MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM
JUVENILE PROJECT APPLICATION

SECTION I: APPLICANT INFORMATION

A. APPLICANT/DEPARTMENT IMPLEMENTING THE GRANT

COUNTY: Nevada	COLLABORATING COUNTY (if applicable): N/A	
IMPLEMENTING AGENCY	DUN AND BRADSTREET NUMBER	TELEPHONE NUMBER
Probation	051461288 (if applicable)	(530)265-1200

STREET ADDRESS	CITY	STATE	ZIP CODE
109 1/2 North Pine Street	Nevada CIty	CA	95959

MAILING ADDRESS	CITY	STATE	ZIP CODE
109 1/2 North Pine Street	Nevada CIty	CA	95959

B.GRANT AMOUNT REQUESTED	C.PROPOSED MATCH AMOUNT
$ 750,000	$ 235,992

D.APPLICANT PROJECT DIRECTOR

NAME AND TITLE			TELEPHONE NUMBER
Michael Ertola			(530)265-1209
STREET ADDRESS			FAX NUMBER
109 1/2 North Pine Street			(530)265-6280
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Nevada CIty	CA	95959	Michael.Ertola@co.nevada.ca.us

E. APPLICANT PROJECT FINANCIAL OFFICER

NAME AND TITLE			TELEPHONE NUMBER
Darlene Woo			(530)265-1208
STREET ADDRESS			FAX NUMBER
109 1/2 North Pine Street			(530)265-6280
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Nevada CIty	CA	95959	Darlene.Woo@co.nevada.ca.us

F. APPLICANT DAY-TO-DAY CONTACT PERSON

NAME AND TITLE	TELEPHONE NUMBER
Jeff Goldman	(530)256-1211
EMAIL ADDRESS	
jeff.goldman@co.nevada.ca.us	

G. APPLICANT'S AGREEMENT

By signing this application, the applicant assures that the grantee will abide by the laws, policies, and procedures governing this funding.

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN AGREEMENT
Michael Ertola

STREET ADDRESS	STATE	ZIP CODE	TELEPHONE NUMBER
109 1/2 North Pine Street	CA	95959	(530)265-1209

APPLICANT'S SIGNATURE	DATE
	4/2/15

PROJECT ABSTRACT

Please provide a brief summary of the proposed project in the space provided below; narrative must not be more than a single page in length.

Nevada County proposes the use of an intensive wraparound model for treating mental illness, eliminating barriers to recovery, teaching and reinforcing pro-social behaviors, and reducing recidivism. The Strengths, Opportunities and Recidivism Reduction Program (SOARR) is proposed as a response to our community's need to provide a more comprehensive and holistic approach to addressing the mental health needs of juvenile offenders. This program fits seamlessly into Nevada County's overall strategy of providing wraparound services to our most mentally ill youth and their families and to those youth most at risk of an out of home placement such as hospitalization, incarceration, or congregate care.

Screening for mental health needs will be an important first step. The treatment team, including a therapist, mental health rehabilitation specialist, and the probation officer will use the MAYSI-2 to screen youth for possible mental illness and will then utilize the Child and Adolescent Needs and Strengths Assessment (CANS) for treatment planning and assessment throughout the length of the case should the youth present a mental health need.

A variety of mental health services available will be available to the youth and their caregivers. Treatment will be designed to address the therapeutic needs, functional impairments, educational needs, and community resource deficits that frequently result in re-offending.

Research has shown that a high percentage of youth incarcerated have histories of trauma as well as substance abuse issues. Services would be designed to address the factors that contribute to the functional impairments of the youth through an overall program model of Trauma-Focus Cognitive Behavioral Therapy and partnership with our community's recovery services. These services will be provided over a 6-12 month period of time, depending on the needs of youth and family.

Program and provider effectiveness will be tracked through a variety of performance measures and tools. As a part of continuing quality improvement the data collected will be reviewed and evaluated on a regular basis. This review may result in program modifications to ensure the best possible outcomes.

NARRATIVE SECTIONS

Note: Sections II – VIII are to be competed in a narrative format (see instructions on page 45). Rating factors will be evaluated regarding the extent to which a proposal adequately addresses the topics listed under the section titles below. If a sub-element does not apply, the applicant should clearly state as such and provide the reason. Omission or lack of clarity for any section is likely to result in a reduction of allowable points. The total combined page limit for narrative Sections II – VIII is **20** pages within the required format; these sections begin on page 51.

SECTION II: NEED STATEMENT

Address the following in narrative form:
The proposal describes the probable/potential impact of the grant on reducing the number or percent of mentally ill adult offenders or mentally ill juvenile offenders who are incarcerated or detained in local adult or juvenile correctional facilities and, as relevant for juvenile offenders, in probation out-of-home placements. The proposal identifies the local need(s) to be addressed with grant funds and demonstrates the need(s) by including local data to support the described impact. The proposal describes how the program shall support prevention, intervention, supervision, and/or incarceration-based services and strategies to reduce recidivism and to improve outcomes for mentally ill juvenile and adult offenders. Additionally, the proposal explains why existing resources, both state and local, are inadequate to address the identified need.

If graphs and/or charts are necessary to provide information for this section, the applicant may attach one (1) additional single-sided 8 ½" x 11" sheet of paper containing only graphs/charts (referenced as Attachment A); references to any graphs/charts must be clearly identified in the narrative.

SECTION III: PROJECT DESIGN

Address the following in narrative form:
The proposal describes how the project would demonstrate the ability to develop effective responses and to provide effective treatment and stability for mentally ill adult offenders or mentally ill juvenile offenders based on evidence-based treatment models, specific services to be provided, where and when service delivery would occur, and who would provide these services (i.e., project staff). The proposal identifies the project's target population and program eligibility criteria (e.g., estimated number and type of offenders to be served, criminal history, diagnostic categories, etc.). The proposal communicates a direct and well-articulated relationship/nexus between the project design and identified need(s).

SECTION IV: COUNTY PLAN / STRATEGY

Address the following in narrative form:
The proposal describes a comprehensive county plan for providing a cost-effective continuum of responses and services for mentally ill adult offenders or mentally ill juvenile offenders, including prevention, intervention, and incarceration-based services, as appropriate; cite research to support the proposed services' cost-effectiveness within the criminal and juvenile justice system. The plan must describe how the responses and services included in the plan have been proven to be or are designed to be effective in addressing the mental health needs of the target offender population, while also reducing recidivism and custody levels for mentally ill offenders in adult or juvenile detention or correctional facilities. Strategies for prevention, intervention, and incarceration-based services in the plan shall include, but are not be limited to, all of the following:

(1) Mental health and substance abuse treatment for mentally ill adult offenders or mentally ill juvenile offenders who are presently placed, incarcerated, or housed in a local adult or juvenile detention or correctional facility or who are under supervision by the probation department after having been released from a state or local adult or juvenile detention or correctional facility.

(2) Prerelease, reentry, continuing, and community-based services designed to provide long-term stability for juvenile or adult offenders outside of the facilities of the adult or juvenile justice systems, including services to support a stable source of income, a safe and decent residence, and a conservator or caretaker, as needed in appropriate cases.

(3) For mentally ill juvenile offender applications, one or more of the following strategies that has proven to be effective or has evidence-based support for effectiveness in the remediation of mental health disorders and the reduction of offending: short-term and family-based therapies, collaborative interagency service agreements, specialized court-based assessment and disposition tracks or programs, or other specialized mental health treatment and intervention models for juvenile offenders that are proven or promising from an evidence-based perspective.

