Handout Summary

Needs Assessment (pages 2-29)
Strategic Plan (pages 30-43)
Needs Assessment (p. 2)

- Completed in April 2017
- Developed by Adhoc Planning Committee
- Included Quantitative and Qualitative data
- Examined:
  - Youth demographics (6-7)
  - Risk and protective factors (8-13)
  - Youth substance abuse (14-19)
  - Youth mental health (20-21)
  - Juvenile delinquency (22-26)
  - Community perception (27-29)
- Formed foundation for identified target population and strategic plan
Needs Assessment Summary

**Target Population:** school-aged youth (age 5-17) who are at risk of or have been identified as having a potential mental health concern or substance use disorder.

<table>
<thead>
<tr>
<th>Flagler Snapshot</th>
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<tbody>
<tr>
<td>Youth Age 5-17</td>
<td>14,355</td>
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<tr>
<td>Families w/Children, Below Poverty</td>
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<td>Students Absent 21+ days</td>
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<td>In School Suspensions</td>
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<td>Out of School Suspensions</td>
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<td>Student Dropouts</td>
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<tr>
<td>EBD Students (Emotional/Behavioral Disability)</td>
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<tr>
<td>Baker Act Exams (for involuntary hospitalization)</td>
<td>193</td>
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<tr>
<td>Youth Arrested</td>
<td>183</td>
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Flagler County CJMHSA
Youth Behavioral Health Planning Project

System Mapping

- Completed May 1, 2017
- 30 stakeholder participants
- Mapping assets, gaps and identified priorities
Strategic Plan (p. 30)

- Originated with the May 1 mapping
- Refined by Adhoc Planning Committee June-October 2017
- Finalized November 2017

- Included:
  - Problem Statement (30-31)
  - Summary of assessment and planning process (31)
  - Vision, Mission, Values and Core Beliefs (MOU) (32-33)
  - Evidence-based foundation (33)
  - Target Population (33)
  - Summary of 5 proposed strategies (34)
  - Participant details (37)
  - MOU (41-43)
Problem Statement Summary
(p. 30-31)

- Prevalence of mental illness/substance use disorders among juvenile justice youth increasing
- Behavioral health system can be fragmented, uncoordinated and difficult to navigate
- Barriers to access to mental health/substance abuse services (cost, availability, compliance, family instability)
- Intensive mental health services are located out-of-county
MOU Components
(Vision, Mission, Values & Core Beliefs)
(p. 32-33 and 41-43)

• **Vision:** School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance abuse System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

• **Mission Statement:** Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler through a system of care transformation.

• **System of Care Values:** Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.
Evidence-based Foundation (p. 33)

- Children Mental Health Systems of Care
- Wraparound
- Comprehensive, Continuous, Integrated Systems of Care (CCISC)
- School Responder Model (SRM)
Five Proposed Strategies (p. 34 and 35-36)

1. **Education/Awareness:** Implement education and awareness strategies, utilizing social marketing principals, about substance use disorders and mental health conditions and how to access services.

2. **Access Portals:** Create and/or promote FOUR portals to behavioral health service access: Via Phone, Via Flagler Schools, Via the Community Mental Health provider (Halifax Health), Via Medical Providers (Family Practice/pediatricians)

3. **Increase School-Based BH Capacity:** Increase the capacity of school based mental health and substance abuse services

4. **Access to Out-of-County Services:** Provide transportation services to two out-of-county resources for behavioral health care services integrated with education services.

5. **System of Care Transformation:** Establish of a System of Care Director (independent from any service provider, funder or governmental system) to facilitate system of care transformation at every level.
Planning Grant Closeout (p. 44)

- CJMHSA Reinvestment Grant Funding Award: $71,023
- Local Matching funds (100% in-kind) Committed: $84,312
- Grant Award and Project Period: February 1, 2017 to January 31, 2018

- Grant Funds Utilized: $67,894.77
- Match Utilized: $88,815.06
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<td>Match</td>
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<td>Contributions</td>
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<td></td>
<td></td>
<td>Halifax Health</td>
<td>$600.00</td>
</tr>
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<td></td>
<td></td>
<td>The House Next Door</td>
<td>$2,318.00</td>
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<td><strong>2nd Quarter</strong></td>
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<td>Project Expenses (SMA)</td>
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<td>Activities</td>
<td>Planning &amp; Children’s Mental Health</td>
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<td>Consultation (Flagler Cares)</td>
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<td>Match</td>
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<td></td>
<td>Contributions</td>
<td>Flagler County Government</td>
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<td>Halifax Health</td>
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<td>Flagler Cares</td>
<td>$1,800.00</td>
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<td>Activities</td>
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<td></td>
<td></td>
<td>The House Next Door</td>
<td>$500.00</td>
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<td></td>
<td></td>
<td>Flagler Cares</td>
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<td>Activities</td>
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<td>Consultation (Flagler Cares)</td>
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<td></td>
<td>Match</td>
<td>Flagler County Schools</td>
<td>$18,241.00</td>
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<td></td>
<td>Contributions</td>
<td>Flagler County Government</td>
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<td></td>
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<td>Halifax Health</td>
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<td>The House Next Door</td>
<td>$150.00</td>
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<td><strong>Yearend</strong></td>
<td>Grant Funds Utilized</td>
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<td><strong>$67,894.77</strong></td>
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<tr>
<td></td>
<td>Match Utilized</td>
<td></td>
<td><strong>$88,815.06</strong></td>
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Flagler County Youth Behavioral Health Planning Project
2017-2018

Needs Assessment & Strategic Plan

Sponsored by Stewart-Marchman-Act Behavioral Healthcare and the State of Florida, Department of Children and Families

Facilitated by Flagler Cares

Funded through a planning grant from the Florida Department of Children and Families under the Criminal Justice, Mental Health and Substance Abuse Reinvestment (CJMHSA) Grant program.
2017 Flagler County
Youth Behavioral Health Needs Assessment

April 10, 2017
Flagler County Youth Behavioral Health Planning Project Sponsored by Stewart-Marchman-Act Behavioral Healthcare and the State of Florida, Department of Children and Families

Stewart-Marchman Act Behavioral Healthcare, in partnership with Flagler Cares, was awarded a one-year assessment and planning grant from the Florida Department of Children and Families under the Criminal Justice, Mental Health and Substance Abuse Reinvestment (CJMHSAR) Grant program. This Needs Assessment document was created as a component of that grant funded project.

For more information, contact Carrie Baird at carrie@flaglercares.org
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Purpose of the Needs Assessment

Despite a decline in the number of youth involved in the juvenile justice system and similar declines in youth incarceration over the last decade, the prevalence of youth with mental health and substance abuse needs who are justice involved has continued to increase. Likewise, the number of at-risk youth is increasing and posing new challenges to the community, school and justice systems that are working to adequately identify and effectively address the emerging needs of Flagler County youth. Unlike the adult population, early identification of the behavioral health needs of youth is achievable with effective community and school-based processes to identify and assess mental health and substance abuse issues enabling appropriate interventions and services to be provided at the earliest possible juncture. The availability of public data to quantify the level of need for youth is also much more comprehensive than for adults due to data collection activities by a variety of government systems including public school systems, Department of Juvenile Justice, Department of Children and Families and the Department of Health.

This needs assessment document is being compiled to inform a yearlong assessment and planning project in Flagler County. The goal of the project is to develop a strategic plan to improve the youth mental health and substance abuse system of care to prevent youth from becoming involved in the juvenile justice system

Data Included:

- **Youth Demographics**, to detail the number of Flagler Youth and their demographic characteristics
- **Risk and Protective Factor data**, to illustrate the assets and challenges of Flagler County families and youth
- **Youth Substance Abuse data**, to quantify the prevalence of substance use among youth and the characteristics of that use/abuse
- **Mental Health data**, to quantify the prevalence of mental health conditions among youth and the characteristics of those conditions
- **Juvenile Delinquency data**, to quantify the number of Flagler Youth involved in delinquent behavior and involved with the Department of Juvenile Justice
- **Community Perception survey data**, to illustrate the level of concern for substance abuse and mental health issues among Flagler residents
Flagler County Youth Demographics

2017 Flagler County Youth & Young Adult Population, By Age Groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
</tr>
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<tr>
<td>0 - 4</td>
<td>4,530</td>
</tr>
<tr>
<td>5 - 9</td>
<td>4,994</td>
</tr>
<tr>
<td>10 - 14</td>
<td>5,705</td>
</tr>
<tr>
<td>15 - 17</td>
<td>3,656</td>
</tr>
<tr>
<td>18 - 20</td>
<td>3,289</td>
</tr>
<tr>
<td>21 - 24</td>
<td>4,338</td>
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Source: Claritas data from www.neflcounts.org

2017 Flagler County Population Under Age 18, by ZIP Code

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<th>ZIP Code</th>
<th>City</th>
<th>Count</th>
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<tbody>
<tr>
<td>32110</td>
<td>Bunnell</td>
<td>1,714</td>
</tr>
<tr>
<td>32136</td>
<td>Flagler Beach</td>
<td>606</td>
</tr>
<tr>
<td>32137</td>
<td>Palm Coast</td>
<td>6,188</td>
</tr>
<tr>
<td>32164</td>
<td>Palm Coast</td>
<td>10,272</td>
</tr>
<tr>
<td>Flagler</td>
<td></td>
<td>18,885</td>
</tr>
</tbody>
</table>

Source: Claritas data from www.neflcounts.org

2017 Flagler County Households that include People Under Age 18, by ZIP Code

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>City</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>32110</td>
<td>Bunnell</td>
<td>1,005</td>
<td>28.93%</td>
</tr>
<tr>
<td>32136</td>
<td>Flagler Beach</td>
<td>496</td>
<td>12.04%</td>
</tr>
<tr>
<td>32137</td>
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<td>4,065</td>
<td>22.72%</td>
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<tr>
<td>32164</td>
<td>Palm Coast</td>
<td>5,838</td>
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<tr>
<td>Flagler</td>
<td></td>
<td>11,492</td>
<td>26.47%</td>
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Source: Claritas data from www.neflcounts.org

Flagler County Youth Population by Race and Ethnicity

<table>
<thead>
<tr>
<th>Age 5-11</th>
<th>Age 12-18</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>5,839</td>
</tr>
<tr>
<td>Black</td>
<td>1,241</td>
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<tr>
<td>Hispanic</td>
<td>1,158</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,716</td>
</tr>
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Source: 2015 School-aged Child and Adolescent Profile from www.flhealthcharts.com

Flagler County Births, By Mother’s County of Residence

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<th></th>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>689</td>
<td>942</td>
<td>988</td>
<td>899</td>
<td>869</td>
<td>875</td>
<td>787</td>
<td>802</td>
<td>783</td>
<td>833</td>
<td>797</td>
<td>788</td>
</tr>
</tbody>
</table>

Source: Florida Birth Query System from www.flhealthcharts.com
Flagler County Public Schools
Source:  www.Flaglerschools.com

Elementary
•  Belle Terre Elementary
•  Bunnell Elementary
•  Old Kings Road Elementary
•  Rymfire Elementary
•  Wadsworth Elementary

Middle Schools
•  Buddy Taylor Middle
•  Indian Trails Middle

High Schools
•  Flagler Palm Coast High
•  Matanzas High

Charter Schools
•  Imagine School at Town Center (K-8)
•  Palm Harbor Academy (K-7)

Flagler Schools Enrollment Trends, By Grade Level

<table>
<thead>
<tr>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>0-PK</td>
<td>89</td>
<td>67</td>
<td>68</td>
<td>69</td>
<td>67</td>
</tr>
<tr>
<td>KG</td>
<td>962</td>
<td>889</td>
<td>882</td>
<td>858</td>
<td>843</td>
</tr>
<tr>
<td>First</td>
<td>933</td>
<td>978</td>
<td>933</td>
<td>924</td>
<td>882</td>
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<tr>
<td>Second</td>
<td>893</td>
<td>923</td>
<td>957</td>
<td>962</td>
<td>919</td>
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<td>Third</td>
<td>938</td>
<td>938</td>
<td>928</td>
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<td>987</td>
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<td>1,028</td>
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<td>Fifth</td>
<td>995</td>
<td>996</td>
<td>938</td>
<td>972</td>
<td>938</td>
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<td>Sixth</td>
<td>1,049</td>
<td>1,000</td>
<td>1,038</td>
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<td>1,004</td>
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<td>Seventh</td>
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<td>1,036</td>
<td>1,020</td>
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<td>989</td>
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<td>Eighth</td>
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<td>1,000</td>
<td>1,034</td>
<td>1,033</td>
<td>1,087</td>
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<td>1,066</td>
<td>1,022</td>
<td>1,105</td>
<td>1,061</td>
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<td>Tenth</td>
<td>1,054</td>
<td>1,023</td>
<td>1,071</td>
<td>1,033</td>
<td>1,113</td>
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<td>966</td>
<td>1,024</td>
<td>995</td>
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<td>927</td>
<td>985</td>
<td>969</td>
<td>1,018</td>
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Source:  Florida Department of Education, Florida Student Enrollment Interactive Reports

Flagler Schools Enrollment, By Race/Ethnicity, 2016-17

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<tr>
<th>Race/Ethnicity</th>
<th>White</th>
<th>Hispanic</th>
<th>Black</th>
<th>Two or More Races</th>
<th>Asian</th>
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<tr>
<td>% of Students by Race</td>
<td>65.0%</td>
<td>12.0%</td>
<td>13.5%</td>
<td>6.1%</td>
<td>2.5%</td>
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Source:  Florida Department of Education, Florida Student Enrollment Interactive Reports
Risk and Protective Factors

- Poverty and Housing Instability
- Family Challenges
- Involvement in Other Systems
- Challenges at School
- Risky Behaviors

### 2016 Median Household Income, By ZIP Code

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<th>ZIP Code</th>
<th>City</th>
<th>Median Household Income</th>
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<td>Bunnell</td>
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<td>32136</td>
<td>Flagler Beach</td>
<td>$48,525</td>
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<tr>
<td>32137</td>
<td>Palm Coast</td>
<td>$49,592</td>
</tr>
<tr>
<td>32164</td>
<td>Palm Coast</td>
<td>$45,638</td>
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<tr>
<td>Flagler</td>
<td></td>
<td>$46,939</td>
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<tr>
<td>Florida</td>
<td></td>
<td>$47,912</td>
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Source: Claritas data from www.neflcounts.org

### 2016 Percent Civilian Labor Force Unemployed, By ZIP Code

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<th>City</th>
<th>All</th>
<th>Male</th>
<th>Female</th>
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<tr>
<td>32110</td>
<td>Bunnell</td>
<td>10.18%</td>
<td>9.94%</td>
<td>10.45%</td>
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<td>32136</td>
<td>Flagler Beach</td>
<td>7.98%</td>
<td>10.08%</td>
<td>5.65%</td>
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<tr>
<td>32137</td>
<td>Palm Coast</td>
<td>9.59%</td>
<td>9.79%</td>
<td>9.39%</td>
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<tr>
<td>32164</td>
<td>Palm Coast</td>
<td>8.14%</td>
<td>8.30%</td>
<td>7.98%</td>
</tr>
<tr>
<td>Flagler</td>
<td></td>
<td>8.80%</td>
<td>9.08%</td>
<td>8.53%</td>
</tr>
<tr>
<td>Florida</td>
<td></td>
<td>10.46%</td>
<td>10.79%</td>
<td>10.10%</td>
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</table>

Source: Claritas data from www.neflcounts.org

### 2016 Families Below Poverty, By ZIP Code

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>City</th>
<th>Families Below Poverty</th>
<th>Families Below Poverty with Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>32110</td>
<td>Bunnell</td>
<td>348 (15.07%)</td>
<td>210 (9.09%)</td>
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<tr>
<td>32136</td>
<td>Flagler Beach</td>
<td>54 (2.30%)</td>
<td>36 (1.53%)</td>
</tr>
<tr>
<td>32137</td>
<td>Palm Coast</td>
<td>1,202 (9.66%)</td>
<td>827 (6.65%)</td>
</tr>
<tr>
<td>32164</td>
<td>Palm Coast</td>
<td>1,491 (11.92%)</td>
<td>1,069 (8.54%)</td>
</tr>
<tr>
<td>Flagler</td>
<td></td>
<td>3,126 (10.43%)</td>
<td>2,149 (7.17%)</td>
</tr>
</tbody>
</table>


Percentage of Individuals Under Age 18 Below Poverty Level, Single Year Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Flagler</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>24.5</td>
<td>24.1</td>
</tr>
<tr>
<td>2014</td>
<td>26.5</td>
<td>24.1</td>
</tr>
<tr>
<td>2013</td>
<td>29.2</td>
<td>23.6</td>
</tr>
<tr>
<td>2012</td>
<td>25.1</td>
<td>22.5</td>
</tr>
<tr>
<td>2011</td>
<td>22.1</td>
<td>20.9</td>
</tr>
<tr>
<td>2010</td>
<td>19.1</td>
<td>19.5</td>
</tr>
<tr>
<td>2009</td>
<td>19.0</td>
<td>18.3</td>
</tr>
<tr>
<td>2000</td>
<td>16.2</td>
<td>17.2</td>
</tr>
<tr>
<td>1990</td>
<td>14.9</td>
<td>18.7</td>
</tr>
</tbody>
</table>

Source: US Census Bureau from www.flhealthcharts.com

ALICE in Flagler County (2017 Update)

ALICE is an acronym for Asset Limited, Income Constrained, Employed – households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold, or AT). Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs. The Great Recession, from 2007 to 2010, caused hardship for many families. Conditions started to improve in 2010 and 2012 for some, but not for all.

Households by Income, 2007 to 2015
How many families with children are struggling?
Children add significant expense to a family budget, so it is not surprising that many families with children live below the ALICE Threshold. Though more Flagler County families are headed by married parents, a greater percent of single parent families have income below the AT (left axis, blue bar). Total number of families in each category are reflected by dotted yellow bars (right axis).

