

Application for Funding – Cover Page

Applicant

Business Name or Individual	TriWest Group, LLC	Street Address Including City, State, and ZIP Code	4450 Arapahoe Avenue, Suite 100, Boulder, CO 80303
Contact Person	Lisa Tomaka, MS, MPA	Title	Principal
Phone	915-867-8873	Email	ltomaka@triwestgroup.net
Authorized Representative	Peter Selby, PhD	Title	Managing Partner
Phone	206-612-8564	Email	pselby@triwestgroup.net
Federal Employer Tax Id #	84-1504098	Unique Entity Identifier #	CV6HP5SDM1P3
Dates of Active Registration in System for Award Management			March 6, 2026

Total Amount of Funding Request

80,000

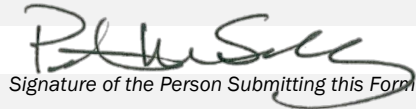
Total Hours of Service

710

Project Period

24 months (October 1, 2025 - September 30, 2027)

Signature


Signature of the Person Submitting this Form

Name

Peter Selby

Name of the Person Submitting this Form (print)

Date of Signature

November 12, 2025

Organizational Background and Experience

Founded in 1999, TriWest Group (TriWest) is a health and human services consulting company with a wealth of experience in helping federal, state, tribal, and local governments; social services and juvenile justice agencies; criminal justice agencies; health and human services agencies; educators and schools; foundations and institutes; and employer groups. TriWest consultants come from diverse backgrounds and include experts in prevention, juvenile justice and diversion, health and human services, strategic planning, data analysis, and evaluation. We (TriWest) have worked on projects in 38 states and the District of Columbia. We bring to our work broad expertise and 26 years of experience working with diverse communities, conducting needs assessments, facilitating community planning, collaborating with our clients, and developing practical strategies and solutions for improving community outcomes.

We have extensive experience conducting state and county systems research, needs assessments, and evaluations of best practices. We also have broad knowledge of successes, challenges, and lessons learned in states and localities across the country. We take on projects that help state and local stakeholders improve lives and support people in their efforts on behalf of themselves, their families, and their communities.

Since our inception, we have worked with public agencies to assess the strengths of service delivery systems and to build on these strengths to achieve goals and positive outcomes for children, youth, and families. Our collaborative approach to data collection, analysis, and reporting engages organizational leaders; service providers; children, youth, and families; policymakers; and funders in designing and implementing services and supports to improve the mental health and well-being of young people. We have comprehensive systems and tools to conduct community needs assessments, gap analyses, strategic planning, program/processes evaluation, and continuous program improvement efforts.

TriWest has built a strong, collaborative relationship with the North Dakota Behavioral Health (NDBH) System of Care (SOC), which has connected us with system and community partners across the state. Since late 2022, we have served as the evaluator for the NDBH SOC Expansion and Sustainability grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The SOC model is a cross-system, collaborative framework aimed at improving mental health outcomes for children, youth, and families engaged with the mental health, child welfare, juvenile justice, and education systems.

In partnership with NDBH, we conducted a comprehensive SOC needs assessment for the Lake Region Human Service Center (Devil's Lake) and West Central Human Service Center (Bismarck) service areas. The assessment examined gaps in North Dakota's array of mental health services for children, youth, and young adults with serious emotional disturbance or serious mental illness as well as racial and ethnic disparities and cultural and linguistic needs unique to each region. To do so, we engaged stakeholders and key informants from mental health, juvenile justice, child

welfare, education, and community-based nonprofit and private provider organizations, including representatives from a family-run organization.

Beyond the needs assessment, we facilitated the development of an NDBH SOC logic model and strategic plan, supported two regional advisory groups, and evaluated community-based providers' implementation of evidence-based practices and progress toward achieving NDBH's SOC goals and objectives. Our team has also collaborated with NDBH conduct an evaluation of 988 in North Dakota.

TriWest has experience working with the Black, Indigenous, and people of color (BIPOC) communities in North Dakota on issues related to juvenile justice, child welfare, and youth behavioral health. Through our work with the advisory groups, we collaborated directly with tribal members from the Spirit Lake, Turtle Mountain Band of Chippewa Indians, and Mandan, Hidatsa, and Arikara Nations, along with representatives from juvenile justice, child welfare, education, youth development, community-based organizations, and family and youth. Together, we completed an asset mapping project to identify available services across the continuum of care from prevention and early intervention to inpatient and residential treatment as well as to identify each region's strengths and service gaps.

TriWest has extensive knowledge of juvenile justice and youth development research and best practices. Our team has expertise in designing and evaluating programs at the complex intersections of juvenile and criminal justice systems, social services, health, behavioral health, education, and child welfare. We understand these systems because our staff members have devoted their varied careers to direct services, program management, evaluation, and research in these fields. For example, since 2020, TriWest has been providing technical consultation, evaluation, and data analysis services to help Santa Clara County's Juvenile Justice Coordinating Committee and Juvenile Justice Services Committee understand and mitigate the disproportionate representation of minority youth in the juvenile justice system.

