inducing experiences. This often leads to mental health and co-occurring disorders such as drug abuse, chronic health conditions, eating disorders as well as contact with the criminal justice system demonstrating a need to expand and enhance juvenile drug court services for at-risk youth.

The Florida Department of Juvenile Justice Delinquency Profile 2017 shows a 4% increase in statewide felony drug offense arrests for Florida from FY 2015-16 to FY 2016-17. Anecdotal evidence as described by the current Juvenile Drug Court treatment staff suggests it is expected that youth in need of behavioral outpatient treatment services will have the following substance abuse patterns: 100% alcohol and marijuana, 80% vaping/vape fluids (toxic substances), 45% Benzodiazepines, 35% opiates/heroin, 30% prescription drugs, 25% cocaine and 25% K2. The

Florida Substance Abuse Youth Survey 2016 Brevard County Data Tables shows a trend toward middle school aged youth having reported in their lifetime using various drugs (alcohol, alcohol with any illicit drug, cigarettes, marijuana, inhalants, club drugs, LSD, PCP, mushrooms, methamphetamine, cocaine, depressants, prescription amphetamines) at rates that surpass the State of Florida. This trend supports the anecdotal evidence that Brevard County youth are experimenting and using drugs at an earlier age than recorded in past surveys.

The heroin crisis has reached epidemic proportions nationwide. Most of its new victims are young adults. Florida is no exception to that trend. The article, Heroin & Fentanyl Lead Drastic Increase in Florida Drug Deaths (2016) highlights the number of heroin-related deaths increased 300 percent in Brevard County and fentanyl-related deaths grew 266%. Florida's kids are also in danger of opioid addiction. Opioids are a class of synthetic drugs that are often used for pain relief, and they are incredibly common. Many households have opioids in their medicine cabinets. Drugs like Vicodin and OxyContin are prescribed every day to help medical patients recover from surgery and major injury. According to the research policy statement Children, Adolescents, Substance Abuse and the Media youth are getting the message there are prescription pills to cure everything (Strasburger, 2010). Peer reviewed qualitative findings also found that prescription drug abusers are getting high to have fun, sleep, for anxiety and stress, and avoiding withdrawal symptoms (Rigg & Ibañez, 2010). It is our experience that the juvenile drug court participants are generally self-medicating for various mental health symptoms, ADHD and are abusing Seroquel and Adderall to stay awake to study or to get high and abusing Oxycodone and Xanax as a downer.

Additional problems specific to the population of focus that necessitate expanding and enhancing evidence-based behavioral substance abuse treatment and ancillary services are poor academic performance, mental health needs, risky sexual behavior and transportation barriers.

Poor academic performance. The most significant risk factor relating to early onset of delinquency is poor academic performance (Dryfoos, 1990; Yoshikawa, 1994; Greenwood, et al., 1996). Scientists recognize alcohol problems are linked to lower grades, poor attendance and increases in dropout rates. The 2016 National Household Survey on Drug Abuse found that as rates of alcohol use by 12- to 17-year-olds increase, grade point averages decrease. The population of focus may have developed a negative attitude about learning and lack self-confidence about their own ability to master academic skills. Youth may have also reacted to academic challenges in the past by skipping school or dropping out altogether.

Mental health needs. Typically, the service systems targeting substance abuse and mental health problems have been traditionally fragmented and few teenagers with both traumatic stress and substance abuse problems receive integrated treatment services. Compounding the problem is that there are few facilities offering integrated services, primarily because few professional training programs in substance abuse or mental health provide clinicians with the education necessary to develop expertise in both trauma and substance abuse treatment, and few professionals have training and experience across both fields. It is Brevard County's experience that nearly 80% of the youth participants present with co-occurring disorders. *Lifetime Counseling Center (LCC) will therefore offer evidence-based substance abuse treatment, mental health counseling and trauma-informed Seeking Safety for Adolescents as a continuum of care to address this gap*.

Risky Sexual Behavior. Alcohol and other drugs may lessen inhibitions leading youth to take risks that may result in unplanned pregnancy and/or exposure to sexually transmitted diseases. For many young women, teen pregnancy is a guarantee of poverty and long-term reliance on welfare. Most teen mothers drop out of high school, limiting their future chances for employment and increasing the likelihood they will live in poverty as well as remain single most of their young

adult years. The Florida Department of Juvenile Justice Briefing Report Drug Offenses: Trends and Offenders (2014) states female youth arrested for drug offenses had higher trauma/abuse histories than female non-drug offending youth. The prevalence of sexual abuse history among female drug offenders is 13 times (1,300% higher) the prevalence for male drug offenders.

Transportation barriers. The Florida Department of Juvenile Justice 2017 Service Continuum Analysis identified the top statewide resource gap for nearly 60% of Florida's counties - individual/family mental health/substance abuse counseling. Transportation and access to services were a common theme in survey responses. Transportation issues present barriers to service for many youth and families, and reduce access to delinquency intervention resources even when those resources are in adequate supply. In Brevard County, public transportation services are ineffective for purposes of reaching services between communities. The county is 80 miles long and 15 miles across with beach and island communities separated by the river. Public transportation to access services is time-consuming and often impractical.

Target population. The JAMHS Program population of focus is at-risk male and female youth between the ages of 13 and 17. These school aged youth present with substance and alcohol abuse, co-occurring mental health disorders, typically live below poverty level with their families and are involved in the criminal justice system. The Brevard County Housing and Human Services (HHS) Department anticipates having access to approximately 60 indigent youth per year, many who are suffering from co-occurring mental health problems; learning disorders and histories of trauma. The JAMHS Program will provide culturally competent evidence-based behavioral outpatient treatment; mental health services; trauma-informed care utilizing the Seeking Safety for Adolescents model; smoking cessation strategies; aftercare; recovery support services (RSS) and transportation vouchers for indigent children whose families are otherwise unable to pay for

services. The program recognizes underserved youth and their families necessitate access to a wider range services and oftentimes find themselves in adverse situations with nowhere to turn and little knowledge of how to navigate the complex system. The treatment provider Lifetime Counseling Center (LCC) has over 50 years of providing drug abusing youth and their families with a comprehensive, client centered, strength-based approach to care.

