

CRIMINAL JUSTICE COORDINATING COUNCIL

FY'15 JUVENILE JUSTICE INCENTIVE GRANT PROGRAM
GRANTEE KICKOFF

MONDAY JULY 28, 2014



WORKSHOP AGENDA

- Financial Overview
- Review of Year 1 Data



JUVENILE JUSTICE REFORM

Financial Overview



Accepting Your Award



Award Packet Activation

❑ Accepting your award

- Award notifications - June 20, 2014
- All awards packages are due back to CJCC by August 15, 2014 (45 days after date of execution)
- Refer to the enclosed instructions when completing your award package.
- Carefully review special conditions
- Be sure to have all award documents signed by the appropriate authorized official.
- Grant awards will not be activated until all documentation is received and approved by CJCC.

Authorized Official



- Government Agencies
 - County Commission Chair or Mayor
- Delegating Signing Authority
 - Signature Authorization Letter
 - Delegated signing authority will only apply to this particular grant for the current grant cycle.

Accepting Your Award (cont.)

- Documents in the award packet to complete:
 - Subgrant Award Document
 - Special Conditions
 - Reimbursement Selection Form
 - Subgrant Adjustment Request (SAR) #1
 - Subgrant Expenditure Report/Request for Funds
 - Request for Initial Advance Payment Form*
 - Designation of Grant Officials
 - Vendor Management Form

**OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL**

REFERENCE NO. : _____

SUBGRANTEE :

**IMPLEMENTING
AGENCY :**

PROJECT NAME : Juvenile Justice Incentive Grant

SUBGRANT NUMBER :

FEDERAL FUNDS : \$

MATCHING FUNDS : \$

TOTAL FUNDS : \$

GRANT PERIOD : 08/01/13-06/30/14

This award is made under the State of Georgia Juvenile Justice Incentive Grant (JJIG) program and is subject to the administrative rules established by the Criminal Justice Coordinating Council. The purpose of the JJIG program is to provide funding for juvenile courts to serve youth in the community who would otherwise be committed to Georgia's Department of Juvenile Justice.

This Subgrant shall become effective on the beginning date of the grant period, provided that within forty-five (45) days of the award execution date (below) the properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council.

AGENCY APPROVAL

SUBGRANTEE APPROVAL

Jacqueline Bunn, Director
Criminal Justice Coordinating Council

Date Executed: 08/01/13

Signature of Authorized Official Date

Typed Name & Title of Authorized Official

58-1911146-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102		1	08/01/13	9		**	
2	46	4					
2	46	4					
2	46	4					

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Juvenile Justice Incentive Grant		\$

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: _____

AGENCY NAME: _____

1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below. A voided check must be attached to ensure proper routing of funds.)

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

AGENCY CONTACT NAME: _____

**AGENCY CONTACT
TELEPHONE NUMBER:** _____

**AGENCY AUTHORIZED
OFFICIAL NAME AND TITLE:** _____

**AGENCY AUTHORIZED
OFFICIAL SIGNATURE:** _____

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

**AGENCY AUTHORIZED
OFFICIAL SIGNATURE:** _____

For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: _____

PROJECT TITLE: _____

Mr. Ms.

PROJECT DIRECTOR NAME (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr. Ms.

FINANCIAL OFFICER (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr. Ms.

AUTHORIZED OFFICIAL (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Subgrant Adjustment Requests



Subgrant Adjustment Requests (SAR)

Occasionally grantees may need to change/update any of the following on a grant:

- Primary and secondary contact information;
- A budget modification within currently approved budget categories;
- Personnel changes (either changes in the persons funded or the percent of time spent on the grant)

To request any of these, grantees must complete a Subgrant Adjustment Request (SAR) form & return to CJCC

REQUEST DATE: _____

SUBGRANT #: A13-8-009

SUBGRANTEE:
PROJECT NAME:

NATURE OF ADJUSTMENT: _____ REVISED BUDGET Go To SECTION I
 _____ PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
 Mark all that apply. _____ PROJECT OFFICIALS/ADDRESSES. . . Go To SECTION III
 _____ PROJECT PERSONNEL. Go To SECTION III
 Adjustments of each type shown should be entered in the section indicated. _____ GOALS AND OBJECTIVES Go To SECTION III
 _____ OTHER. Go To SECTION III

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
PERSONNEL	\$ 55,187	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 55,187	_____	_____
Federal	\$ 55,187	_____	_____
Match	\$ 0	_____	_____

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/13	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/14	End Date: _____	

NOTE: The maximum extension request cannot exceed 12 months.

SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)

CONTINUED ON NEXT PAGE

REQUEST DATE: _____

SUBGRANT #: A13-8-009

SUBGRANTEE:
PROJECT NAME:

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II & III (page 1) must be justified in detail in this Section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

SUBMITTED BY:

Signature of Financial Officer or Project Director	_____	Title	_____	Date	_____
--	-------	-------	-------	------	-------

CJCC ROUTING AND APPROVALS: Approval Disapproval Reviewer Signature

Reviewed By: _____
 Authorized By: _____

Subgrant Expenditure Report



Subgrant Expenditure Reports (SERs)

- Schedule for submitting Expenditure Reports:
 - Quarterly reports are due 15 days after the end of each quarter
 - Monthly reports are due 15 days after the end of each month
 - All grant-related expenses incurred must be listed on submitted SERs to be considered for reimbursement
 - Expenses must be incurred during the grant period
 - (SERs) must be signed by the authorized official or appropriate designee

**CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT # 2011-VA-GX-0010**

SUBGRANT #:

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE:

FUNDING CATEGORY:

PROJECT PERIOD: 10/01/11 to 09/30/12

COMBINED FEDERAL & MATCH EXPENDITURES					
	APPROVED BUDGET	PREVIOUSLY APPROVED N/A THIS RPT	EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ _____	\$ _____	0	\$ _____	\$ _____
EQUIPMENT	_____	_____	0	_____	_____
SUPPLIES	_____	_____	0	_____	_____
TRAVEL	_____	_____	0	_____	_____
PRINTING	_____	_____	0	_____	_____
OTHER	_____	_____	0	_____	_____
TOTAL	\$ _____	\$ _____	0	\$ _____	\$
FEDERAL	_____	_____	0	_____	_____
MATCH	_____	_____	0	_____	_____

EARNED PROJECT INCOME FOR THE PERIOD:
FORFEITED \$ _____ OTHER \$ _____

EARNED PROJECT STATUS INCOME FOR THE PERIOD:
EXPENDED \$ _____ UNEXPENDED \$ _____

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____
PHONE NUMBER: _____ TYPED NAME & TITLE _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: _____ AMOUNT REQUESTED THIS REPORT: _____
SUBGRANT AWARD: _____ \$ _____ REVIEWED BY (INITIALS & DATE): _____
REQUESTED TO DATE: _____ AUTHORIZED BY _____ DATE _____
BALANCE: _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY						DISCOUNT	PO/AUTH	PAY DATE
			Tif EI - Partial Order					
			Tif ED - Schedule Pay Date					
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE		AMOUNT
4710606000	13104	13139	0630104	315	707002			

Reimbursement Key Notes





If the expense is not listed in your approved budget, you cannot claim it!



Reimbursements keynotes (cont.)

- Submit the following with each request:
 - **Subgrant Expenditure Report/Request for Funds Form** (turnaround document) signed by the authorized official / designee
 - **Supporting documents**
 - Categorize all expenses with totals
 - Purchase Orders
 - Invoices
 - Proof of Payment (i.e., check copies, request for payment)

Links and Resources



Contact Information



Samantha Wolf

Program Director, Juvenile Justice Unit

404.657.1958

samantha.wolf@cjcc.ga.gov

Matthew Pitts

Planning and Policy Specialist

404.657.2014

matthew.pitts@cjcc.ga.gov

Reginald Boyd

Financial Operations Generalist

404.657.2073

reginald.boyd@cjcc.ga.gov

Helpful Links & Resources

- **Criminal Justice Coordinating Council**
<http://cjcc.georgia.gov>
- **Juvenile Justice Incentive Grant**
<http://cjcc.georgia.gov/funding-opportunities>

CJCC Contact Information

- Website Address

<http://cjcc.georgia.gov>

- Mail: Criminal Justice Coordinating Council

Attn: Juvenile Justice Unit

104 Marietta Street, NW, Suite 440

Atlanta, Georgia 30303-2743

- Phone: 404-657-1956

- Fax: 404-657-1957

Questions?