The plan shall include the identification of specific outcome and performance measures and for annual reporting on grant performance and outcomes to the board that will allow the board to evaluate, at a minimum, the effectiveness of the strategies supported by the grant in reducing crime, incarceration, and criminal justice costs related to mentally ill offenders.

SECTION V: COLLABORATION

Address the following in narrative form:
The proposal demonstrates the applicant's ability to provide for interagency collaboration to ensure the effective coordination and delivery of the strategies, programs, and/or services described in the application. The proposal describes the coordinated planning process undertaken by the local Strategy Committee to develop the proposal. The proposal includes evidence that ongoing collaboration among the Strategy Committee participants (i.e., agencies/community-based organizations) will continue in the implementation and operation of the project as well as describing each entity's role in the 4-year project and beyond. The proposal describes the applicant's involvement in other collaborative efforts involving treatment and support services for mentally ill offenders. In addition, the proposal provides dates and times of the Strategy Committee meetings and includes key decisions made, including but not limited to implementation and sustainability planning.

SECTION VI: PROBABILITY OF SUCCESS

Address the following in narrative form:
The proposal demonstrates the applicant's ability to administer the proposed grant project, including any past experience in the administration of a prior mentally ill offender crime reduction grant. The proposal describes the likelihood the project would succeed due to the proven effectiveness of its design for the target population and includes evidence of research-based results. The proposal illustrates the applicant's demonstrated history of maximizing federal, state, local, and private funding sources to address the needs of the grant service population. This includes implementing and managing grant-funded projects in an efficient, effective and evidence-based manner. In addition, the timeline of activities for the proposed project is reasonable, given the nature and scope provided.

SECTION VII: EVALUATION

Address the following in narrative form:
The proposal describes project goals, the strategy/methodology for evaluating whether or not the project objectives were achieved, the plan for collecting data that supports the evaluation goals, and the manner in which the project evaluation will be documented and reported such as assessing the effectiveness of the program in reducing crime, adult and juvenile offender incarceration and placement levels, early releases due to jail overcrowding, and local criminal and juvenile justice costs. The proposal describes measures to be used to show successful outcomes, in addition to those provided in the application.

SECTION VIII: SUSTAINABILITY

Address the following in narrative form:
The proposal clearly describes how the program will be funded during the fourth year including a list of those funding source(s). The proposed project illustrates the likelihood that the program will continue to operate after state grant funding ends, including the applicant's demonstrated history of maximizing federal, state, local, and private funding sources to address the needs of the grant service population.

NARRATIVE SECTIONS II – VIII MUST NOT EXCEED A TOTAL OF 20 PAGES

SECTION II: NEED STATEMENT

Nevada County's mentally ill youth are involved in the justice system at a disproportionate rate. A snapshot of current youth under probation supervision in Nevada County reveals at least 59% screened minors suffer from mental illness. This rate rises significantly to 67% of the minors detained in juvenile hall. This is in contrast to national averages of 21% of the general juvenile population. (NAMI)

Nevada County was established in 1851 at the height of the gold rush. It covers 974 square miles. Nevada County is a rural county that extends from the foothills to into the Sierra Nevada Mountains with its highest point reaching 9,152 feet. There are three distinct population centers within the County. In the Eastern portion of the County is the Town of Truckee located in the Sierra Nevada. This is the fastest growing area of the county. The other population centers are approximately 60 miles away in the Western portion of the County, those being the Cities of Grass Valley and Nevada City. Nonetheless, 67% of the county's population resides in unincorporated areas. US census data puts the county population at 98,292. (Census.Gov)

Small communities such as Nevada County face exacerbated challenges providing mental health care which adds to negative outcomes such as overrepresentation in the justice system. Those challenges manifest themselves as barriers to accessibility, availability, and acceptability.

Access to care can be problematic. For example, in Nevada County one of the major population centers sits almost an hour away from the County Seat where most services are available. This creates an undue hardship on those attempting to access services.

Availability in terms of services offered and capacity of those limited services is also an issue. Due to the relatively small scale of the potential client population, providers tend to focus their efforts on urban and suburban areas. This leaves rural residents at a disadvantage when it comes to the array of services offered.

Acceptability in regards to the stigma attached to seeking out or receiving mental health care in rural America also presents problems engaging those in need of services. Add this to the ever present image consciousness of youth and the resistance to engagement become even more problematic.

Nevada County currently has some pieces to this puzzle of effectively treating youth; however we are missing a holistic systematic approach to addressing the needs of

justice involved youth suffering from mental illness. Early identification, prevention, and effective interventions are missing. Addressing that gap will provide the foundation of our system of care and help reduce the possibility of the need for urgent or critical interventions such as detention or hospitalization.

The capacity to provide both a robust array of services to the number of youth in need as well as the supports their families need to help engage youth in their success is greatly lacking in the county. A lack of services that address the youth's criminogenic needs in order to reduce recidivism and are also responsive to their mental health needs is missing. These are key elements to reducing the further entrenchment into the criminal justice system. (Andrews & Bonta 2006)

Many of the barriers to treatment for youth involve not only the logistical barriers mentioned above, but also generational factors such as drug use, addiction, and mental illness. Currently, none of the interventions available to justice involved youth in Nevada County involve treatment for parental drug abuse or mental illness. Among our community collaborators, this is seen as the most striking gap in our current services. Expecting youth to recover from addiction or get sustained treatment for a mental illness while they are living with parents active in their drug addictions and/or living with an untreated mental illness is unrealistic at best. Many studies have shown that intensive treatment for the entire family system will result in the best outcomes and lowest recidivism rates for youth. (NTAC.Org)

State and local resources fall short given the demographic makeup of our county as well as the rural setting. The county's population is made up primarily of retirees. 22.5% of the population is over the age of sixty-five. That is in comparison to only 12.5 statewide. Persons under the age of 18 make up 17.9% of the population as compared to 23.9% statewide. (Census.Gov) Our justice involved youth population is relatively small and low risk. Nonetheless we tend to have a high need juvenile offender population. Given the lack of resources, one mental health crisis resulting in hospitalization can essentially deplete the funds available for serving the greater population.

Funding for juvenile services has been outpaced by growth and increased costs. With drastic changes in the adult criminal justice system funding for juveniles has taken a back seat. This in addition to a lack of economic growth in Nevada County due to the makeup of the population being primarily retirees has left us short when it comes to

being able to provide the robust and flexible treatment options needed to serve a geographically diverse community.

SECTION III: PROJECT DESIGN

The Strengths, Opportunities and Recidivism Reduction Program (SOARR) is proposed as a response to our community's need to provide a more holistic approach in order to address the mental health needs of juvenile offenders. The program was created with the goal of both reduce the population of mentally ill offenders in the justice involved population and reducing the recidivism of those already involved. It was also created with the idea that it will focus on five primary components, assessment, collaboration, case planning, intervention, and maintenance. This program is based upon the evidence-based principles of Wraparound, using several components of other evidence-based programs such as Functional Family Therapy and Multi-Systemic Family Therapy. Our community strongly supports the approach of treating youth within their family system and addressing the generational barriers to treatment faced by many of our mentally ill youth.

Research shows that to reduce mentally ill offenders' involvement in the justice system safety nets need to be in place to assess and treat the needs of the youth prior to criminal justice action being viewed as the only alternative for the youth to receive the help they need and to mitigate risk of harm to themselves and others. That same research shows that justice involved youth with mental illness tend to deteriorate and have worse outcomes than justice involved youth not suffering from mental illness.

