Kids Hope Alliance

City of Jacksonville/Duval County

Parent and aJ ETw arTJ 8gTun=3.5 (nd)]TJ 0 18 3P [(4.3)6-30.24 37.32 4611 0 Td2.

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-

8.

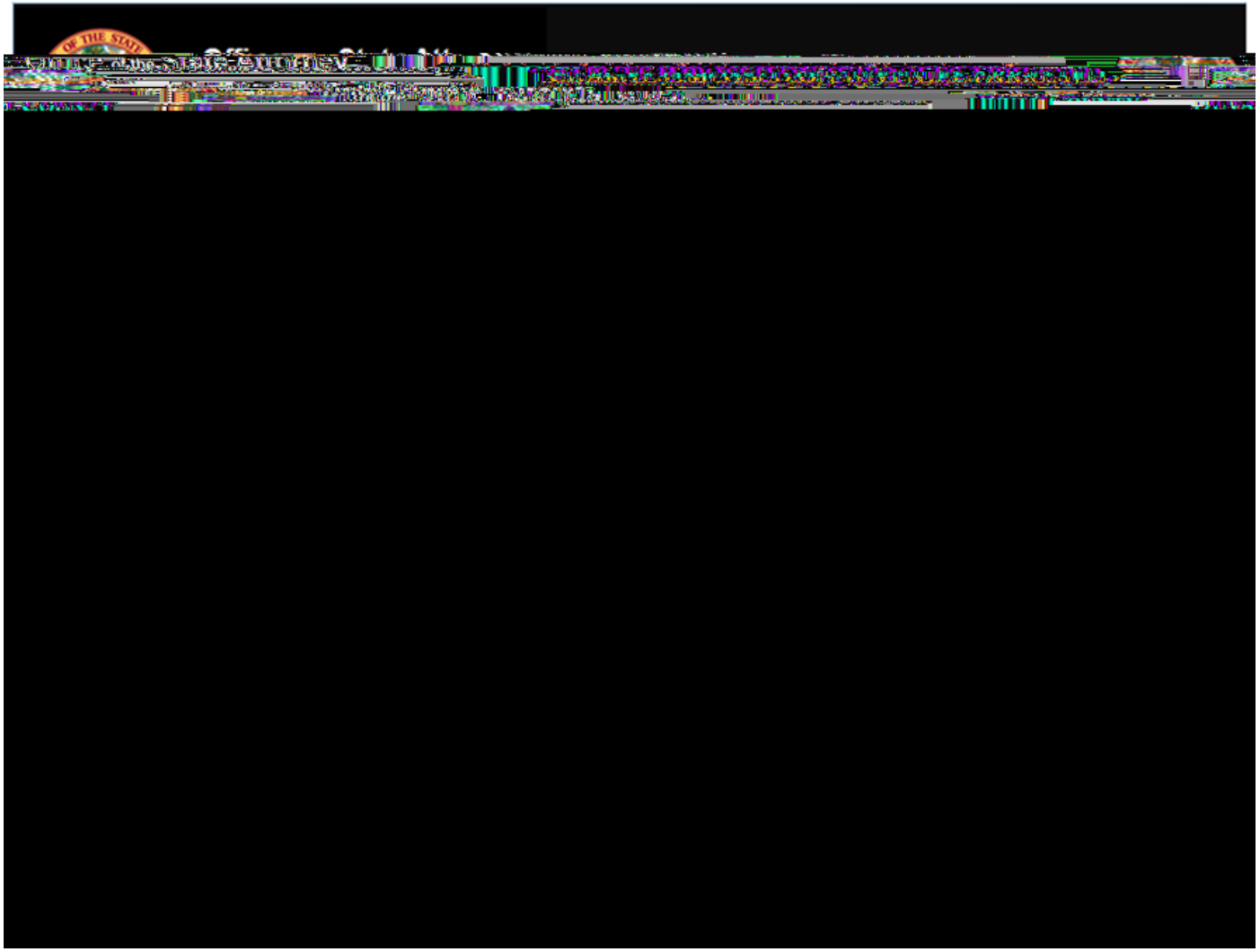
Circuit 4 DJJ Advisory Board Comprehensive Plan
2017-2020

