# Criminal Justice Coordinating Council

THE STATE OF GEORGIA



# CJCC Agenda



Welcome/Introduction

Juvenile Date Exchange Project (JDEX)- Andy Cummings & Kristy King, CJCJ Juvenile Justice Incentive Grant Program Update- Jamil Sewell, CVIOG

Break

FY20 Juvenile Justice Incentive Grant Program

Financial Reporting Requirements

Questions and Answers

Model Fidelity Overview

Local County Presentation

Questions and Answers

# CJCC Introductions



Please introduce yourself and share the following:

- Name and position
- The length of time you have worked in criminal or juvenile justice
- Evidence-based program locally implemented
- If you could live anywhere in the world, where would you choose to live?



# Juvenile Data Exchange (JDEX) Project

Kristy King, Program Manager, Judicial Council of Georgia

Andy Cummings, Advanced Outcomes Consulting Group



### Jamil Sewell





Break

# FY20 Juvenile Justice Incentive Grant



### Juvenile Justice Incentive Grant (JJIG) Program Purpose

The JJIG is designed to provide funding for local programs that will serve youth in the community and therefore reduce out-of-home placements.

### **Eligible Participant Requirements**

Eligible participants must have a <u>delinquent</u> adjudication, a medium to high PDRA, and must be appropriate for the selected evidence-based program.

- Grant Award Period is July 1, 2019 June 30, 2020
- Applications are due April 26<sup>th</sup>; award notifications will be made in June.



# Financial Reporting





# State of Georgia Grant Management System

System Login

Calendar

# State of Georgia Grant Management System for The Governor's Office of Highway Safety and The Criminal Justice Coordinating Council

Welcome to the State of Georgia Grant Management System for The Governor's Office of Highway Safety and The Criminal Justice Coordinating Council. Please choose from the list of options below:

- . Go to the GOHS home page
  - . Go to the NHTSA home page
- . Go to the CJCC home page

#### New Users/How to get started:

Because this is a new online management system, all users will need to register with the system.

As a new user:

- The initial registration must be completed by an Agency Administrator of your organization. Once they complete registration, they will receive email notification of access approval. Click the New User link above to register.
- · Only one Agency Administrator per organization is required to sign on as a new user.
- Once the Agency Administrator receives access, the official can designate access to your organizational account to other staff members as they see appropriate.

This is a government agency grant management system. It is a system that requires authorization for access. If you have any questions or if you need assistance registering, please contact:

- For GOHS <a href="mailton@gohs.ga.gov">chamilton@gohs.ga.gov</a> or <a href="mailton@gohs.ga.gov">404-656-6996</a>
- For CJCC 404-657-1956

Powered by IntelliGrants ®

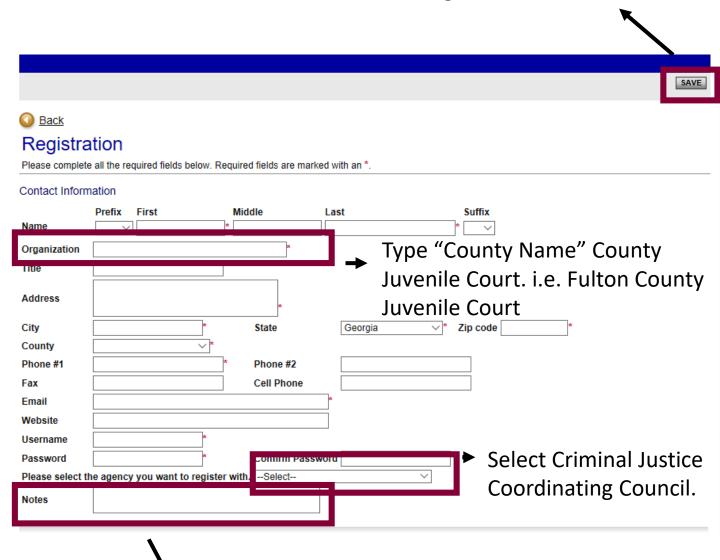
Login
Username
Password

New User
Torgot occurrence/Password?