Participants in the SOARR Program must have a referral to the probation department based on a new law violation, be currently under supervision, and/or be detained in the juvenile detention facility. After the completion of the assessment phase of the program they must meet the definition of a person described in section 5600.3 of the California Welfare and Institutions Code. They must be legal residents of Nevada County. Preference will be given to youth assessed as moderate-high and high risk to re-offend. However, it is noted that some youth are low to moderate risk, but high need. In those cases acceptance into the program will be based on available program capacity and the SOARR

team's decision that the minor would be best served by SOARR. That decision will be based on the needs contained in the minor's case plan.

We will serve no less than 30 minors annually. We will have a capacity of 12 minors at any given time. If the need is higher than the capacity we will first see if increasing capacity would be possible within the means available by shuffling existing resources so no child in need goes un-served. The shuffling would occur in such a way as to not compromise the fidelity of the programming or the integrity of the grant funding.

Assessment

We propose to systematically screen all youth that come into contact with our system for mental health. We will imbed the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) in to our current case management system. It is a 52 item self-report instrument that identifies potential mental health and substance use problems among youth. It is currently the most widely used and accepted juvenile justice mental health screening tool available and can be completed by non-clinical staff. The MAYSI-2 will be used solely to determine which youth might benefit from a mental health assessment administered by a clinician. It will not be used to make any dispositional decisions or diagnosis as that is beyond the scope of the intended use.

In concert with the administering of the MAYSI-2, the youth will also be assessed using the Juvenile Assessment and Intervention System. This is to obtain the youth's static risk to reoffend and the dynamic strengths and needs relative to criminogenic factors. This is so that we can address the criminogenic needs in concert with the mental health needs. When recidivism reduction is the goal, mental health needs are viewed as a responsivity factor that can present barriers to addressing criminogenic needs. However, mental health outcomes generally focus on quality of life and we are hoping to set up a system that addresses both sets of desired outcomes by gathering as much information as we can about a youth's criminogenic needs and mental health needs early in the process to develop a meaningful case plan and intervention strategy.

Once youth are "screened-in" via the MAYSI-2, a referral will be made to a clinician within two days for a mental health assessment. The quick turnaround is critical so that the screening doesn't become stale as it is based on a snapshot in

time. Contracted clinicians will use the Child and Adolescent Needs and Strengths (CANS) Assessment to determine treatment needs. All of the assessment results from the MAYSI-2 and the JAIS will be shared with the clinician so they are as informed as possible about the youth's current situation.

Collaboration

Once the clinical assessment is complete, each case will be reviewed by the SOARR Administration Team. This team will consist of a Juvenile Probation Supervisor, Behavioral Health Supervisor, and Contract Provider Supervisor. The role of this team will be to provide oversight to the SOARR program and ensure that referrals are appropriate, fidelity to the program is maintained, resources are responsibly utilized, and outcomes are being met.

When the referral has been accepted into the SOARR program, contracted clinical staff will schedule a Youth and Family Team Meeting. This team will consist of the youth and family, the assigned probation officer, the contracted clinician, the juvenile hall case manager, and other key service providers such as rehabilitation specialists, teachers, collaborative court representatives, substance abuse counselors, and other supports identified by the family. This team will develop a case plan for the minor keeping in mind the desired outcome of reduced recidivism and higher quality of life.

Prior to entering the intervention phase the probation officer will determine what the statutory options are for disposition of the referral received. Should the youth be eligible for diversionary or informal handling the officer assigned will make efforts to handle the case informally. However, we will adhere to department policy on making criminogenic risk based dispositional decisions. Training will be provided to probation intake officers to administer the MAYSI-2 and to forward the case to the SOARR assigned officer if further assessment is needed. Intake and detention officers will also be trained on mental health first aid and on common misconceptions regarding mental illness such as causation between mental illness and committing violent crimes.

During the adjudication process, should doubts be raised as to the minor's competency due to mental illness, the program will provide for a determination of competency. Should it be discovered that competency restoration is needed then the program will utilize the Maricopa County Juvenile Court System – Restoration

Workbook for Juvenile Competency. During that time, the minor will also be assessed as detailed above and appropriate interventions will be provided.

Intervention

Interventions will include several different aspects. We will break it down into two main categories based on the desired outcomes of the program. One category will be interventions to address assessed criminogenic needs and the other will be to address identified quality of life issues relative to the youth's diagnosed mental illness. Both types of interventions will be used to address mental health needs and substance use/abuse. Some of these interventions will overlap and others might solely involve the youth's family. The holistic approach requires some skill building not only on the part of the youth, but the parent or guardian as well so that they can support the youth's wellness.

Most intervention services will be provided by a community-based children's mental health agency with experience providing wraparound and juvenile hall based services within Nevada County. The SOARR treatment team in each case will consist of the assigned probation officer, an identified lead therapist, a parent partner and a mental health rehabilitation specialist. Teams may also include a Board-certified Child Psychiatrist and other community partners as needed to address the unique needs of the individual and family. Youth and families will be an integral part of the treatment team and will be asked to identify other members of their team in order to promote the creation of their own natural supports to increase sustainability of the progress they make in the program's active treatment phase.

The program will use grant funds for a 1 FTE therapist, a .5 FTE Mental Health Rehabilitation Specialist, and a .5 FTE Parent Partner. The therapist will be conducting all aspects of mental health assessment and treatment for the youth and family, and will facilitate team meetings as well as provide clinical direction for other team members. The mental health rehabilitation specialist (MHRS) will be providing individual skill building with youth and families, as well as conducting Aggression Replacement Training, Moral Reconation Training, and Parent Project Parenting groups to youth and parents. The Parent Partner will work directly with parents building parenting skills and connecting families with community resources

and natural supports to build capacity and self-sufficiency to maximize success after the completion of the program.

To help ensure model fidelity and positive outcomes, providers will be required to complete the programming rating portion of George Mason University's RNR Simulation Tool. The three main goals of the program tool are: 1) to classify programs to facilitate treatment matching, 2) to explore how programs currently target the risk level and criminogenic needs of their clients, and 3) to assess programs on their use of evidence-based practices. The tool is intended to help criminal justice agencies better understand the resources available to them and to foster responsivity to specific risk-need profiles. (George Mason University)

This program design will address the access need that our rural community faces. The entire treatment team will have the flexibility to travel throughout the county to provide services to those in need outside normal service areas. This includes the eastern most sections of the county which are currently severely underserved. This would also provide flexibility based on the ever changing needs of the diverse population we serve. They will be able to serve the Juvenile Detention Facility, all population centers of the county and unincorporated areas as needed.

To address the acceptability issue we will focus on education. We will start that piece with the referred clients and their families. We will provide psychoeducation for youth and families, focusing on the fact that mental illness, like most other illnesses, is treatable and maneageable. We will connect the family with our local chapter of National Alliance on Mental Illness (NAMI) and other local groups that support mental health consumers and their families. We will also provide public education and outreach regarding juvenile mental health issues. This will be done by creating a pamphlet to distribute to schools and parents regarding the myths and facts about mental health. We will also provide a minimum of 2 Mental Health First Aid classes each year of the grant period that will be free of charge to the community and to SOARR families. All non-clinical staff working with youth in the SOARR program will be required to attend.