DJJ and Circuit 4 Mission Statement

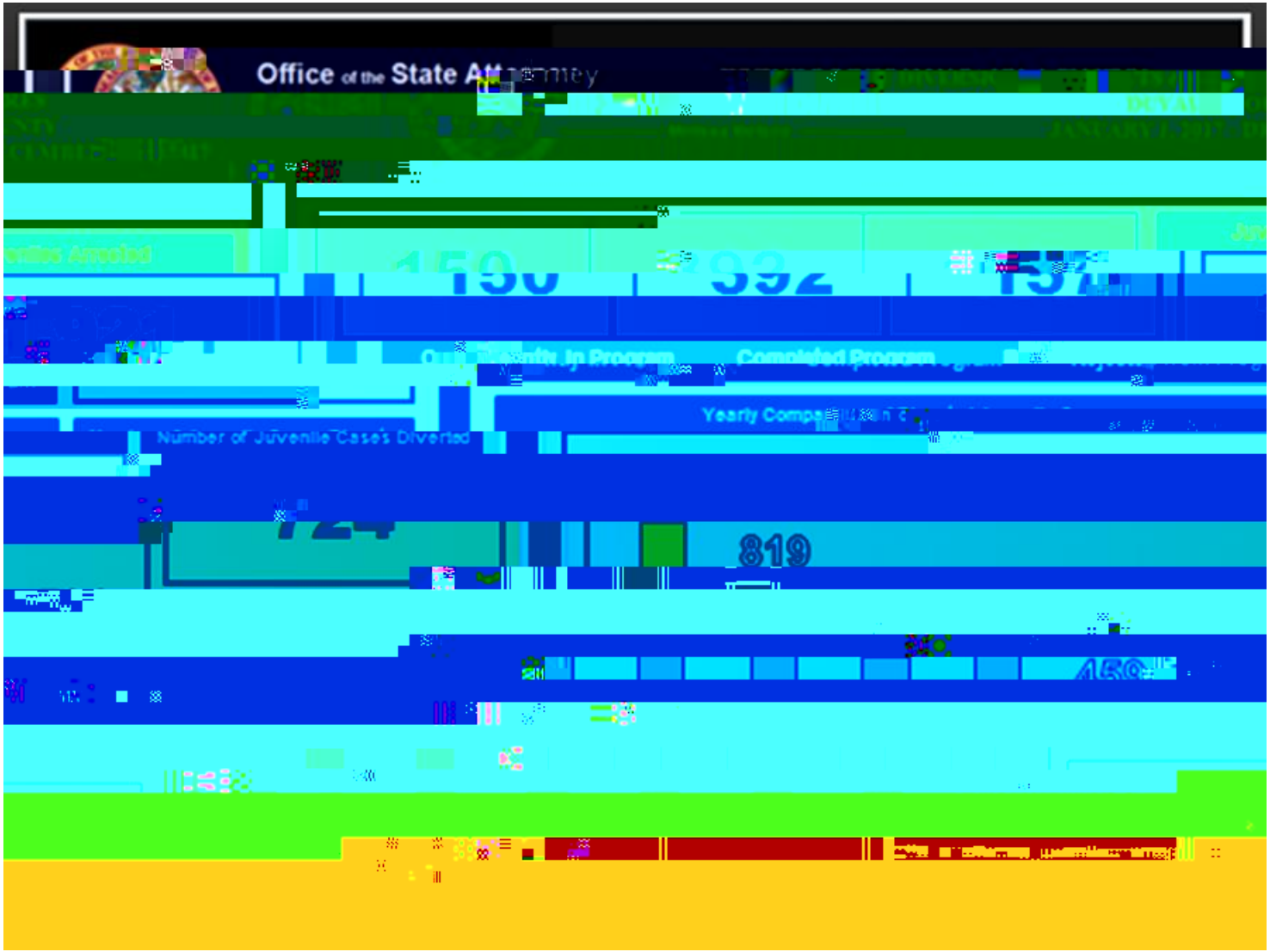
DJ Mission Statement: To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services