**Percentage of Grandparents Living in Household with One or More Own Grandchildren Under 18 Where Grandparent is Responsible for Grandchildren, Single Year Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>Flagler Rate (%)</th>
<th>Florida Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>28.5</td>
<td>34.7</td>
</tr>
<tr>
<td>2013</td>
<td>29.5</td>
<td>35.9</td>
</tr>
<tr>
<td>2012</td>
<td>29.6</td>
<td>36.9</td>
</tr>
<tr>
<td>2011</td>
<td>38.6</td>
<td>37.6</td>
</tr>
<tr>
<td>2010</td>
<td>40.9</td>
<td>38.3</td>
</tr>
</tbody>
</table>

Source: US Census Bureau from www.flhealthcharts.com
Flagler County Children with Health Insurance: Percentage of Children ages 0-17 that have any type of health coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>89.7</td>
</tr>
<tr>
<td>2014</td>
<td>93.4</td>
</tr>
<tr>
<td>2013</td>
<td>89.4</td>
</tr>
<tr>
<td>2012</td>
<td>82.2</td>
</tr>
<tr>
<td>2011</td>
<td>83.9</td>
</tr>
<tr>
<td>2010</td>
<td>88.3</td>
</tr>
<tr>
<td>2009</td>
<td>84.2</td>
</tr>
<tr>
<td>2008</td>
<td>78.3</td>
</tr>
</tbody>
</table>

Source: American Community Survey from www.neflcounts.org

Flagler Students Experiencing Homelessness, 2008-09 to 2015-16

Source: Flagler Schools

<table>
<thead>
<tr>
<th>Year</th>
<th>Homeless Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>166</td>
</tr>
<tr>
<td>2009-10</td>
<td>246</td>
</tr>
<tr>
<td>2010-11</td>
<td>322</td>
</tr>
<tr>
<td>2011-12</td>
<td>367</td>
</tr>
<tr>
<td>2012-13</td>
<td>517</td>
</tr>
<tr>
<td>2013-14</td>
<td>522</td>
</tr>
<tr>
<td>2014-15</td>
<td>616</td>
</tr>
<tr>
<td>2015-16</td>
<td>509</td>
</tr>
</tbody>
</table>

Flagler Students Experiencing Homelessness, Nighttime Residence, 12-1-16

<table>
<thead>
<tr>
<th>Homeless Student Living Situation, When Identified</th>
<th>Total Homeless</th>
<th>Unaccompanied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelters</td>
<td>509</td>
<td>451</td>
</tr>
<tr>
<td>Sharing</td>
<td>424</td>
<td>58</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Motels</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Awaiting Foster Care</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Source: Flagler Schools
# Teen Births: Births by Flagler Mothers Age 10-17, Single Year Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Flagler County</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Rate</td>
</tr>
<tr>
<td>2015</td>
<td>9</td>
<td>1.9</td>
</tr>
<tr>
<td>2014</td>
<td>18</td>
<td>3.8</td>
</tr>
<tr>
<td>2013</td>
<td>12</td>
<td>2.6</td>
</tr>
<tr>
<td>2012</td>
<td>21</td>
<td>4.5</td>
</tr>
<tr>
<td>2011</td>
<td>23</td>
<td>5.1</td>
</tr>
<tr>
<td>2010</td>
<td>24</td>
<td>5.3</td>
</tr>
<tr>
<td>2009</td>
<td>24</td>
<td>5.5</td>
</tr>
<tr>
<td>2008</td>
<td>35</td>
<td>8.1</td>
</tr>
<tr>
<td>2007</td>
<td>21</td>
<td>4.9</td>
</tr>
<tr>
<td>2006</td>
<td>26</td>
<td>6.5</td>
</tr>
<tr>
<td>2005</td>
<td>19</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Source: Bureau of Vital Statistics from www.flhealthcharts.com

## CINS/FINS

Children In Need of Services (CINS)/Families In Need of Services (FINS): An adjudication status for a child or a family for whom there is no pending investigation into an allegation or suspicion of abuse, neglect, or abandonment; no pending referral alleging the child is delinquent; or no current supervision by the Department of Juvenile Justice or the Department of Children and Family Services for an adjudication of dependency or delinquency. A family in need of services is not an adjudicated status.

The child must also:
- Have persistently run away from the child’s parents or legal custodians despite reasonable efforts; and/or;
- Be habitually truant from school, while subject to compulsory school attendance, despite reasonable efforts to remedy the situation; and/or;
- Have persistently disobeyed the reasonable and lawful demands of the child’s parents or legal custodian, and to be beyond their control.

## Demographics of Flagler CINS/FINS Enrolled Youth, 2015-16

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Age 6-12</th>
<th>Age 13-17</th>
<th>Total Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>46 (61%)</td>
<td>29 (38%)</td>
<td>54 (72%)</td>
<td>15 (20%)</td>
<td>6 (8%)</td>
<td>16 (21%)</td>
<td>59 (78%)</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: SMA Behavioral Healthcare CINS/FINS program
School-Related Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>Flagler</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Absenteeism</strong> 2014-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students Absent 21 or More Days</td>
<td>1,293</td>
<td>304,060</td>
</tr>
<tr>
<td>Percent Absent 21 or More Days</td>
<td>8.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td><strong>Dropout Rates</strong> 2014-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Dropouts</td>
<td>97</td>
<td>15,607</td>
</tr>
<tr>
<td>Total Dropout Rate</td>
<td>2.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Graduation Rates</strong> 2015-16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduation Percent</td>
<td>80.4%</td>
<td>80.7%</td>
</tr>
<tr>
<td><strong>Academic Performance</strong> 2014-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Language Arts: Percent of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students Scoring Satisfactory or</td>
<td>59%</td>
<td>54%</td>
</tr>
<tr>
<td>Above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics: Percent of Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoring Satisfactory or Above</td>
<td>61%</td>
<td>54%</td>
</tr>
<tr>
<td>Science: Percent of Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoring Satisfactory or Above</td>
<td>57%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Student Discipline</strong> 2014-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension In-School</td>
<td>919</td>
<td></td>
</tr>
<tr>
<td>Suspension Out-of-School</td>
<td>972</td>
<td></td>
</tr>
<tr>
<td>Placement in Alternative Setting</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Source: FDOE Division of Accountability, Research and Measurement; School Public Accountability Report

Flagler County Children in Foster Care, Ages 12-17

Source: Department of Children and Families, Florida Safe Families Network Data Repository

Flagler County Children in Foster Care, Ages 12-17

![Graph showing rate per 100,000](image)

Dually-Served “Crossover” Youth

Youth arrested who are in current DFC Out-of-Home Placement, 2014-15

<table>
<thead>
<tr>
<th></th>
<th>DJJ Involved</th>
<th>Dually Involved</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrests</td>
<td>313</td>
<td>6</td>
<td>319</td>
</tr>
<tr>
<td>Youth</td>
<td>219</td>
<td>4</td>
<td>223</td>
</tr>
<tr>
<td>Average Arrests Per Youth</td>
<td>1.4</td>
<td>1.5</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Source: DJJ-DCF Profile of Dually-Served Crossover Youth
Youth Substance Abuse

The Florida Youth Substance Abuse Survey, based on the "Communities That Care" survey, assesses risk and protective factors for substance abuse and substance abuse prevalence.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Middle S.</th>
<th>High S.</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>23.1</td>
<td>56.4</td>
<td>44.2</td>
<td>40.3</td>
<td>42.6</td>
</tr>
<tr>
<td>Blacking Out</td>
<td>--</td>
<td>19.9</td>
<td>21.3</td>
<td>18.6</td>
<td>19.9</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>10.2</td>
<td>24.4</td>
<td>21.2</td>
<td>15.8</td>
<td>18.3</td>
</tr>
<tr>
<td>Vaporizer/E-Cigarette</td>
<td>16.8</td>
<td>36.6</td>
<td>28.7</td>
<td>27.4</td>
<td>28.1</td>
</tr>
<tr>
<td>Marijuana or Hashish</td>
<td>9.0</td>
<td>35.7</td>
<td>24.1</td>
<td>24.8</td>
<td>24.3</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>--</td>
<td>6.0</td>
<td>5.6</td>
<td>6.5</td>
<td>6.0</td>
</tr>
<tr>
<td>Inhalants</td>
<td>6.7</td>
<td>4.1</td>
<td>4.9</td>
<td>5.2</td>
<td>5.2</td>
</tr>
<tr>
<td>Club Drugs</td>
<td>0.3</td>
<td>3.1</td>
<td>1.4</td>
<td>2.5</td>
<td>1.9</td>
</tr>
<tr>
<td>LSD, PCP or Mushrooms</td>
<td>0.5</td>
<td>6.5</td>
<td>2.7</td>
<td>5.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.5</td>
<td>0.2</td>
<td>0.1</td>
<td>0.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Cocaine or Crack Cocaine</td>
<td>0.1</td>
<td>4.0</td>
<td>0.5</td>
<td>4.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.4</td>
<td>0.6</td>
<td>0.4</td>
<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Depressants</td>
<td>1.4</td>
<td>11.3</td>
<td>7.7</td>
<td>6.7</td>
<td>7.0</td>
</tr>
<tr>
<td>Prescription Pain Relievers</td>
<td>3.3</td>
<td>8.3</td>
<td>5.6</td>
<td>6.8</td>
<td>6.1</td>
</tr>
<tr>
<td>Prescription Amphetamines</td>
<td>1.4</td>
<td>4.2</td>
<td>2.6</td>
<td>3.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Steroids (without a doctor’s order)</td>
<td>1.2</td>
<td>0.0</td>
<td>0.4</td>
<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>3.7</td>
<td>7.3</td>
<td>5.0</td>
<td>6.5</td>
<td>5.8</td>
</tr>
<tr>
<td>Needle to Inject Illegal Drugs</td>
<td>--</td>
<td>0.8</td>
<td>0.7</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>18.3</td>
<td>40.1</td>
<td>31.2</td>
<td>31.0</td>
<td>30.8</td>
</tr>
<tr>
<td>Any illicit drug other than marijuana</td>
<td>12.5</td>
<td>21.9</td>
<td>17.4</td>
<td>18.5</td>
<td>17.8</td>
</tr>
<tr>
<td>Alcohol only</td>
<td>12.1</td>
<td>21.3</td>
<td>18.8</td>
<td>14.9</td>
<td>17.5</td>
</tr>
<tr>
<td>Alcohol or any illicit drug</td>
<td>30.0</td>
<td>61.3</td>
<td>49.9</td>
<td>45.1</td>
<td>47.9</td>
</tr>
<tr>
<td>Any illicit drug, but no alcohol</td>
<td>7.5</td>
<td>5.1</td>
<td>7.2</td>
<td>5.0</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Source: Florida Youth Substance Abuse Survey 2016

Note: The first 18 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Respondents were asked on how many occasions in their lifetime they woke up after a night of drinking and did not remember the things they did or the places they went. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.
### 30-Day Use, 2016
Percentages of Flagler County Youth Who Reported Having Used Various Drugs in the Past 30 Days

<table>
<thead>
<tr>
<th>Drug</th>
<th>Middle S.</th>
<th>High S.</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>9.1</td>
<td>27.4</td>
<td>23.0</td>
<td>16.7</td>
<td>19.8</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>2.8</td>
<td>12.2</td>
<td>8.0</td>
<td>8.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>0.9</td>
<td>8.2</td>
<td>4.6</td>
<td>5.6</td>
<td>5.1</td>
</tr>
<tr>
<td>Vaporizer/E-Cigarette</td>
<td>6.5</td>
<td>12.4</td>
<td>8.4</td>
<td>10.6</td>
<td>9.8</td>
</tr>
<tr>
<td>Marijuana or Hashish</td>
<td>4.6</td>
<td>19.8</td>
<td>13.0</td>
<td>13.9</td>
<td>13.3</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>--</td>
<td>0.7</td>
<td>0.5</td>
<td>0.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1.8</td>
<td>0.6</td>
<td>0.8</td>
<td>1.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Club Drugs</td>
<td>0.4</td>
<td>0.7</td>
<td>0.9</td>
<td>0.2</td>
<td>0.6</td>
</tr>
<tr>
<td>LSD, PCP or Mushrooms</td>
<td>0.5</td>
<td>1.4</td>
<td>0.7</td>
<td>1.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Cocaine or Crack Cocaine</td>
<td>0.5</td>
<td>1.2</td>
<td>0.4</td>
<td>1.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.0</td>
<td>0.2</td>
<td>0.3</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Depressants</td>
<td>0.1</td>
<td>4.5</td>
<td>5.1</td>
<td>0.3</td>
<td>2.6</td>
</tr>
<tr>
<td>Prescription Pain Relievers</td>
<td>1.1</td>
<td>2.1</td>
<td>2.9</td>
<td>0.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Prescription Amphetamines</td>
<td>0.0</td>
<td>1.6</td>
<td>1.5</td>
<td>0.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Steroids (without a doctor’s order)</td>
<td>0.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>1.9</td>
<td>3.2</td>
<td>3.2</td>
<td>2.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>8.4</td>
<td>22.8</td>
<td>17.2</td>
<td>16.4</td>
<td>16.7</td>
</tr>
<tr>
<td>Any illicit drug other than marijuana</td>
<td>5.0</td>
<td>9.5</td>
<td>9.6</td>
<td>5.6</td>
<td>7.6</td>
</tr>
<tr>
<td>Alcohol only</td>
<td>5.5</td>
<td>11.2</td>
<td>9.6</td>
<td>8.0</td>
<td>8.9</td>
</tr>
<tr>
<td>Alcohol or any illicit drug</td>
<td>13.2</td>
<td>34.0</td>
<td>26.8</td>
<td>23.4</td>
<td>25.1</td>
</tr>
<tr>
<td>Any illicit drug, but no alcohol</td>
<td>4.9</td>
<td>6.8</td>
<td>4.8</td>
<td>7.2</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Source: Florida Youth Substance Abuse Survey 2016

Note: The first 17 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol “--” indicates that data are not available.
# 30-Day Use Trends, 2006-2016

Past-30-day trend in alcohol, tobacco and other drug use for Flagler, 2006 to 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>38.7</td>
<td>34.6</td>
<td>29.5</td>
<td>27.8</td>
<td>21.7</td>
<td>19.8</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>21.3</td>
<td>18.9</td>
<td>14.6</td>
<td>12.7</td>
<td>10.4</td>
<td>8.2</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>15.2</td>
<td>12.9</td>
<td>10.1</td>
<td>9.1</td>
<td>7.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Marijuana or Hashish</td>
<td>12.4</td>
<td>14.0</td>
<td>15.4</td>
<td>15.3</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>Inhalants</td>
<td>3.9</td>
<td>4.5</td>
<td>3.0</td>
<td>3.2</td>
<td>1.3</td>
<td>1.1</td>
</tr>
<tr>
<td>LSD, PCP or Mushrooms</td>
<td>--</td>
<td>1.1</td>
<td>0.7</td>
<td>1.4</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.6</td>
<td>1.3</td>
<td>0.9</td>
<td>0.3</td>
<td>0.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Cocaine or Crack Cocaine</td>
<td>--</td>
<td>1.2</td>
<td>0.8</td>
<td>1.0</td>
<td>1.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.4</td>
<td>0.6</td>
<td>0.3</td>
<td>0.6</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Depressants</td>
<td>2.5</td>
<td>2.9</td>
<td>2.7</td>
<td>1.8</td>
<td>1.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Prescription Pain Relievers</td>
<td>3.8</td>
<td>4.1</td>
<td>3.3</td>
<td>4.0</td>
<td>2.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Prescription Amphetamines</td>
<td>1.7</td>
<td>2.1</td>
<td>0.9</td>
<td>0.8</td>
<td>1.1</td>
<td>0.9</td>
</tr>
<tr>
<td>Steroids (without a doctor’s order)</td>
<td>0.8</td>
<td>0.9</td>
<td>0.1</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>--</td>
<td>2.1</td>
<td>3.1</td>
<td>3.1</td>
<td>2.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>17.0</td>
<td>19.2</td>
<td>20.7</td>
<td>21.4</td>
<td>16.3</td>
<td>16.7</td>
</tr>
<tr>
<td>Any illicit drug other than marijuana</td>
<td>9.9</td>
<td>11.4</td>
<td>10.0</td>
<td>10.2</td>
<td>7.1</td>
<td>7.6</td>
</tr>
<tr>
<td>Alcohol only</td>
<td>24.8</td>
<td>19.8</td>
<td>14.8</td>
<td>12.4</td>
<td>11.7</td>
<td>8.9</td>
</tr>
<tr>
<td>Alcohol or any illicit drug</td>
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<td>39.0</td>
<td>34.9</td>
<td>33.5</td>
<td>27.9</td>
<td>25.1</td>
</tr>
<tr>
<td>Any illicit drug, but no alcohol</td>
<td>3.0</td>
<td>4.6</td>
<td>5.7</td>
<td>5.9</td>
<td>6.6</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Source: Florida Youth Substance Abuse Survey 2016

Note: The first 14 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol "--" indicates that data are not available.
## 30-Day Use Comparison of Flagler and Florida, 2016

Percentages of Flagler County and Florida Youth Who Reported Having Used Various Drugs in the Past 30 Days