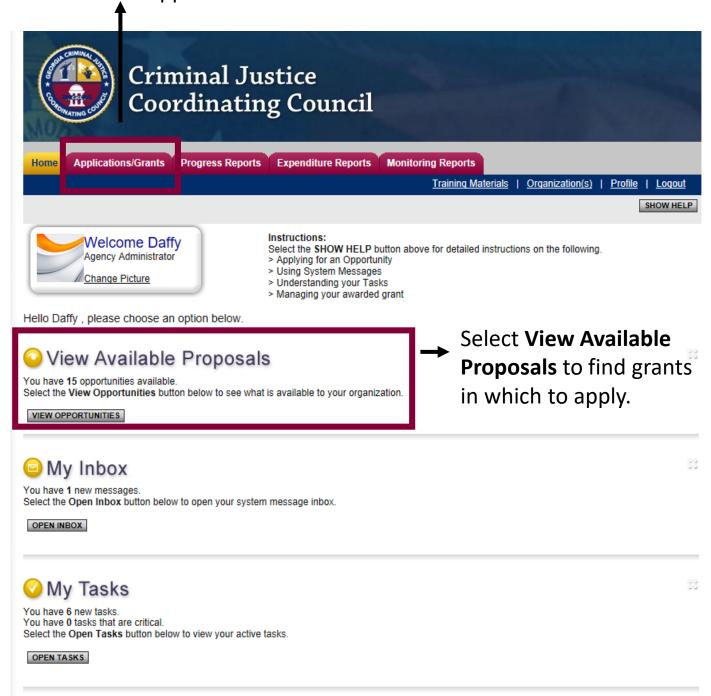
© Copyright 2000-2019 Agate Software, Inc.

Website: http://georgia.intelligrants.com/

Select **SAVE** once all information has been completed on the Registration section.



In the Notes section, type which Board of Commissioners you are associated with. i.e. Fulton County Board of Commissioners Select **Applications/Grants** if you have already began an application or submitted application.



### This year, the grant year will be:

### **STJJ Application 2020**



#### STJJ Application 2019 for CJCC TEST

GAGOHS\_CJCC

CJCC Applications Availability Dates:

01/01/2018-open ended

CJCC Applications Period:

not set

CJCC Applications Due Date:

Description:



NOT INTERESTED

Select Apply Now.

# This status will change throughout the application process.

Document Information: <u>STJJ-2019-0016</u>

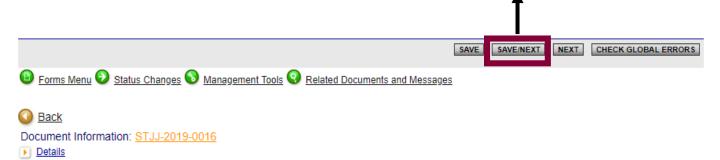
Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	CJCC Applications	CJCC TEST	Agency Administrator	Application in Process	N/A - N/A N/A

#### Forms

Status	Page Name	Note Created By	Last Modified By
Application	n Forms		
	Applicant Agency		
	<u>Designation</u>		
	Primary Service		
	Agency Description		
	Project Activities		
	Project Narrative		
Budget Fo	rms		
	Personnel		
	Employee Benefits		
	<u>Travel</u>		
	Equipment		
	Supplies & Operating		
	Consultants and Contractors		
	Other		
	<u>Agency Budget</u>		
	Budget Summary		
	Attachments		
	Required Attachments		

# Always click **Save/Next** to find any error that may be present on each form.



#### APPLICANT AGENCY

#### Instructions:

You are here:

- All required fields are marked with an \*
- . Use the SAVE button to save information and calculate data on each page.