Circuit 4 DJJ Advisory Board Comprehensive Plan
2017-2020

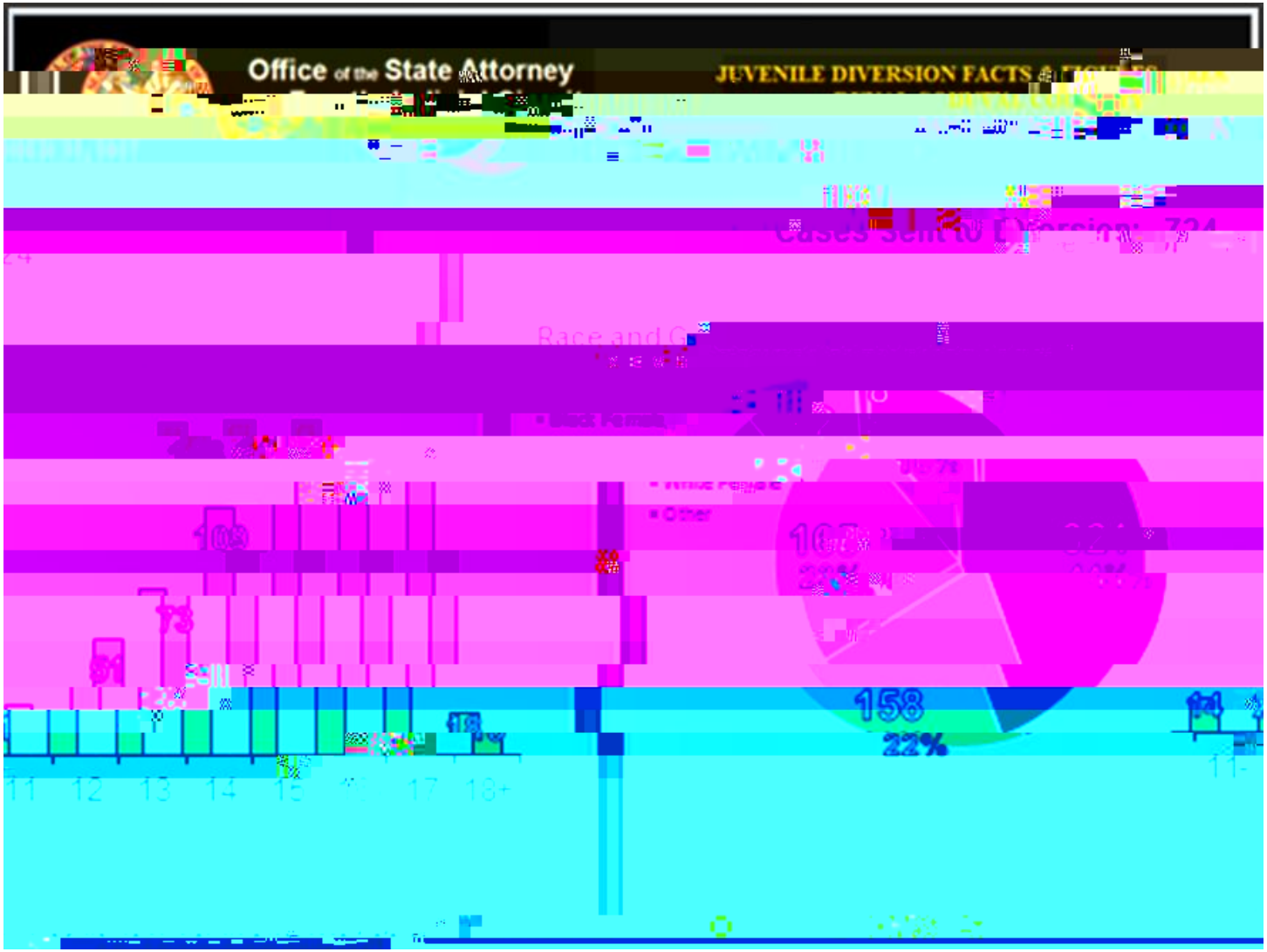
Circuit 4 DJJ Advisory Board Comprehensive Plan
2017-2020



Circuit 4 DJJ Advisory Board Comprehensive Plan
2017-2020



Circuit 4 DJJ Advisory Board Comprehensive Plan
2017-2020



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.

Section1. 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 *Goal: To reduce the current rate of juvenile crime in Circuit 4 by 10% or from 38.5 to 34.6**	1.1 *Strength:* Circuit 4 has a strong DJJ provider network, a SOC grant, Kids Hope Alliance redesign, SAO increase of civil citation	1.1.1 *Issue:* 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 *Weakness*: 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 *Opportunities:* Provider collaboration and increased funding opportunities and a focus by the Kids Hope Task Force.	1.1.2 *Improvements:* Increased mental health funding in schools will allow for increased continuity of care for referred youth.	
		1.4 *Threats*: 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 *Solution:* All youth will be identified and referred for MH issues at the JAC using evidence based assessment tools and receiving evidence based treatment.	