<table>
<thead>
<tr>
<th></th>
<th>Flagler Middle S.</th>
<th>Flagler High S.</th>
<th>Flagler Total</th>
<th>Florida Female</th>
<th>Florida Male</th>
<th>Florida Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>9.1</td>
<td>27.4</td>
<td>19.8</td>
<td>8.3</td>
<td>25.5</td>
<td>18.3</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>2.8</td>
<td>12.2</td>
<td>8.2</td>
<td>3.2</td>
<td>10.9</td>
<td>7.7</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>0.9</td>
<td>8.2</td>
<td>5.1</td>
<td>1.4</td>
<td>4.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Vaporizer/E-Cigarette</td>
<td>6.5</td>
<td>12.4</td>
<td>9.8</td>
<td>5.1</td>
<td>12.8</td>
<td>9.6</td>
</tr>
<tr>
<td>Marijuana or Hashish</td>
<td>4.6</td>
<td>19.8</td>
<td>13.3</td>
<td>3.2</td>
<td>17.0</td>
<td>11.2</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>--</td>
<td>0.7</td>
<td>0.7</td>
<td>--</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1.8</td>
<td>0.6</td>
<td>1.1</td>
<td>2.2</td>
<td>1.2</td>
<td>1.6</td>
</tr>
<tr>
<td>Club Drugs</td>
<td>0.4</td>
<td>0.7</td>
<td>0.6</td>
<td>0.3</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td>LSD, PCP or Mushrooms</td>
<td>0.5</td>
<td>1.4</td>
<td>1.0</td>
<td>0.3</td>
<td>1.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
<td>0.3</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Cocaine or Crack Cocaine</td>
<td>0.5</td>
<td>1.2</td>
<td>0.9</td>
<td>0.3</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.0</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Depressants</td>
<td>0.1</td>
<td>4.5</td>
<td>2.6</td>
<td>0.8</td>
<td>2.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Prescription Pain Relievers</td>
<td>1.1</td>
<td>2.1</td>
<td>1.7</td>
<td>1.6</td>
<td>2.0</td>
<td>1.8</td>
</tr>
<tr>
<td>Prescription Amphetamines</td>
<td>0.0</td>
<td>1.6</td>
<td>0.9</td>
<td>0.5</td>
<td>1.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Steroids (without a doctor’s order)</td>
<td>0.5</td>
<td>0.0</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>1.9</td>
<td>3.2</td>
<td>2.6</td>
<td>1.8</td>
<td>2.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>8.4</td>
<td>22.8</td>
<td>16.7</td>
<td>7.5</td>
<td>20.0</td>
<td>14.7</td>
</tr>
<tr>
<td>Any illicit drug other than marijuana</td>
<td>5.0</td>
<td>9.5</td>
<td>7.6</td>
<td>5.6</td>
<td>7.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Alcohol only</td>
<td>5.5</td>
<td>11.2</td>
<td>8.9</td>
<td>5.2</td>
<td>13.4</td>
<td>10.0</td>
</tr>
<tr>
<td>Alcohol or any illicit drug</td>
<td>13.2</td>
<td>34.0</td>
<td>25.1</td>
<td>12.5</td>
<td>32.9</td>
<td>24.3</td>
</tr>
<tr>
<td>Any illicit drug, but no alcohol</td>
<td>4.9</td>
<td>6.8</td>
<td>6.0</td>
<td>4.5</td>
<td>7.8</td>
<td>6.4</td>
</tr>
</tbody>
</table>

Source: Florida Youth Substance Abuse Survey 2016

Note: The first 17 data rows show results for alcohol, cigarettes, and other drugs. The last five data rows show results for various combinations of drugs. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. Ecstasy, Rohypnol, GHB and ketamine are provided as examples in the question about club drugs. The symbol “--” indicates that data are not available.
### Provider Data: Stewart-Marchman-Act Behavioral Healthcare

#### Trends in Flagler County Youth Services, 2014-2016

<table>
<thead>
<tr>
<th>Program</th>
<th>2014 # Clients</th>
<th>2015 # Clients</th>
<th>2016 # Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Assessment</td>
<td>52</td>
<td>63</td>
<td>74</td>
</tr>
<tr>
<td>Adolescent Outpatient</td>
<td>65</td>
<td>60</td>
<td>51</td>
</tr>
<tr>
<td>Non-Residential CINS/FINS</td>
<td>79</td>
<td>94</td>
<td>73</td>
</tr>
<tr>
<td>Residential CINS/FINS (Beach House)</td>
<td>36</td>
<td>43</td>
<td>38</td>
</tr>
<tr>
<td>Emergency Screening</td>
<td>8</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Flagler Palm Coast High School services</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Adolescent Intervention</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Adolescent Medical Outpatient</td>
<td>11</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Prevention On The Move</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Residential Adolescent Program (RAP)</td>
<td>9</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>261</strong></td>
<td><strong>293</strong></td>
<td><strong>289</strong></td>
</tr>
</tbody>
</table>

Source: SMA Behavioral Healthcare data

Note: Counts are duplicative—youth may have participated in more than one program during the year; Some of the above programs are located in Volusia, St. Johns or Putnam Counties but accessible to Flagler County Youth.

### Provider Data: Stewart-Marchman-Act Behavioral Healthcare

#### Demographics of Flagler County Youth Served, 2014-2016

<table>
<thead>
<tr>
<th>Gender</th>
<th>2014 Percent</th>
<th>2015 Percent</th>
<th>2016 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>42</td>
<td>40</td>
<td>34</td>
</tr>
<tr>
<td>Male</td>
<td>58</td>
<td>60</td>
<td>66</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>2014 Percent</th>
<th>2015 Percent</th>
<th>2016 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6 to 10</td>
<td>5</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>11 to 14</td>
<td>34</td>
<td>37</td>
<td>30</td>
</tr>
<tr>
<td>15 to 17</td>
<td>59</td>
<td>55</td>
<td>63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>2014 Percent</th>
<th>2015 Percent</th>
<th>2016 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.38</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Asian</td>
<td>0.76</td>
<td>0.34</td>
<td>0.35</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>19.08</td>
<td>20.82</td>
<td>20.07</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>7.25</td>
<td>11.95</td>
<td>7.61</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>0.38</td>
<td>0.35</td>
<td>0.35</td>
</tr>
<tr>
<td>No Entry</td>
<td>1.53</td>
<td>4.78</td>
<td>2.42</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>70.61</td>
<td>63.82</td>
<td>69.55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2014 Percent</th>
<th>2015 Percent</th>
<th>2016 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuban</td>
<td>0.38</td>
<td>1.37</td>
<td>1.04</td>
</tr>
<tr>
<td>Haitian</td>
<td>0.00</td>
<td>0.68</td>
<td>1.38</td>
</tr>
<tr>
<td>Mexican</td>
<td>1.91</td>
<td>1.37</td>
<td>2.77</td>
</tr>
<tr>
<td>No Entry</td>
<td>2.67</td>
<td>9.56</td>
<td>9.34</td>
</tr>
<tr>
<td>None/Other</td>
<td>85.88</td>
<td>72.70</td>
<td>78.55</td>
</tr>
<tr>
<td>Other Hispanic</td>
<td>2.29</td>
<td>5.12</td>
<td>1.38</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>6.87</td>
<td>10.92</td>
<td>5.88</td>
</tr>
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</table>

Source: SMA Behavioral Healthcare data
### Provider Data: Stewart-Marchman-Act Behavioral Healthcare
### Primary Initial Diagnosis of Flagler County Youth Served, 2014-2016

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>ADHD</td>
<td>1.04</td>
<td>4.50</td>
<td>4.84</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>1.38</td>
<td>1.04</td>
<td>0.35</td>
</tr>
<tr>
<td>Alcohol Use, Abuse, and Dependence</td>
<td>2.29</td>
<td>3.38</td>
<td>1.04</td>
</tr>
<tr>
<td>Amphetamine Use</td>
<td></td>
<td></td>
<td>1.04</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism Spectrum</td>
<td>1.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>0.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis Use, Abuse and Dependence</td>
<td>39.31</td>
<td>26.35</td>
<td>24.31</td>
</tr>
<tr>
<td>Childhood Truancy</td>
<td></td>
<td>11.76</td>
<td>0.69</td>
</tr>
<tr>
<td>Cocaine Use</td>
<td>0.35</td>
<td>0.35</td>
<td></td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td></td>
<td>2.77</td>
<td></td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td></td>
<td>1.04</td>
<td>2.42</td>
</tr>
<tr>
<td>Diagnosis Deferred (includes Beach House-no diagnosis determined)</td>
<td>8.65</td>
<td>21.45</td>
<td>31.14</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td></td>
<td>0.69</td>
<td>1.73</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>0.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine Dependence</td>
<td></td>
<td>0.35</td>
<td></td>
</tr>
<tr>
<td>No Diagnosis (includes Beach House-no diagnosis determined)</td>
<td>39.79</td>
<td>26.30</td>
<td>30.10</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
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<td></td>
<td>1.38</td>
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<tr>
<td>Polysubstance Dependence</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>0.35</td>
<td>0.35</td>
<td>0.35</td>
</tr>
</tbody>
</table>

Source: SMA Behavioral Healthcare data
Youth Mental Health

The prevalence of mental health needs among the general youth population is difficult to ascertain, especially at the county level. According to the National Alliance on Mental Illness (NAMI):

- 20% of youth ages 13-18 live with a mental health condition
- 11% of youth have a mood disorder
- 10% of youth have a behavior or conduct disorder
- 8% of youth have an anxiety disorder

According to the Youth Risk Behavior Surveillance System (YRBSS), Florida Youth reported:

- 26.4% percent felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)
- 13.8% seriously considered attempting suicide (during the 12 months before the survey)
- 7.6% attempted suicide (one or more times during the 12 months before the survey)

Flagler County Exceptional Student Data by Exceptionality:
Emotional/Behavioral Disability, 2015-16
Student Enrollment: 12,937

<table>
<thead>
<tr>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>American Indian</th>
<th>2 or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>27</td>
<td>22</td>
<td>11</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: FDOE Division of Accountability, Research and Measurement

Flagler Schools Baker Act Data, by Grade

<table>
<thead>
<tr>
<th>Grade</th>
<th>2014-15</th>
<th></th>
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<td>12</td>
<td>6</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Total</td>
<td>92</td>
<td>34</td>
<td>58</td>
<td>39</td>
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Source: Flagler County Schools
## Involuntary Exam (Baker Act) Initiations (Flagler County Youth)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Population 10-17</th>
<th>Rate per 1,000</th>
</tr>
</thead>
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<tr>
<td>2010-2011</td>
<td>159</td>
<td>9209</td>
<td>17.27</td>
</tr>
<tr>
<td>2011-2012</td>
<td>119</td>
<td>9253</td>
<td>12.86</td>
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<tr>
<td>2012-2013</td>
<td>139</td>
<td>9400</td>
<td>14.79</td>
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<tr>
<td>2013-2014</td>
<td>128</td>
<td>9535</td>
<td>13.42</td>
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<tr>
<td>2014-2015</td>
<td>148</td>
<td>9601</td>
<td>15.42</td>
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<tr>
<td>2015-2016</td>
<td>133</td>
<td>9595</td>
<td>13.86</td>
</tr>
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</table>

Source: Dept. of Mental Health Law and Policy, de la Parte Florida Mental Health Institute

## Non-Fatal Self-Inflicted Injury Emergency Department Visits

By Mechanism, by Age Group, 2014

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-14</th>
<th>15-19</th>
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<tbody>
<tr>
<td>Cut, Pierce</td>
<td>0</td>
<td>0</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Other Specified, Not Elsewhere Classifiable</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>*</td>
</tr>
<tr>
<td>Poisoning</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total Self-Inflicted</strong></td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>13</td>
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</table>

Source: Agency for Health Care Administration, Emergency Department Discharge Data

## Flagler Suicide Crude Death Rate, 3-Year Rolling Rates,

**Ages 12-17 and 18-25**

Source: Florida Charts
Juvenile Delinquency

The number of Flagler youth involved with the Department of Juvenile Justice has declined over the last five years, mirroring the juvenile crime trends in Florida and the nation. Youth with Diversion dispositions has increased since 2012-13 and youth in Residential Commitments has decreased steadily since 2010-11. There continues to be a disproportionate number of Black youth involved in the Juvenile Justice system.

### Flagler Youth Arrests

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Youth Arrested (Intake)</td>
<td>395</td>
<td>334</td>
<td>276</td>
<td>230</td>
<td>222</td>
<td>183</td>
</tr>
<tr>
<td>Rate of Youth Arrested, per 1,000 youth aged 10-17</td>
<td>43</td>
<td>37</td>
<td>30</td>
<td>26</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Percent of Youth Arrested for Felony</td>
<td>32%</td>
<td>28%</td>
<td>37%</td>
<td>46%</td>
<td>41%</td>
<td>44%</td>
</tr>
<tr>
<td>Percent of Youth Arrested for Misdemeanor</td>
<td>63%</td>
<td>64%</td>
<td>54%</td>
<td>49%</td>
<td>51%</td>
<td>45%</td>
</tr>
<tr>
<td>Percent of Youth Arrested, Male</td>
<td>65%</td>
<td>61%</td>
<td>67%</td>
<td>75%</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>Percent of Youth Arrested, Female</td>
<td>35%</td>
<td>39%</td>
<td>33%</td>
<td>25%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Percent of Youth Arrested, White</td>
<td>58%</td>
<td>61%</td>
<td>57%</td>
<td>57%</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Percent of Youth Arrested, Black</td>
<td>34%</td>
<td>34%</td>
<td>36%</td>
<td>37%</td>
<td>40%</td>
<td>46%</td>
</tr>
<tr>
<td>Percent of Youth Arrested, Hispanic</td>
<td>7%</td>
<td>4%</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Number of Youth: Diversion</td>
<td>146</td>
<td>155</td>
<td>112</td>
<td>127</td>
<td>128</td>
<td>115</td>
</tr>
<tr>
<td>Number of Youth: Probation</td>
<td>103</td>
<td>112</td>
<td>86</td>
<td>64</td>
<td>53</td>
<td>39</td>
</tr>
<tr>
<td>Number of Youth: Residential Commitment</td>
<td>24</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>9</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: Department of Juvenile Justice Delinquency Profile
Note: data based on county of youth residence, not arrest
Civil Citation Dashboard, Flagler County
Source: Department of Juvenile Justice Civil Citation Dashboard
Note: data based on county of law enforcement agency, not youth residence.

Civil Citation by Month
Jan 2016 - Dec 2016

<table>
<thead>
<tr>
<th>Circuit</th>
<th>County</th>
<th>Gender All</th>
<th>Race/Ethnicity All</th>
<th>Case Type All Cases</th>
<th>Law Enforcement Agency All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 16</td>
<td>11</td>
<td>73%</td>
<td>67%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Feb 16</td>
<td>6</td>
<td>8%</td>
<td>9%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Mar 16</td>
<td>9</td>
<td>22%</td>
<td>22%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Apr 16</td>
<td>5</td>
<td>11%</td>
<td>11%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>May 16</td>
<td>6</td>
<td>8%</td>
<td>8%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Jun 16</td>
<td>3</td>
<td>50%</td>
<td>50%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Jul 16</td>
<td>2</td>
<td>10%</td>
<td>10%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Aug 16</td>
<td>9</td>
<td>10%</td>
<td>10%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Sep 16</td>
<td>3</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Oct 16</td>
<td>5</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Nov 16</td>
<td>10</td>
<td>52%</td>
<td>52%</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>Dec 16</td>
<td>75</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Eligible Youth - First time misdemeanor (excluding sex offenses and firearms) with no history of civil citation. Local policy or practice may include additional eligibility criteria not measured in this report.
Youth with Behavioral Health Needs in the Juvenile Justice System

According to the Florida Department of Juvenile Justice, “Over 65% of the youth in the Department’s care have a mental illness or substance abuse issue. Additionally, a significant number of youth have experienced severe childhood trauma (physical, sexual, emotional abuse) which impacts their behavior and treatment needs.”  (Source: http://www.djj.state.fl.us/services/health)

<table>
<thead>
<tr>
<th>PACT Assessment Data, 2013-14, Risk Factors</th>
<th>Total # of Youth with a PACT Risk</th>
<th>Total % with a PACT Risk</th>
<th>% with Low Risk to Reoffend</th>
<th>% with Moderate Risk to Reoffend</th>
<th>% with Moderate-High Risk to Reoffend</th>
<th>% with High Risk to Reoffend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently using Alcohol</td>
<td>29</td>
<td>12.8%</td>
<td>12.0%</td>
<td>33.3%</td>
<td>26.1%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Current Drug Use</td>
<td>53</td>
<td>23.3%</td>
<td>27.2%</td>
<td>38.1%</td>
<td>60.9%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Mental Health Problems History</td>
<td>27</td>
<td>11.9%</td>
<td>16.3%</td>
<td>19.0%</td>
<td>17.4%</td>
<td>50.0%</td>
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</table>

Source: Florida DJJ PACT Profile
## PACT Assessment Data, 2013-14, Additional Risk Factors
Youth Assessed at Intake, n=227

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Total # of Youth with a PACT Risk</th>
<th>Total % with a PACT Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse History</td>
<td>15</td>
<td>6.6%</td>
</tr>
<tr>
<td>Runaway History</td>
<td>24</td>
<td>10.6%</td>
</tr>
<tr>
<td>Sexual Abuse History</td>
<td>6</td>
<td>2.6%</td>
</tr>
<tr>
<td>School: Suspended</td>
<td>3</td>
<td>1.3%</td>
</tr>
<tr>
<td>School: Expelled</td>
<td>4</td>
<td>1.8%</td>
</tr>
<tr>
<td>School: Dropped out</td>
<td>9</td>
<td>4.0%</td>
</tr>
<tr>
<td>Household Member Jail History</td>
<td>32</td>
<td>14.1%</td>
</tr>
<tr>
<td>Pro and Anti-social Friends</td>
<td>75</td>
<td>33.0%</td>
</tr>
<tr>
<td>All Antisocial Friends</td>
<td>15</td>
<td>6.6%</td>
</tr>
<tr>
<td>No Consistent Friends</td>
<td>8</td>
<td>3.5%</td>
</tr>
<tr>
<td>Gang Member/Associate</td>
<td>5</td>
<td>2.2%</td>
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</table>

Source: Department of Juvenile Justice PACT Profile

## School Environmental Safety Incident Report, 2014-15

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Total Incidents</th>
<th>Incidents Reported to LEO</th>
<th>Alcohol Related Incidents</th>
<th>Bullying Related Incidents</th>
<th>Injury Related Incidents</th>
<th>Weapon Related Incidents</th>
<th>Firearms Involved</th>
<th>Other Weapons Involved</th>
<th>Drug Related</th>
<th>Marijuana, Hashish</th>
<th>Other Illicit Drugs</th>
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<tbody>
<tr>
<td>Alcohol</td>
<td>14</td>
<td>9</td>
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<td>Drug Sales, Except Alcohol</td>
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<td>Drug Use/Possess, Except Alcohol</td>
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<td>Larceny/Theft/Motor Vehicle</td>
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<td>Sexual Assault</td>
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<td>0</td>
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</tr>
</tbody>
</table>
### School Environmental Safety Incident Report, 2014-15

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Total Incidents</th>
<th>Incidents Reported to LEO</th>
<th>Alcohol Related Incidents</th>
<th>Bullying Related Incidents</th>
<th>Injury Related Incidents</th>
<th>Weapon Related Incidents</th>
<th>Firearms Involved</th>
<th>Other Weapons Involved</th>
<th>Drug Related</th>
<th>Marijuana, Hashish</th>
<th>Other Illicit Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat/Intimidation</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tobacco</td>
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<td>31</td>
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</tr>
<tr>
<td>Trespassing</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Weapons Possession</td>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>District Total</td>
<td>150</td>
<td>125</td>
<td>15</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>31</td>
<td>31</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: FDOE School Environmental Safety Incident Report
Community Perceptions & Concerns Regarding Mental Health and Substance Abuse

A Community Health Survey was conducted in 2015-16 as part of a Community Health Needs Assessment process. The survey process relied primarily on an Internet-based survey (which was collected using Survey Monkey) but paper surveys were made available and the survey was available in English and Spanish. There were 584 survey responses from Flagler residents.