> CJCC Applications Menu > Forms Menu

- · To add additional rows, click the SAVE button.
- · Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Please include basic information about the applicant agency and its main points of contact for the application. Please note that the actual physical address of the agency must be submitted in addition to the mailing address, and that the physical address will be kept confidential and securely stored in CJCC's database. If the applicant agency has an implementing agency as a fiscal sponsor, that agency's name and address must be provided as well.

Applicant Agency Name
CJCC TEST

Mailing Address
123 Fake Address
Atlanta, Georgia 30303

Phone
(555) 555-5555

Is the Implementing Agency for this project the same as the Applicant Agency?\*

The implementing agency is defined as the entity actually administering the program or project and/or providing the service(s)

O Yes O No

Fax

Is your agency registered in SAM?\*
System for Award Management

○ Yes ○ No ○ Not Applicable

Your agency must be registered in System for Award Management (SAM) Database before it will be allowed to draw down funding. To register your agency please visit <a href="www.sam.gov">www.sam.gov</a> before the deadline of July 31, 2017.

Please read the directions carefully to identify the correct individuals for each position.

#### DESIGNATION OF GRANT OFFICIALS

#### Instructions:

- · All required fields are marked with an \*.
- Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- · Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- · To return to the Forms menu, click the Forms Menu link above.

Please fill in the name, title, address, and phone number for the requested officials for the grant. No two officials can be the same person.

#### Project Director

This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project. This person will be the primary contact for the application and the post-award phase.

#### Financial Officer

This official must be the chief financial officer of the applicant agency such as the county auditor, city treasurer, or controller.

#### Authorized Official

This official is authorized to apply for, accept, decline or cancel the grant for the applicant agency. This person must be the executive director of a state agency, chairperson of the county Board of Commissioners, mayor, or chairperson of the City Council. All official correspondence regarding the grant and the application (assurances, disclosures, certifications, award documentation, subgrant expenditure reports, subgrant adjustment reports) must be signed by the authorized official. Once an award has been made, the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to the Council.

#### **Executive Director**

Project Director

If the Executive Director is not listed as the Project Director or the Authorized Official please provide his/her contact information.

# Name Prefix First Name Last Name Address City State Zip Phone Fax Email

#### PRIMARY SERVICE AREA AND CONGRESSIONAL DISTRICT

#### Instructions:

- All required fields are marked with an \*.
- Use the SAVE button to save information and calculate data on each page.
- To add additional rows, click the SAVE button.
- Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms menu, click the Forms Menu link above.

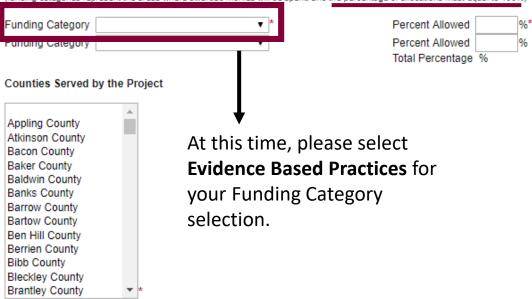
Indicate the counties served by the agency as well as funding categories during the grant year.

Project Title

For the purpose of this grant, the project title is:
Juvenile Justice
Incentive Grant

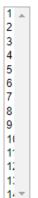
Please select the all funding categories that apply, and the anticipated percentage funding allocations against each.

(funding categories represent the areas where awarded monies will be spent, and the percentage of allocations must equal to 100%)



NOTE: To select more than one county, hold control (CTRL) and select multiple counties from the drop box.

#### Congressional District(s) to be served



NOTE: To select more than one congressional district, hold control (CTRL) and select multiple congressional districts from the drop box.

#### **AGENCY DESCRIPTION**

#### Instructions:

- · All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- To add additional rows, click the SAVE button.
- . Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
   To return to the Forms menu, click the Forms Menu link above.