Similarly, TriWest has been providing technical assistance and evaluation services for Elkhart County, Indiana, since 2019. This has included conducting Sequential Intercept Model (SIM) mapping of the juvenile justice system and other youth service systems; convening and facilitating advisory group planning processes; and evaluating access, engagement, and outcomes for youth at risk for involvement or involved in the juvenile justice system.

Our team recently partnered with Elkhart County to plan for and secure a grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The grant supports efforts to identify system weaknesses and to plan, assess, and implement promising and evidence-based prevention and intervention services, creating a community-based continuum of care for youth at risk of entering, currently involved in, or transitioning out of the juvenile justice system. The project includes asset mapping, gap analysis, and SIM mapping to inform a comprehensive plan developed with input from the OJJDP Advisory Group. This plan will guide the community in accessing, delivering, and

sustaining a continuum of care grounded in evidence-based programs and best practices.

Our consultations use a participatory planning approach to strategic planning including engaging diverse voices; conducting focus groups; collaborating on data review, decision-making, and planning sessions; and empowering youth and family councils. Our success in North Dakota; Yakama Nation, Washington; Elkhart County, Indiana; and Santa Clara County, California is the result of data collection, decision-making, and action planning strategies that meaningfully engaged diverse groups of youth and families, community leaders, decision-makers, and providers. As part of our work in these communities, we trained program leaders, staff, community members, and youth and families in strategic planning, program evaluation, and evidence-based practices to empower them to shape the policies and programs that affect them.

Approach and Methodology

Community Engagement. TriWest is committed to employing a culturally responsive, strength-based, collaborative process to strategic plan development that builds trusting partnerships with BIPOC youth and families, community and tribal partners, and other key stakeholders. We will ground the development of the State Advisory Group's (SAG) Reducing Racial and Ethnic Disparities Plan in **asking youth, families, and stakeholders what they want rather than making decisions for them about the community's needs** and in understanding what approaches work now rather than what has worked in the past. Our consultations entail inclusive facilitation and engagement along with rigorous assessments of quantitative and qualitative data, working with our clients to develop strategies that result in the desired community outcomes.

We have a fourfold approach to local strategic planning and action plan development: (1) direct, on-the-ground facilitation based on our experience helping communities across the country conduct systems/community needs assessments and develop logic models, strategic plans, and sustainability plans; (2) comprehensive knowledge of national best practices; (3) use of planning tools that model the current system and compare it to the desired system; and (4) a focus on equity. We recognize that access, utilization, and outcomes are inequitable because of race, ethnicity, and/or tribal affiliation; geography (rural vs urban); income; religious, linguistic, and cultural factors; as well as gender identity and sexual orientation.

We will work with the SAG to conduct key informant interviews and convene and facilitate community listening sessions to gather feedback from BIPOC providers, juvenile justice leadership, and community-based organizations. We also will facilitate listening sessions and talking circles for BIPOC community members, including youth and families with lived experience with the juvenile justice system. To ensure BIPOC youth and families participate, we will partner with trusted messengers; meet in familiar, accessible community spaces; and use culturally affirming practices (i.e., opening reflections, storytelling, meal sharing). If needed, we will also conduct a web-based survey. We increased family participation in our Yakama Nation SOC needs assessment through the distribution of a brief web-based survey.

Understanding of/Experience With Racial Disparities and Cultural Competence

Our team members understand and have experience in evaluating racial disparities. We have provided research, evaluation, and technical assistance services to clients working to address racial and ethnic minority disproportionality in the juvenile justice system. As part of this work, we facilitated convenings of the Race Equity in Prevention and Race Equity in Justice Systems workgroups in Santa Clara County, California, and conducted ad hoc research, evaluation, and technical assistance projects.

Stakeholder Collaboration. We have broad experience in diverse state and county systems **designing action plans that can be put into practice.** We approach all our planning efforts with implementation in mind. Further, we know that planning and implementation have to help systems operationalize their core values. The planning process itself must empower the participation and inclusion of a cross section of key constituents, both horizontally (all different types of services, including diverse community organizations and county agencies) and vertically (all levels of participation from executives to front line staff to people with lived experience).

We propose monthly strategic planning meetings with representatives from youth-serving community-based providers and other key constituents (e.g., community leaders, law enforcement, courts, probation, schools, social services). During these meetings, we will facilitate discussions on each step of the planning process, including data collection and analysis, prioritizing gaps and needs, and developing concrete action steps with timelines and measurable goals and objectives.