Georgia Juvenile Justice Incentive Grants: A Data Snapshot October 2013 – May 2014

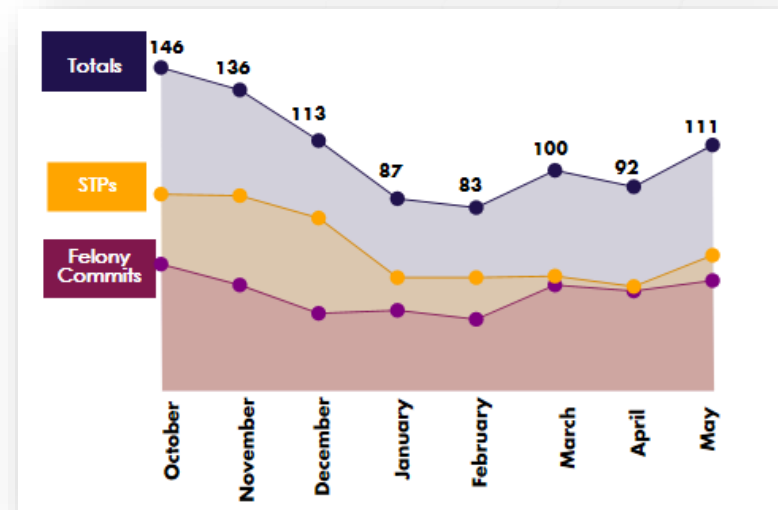
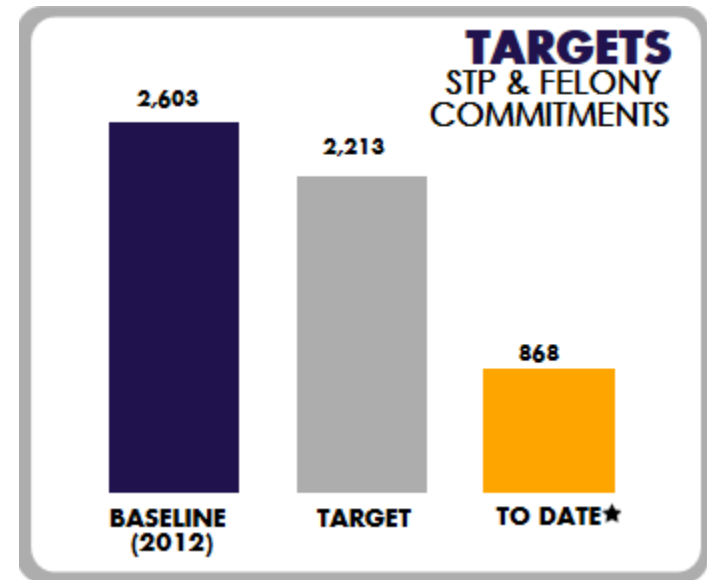
Dr. Cristin Rollins
cristin@uga.edu

Year 1 Incentive Grants

- **29 Grantees**
 - **21 funded through CJCC**
 - **8 funded through GOCF**
- **49 Counties**
 - **Representing almost 70% of Georgia's total at-risk population (ages 0-16)**
- **Utilize Evidence-Based Programs and Practices**
 - **DAI, PDRA**
 - **EBPs**
- **Decrease out of home placements by 15% from FY2012**
 - **Felony Commitments to DJJ**
 - **STP Admissions**