Non-F		•	For the Juvenile Justice Incer Grant, please select <b>Not</b> <b>Applicable</b> .	ntive
Has your	agency eve	er had an approv	ved federally-negotiated indirect cost rate?*	
O Yes	O No	Not Applica	able	
Please inc	O No	her or not the ag	gency has a current Limited English Proficiend	cy (LEP) plan?*

#### **PROJECT ACTIVITIES**

#### Instructions:

- · All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- . Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.

Please indicate which priority area you are applying for, the purpose of the project, and how funds will primarily be used.

. To return to the Forms menu, click the Forms Menu link above.

Select the services to be provided through this funded project:\*

#### Project Purpose

The purpose of this grant opportunity is to provide funding for local programs designed to serve youth in the community who would otherwise be committed to DJJ. Applicants are encouraged to examine their local data from the previous fiscal year in order to understand the profiles of youth who were committed to DJJ, and who, with appropriate community-based services, could have received services while remaining in their community. Recipients of this grant opportunity will be employing evidenced-based programming appropriate to the needs of youth in the community.

☐ Thinking for a Change (T4C)
Aggression Replacement Training (ART)
Multisystemic Therapy (MST)
Functional Family Therapy (FFT)
Seven Challenges (7C)
☐ Brief Strategic Family Therapy (BSFT)
Other:
Select whether you request transportation assistance to and/or from program services.*
Yes, I request transportation assistance
No, I do not request transportation assistance
What target educational levels will be served?*
Middle School
High School
Middle and High School
U Other:
What age range will be served?*
0 of 100
What genders will be served?*
Male
Female
Other

#### **PROJECT NARRATIVE**

#### Instructions:

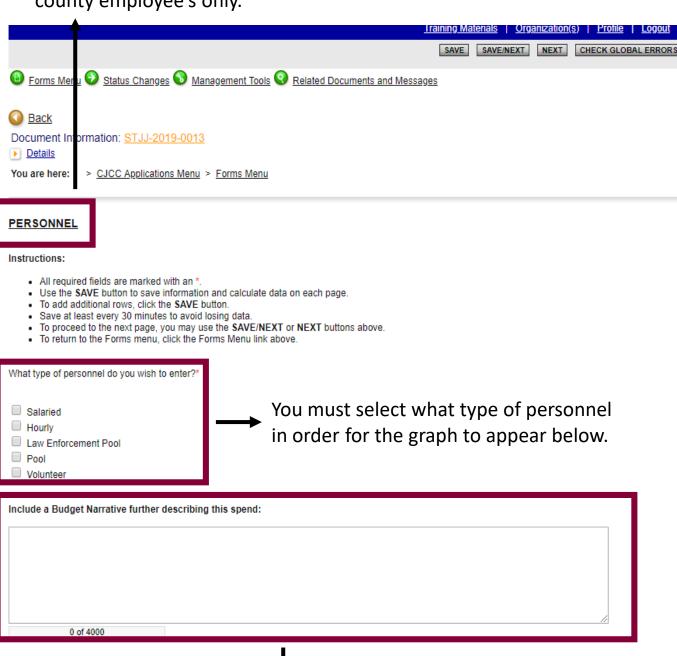
· All required fields are marked with an \*.

0 of 1000

- . Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- . To return to the Forms menu, click the Forms Menu link above.

Complete each question in full, all questions are required	
Administration  1. Provide brief description of the implementing agency. Additionally, provide the agency's qualifications and experience with managing grants.	
0 of 1000	
2. After the initial allotment, this grant will transition to a reimbursement-only grant. Does the fiscal agent have the ability to maintain a positive cash-flow once reimbursements are provided on a quarterly or monthly basis?	V
0 of 1000	
Needs Statement	
<ol> <li>Provide a clear and concise statement of need, including the following: (1) At-risk population, (2) New instances of secure detention (RYDC), (3) Cas resulting in commitment to DJJ, and (4) New instances of confinement in secure juvenile correctional facilities (YDC). This information for each county of the found here: <a href="http://juveniledata.georgia.gov/DataReports.aspx?report=RRIDataEntryReport">http://juveniledata.georgia.gov/DataReports.aspx?report=RRIDataEntryReport</a>.</li> </ol>	
<u> </u>	
0 of 1000	
2. Provide a description of how the problem relates to the mission of the implementing agency as well as an overview of the target population to be serv	/ed

Personnel section is for county employee's only.