The Brevard County Juvenile Drug Court has a history of federal funding to support expansion and enhancement of services for indigent criminal justice involved youth. The independent evaluation final Outcome Program Evaluation report (Reynolds, 2017) for the latest three-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant award ending 2016 came to the following conclusions:

- Client interviews and focus groups reinforced transportation services are a critical component for clients participation. Most have transportation access problems and rely on the services to access and participate in the program. Most reported that without this feature of the program it would be extremely difficult to regularly attend treatments services.
- The focus on educational achievement was perceived as helpful with the current cohort and is consistent with past reports. The direct assistance and support of routine school assignments was perceived as helpful and valuable.
- Overall, the groups perceived the flexibility of the program's service provision was a major positive factor. There are different meeting locations during the evening and daytime periods that include a weekend that provide easier program access.
- A GPRA data analysis supported that abstinence of drugs improved, alcohol rates decreased 8.7%, and the social consequences rate all improved at six months post-intake and compares favorably with state, GFA, and regional rates.

- As echoed by previous qualitative and quantitative data, the clients expressed concern related to the lack of counselor continuity. More than 50% of the clients reported that when a comfortable relationship had been established, their counselor was replaced; the process began again. To address the issue of turnover, the drug court team has since utilized the services of LCC with stable retention of staff. The treatment provider employs Master's and Doctoral level clinicians with expertise in a wide variety of areas.

b. <u>Goals, Objectives, and Performance Measures (5%)</u>

Brevard County Juvenile Drug Court participants exhibit substance and alcohol abuse, co-occurring mental health disorders, experience various degrees of trauma, are living below poverty level with their families and are involved in the criminal justice system. The proposed JAMHS program would *expand* the current system of care to serve 28 additional indigent clients a year who would otherwise be unable to afford the program. Further, the program will be *enhanced with* evidence-based treatment services (Cognitive Behavioral Therapy (CBT)/ Motivational Enhancement Therapy (MET), family therapy, Motivational Interviewing (MI), Seeking Safety for Adolescents trauma-informed care and psychoeducation), intensive outpatient treatment (IOP) and transportation vouchers; therefore, yielding an anticipated increase in successful outcomes.

Goals. *The goals are* assisting indigent youth with reducing drug and alcohol use; improving psychological status; reducing involvement with the criminal justice system; creating an effective support system which includes families, mentors and Alcoholics Anonymous (AA); developing life management skills and practicing such skills under guidance and supervision; and acquiring social academic and vocational skills. The JAMHS Program will accomplish long-term goals by addressing mental health, stabilizing the family unit, including family members in the

treatment process, engaging adolescents in school, developing critical thinking and coping skills and breaking down barriers by providing comprehensive RSS and transportation vouchers.

Program Objectives. The JAMHS Program is anticipated to improve accessibility of evidence-based substance abuse and mental health treatment; promote the highest degree of independent functioning and quality of life; and expand personal assets, family and social support. *The objectives* are based on the 2016 OJJDP Juvenile Drug Treatment Court (JDTC) Guidelines to help reduce substance use and delinquency while increasing educational success, improved family functioning, healthy relationships, employment stability and personal well-being.

Objective 1 Expand substance abuse treatment services to cover an additional 28 indigent youth per year (112 over the 48-month award)

Objective 2 Provide 100% of participants referred to treatment with comprehensive, evidence-based SASSI-A2 assessments

Objective 3 Provide 100% of participants with culturally competent, age appropriate, evidence-based substance abuse treatment

Objective 4 100% of juveniles youth who present with co-occurring disorders will receive evidence-based mental health treatment

Objective 5 75% of juveniles will be provided evidence-based trauma-informed care

Objective 6 100% of youth and their families will receive family counseling

Objective 7 100% of youth and their families will receive evidence-based parenting

Objective 8 100% of youth will have school performance included as part of their treatment planning based on individual needs

Objective 9 100% of youth will receive psychoeducation regarding teen pregnancy, HIV/AIDS education, STD's, healthy life choices – 112 (28 per year)

Objective 10 Transportation vouchers will be provided to 75% of participants for access to treatment, case management, recovery support services and aftercare

Performance Measures. The JAMHS Program understands the Data Collection and Technical Assistance Tool (DCTAT) is the reporting tool for OJJDP grantees. It can be accessed as part of the performance measurement platform, which includes the other OJP reporting tools. The juvenile drug court team will have the capability and resources to adequately collect and report required data. With the assistance of Kenneth Reynolds, PhD., who will be conducting the evaluation, the collection tools and methods will be fully reviewed and refined as needed. As the contract holder for multiple independent juvenile and adult drug court federal grant awards, Brevard County HHS has an extensive history with GPRA requirements for data collection, management, analysis and reporting. The juvenile drug court measures are as follows:

1. Number/percent of initiatives employing evidence-based programs or practices
2. Number/percent of youth with whom an evidence-based program or practice was used
3. Number of youth served during the reporting period
4. Number of youth screened, assessed, and receiving the required treatment intervention
5. Number of services provided to youth
6. Number of drug/alcohol tests performed on youth
7. Number/percent of youth who were adjudicated during the reporting period (short term)
8. Number/percent of youth who were adjudicated during the reporting period (long term)
9. Number/percent of youth with technical violations during the reporting period (short term)
10. Number/percent of youth with technical violations during the reporting period (long term)
11. Number/percent of youth completing program requirements
12. Substance use (short term)

