

Instructions for JCAB ~ Evidence Based Program Funding Request

Applicant Agency:

The name of the agency applying for funding.

Program Name:

The name of the program/service that funding is being requested for.

Problem/Need Statement:

Show what current and relevant data the agency used to show this service is a current gap in the system. This should demonstrate the need for the service in the judicial district.

Description of Proposed Program or Service:

Describe the scope of services proposed in this request.

Participant Program Cost:

Describe any cost(s) incurred by the youth in order to participate in the program/service.

Completion Criteria:

Specify the requirements and obligations the participant must meet in order to complete the program. Please include how long a participant is expected to remain in the program to meet the completion criteria. Please include any criteria used to consider the program was successfully or unsuccessfully completed.

Target Population:

	<i>Demographics</i>	The basic demographics of the program’s target population(s) (i.e. age, gender, risk level, etc.).
	<i>Eligibility Criteria</i>	How participants are identified for the program.
	<i>Referral Source(s)</i>	How are youth referred to access the program.
	<i>Geographic Area to be Served</i>	The geographic area(s) from which participants will be served. This might be an entire judicial district or one county in a multi-county district or one school in a school district, etc.

Evidence-Base for Proposed Program/Service:

Include citations or documentation supporting the proposed program or service as a promising or evidence-based practice.

Monitoring and Evaluation:

Describe who will be responsible for monitoring & evaluating the program and how that will be done.

Measurable Outcomes:

A specific statement that will allow the agency/organization to measure whether the program is effecting the desired changes in knowledge, attitude, skills or behavior that it is intended to impact. Typical measures may include participants improved performance on measurable tests or changed level of participant engagement in target behavior.

Funding Request:

Provide the total amount of funding requested by budget category for a two year award period. A detailed budget will have to be completed in Amplifund once the final JCAB award notification occurs.

JCAB ~ Evidence Based Program Funding Request

Applicant Agency:	Fourth Judicial District Juvenile Services	
	Address 1:	1418 S. Main Street, Suite 3
	Address 2:	
	City/State/Zip:	Ottawa, KS 66067
	Name of Contact Person:	Dustin Browning
	Contact Person Phone:	785-229-3519
	Contact Person Email:	dbrowning@franklincoks.org

Will this program be subcontracted to another agency/organization?

If Yes, please provide the following information:

	Agency/Organization Name:	Elizabeth Layton Center
	Address 1:	2537 Eisenhower Road
	Address 2:	PO Box 677
	City/State/Zip:	Ottawa, KS 66067
	Name of Contact Person:	Leslie Bjork
	Contact Person Phone:	785-242-3780
	Contact Person Email:	lbjork@laytoncenter.org

Why is the proposed program/service needed in the judicial district? Please identify the specific risk/needs the program/service is seeking to address (i.e. criminogenic needs, responsivity, employment, etc.) and include current and relevant data that demonstrates a need for this program/service.

As many as 70% of youth who enter the juvenile justice system are diagnosed with mental disorders. Recidivism rates for these youth have been estimated to be over 50%. Additionally, treatment services for juveniles in the justice system is a need that has been voiced repeatedly by members of our local community. While community supervision officers often make referrals to resources, including the community mental health centers, utilization of such referrals is not tracked. Data collection maintained through this program will establish its usefulness with the juvenile offender population.

In FY2023, a new Care Coordinator was hired to fill the existing vacancy. This person is employed as a Case Manager at Elizabeth Layton Center and is providing valuable connections, resources, and skills to juvenile offenders that we would lack without the position. The Care Coordinator may address the following, but not limited to: behavioral health needs, education/employment needs, life skills, and various barriers or responsivity factors.

Description of Proposed Service/Program, including timeframe (i.e. school year, number of sessions, number of weeks, etc.)

This position provides enhanced access to behavioral health services for juvenile offenders in the district. This position may provide the following in individual and/or group settings: care coordination services, mental health treatment, substance use treatment, cognitive-behavioral programming. This program may alleviate the need for referral to an external provider in many cases and provide the youth with more immediate behavioral health services. This is a continuation of the program implemented in FY2021 and continued through FY2023. Frequency of contacts and duration of the program for completion is determined on a case-by-case basis.

Participant Program Cost

Is there a cost associated with the program/service?