Attachment B

Planning Council or Committee

Attachment C

Instruments

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Chestnut Health Systems

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 EVENTS 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: _____

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)

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	
		Yes	No
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	
		Yes	No
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

[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. _____			
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_1ve duty in the armed bT BT 482.4000 402.6634tur

		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 Yes	No
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.			

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/QOLI

SP1. When was the last time you...

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...

1. were you absent from school or training for a full day? |__|__| Days

2. 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

Past Mont	2 to 3 Months Ag	4 to 12 Months Ag	1+ Years Ag	

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...

PH. Physical Health

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

The next questions are about your physical health.

Using Card Q...

HPScr/QOLI

PH1. When was the last time you...

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? |___|__| Times
2. nights total did you spend in the hospital for a health problem? |__|__| Nights
3. times did you see a doctor or nurse in an office or outpatient clinic for a health problem? |__|__| Times
4. times did you have an outpatient surgical procedure for a health problem? |___|__| Times
5. days did you take prescribed medication for a health problem? |__|__| 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, schoolT BTusnme

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/QOLI

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

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? |__|__| Days

b. had any money problems, including arguing about money or not having enough for food or housing? |__|__| 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

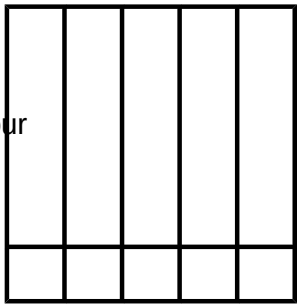
b. days have you used a needle to inject any kind of drug or medication? ..... |__|__|
Days

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

[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

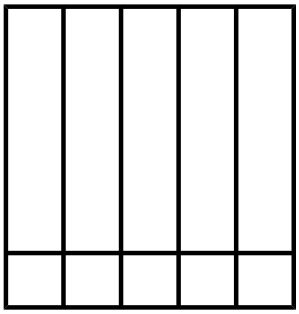
PPI MH3. During the past 90 days, on how many days...

a. were you bothered by any nerve, mental or psychological problems?..... |__|__| [IF 0, GO TO MH3c]
   Days

b.

Times

SU. Substance Use



QCS SU2. During the past 90 days, how many...

a. days have you been in a detoxification program to help you through withdrawal? ..... |__|__| Days

b. 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

c. 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

d. 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...

a. on how many days did you go without using any alcohol, marijuana or other drugs? ..... |__|__| [IF 90, GO TO SU5] 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

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

a. used any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)? ..... |__|__| [IF 0, GO TO SU4c] Days

b. gotten drunk or had 5 or more drinks? ..... |__|__| Days

c. used marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)? ..... |__|__| Days

d. 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.

CV. Crime and Violence

Past Mont	2 to 3 Months Ag	4 to 12 Months Ag	1+ Years Ag	Neve
4	3	2	1	0

The next questions are about crime and violent behavior.

Using Card Q...

CVScrEd (2) Tj ET BT4g00 575.3875 Td 1.ing

U4 ?(4) T(4) Tj0 E E 18.65 BAN 4 9 5 3 6 8 3 7 5]TngUs.for it? (4) T(4 E Tj H E 5 6 1 T 4 2 0 9 5 3 6 8 a y 3 7 5 (4) (4) E T j B 4 5 7 2 6 7 3 1 B 4 9 5 . 6 8 7 4 5 3 6 Q 6 5 T d E T 3

2

4

24 Us from a stos awith abopay(Us for it? (4) Tj ET 3g 526T4g0T 245.3875 T..... (4) Tj ET Bl 561T4g0T 24

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

For Staff Use Only
XADM. Administration

For Staff Use Only

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?	Yes	No
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

0011 Td (0) Tt 4 mo....000

DALHOUSIE

Attachment D

Position Descriptions

Position Description
Lead Family Coordinator , Duval County CJRG Expansion

Job Status: Full -Time; Exempt	Reports To: Executive Director
Work Schedule: 40 hours per week; 1.0 FTE	Salary Range: $45,000 - $52,000
Positions Supervised: None	

x

x

The Resilience Navigator is expected to take initiative and ensure 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

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

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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

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; team building; 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- 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. (2018). Onwuegbuzie, A. J. ((eri)-3(can High S /F

Tabatha Wilemon
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Jacksonville, Florida 32258
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