Health Issues YOU are Most Concerned About
Survey Question: Check up to 5 health issues YOU are most concerned about in your county
Note: only top 10 responses are listed
Unhealthy Behaviors YOU are Most Concerned About
Survey Question: Check up to 5 unhealthy behaviors YOU are most concerned about in your county
*Note: only top 10 responses are listed*

- Drug abuse: 51.88%
- Alcohol abuse: 44.35%
- Mental health problems/stress: 36.13%
- Unlicensed and/or unsafe drivers: 35.45%
- Being overweight/obese: 33.39%
- Poor nutrition/ Poor eating habits: 32.88%
- Lack of exercise: 30.82%
- Overuse of emergency rooms: 24.49%
- Tobacco use: 24.32%
- Dropping out of school: 22.09%

Health Services that are Difficult to Obtain
Survey Question: What health care services are difficult to obtain in your community? (Check ALL that apply)
*Note: only top 10 responses are listed*

- Mental health/counseling: 32.71%
- Alternative therapy: 28.25%
- Specialty doctor care (i.e. heart doctor): 25.34%
- Substance abuse services-drug & alcohol: 23.46%
- Dental/oral care: 20.72%
- Primary care (i.e. family doctor or walk-in clinic): 15.92%
- Preventive care (i.e. annual check ups): 12.33%
- Prenatal care: 12.33%
- Prescriptions/medications/medical supplies: 11.99%
- Vision/eye care: 10.62%
Barriers for YOU to get Health Care
Survey Question: What do you feel are barriers for YOU getting health care in your county? (Check ALL that apply)
Note: only top 10 responses are listed

None, I don't have any barriers 31.34%
Can’t pay for doctor/hospital visits 23.63%
Long waits for appointments 20.38%
Lack of evening and/or weekend services 20.21%
Too much worry and stress 16.95%
Can’t find providers that accept my insurance 15.41%
Lack of transportation 12.33%
I don’t have insurance 11.30%
Don’t know what types of services are available 9.93%
Have no regular source of care 6.68%

Where You Would Go if you were Concerned about Your Child
Survey Question: Where would you go if you were worried about your child’s mental, physical or social health? (Check ALL that apply)

I don’t have children/dependents 39.73%
Their doctor’s office 34.25%
School counselor 8.39%
I don’t know 7.19%
Local place of worship or neighborhood group 6.16%
Other family members or friends 5.82%
Hospital ER outside of Volusia/Flagler County 4.97%
The local health department 4.97%
School nurse 3.94%
School teacher 3.60%
No where - we don’t have a place to go 2.91%
Flagler County Youth Behavioral Health
Strategic Plan
November 1, 2017

Statement of the Problem
Despite a decline in the number of youth involved in the juvenile justice system and similar declines in youth incarceration over the last decade, the prevalence of youth with behavioral health needs who are justice involved has continued to increase. Likewise, the number of at-risk youth is increasing and posing new challenges to the community, school and justice systems that are working to adequately identify and effectively address the emerging needs of Flagler County youth. Unlike the adult population, early identification of the behavioral health needs of youth is achievable with effective community and school-based processes to identify and assess mental health and substance use issues enabling appropriate interventions and services to be provided at the earliest possible juncture.

Flagler County has youth behavioral healthcare services in place but the focused assessment over the last 9 months has made it clear that the current system is fragmented, uncoordinated and extremely difficult for families and youth-serving professionals to navigate. The results of this ineffective system are children struggling in school, school suspensions, baker act exams, psychiatric hospitalizations, child welfare placements and other symptoms of youth and families in crisis.

Flagler’s existing behavioral health services are structured to best serve “fully functioning” youth and families, those families that:

- Have the knowledge and skills to fully understand their child’s needs
- Can independently research and identify appropriate services
- Can access those services and pay for them
- Can advocate for themselves and their children if there are barriers to accessing services
- Can actively participate in their child or family’s recovery with full compliance to program requirements and expectations
- Have some level of stability at home (stable income, stable housing, stable family environment)

This system flaw is compounded by the following factors:

- Each service agency operates as an island with very little collaboration or coordination.
- Many intensive behavioral healthcare intervention services, such as mental health screening and day treatment, are only available out-of-county.

<table>
<thead>
<tr>
<th>Flagler Snapshot</th>
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</thead>
<tbody>
<tr>
<td>Youth Age 5-17</td>
<td>14,355</td>
</tr>
<tr>
<td>Families w/Children, Below Poverty</td>
<td>2,149</td>
</tr>
<tr>
<td>% of Youth Below Poverty</td>
<td>24.5</td>
</tr>
<tr>
<td>Homeless Students</td>
<td>509</td>
</tr>
<tr>
<td>Students Absent 21+ days</td>
<td>1,293</td>
</tr>
<tr>
<td>In School Suspensions</td>
<td>919</td>
</tr>
<tr>
<td>Out of School Suspensions</td>
<td>972</td>
</tr>
<tr>
<td>Student Dropouts</td>
<td>97</td>
</tr>
<tr>
<td>EBD Students (Emotional/Behavioral Disability)</td>
<td>67</td>
</tr>
<tr>
<td>Baker Act Exams (for involuntary hospitalization)</td>
<td>193</td>
</tr>
<tr>
<td>Youth Arrested</td>
<td>183</td>
</tr>
</tbody>
</table>
• There is some coordination by the Managing Entity of behavioral health providers/services for uninsured/indigent families but:
  o Only 10% of Flagler children lack insurance coverage of some kind
  o 47% of Flagler children have private insurance coverage (through a parent’s employer)
• There is some coordination of services for very severely mentally ill youth and those involved in multiple systems (juvenile justice, dependency, disabilities) through multi-agency teams (such as FSPT, LRT, MDT) but the majority of Flagler youth do not need these intensive teams and would not qualify for these intensive interventions. Prevention and early intervention, especially on the part of school personnel, to prevent school infractions by accessing a behavioral health resource instead of law enforcement is the cornerstone of an effective system of care. Utilizing screening, assessment, and appropriate clinical interventions as part of a more formal structure to embed system of care principles into policy and practice is key to system effectiveness.
• Flagler children with Medicaid/CHIP coverage (31% of youth) experience barriers with provider networks and adequacy of coverage.
• The Juvenile Justice system has adequate resources to provide evidence-based behavioral healthcare services but very few Flagler youth are involved in DJJ services or deemed as appropriate for their evidence based programs. In 2015-16: 183 youth were referred for delinquency (2% of the youth population), 39 were placed on probation and only 15 were placed in residential commitment.

This evaluation of the current system of care and service systems has led to the determination that a system transformation is necessary to best address youth behavioral health concerns through the effective utilization of existing resources.

Regional Partnership Strategic Planning Process and Participants
A formal assessment and planning process, funded through a Criminal Justice, Mental Health and Substance Abuse Reinvestment (CJMHSA) Planning Grant, was facilitated by Stewart-Marchman-Act Behavioral Healthcare and Flagler Cares. Beginning in February 2017, over 80 stakeholders were engaged through Public Safety Coordinating Council meetings, Planning Committee meetings, key leader interviews, focus groups and online surveys. See list of participants on page 8.

The assessment and planning process implemented in Flagler County included the following key components:
• Needs Assessment: a formal needs assessment document was created and published in April 2017.
• Presentations to Public Safety Coordinating Council: presentations and project updates were made at five PSCC meetings.
• Key Leader Interviews: Interviews were conducted with 33 individuals representing 18 key stakeholder organizations.
• Planning Committee Meetings: A planning committee of 65 individuals representing the community and 40 organizations participated in 6 planning committee meetings.
• Provider Survey and Focus Group: 23 providers participated in an online provider survey and focus group process
• Sequential Intercept and System of Care Mapping Session: 28 individuals participated in a half-day mapping session.
• Parent Survey: an online parent survey was implemented in October 2017 and there have been 29 responses to date.
• Youth Survey: an online youth survey will be launched in November 2017.
System of Care Memorandum of Understanding
Organizational partners involved in the assessment and planning process in Flagler County formalized their commitment to the youth behavioral health system of care and this strategic plan through the execution of a Memorandum of Understanding (MOU). The Vision, Mission and Values listed below are detailed in each MOU. See System of Care MOU on page 12.

Vision
School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance abuse System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

Mission Statement
Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler through a system of care transformation.

Values

System of Care Values: Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs
- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler System of Care (Flagler SOC) is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family’s strengths, driven by the youth and family’s individual needs, sensitive to each family’s values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what’s available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.

The goals of the System of Care include:
- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children’s mental health and substance abuse.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
• Increase youth and family participation in all aspects of policy development and decision making;
• Incorporate SOC values in future MOUs and Contracts; and
• Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

Service Model(s)

The Flagler County System of Care transformation process is being built upon four key research-based approaches to systems of care.

1. **Children Mental Health Systems of Care** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life. (Beth A. Stroul, M.Ed., Robert M. Friedman, Ph.D., Gary M. Blau, Ph.D.)

2. **Wraparound**, is an empirically supported, family-driven, strengths-based planning approach that provides individualized care using an array of formal services and natural supports.

3. **Comprehensive, Continuous, Integrated System of Care (CCISC)** is a vision-driven system “transformation” process for re-designing behavioral health and other related service delivery systems to be organized AT EVERY LEVEL (policy, program, procedure, and practice)—within whatever resources are available—to be more about the needs of the individuals and families needing services, and the values that reflect welcoming, empowered, helpful partnerships throughout the system. The ultimate goal of CCISC is to help develop a system of care that is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can. (Kenneth Minkoff, MD, Christie A. Cline, MD, MBA)

4. **School Responder Model (SRM)** is a behavioral health response to school infractions that provides an alternative to referral of students to the justice system and addresses root causes of behavior. (Jacquelyn Greene, ESQ., Olivia Allen)

Additionally, Behavioral Health providers in the Flagler SOC employ many evidence-based practices including: Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, Trauma Informed Care, Motivational Interviewing, Acceptance and Commitment Therapy, Eye Movement Desensitization Reprocessing (EMDR), Rational Emotive Behavioral Therapy, Wraparound, Functional Family Therapy, Moral Reckoning Therapy, and Child Parent Psychotherapy,

Target Population

The Flagler County Youth Behavioral Health Strategic Plan is focused on school-aged youth (age 5-17) who are at risk of or have been identified as having a potential mental health concern or substance use disorder.
Strategy Overview
Youth Behavioral Health System of Care Transformation

<table>
<thead>
<tr>
<th>Intercept 0: Community</th>
<th>Intercept 1: Law Enforcement/ Emergency Srvs</th>
<th>Intercept 2: Detention, Intake &amp; Courts</th>
<th>Intercept 3: Probation</th>
<th>Intercept 4: Commitment</th>
<th>Intercept 5: Post Commitment Probation</th>
</tr>
</thead>
</table>

**Strategy 1: Education/Awareness:** Implement education and awareness strategies, utilizing social marketing principals, about substance use disorders and mental health conditions and how to access services.

**Strategy 2: Early Identification Access Portals:** Create and/or promote FOUR portals to behavioral health service access.

<table>
<thead>
<tr>
<th>Portal 1</th>
<th>Portal 2</th>
<th>Portal 3</th>
<th>Portal 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via Phone: Access to information, referral and follow-up health navigation and case management services at SMA Access Center.</td>
<td>Via Flagler Schools: Access to information, referral and follow-up health navigation and case management services at Flagler Schools.</td>
<td>Via the Community Mental Health provider (Halifax Health): Follow-up and health navigation and case management services for youth who intercept the out-of-county Halifax continuum of services (mental health screening, baker act screening, outpatient services, targeted case management, CAT team, day treatment)</td>
<td>Via Medical Providers (Primary Care) Engaging primary care providers to screen and refer families to behavioral healthcare services (through one of the other 3 portals, when appropriate)</td>
</tr>
</tbody>
</table>

**Strategy 3: Increase School-Based BH Capacity:** Increase the capacity of school-based mental health and substance abuse services.

- New MOUs between Flagler Schools and mental health providers to establish school-based mental health services at priority schools.
- Create school-based Outpatient Substance Abuse service at priority schools.

**Strategy 4: Access to Out-of-County Services:** Provide transportation services to two out-of-county resources for behavioral health care services integrated with education services.

- Halifax Health’s Day Treatment program
- PACE Center for Girls

**Strategy 5: System of Care Transformation:** Establish of a System of Care Director (independent from any service provider, funder or governmental system) to facilitate system of care transformation at every level.
Implementation Strategies

1. **Education/Awareness:** Implement education and awareness strategies, utilizing social marketing principals, about substance use disorders and mental health conditions and how to access services.
   a. Target populations: general public, parents/caretakers, adults working with youth/youth service organizations, law enforcement, school resource deputies, juvenile probation officers, child welfare case managers, judges, public defenders.

2. **Access Portals:** Create and/or promote FOUR portals to behavioral health service access:
   a. Via Phone: Access to information, referral and follow-up health navigation and case management services at SMA Access Center.
   b. Via Flagler Schools: Access to information, referral and follow-up health navigation and case management services at Flagler Schools.
   c. Via the Community Mental Health provider (Halifax Health): Follow-up and health navigation and case management services for youth who intercept the out-of-county Halifax continuum of services (mental health screening, baker act screening, outpatient services, targeted case management, CAT team, day treatment).
   d. Via Medical Providers (Family Practice/pediatricians) Engaging primary care providers to screen and refer families to behavioral healthcare services (through one of the other 3 portals, when appropriate).

<table>
<thead>
<tr>
<th>Key Portal Components:</th>
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</thead>
<tbody>
<tr>
<td>Promotion of access to services at the earliest possible juncture</td>
</tr>
<tr>
<td>Access to a current inventory of providers and services available, by accepted payor</td>
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<tr>
<td>Staff with appropriate training and competencies to engage and support youth and families</td>
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<tr>
<td>Ability to advocate for youth/family needs</td>
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<tr>
<td>Relationships with key contacts at system of care agencies to facilitate communication and continuity of care</td>
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<tr>
<td>Ability to share information with all service providers</td>
</tr>
<tr>
<td>Ability to identify system issues to be addressed by System of Care Director</td>
</tr>
</tbody>
</table>

**Specific Research Support for Strategy 1 & 2:** Timely and accurate mental health and substance abuse screening and evaluation are the single most critical elements in successfully diverting youth from the juvenile justice system. Services must be integrated across public and private agencies, families, and the community.

3. **Increase School-Based BH Capacity:** Increase the capacity of school based mental health and substance abuse services
   a. Develop new, effective, mutually beneficial memorandums of understanding between Flagler Schools and mental health providers to establish school-based mental health services as priority schools.
   b. Create school-based Outpatient Substance Abuse service at priority schools.