The Budget Narrative is required if funding is being requested from Personnel.

\*Please note, Employee Benefits will be entered in the next section.

#### **EMPLOYEE BENEFITS**

#### Instructions:

- · All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- · Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- . To return to the Forms menu, click the Forms Menu link above.
- Benefit Percentage is the percentage of benefit to be paid by the grant.

<u>Name</u>	Position	Employee Type	Fund Type	Benefit Type	Benefit Percentage	Cost
•			•	•	96	
•			•	•	%	
•			•	•	96	
•			•	•	%	
•			•	•	%	
					Employee Benefits - Total:	

nclude a Budget Narrative further describing this spend:							
0 of 4000							



The Budget Narrative is required if funding is being requested from Employee Benefits.

#### **TRAVEL**

#### Instructions:

- · All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- · Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- . To return to the Forms menu, click the Forms Menu link above.

Number of Travelers	Purpose of Travel	Location of Travel	<u>Travel Expense</u>	Fund Type	Number of Days/Miles/Items	Cost Per Day, Item, or Mile	<u>Percentage</u>
	•		•	•			%
	•		•	•			%
	•		•	•			%
	•		•	•			%
	•		•	•			%
					Travel (Including T	raining) - Grant	Period Total:

clude a Budget Narrative further describing this spend:							
0 of 4000	1						



The Budget Narrative is required if funding is being requested from Travel.

#### **EQUIPMENT**

#### Instructions:

- All required fields are marked with an \*.
- Use the SAVE button to save information and calculate data on each page.
- To add additional rows, click the SAVE button.
- Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Equipment is defined as tangible personal property having per unit acquisition threshhold greater than or equal to \$5,000.

Equipment Item	Fund Type	Number of Units	Price Per Item	<u>Vendor</u>	Cost
	•				
	•				
	•				
	•				
	•				
				Equipment - Total:	

Include a Budget Narrative further d	clude a Budget Narrative further describing this spend:							
0 of 4000								

1

The Budget Narrative is required if funding is being requested from Equipment.

#### SUPPLIES

#### Instructions:

- All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- . To return to the Forms menu, click the Forms Menu link above.
- Supplies are defined as tangible personal property having per unit acquisition threshhold of less than \$5000.

Supply Item	Fund Type	Number of Units	Price Per Unit	<u>Vendor</u>	Cost
	•				
	•				
	•				
	•				
	•				
				Supplies Expenses - Total:	

Include a Budget Narrative further	describing this spend:
0 of 4000	

Ţ

The Budget Narrative is required if funding is being requested from Supplies.

#### CONSULTANTS AND CONTRACTORS

#### Instructions:

- · All required fields are marked with an \*.
- Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- . To return to the Forms menu, click the Forms Menu link above.
- Consultant is defined as an individual or sole proprietorship who provides professional advice or services needed to carry out the project or program.
- Contractor is defined as a business organization that provides professional services via a contract needed to carry out the project or program.

#### Consultant Fees & Expenses

<u>Name</u>	Service Provided	Fund Type	Hourly Rate	Number of Hours	<u>Percentage</u>	Cost
		•			%	
		•			%	
		▼			%	
		•			%	
		•			%	
		_		Consu	Itant - Total:	

#### Contracts

Name / Position	Service Provided	Fund Type	Compensation	<u>Percentage</u>	Cost
		•		%	
		•		%	
		•		%	
		•		%	
		▼		%	
			Contrac	ctors - Total:	

Include a Budget Narrative further des	cribing this spend:	
0 of 4000		

The Budget Narrative is required if funding is being requested from Consultants and Contractors.