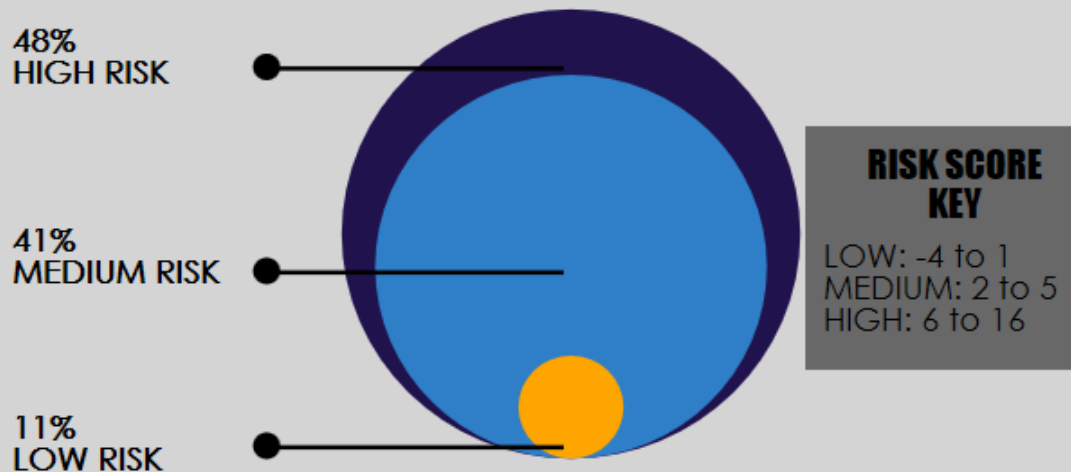
Grantees committed to reduce Felony Commitments and Short Term Program Admissions by at least 15% over the course of the grant cycle, October 2013 – June 2014.

More than 90% of grantees are on track to meet or exceed these targets.



PRE-DISPOSITION RISK ASSESSMENT

Grantees use the Pre-Disposition Risk Assessment (PDRA), an evidence-based criminogenic risk assessment tool developed by the Department of Juvenile Justice. The PDRA measures the likelihood that a youth will re-offend and provides courts with a standardized measure to determine appropriateness for alternative programs. This initiative is intended to serve juveniles with medium to high PDRA scores. The below graph represents PDRA scores for youth in grant-funded EBPs for the most recent reporting month, May 2014