4. **Access to Out-of-County Services:** Provide transportation services to two out-of-county resources for behavioral health care services integrated with education services.
   a. Halifax Health’s Day Treatment program
   b. PACE Center for Girls
5. **System of Care Transformation**: Establish of a System of Care Director (independent from any service provider, funder or governmental system) to facilitate system of care transformation at every level.

   a. **Work with System of Care Partner Agencies**

      SOC Director coordinates a robust coalition of stakeholders to support a coordinated system. Included are the following: agencies, school leadership and staff, family members and students, court system, local law enforcement, juvenile probation, local and regional Interagency Service Teams, and local disproportionate minority contact committees. The coordinated SOC provides access to a range of services and supports for youth that make diversion from juvenile justice system referral a realistic option. (Bracey, Arzublb, and Plourd)

   b. **Work with Key Systems** (School District, Department of Children and Families, Department of Juvenile Justice, Community Partnership for Children (Dependency), Agency for Persons with Disabilities, Vocational Rehabilitation, Department of Health):

      Voices from a range of stakeholders should be at the table from the outset of planning. Active involvement from law enforcement, schools, service providers, and families lays the foundation for a robust program structured for success. Initiatives must be institutionalized through formal structures that include training, policies and procedures review, and structured decision-making tools, such as matrices. Ultimately through the buy-in of key systems and the development of cross – systems collaborative teams key questions are addressed: 1-what is the problem to be solved; 2-does the solution actually work to address the problem: 3-how will each agency benefit. Through this collaboration shared vision develops and strengthens MOU’s and system sustainability.

   c. **Interface with Multi-Agency Teams** (Community: C7 Child and Family Staffing, C7 Family Services Planning Team (FSPT), C7 Local Review Team (LRT), Regional Review Team, System of Care (SOC) Team for Transition Youth; School: Flagler Schools Student Services Team (SST); Child Welfare: CPC Multi-Discipline Team (MDT) and CPC Integrated Practice Team; Juvenile Justice: DJJ Community Reentry Team (CRT))

      SOC Director coordinates systematic and proactive communication, coordination, data sharing amongst Multi-Agency Teams to determine gaps in services, system strengths and needs, and sharing and analysis of data about gaps in services.

   d. **Work with Behavioral Health Care Funders** (Department of Children and Families, LSF Health Systems, Department of Juvenile Justice, Agency for Healthcare Administration, Medicaid Managed Care companies, United Way, County of Flagler)

      Engaging policy making and funding stakeholders lays a strong foundation for a SOC. The approach includes the effective use of data, providing a compelling case for the efficacy of the models used to effect change, development of a shared vision, strong and consistent communication, and solidifying engagement through Memorandums of Understanding. Coordination among system funders can facilitated creative use of private funds with public local, state and federal funding to create synergy and support needed system capacity.

   e. **Continuous Quality Improvement and Formative Evaluation Processes**

      SOC Director will create a formative evaluation process to initiate and assess continuous system improvements utilizing the SOCAT System of Care Assessment Tool (ZiaPartners) as a working framework.
Assessment & Planning Stakeholders

Flagler Public Safety Coordinating Council

- The chairperson of the Board of County Commissioners, or another County Commissioner designee, shall serve as the chairperson of the council until the council elects a chairperson from the membership of the council. Commission Chair Nate McLaughlin
- The state attorney or his designee. (no term limit) State Attorney R. J. Larizza
- The public defender or his designee. (no term limit) Public Defender James S. Purdy
- The chief circuit judge or his designee. (no term limit) Judge Dennis Craig
- The chief county judge or his designee. (no term limit) Judge Melissa Moore-Stens
- The chief correctional officer. (no term limit) Chief Steve Cole
- The sheriff or his designee. (no term limit) Sheriff Rick Staly
- The state probation circuit administrator or his designee. (4 year term) Tammi Schimming Circuit Administrator
- The director of any county probation or pretrial intervention program. (4 year term) Karen Lloyd
- The director of a local substance abuse treatment program or his designee. (4 year term) Stewart-Marchman-ACT Behavioral Health Care / Ivan Cosimi, appointee
- Representatives from county and state jobs programs and other community groups who work with offenders and victims, appointed by the chairperson of the Board of County Commissioners. (4 year term) Christine Sikora
- At large member/Court Administrator (4 year term). Mark Weinberg
- At large member (4 year term). Greg Feldman
- Flagler County School Board. Dr. Phyllis Pearson
- Representing police chief or designee from local police chief’s association. Thomas Foster, Police Chief City of Bunnell
- Representative of substance abuse program office and mental health program office of the Dept. of Children and Family Services. Arnold Anderson
- Representing consumer of mental health services. Nadine Dotson
- Representing consumer of substance abuse services. Bryan Plummer
- Representing family member of consumer of mental health services. Linda Murphy
- Representing area homeless programs. Jeff White
- Director of detention facility of Dept. of Juvenile Justice. Paul Finn
- Chief Probation Officer or designee of the Dept. of Juvenile Justice. Daniel Merritew
<table>
<thead>
<tr>
<th>Organization</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Judge</td>
<td>1. Judge Stens-Moore</td>
</tr>
<tr>
<td>Flagler Sheriff</td>
<td>2. Sheriff Staly</td>
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<tr>
<td></td>
<td>3. Commander Brandt</td>
</tr>
<tr>
<td>Halifax Behavioral Services</td>
<td>4. James Terry, Director</td>
</tr>
<tr>
<td>Department of Juvenile Justice</td>
<td>5. David Kerr, Chief Probation Officer, C7</td>
</tr>
<tr>
<td></td>
<td>6. Dan Merrithew, Assistant Chief Probation Officer, C7</td>
</tr>
<tr>
<td>Department of Juvenile Justice</td>
<td>7. Jeanna Hester, JPA Supervisor</td>
</tr>
<tr>
<td></td>
<td>8. Donna Easterling, Senior JPO</td>
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<tr>
<td></td>
<td>9. Nadine Albergo-Kelly, JPO</td>
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<td></td>
<td>10. Michael Conville, JPO</td>
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<td></td>
<td>11. Woody Douge, JPO</td>
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<td></td>
<td>12. Deanna Johnson, JPO</td>
</tr>
<tr>
<td>Community Partnership for Children</td>
<td>13. Mark Jones, CEO</td>
</tr>
<tr>
<td></td>
<td>14. Karin Flositz, COO</td>
</tr>
<tr>
<td>Flagler Schools</td>
<td>15. Lynette Shott, Executive Director of Student and Community Engagement</td>
</tr>
<tr>
<td></td>
<td>16. Phyllis Pearson, Administrator on Assignment</td>
</tr>
<tr>
<td></td>
<td>17. David Boussardet, Assistant Principal, Flagler Palm Coast High School</td>
</tr>
<tr>
<td></td>
<td>18. Robert Boussardet, Assistant Principal</td>
</tr>
<tr>
<td>SMA Behavioral</td>
<td>19. Rhonda Harvey, COO</td>
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<tr>
<td></td>
<td>20. Alicia Vincent, VP of Flagler County Services</td>
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<td></td>
<td>21. Patrick Miley, VP of Development</td>
</tr>
<tr>
<td>SEDNET</td>
<td>22. Carl Coalson</td>
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<tr>
<td>Community Informant</td>
<td>23. Myra Middleton</td>
</tr>
<tr>
<td>Department of Children and Families</td>
<td>24. Chuck Puckett, Family Safety Program Administrator</td>
</tr>
<tr>
<td>Department of Children and Families</td>
<td>25. Linda Mandizha, Operations Manager-Circuit 7</td>
</tr>
<tr>
<td></td>
<td>26. Clay LaRoche, Community Relations Coordinator</td>
</tr>
<tr>
<td>Flagler Schools</td>
<td>27. Tim King, ESE Director</td>
</tr>
<tr>
<td>SMA Behavioral</td>
<td>28. Heather Prince, Director of Adolescent Services Residential Division</td>
</tr>
<tr>
<td>LSF Health Systems (Managing Entity)</td>
<td>29. Dr. Christine Cauffield, CEO</td>
</tr>
<tr>
<td>Flagler Palm Coast High School</td>
<td>30. Future Problem Solvers team of students (via phone)</td>
</tr>
<tr>
<td>Future Problem Solvers Team:</td>
<td></td>
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<tr>
<td>Project Hope</td>
<td></td>
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<tr>
<td>The House Next Door</td>
<td>31. Steve Sally, CEO</td>
</tr>
<tr>
<td></td>
<td>32. Jennifer Nadelkov, LMFT, Clinical Director</td>
</tr>
<tr>
<td>SMA Behavioral</td>
<td>33. Pam Palmer, Assistant Director of the Residential Adolescent Program</td>
</tr>
</tbody>
</table>
### Planning Committee Members  
(Cumulative participation through October 2017)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Fred</td>
<td>Baker</td>
<td>SAYS</td>
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<tr>
<td>Chet</td>
<td>Bell</td>
<td>Stewart-Marchman-Act Behavioral Healthcare</td>
</tr>
<tr>
<td>Lois</td>
<td>Berardi</td>
<td>Flagler Cares</td>
</tr>
<tr>
<td>David</td>
<td>Bossardet</td>
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<tr>
<td>Commander</td>
<td>Brandt</td>
<td>Flagler County Sheriff’s Office</td>
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<tr>
<td>Kelly-Kay</td>
<td>Brown</td>
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<tr>
<td>Denise</td>
<td>Calderwood</td>
<td>Project Hope</td>
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<tr>
<td>Stephanie</td>
<td>Capehart</td>
<td>Coquina Coast Democratic Progressive Caucus</td>
</tr>
<tr>
<td>Carl</td>
<td>Coalson</td>
<td>SEDNET</td>
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<tr>
<td>Ivan</td>
<td>Cosimi</td>
<td>Stewart-Marchman-Act Behavioral Healthcare</td>
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<tr>
<td>Alma</td>
<td>Dixon</td>
<td>Vitas Healthcare</td>
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<tr>
<td>Jason</td>
<td>Dominguez</td>
<td>United Way Volusia/Flagler</td>
</tr>
<tr>
<td>Richard</td>
<td>Fay</td>
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<tr>
<td>Karin</td>
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<td>Terry</td>
<td>Gillyard</td>
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<td>Kim</td>
<td>Hale</td>
<td>Flagler Sheriff</td>
</tr>
<tr>
<td>Christine</td>
<td>Hancock</td>
<td>City of Bunnell</td>
</tr>
<tr>
<td>Rhonda</td>
<td>Harvey</td>
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<tr>
<td>Jeanna</td>
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<tr>
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<td>Tim</td>
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<td>D.J.</td>
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<td>Dorothy</td>
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<td>Kassie</td>
<td>McCune</td>
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<tr>
<td>Cris</td>
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<tr>
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</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>Organization</td>
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<tr>
<td>Patrick</td>
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<tr>
<td>Judge</td>
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<tr>
<td>Christina</td>
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<tr>
<td>Lisa</td>
<td>Ryals</td>
<td>Boys &amp; Girls Clubs of Volusia/Flagler Counties</td>
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<tr>
<td>Steve</td>
<td>Sally</td>
<td>The House Next Door</td>
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<tr>
<td>Sandra</td>
<td>Shank</td>
<td>Abundant Life Ministries-Hope House Inc.</td>
</tr>
<tr>
<td>Liane</td>
<td>Simoes</td>
<td>A Helping Hand Inc</td>
</tr>
<tr>
<td>James</td>
<td>Terry</td>
<td>Halifax Health</td>
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<tr>
<td>Shannon</td>
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<td>Travis</td>
<td>Thomas</td>
<td>Flagler Technical Institute</td>
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<tr>
<td>Angel</td>
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<tr>
<td>Alicia</td>
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<td>Flagler County Sheriff’s Office</td>
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</tbody>
</table>
Memorandum of Understanding (MOU)  
between the  
Flagler County Youth Behavioral Health System of Care Initiative  
and [Agency Name]

I. BACKGROUND:

This Memorandum of Understanding formalizes the commitment of each System of Care (SOC) Partner to advance the vision and mission of this initiative and to embody the SOC values described herein.

System of Care Vision
School-aged children and youth (and their families) can easily access a welcoming, effective, and efficient mental health and substance use disorder System of Care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system.

System of Care Mission
Strengthen sustainable resources to address the individual behavioral health needs of youth in Flagler.

This MOU establishes a formal commitment between and among the parties to work collaboratively on developing and improving a local infrastructure on behalf of children and families that are in need of behavioral healthcare services within Flagler County.

II. STATEMENT OF SHARED VALUES:

System of Care Values
Behavioral health is essential to wellbeing and health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Core Beliefs
- Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
- No one organization or system can address all the behavioral healthcare concerns facing families and the communities.
- Flagler SOC is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
- The best care is based on the youth and family’s strengths, driven by the youth and family’s individual needs, sensitive to each family’s values and culture, and is provided in the community where the youth normally lives. Their strengths and needs should drive the system - not just what’s available.
- The Flagler SOC promotes parenting that is nurturing, respectful of the child, sets boundaries, and encourages learning.
- Early and effective intervention contributes to better outcomes related to overall child/youth wellbeing, include their educational, social, emotional, and vocational success.
- All programs and services are designed to facilitate access and utilization - to help reduce disparities.
III. GOALS OF THE COLLABORATIVE:

The goals of the System of Care include:

- Implement an integrated SOC for families that addresses multi-system policies, procedures and practices resulting in improved access to services and collateral supports;
- Develop a system of joint, multidisciplinary training that promotes cross-agency understanding of evidence-based interventions about children’s mental health and substance use disorders.
- Develop data-informed quality improvement processes that promote more timely access to information across systems resulting in improved individual, program, and system outcomes;
- Increase youth and family participation in all aspects of policy development and decision making;
- Incorporate SOC values in future MOUs and Contracts; and
- Facilitate ongoing communication and collaborative problem resolution for concerns and issues raised by the parties.

IV. ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE:

System of Care Leadership
We believe strong, visionary leaders that provide quality services by a supported, well trained workforce and who adhere to a philosophy of values that builds on the strengths of the individual, can and will improve the SOC for children, youth, and families in Flagler County.

As a member agency of the Flagler County Youth Behavioral Health SOC, [Agency Name] commits to the following:

- Work together cooperatively and collaboratively to develop the best foundation for a comprehensive, effective SOC within Flagler County.
- Fully participate in SOC collaborative meetings to be held not less than twice per year.
- Participate in the development of system-wide performance measures and submit agency data to support an evaluation of the SOC.
- Identify a contact person for this MOU.

V. IT IS MUTUALLY AGREED AND UNDERSTOOD BY AND BETWEEN THE COOPERATORS THAT:

- This MOU in no way restricts participants from involvement in similar activities with other public and private agencies, organizations, and individuals.
- Nothing in the MOU shall be construed to obligate agencies to expend funds or to provide resources or be involved in any obligation for future payment of money or provision of resources.
- Amendment within the scope of this MOU shall be made by formal consent of all parties.
- Any party (or parties), in writing, may withdraw from this MOU in whole, or in part, at any time.
- This instrument is neither a fiscal nor a funds-obligation document. Any endeavor involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority.
VI. EFFECTIVE DATE:

Approved and adopted the [XX] day of [month] 2017. I, the undersigned, hereby certify that the foregoing Memorandum of Understanding was duly adopted by the [Organization’s Governing Body]. This agreement will extend from year to year automatically, unless either party provides thirty (30) days advance notice of intent not to renew the agreement.

________________________________________
[Name and Title]

DEFINITIONS:

A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Systems of care include:

- Providing a broad array of individualized services and supports.
- Serving children in the most normative and least restrictive environments possible.
- Serving children in community-based programs and not institutionalizing them unless absolutely necessary.
- Supporting and involving families in caring for their children, since, in most cases, families are the most important and life-long resource for their children.
- Agencies and programs working together and not at cross-purposes when serving children with multiple needs.
- Recognizing and addressing cultural differences.
CJMHSA Flagler Youth Behavioral Health Planning Project Financial Summary

CJMHSA Reinvestment Grant Funding Awarded: $71,023
Local Matching Funds (100% in-kind) Committed: $84,312
Grant Award and Project Period: February 1, 2017 to January 31, 2018

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<th>Resources</th>
<th>Components</th>
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<td>Project Expenses (SMA)</td>
<td>$5,531.77</td>
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<td>Flagler County Government</td>
<td>Planning &amp; Children’s Mental Health Consultation (Flagler Cares)</td>
<td>$11,000.00</td>
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<td>Halifax Health</td>
<td>Project Total: $16,531.77</td>
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<td></td>
<td>The House Next Door</td>
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<td>2nd Quarter</td>
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<td>Planning &amp; Children’s Mental Health Consultation (Flagler Cares)</td>
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<td>Halifax Health</td>
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<td>The House Next Door</td>
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<td>Halifax Health</td>
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<td>The House Next Door</td>
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<tr>
<td>Yearend</td>
<td>Grant Funds Utilized</td>
<td>Grant Funds Utilized: $67,894.77</td>
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<tr>
<td></td>
<td>Match Utilized</td>
<td>Match Utilized: $88,815.06</td>
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*Salaries/fringe were not recorded correctly in 3rd quarter cumulative report but were corrected in 4th quarter report.

This project reported greater than 100% of the match required and initially committed therein and expensed less than the total amount of expenses originally forecasted and budgeted for. The project closed at $3,128.29 below budgeted expenses; therefore, SMA did not bill for or collect from DCF this unused amount.
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program
FINAL Program Status Report
Planning Grant

Do not type in green or shaded areas.

<table>
<thead>
<tr>
<th>Grantee Summary</th>
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<tbody>
<tr>
<td><strong>Grantee’s Name</strong></td>
</tr>
<tr>
<td><strong>Grant Number</strong></td>
</tr>
<tr>
<td><strong>Report Period</strong></td>
</tr>
<tr>
<td><strong>Preparer’s Name</strong></td>
</tr>
<tr>
<td><strong>Preparer’s Title</strong></td>
</tr>
<tr>
<td><strong>Preparer’s Phone</strong></td>
</tr>
<tr>
<td><strong>Preparer’s Email</strong></td>
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<td><strong>Date Prepared</strong></td>
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<thead>
<tr>
<th>Grant Information</th>
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<tbody>
<tr>
<td><strong>Amount awarded</strong></td>
</tr>
<tr>
<td><strong>Amount of match provided</strong></td>
</tr>
<tr>
<td><strong>Award Period</strong></td>
</tr>
<tr>
<td><strong>Target Population</strong> (must select one: shade/bold one)</td>
</tr>
</tbody>
</table>
Section 1. Detailed Progress Summary

1. Provide an overview of your organization’s strategic planning progress.

The strategic planning process utilized by SMA and Flagler Cares focused on the gradual narrowing down of priorities based on empirical data and stakeholder input. A meeting calendar was developed in the beginning of implementation to guide the planning process and comply with contract deliverables. The key components of the process included:

- **Project Facilitators:** Carrie Baird and Lois Berardi facilitated the assessment and planning activities through literature reviews, key leader interviews, data collection and analysis, focus groups with providers and consumers and planning committee meetings.
- **SMA Support Staff:** Cassandra Kennedy provided staff support to the project facilitators.
- **Planning Committee:** An active planning committee met monthly to review and discuss the information collected by the Project Facilitators.
  - **March 6, 2017 Planning Committee Meeting:** Project Overview
  - **April 3, 2017 Planning Committee Meeting:** Needs Assessment
  - **May 1, 2017 Planning Committee Meeting:** System of Care and Sequential Intercept Mapping Session
  - **June 5, 2017 Planning Committee Meeting:** Reviews mapping results and refined potential implementation strategies
  - **August 7, 2017 Planning Committee Meeting:** Potential Implementation strategies (refined) and Engaging Youth and Parents (in Planning and Implementation)
  - **October 2, 2017 Planning Committee Meeting:** Finalizing System of Care MOU, Update on Strategic Plan revisions, Presentation/Discussion of Data Sharing Opportunities, Parent and Youth Engagement
  - **January 8, 2018 Planning Committee Meeting:** Discussed implementation strategies and funding options.
- **Flagler County Public Safety Coordinating Council:** Regular progress reports were provided to the PSCC and members were invited to participate in the monthly Planning Committee (6 PSCC members were active Planning Committee members)

2. Provide a detailed report of the service tasks and activities performed during the reporting period. For each task identified during the reporting period, include the completion date, or anticipated date of completion.