Once a case plan is established the services to be provided to address criminogenic and mental health needs include: CBT, MRT, ART, MST, and other evidence-based and promising practices provided in a wraparound services

model. Modalities and service strategies are described in more detail in the Strategic Plan.

Maintenance

Once the needs of the youth have been addressed and their strengths increased we need to work to prevent and understand relapse into old behaviors or tendencies. Work on this stage begins from day one and really is learned during the intervention stage, however SOARR staff will support program youth through aftercare. Aftercare will include an alumni status for program youth to where they can jump back into programing should they, their support system, or staff recognize a need. That would include any of the programming where an open entry group model is used such as MRT or ART. This would allow youth to address the identified emerging need without having to do the entire program over again. If the youth needed or wanted to complete an entire program again they could. The support programs such as employment, education assistance, parenting, etc. will be made available to alumni should they need it. We do not want to see youth regress after making significant progress. The goal is to help the youth build a support system so they know there are people that want to and are willing to help should they need it.

SECTION IV: COUNTY PLAN / STRATEGY

Prevention

Early identification and assessment is the key to prevention. With the juvenile population the schools are a key partner in identifying youth that might be suffering from undiagnosed mental illness. To reach this population at the earliest point in time possible the Special Multi-Agency Response Team (SMART) has been established. Referrals to this team can be made by parents, any school personnel, behavioral health, public health, child protective services, community based organizations, or other social welfare agencies.

The SMART team meets weekly and consists of all of the aforementioned entities. The family structure, strengths, and concerns are explored. The social and service history of the youth and their family is shared. The caregivers of the youth are engaged in the discussion and a plan is developed that is agreed upon with both the providers, referral source, and the caregivers. The plans developed are then followed up on by the SMART team coordinator. If need be, a follow-up meeting will be established to help

the family engage in services and/or to adjust the plan based on any barriers to service they might have faced.

Intervention

Our plan views intervention as a multi-systemic, multi-step process. We understand that in most cases you cannot solely identify a problem behavior presented by a youth and assign them a program to attend and expect long-term success after 3-6 months. Most youth that come to our attention are not initially thinking about change or have rejected the notion all together. This is why our probation staff and contracted providers have been trained in motivational interviewing and in the stages of change. We do our best to ensure the best possible outcomes for our youth. To do this officers need to understand and assess an individual's readiness to engage in behavior change and strategies to guide clients through the stages so that they can get to the action stage and engage in evidence based interventions.

Once a minor is in the action stage then a referral for available services is made based on his risk and needs assessment and after a mental health assessment is completed if appropriate. Prior to making a referral the officers have been trained to identify responsivity factors and account for them when making referrals. For example, if a minor has difficulties reading and writing they will not make a referral to a program that requires a lot of journaling until they address the education and literacy issues. They make every effort to remove any barriers to treatment so that the youth has every opportunity to be successful.

Juvenile programming to remediate mental health disorders and reduce offending for incarcerated, released, and placed youth:

Cognitive Behavioral Therapy (CBT). CBT is an evidence based program that has yielded excellent results in the reduction of recidivism. Some of the most successful programs have reduce recidivism by up to 50% Even at more modest crime reduction rates of 6.3% given in a meta-analysis of 25 studies CBT shows a cost benefit of $10,299 per participant. Trauma Focused CBT (TF-CBT) will also be offered. TF-CBT combines cognitive behavior and family theory and adapts them to the treatment of traumatic events. CBT and TF-CBT is currently offered to juvenile clients, however the capacity need to address the needs of the population is not currently being met and parents are not currently being included in the treatment plans.

Moral Reconation Therapy (MRT). MRT is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps focusing on seven basic treatment issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning. Participants meet in groups once or twice weekly and can complete all steps of the MRT program in a minimum of 3 to 6 months. This program is designed for youth, adults and parents. MRT has shown long term recidivism reductions in the range of 20-35% and short term reductions up to 50% this is in line with cognitive based programing. In turn the cost benefit would also be a similar amount of just over $10,000 savings per participant.

Aggression Replacement Training (ART). ART concentrates on development of individual competencies to address various emotional and social aspects that contribute to aggressive behavior in youths. Program techniques are designed to teach youths how to control their angry impulses and take perspectives other than their own. The main goal is to reduce aggression and violence among youths by providing them with opportunities to learn pro-social skills in place of aggressive behavior. This program offers a 7.3% reduction in recidivism outcomes based on four evidence based studies. It has a cost benefit savings of $14,660 per participant.

Multi-Systemic Therapy (MST) for substance use. MST addresses the known factors associated with serious antisocial behavior in children and adolescents. With regard to adolescent drug abuse, these factors pertain to characteristics of the adolescent (e.g., favorable attitudes toward drug use), family (e.g., poor discipline, family conflict, parental drug abuse), peers (e.g., association with drug using peers), school (e.g., dropout, poor performance), and neighborhood (e.g., criminal subculture).

Cognitive-Behavioral Interventions for Substance Abuse. Relative to adult substance users, adolescents who drink or use drugs have a more rapid progression from casual

use to dependence, longer substance use careers, and a greater number of co-occurring psychiatric problems. In recent years, cognitive behavioral therapy (CBT) models tailored specifically for adolescent substance users have gained significant empirical support. According to the cognitive-behavioral model, adolescents use substances as a maladaptive way of coping with environmental circumstances or getting needs met. CBT aims to help adolescents replace their drinking or drug use with less risky behavior by recognizing antecedents of their use, avoiding those circumstances if possible, and coping more effectively with problems that lead to increased use.

Family Integrated Transitions (FIT). FIT is designed for juvenile offenders with the co-occurring disorders of mental illness and chemical dependency who are entering the community after being detained. Youth receive intensive family and community-based treatment targeted at the multiple determinants of serious antisocial behavior. The program strives to promote behavioral change in the youth's home environment, emphasizing the systemic strengths of family, peers, school, and neighborhoods to facilitate the change. FIT participants were 30% less likely than non-FIT youth to have felony recidivism. The cost benefit savings is $40,545 per participant. (Washington State Institute for Public Policy)

Community programming to increase long-term stability:

Pro-social groups. SOARR youth will have an opportunity to participate pro-social activities that foster positive traits such as empathy. This includes a number of organized group activities such as family nights, BBQs, volunteer activities, community service and other outings. Funding will be made available for youth to participate in organized sports should they desire and not have the means to do so.

Education. Youth will be given tutoring and educational support through the SOARR program. Members of the team will serve as educational advocates for the youth should educational barriers present themselves. They will assist the youth in being able to access appropriate educational setting and serves relative to their needs.

Mindfulness. Youth will be given an opportunity to participate in activities that promote mindfulness such as meditation, yoga, and other movement orientated activities. The goal is to teach youth to pay attention, on purpose, in the present moment, and without judgment. Essentially we are teaching them how to deal with emotions and how to identify, manage and regulate them.

Parent Partner. A parent partner is assigned to each parent/caregiver providing linkage to community resources (legal, food, housing, employment, health, dental, transportation). This helps relieves stress on the parent, thereby reliving stress on the family as whole and the mentally ill youth in particular. This allows the parent to assist in the treatment of the minor without having to worry about other external issues or concerns.

Transportation. The transportation needs of the minor to get to school, home, work, treatment, or any other pro-social activity will be explored and addressed. We will eliminate this common barrier to success by providing bus passes and other modes of transportation as needed.

Employment. SOARR will work with the One Stop employment center and the local Workforce Investment Board to develop job skills and job opportunities for participants. We will be mindful of the needs of participants when seeking and developing job opportunities for participants as to maximize their success.