Brevard County Court Administration implemented the FivePoint Solution's Accountability Court Case Management (ACCM) Electronic Health Records system in 2014. The ACCM is a full-featured, web-based case management system designed around the "10 Key Components", as documented by the National Association of Drug Court Professionals. ACCM has role-based security measures that are HIPPA compliant. All juvenile drug court team members – judges, compliance officers, public defenders, prosecutors, case managers, treatment providers, program coordinators and independent evaluator – have real-time access to the most current, in-depth information on youthful participants. Brevard County HHS has an extensive history of meeting and/or exceeding government performance measure requirements. Lifetime Counseling Center (LCC), the treatment provider, utilizes an ACCM web-based HIPAA-conformant solution for collecting and storing client data which can be linked to the FivePoint system for ease of use.

To manage the project and assure continuous quality improvement, the Project Director and the team in coordination with the evaluator will periodically review performance data reported to OJJDP, assess the progress and use this information to improve management. Data entering in DCTAT will be used to report findings and will include but not be limited to internal quality control and OJJDP required progress reports. This data will be collected by program staff and the evaluator on a continuous basis and shared with all key stakeholders. Data collection will provide real-time feedback to the program. This is a monitoring activity designed to promote program improvement. It also serves to build a baseline for the program outcomes by providing a chronological map of the overall program activities, adjustment, and achievements. Beginning with implementation, the outcome goals and subsequent data collected will track program activities to assist with planning, development, and refinement. The continual collection of data will provide a timely and official description that reflects the actual implementation and operation of the program.

Evaluation Plan. The plan will provide relevant information to decision makers pertaining to how the program is operating and goal achievement. A monthly formative component will generate actionable information that provides additional feedback about the level of beneficiary service delivery. When decision makers have real-time information available, a continual refinement process is possible. An independent source of program assessment and feedback produces an additional mechanism for improving program quality.

Programs are not static, but instead are dynamic entities that are continually changing based on several contextual factors. These factors relate to expectations, resources, constraints, that all operate in an organizational, political, and cultural framework. Therefore, the evaluation must be flexible and seek to understand the formal and informal policy practices that are embedded in the socio-political organizational sphere. A focus primary on the technical components of the program would fail to provide decision makers with a realistic understanding of the endeavor.

To more fully understand the program dynamics, both the formative and outcome evaluations will rely on quantitative data from program technical reports, data, and qualitative data collection from clients and all program staff personnel. The treatment provider and county administrative personnel will be included in all evaluation activities.

To provide the information about how the program is operating and then continuous feedback about ways to improve it the evaluation will incorporate the Office of Juvenile Justice and Delinquency Prevention (OJJDP evaluation guidelines (Coldren and Bynum, 1991), This model reflects that programs are an amalgam of policies and practices embedded in a socio-political changing context. By collecting valid information from all the program participants, program quality can be more fully understood. This assessment of quality will provide an

evidence-based driven management capability to make program modifications that focus on achieving the major objectives of the program.

Formative Evaluation. Every step of the program is critical. Once the program is operational, the evaluation will shift to interactions with the clients, staff, and managers. The formative evaluation will begin immediately at program award and implementation. The following chart provides a general framework for the evaluation and is an on-going activity throughout the program life. Additionally, a program baseline is captured for pre and post-test comparisons.

Formative Evaluation Component Guide

Evaluation Phase	**Activity**
Implementation Often known as a Program Documentation or Program Progress Evaluation	Measure the extent to which the program has been implemented as designed.
	Is there program site variation?
	Document critical activities, staffing, and administrative arrangements
	Who is taking part and in what capacity?
	Record schedule of activities/services.
	Record allocation of time, money, and personnel.
	Record client activities
Formative How can the program be improved? How can it be more efficient or effective?	Ensure all participates understand the goals and objectives
	Identify most important characteristics: staffing, activities, administrative structure.
	Ensure program components lead to program objective attainment.
	What adjustments in the program might lead to better goal attainment?
	What adjustments in program management and support are needed?
	Do some program components have a greater impact or suitability to certain clients?
	What are the problems and how can they be solved?
	What measures could be effectively used for the outcome evaluation?

Note: adapted from Coldren and Bynum (1991).

The formative evaluation data will be obtained from required quantitative reports, new data collection instruments as required, and from qualitative information obtained through interviews with staff and program managers and clients. The interviews will be conducted at the confidential or anonymous level to ensure valid data collection.

Formative Evaluation Activity Schedule

Activity	Period
Collect quantitative data	Monthly
Collect qualitative data from program participants	Monthly
Quarterly report	By the 10th day of the following month
Program management data review	Monthly

The formative evaluation process will commence with program award and terminate 120 days prior to the JAMHS Program conclusion. A randomized survey method will be used to collect information from clients. A sample size sufficient to ensure the population is represented will be used and will equal or exceed 10% of the Re-entry clients. Interviews with program staff, managers, and clients will be conducted at the level of confidential, or anonymous, to facilitate valid information collection.

Key indicators pertaining to the program goals of achieving an effective community transition will be included in the data collection. The program goals and objective elements will be incorporated. Within each of these programs, the requirements related to service component delivery will be measured and continually maintained for program baseline and outcome analyses. All elements specified in Appendix A: Performance Measures Table, of the RFP will be included.