Evidence-Based Programming

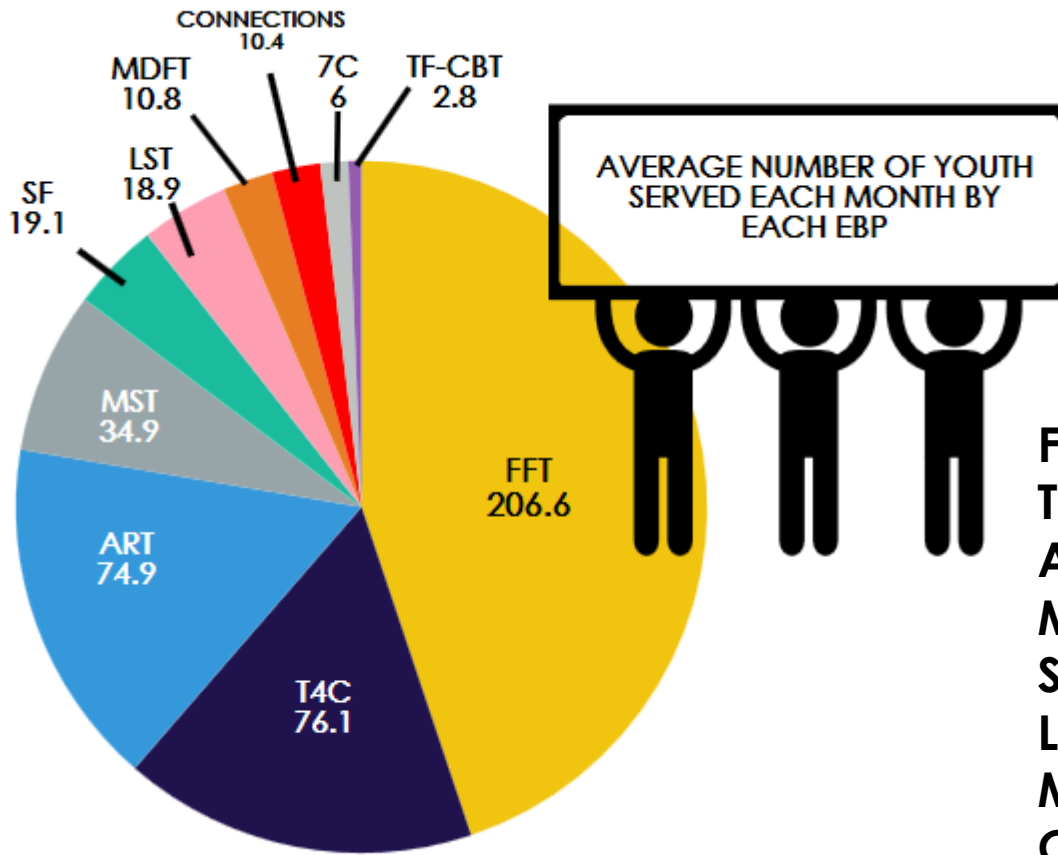
5 Individual/Family Therapy Programs

- **Functional Family Therapy (FFT)**
- **Multisystemic Therapy (MST)**
- **Multi-Dimensional Family Therapy (MDFT)**
- **Trauma-Focused Cognitive-Behavioral Therapy (TFCBT)**
- **Connections Wraparound**

5 Group-Based Therapy Programs

- **Aggression Replacement Training (ART)**