Data and Systems Analysis. TriWest staff have extensive experience conducting system assessments, evaluating prevention and intervention programs, providing technical assistance on evidence-based practices, developing quality improvement processes and plans, and collecting and analyzing data from multiple systems to identify and address disparities.

Systems Thinking. We recognize that disparities in the juvenile justice system stem from the intersection of policies and practices across multiple child-serving systems—including juvenile justice, mental health, child welfare, education, and human services. For this reason, we apply a systems thinking approach to all our projects, examining how these systems interact to influence outcomes for youth and families.

To assess the impact of North Dakota's child-serving systems on justice-involved youth, we will review policies, practices, and data across the juvenile justice, mental health, child welfare, and education sectors. Potential data sources include probation and law enforcement records; school discipline, truancy, and substance use data; child welfare indicators such as abuse, neglect, and foster care placements; mental health service data; and public data sets such as the North Dakota Youth Risk Behavior Survey, Kids Count Data Center, UCR statistics, and the CDC's Social Vulnerability Index. TriWest will also use Geographic Information System (GIS) to map crime and risk factors geographically, enhancing understanding of disparities across communities.

Evaluation of Existing Intervention and Prevention Services. We will draft a plan for evaluating existing intervention and prevention services that outlines the:

- Key questions to be answered by the evaluation
- Methods and timeline for identifying, collecting, and reporting data and data sources
- Tools to assess program fidelity, quality, and outcomes
- Tools to collect and analyze data
- Decision-making processes for quality improvement
- Communications plans to staff, partners, and the community

Gap and Barrier Analysis. We will work with the SAG to identify a group to participate in an asset mapping process to identify key community resources and gaps in services. We will use the results of the asset map to inform the creation of a SIM map. We will work with the SAG to use the SIM map to identify opportunities to divert youth from further system penetration and to support youth transitioning across levels of the system.

Our data team includes staff members with expertise in statistics, epidemiology, survey construction and analysis, GIS, and data visualization. We are practiced at writing and designing products that can effectively guide new efforts and programs, advocate for policy changes, and share information with the community.

Deliverables and Timeline

TriWest will collaborate with the Juvenile Justice SAG, BIPOC communities, service providers, and public agencies to inform existing service delivery and develop an action plan for juvenile justice diversion and community-based prevention services. This work will be done in person and virtually.

Year One – Develop Action Plan

Activities undertaken during Year 1 will support the development of an action plan that informs the SAG's four strategic priorities: 1) establish family engagement activities to pilot mediation, credible messengers, and culturally aligned prevention services; 2) develop a statewide restorative practices council to strengthen and expand restorative justice services; 3) reduce barriers to prevention service delivery for BIPOC youth; and 4) more directly engage BIPOC community leaders. The resulting action plan will include written recommendations and a plan to change policy, practices, and funding to advance the strategic priorities of the SAG. Plan goals will be specific, measurable, achievable, relevant, and time-bound (SMART). We will review the draft plan with the SAG and identified partners and incorporate their feedback before finalizing. When complete, we will present the resulting action plan to the SAG and identified community agencies and partners.

Year 1 Activities will include the following:

- Facilitate monthly strategic planning sessions with the BIPOC community including youth-serving community-based providers and community leaders. We

will hold a combination of virtual and in-person sessions to actively engage all stakeholders.

- Conduct targeted key informant interviews with identified leaders in the BIPOC community.
- Conduct focus groups and listening circles with families and youth who have been involved with the juvenile justice system including BIPOC youth and families.
- Conduct a web-based survey with BIPOC youth and families, youth-serving agencies, and system stakeholders.
- Collect and analyze publicly available information and service data on the current service array; organize the information according to the OJJDP continuum of care.
- Using the qualitative and quantitative information collected during the activities mentioned above, conduct a gap and barrier analysis of services and programs for prevention based on the OJJDP continuum of care.
- Review best practices for reducing overrepresentation of youth in the juvenile justice system and evaluate the availability of evidence-based prevention and intervention programs.
- Collaborate with each of the stakeholders to gather feedback on issues, data collection and analysis, and existing services and programs.
- Update the SAG quarterly (in person or virtually) on contract activities and progress on the action plan.
- Collaborate with stakeholders and youth and families to develop an action plan that provides recommendations on programs, information sharing, matching youth to needed services, implementing evidence-based practices, training public and private agencies, and improving cultural competence.

Year 2 – Develop and/or refine the SAG’s 3-year strategic plan and support action plan implementation.

Activities undertaken during Year 2 will support the revision of the SAG’s 3-year strategic plan to include key activities that target the reduction of racial and ethnic disparities. We will also support the SAG in implementing and measuring the impact of the action plan developed in Year 1.