Outcome Evaluation. The outcome evaluation methodology will be goal-oriented. The JAMHS Program's major goal is to assist indigent youth with reducing drug and alcohol use; improving psychological status; reducing involvement with the criminal justice system; creating an effective support system which includes families, mentors and Alcoholics Anonymous (AA); developing life management skills and practicing such skills under guidance and supervision; and acquiring social academic and vocational skills. To enhance the probability of goal achievement, the other major program objectives related to community-based service provisions to address participant's basic needs during and after graduation must be examined.

The outcome evaluation is the "so what" phase of the assessment process. This is the "what happened" component that provides information to assist with making judgments about the program and its value. The comprehensive formative evaluation stage will provide much of the information required to build the outcome evaluation. However, the outcome phase will focus more on direct outcomes like re-arrest, drug use, employment success, educational attainment, and tangible results that directly influence program effectiveness. The following table is the general structural components of the outcome evaluation.

Outcome Evaluation Component Guide

Evaluation Phase	Activity
Outcome	How effective is the program?
	What conclusions can be made about the effects of the program and its various components?
	Where the goals and objectives accomplished?
	What are the program's most important characteristics?
	What are the most important outcomes of the program?
	Which components make it unique?
	What aspects of the program have the greatest impact on recidivism reduction?
	What are the critical aspects of the organizational and administrative components?
	What are the pre-post program client characteristics?
	What lessons can be learned for the development of policy alternatives?

Note: adapted from Coldren and Bynum (1991).

The outcome evaluation activity schedule parallels the formative evaluation. It is virtually impossible to treat the evaluation as two distinct parts. Clearly, the outcome evaluation does have a different focus; however, it is continuum ranging from the evaluator operating as a program team member to make it work better, to a role of documenting program effects. The outcome will incorporate and synthesize all the formative data within the last 120-day period of the project. During this period, objective measures of goal attainment will be used to fully examine the outcome on the JAMHS Program success.

c. Project Design and Implementation (45%)

Recognizing the need to *expand services* to the target population currently unable to participate in Brevard County Juvenile Drug Court, the JAMHS Program will *expand* participation slots by serving an additional 28 youth per year for a total of 112 youth over the 48-month funding period. The expansion purpose of this grant is to offset the cost of treatment for those youth who's families are unable to pay for services (indigent population), which make of them ineligible for the program if they lack sufficient insurance coverage. This will enable indigent youth to acquire needed treatment. *Enhancements include* evidence-based substance abuse and mental health treatment, intensive outpatient treatment (IOP), family counseling and transportation vouchers.

Juvenile Drug Court Treatment Guidelines. The JAMHS Program will continue to deliver an intervention that is structured, intensive, and demanding, so that as drug and alcohol abusing youth make progress in treatment, they become committed to recovery and are held accountable for behaviors. The integrated program addresses the chronic nature of addiction through evidence-based substance abuse and mental health treatment and services, drug testing, incentives, sanctions and frequent status hearings. The team will continue to engage all stakeholders in collaborative planning with an interdisciplinary, coordinated, and well-documented systemic approach to working with youth and their families. It is written in the policies and procedures that the team and the community partnerships meet on a bi-weekly basis to discuss cases, counseling progress, family counseling and education. Each team member works with outside agencies to ensure that the youth's needs are met. The team prides itself on solidarity and consists of the Judiciary, Court Administration, Drug Court Coordinator, Brevard County Sheriff's Office, Office of the State Attorney, Public Defender's Office, Department of Juvenile Justice Probation, Brevard County Juvenile Detention Center and Lifetime Counseling Center (LCC). A

coordinated strategy between the Judiciary and all other team members helps the program govern responses to youth compliance. The Judge is the team leader while the Drug Court Coordinator manages and organizes the other team members and subsequent services. (Objective #1).

The State Attorney's Office is responsible for identifying participants who are indigent, have no prior felony convictions and who appear to have issues with drug and alcohol abuse. Once identified, this information is forwarded to the Drug Court Coordinator who meets with these potential participants. The children that agree to participate are referred, after Bays Case Management and/or Juvenile Probation Officer assignment, to LCC for a comprehensive mental health and substance abuse intake assessment to be completed within 30 days or less of their acceptance into the Juvenile Drug Court Program (Objective #4). The team accepts both post-adjudicated and pre-adjudicated youth between the ages of 13 and 17 who either have a first time drug offense or drug related charge (for pre-adjudicated) or youth who have a history of drug charges or drug related charges. The program does not accept children with violent charges, drug sale or trafficking charges. The period for program completion is approximately six months to one year (Objective #2). The ongoing case staffing and court hearings, which include the team members, are unique in that they are non-adversarial in nature, especially when it comes to the prosecution and defense counsel. The focus of the staffing and court hearing is to protect child's due process rights, while at the same time ensuring public safety and participant compliance with program rules. The entire service plan must be completed in order for the child's plan to be considered complete. All team members work together in conjunction with the Judge to collaborate all efforts in assisting the child in a successful completion. This approach, which demonstrates the uniqueness of all drug courts, is the element, which ultimately makes such programs a huge success. Prior to the "team approach", each entity worked independently allowing the youth an

opportunity to “play” one agency against another. The constant and effective communication of the team proves to the child that all are working towards the same goal - helping youth to become drug free and law abiding (Objective #3).

Every participant must appear in front of the Judge upon entering the program. At that time, program rules, regulations and what is expected of them is explained to both the child and parent/legal guardian. At this time the parent/legal guardian commits to participating in counseling and nurturing a successful path for the youth. The parent/legal guardian agrees to make sure the youth is abiding by the mandated curfew, the rules of the program, attending school and participating in counseling and community service. Bays Case Management and/or Juvenile Probation Office staff will monitor school attendance and coordinate with the school system to ensure that each youth enrolls in and attends an educational program that is appropriate to his or her needs (Objective #1). After the initial appearance the youth does not come back to court unless they have violated a rule, have not attended either counseling or school or a review of previously order sanctions needs to be completed. The only required attendance is to receive an incentive, listen to a lecture or attend graduation. The youth will personally dictate how many times he/she will have to attend court to be sanctioned. The program is designed this way so the child does not have to be taken out of school each week and it is easier on the parent/legal guardian to minimize time taken off from work (Objectives #1, #2, and #3).