- **Strengthening Families (SF)**
- **Thinking for a Change (T4C)**
- **Seven Challenges**
- **Botvin LifeSkills**

Grant-funded Evidence-Based Programs are appropriate for reducing criminogenic behaviors in juvenile populations per crimesolutions.gov.



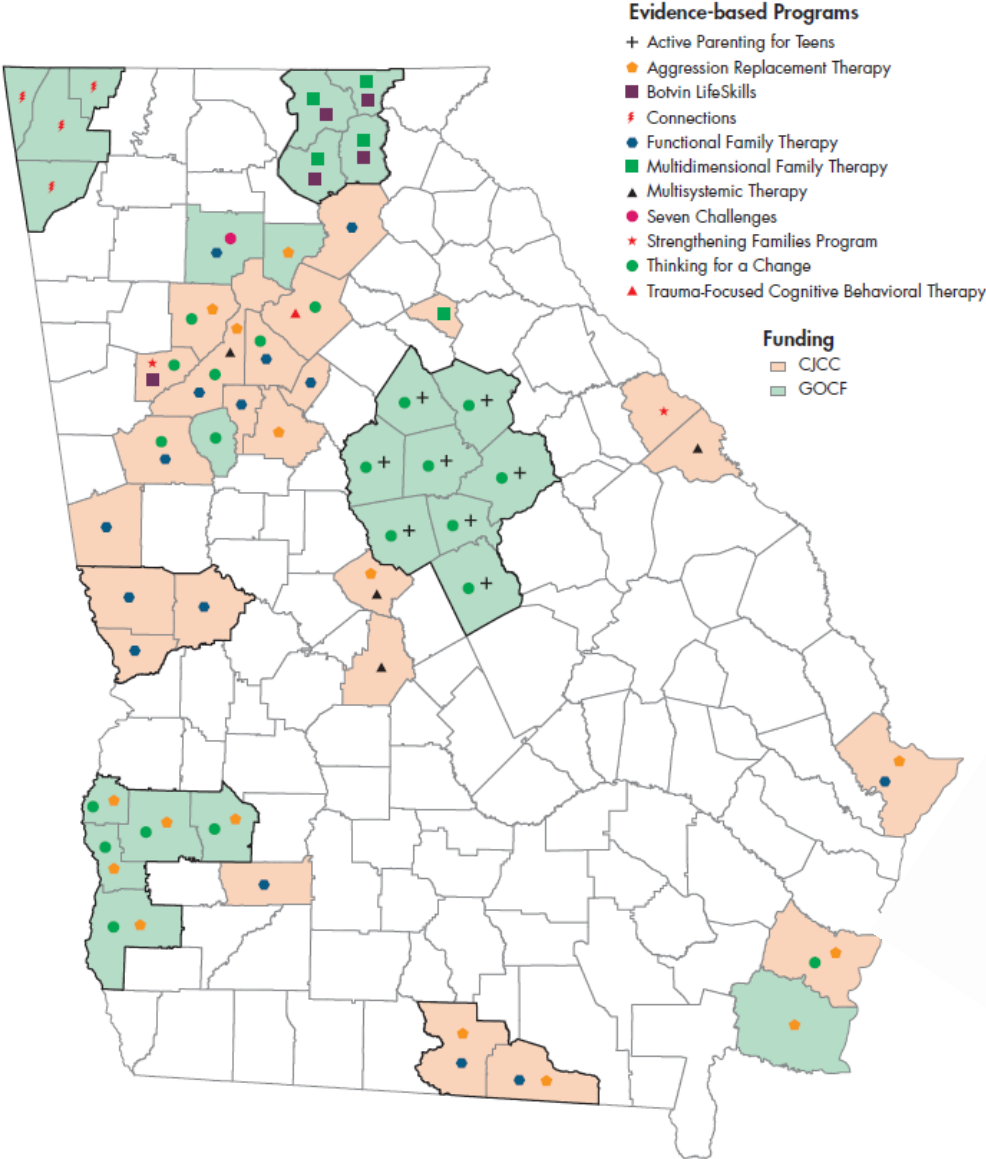
Averages for 8 programming months:
October, 2013- May, 2014