Year 2 Activities will include the following:

- Continue quarterly updates to the SAG quarterly (in person or virtually) on contract activities and progress on the action plan.
- Collaborate with the SAG to use the information gathered during the action plan development process to revise the SAG’s 3-year strategic plan.
- Develop a plan to evaluate and support implementation of the action plan.
- Collaborate with the SAG to implement and measure the impact of the action plan developed in Year 1.

Capacity and Staffing

For this project, we have selected key TriWest staff members to form an experienced and dedicated team that offers evaluation expertise in the juvenile justice system as well as in other social and human services systems that work to prevent justice system involvement. Our proposed leads have consulted extensively on facilitating advisory groups as well as assessing and identifying prevention, treatment, and recovery gaps and priorities in communities and complex systems.

Project Lead – Lisa Tomaka, MS, MPA, will serve as the project lead. Lisa has expertise in behavioral health care and tribal relationships. Lisa, a Principal at TriWest, has 30 years of experience working with children, youth, and families, with a focus on systems of care and implementing evidence-based practices to improve outcomes. She has worked with tribal nations and Native-run organizations to conduct system assessments, evaluate program implementation, engage key stakeholders in planning and implementation, and meet federal grant reporting requirements. Lisa is currently the project lead responsible for the evaluation of NDBH's statewide SOC grant and three Yakama Nation Behavioral Health (The Sacred Healing Place) grants addressing children's mental health, trauma, and suicide prevention. She is also the project lead responsible for all aspects of the OJJDP grant in Elkhart County, Indiana.

Youth and Community Engagement Lead – Taylor M. Jackson, PhD, is a TriWest Senior Consultant who works on consultation and evaluation projects in various health and human service fields. As Project Manager for the Health Equity Project for Healthy Minds Policy Initiative, in Tulsa, Oklahoma, Taylor has helped develop a health disparities framework, researched data on racial equity in Tulsa, and compiled resources on the local impact of historical trauma on health and well-being. Taylor played a crucial role in developing the Truth, Racial Healing, and Transformation Campus Climate Assessment Toolkit for the American Association of Colleges and Universities and helped develop a campus climate assessment tool to promote narrative change and racial healing in institutions of higher education.

Subject Matter Expert, Child and Youth System of Care – Suki Martinez-Parham, MEd, is TriWest's Director of Child and Family Health. Suki has 21 years of experience in coordinating and implementing the evaluation components of multi-agency community projects, including SAMHSA-funded SOC projects in Texas, Washington, and Michigan. She also coordinated a multisite study of mental illness stigma reduction initiatives funded by the Paso del Norte Health Foundation in El Paso, Texas. She is currently supporting NDBH's statewide SOC grant and three Yakama Nation Behavioral Health (The Sacred Healing Place) grants addressing children's mental health, trauma, and suicide prevention.

Budget Summary

Applicant: TriWest Group, LLC

Project Period: 24 Months (Oct 1, 2025-Sept 30, 2027)

	Grant Request	Match	Total
Budget Categories:			
Personnel	-	-	-
Fringe Benefits	-	-	-
Travel	19,920.00	-	19,920.00
Supplies	2,400.00	-	2,400.00
Subaward/Contractual	57,680.00	-	57,680.00
Other Direct Costs	-	-	-
Indirect Costs	-	-	-
Total Grant Funds	80,000.00	-	80,000.00

Budget Detail Worksheet and Narrative

Applicant: TriWest Group, LLC

Project Period: 24 Months (Oct 1, 2025-Sept 30, 2027)

Personnel				Total Grant Period		
Position	Name	Annual Salary	Grant Allocation %	Grant Request	Match	Total
			#DIV/0!			
			#DIV/0!			
			#DIV/0!			
			#DIV/0!			
Total Personnel Costs				\$0	\$0	\$0

Personnel Narrative:
See contract costs

Fringe Benefits				Total Grant Period		
Position	Name	Annual Benefits	Grant Allocation %	Grant Request	Match	Total
			#DIV/0!			
			#DIV/0!			
			#DIV/0!			
			#DIV/0!			
Total Fringe Benefits				\$0	\$0	\$0

Fringe Benefits Narrative:
See contract costs

Travel			Total Grant Period		
Purpose	Location	Expense Type (Hotel/Mileage/Per Diem)	Grant Request	Match	Total
Facilitate one in-person strategic planning session and targeted in-person focus groups with families and youth - one per quarter.	Bismark, ND	Hotel	\$7,920		\$7,920
Facilitate one in-person strategic planning session and targeted in-person focus groups with families and youth - one per quarter.	Bismark, ND	Airfare	\$12,000		\$12,000
Total Travel Costs			\$19,920	\$0	\$19,920

Travel Costs Narrative:

Travel expenses - A total of \$19,920 is budgeted for three staff to facilitate four in-person strategic planning session per year over the course of the two year grant. While on site, staff will also facilitate family and youth focus groups and meet with community stakeholders. Hotel and airfare costs will be charged to the grant, using GSA rates.