No

If Yes, please explain:

Completion Criteria

Successful Termination (Tx Complete): A successful termination shall be defined as the release of a client from treatment that has, in the opinion of the care coordinator, met one or more of the following criteria:

1. Participated in treatment in a manner deemed appropriate by the care coordinator; and/or
2. Increased their overall functioning score, as measured by the DLA; and/or
3. Successfully met the mutual (care coordinator, supervising officer, client) goals and objectives; and/or,
4. Demonstrated the ability to act and live independently in the community with limited intervention

Target Population

Demographics	This program targets any youth with a current juvenile offender adjudication who reside in the district and are supervised by Court Services or Community Corrections.
Eligibility Criteria	Adjudicated youth that currently have services in place to meet their behavioral health needs would not be considered eligible for referral. Otherwise, all youth with current juvenile offender adjudications are eligible.
Referral Source	Any community supervision officer may make a referral based on the following factors, including but not limited to: results of a risk/need assessment, diagnosis of a mental illness, substance abuse, or current crisis.
Geographic Area to be Served	This program serves youth in the four counties of the Fourth Judicial District - Anderson, Coffey, Franklin, and Osage.

Please describe how the program will address racial, ethnic, geographic and other biases that may exist within the program.

To address geographic bias and the barrier of transportation issues, the Care Coordinator may meet with program participants in a variety of community settings throughout the district and will utilize technology to meet with clients virtually when necessary.

Evidence Base for Proposed Program/Service. Please include credentials or documentation supporting the proposal as promising or evidence-based program or practice.

Heretick, D. M. L., & Russell, J. A. (2013). The impact of juvenile mental health court on recidivism among youth. *Journal of Juvenile Justice*, 3(1), 1-14.

Fretty, Heather. (2017). Gaps in Mental Health Services in the Juvenile Justice System as Identified by Clinical Social Workers. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/732

Zajac, K., Sheidow, A. J., Davis, M. (2015). Juvenile justice, mental health, and the transition to adulthood: A review of service system involvement and unmet needs in the U.S. *Children and Youth Services Review*, 56, 139–148.

Monitoring and Evaluation

Who will be responsible for annual evaluations of the program/service at a the provider level?
--

The local Juvenile Corrections Advisory Board is responsible for evaluations of the program.
--

Describe the process for monitoring and evaluating the program/service at the provider level, including who will conduct evaluations and how they will be done.

The Care Coordinator compiles participant data each quarter in a local Excel spreadsheet and submits it to the Director of Community Corrections. The Care Coordinator and Director of Community Corrections collaborate to compile the KDOC Quarterly Progress Report and submit it to KDOC.

If the program/service will be monitored and evaluated by the JCAB, please describe the process, including who will conduct evaluations and how it will be done.

The Director of Community Corrections shares the quarterly data with the JCAB for the board to evaluate the program at their scheduled meetings. When this data is presented, the JCAB will work with the Director and/or Care Coordinator to identify trends, determine effectiveness, and recommend modifications to the program if necessary.

Measurable Outcomes

Please describe the outcome measures that will be used to determine effectiveness of the program/service. Please include what data will be measured and how it will be measured.

- 1. Participants will attend treatment in a manner deemed appropriate by Care Coordinator; and/or
- 2. Participants will increase overall functioning score as measured by DLA; and/or
- 3. Participants will meet mutual goals and objectives.

In addition to outcomes tracked by the program/service provider, the following are mandatory outcomes that must be tracked and reported to KDOC. KDOC will provide a workbook and instructions for tracking outcomes at the time of award notification.

Outcome	Target
---------	--------

Percent of youth living at home at completion of program	100%
Percent of youth living at home 1 year after completion of program	90%
Percent of youth in school and/or working at completion of program	90%
Percent of youth in school and/or working 1 year after completion of program	90%
Percent of youth with no new arrests at completion of program	80%
Percent of youth with no new arrests 1 year after completion of program	80%
Percent of youth successfully completing program	80%

Funding Request

Budget Category	FY24-25 Category Total
Agency Operations	
Client Services	
Communications	
Contractual	\$93,660.14
Equipment	
Salary & Benefits	
Supplies	
Training	
Travel	
Total Funding Request	\$93,660.14