**Service Tasks and Activities (CUMULATIVE)**

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-1.1.1. Develop a data development plan that identifies the Target Population by 4/1/17.</td>
<td></td>
</tr>
<tr>
<td>C-1.1.1.1. Collect and analyze data from existing organizations providing services to at-risk youth in the target area; and</td>
<td>Completed Q1. The Needs Assessment document was created utilizing much of the data provided in the original grant proposal—with updates, when available.</td>
</tr>
<tr>
<td>C-1.1.1.2. Identify, collect and analyze any necessary data not currently collected.</td>
<td>Completed Q1. The Planning Committee reviewed a draft needs assessment.</td>
</tr>
</tbody>
</table>
C-1.1.2. Establish a Strategic Plan Framework to serve as a workplan for planning activities with the stakeholders by 4/1/17. The framework shall include:

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
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</thead>
<tbody>
<tr>
<td><strong>C-1.1.2.1. A strategy for design and implementation of the Strategic Plan;</strong></td>
<td><strong>Completed Q1.</strong> The committee utilized the strategic plan format recommended in the CJMHSA Grant RFA and included no-cost strategies and strategies requiring implementation funds in their final strategic plan.</td>
</tr>
<tr>
<td><strong>C-1.1.2.2. A strategy for how the Needs Assessment will be conducted;</strong></td>
<td><strong>Completed Q1.</strong> The Needs Assessment document was created utilizing much of the data provided in the original grant proposal—with updates, when available.</td>
</tr>
<tr>
<td><strong>C-1.1.2.3. A strategy to identify, coordinate, share funding and resources, and recommended organizational or structural changes within the target area;</strong></td>
<td><strong>Completed Q1.</strong> Framework/schedule developed: this component was addressed at the September Planning Committee meeting.</td>
</tr>
<tr>
<td><strong>C-1.1.2.4. A strategy for modifying current treatment services to meet the needs of the Target Population;</strong></td>
<td><strong>Completed Q1.</strong> Framework/schedule developed: this component was addressed at the June Planning Committee meeting.</td>
</tr>
<tr>
<td><strong>C-1.1.2.5. A strategy for coordination, communication and data sharing that addresses the protection of consumer information as well as establishing the framework for complimentary services between agencies;</strong></td>
<td><strong>Completed Q1.</strong> Framework/schedule developed: this component was addressed at the August Planning Committee meeting.</td>
</tr>
<tr>
<td><strong>C-1.1.2.6. A strategy to identify the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness; and</strong></td>
<td><strong>Completed Q1.</strong> Framework/schedule developed: this component was addressed at the August Planning Committee meeting.</td>
</tr>
</tbody>
</table>
C-1.1.2.7. A Needs Assessment of existing community criminal justice and behavioral health systems by 4/30/17. The Needs Assessment shall:

- **C-1.1.2.7.1.** Assess current substance abuse and mental health services available within the selected target county for those involved with the criminal justice, juvenile justice and behavioral health systems;
- **C-1.1.2.7.2.** Analyze the local service gaps for the Target Population; and
- **C-1.1.2.7.3.** Identify key data elements and processes necessary to develop the Strategic Plan.

**Completed Q1.** The Needs Assessment document was creating utilizing much of the data provided in the original grant proposal—with updates, when available.

The Planning Committee reviewed a draft needs assessment document at their April meeting and made recommendations for additional data to be included.

C-1.2.1. Establish a minimum of three binding agreements with key stakeholder agencies to assist with the completion of the Strategic Plan by 7/31/17

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
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</thead>
</table>
| MOUs completed | Completed Q2. MOUs for match and participation in the planning process were submitted with the grant proposal in September 2016. MOU’s include:  
  - Flagler Schools (9-19-16)  
  - Flagler Cares (9-19-16)  
  - County of Flagler (9-19-16)  
  - Halifax Health (9-19-16)  
  - The House Next Door (9-19-16)  
  - Flagler County PSCC (9-14-16) |

C-1.2.2. Complete the Sequential Intercept Map by 7/31/17; Activities shall include:

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C-1.1.2.1.</strong> A summary of the identification, screening, assessment and referral processes</td>
<td>Completed Q2. A system of care and sequential intercept mapping session was held May 1, 2017 from 9:00 a.m. to 1:00 p.m. 31 stakeholders participated in a facilitated mapping session that addressed current assets, gaps and barriers in the youth behavioral health system along the continuum of services from early identification and screening through residential psychiatric hospitalization. Participants discussed interagency agreements, multi-agency team approaches, data sharing practices and ideas for system improvements.</td>
</tr>
<tr>
<td><strong>C-1.1.2.2.</strong> A summary of the identification, screening, assessment and referral capacity</td>
<td></td>
</tr>
<tr>
<td><strong>C-1.1.2.3.</strong> Complete a Gap Analysis that identifies gaps and barriers in services and processes</td>
<td></td>
</tr>
<tr>
<td><strong>C-1.1.2.4.</strong> Conduct an inventory of existing area organizational agreements</td>
<td></td>
</tr>
<tr>
<td><strong>C-1.1.2.5.</strong> Conduct an inventory of existing area organizational data</td>
<td></td>
</tr>
</tbody>
</table>
sharing agreements

| C-1.1.2.6. Identify current funding that supports the identification, screening, assessment, and referral processes |

**C-1.2.3. Complete an inventory of current data sharing practices by 7/31/17**

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create data sharing practice inventory</td>
<td>Completed Q2. A summary of data sharing practices and barriers was created as a culmination of discussions and Planning Committee meetings, the Provider Focus group and through key leader interviews.</td>
</tr>
</tbody>
</table>

**C-1.2.4. Develop a best practice action plan by 7/31/17. The plan will include:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
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</thead>
<tbody>
<tr>
<td>C-1.2.4.1. A best practices inventory</td>
<td>Completed Q2. An inventory of current clinical best practices was created through a provider survey implemented prior to the April 2017 provider focus group. Additional literature review activities were completed to support the initial proposed implementation strategies.</td>
</tr>
<tr>
<td>C-1.2.4.2. Complete a best practice barrier analysis</td>
<td></td>
</tr>
</tbody>
</table>

**C-1.3.1. Develop and present recommendations to the target area key stakeholders by 10/31/17. Recommendations will address:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-1.3.1.1. Data collection; C-1.3.1.2. Data sharing; and C-1.3.1.3. Data reporting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and Present Data Collection, Sharing and Reporting Recommendations</td>
<td>Completed Q3. Data Sharing and Reporting Methodology presented and agreed to at the 10-2-17 Planning Committee Meeting.</td>
</tr>
</tbody>
</table>

**C-1.4.1. Complete the Strategic Plan utilizing information compiled by completing tasks and processes identified in Section C-1.1.2. by 2/1/18**

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Strategic Plan</td>
<td>Completed Q4. Strategic Plan was completed and approved by the Flagler County Public Safety Coordinating Council on November 8, 2017.</td>
</tr>
</tbody>
</table>

**CUMULATIVE (C-1.1.3, C-1.2.5., C-1.3.2., C-1.4.2.): Conduct a quarterly evaluation of planning activities by 1/31/18 by monitoring quantitative discrete and continuous data sets specified in Section C-1.1.3.**

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-1.1.3.1. Project cost and financial oversight;</td>
<td>Completed Each Quarter. SMA’s CFO position is responsible for fiscal oversight of the project and oversees the contract with Flagler Cares and the expenditures related to the part-time project employee.</td>
</tr>
</tbody>
</table>
CUMULATIVE (C-1.1.3, C-1.2.5., C-1.3.2., C-1.4.2.): Conduct a quarterly evaluation of planning activities by 1/31/18 by monitoring quantitative discrete and continuous data sets specified in Section C-1.1.3.

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-1.1.3.2. Timeline compliance with scheduled planning tasks and activities;</td>
<td>Completed Each Quarter. All planning tasks and activities have occurred in accordance with the projected timeline.</td>
</tr>
<tr>
<td>C-1.1.3.3. Stakeholder resource allocations, including the number of binding agreements, Committee attendance, future state resources, etc.;</td>
<td>Completed Each Quarter. 33 community leaders have participated in key leader interviews, 12 provider representatives participated in the Provider Focus group on April 27, 2017 and 67 individuals representing 40 organizations have participated in Planning Committee meetings.</td>
</tr>
<tr>
<td>C-1.1.3.4. Local and state data sets (e.g. CDC BRSSF)</td>
<td>Completed Q1. The April 2017 Needs Assessment document included local and state data from 25 sources.</td>
</tr>
<tr>
<td>C-1.1.3.5. Stakeholder feedback;</td>
<td>Completed Each Quarter. The Planning Committee meeting critiques have been positive to date. Documentation submitted each quarter.</td>
</tr>
<tr>
<td>C-1.1.3.6. Future local and state models of care; and</td>
<td>Completed Q4. Flagler’s proposed model of care was defined in the final Strategic Plan submitted in Q4.</td>
</tr>
<tr>
<td>C-1.1.3.7. Environmental factors</td>
<td>N/A to date.</td>
</tr>
</tbody>
</table>

3. Provide a detailed summary of the achievements to date in meeting the Administrative Tasks identified in Section C-2 of the Grant Agreement. For all subcontractor(s) identified in Section C-2.3, provide an electronic copy of the executed subcontract(s). Note: unless the subcontract(s) is(are) amended, or new subcontract(s) is(are) executed, this should only be a one-time submission during the lifetime of the grant project.

C-2.1. Staffing: The Grantee shall recruit, hire and train qualified staff to adequately perform the tasks required under this Contract. Each staff shall meet the required level of education and training standards for the positions held, as established by the Grantee’s approved position descriptions and personnel policies. Proof of required professional education and training shall be maintained in the employees' file and made available for Department review upon request.

Completed Q1. The program budget includes a 0.5 FTE Data Entry Specialist. SMA hired a highly qualified employee, Cassandra Kennedy, on 03-29-17.

C-2.2. Professional Qualifications: The Grantee shall ensure all program staff assigned by its subcontractors or sub-grantees maintain all applicable minimum licensing, credentialing, accreditation, training and continuing education requirements required by state and federal laws or regulations for their assigned duties and responsibilities.

Completed Q1. The scope of work defined in the SMA contract with Flagler Cares does not necessitate any licensing or credentialing standards.
C-2.3. Subcontracting: The Provider may subcontract for services under this Contract, subject to the provisions of Section 4.3. C-2.4.

Completed Q1. Subcontract between SMA Behavioral and Flagler Cares was executed on 2-8-17.

4. Describe any barriers or challenges faced during this reporting period and the strategies implemented to address them. Also, describe significant barriers that remain, if any.

No barriers were identified.

5. List evidence-based, best, and promising practices identified in the strategic planning process, including diversion strategies, assessment or screening instruments, etc."

Completed in Q2: A preliminary inventory of current clinical best practices was created through a provider survey implemented prior to the April 2017 provider focus group. Additional literature review activities were completed to support the initial proposed implementation strategies. All information collected was included in the Best Practices plan.

6. Describe the following elements of your strategic plan (if applicable):

a. Developing the workforce (e.g., training, licensure, credentialing, accreditation, etc.);

   Staff training regarding new processes/coordination resources would be implemented at initiation of the strategic plan.

b. Identifying progressive actions that move mental health and substance abuse treatment services towards use of evidence-based and best-practices;

   The strategic plan includes the implementation of SAMHSA’s System of Care approach and the School Responder Model.

c. Modifying or adapting treatment services to meet the unique needs of the target population; assuring that recovery-oriented services are available;

   The strategic plan is focused on multi-agency strategies to increase access to appropriate services through coordination and information sharing strategies and through increasing the staff capacity at key systems/organizations (to facilitate coordination)

d. Identifying and addressing policy, legal, social, and other barriers within the county; and

   The strategic plan focuses on identifying coordination and access barriers at the individual/family level, program level, agency level and system level to foster sustainable improvements in the system of care. Efforts would be made to institutionalize these improvements through policy change and interagency agreements.
e. Measuring performance outcomes and assuring quality improvement.

Each strategy in the strategic plan includes formative and summative performance measures to guide implementation and annual progress assessment.

The final Strategic Plan was submitted in Q4.

7. List key stakeholders, partners, and collaborators (CUMULATIVE):

**Key Leader Interviews Completed:**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Judge</td>
<td>1. Judge Stens-Moore</td>
</tr>
<tr>
<td>Flagler Sheriff</td>
<td>2. Sheriff Staly</td>
</tr>
<tr>
<td></td>
<td>3. Commander Brandt</td>
</tr>
<tr>
<td>Halifax Health Medical Center</td>
<td>4. James Terry, Director</td>
</tr>
<tr>
<td>Department of Juvenile Justice</td>
<td>5. David Kerr, Chief Probation Officer, C7</td>
</tr>
<tr>
<td></td>
<td>6. Dan Merrithew, Assistant Chief Probation Officer, C7</td>
</tr>
<tr>
<td>Department of Juvenile Justice</td>
<td>7. Jeanna Hester, JPA Supervisor</td>
</tr>
<tr>
<td></td>
<td>8. Donna Easterling, Senior JPO</td>
</tr>
<tr>
<td></td>
<td>9. Nadine Albergo-Kelly, JPO</td>
</tr>
<tr>
<td></td>
<td>10. Michael Conville, JPO</td>
</tr>
<tr>
<td></td>
<td>11. Woody Douge, JPO</td>
</tr>
<tr>
<td></td>
<td>12. Deanna Johnson, JPO</td>
</tr>
<tr>
<td>Community Partnership for Children</td>
<td>13. Mark Jones, CEO</td>
</tr>
<tr>
<td></td>
<td>14. Karin Flositz, COO</td>
</tr>
<tr>
<td>Flagler Schools</td>
<td>15. Lynette Shott, Executive Director of Student and Community Engagement</td>
</tr>
<tr>
<td></td>
<td>16. Phyllis Pearson, Administrator on Assignment</td>
</tr>
<tr>
<td></td>
<td>17. David Bossardet, Assistant Principal, Flagler Palm Coast High School</td>
</tr>
<tr>
<td></td>
<td>18. Robert Bossardet, Assistant Principal</td>
</tr>
<tr>
<td>SMA Behavioral</td>
<td>19. Rhonda Harvey, COO</td>
</tr>
<tr>
<td></td>
<td>20. Alicia Vincent, VP of Flagler County Services</td>
</tr>
<tr>
<td></td>
<td>21. Patrick Miley, VP of Development</td>
</tr>
<tr>
<td>SEDNET</td>
<td>22. Carl Coalson</td>
</tr>
<tr>
<td>Community Informant</td>
<td>23. Myra Middleton</td>
</tr>
<tr>
<td>Department of Children and Families</td>
<td>24. Chuck Puckett, Family Safety Program Administrator</td>
</tr>
<tr>
<td>Department of Children and Families</td>
<td>25. Linda Mandizha, Operations Manager-Circuit / Administrator</td>
</tr>
<tr>
<td></td>
<td>26. Clay LaRoche, Community Relations Coordinator</td>
</tr>
<tr>
<td>Flagler Schools</td>
<td>27. Tim King, ESE Director</td>
</tr>
<tr>
<td>SMA Behavioral</td>
<td>28. Heather Prince, Director of Adolescent Services</td>
</tr>
<tr>
<td></td>
<td>29. Dr. Christine Cauffield, CEO</td>
</tr>
<tr>
<td>LSF Health Systems (Managing Entity)</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Participants</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Flagler Palm Coast High School</td>
<td>30. Future Problem Solvers team of students (via phone)</td>
</tr>
<tr>
<td>Future Problem Solvers Team: Project</td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td></td>
</tr>
<tr>
<td>The House Next Door</td>
<td>31. Steve Sally, CEO</td>
</tr>
<tr>
<td></td>
<td>32. Jennifer Nadelkov, LMFT, Clinical Director</td>
</tr>
<tr>
<td>SMA Behavioral</td>
<td>33. Pam Palmer, Assistant Director of the Residential Adolescent Program</td>
</tr>
</tbody>
</table>

**Behavioral Health Focus Group Participants, April 27, 2017**
- Fred Baker, SAYS
- Lisa Davitt, PACE Center for Girls
- Alfreta Hendley, LFS Health Systems
- Dorothy Lefford, Easterseals
- Marisol Lindsay, Devereux Family Builders
- Kassie McCune, Big Bear Behavioral Health
- Angela Minett, Adapt Behavioral Services
- Alicia Vincent, SMA Behavioral
- Crystal Weiss, Big Bear Behavioral Health
- Tanya Smith, Chrysalis Health
- Megan Jeffrey, Devereux Family Builders
- Dana Platas, Daniel