Part

x , G H Q W L I \ Health Effectiveness Data and Information Set (HEDIS) measures and establish plan of resolution including appointment sch

AIDS Healthcare Foundation — October 2009–December 2010
Medical Assistant /

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

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2003

- PTA Duval County, ESE Board chair, 2009
- Conference Of Minority Transportation Officials Award, Marketing

Katoia V. Wilkins

Katoiaw@hotmail.com
Mobile - (904)2332551
4318 Shallow Lake Drive
Jacksonville, Florida 32258

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

Teaching

- Performed investigative intake interviews and diagnostic evaluations, counseled chemically dependent adolescents and adults formulated individualized W U H D W P H Q W S O D Q V W R D G G U H V V S D W L H Q W V ¶ W K H U D S H X W
- 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

Attachment F

Criminal Justice Reinvestment Grant

Summary Recidivism Report

3.03.2021

Prepared by NLP Logix

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 2017-01-01 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 Completion
FY 2018	523	390	75	49	111	42
FY 2019	590	519	120	40	132	26
FY 2020	509	465	121	54	137	12
FY 2021	100	94	20	11	10	0
Total	1,722	1,468	336	154	390	80

Table1: 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
FY 2018	46	68	27	4	12	7	42	206
FY 2019	91	82	64	4	8	3	26	278
FY 2020	62	42	89	7	6	4	12	222
FY 2021	1	3	32					36
Total	200	195	212	15	26	14	80	742

Table2: 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
FY 2018			9	36	13	1	40		6	2
FY 2019		0	8	24	6	44	18		13	13
FY 2020	7	26	1		7	58	0	12	7	1
FY 2021	0	0	1		0	3	0	5	0	
Total	7	26	19	60	26	106	58	17	26	16

Table3: 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
FY 2018			28	54	31	1	74		11	3
FY 2019		3	28	31	29	87	31		28	38

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 an also be found in Table 9.

Figure 1: Perc

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. The reoffence reduction for this tim.1 (T)-3 6ih)

Jacksonville Juvenile Justice Diversion Data Assessment
Executive Summary and Preliminary Findings