Achieving goals and gauging the effectiveness of the JAMHS Program will be accomplished through formative and outcome evaluation. This will determine if goals are being met and if current practices and processes are effective or if the program needs to make changes to correct or adapt processes in order to improve program functioning. Brevard County HHS is requesting funding to coordinate with evaluator, Kenneth Reynolds, PhD., to provide ongoing

evaluation and monitoring services. He will periodically review the DCTAT performance data, assess the progress and use this information to improve management, internal quality control and provide information for OJJDP semi-annual reports. This data will be collected by program staff and the evaluator on a continuous basis and shared with all key stakeholders (Objective #7).

The team will continue to forge partnerships and seek input and guidance from older, successful drug courts that have fine-tuned their respective programs, yielding two-fold results. The team will be in touch with current trends within the drug court arena, while maintaining partnerships and collaborations with local, state and national entities and organizations to enhance effectiveness. The team will continue to build partnerships and collaborate with local Brevard County community-based resources in an effort to build a strong network for youth (Objective #1). The treatment provider, LCC, is in the process of an expedited accreditation cycle with the Council on Accreditation for Child and Family Services (COA). LCC was formerly Family Counseling Center of Brevard, Inc., a non-profit behavioral health agency that was accredited by COA for many years. As part of an asset purchase agreement, Family Counseling Center became a program of the Space Coast Health Foundation in October of 2017, and the name was changed to Lifetime Counseling Center. In addition to COA accreditation, LCC is licensed by the Florida Department of Children and Families to provide substance abuse treatment services. LCC also undergoes regular contract monitoring to ensure services are of the highest quality and they are in compliance with all licensing and contractual requirements.

The treatment plan is developed based on the information and the needs identified in the comprehensive, evidence-based SASSI-A2 mental health and substance abuse intake assessment. Treatment is tailored to the developmental and gender needs of each individual youth. Youth are diagnosed as being drug dependent when DSM 5 clinical criterion has been met — a designation

based on a combination of factors, including age, type of drug used, family history and biochemistry, and exposure to negative consequences (e.g., legal penalties, loss of income, trauma and family conflict). The team focuses on the strengths of youth and their families during program and treatment planning and in every interaction between the court and those it serves. For adolescent with co-occurring disorders, ongoing collaboration and coordination occurs to ensure medication management and treatment compliance occurs. Every 30 days the treatment plan will be reviewed and changes/additions will be made based on input from the treatment staff, the youth and the team. Treatment plans will include recovery support services (RSS) such as psychoeducation to reduce risky sexual behaviors, medication management, transportation vouchers of needed, food, education, vocational training, and family service linkages. Project Response is available for STD and HIV/AIDs testing youth on a voluntary basis if referred by the case management team at Bays and the youth's primary physician due to at-risk behaviors. If a child tests positive, LCC staff will provide treatment planning and counseling as necessary. Regular and routine coordination and contact will be provided will all ancillary service providers involved in a youth's case. A continuum of services is offered to youth, such as mental health and substance abuse treatment and education; self-help groups (AA/NA); life skills classes; anger management; mental health counseling; medication management referrals; psychoeducation curriculum; educational referrals and enrollment through adult education; job readiness classes and referrals; and relapse prevention. Information concerning youth participating in juvenile drug court remains confidential. Per policy, the child and parent/legal guardian sign a waiver so the team can staff and communicate with LCC and additional community service providers to monitor progress, re-evaluate status and implement the proper sanctions (Objectives #4, #5, and #6).

Brevard County HHS and LCC have long histories of hiring culturally diverse staff and propose to offer culturally competent services made available through the utilization of staff that are bi-lingual, provision of program materials in Spanish and needs assessments that include assessment of cultural needs and community referrals for such services (Objective #1). Treatment programming is culturally competent as well as gender- and age-specific. Given the prevalence of trauma in justice involved youth, trauma screening and assessment is essential. In fact, failure to address trauma issues will often undermine engagement in treatment and may result in commonly experienced symptoms such as depression, agitation, and detachment mistakenly being attributed to other causes. Other consequences of not screening for trauma include inappropriate treatment referral, dropout from treatment, and premature termination of treatment. LCC will work with participants to restore a sense of safety, control and autonomy, and increase coping skills to manage symptoms until they can be reduced or eliminated. The JAMHS Program will promote safety, trustworthiness, collaboration, choice and empowerment by eliminating as many possible triggers and seeing the program components through the eyes of the child. Trauma affects spirituality and relationships on many levels and often results in recurring feelings of shame, guilt, rage, isolation and disconnection. *Seeking Safety for Adolescents* will address physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert.

To ensure the provision of quality service LCC clinicians participate in weekly clinical team meetings, monthly clinical training, and ongoing continuing education to fulfill the requirements of their licensure. All clinicians who provide treatment as part of the JDC program have training and experience in both mental health and substance abuse treatment. As such, they are highly qualified to address co-occurring mental health and substance-related issues. In addition,

emphasis is placed on hiring qualified professionals with considerable experience working with special populations (youth, offender populations, prescription drug abusers, mentally ill, females, veterans and the elderly). LCC staff are trained in cultural competency by the CSAT TAP Manual 21, Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice that addresses a wide spectrum of cultural specific issues (Objective #6).