**Planning Committee Members** (Cumulative participation through January 2018):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred</td>
<td>Baker</td>
<td>SAYS</td>
</tr>
<tr>
<td>Chet</td>
<td>Bell</td>
<td>SMA Behavioral Health Services, Inc.</td>
</tr>
<tr>
<td>Sarah</td>
<td>Beggs</td>
<td>PACE Center for Girls</td>
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<tr>
<td>Lois</td>
<td>Berardi</td>
<td>Flagler Cares</td>
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<tr>
<td>David</td>
<td>Bossardet</td>
<td>Flagler Schools</td>
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<tr>
<td>Commander</td>
<td>Brandt</td>
<td>Flagler County Sheriff’s Office</td>
</tr>
<tr>
<td>Kelly-Kay</td>
<td>Brown</td>
<td></td>
</tr>
<tr>
<td>Denise</td>
<td>Calderwood</td>
<td>Project Hope</td>
</tr>
<tr>
<td>Stephanie</td>
<td>Capehart</td>
<td>Coquina Coast Democratic Progressive Caucus</td>
</tr>
<tr>
<td>Carl</td>
<td>Coalson</td>
<td>SEDNET</td>
</tr>
<tr>
<td>Ivan</td>
<td>Cosimi</td>
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<tr>
<td>Alma</td>
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<td>Jason</td>
<td>Dominguez</td>
<td>United Way Volusia/Flagler</td>
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<td>Flositz</td>
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<td>Gillis</td>
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<td>Terry</td>
<td>Gilyard</td>
<td>Azalea Health</td>
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<tr>
<td>Kim</td>
<td>Hale</td>
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<tr>
<td>Christine</td>
<td>Hancock</td>
<td>City of Bunnell</td>
</tr>
<tr>
<td>Rhonda</td>
<td>Harvey</td>
<td>SMA Behavioral Health Services, Inc.</td>
</tr>
<tr>
<td>Jeanna</td>
<td>Hester</td>
<td>Department of Juvenile Justice</td>
</tr>
<tr>
<td>Jennifer</td>
<td>Hiers</td>
<td>REACH Counseling &amp; Wellness</td>
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<tr>
<td>Shirley</td>
<td>Holland</td>
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<tr>
<td>Jennifer</td>
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<tr>
<td>Ashleigh</td>
<td>Husbands</td>
<td>Florida Linking Individuals Needing Care (FL LINC) Project, Florida Council for Community Mental Health</td>
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<tr>
<td>Marian</td>
<td>Irvin</td>
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<td>Clay</td>
<td>Laroche</td>
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<tr>
<td>D.J.</td>
<td>Lebo</td>
<td>Early Learning Coalition of Flagler and Volusia</td>
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<tr>
<td>Dorothy</td>
<td>Lefford</td>
<td>Easter Seals</td>
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<tr>
<td>Jillian</td>
<td>Lewandowski</td>
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<tr>
<td>Jerusha</td>
<td>Logan</td>
<td>NAACP</td>
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<tr>
<td>Evelyn</td>
<td>Lynam</td>
<td>Circuit 7 System of Care Initiative (DCF)</td>
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<tr>
<td>James</td>
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</tr>
<tr>
<td>Judge</td>
<td>Moore-Stens</td>
<td>7th Judicial Circuit</td>
</tr>
<tr>
<td>Jennifer</td>
<td>Nadelkov</td>
<td>The House Next Door</td>
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<td>Melissa</td>
<td>Norris</td>
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<tr>
<td>Katie</td>
<td>Ostrander</td>
<td>Adapt Behavioral Services</td>
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<td>Phyllis</td>
<td>Pearson</td>
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<td>Prince</td>
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<tr>
<td>Chuck</td>
<td>Puckett</td>
<td>Department of Children and Families</td>
</tr>
<tr>
<td>Dusty</td>
<td>Pye</td>
<td>Lutheran Services Florida Health Systems</td>
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<tr>
<td>Jeanne</td>
<td>Rademacher</td>
<td>United Way Volusia/Flagler</td>
</tr>
<tr>
<td>Chris</td>
<td>Ragazzo</td>
<td>Flagler County Sheriff’s Office</td>
</tr>
<tr>
<td>Commander</td>
<td>Reynolds</td>
<td>Flagler County Sheriff’s Office</td>
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<tr>
<td>Christina</td>
<td>Roebling</td>
<td>United Way Volusia/Flagler</td>
</tr>
<tr>
<td>Lisa</td>
<td>Ryals</td>
<td>Boys &amp; Girls Clubs of Volusia/Flagler Counties</td>
</tr>
</tbody>
</table>
8. Specify the expert consultation and education that was provided to your key stakeholders during this quarter (consultation and education on specific approaches and their linkage to best-known effective mental health and substance abuse treatment practices, diversion strategies, and recovery-oriented services).

None

9. Describe the composition of your Planning Council membership in compliance with F.S. 394.657(2) (a), and complete the attached form (Appendix A). (Note: this form must be updated when there is a change in Planning Council members).
   a) Describe any difficulties you have had in filling these membership positions.
   b) Describe the activities of the Planning Council, such as meeting frequency and types of collaboration efforts.
   c) Provide the date that your planning council met during this reporting period and brief description of the agenda.

The County of Flagler updated its PSCC roster after the County Commission elections, and all required positions have been filled. During the grant award period, the PSCC met 6 times. Documentation of PSCC meetings was submitted each quarter as outlined in the contract.

- March 8, 2017:
  On the agenda: Standing reports, mental health as a public health crisis, Project HOPE, Medical Marijuana Summit
- April 8, 2017:
  On the agenda: Standing reports-including CJMHSA project, County Centennial Event, Mental Health First Aid Training
- May 10, 2017:
  On the agenda: Standing reports, Youth BH Needs Assessment, Crisis Triage and Treatment Unit and Central Receiving Center report, Project WARM presentation
- October 11, 2017:
On the agenda: Standing reports (including this CJMHSA Planning Grant/Flagler Youth Behavioral Health project), Domestic Violence Summit report, 2017-2018 Crime Prevention Grant Program, NACO Stepping Up Initiative.

- **November 8, 2017:**
  On the agenda: Standing reports, Presentation and Approval of the CJMHSA Planning Grant/ Flagler Youth Behavioral Health project final Strategic Plan.

- **January 10, 2018:**
  On the agenda: Discussion of Opioid Epidemic
Section 2. Deliverables

1. Provide a detailed summary of the progress achieved in meeting the deliverable requirements outlined in Exhibit D of the Grant Agreement. As described in Section 1, Question 2 of this progress report, SMA Behavioral Healthcare completed 100% of the service tasks required for each quarter of project implementation as detailed in Section C-1. Service Tasks.

2. Using the Performance Measures for Acceptance of Deliverables in Exhibit D, Section D-4 of the grant agreement, complete the Strategic Plan Development Service Tables below, and provide the percentage of the target number/amount achieved or completed for each quarter, along with date of completion.

Please see tables beginning on page 14.
### Service Target

**D-2.1**

Achieve 100% of the tasks required for each quarter in Section C-1

<table>
<thead>
<tr>
<th>Service Target</th>
<th>Task</th>
<th>Target Date Per Grant Agreement</th>
<th>Percent Completed by Target Date</th>
<th>Actual Date of Completion</th>
<th>Comments</th>
</tr>
</thead>
</table>
|                | **C-1.1.1.** Develop a data development plan that identifies the Target Population by 4/1/17. Activities shall include:  
**C-1.1.1.1.** Collect and analyze data from existing organizations providing services to at-risk youth in the target area; and  
**C-1.1.1.2.** Identify, collect and analyze any necessary data not currently collected. | 4/1/17                          | 100%                            | 4/1/17                     | Needs Assessment completed. |
|                | **C-1.1.3.** Establish a Strategic Plan Framework to serve as a work plan for planning activities with the stakeholders by 4/1/17. The framework shall include:  
**C-1.1.3.1.** A strategy for design and implementation of the Strategic Plan;  
**C-1.1.3.2.** A strategy for how the Needs Assessment will be conducted;  
**C-1.1.3.3.** A strategy to identify, coordinate, share funding and resources, and recommended organizational or structural changes within the target area;  
**C-1.1.3.4.** A strategy for modifying current treatment services to meet the needs of the Target Population;  
**C-1.1.3.5.** A strategy for coordination, | 4/1/17                          | 100%                            | 3/1/17                     | Detailed work plan, including yearlong meeting calendar and tentative agendas, was developed in March 2017. |
communication and data sharing that addresses the protection of consumer information as well as establishing the framework for complimentary services between agencies;

C-1.1.3.6. A strategy to identify the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness

C-1.1.3.7. A Needs Assessment of existing community criminal justice and behavioral health systems by 4/30/17. The Needs Assessment shall:

C-1.1.3.7.1. Assess current substance abuse and mental health services available within the selected target county for those involved with the criminal justice, juvenile justice and behavioral health systems; and

C-1.1.3.7.2. Analyze the local service gaps for the Target Population; and

C-1.1.3.7.3. Identify key data elements and processes necessary to develop the Strategic Plan

D-2.1 Achieve 100% of the tasks required for each quarter in Section C-1

C-1.1.2. Complete the Sequential Intercept Map by 7/31/17; Activities shall include:

C-1.1.2.1. A summary of the identification, screening, assessment and referral processes;

C-1.1.2.2. A summary of the identification, screening, assessment and referral capacity;

C-1.1.2.3. Complete a Gap

7/31/17 100% 5/1/17

System of Care and Sequential Intercept Mapping session was held on May 1, 2017. 31 stakeholders participated.
<p>| <strong>C-1.2.1.</strong> Establish a minimum of three binding agreements with key stakeholder agencies to assist with the completion of the Strategic Plan by 7/31/17; | 7/31/17 | 100% | 9/19/16 | MOUs for match and planning participation were submitted as part of the grant proposal. |
| <strong>C-1.2.2.</strong> Complete an inventory of current data sharing practices by 7/31/17 | 7/31/17 | 100% | 7/31/17 | Inventory completed. |
| <strong>C-1.2.3.</strong> Develop a best practice action plan by 7/31/17; The plan will include; <strong>C-1.2.3.1.</strong> A best practices inventory; and <strong>C-1.2.3.2.</strong> Complete a best practice barrier analysis. | 7/31/17 | 100% | 7/31/17 | Best Practice plan completed. |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Objective</th>
<th>Start Date</th>
<th>End Date</th>
<th>Achievement Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-1.3.1.</td>
<td>Develop and present recommendations to the target area key stakeholders by 10/31/17. Recommendations will address: C-1.3.1.1. Data collection C-1.3.1.2. Data sharing C-1.3.1.3. Data reporting.</td>
<td>10/31/17</td>
<td>100%</td>
<td>10/2/17</td>
</tr>
<tr>
<td>C-1.3.1.</td>
<td>Complete the Strategic Plan utilizing information compiled by completing tasks and processes identified in Section C-1.1.2. by 2/1/18</td>
<td>2/1/18</td>
<td>100%</td>
<td>11/8/17</td>
</tr>
<tr>
<td>D-2.1</td>
<td>Achieve 100% of the tasks required for each quarter in Section C-1</td>
<td>1/31/18</td>
<td>100%</td>
<td>4/30/17, 7/31/17, 10/31/17, 1/30/18</td>
</tr>
</tbody>
</table>

- **C-1.3.1.1.** Data collection
- **C-1.3.1.2.** Data sharing
- **C-1.3.1.3.** Data reporting
- **C-1.3.1.4.** Project cost and financial oversight
- **C-1.3.1.5.** Timeline compliance with scheduled planning tasks and activities
- **C-1.3.1.6.** Stakeholder resource allocations, including the number of binding agreements, Committee attendance, future state resources, etc.
- **C-1.3.1.7.** Local and state data sets (e.g. CDC BRSSF)
- **C-1.3.1.8.** Stakeholder feedback
- **C-1.3.1.9.** Future local and state models of care
- **C-1.3.1.10.** Environmental factors
Section 3. Performance Measures and Outcomes

1. Describe the methodology(ies) established for data sharing, collection, and reporting.

   A Data Sharing and Reporting Methodology Plan was provided in the Q3 report.

2. Using the Performance Evaluation Methodology in Exhibit E, Section E-2. of the grant agreement, complete the table below (see page 19) and provide the actual percentage for the Performance Measures delineated in Section E-1. In addition, provide the actual numbers used in the Performance Evaluation Methodology to derive the performance measure percentages.

   Please see table on the following page for Performance Measures as completed during this project (per Exhibit E, Section E-1. of the contract), outlined according to the Performance Evaluation Methodology (Exhibit E, Section E-2. of the contract).
## Performance Measures and Outcomes

**E-1. Minimum Performance Measures** - The following minimum performance measures are established pursuant to **Section 2.4.2.** and shall be maintained during the terms of this Grant Agreement:

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Target Date</th>
<th>Actual Date Completed or Established</th>
<th>Notes/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-1.1. 100% completion of the Needs Assessment</td>
<td></td>
<td>4/12/17</td>
<td><strong>100% Complete:</strong> Needs Assessment presented to the PSCC on 4/12/17</td>
</tr>
<tr>
<td>E-1.1. Identification of the target population</td>
<td>Within 90 days of execution of Grant Agreement</td>
<td>4/2/17</td>
<td><strong>100% Complete:</strong> Initial target population identified at Planning Committee meeting on 4/2/17. Target population was further refined at Planning Committee meetings on 5/1/17 and 6/5/17.</td>
</tr>
</tbody>
</table>
| E-1.2. 100% of formal partnerships established, as evidenced by legally binding agreements with a minimum of three (3) agencies (i.e., law enforcement, homeless coalitions, treatment providers, courts, schools, etc.) | Within 180 days of execution of Grant Agreement | 9/19/16                              | **100% Complete:** MOUs for match and participation in the planning process were submitted with the grant proposal in September 2016. MOU’s include:  
- Flagler Schools (9-19-16)  
- Flagler Cares (9-19-16)  
- County of Flagler (9-19-16)  
- Halifax Health (9-19-16)  
- The House Next Door (9-19-16)  
- Flagler County PSCC (9-14-16) |
| E-1.2. Established formal partnership #1:                        |                                  |                                      |                                                                                                      |
| E-1.2. Established formal partnership #2:                        |                                  |                                      |                                                                                                      |
| E-1.2. Established formal partnership #3:                        |                                  |                                      |                                                                                                      |
| E-1.3. 100% completion of determining the methodology for data sharing and reporting among partners | Within 270 days of execution of Grant Agreement | 10/2/17                              | **100% Complete:** Data Sharing and Reporting Methodology Plan was presented to/agreed upon by attendees at 10-2-17 Planning Committee Meeting. |
| E-1.4. 100% completion of the Strategic Plan                     | Within 365 days of execution of Grant Agreement | 11/8/17                              | **100% Complete:** Strategic Plan was completed and approved by the Flagler County Public Safety Coordinating Council on November 8, 2017. |
Section 4. Technical Assistance

Explain what collaboration, if any, you have had with the Florida Mental Health Institute’s Technical Assistance Center (TAC). In accordance with Section C-2.4., Technical Assistance Requirements, of the Grant Agreement, provide a summary and documentation, if applicable, demonstrating that the following requirements were met:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Completion Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-2.4.1.</td>
<td>Primary contact information for the Grantee and each of its subcontracted or sub-grant award partners was provided to the TAC within 10 business days after execution of the Grant Agreement; Provided to Mark Engelhardt by Patrick Miley via email on 2-17-17.</td>
</tr>
<tr>
<td>C-2.4.2.</td>
<td>Participation in a county level technical assistance needs assessment survey conducted by the TAC; and list the three priority areas that you identified in the survey; Survey was completed and submitted by Carrie Baird on 2-21-17 and prioritized the following three areas: SIM Workshop, Crisis Intervention Teams, Guidance on HIPAA Myths and Laws</td>
</tr>
<tr>
<td>C-2.4.3.</td>
<td>Participation in a minimum of one formal technical assistance visit conducted by the TAC. Indicate if this visit was on-site or telephonic. If visit was conducted on-site, submit a sign in-sheet for all participating individuals or if conducted telephonically, submit a list of all participating individuals; TA Conference Call held on February 21 regarding the SIM and modifying the SIM for the juvenile justice system and for a small county. (Participating: Mark Engelhardt, Karen Mann, Patrick Miley, Alicia Vincent, Carrie Baird and Lois Berardi)</td>
</tr>
<tr>
<td>C-2.4.4.</td>
<td>Participation in quarterly program-wide conference calls scheduled by the TAC for all Grantees under the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Submit a list of individuals who participated in the quarterly conference call; and • Carrie Baird and Alicia Vincent participated in the quarterly webinar on March 28, 2017. • Carrie Baird participated in the quarterly webinar on June 13, 2017 • Carrie Baird, Lois Berardi, Patrick Miley and Cassandra Kennedy participated in CJMHSA Reinvestment Grantees and Partner meeting in Orlando on 8-15-17. • Carrie Baird participated on the webinar with Dr. Minkoff, October 24, 2017.</td>
</tr>
<tr>
<td>C-2.4.5.</td>
<td>Provided program reports and summary service data as requested by the TAC. None requested.</td>
</tr>
</tbody>
</table>

Section 5. Sustainability

Describe actions and/or steps taken that will lead to sustainability upon the completion of the grant funding.
All assessment and planning activities included a dialogue about sustainability. As the strategic plan was developed, sustainability was addressed as a core component of each recommended strategy. Funding of the strategic plan and its sustainability was discussed at the 1-8-18 Planning Committee meeting.

Section 6. Additional Information

1. Describe the effect the grant-funded initiatives have had on meeting the needs of adults and/or juveniles who have a mental illness, substance abuse disorder, or co-occurring disorder and include a discussion of the following:
   a. The impact of the grant-funded program on expenditures of the jail, juvenile detention center, and prison (e.g., decreased numbers, fiscal estimates);
   b. The impact of the grant-funded program on the reduction of forensic commitments to state mental health treatment hospitals or children’s state hospitals/treatment centers (if population served includes juveniles); and
   c. The impact the grant-funded program has had on the number and type of individuals detained (detention and/or jail) and incarcerated (prison) (e.g., change in numbers detained, change in types of charges of detainees).

   N/A at this time; none to date

2. Describe the impact the grant-funded program has had on the availability and accessibility of effective community-based services:

   N/A at this time; none to date

3. Describe the impact that your local matching funds has had on meeting and furthering the goals and objectives of your CJMHSA Reinvestment grant program (level of additional services and capacity served as a result of local matching funds):

   Matching funds were provided by key partners actively involved in the assessment and planning process. The active engagement of leaders and staff from Flagler Schools, Flagler Cares, SMA Behavioral, Halifax Health, The House Next Door, and Flagler County (PSCC) was critical to the achievement of service tasks to date.