#### OTHER

#### Instructions:

- · All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- · Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Other Costs refer to List items (e.g., real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communications services indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e. "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

#### Other Costs

Description	<u>Quantity</u>	<u>Basis</u>	Cost	Length of Time	Cost
				Other - Total:	

Include a Budget Narrative further de	escribing this spend:
0 of 4000	

The Budget Narrative is required if funding is being requested from Other.

#### **AGENCY BUDGET**

#### Instructions:

- · All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- To add additional rows, click the SAVE button.
- · Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- . To return to the Forms menu, click the Forms Menu link above.

Please indicate the agency's fiscal year.

The total agency budget will automatically calculate.

Fiscal Year: Start Date	Fiscal Year: End Date
*	*
Total Agency Budget Requested	
*	

#### BUDGET SUMMARY

#### Instructions:

- · All required fields are marked with an \*.
- Use the SAVE button to save information and calculate data on each page.
- . To add additional rows, click the SAVE button.
- · Save at least every 30 minutes to avoid losing data.
- . To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- . To return to the Forms menu, click the Forms Menu link above.

#### TOTAL BUDGET BY CATEGORY

BUDGET CATEGORY	AMOUNT
PERSONNEL	\$0
EMPLOYEE BENEFITS	\$0
TRAVEL (INCLUDING TRAINING)	\$0
EQUIPMENT	\$0
SUPPLIES	\$0
CONSULTANTS AND CONTRACTORS	\$0
OTHER	\$0
INDIRECT	\$0
TOTAL	\$0



FUND SOURCE	AMOUNT
GRANT	
MATCH	\$0
Cash	
In-Kind	
Undesignated Match	
TOTAL	\$0

Both of these fields will auto-populate from information provided from the budget documents.

Approved Award Amount:	
Approved Match:	
TOTAL:	·

#### REQUIRED ATTACHMENTS

#### Instructions:

- All required fields are marked with an \*.
- . Use the SAVE button to save information and calculate data on each page.
- · To add additional rows, click the SAVE button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms menu, click the Forms Menu link above.

The required attachments listed below must be correctly completed and uploaded with the application submission. The online application system will only upload one attachment for each field. So if an applicant has multiple documents, it will be necessary to combine them or submit under separate attachment fields. Please carefully read and follow the instructions on all forms.

- Personnel Documents
- Supporting Documentation for Budgeted Items
- 70/30 Split Budget Breakdown
- Program Policies/ Enrichment Policies
- Program Timeline
- Cohort Schedule

Personnel Documents: e.g. job descriptions, personnel action form, etc.	Choose File No file chosen *
Supporting Documentation for Budgeted Items: E.G. service provider(s) MOU, contracts etc.	Choose File No file chosen *
70/30 Budget Breakdown: Please note that 70% of the requested funding will need to be allocated to direct services.	Choose File No file chosen *
Program Policies/Enrichment Policies: Applicable for group based therapy only.	Choose File No file chosen
Program Timeline: Applicable for group based therapy only.	Choose File No file chosen
Cohort Schedule: Applicable for group based therapy only.	Choose File No file chosen
Other Documents: E.G. Letters of Support, etc.	Choose File No file chosen
	e, phone number, and email of up to two points of contact for this application. Only omitted. They will also be the persons contacted in the event of any questions
Point of Contact(s) for this Application	
Name  ▼ Prefix First Name Last Name	Title/Position
Phone	Email
Do you want to add an alternative point of contact?*	
○ Yes ○ No	

Certify the application entry by selecting the checkbox below. <u>Please be sure to click submit so that the online application is received</u>. The application must be submitted by the deadline to be considered for an award. If more than one application is submitted for the same project, CJCC will only accept the most