Juvenile Drug Court case staffing is a team approach where members report on (verbal & written) issues of compliance or non-compliance for community supervision, treatment progress and sanction follow-up. Each adolescent is able to interact with the Judge and team when appearing in court (Objective #1). Youth are praised and receive incentives for compliance (praise from the Judge, certificate of recognition/accomplishment, curfew extensions, driving privileges, promotion to the next phase of treatment and gift certificates for local stores, food and movie passes). Alternatively they are sanctioned for issues of non-compliance (Judicial warning, letter of apology, secure detention, community service, increased group or individual sessions, book report or essay, increased drug screens, residential drug treatment, electronic monitoring/house arrest and stricter curfew). The phases of the program are designed to become less stringent and include step-downs in treatment as the child improves and shows progress. A juvenile drug court client is eligible for graduation after moving through the two program phases, maintaining sobriety, completing all required community service and paying all court fees. When issues occur that require sanctions, the team members notify the Drug Court Coordinator immediately. Incentives and sanctions are discussed by the team and receive the Judge's approval before any action is taken (Objective #5). A child may be discharged for the following: 1) if all sanctions have been utilized and the child is still unable to maintain sobriety, 2) if the child has been discharged unsuccessfully from treatment due to major rule violations or 3) is unable to achieve treatment goals and no

additional treatment options exist. Abstinence from alcohol and other legal/illegal drugs is monitored by required random drug screening which requires submission of same sex observed urine samples (UA) and an alcohol saliva test. LCC staff are trained to perform a CLIA 12-panel urinalysis screening that tests for Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Amphetamine, Methamphetamine, Methadone, Opiates, Oxycodone, Phencyclidine, Propoxyphene and Cannabis. Test procedures are conducted with the youth present at all times. In the event the youth challenges a positive result, a confirmation test can be requested at their cost. For the child who refuses to give a urine sample, the team would consider this an administrative positive test which could result in a phase reduction. Tampering with a drug test could also result in immediate discharge from the program (Objective #7).

The service delivery plan includes two phases of outpatient treatment, consisting of group and individual counseling. Areas to be addressed include substance abuse education, behavior patterns of addiction, rational and irrational thinking patterns, recovery process, relapse prevention, gender/cultural issues, communication skills, stress management, anger management, life skills, STDs and pregnancy prevention education. The latest Brevard County Juvenile Drug Court Manual details the below treatment and phase requirements:

Phase I – Intensive Outpatient (up to 6 months)

- One outpatient group per week
- Two parent/guardian groups per month
- One individual and/or family session per week (as clinically necessary)
- Court appearances, as needed, or directed by the Drug Court Coordinator
- Random drug testing

When the following criteria are met, youth can qualify for Phase II:

- Random drug testing with negative results
- Good grades and attendance at school with no referrals or suspensions (as communicated by the Bays Case Manager and/or Juvenile Probation Officer
- Participation in all required activities

- Progress made on individualized treatment plan, if not nearing the end of treatment
- No incidents, violations, school referrals or suspensions, etc.

Phase II Outpatient (up to 6 months)

- One outpatient group biweekly
- One individual and/or family session per month (as clinically necessary)
- Be considered for co-group facilitator during outpatient group
- Curfew enhancements, driving privileges and other incentives as deemed appropriate by the assigned Bays case manager and/or Juvenile Probation Officer.
- Random drug testing

Once a child has successfully completed treatment, all court ordered sanctions completed, and court costs/restitution paid, he/she is eligible for graduation.

Logic Model. Attachment C: Logic Model graphically illustrates how the performance measures are related to the project's problems, goals, objectives, and design.

Timeline. Brevard County HHS is able to immediately implement the JAMHS Program due past experience designing, implementing, managing and having existing service agreements. This proposal will provide an uninterrupted expansion and enhancement of services for youth. Attachment D: Program Timeline, shows key activities, milestones, and responsible staff.

Leveraged resources. Lifetime Counseling Center (LCC) has committed to the 25% in-kind match for a total $133,600 in staff salary dollars. A portion of the Clinical Supervisor's FTE (36.7%) will be dedicated to the JAMHS Program as in-kind. The treatment provider has detailed the match in their letter of commitment as part of Attachment G: Letters of Support.

Sustainability. The Brevard County Juvenile Drug Court was funded for expansion and enhancements of services by SAMHSA in both 2010 and 2013 and sustainability has been at the forefront of program strategy. Performance measures will continue to incorporate specific sustainability goals and it will be important for the entire team, all community stakeholders and treatment staff to see the benefits of sustainability as it is a fundamental component of the way that

Brevard County HHS conducts business. Sustainability after the funding period ends will be achieved by: 1) generating new revenue by aggressively seeking additional relevant funding sources; 2) establishing broad-based community support and adaptability as a result of obtaining the backing of an extensive range of stakeholders in the community which offers essential support to sustain the initiative; 3) through the independent evaluation there is a plan to measure the sustainability of current efforts. The program evaluation is expected to indicate a reduction in recidivism and it is not unreasonable to infer that the reduction could possibly fund this program with the saved tax dollars; 4) a limited trust fund has been established indefinitely for indigent youth to obtain required treatment that would otherwise be unable to pay for and successfully complete drug court. It is noted, the trust fund is unable to cover the cost of all indigent youth eligible for the drug court program; and 5) self-paying clients will continue to participate in drug court even if funding ends; therefore sustaining the continuation of the JAMHS Program.

Program continuity will be maintained despite any operational environment changes due to Brevard County HHS experience with designing, implementing, managing and achieving all performance measures for five independent SAHMSA funded juvenile and adult drug court contracts. Brevard County HHS and LCC have both managed several large federal, state and local contracts and understand the effect of staff turnover and changes in leadership on the program, participants and their families. Both agencies provide supervision from senior management, hire credentialed candidates, train staff accordingly and provide continuity of care. Both agencies recognize a solid workforce is the single greatest asset which is used to achieve their mission.