Hotel Expenses - Hotel costs are calculated at \$110 per night for 3 staff for 3 nights per trip for a per-trip total of \$990. TriWest anticipates 8 trips over the two years for a total cost of \$7,920.

Airfare Expenses – Airfare costs are calculated at \$500 per person for 3 staff to make 8 trips over two years for a total cost of \$12,000.

Per Diem expenses will not be charged to the grant.

Supplies			Total Grant Period		
Item	Quantity	Per Unit Cost	Grant Request	Match	Total
Meeting Supplies	\$24.00	\$100	\$2,400		\$2,400
Total Supply Costs			\$2,400	\$0	\$2,400

Supply Costs Narrative:

Supplies - A total of \$2,400 is budgeted for meeting supplies at \$100 per in-person meeting for 24 total meetings over the two year period.

Subawards/Contracts		Total Grant Period		
Description/Purpose	Computation	Grant Request	Match	Total
TriWest Group	\$81.24 per hour for a total of 710 hours	\$57,680		\$57,680
Total Subaward/Contractual Costs		\$57,680	\$0	\$57,680

Subaward/Contractual Costs Narrative:
 TriWest Contract - TriWest will charge \$81.24 per hour for a total of 710 hours for the cost of work including meeting preparation, facilitation, and evaluation for a total of \$57,680 for the two year period. Our cost of services are typically charged at a higher rate, but we recognize the budget limitations of the North Dakota Juvenile Justice Advisory Group and we are committed to contributing our time and expertise to complete all of the work for the costs stated in this budget.

Other Direct Costs		Total Grant Period		
Type	Computation	Grant Request	Match	Total
Total Other Direct Costs		\$0	\$0	\$0

Other Direct Costs Narrative:
 None

Indirect Costs			Total Grant Period		
Description	Base	Rate	Grant Request	Match	Total
Total Indirect Costs			\$0	\$0	\$0

Indirect Cost Narrative:
None

Reference 1: Santa Clara County - Department of Probation

Gladys C. Tran

Youth Pathways for Positive Progress (YP3) | Program Manager II
County of Santa Clara | Probation Department
840 Guadalupe Parkway, San Jose, CA 95110
Gladys.C.Tran@pro.sccgov.org
Mobile: 669-899-7719

Reference 2: North Dakota Behavioral Health

Katie Houle

Project Director/Clinical Administrator, North Dakota Behavioral Health System of Care
600 East Boulevard Ave., Bismarck, ND 58505
khoule@nd.gov
Phone: 701-328-8832

Reference 3: Elkhart County, Indiana

Anna Sawatzky

Director of The SOURCE, Elkhart County's System of Care
330 Lakeview Dr., Goshen, IN 46528
anna.sawatzky@oaklawn.org
Phone: 574-533-1234, ext. 2878

TriWest resumes are included on the following pages.



Taylor M. Jackson, PhD

(TriWest Group)

CURRENT RESPONSIBILITIES

Taylor M. Jackson is a Senior Consultant and Project Manager for TriWest consultation and evaluation projects in various health and human service fields. She primarily assists with qualitative data collection and analysis, along with project management on SAMHSA funded projects.

EXPERIENCE

Taylor began consulting at TriWest in 2021. As Project Manager for the Health Equity Project for Healthy Minds in Tulsa, Oklahoma, Taylor has helped develop a health disparities framework, researched existing data related to racial equity in the community, and compiled resources on the impact of historical trauma on health and well-being. She also works with the Santa Clara County probation department in California on a project to increase racial equity in the juvenile justice system. For that project, she is currently mentoring Youth Advisory Council members to conduct a study of community perspectives on policing. Taylor has worked on an evaluation funded by The Anne & Henry Zarrow Foundation examining the effectiveness of the “Housing First” model in Tulsa for homeless populations with behavioral health conditions. Currently, she is assisting the American Association of Colleges and Universities to develop a campus climate assessment to promote narrative change and racial healing in institutions of higher education. Taylor has helped conduct key informant interviews, analyzed qualitative data, created data collection protocols, and constructed survey instruments for services and support staff.

Prior to joining TriWest, Taylor was a research assistant for 5 years and a sociology instructor for 3 years at Florida State University. She also was the Student Coordinator for Diversity and Inclusion at the University of Tampa.

Her research experience includes recruiting participants across multiple qualitative projects over three years; analyzing large data

sets using software programs such as Excel, STAT, and NVivo; and developing survey instruments and interview schedules. She has conducted in-depth interviews with research participants, managed project timelines and reports, and published research. As a college instructor, she prepared course components, in-class activities, assessments, and lecture materials; developed curriculum focused on social inequality; and advised and mentored students.