Programmatic Footprint

- FFT** – Functional Family Therapy
- T4C** – Thinking for a Change
- ART** – Aggression Replacement Training
- MST** – Multisystemic Therapy
- SF** – Strengthening Families
- LST** – Botvin LifeSkills Training
- MDFT** – Multi-Dimensional Family Therapy
- CONNECTIONS** – Connections Wrap Model
- 7C** – 7Challenges
- TF-CBT** – Trauma-Focused Cognitive-Behavioral Therapy

Juvenile Justice Reinvestment Grant Programming by County

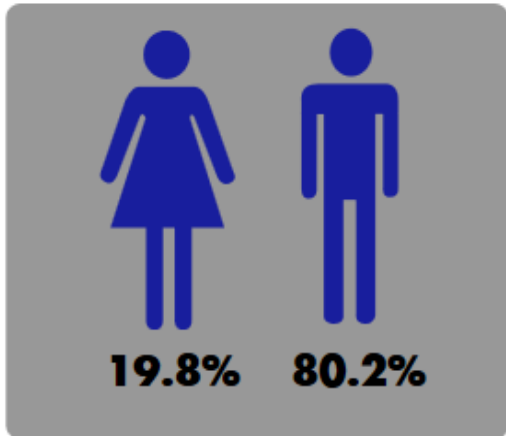
Geographic Footprint



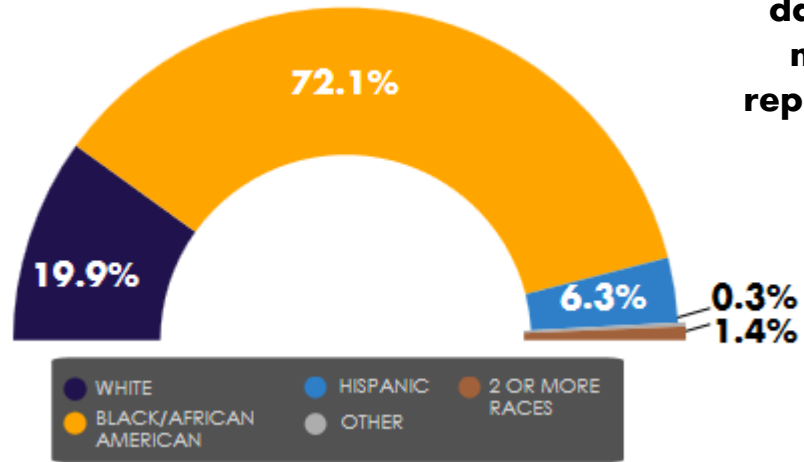
Youth Served by EBPs

1,025 youth served, October, 2013 – May, 2014

GENDER

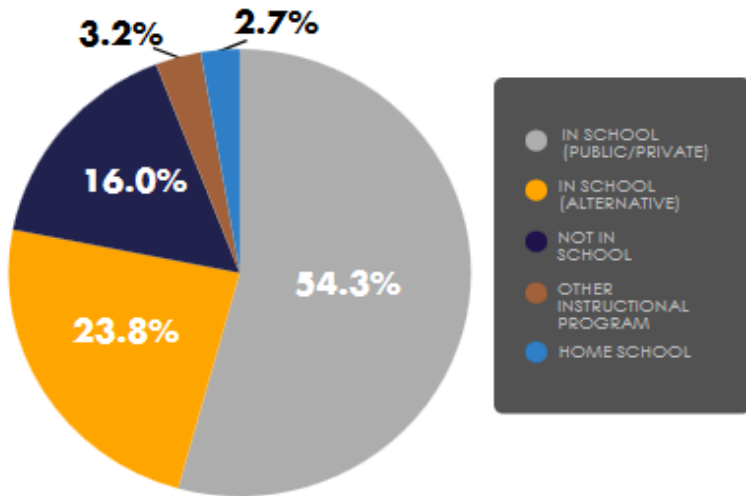


RACE

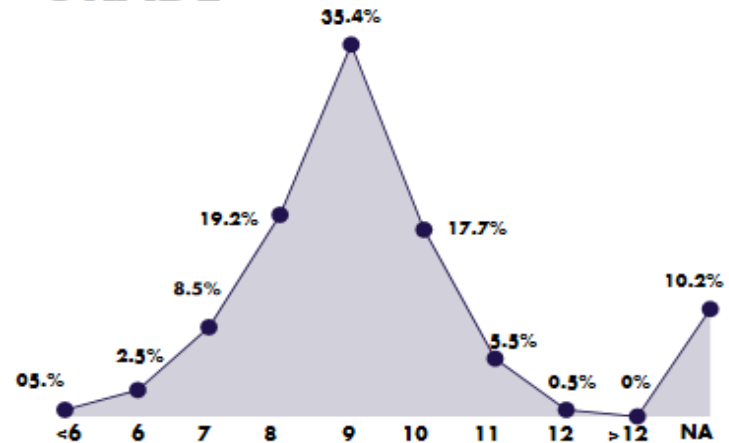


Demographic data is for the most recent reporting month, May 2014

EDUCATION STATUS



GRADE



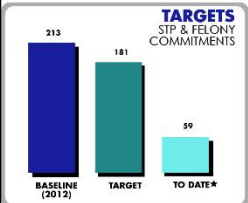
ANDREWS COUNTY DATA
SNAPSHOT

QUARTER 2:
JANUARY-MARCH 2014

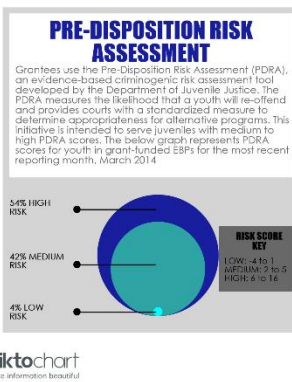
OUR GOAL is to
**REDUCE STP ADMISSIONS
& FELONY COMMITMENTS**
by **15%** or **32 YOUTH**
during the grant cycle.



ANDREWS COUNTY HAS SERVED **26** YOUTH IN
COMMUNITY- BASED, EVIDENCE-BASED PROGRAMS
ACROSS **262** TOTAL EBP SESSIONS DURING THE FIRST
2 GRANT QUARTERS, OCTOBER 2013-MARCH 2014.



TARGETS
STP & FELONY
COMMITMENTS



CURRENT COMMITMENTS + STP
30 FELONY COMMITMENTS TO DATE*
29 STP ADMISSIONS TO DATE*

* QUARTERS 1 and 2 (OCT 2013-MARCH 2014)

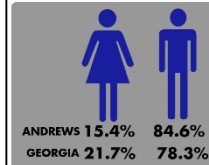


EVIDENCE-BASED PROGRAMMING

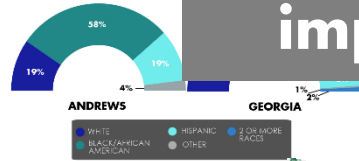
Andrews County used **THINKING FOR A CHANGE (T4C)** as their Evidence-Based Program to help youth at risk for recidivism achieve positive outcomes. T4C is a cognitive-behavioral therapy program intended to change the criminal behavior of youth by developing a youth's problem-solving and social skills. The full implementation for Andrews County and statewide for the month of March 2014.