Parent Project. This is a parenting skills program specifically designed for parents with strong-willed or out-of-control adolescent children. We provide parents with practical tools and no-nonsense solutions for even the most destructive of adolescent behaviors. It is a 10 to 16 week program designed for parents raising difficult or out-of-control adolescent children, ages 10 and up. Also designed for classroom use, “Changing Destructive Adolescent Behavior” provides concrete, no-nonsense solutions to even the most destructive of adolescent behaviors.

All of the interventions and service offered will be offered in both the juvenile detention facility and the community as appropriate. As a general rule justice involved youth in Nevada County do not receive lengthy commitments to the juvenile detention facility as the facility is not view as a long-term placement option. It is used to transition youth that have either violated the law or a court order into an appropriate community based intervention to address their needs. Nonetheless, there are youth in detention that need services. Many times the main focus is to engage youth by increasing their motivation for change and using that motivation to develop a re-entry plan so that they have the best chance of success from the initial point of being released.

Incarceration Based Services:

Services offered in the Juvenile Detention facility have a primary goal of successfully bringing the minor back home and laying the groundwork for a successful transition

back into the community. On occasion services in the facility focus on crisis intervention as many times minors booked into the facility due to crisis situations that have risen to the level of law enforcement having to intervene. Detention staff work collaboratively with probation officers, providers, and families so that both the youth and the family gets the services and support they need during this major life event for most youth and their family. When a minor is booked into a facility early and frequent communication among all parties involved is key early intervention and making sure the needs of the minor are met. This is especially true for youth suffering from mental illness as detention can result in there metal health deteriorating.

To mitigate the effect detention has on mentally ill offenders, all minors booked into the Juvenile Detention Facility will undergo the MAYSI-2 screening. Should they be "screened-in" a referral will be made for a full mental health assessment. Additionally, the court will be notified at detention of the minor's mental health needs so that it can be taken into consideration at the detention hearing and/or subsequent hearings. A plan will be developed to for treatment and stabilization in the facility should the minor remain detained and a plan for re-entry into the community should they be released.

SECTION V: COLLABORATION

Nevada County is known for its collaboration and team approach to projects. Collaboration allows us to share resources so that we are more effective in meeting our mission and goals. This is especially true when those goals overlap. We currently have a large number of existing collaborative efforts that position us strongly moving into MIOCR planning and implementation. Collaborative programs and related services include:

Mental Health Court, Drug Court, and Prop 36 Court is a combined effort of Police, Sheriff, Probation, Courts, Public Defender, District Attorney, Behavioral Health, and community groups to provide comprehensive outcome-based services to mentally ill adults and outcome based services to addicted adults and youth in the criminal justice system.

Forensic Task Force (FTF) on Mental Illness, begun in 1999, is a combined effort of Courts, District Attorney, Public Defender, Probation, Sheriff, Police, WBC facility medical staff, Behavioral Health, Adult Protective Services, NAMI, the County Mental Health Board, and consumers to establish an improved system of care for forensic

mentally ill adults in Nevada County and to avoid the criminalization of individuals with neurobiological brain disorders, commonly known as mental illness.

The Palm Tree (PT) Group is a collaborative effort of Public Defenders, Courts, foster care parents, family members of SMI, Health and Human Services Agency, Behavioral Health, Child Protective Services, Probation, schools, NAMI, Juvenile Hall, and community based organizations to improve the social, familial, medical, educational, mental health, and court systems and services for the families and children of Nevada County.

Special Multi-Agency Resource Team (SMART) is a collaborative effort of Juvenile Hall, Probation, schools, Public Health, and Behavioral Health to effectively intercede on behalf of children/adolescents with complex personal, family or social issues were the problem is beyond the scope of a single agency and requires multi-discipline consideration.

Children's Placement Committee (CPC) is a collaborative effort of Probation, Behavioral Health, Child Protective Services, Foster Care, and Public Health to coordinate and review all out-of-the home placements with the goal of reunifying youth with their families whenever possible.

Mental Health Services Act (MHSA) Steering Committee is a collaborative effort of consumers, family members, community based organizations, schools, medical clinics, Public Defenders, Courts, Mental Health Board, Child Protective Services, Health and Human Services Agency, Behavioral Health, and County Executive Office to participate in the planning process for Nevada County in the community planning as required by the requirements of the Mental Health Service Act.

SPIRIT Mental Health Peer Empowerment Center collaborates with FTF, MHC, Juvenile Hall, District Attorney, Public Defender, Probation, Behavioral Health, NAMI, and others to develop and improve strategies and support to minimize those with mental illnesses from entering the criminal justice system and to best support those who have entered the system.

Community Recovery Resources (CORR) Family Department works in partnership with Nevada County Behavioral Health Department to provide integrated services for mutual or sequentially shared members to provide services that include drug and alcohol counseling, Brief solution-focused and/or Cognitive-behavioral psychotherapy,

facilitation of access to psychiatric services and a wide range of groups, and needs-based services.

The planning process for the MIOCR grant proposal was a great illustration of the county's collaborative spirit. Before a meeting was set e-mails and phone calls went out from agencies that heard an RFP was being issued requesting to be a part of the strategy committee. Public and private agencies wanted to participate whether their agency or organization would benefit financially from the proposal or not as they see overrepresentation of mentally ill youth involved in the justice system as a community issue that needs to be addressed.

The committee consists of all statutorily mandated participants as well as the members of the Juvenile Justice Commission, National Association of Mentally Ill (NAMI), Superintendent of Schools, District Attorney, Child Protective Services, Public Defender, Juvenile Hall Staff, Forensic Mental Health Task Force, and every agency that provides behavioral health services in the county. The group was so large that we divided the group into a workgroup that accepted assigned tasks and a larger planning and oversight group.

Meeting Dates and Key Decisions Made

2/23/15 Initial Meeting – Brainstorming for both Adult and Juvenile MIOCR planning. Decided two sub-groups needed to be formed to tackle both topics. Ideas around the Wraparound Model and competency came forward.

2/27/15 Workgroup Meeting – Honed in on the idea the Hall to Home Wraparound Model should be expanded to serve those with little or no hall time and to those in underserved portions of the county. Also, decided juvenile competency needed to be addressed in the process.

3/3/15 Meeting with provider – Provider discussed the type of services they could offer and what the ballpark cost would be. Discussed expanding capacity versus fee for service. Decided expanded capacity would allow us the flexibility to serve the entire county, not just the two population centers already being served.

3/13/15 Meeting with competency group – Decided on a competency training curriculum and how it would be implemented and trained.

3/23/15 Workgroup meeting – Went over the rough draft of the proposal and decided it was good for submission.

The group has discussed the roles of each participant in the group and how they can help with the implementation and ongoing success of the project. It was decided that Nevada County Probation would be the project manager for SOARR. This role includes directing implementation, workflow and grant management.

Each agency involved is committed to creating system change that results in the most positive outcomes for our youth. Local law enforcement will assist in identifying youth they believe would benefit from mental health screening and they will include information in referrals and in bookings as to the behavior(s) the youth was exhibiting at the time to lead them to believe mental illness might be a factor. The idea behind this is the more information we have the better and that sometimes a youth might be exhibiting symptoms during arrest that they are not exhibiting during screening.

The county mental health department will oversee and evaluate behavioral health services offered to minors. The court will take the mental health information we receive from the project and take it into consideration during the adjudication process. They will make referrals for screening should they think a minor might benefit from the program. They will support the program by reinforcing the skills taught to minors and their parents via the bench.