Her doctoral dissertation, *Black Women, Self-Care Behaviors, and Online Platforms*, examined how racial and gender minorities use social media platforms to improve their mental health and wellness.

EDUCATION

Taylor earned her PhD in sociology in 2021 and her MS in sociology in 2018 from Florida State University. She received a BA in psychology from the University of Tampa in 2015.



Socorro (Suki) A. Martinez-Parham, MEd, LPC

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Boulder CO 80303

Contact
915-227-6682
smartinez-
parham@trivestgroup.net

Education

University of Texas at El Paso 1997
MEd, Guidance and Counseling

University of Texas at El Paso 1994
BA, Psychology

Licensed Professional Counselor 1998
Texas, License # 15292

Experience

TriWest Group, Boulder, CO

Director of Child and Family Health

Jan. 2004–
present

Consultation in human services, with an emphasis on training and evaluation in mental health services, children’s system of care, juvenile justice and child welfare.

Egyptian Health Department Project Connect 4.0 System of Care, Eldorado, Illinois (September 2024 – present)

Project co-lead responsible for all aspects of the evaluation component for the Egyptian Health Department’s SAMHSA-funded System of Care. The system of care will expand comprehensive, community-based mental health services and supports and crisis services. Conducted a system of care needs assessment to identify gaps and opportunities in Gallatin, Saline and White Counties.

Missoula County System of Care, Missoula, Montana (September 2024 – present)

Assist in coordination and implementation of the evaluation component for the Missoula County System of Care. The system of care will develop crisis stabilization and intensive home and community-based services for children and youth receiving services from multi-systems.

The SOURCE Elkhart County System of Care, Goshen, Indiana (September 2024 – present)

Assist in coordination and implementation of the evaluation component for The SOURCE System of Care, funded by SAMHSA. The system of care works with community providers to ensure that children, youth and their families have access to services by working together to provide a continuum of comprehensive, community-based mental health services and supports to children and youth.

Yakama Nation Behavioral Health Services System of Care, Toppenish, Washington (September 2024 – present)

Assist in coordination and implementation of the evaluation component for Yakama Nation Behavioral Health Services' SAMHSA-funded project to implement a single, integrated system of care to provide comprehensive, community-based mental health services and supports for youth with serious emotional disturbances and their families.

The SOURCE, Elkhart County Office of Juvenile Justice Delinquency Prevention
(June 2024–present)

Project co-lead responsible for completing an asset map, gap analysis, sequential intercept map, to inform the development of a comprehensive community plan to address the needs of youth and their families who are at risk or involved in the juvenile justice system.

North Dakota Behavioral Health Division System of Care, North Dakota (Jan. 2023 – present)

Assist in coordination and implementation of the evaluation component for the North Dakota Behavioral Health Division's System of Care SAMHSA-funded project to implement a single, integrated system of care to provide comprehensive, community-based mental health services and supports for youth with serious emotional disturbances and their families in two regions.

North Central Behavioral Health Systems Certified Community Behavioral Health Clinic, La Salle County, Illinois (October 2023 – present)

Project co-lead responsible for all aspects of the evaluation component for the North Central Behavioral Systems Certified Behavioral Health Clinic (CCBHC). The evaluation involves ongoing assistance in meeting grant requirements, refining performance indicator methodologies, data collection mechanisms and reporting formats, producing reports on SAMHSA-required performance indicators and providing comprehensive on client-level National Outcome Measures (NOMs) data to both meet SAMHSA requirements and inform ongoing program quality improvement efforts.

Oklahoma Healthy Minds Policy Initiative The Anne and Henry Zarrow Foundation, Tulsa, OK (Jan. 2019 – present)

Assist with project support and key informant interviews for children's mental health and school-linked behavioral health assessments. Assist in coordination and implementation of the evaluation components for system of care projects in the city of Edmond and Tulsa, Oklahoma.

Yakama Nation Behavioral Health Services System of Care, Toppenish, Washington
(July 2020 – September 2024)

Assist in coordination and implementation of the evaluation component for Yakama Nation Behavioral Health Services' SAMHSA-funded project to implement a single, integrated system of care to provide comprehensive, community-based mental health services and supports for youth with serious emotional disturbances and their families.

Egyptian Health Department Project Connect 3.0 System of Care, Eldorado, Illinois
(August 2020 – September 2024)

Project co-lead responsible for all aspects of the evaluation component for the Egyptian Health Department's SAMHSA-funded System of Care. The system of care will expand comprehensive, community-based mental health services and supports to transition-aged youth. Co-lead Evaluation Advisory Committee. Conducted a system of care fidelity review and supported the Project Connect 3.0 evaluation advisory committee in using the results to improve the system of care.