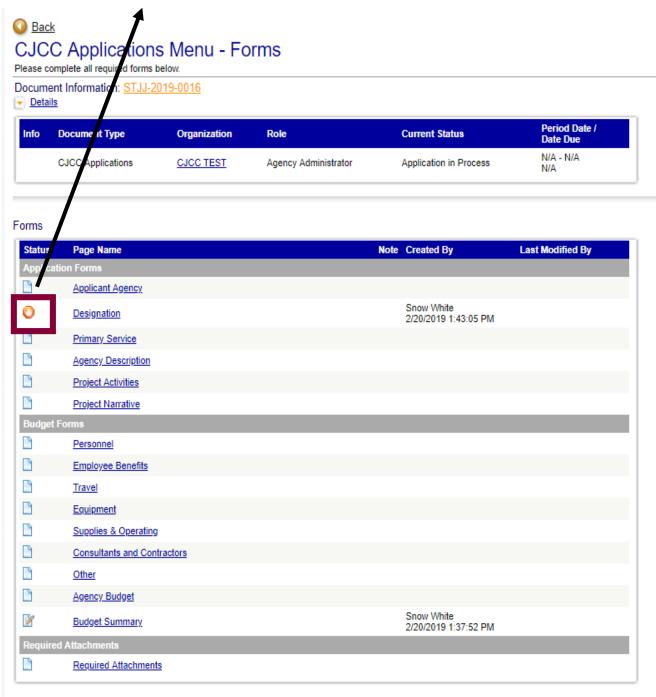
By selecting this checkbox, I certify to the best of my knowledge and belief, all statements and data in this application are true and correct, the document has been duly authorized by the authorized official of the governing body of the applicant and the applicant will comply with

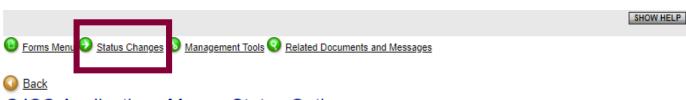
Name: Date:

the attached assurances.\*

recent application.

# This symbol will indicate that an error was indicated on the specified form.





CJCC Applications Menu - Status Options

Select a button below to execute the appropriate status push.

Document Information: STJJ-2019-0016

Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	CJCC Applications	CJCC TEST	Agency Administrator	Application in Process	N/A - N/A N/A

Possible Statuses
APPLICATION CANCELLED
APPLY STATUS

APPLICATION SUBMITTED
[APPLY STATUS]

Select **Application Submitted** to submit the application.



Home

Applications/Grants

**Progress Reports** 

**Expenditure Reports** 

Monitoring Reports

Training Materials | Organization(s)

<u>Profile</u>

ofile | Logout

SHOW HELP

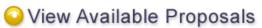


#### Instructions:

Select the SHOW HELP button above for detailed instructions on the following.

- > Applying for an Opportunity
- > Using System Messages
- > Understanding your Tasks
- > Managing your awarded grant

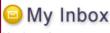
Hello Daffy, please choose an option below.



You have 15 opportunities available.

Select the View Opportunities button below to see what is available to your organization.

VIEW OPPORTUNITIES



You have 1 new messages.

Select the Open Inbox button below to open your system message inbox.

OPEN INBOX



You have 6 new tasks. You have 0 tasks that are critical.

Select the Open Tasks button below to view your active tasks.

OPEN TASKS

ŏ

00

# CJCC Financial Reporting



# CJCC Grant Management System Webinar

April 5, 2019 at 10:00 a.m.

# CJCC | Questions



Questions?