Former offenders will have the option to support the effort by participating in alumni groups to mentor other youth struggling with the same issues. Through the planning process, youth expressed interest in helping other youth be successful in the community. Youth mental health consumers involved in the planning process contributed the following perspective and ideas, which were incorporated into the attached proposal:

- There is a need for more intensive drug counseling and a juvenile inpatient facility
- Skype and other tele-psychiatry methods do not feel supportive or effective
- They would prefer a team approach to therapeutic services so that they have more than one point person for support and service delivery
- They would like more incentives for participation in recovery and rehabilitative efforts
- They are concerned with misdiagnosis of mental illness and advocate for a more comprehensive and reliable assessment process.

Community based service providers were interested in helping to create programming and select curriculum. The Juvenile Justice Commission wanted to add their support to the effort as they see it as a dire need in our community. NAMI will provide outreach and support for parents and families navigating life with a child suffering from mental illness. The schools want to support our education efforts for participant youth and our efforts to educate youth and their parents about mental health. They also want to continue the great partnership we already have in early intervention and prevention.

The District Attorney's Office and Public Defender's Office will assist us in navigating the adjudication process when a youth is identified with mental health issues. They are very interested in ensuring minors are competent to participate in the process and they are sensitive to the added barriers to rehabilitation that might be faced when youth are suffering from mental illness. Child Protective Services (CPS) wants to be assistance on clients that we have in common both in the dual status (300/600 W&I) cases and they want to be a resource for families that might want to participate in voluntary services that CPS can provide. Juvenile Hall Staff will be the first place a minor can get screened if they are arrested and booked. They want to ensure that the minor gets the help that they need and that they have access to all resources available to help minors that might arrive while in crisis. The Forensic Mental Health Task Force will assist in making connection with consumers, their families, and be a sounding board for the program.

Each of the participants voiced a sincere desire to make systemic changes to support the efforts of the program beyond the grant period. The group views the MIOCR grant as an opportunity to incorporate strategies that are known to result in better outcomes for justice involved youth. As those outcomes include less reliance on secure detention and more expensive but less effective interventions, we expect to realize cost savings or at the very least cost avoidance.

The overall cost to do business is reduced through the implementation of more effective programming. Therefore, the money saved will be reinvested in maintaining the SOARR program and other effective interventions. Most of the savings of this program should be realized in the probation department if detention costs are cut as secure detention is a major cost driver. If we can realize cost avoidance/savings across the system, maximize resources through collaboration, and prioritize the funding of effective services then sustainability of the program is expected. To do this we need to implement effective programs, collect quantitative and qualitative data and then use the data to tell the story

of the program and its participants in a meaningful way. Once that is accomplished support from the community, other agencies, and community based organizations will help support the reinvestment of funds.

SECTION VI: PROBABILITY OF SUCCESS

TNevada County has a history of successfully implementing and sustaining grant funded programming. Nevada County received and managed a MIOCR grant award in 2007. Many of the programs implemented through that award are still in place. A juvenile mental health court was created through that grant funding. The court is still serving mentally ill juvenile offenders today, through the commitment of time and resources from the Courts, Probation, Mental Health, and our community providers. The wraparound services brought into our County initially through the MIOCR grant were also sustained and increased after the sunset of the grant funds. This was accomplished by applying for SB163 wraparound funding and by utilizing MediCal funding to pay for services for eligible youth.

In 2012, Juvenile Hall and Victor Community Support Services were awarded a Community Services Block Grant to create the Hall to Home (H2H) Program. H2H provided intensive mental health and case management services to youth exiting Juvenile Hall and re-entering the community with the express purpose of reducing recidivism. The outcomes of this program show a very significant reduction in recidivism with program participants and it has therefore been funded by the Probation department since the end of that grant in 2014. Unfortunately, due to budget constraints, the number of participants has been greatly reduced.

Two other notable sustained efforts have been the Destination Family Program and our network of Family Resource Centers (FRC). Destination Family is a family-finding and adoption program focused on older youth in Permanent Placement that was initially funded by a federal grant that sunset in 2006 and is still going strong today through MediCal billing and DSS funding. Our FRCs were initially funded by a Safe Schools Healthy Families Federal Grant and are currently sustained through a combination of local support, Superintendent of Schools funding, County funding, and private grants. These programs are all thriving due to Nevada County's commitment to excellent services and strong collaboration.

The SOARR Program only uses evidence based interventions relative to addressing criminogenic needs. All interventions have had multiple peer reviewed studies indicating

not only a reduction in recidivism, but also a cost benefit. Additionally the screening tool and the mental health assessment used are validated tools that have been used extensively in the criminal justice arena.

The department began its effort to transform the culture of the department and community as a whole towards using evidence based practices in community corrections in 2009. Officers no longer make decisions based on arbitrary factors. Officers understand the risk, need, and responsivity principles. They understand and accept our role in changing behavior.

The MIOCR project manager comes to Nevada County with extensive experience in grant management. His experience includes managing, writing, and assisting with the following grants: BSCC EBP grant, CAL-OES RSAT grant, CAL-OES PSVU grant, a BYRNE Grant, BJA sponsored Justice Reinvestment Initiative Grant, BSCC DMC grant, and others. Also, the County has a history of maximizing funds by utilizing probation officers to provide direct service.

The timeline of activities for the project is reasonable as we are only expanding capacity for existing service to better serve the community as a whole. We are also implementing a way to insure model fidelity among service providers to insure that expected outcomes are being met. We will be working with vendors who already have staff trained in MRT, TFCBT, CBT, ART, and Parent Project and who have existing relationships with EAP and Therapeutic Adventure-Based Mentoring subcontractors. We expect that this process will be relatively easy to implement given it has been executed around the country previously.

SECTION VII: EVALUATION

The overarching goal is to reduce the overrepresentation of mentally ill youth in the juvenile justice system in Nevada County. To measure this we will track outcomes related to reducing the expected recidivism of program participants, reducing detention/placement rates for program participants, reducing costs, and increasing quality of life. The MIOCR Strategy Group has developed a logic model to measure the inputs, outputs, and outcomes of the project. The measures for the logic model are as follows:

Inputs:

# of Referrals; Staffing; # of Clients Eligible for Program; # of Client Enrolled; # of Intervention Classes Available (Hours); Program Attendance

Outputs:

# of Clients Screened; # of Clients Served; Client Program Completion; # of Family Team Meetings, # of SOARR Planning Meetings;

Outcomes:

Reduction in minors with mental illness in the juvenile justice system by 10% and 15% in detention; Increase of services provided in eastern Nevada County by 40%; Decrease in recidivism in mental health population by 8%; Increase of self-reported quality of life by 25%. Improvement in CANS domains by 25%. Increase model adherence by 15% as assessed by the RNR Simulation Tool.

We will use historic juvenile data from our case management system to develop control groups so that we can study the effects of the program. Particular attention will be paid to those that live outside the normal service coverage area of service providers to see if outcomes are improved at a greater rate in those communities as compared to the control groups.

Additionally, the risk needs assessments of the minors will be tracked to see if their needs diminish and their strengths increase throughout participation in the program. CANS assessments will be given to youth and their parents to measure improvement in Life Domains.

Service providers will be monitored to ensure that the outcomes of the clients they serve are matching those of expected outcomes given the programming that they are providing. Model adherence will also be tracked with service providers to ensure that there is no drift from the curriculum. Contracts will be tied to program fidelity.