The SOURCE Elkhart County System of Care, Goshen, Indiana (August 2021 – August 2024)

Assist in coordination and implementation of the evaluation component for The SOURCE System of Care, funded by SAMHSA. The system of care works with community providers to ensure that children, youth and their families have access to services by working together to provide a continuum of comprehensive, community-based mental health services and supports to transition-aged youth.

Nebraska Minority Resource Center, Strong Hearts "Chunte Washake" Native Connections Grant, Gordon, NE (Aug. 2021–present)

Assist in coordination and implementation of the evaluation component for five-year SAMHSA-funded project to reduce suicidal behavior and substance-use in Native American youth ages 17 to 24.

College for Behavioral Health Leadership, Mesa, AZ (2022–2024)

Project lead for Equity Grounded Leadership Fellow Program evaluation. Develop evaluation instruments and conduct key informant interviews to measure fellows' outcomes; provide recommendations for program improvements

Ouachita Behavioral Health and Wellness, Certified Community Behavioral Health Clinic (CCBHC), Arkansas (May 2020–May 2022)

Assist in coordination and implementation of the evaluation component for SAMHSA-funded Certified Community Behavioral Health Clinic (CCBHC).

Meadows Mental Health Policy Institute (MMHPI), Dallas, TX (Nov. 2013–present)

Assist with the implementation and coordination of the Meadows Mental Health Policy Institute for Texas, whose mission is to enable Texans with mental health needs to get help when and where they need it. Areas of priority include children's, veterans', and smart justice policies and practices across the state.

Dallas County Mental Health Service Delivery System Assessment Rees-Jones Foundation (March 2019 – March 2020). Conduct key informant interviews and project support for a Dallas County comprehensive children's behavioral health system assessment.

Strengthening Mental Health Services for Children, Youth, and Families Michael and Susan Dell Foundation (October 2017-October 2018). Provide technical assistance to foster care providers to increase access to high-quality

services and supports for children and adolescents involved with the foster care system who have intensive behavioral health needs.

Strengthening Mental Health Services for Children in Foster Care Rees-Jones Foundation (May 2017-November 2018). Provide technical assistance to foster care providers to increase access to high-quality services and supports for children and adolescents involved with the foster care system who have intensive behavioral health needs.

Moody (Sep. 2016-November 2017). Conduct key informant interviews and project support for a system assessment and demonstration project in the North Texas region for school-based behavioral and mental health for youth.

North Texas Children's Behavioral Health Systems Assessment (Feb. 2016-May 2017). Conduct key informant interviews and project support for a comprehensive children's behavioral health system assessment.

Trauma Informed Care (Sep. 2016-August 2017). Conduct key informant interviews and project support for a statewide study of trauma informed care practices.

El Paso Behavioral Health Consortium Paso del Norte Health Foundation (March 2016 – December 2016) Assist in coordination of project providing technical assistance to Consortium and Leadership Council in development of goals and metrics.

Midland County Mental Health Systems Assessment, Midland County, TX (Dec. 2015-June 2016). Assisted with children's services key informant interviews for the comprehensive assessment and performance review of the local mental health authority and broader behavioral health service delivery system.

Valley Baptist Legacy Foundation, Rio Grande Valley, TX (June 2016 -Oct. 2016). Assisted with children's services key informant interviews for the comprehensive assessment and performance review of the local mental health authority and broader behavioral health service delivery system.

Saginaw County Community Mental Health Authority, Saginaw System of Care, Saginaw, MI (Dec. 2010 – Sept. 2016)

Assist in coordination and implementation of the evaluation component for Saginaw County's SAMHSA-funded project to implement a single, integrated system of care to provide comprehensive, community-based mental health services and supports for Saginaw County youth with serious emotional disturbances and their families.

Children's System of Care Planning, Nebraska State Division of Behavioral, Lincoln, Nebraska (Aug. 2013 – July 2014)

Assist in the development of a statewide comprehensive strategic plan for improving, expanding and sustaining services for children and youth with serious emotional disturbances (SED) and their families.

Paso del Norte Health Foundation, Think.change Stigma Reduction Initiative, El Paso, TX (Jan. 2014 – September 2016)

Assist in the coordination of the evaluation component of the Paso del Norte Health Foundation's Think.change initiative which aims to reduce the prevalence of mental health stigma in El Paso and the surrounding region.

Rural Children's Initiative, Plainview, TX (Oct. 2011 – Sept. 2013)

Assist in coordination and implementation of the evaluation component for SAMHSA-funded project to implement a single, integrated system of care to provide comprehensive, community-based mental health services and supports for youth with serious emotional disturbances and their families in 11 Counties.

County of Yakima, Washington Yakima Valley Youth and Family Coalition, Yakima, WA (Jan. 2009 – Sept. 2014)

Assist in coordination and implementation of the evaluation component for Yakima County's SAMHSA-funded project which aims to implement a single, integrated system of care to provide comprehensive, community-based mental health services and supports for Yakima County youth with serious emotional disturbances and their families.