Agenda

KHA meeting kickoff

Project update and timeline

Review of preliminary findings

Next Steps

Q&A

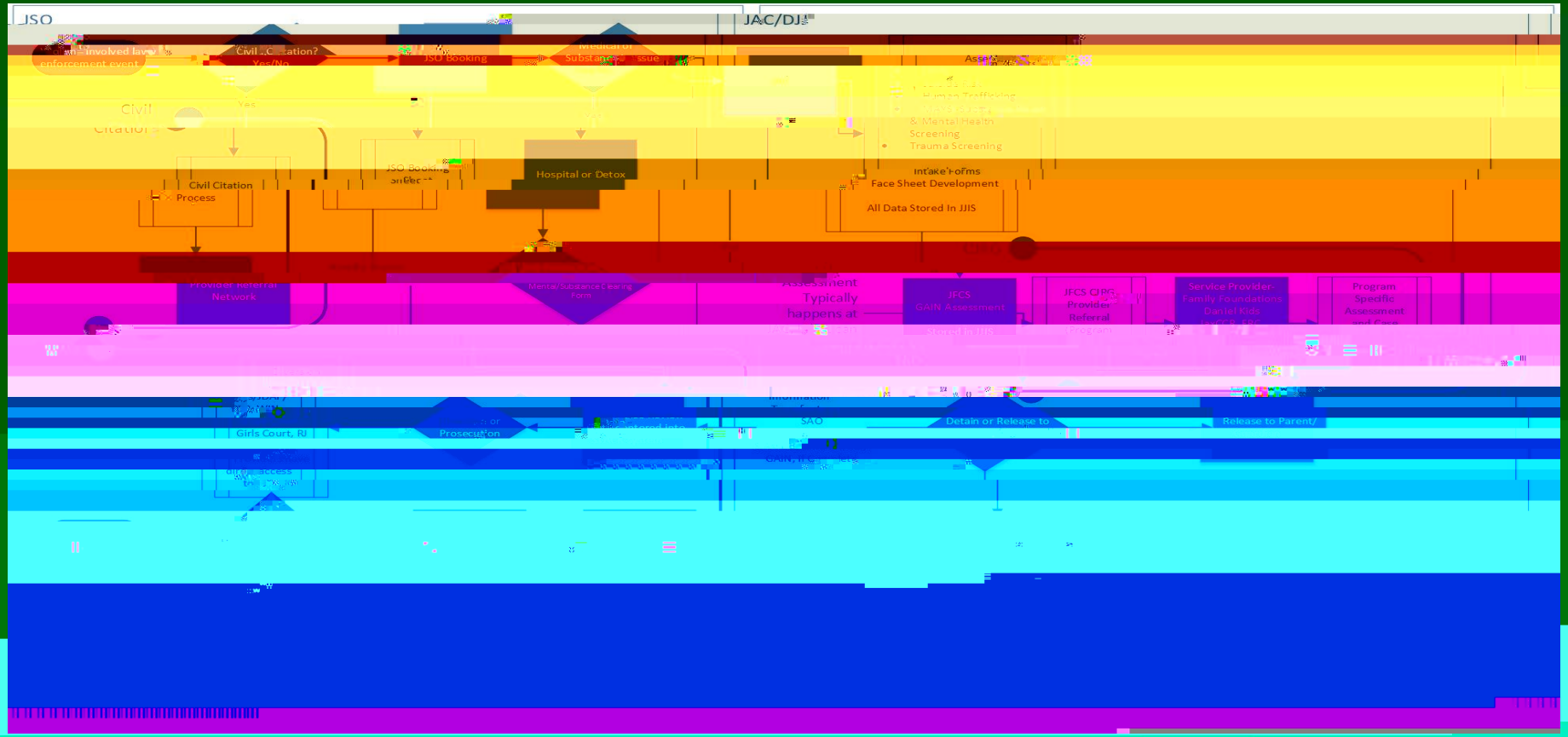
Project Update and Timeline

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

NOVUS

Process Map


JSO
JAC/DJ
Civil Citation
Civil Citation Process
Hospital or Detox
Intake Forms
Face Sheet Development
All Data Stored In JJIS
Assessment Typically happens at
JFCS GAIN Assessment
Service Provider-Family Foundations Daniel Kids
Program Specific Assessment and Case
Prosecution
Detain or Release to
Release to Parent/

Key Findings -

Length of time conducting assessments

- 4-6 hours of assessment, booking, and screening at JAC
- 2-4 hours of provider mg( )19(a)-3(s)-5(s)-5(es)-7(s)-5(m)6(en5(es)8(g)-11(,))-3(n)8(32(s)l)(h)8(od(ee)-3(n)8(i)6(n)866

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Key Findings -

Key Findings -

	JJIS	Database for all juvenile records, assessments, bookings forms, etc.
	SAMIS	Reporting platform for CJRG programs.
	Google forms	Referral form
	ETO	Internal case management
	Stack	Internal case management
	Quest	Internal case management
	Email	Referral forms

Recommendations -

Civil Citation Program

CJRG

Recommendations -

Discover - Current state of data inventory, system inventory, privacy inventory

Define - What does the future state look like?

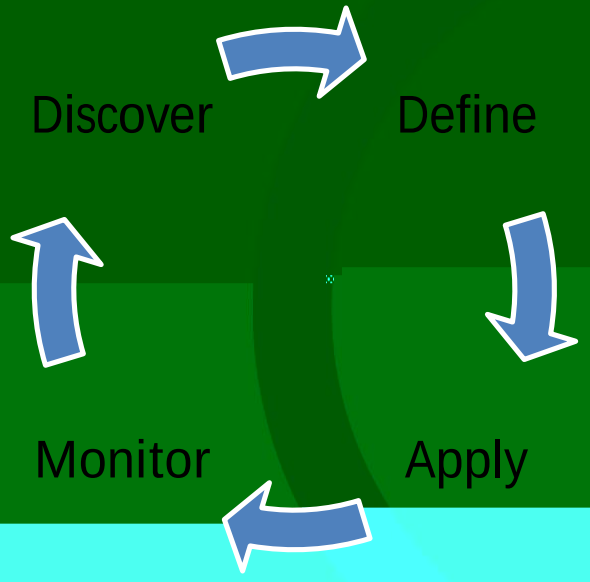
- Data standard
- Success measures
- Assessment standard
- Sharing standard
- Informed consent
- Incident response

Apply - Proof of concept

- Workflow development
- Training
- Access control

Monitor - Continuous Improvement

- Lessons learned
- Evaluating success



Recommendations

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

Recommendations -

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

Examples:

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Challenges and Opportunities

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 system is with referral tracking, as a system to replace Google forms or email communications.

Next Steps

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