### Purpose of a Model Fidelity Site Visit

- Support program staff with successful implementation of programs
- Detect where the program may need support
- Highlight the current strengths of the program
- Identify if there are any training or coaching needs



### Model Fidelity Site Visit Activities

- Preparation Activities: an initial interview call with the Program Director and a request/review of program materials.
- On-site Activities: individual interviews with key staff, review of open and closed files, and two group observations.
- Follow-up Activities: a report is authored, return site visit is scheduled to review the report, and if necessary, technical assistance is provided. Also, additional site visits may be scheduled as needed.
- Model Fidelity Coordinators are available to program staff throughout the year and encourage staff to contact them with any questions, concerns, and needs the program has.



### Training Opportunities Provided By CJCC

- Thinking for a Change (T4C) Facilitator Training: provides participants an opportunity to learn the background of T4C, facilitate actual lessons from the T4C curriculum, and receive instructor guidance and peer feedback on facilitation.
- Thinking for a Change (T4C) Booster Training: provides participants an opportunity to review T4C concepts, discuss problems related to T4C facilitation, and gain additional knowledge and skill development as a T4C facilitator.
- Aggression Replacement Training (ART) Facilitator Training: provides participants an opportunity to learn the theoretical base of ART, prepare demonstration lessons, and practice facilitating each component to the other participants.

# CJCC Model Fidelity Overview



- Group Facilitation Skills Training: provides participants an opportunity to learn the role and responsibilities of a group facilitator, explore the stages of group development, and gain fundamental facilitation tools.
- Motivational Interviewing Training: provides participants an opportunity to learn about the origins of Motivation Interviewing, explore how it aligns with evidence-based practices, and role-play basic Motivation Interviewing techniques.
- Principles of Effective Intervention (PEI) Training: provides participants an opportunity to explore the background and research for PEI, gain an understanding of how PEI relates to their work, and learn how to apply several core correctional practices to interactions with youth.

# CJCC Upcoming Trainings



### **Group Facilitation Skills Training**

- March 26<sup>th</sup> and 27<sup>th</sup> from 8:30am to 4:00pm at the State Bar Building
- Register at https://cjcc.formstack.com/forms/fy19 group facilitation skill training

### Thinking for a Change Booster Training

- June 11<sup>th</sup> and 12<sup>th</sup> from 8:30am to 4:00pm at the State Bar Building
- Register at <a href="https://cjcc.formstack.com/forms/fy19">https://cjcc.formstack.com/forms/fy19</a> t4c booster training

### **Motivational Interviewing Training**

- June 24<sup>th</sup> and 25<sup>th</sup> from 9:00am to 4:30pm at the State Bar Building
- Register at <a href="https://cjcc.formstack.com/forms/fy19">https://cjcc.formstack.com/forms/fy19</a> motivational interviewing training

### **Principles of Effective Intervention**

Register online for a PEI training at <a href="https://cjcc.georgia.gov/workshopstrainings-0">https://cjcc.georgia.gov/workshopstrainings-0</a>

# CJCC Local County Presentation



Amy Rosser

Union County Juvenile Programs

## Criminal Justice Coordinating Council THE STATE OF GEORGIA



### Juvenile Justice Unit

Stephanie Mikkelsen, Supervisor smikkelsen@cjcc.ga.gov

Haley Dunn, Grant & Program Specialist <a href="mailto:haley.dunn@cjcc.ga.gov">haley.dunn@cjcc.ga.gov</a>

Chelsea Benson, Model Fidelity Coordinator chelsea.benson@cjcc.ga.gov

Destiny Bernal, Model Fidelity Coordinator destiny.bernal@cjcc.ga.gov

### **State Partners**

Carl Vinson Institute of Government <a href="mailto:evalhelp@uga.edu">evalhelp@uga.edu</a>

Cathy Dravis, DJJ <u>CathyDravis@djj.state.ga.us</u>

## Criminal Justice Coordinating Council THE STATE OF GEORGIA



### Connect With Us!



Facebook

facebook.com/gacjcc



**Twitter** 

@gacjcc



LinkedIn

Criminal Justice
Coordinating Council



Instagram

instagram.com/ga\_cjcc



cjcc.georgia.gov