Per person unit cost. *The total cost of the JAMHS Program per client is $ 4,140.36*. OJJDP grant funds will only be used to fund youth who are ineligible for public or commercial health insurance programs, coverage has been formally determined to be unaffordable, or for services

that are not sufficiently covered by a youth's health insurance plan. The treatment staff will facilitate the health insurance application and enrollment process for eligible uninsured clients. *If it is determined during the assessment the child does not have health insurance treatment staff will assist them with obtaining coverage by walking them through every step of the enrollment process. Treatment staff will help the child and their family search for all possible health insurance options, assist with filling out all necessary paperwork to apply, directly connecting them to a contact person and following up on the application throughout the entire process*.

d. <u>Capabilities and Competencies (20%)</u>

The Housing and Human Services Department operates under the Brevard County Board of County Commissioners (BOCC). It has extensive experience in planning, implementing, and evaluating categorically funded projects with exemplary status. HHS also has extensive experience managing federal and state funded programs, which has enabled the department to acquire the staffing expertise and management systems necessary to ensure successful operation of this project. In total, we have been awarded and successfully managed a combination of five juvenile and adult drug court grants meeting performance and financial requirements. The HHS Department utilizes SAP Software Solutions offering cloud, analytics, mobile and IT solutions for financial and accounting practices. The JAMHS Program will adhere to the policies, procedures, and administrative structure established by the BOCC for all special revenue and social service projects. The overall responsibility for the effective operation will rest with the Brevard County HHS Department. Brevard County HHS and LCC both have the infrastructure, knowledge and *capability to manage a federal grant*. The drug court staffing and hearings take place at the 18th Judicial Circuit Courthouse in Viera, Florida. All drug court participants meet with the Judge, the prosecutor, and public defender in this centralized location. Initial assessments for program

eligibility, staffing, hearings and urinalysis testing are often done at this location as well. The courthouse is handicapped accessible and in compliance with all ADA requirements and standards.

The Brevard County Juvenile Drug Court was established in 2004 operating on self-payment/donations. Brevard County HHS applied for and received SAMHSA funding in September 2010 and again in 2013 to expand and enhance services to indigent drug court youth. LCC has been part of the team since 2016 and serves youth at their Cocoa and Melbourne locations. LCC is in the process of re-accreditation with the Council on Accreditation (COA) and is a DCF state licensed provider of evidence-based substance abuse and mental health treatment services for over 50 years in Brevard County. The agency serves a myriad of special populations: adolescents, offenders, women, children and their families, those having experienced trauma, prescription drug abusers, mentally ill, impoverished residents necessitating critical basic needs, elderly, and veterans. The agency provides a continuum of culturally competent, age and gender appropriate treatment curricula that include substance abuse education, life skills, parenting, anger management, impulse control, batterer's intervention and trauma-informed care. LCC complies with required licensing standards and has never had a licensed revoked or suspended.

The Director, Dr. Lori Parsons, has nearly 30 years' experience treating individuals who have experienced trauma in many different capacities, including evidence-based treatment, offender contact and supervision, program design and implementation and contract negotiation and management. The proposed Clinical Supervisor, Abigail Brown Jones, has worked with individuals struggling with substance abuse, addiction, and co-occurring mental health and substance use disorders for over 20 years. She heads LCC's current adolescent substance abuse and dual-diagnosis treatment program, focusing on youth involved in the juvenile justice system. Ms. Jones is a Licensed Marriage and Family Therapist with many years' experience in the fields

of mental health and substance abuse treatment. Both Dr. Parsons and Ms. Jones participate in Brevard County task forces, consortia, and workgroups relevant to mental health and substance abuse services. As a program of the Space Coast Health Foundation, LCC has a solid financial footing and is one of the few not-for-profit agencies in the area with a 90-day cash reserve and positive cash flow annually. Audits of the agency, both financial and programmatic have produced consistent findings over many years indicating good sound management, strong fiscal accountability and successful programmatic outcomes. Tightly controlled fiscal procedures are the norm which assists the agency in successful execution of the site visits/reviews by various funding sources. The management staff has experience with administration, clinical and licensure supervision, and GPRA performance measures of federal grants. LCC is confident that a cultural and language responsive implementation will be straightforward and competent. For the past three years, LCC has been integrally involved in a research grant from the National Institute of Justice. Brevard Public Schools, the grantee, selected LCC as the contracted mental health provider for this grant. In this capacity, they placed full-time mental health providers on site in five local schools with high levels of low-income families, absenteeism, and violence. The impact of these clinicians has been very positive, with improvements on all outcome measures.

The team is fully committed and supports obtaining OJJDP funding to assist indigent youth who would otherwise be ineligible due to being unable to pay for treatment, court costs and restitution implementation. The JAMHS Program design is culturally competent and creates a seamless continuum of services for indigent youth. First, the solution for dealing with non-accessible treatment is answered by offering additional treatment slots for indigent youth and their families to be seen at the LCC treatment facilities at the Brevard County Juvenile Detention Center or by telephone. The program is expanding accessibility to youth regardless of their family's

socioeconomic status. It will also provide trauma-informed care to those youth who have histories of sexual trauma, acting out sexually in combination with drug use and at-risk youth who engage in promiscuous sex acts. Secondly, treatment services will be offered on a walk-in basis at the Cocoa and Melbourne LCC locations. It is easy for a referral/intake system to quickly bog down, which inevitably creates a lengthy waiting period for youth entering a program. The JAMHS Program predicts the referral/assessment/intake process to occur immediately on a walk-in basis. Evaluations, assessments and intakes will occur as soon as the youth arrive to expedite on-the-spot admission into the program. Transportation vouchers will be provided for indigent youth to attend group, individuals, appointments, RSS and aftercare as needed.