PARTICIPANT DEMOGRAPHICS

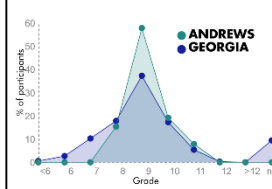
GENDER



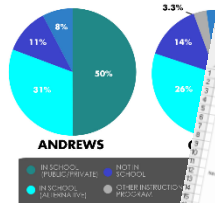
RACE



GRADE



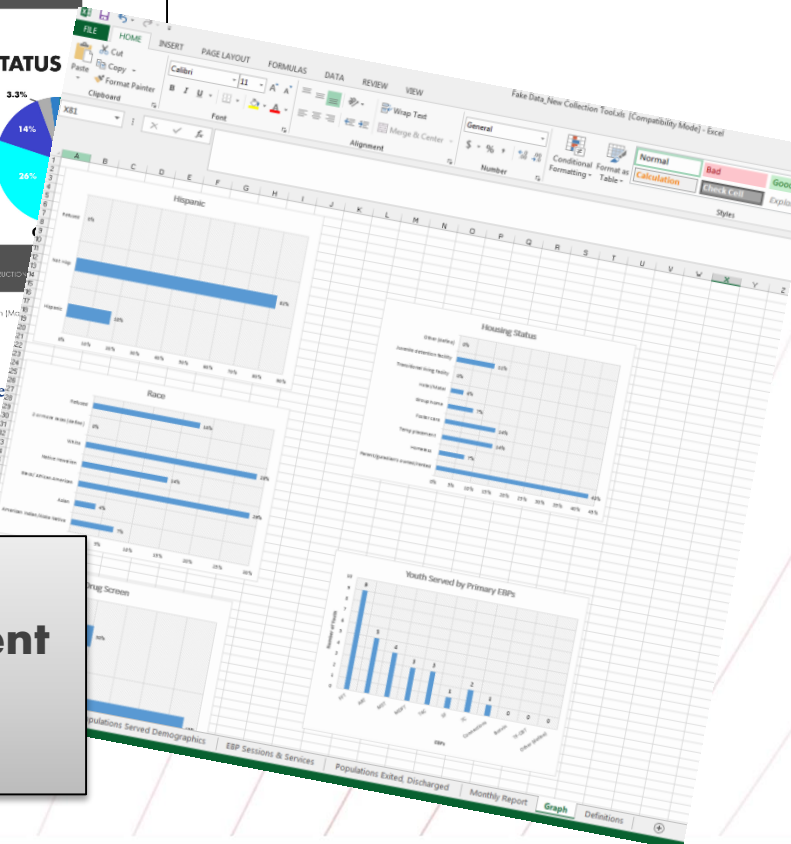
EDUCATION STATUS



Governor's Office for
Children and Families



Using data for decision-making and showcasing impact in community



Year 2 Optional Grantee Trainings:

- ★ Data Use for Continuous Program Improvement
- ★ Data Visualization Training
- ★ Making Data Work for Your Court

Year 2 Data Requirements Webinars

3 webinars will deliver identical content

- Tuesday, July 29th, 1 – 2 p.m.
- Wednesday, July 30th, 9 – 10 a.m.
- Thursday, July 31st, 12 – 1 p.m.
- Recording will be available for those unable to attend

Webinar Agenda

- New Spreadsheet
- Monthly Reporting Timelines & Processes
- Fidelity Monitoring Process and Site Visit Schedules
- Positive Youth Development Pilot Project
- Optional Year 2 Data Use Trainings
- Feedback from Year 1

Registration

Registration invitations will be sent to program coordinators. Please choose one date/time and register. All webinars will deliver identical information.

Thank you!

Cristin Rollins, Ph.D.

cristin@uga.edu

evalhelp@uga.edu

[706] 542-0583

Questions?