Section 7. Source Documentation

1. Attach an appendix of the source documentation described in Section C-2.5.1.1. of the Grant Agreement documenting the tasks and associated activities performed during the report period. Label the source documentation to easily identify the related task and activity (For example, label the Needs Assessment documentation as “C-5.1.1.1. for task C-1.1.2.”).

   All Documents were submitted with Quarterly Reports on schedule per DCF reporting timeline and as outlined in the project contract (LHZ63).
<table>
<thead>
<tr>
<th>Documentation Label</th>
<th>Task Reference</th>
<th>Detail</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-2.5.1.1.1.</td>
<td>C-1.1.3.7.</td>
<td>Copy of the current Needs Assessment</td>
<td>Submitted with Q1 report</td>
</tr>
<tr>
<td>C-2.5.1.1.2.</td>
<td></td>
<td>A quarterly evaluation of strategic planning activities conducted,</td>
<td>Planning Committee meeting documents submitted with each Quarterly report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>including planning council or committee meeting agendas, minutes and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>sign-in sheets, a description of progress towards meeting planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>milestones targets; a description of key stakeholder's involvement in</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>planning activity, and identification of additional subject matter</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>expert and planning resource needs.</td>
<td></td>
</tr>
<tr>
<td>C-2.5.1.1.3.</td>
<td></td>
<td>Progress notes towards the development of the Workforce Development</td>
<td>Submitted with Q4 report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan and towards development of the final Strategic Plan.</td>
<td></td>
</tr>
<tr>
<td>C-2.5.1.1.4.</td>
<td></td>
<td>Agendas, sign-in sheets and documentation of subject matter expert</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>consultation, education and technical assistance provided to key</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>stakeholders during planning activity;</td>
<td></td>
</tr>
<tr>
<td>C-2.5.1.1.5.</td>
<td>C-1.2.1.</td>
<td>Copies of memoranda of understanding, inter-agency agreements, or</td>
<td>Submitted with Q2 report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sub-contracts with participating key stakeholder agencies</td>
<td></td>
</tr>
<tr>
<td>C-2.5.1.1.6.</td>
<td></td>
<td>Submission of data and information sharing agreements among partnering</td>
<td>Submitted with Q3 report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>agencies, as well as proposed methodologies</td>
<td></td>
</tr>
</tbody>
</table>
Tab 1: Report Guidance

Department of Children and Families
Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program

Financial Report Guidance

This Financial Report is used to track all expenses associated with a Criminal Justice, Mental Health and Substance Abuse (CJMHS) Reinvestment Grant. The Financial Report tracks both grant award-funded and grantee match-funded expenses and encourages program expenditure planning and projection.

Grantees are required to submit a Financial Report documenting their CJMHS activities. Reports are due on or before the 15th day following the end of any quarter period in which CJMHS grant award funds were used. The Financial Report is available in an Excel spreadsheet for ease of reporting. The Financial Report must be submitted to the Department in electronic format. The Financial Report must be accompanied by the signed certification of an authorized representative, found on Tab 2 - Certification. The authorized representative certifies that the Financial Report represents a complete and accurate account of all activities and expenses supported by the CJMHS grant award and grantee match obligations.

General Guidance

Enter all amounts as dollars and cents. Do not round. Enter all percentages to the nearest tenth of a percent. Enter all dates as mm/dd/yyyy. Do not enter any additional category lines.

Do not enter negative amounts. Grantees must monitor and ensure spending is within approved limits. Grantees are encouraged to discuss reasonable, allowable and necessary budget adjustments with DCF in advance of committing excess funds from any category to any other category.

Attach a brief narrative justification for the current period expense reporting. Discuss any payment delays, budget adjustments, underestimates or changes to the detail budgets and timelines.

Tab Specific Guidance

Tab 2 - Certification

Cut and paste the certification statement onto grantee letterhead. Include signed certification with the electronic copy of the Financial Report.

Tab 3 - Approved Budget

Enter the identifying information requested in Lines 2 through 7, Columns B and D. The executed CJMHS Grant contains the Grant #, Grant beginning and end dates, and the Grantee's Grant Manager's information.

The Lead Agency is the entity given primary responsibility by the County Public Safety Planning Council for achieving the goals and objectives of the CJMHS program. This agency may or may not be the same agency as the Grant Manager's agency. In the event grant activities are wholly or partially subcontracted, the lead agency is the agency responsible for oversight of the subcontracting entity.

Enter the name, title and agency designation of the individual preparing the report and the date on which the report is completed.

Enter the From and To dates of the current quarterly reporting period.

Enter the approved budgeted amounts as presented in the grantee's CJMHS Reinvestment Grant Application. If the grantee has formally requested and received written approval from DCF for a budget revision, enter the approved revised budget amounts. Budget amounts must be entered for the full multi-year Grant Award and grantee Match amounts.

Subgrantee(s) Expenses presented in a single line in the budget must be broken out by the approved CJMHS Expenses Categories using the supporting budget narrative detail in the grantee’s CJMHS Reinvestment Grant Application.

Administrative Cost Percentage will automatically calculate for the Grantee and the Subgrantee(s). The administrative costs for each grantee may not exceed 10 percent of the total funding received for any grant.

Tab 4 - Expenses This Period
Enter the dates included in the current quarterly reporting period. At a minimum, financial reports must be current through the close of the previous fiscal quarter.

Enter the actual expense amounts disbursed during the current period as reflected in the grantee’s official financial system. Do not include unpaid encumbrances, pending invoices, estimates or other amounts which may represent activities during this period which have not yet been processed through the payment system.

Administrative Cost Percentage will automatically calculate for the Grantee and the Subgrantee(s).

**Tab 5 - Prior Period Expenses**

Enter the "To" date only. The "To" date on Tab 5 is the day before the "From" date of Expenses This period on Tab 4. The "From" date on Tab 5 will automatically populate when the Grant Agreement Begin Date on Tab 3 is entered.

Enter the actual expense amounts disbursed during the all previously reported periods. If desk reviews, audits or other financial adjustments have been made to reconcile previously reported expenses, provide a narrative description of the nature and reason for the adjustment.

Administrative Cost Percentage will automatically calculate for the Grantee and the Subgrantee(s).

**Tab 6 - Total Expenses to Date**

Tab 6 will automatically total information entered in Tabs 4 and 5. Grantees are responsible for verifying the accuracy of these totals before submitting the Financial Report. Report any formula adjustments needed to your DCF Grant Manager.

Administrative Cost Percentage will automatically calculate for the Grantee and the Subgrantee(s).

**Tab 7 - CJMHSA Available Fund Balance**

Enter the "From" date on Tab 7 as the day after the "To" date on Tab 4 Expenses This Period

Tab 7 will automatically subtract totals on Tab 6 from the Approved Budget totals on Tab 3. Grantees are responsible for verifying the accuracy of these totals before submitting the Financial Report. Report any formula adjustments needed to your DCF Grant Manager.

Administrative Cost Percentage will automatically calculate for the Grantee and the Subgrantee(s).

**Tab 8 - CJMHSA Projected Additional Expenses**

Provide an updated estimate of the costs involved in completing the CJMHSA program as described in the Grant Application. Discuss any differences between this report and the totals on Tab 7 in the financial narrative attachment.

Administrative Cost Percentage will automatically calculate for the Grantee and the Subgrantee(s).
<table>
<thead>
<tr>
<th>Tab 2: Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, Eric Horst, hereby certify the above to be accurate and in agreement with the records on file and with the terms and conditions of the Grant Agreement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant awarded to SMA Behavioral Health Services, Inc.</td>
</tr>
<tr>
<td>Signed: [Signature]</td>
</tr>
<tr>
<td>Print Name: Eric Horst</td>
</tr>
<tr>
<td>Date: 2/23/18</td>
</tr>
</tbody>
</table>
## Tab 3: Approved Budget

### CRIMINAL JUSTICE MENTAL HEALTH AND SUBSTANCE ABUSE REINVESTMENT GRANT PROGRAM

<table>
<thead>
<tr>
<th>Grantee’s Name</th>
<th>SMA BEHAVIORAL HEALTHCARE</th>
<th>Grant Agreement#</th>
<th>LHZ63</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Agreement Begin Date</td>
<td>2/1/2017</td>
<td>Grant Agreement</td>
<td>End Date</td>
</tr>
<tr>
<td>Grantee’s Grant Manager</td>
<td>Sean Matthews</td>
<td>Title and Agency</td>
<td>MyFloridaFamilies, Contract Manager</td>
</tr>
<tr>
<td>Grantee’s Lead Agency</td>
<td>Department of Children and Families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Prepared By</td>
<td>Lorraine Dacey</td>
<td>Report Date</td>
<td>3/27/2018</td>
</tr>
<tr>
<td>Report Period: From</td>
<td>2/1/2017</td>
<td>To:</td>
<td>1/31/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CJMHSA Expense Category</th>
<th>Total Grant Award</th>
<th>In-Kind Match</th>
<th>Total CJMHSA Approved Budget</th>
<th>1 As approved in the county original CJMHSA application or as revised with written approval of the Department of Children and Families.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$12,480.00</td>
<td>$12,480.00</td>
<td>$12,480.00</td>
<td>$12,480.00</td>
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<tr>
<td>Fringe Benefits</td>
<td>$5,238.00</td>
<td>$5,238.00</td>
<td>$5,238.00</td>
<td>$5,238.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$388.00</td>
<td>$388.00</td>
<td>$388.00</td>
<td>$388.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$180.00</td>
<td>$180.00</td>
<td>$180.00</td>
<td>$180.00</td>
</tr>
<tr>
<td>Rent/Utilities</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$135.00</td>
<td>$84,312.00</td>
<td>$84,447.00</td>
<td>$84,447.00</td>
</tr>
<tr>
<td>Administrative</td>
<td>$7,102.00</td>
<td>$7,102.00</td>
<td>$7,102.00</td>
<td>$7,102.00</td>
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<tr>
<td><strong>SUBTOTAL GRANTEE</strong></td>
<td><strong>$27,023.00</strong></td>
<td><strong>$84,312.00</strong></td>
<td><strong>$111,335.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

| SUBGRANTEE EXPENSES     | Consultant Fees   | $44,000.00    | $44,000.00                  | $44,000.00                                                        |
|                        | Fringe Benefits   | $0.00         | $0.00                       | $0.00                                                            |
|                        | Equipment         | $0.00         | $0.00                       | $0.00                                                            |
|                        | Travel            | $0.00         | $0.00                       | $0.00                                                            |
|                        | Supplies          | $0.00         | $0.00                       | $0.00                                                            |
|                        | Rent/Utilities    | $0.00         | $0.00                       | $0.00                                                            |
|                        | Other Expenses    | $0.00         | $0.00                       | $0.00                                                            |
|                        | Administrative    | $0.00         | $0.00                       | $0.00                                                            |
| **SUBTOTAL SUBGRANTEE** | **$44,000.00**    | **$0.00**     | **$44,000.00**              |                                                                  |

### TOTAL ALL COSTS

<table>
<thead>
<tr>
<th>TOTAL ALL COSTS</th>
<th>$71,023.00</th>
<th>$84,312.00</th>
<th>$155,335.00</th>
</tr>
</thead>
</table>

### MATCH %

118.71%

### ADMINISTRATIVE PERCENTAGE

<table>
<thead>
<tr>
<th>GRANTEE'S ADMINISTRATIVE %</th>
<th>4.57%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBGRANTEE'S ADMINISTRATIVE %</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
Tab 4: Expenses this Period (Q4)

<table>
<thead>
<tr>
<th>CJMHSA Expense Category</th>
<th>GRANTEE EXPENSES</th>
<th>SUBGRANTEE(S) EXPENSES</th>
<th>TOTAL ALL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$9,680.44</td>
<td>$11,000.00</td>
<td>$24,161.95</td>
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<tr>
<td>Fringe Benefits</td>
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<td>$1,359.16</td>
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<tr>
<td>Equipment</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Rent/Utilities</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Administrative</td>
<td>$2,122.35</td>
<td>$20,529.00</td>
<td>$20,529.00</td>
</tr>
<tr>
<td><strong>SUBTOTAL GRANTEE</strong></td>
<td><strong>$13,161.95</strong></td>
<td><strong>$20,529.00</strong></td>
<td><strong>$22,887.00</strong></td>
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<tr>
<td>Consultant Fees</td>
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<td>$11,000.00</td>
<td>$11,000.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$0.00</td>
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<td>$0.00</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Travel</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Supplies</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Rent/Utilities</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Administrative</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td><strong>SUBTOTAL SUBGRANTEE</strong></td>
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<td><strong>$0.00</strong></td>
<td><strong>$11,000.00</strong></td>
</tr>
</tbody>
</table>

**TOTAL ALL COSTS**

<table>
<thead>
<tr>
<th></th>
<th>GRANTEE</th>
<th>SUBGRANTEE</th>
<th><strong>TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MATCH %</strong></td>
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**TOTAL ADMINISTRATIVE COSTS**

<table>
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<th>GRANTEE'S</th>
<th>SUBGRANTEE'S</th>
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<td></td>
<td>6.26%</td>
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2 Current reporting period costs only.
## Tab 5: Expenses Prior Period (Q1-Q3)

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<th>SMA BEHAVIORAL HEALTHCARE</th>
<th>Grant Agreement #</th>
<th>LHZ63</th>
<th>CJMHSA Expenses Prior Period</th>
<th>From</th>
<th>To</th>
<th>Grant Award</th>
<th>In-Kind Match</th>
<th>Total</th>
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<td><strong>LHZ63</strong></td>
<td><strong>LHZ63</strong></td>
<td><strong>LHZ63</strong></td>
<td><strong>LHZ63</strong></td>
<td><strong>LHZ63</strong></td>
<td><strong>LHZ63</strong></td>
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<td><strong>CJMHS Expense Category</strong></td>
<td><strong>CJMHS Expense Category</strong></td>
<td><strong>CJMHS Expense Category</strong></td>
<td><strong>CJMHS Expense Category</strong></td>
<td><strong>CJMHS Expense Category</strong></td>
<td><strong>CJMHS Expense Category</strong></td>
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<td>0.00%</td>
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</table>
### Tab 6: Total Expenses to Date (Entire Grant Period)

<table>
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<tr>
<th>Grantee</th>
<th>SMA BEHAVIORAL HEALTHCARE</th>
<th>Grant Agreement #</th>
<th>LHZ63</th>
</tr>
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<tbody>
<tr>
<td>CJMHSA Total Expenses to Date</td>
<td>From 2/1/2017</td>
<td>To 1/31/2018</td>
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<tr>
<td>Grant Award</td>
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<tr>
<td>In-Kind Match</td>
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<td></td>
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<td>$1,288.41</td>
</tr>
<tr>
<td>Travel:</td>
<td><strong>$16.73</strong></td>
<td><strong>$0.00</strong></td>
<td>$16.73</td>
</tr>
<tr>
<td>Supplies:</td>
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<td><strong>$0.00</strong></td>
<td>$62.56</td>
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<tr>
<td>Rent/Utilities:</td>
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<td>$0.00</td>
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<td><strong>$44,000.00</strong></td>
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<td><strong>$0.00</strong></td>
</tr>
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<td>Equipment:</td>
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<td><strong>$0.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
<tr>
<td>Travel:</td>
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<td><strong>$0.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
<tr>
<td>Supplies:</td>
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<td><strong>$0.00</strong></td>
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<td>Other Expenses:</td>
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<td><strong>$88,815.06</strong></td>
<td><strong>$156,709.77</strong></td>
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</table>
## Tab 7: Available Balance

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<th>CJMHSA Available Fund Balance</th>
<th>Grant Award</th>
<th>In-Kind Match</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From 2/1/2017</td>
<td>To 1/31/2018</td>
<td></td>
<td></td>
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<tr>
<td><strong>GRANTEE EXPENSES</strong></td>
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<tr>
<td>Fringe Benefits:</td>
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<td>$0.00</td>
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</tr>
<tr>
<td>Equipment:</td>
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<td>$0.00</td>
<td>$0.00</td>
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</tr>
<tr>
<td>Travel:</td>
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<tr>
<td>Supplies:</td>
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<tr>
<td>Rent/Utilities:</td>
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<tr>
<td>Other Expenses:</td>
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<tr>
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<td><strong>TOTAL ADMINISTRATIVE COSTS</strong></td>
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<td>0.00%</td>
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</table>
Tab 8: Projected Additional Expenses

| Grantee | SMA BEHAVIORAL HEALTHCARE | Grant Agreement # | LHZ63 | CJMHSA Projected Additional Expenses
|---------|---------------------------|-----------------|-------|-----------------------------------------------
|         |                           |                 |       | From 2/1/2017 To 1/31/2018
|         |                           |                 |       | Grant Award | In-Kind Match | Total |
|         |                           |                 |       | GRANTEE EXPENSES |
|         |                           |                 |       | Salaries: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Fringe Benefits: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Equipment: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Travel: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Supplies: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Rent/Utilities: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Other Expenses: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Administrative: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | SUBTOTAL DIRECT $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | SUBGRANTEE(S) EXPENSES |
|         |                           |                 |       | Consultant Fees: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Fringe Benefits: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Equipment: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Travel: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Supplies: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Rent/Utilities: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Other Expenses: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | Administrative: $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | SUBTOTAL CONTRACTUAL $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | TOTAL ALL COSTS |
|         |                           |                 |       | TOTAL ALL COSTS $0.00 | $0.00 | $0.00 |
|         |                           |                 |       | MATCH % 0.00% |
|         |                           |                 |       | TOTAL ADMINISTRATIVE COSTS |
|         |                           |                 |       | GRANTEE'S ADMINISTRATIVE % 0.00% |
|         |                           |                 |       | SUBGRANTEE'S ADMINISTRATIVE % 0.00% |