Treatment staff involved with the JAMHS Program will be trained in the areas of empathy and how to effectively handle youth resistance. Research has shown that welcoming children and treating them with respect are important factors in improving immediate and long-term retention. Understanding resistance is a normal part of treatment is essential. Youth readiness for treatment and motivation for change are not static conditions. Rather, these are dynamic processes that can be increased or decreased through treatment staff efforts. *LCC will also train all treatment staff in trauma-informed care and make training available to interested team members and stakeholders.*

The drug court team have demonstrated their backing and participation in the JAMHS Program via letters of support provided in Attachment G: Letters of Support:

Chief Administrative Judge John M. Harris provides a Judge to preside over the Brevard County Juvenile Drug Court Program.

Circuit Judge James H. Earp (Juvenile Delinquency Division) offers judiciary support by continuing to dedicate a circuit court judge to preside over and oversee the program.

Brevard County Sheriff's Office offers assistance in doing evening curfew checks, home detention compliance and if sentenced to the detention center from the court the Sheriff's department transports them.

Brevard County Juvenile Drug Court Coordinator is an employee of the 18th Judicial Circuit Court and works directly with the Judge serving as a liaison between the team and the treatment provider, LCC.

Office of the State Attorney for the Eighteenth Judicial Circuit protects public safety by ensuring that each candidate is appropriate for the program and complies with all requirements. The Juvenile Division Chief reviews all candidates, determines eligibility for admission, files all legal documents, attends all general drug team meetings and is present at all pre-status conferences, status hearings and drug court proceedings.

Public Defender's Office for the Eighteenth Judicial Circuit assists in screening potential participants as well as the benefits and risks. The Public Defender also advises the defendant of all legal rights and the ramifications of waving those rights as well as the rights and waiver of rights relating to privacy vis-à-vis treatment.

Department of Juvenile Justice Probation offers the supervision of the youth, assists them in completing sanctions, community service hours, curfew checks, school visits, provides the court with progress reports, reports violations and testify in court.

Court Administration for the Eighteenth Judicial Circuit oversees court programs and services, such as courtroom scheduling, court-appointed attorneys for indigent defendants in misdemeanor and felony cases, drug courts, interpreters, jury information, and operational assistance.

Lifetime Counseling Center (LCC) provides treatment staff to work alongside the team to ensure youth receive and abide by all treatment and program requirements. LCC will coordinate with evaluator to ensure the highest and most effective level of care.

JAMHS Program Staffing Pattern.

Staff Member	**Commitment**	**Role Responsibility**
Ian Golden (Key Personnel)	*Project Director*	*2.5%*
The Project Director will provide project oversight, achievement, reporting, and communicating as a staff liaison to SAMHSA.		
Lesley Singleton	*Contract Manager*	*10%*
The Contract Manager will be responsible for GPRA data compilation and evaluation, grant monitoring and maintaining communication with involved partners to ensure compliance.		
Abigail Brown Jones (Key Personnel)	*Clinical Supervisor*	*36.7%*
Responsible for addressing the needs and development of the youth's cognitive, behavioral, vocational and other social skills. The Clinical Supervisor may be accountable for program implementation; planning and design; and signing clinical documentation.		
Tricia Mattson, MSW & Laurie Carter, MS	*Two Counselor II's*	*50%*
Conduct assessments, run groups, DCTAT reporting, RSS and proving coordination for client transportation vouchers in both Cocoa and Melbourne locations.		
Kenneth Reynolds, PhD	*Evaluator*	*4%*
Provide ongoing evaluation and monitoring services.		

Resumes and Job Descriptions are included in Attachment E: Resumes and Attachment F: Job Descriptions for the two key personnel explaining qualifications and required responsibilities.

LCC staff collectively have a number of years' experience working with the target population, including residential women and adolescent girls. Both Brevard County HHS and LCC currently employs qualified professionals with experience in implementation, design, management and training in juvenile drug court best practices; evidence-based adolescent substance abuse

treatment; co-occurring disorders and trauma-informed care. The key two personnel have demonstrated experience, are qualified to serve the population of focus and are familiar with their culture(s) and language(s). The Project Director, Ian Golden, is the Brevard County HHS Director and is responsible for community development countywide on strategies to reduce risk and increase protection for a variety of societal issues (i.e., substance abuse, mental health, disabilities, juveniles, families and elderly). Mr. Golden oversees all strategic community planning processes; coordinates application, contracting, and monitoring processes; develops and implements grants, contracts and sub-awards; coordinates continuation and maintenance of collaborative efforts between agencies and individuals; interprets, implements, and enforces federal, state, and local laws and regulations, as well as the orders and instructions of the court; and prepares and monitors budgets and expenditures. Mr. Golden has over 10 years of direct experience as the Project Director for five independent SAMHSA juvenile and adult drug court contracts and is thoroughly familiar with federal reporting and GPRA data collection requirements.

The proposed Clinical Supervisor, Abigail Brown Jones, is a Licensed Marriage & Family Therapist with over 15 years' experience serving special populations including indigent, drug and prescription drug abusing juveniles who also suffer from co-occurring mental disorders, families in crisis, and juveniles within the juvenile justice court and detention systems and trauma. Ms. Jones, is presently the Clinical Supervisor for the Brevard County Juvenile Drug Court. She is familiar with federal reporting requirements and GPRA data collection and reporting.

Organizational Charts. Attachment H: Organizational Charts includes documentation showing how HHS and LCC operate, including who manages the finances; how the organization manages sub-awards, if there are any; and the management of the project proposed for funding.