SECTION VIII: SUSTAINABILITY

Nevada County has decided to take a justice reinvestment approach to sustaining MIOCR into the fourth year. We will track and calculate estimated cost savings and cost avoidance of youth participating in the program. The resources saved by participation will be reinvested in sustain the program. Also, we will collect data so that we can communicate the success of the program to the community in a meaningful way. If the program is successful as we believe it will be, then we can turn to the community to realign funds to continue the program or allocate other funding to continue. A part of our evaluation plan is to share our outcomes and stories of the youth to county administration and the public so that the success of the program will be shared and understood.

In addition, Nevada County has a history of maximizing funding to address the needs of the mentally ill population. Although the H2H Program was funded with a $60,000 CSBG grant, the total value of services provided was well over $100,000 due to leveraging MediCal billing for eligible participants. We expect to continue this successful model by looking for opportunities in the fourth year to treat eligible youth within this program through authorized MediCal billing. This will be determined by our providers in conjunction with the Mental Health Department and will depend largely on the current budget and the numbers of youth requiring services.

We are fortunate to have such an engaged and committed community. Members of the strategy committee have committed time to this project throughout the 4 year plan. A member of the planning committee is a certified Mental Health First Aid Trainer and has committed to providing community trainings a minimum of twice a year for the 4 year duration of the grant and into the future if needed. This will reduce stigma in the community and create a populace prepared to be of service to our youth at risk.

SECTION IX: PROPOSED BUDGET

The proposal includes sufficient detail regarding how state grant and match funds will be expended to implement and operate the proposed project. The proposal provides justification that the amount of grant funds requested is reasonable and appropriate given the proposed project's design and scope, and describes other funding streams that may be used to support the proposed project. The proposal must name the sources to be applied as matching funds and describe how these sources of match will be utilized for the success of the proposed project.

A. BUDGET LINE ITEM TABLES: Complete the following table, **using whole numbers**, for the grant funds being requested ("targeted cap" / funding request guideline of $950,000) for the 3-year grant period (July 1, 2015 to June 30, 2018).

While recognizing agencies may use different line items in the budget process, the line items below represent how the BSCC will require grantees to report expenditures via its invoicing system. Match funds may be expended in any line item, and must be identified as to their respective dollar amounts and source of the match. The 'Other' category funds should be budgeted for travel purposes for one mandatory grantee briefing meeting (*to be held in Sacramento, date TBA*) as well as other proposed travel.

Applicants projecting to utilize grant funds for Indirect Costs / Administrative Overhead may not use more than 10% of the state grant funds for this line item.

Applicants must provide a minimum **25 percent (25%) match**; of the grant funds requested. Matching funds may be met through cash, in-kind, or a combination of both.

All funds shall be used consistent with the requirements of the BSCC Grant Administration and Audit Guide, July 2012 (http://www.bscc.ca.gov/resources).

Please verify total grant funds requested and total match amounts as columns and rows do not auto-calculate.

3-YEAR GRANT BUDGET TABLE

PROPOSED BUDGET LINE ITEMS	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
1. Salaries and Benefits		160,992		160,992
2. Services and Supplies	10,000			10,000
3. Professional Services	720,000			720,000
4. Community-Based Organization (CBO) Contracts				
5. Indirect Costs / Administrative Overhead (may not exceed 10% of grant award)		75,000		75,000
6. Fixed Assets / Equipment				
7.Data Collection / Enhancement	5,000			5,000
8. Program Evaluation	15,000			15,000
9. Sustainability Planning				
10. Other (include travel costs)				
TOTAL	750,000	235,992		985,992

REQUESTED 3-YEAR GRANT TOTAL EXCEEDS THE "TARGETED CAP" OF $950,000 ☐

Provide a brief justification (4-5 sentences) for exceeding the targeted cap / funding request guideline.

Complete the following table, **using whole numbers**, for the grant funds anticipated to be expended during the first year of the grant (July 1, 2015 to June 30, 2016).

Please verify total grant funds requested and total match amounts as columns and rows do not auto-calculate.

YEAR 1 GRANT BUDGET TABLE

PROPOSED BUDGET LINE ITEMS	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
1. Salaries and Benefits		53,664		53,664
2. Services and Supplies	10,000			10,000
3. Professional Services	240,000			240,000
4. Community-Based Organization (CBO) Contracts				
5. Indirect Costs / Administrative Overhead (may not exceed 10% of grant award)		26,000		26,000
6. Fixed Assets / Equipment				
7.Data Collection / Enhancement	5,000			5,000
8. Program Evaluation	5,000			5,000
9. Sustainability Planning				
10. Other (include travel costs)				
TOTAL	260,000	79,664		339,664

B. BUDGET TABLE LINE ITEM DETAILS:

The proposal must provide sufficient detail in each category below regarding how state grant and match funds will be expended to implement and operate the proposed project as identified in the Year 1 Grant Budget Table (above). The proposal must provide justification that the amount of grant funds requested is reasonable and appropriate given the proposed project's design and scope, and describes other funding streams that may be used to support the proposed project. The proposal must name the sources to be applied as matching funds and describe how these sources of match will be utilized for the success of the proposed project. In addition, an outline of Year 2 and Year 3 proposed budget spending must be provided. If a budget line item and/or match category is not applicable for the proposed project, complete with N/A.

1. SALARIES AND BENEFITS (e.g., number of staff, classification/title, salary and benefits)

Requested Grant Funds Year 1: $ 0 Matching Funds Year 1: $ 53,664

Narrative:

Match Source(s): .5 FTE Probation Officer will be assigned to the SOARR Program ($51.60 salary and benefit hourly rate X 1040 hours = $53,664).

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:This item will remain cosistent through years two and three.

2. SERVICES AND SUPPLIES (e.g., office supplies and training costs)

Requested Grant Funds Year 1: $ 10,000 Matching Funds Year 1: $

Narrative: Training and materials for two staff to be trained on juvenile competency restoration. This includes materials and training for restoration cases (2 employees trained @ $3,000 each = $6,000)(Materials to provide services to 8 clients at $500 each = $4,000)

Match Source(s): N/A

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures: One time cost which will be limited to year one.

3. PROFESSIONAL SERVICES: (e.g., consultative services - include name of consultants or providers)

Requested Grant Funds Year 1: $ 240,000 Matching Funds Year 1: $ N/A

Narrative: An RFP will go out to children's service vendors to provide a program of intensive family wraparound services for our target population. Vendor provided wraparound programming will include clinical services supervision, peer mentorship, parent partners and specialized interventionists for individuals and families. Vendor wraparound services will be provided to 30 families @ $8,000 annual cost per family (30 families X 8,000 = $240,000).

Match Source(s): N/A

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures: These cost should remain consistent for years two and three.

4. COMMUNITY-BASED ORGANIZATION CONTRACTS (e.g., detail of services - provide name of CBO)

Requested Grant Funds Year 1: $ Matching Funds Year 1: $

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

5. INDIRECT COSTS / ADMINISTRATIVE OVERHEAD: Indicate percentage and methodology for calculation. In the “Grant Funds” column of the previous table, this total may not exceed 10% of the total funds requested. In the “Match Funds” column of the previous table, agencies may expend up to their Indirect Cost Rate (over and above 10%) for match funds supported by state or local dollars.

Requested Grant Funds Year 1: $ Matching Funds Year 1: $ 26,000

Narrative:

Match Source(s): Indirect cost at 10% of the grant funds came from RFP proposal, solicitation, and contract management.

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures: This should remain consistent in years two and three

6. FIXED ASSETS / EQUIPMENT (e.g., computers, other office equipment necessary to perform project activities)

Requested Grant Funds Year 1: $ Matching Funds Year 1: $

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

7. DATA COLLECTION / ENHANCEMENT (e.g., programming services, data analysis)

Requested Grant Funds Year 1: $ 5,000 Matching Funds Year 1: $ N/A

Narrative: This will be used to make customizations to our case management system so that accurate data can be collectd relative to the SOARR Program and grant funding.

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures: This should be a one time cost limited to year one.

8. PROGRAM EVALUATION (e.g., evaluator, materials)

Requested Grant Funds Year 1: $ 5000 Matching Funds Year 1: $

Narrative: This is to gain access to and receive technical assistance and data collection relative to the George Mason University RNR simulation tool.

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures: This expenditure will be on-going throughout the grant period to include years two and three.

9. SUSTAINABILITY PLANNING

Requested Grant Funds Year 1: $ Matching Funds Year 1: $

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

10. OTHER (e.g., travel expenses)

Requested Grant Funds Year 1: $ Matching Funds Year 1: $

Narrative:

Match Source(s):

Outline of Year 2 and Year 3 Line Item Proposed Budget Expenditures:

Funding Streams Utilized by the County / County Collaborative

Provide ten (10) funding streams and/or revenues available to the applicant that may be utilized for investing in or leveraging dollars for maximum benefit to the proposed project and 4-year strategic plan.

General Funds
JJCPA
YOBG
Title IV-E
Grants
Non-Profits
Re-investment of savings
Fines and Fees
Medi-Cal
MHSA

SECTION X: PROPOSED TIMELINE

Provide a timeline for the major activities to be accomplished or obstacles to be cleared in order to achieve the 3-year funded project (e.g., recruiting, selecting staff and/or contracting with an expert consultant or provider, analyzing data, conducting training sessions, development of project evaluation, determining sustainability plan/funding, etc.). Detail critical implementation activities occurring in Year 1 of the project.

Activity	Timeframe
Originate a Request for Proposal from the Community	July 2015
Strategy Committee Meeting To Address Applicaple Policies and Procedures	July-September 2015
Contract with George Mason University for RNR Simulation Tool, Traininig, and Technical Asistance	July 2015
Train and Implementation plan for MAYSI-2	July 2015
Conduct Bidders Conference	August 2015
MAYSI-2 Procedure Development	August 2015
Staff Training	September-October 2015
Award Contract(s)	September 2015
MAYSI-2 Implementation	September 2015
RNR Rollout	October 2015
Create Ad-Hoc Data Collection Reports	October 2015
First SOARR Meeting	October 2015
Strategy Committee to Review Progress	December 2015
Progress Reports	On-Going
Data Collection	On-going
Quarterly Reports	On-going

Strategy Committee to plan for sustainabilty	On-going
Sustainability plan in place	August 2017

SECTION XI: STRATEGY COMMITTEE'S COLLABORATIVE EFFORTS

This section will be included in the scoring of the "Collaboration" rating factor.

A. STRATEGY COMMITTEE MEMBERSHIP: Provide the name, title, and agency or organization for each Strategy Committee Member. Please refer to page two (2) of this RFP for the Legislation which provides necessary individuals, disciplines, and local stakeholders.

Name: Michael Ertola	Title: Chief Probation Officer
Agency/Organization: Nevada County Probation	
Name: Candace Heidelberger	Title: Superior Court Judge
Agency/Organization: California Superior Court	
Name: Rebecca Slade	Title: Interim Behavioral Health Director
Agency/Organization: Nevada County Behavioral Health	
Name: Shane Franssen	Title: Police Officer
Agency/Organization: Nevada City Police Department	
Name: Rachel Roos	Title: Executive Director
Agency/Organization: Victor Community Support Services	
Name: Tonya Clark	Title: Director
Agency/Organization: California Supirior Court	
Name: Lael Walz	Title: Director
Agency/Organization: NAMI	
Name: Michelle Goodwin	Title: Associate Director
Agency/Organization: EMQ/Families First	
Name: Holly Hermansen	Title: Superintendent
Agency/Organization: Nevada County Superintendent of Schools	
Name: Merrill Straub	Title: DPO III - MH Court
Agency/Organization: Nevada County Probation	
Name: Youth Consumers	Title: N/A
Agency/Organization: Mental health court participants (current and prior)	
Name: Nicole Ebrahimi	Title: Program Manager
Agency/Organization: Nevada County Behavioral Health	
Name: Cliff Newall	Title: District Attorney
Agency/Organization: Nevada County District Attorney's Office	
Name: Mike Dent	Title: Director
Agency/Organization: Social Services	

B. <u>COLLABORATIVE EFFORTS</u>: List the dates and times the Strategy Committee met to collaborate on the local MIOCR plan and key decisions made during those meetings, including but not limited to implementation and sustainability planning. **This subsection may not exceed two (2) single-sided pages in length.**

As part of this section, provide Strategy Committee Member sign-in sheets, marked as Attachment B, as part of the complete RFP packet.

Meeting Dates and Key Decisions Made

2/23/15 Initial Meeting – Brainstorming for both Adult and Juvenile MIOCR planning. Decided two sub-groups needed to be formed to tackle both topics. Ideas around the Wraparound Model and competency came forward.

2/27/15 Workgroup Meeting – Honed in on the idea the Hall to Home Wraparound Model should be expanded to serve those with little or no hall time and to those in underserved portions of the county. Also, decided juvenile competency needed to be addressed in the process.

3/3/15 Primarily discussed adult strategies with some overlap in juvenile. In juvenile we discussed the importance of hiring additional staff so that there would be greater flexibility in service provision.

3/3/15 Meeting with provider – Provider discussed the type of services they could offer and what the ballpark cost would be. Discussed expanding capacity versus fee for service. Decided expanded capacity would allow us the flexibility to serve the entire county, not just the two population centers already being served.

3/13/15 Meeting with competency group – Decided on a competency training curriculum and how it would be implemented and trained.

3/23/15 Workgroup meeting – Went over the rough draft of the proposal and decided it was good for submission. We discussed implementation. It was decided that implementation would be fairly straightforward given all of the programing proposed already exists. We are just expanding its capacity. We also discussed sustainability. It was clear that we have a good history of sustainability. If the program proves that it has value then the community will sustain it. We also discussed how building the initial capacity is the hardest first step and once

capacity is in place the overhead should reduce. We also discussed the principles of cost savings, cost avoidance, and related reinvestment strategies.

Some of the sign-in sheets are copies given they had to be used for both the adult and juvenile proposal submissions.

A group of five juvenile consumers meet with the Mental Health Court Probation Officer as they felt more comfortable than sharing in the lager group format. They shared several suggestions relative to: more 1:1 treatment, inpatient treatment, issues regarding diagnosis, provider interaction, incentives, and counselor capacity. There concerns were addressed within the proposal.

Additional members participated in the planning for this proposal, however given the limited space provide only certain members were documented above. Nonetheless, their names are on the various sign in sheets. A large portion of the communication occurred via e-mail and by phone. In a small county sometimes supervisors and above have to do line level casework. This at time impedes on their ability to attend frequent meetings. However, they are passionate about the community and the clients we serve and made time to engage in this process.