County of El Paso Border Children's Mental Health Collaborative, El Paso, TX (May 2007– Sept. 2009)

Assist in coordination and implementation of the evaluation component for El Paso County's SAMHSA-funded system of care project which provides comprehensive, community-based and culturally competent services to youth with serious emotional disturbances and their families.

City of El Paso Project FOCUS Senior Peer Counseling Program, El Paso, TX (Nov. 2005– Jul. 2007)

Assist in coordination and implementation of the evaluation component for Project FOCUS' Hogg Foundation funded program which provides peer counseling services to seniors identified by the City-County Nutrition Program.

North Thurston Public Schools Safe Schools / Healthy Students, Lacey, WA (Aug. 2006 – Aug 2010)

Assist in coordination of federally funded grant to develop and enhance prevention efforts related to youth violence and exposure to violence through collaboration between schools, mental health and law enforcement.

Pueblo of Zuni, Zuni, NM (Oct. 2005 – Jan. 2007)

Provided technical assistance for project implementation and evaluation of the Pueblo of Zuni OJJDP-funded Safe Start Program to address the impact of violence on young children.

Denver Public Schools, Denver, CO (Feb. 2006- Aug. 2006)

Provided technical assistance to program in the development of its Intensive Day School Program and manual.

County of El Paso Border Children's Mental Health Collaborative, El Paso, TX (Jan. 2004 – Sept. 2005)

Assist in coordination and implementation of the evaluation component for El Paso County's SAMHSA-funded system of care project which provides comprehensive,

community-based and culturally-competent services to youth with serious emotional disturbances and their families.

- 2003 **Child and Adolescent Mental Health Program, El Paso Community Mental Health/Mental Retardation Center, El Paso, TX**
Utilization Management/Utilization Review Agent
Provided clinical supervision and training to unit staff. Conducted intakes for Early Intervention population and oversaw treatment and service planning for all children served in the unit. Oversaw child and adult admissions to the El Paso Psychiatric Center.
- 1997– 2003 **Child and Adolescent Mental Health Program, El Paso Community Mental Health/Mental Retardation Center, El Paso, TX**
Early Intervention Supervisor, Clinical Social Worker
Provided clinical and administrative supervision to caseworkers assigned to provide services to children under six. Conducted intakes and assessments for early intervention population. Worked closely with community providers in order to promote and expand program.
- 1996—1997 **Child and Adolescent Mental Health Program, El Paso Community Mental Health/Mental Retardation Center, El Paso, TX**
Intake Specialist, Caseworker II
Conducted intake assessments and linked children and adolescents with serious emotional disorders to community providers.
- 1996—1997 **Child and Adolescent Mental Health Program, El Paso Community Mental Health/Mental Retardation Center, El Paso, TX**
Counselor Intern
Provided individual and family counseling to children and adolescents with serious emotional disorders.
- 1994— 1996 **Helping Kids Cope Program, El Paso Community Mental Health/Mental Retardation Center, El Paso, TX**
Caseworker I
Provided individual and family counseling to children and adolescents with serious emotional disorders.

Other Skills Spanish Language- fluent speaking, proficient reading and writing.



Lisa M. Tomaka (Esparza), MS, MPA

Principal

4450 Arapahoe Avenue, Suite 100
Boulder, CO 80303

Contact

915-867-8873
ltomaka@triwestgroup.net

Education

University of Texas at El Paso 2007

Master of Public Administration

State University of New York College at Buffalo 1990

M.S., Multidisciplinary Studies/Art Therapy

State University of New York College at Geneseo 1987

B.A., Psychology

Experience

TriWest Group, Boulder, CO

Senior Consultant (2016–2018)/Principal (2019–present)

Feb. 2016–
present

Consultation in human services, with an emphasis on training and evaluation in mental health services, school-based mental health, juvenile justice, and child welfare.

Missoula County System of Care Expansion Grant (Sept. 2024–present)

Project lead responsible for conducting all aspects of the evaluation of SAMHSA-funded project to implement a single integrated system of care that provides comprehensive community-based mental health services and supports to county children and youth (and their families) with severe emotional disturbances.

North Dakota System of Care Expansion Grant (Dec. 2023–present)

Project lead responsible for conducting all aspects of the evaluation of a statewide SAMHSA-funded project to implement a single integrated system of care that provides comprehensive community-based mental health services and supports to county children and youth (and their families) with severe emotional disturbances. Developed reporting tools and processes for collecting SAMHSA required National Outcomes Measures (NOMs) data and Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators. Support for development and submission of SAMHSA required reports. Conducted a statewide community needs assessment and regional asset mapping. Provided support for expanding evidence-based services and supports and assessing state progress toward adopting a system of care approach.

The SOURCE, Elkhart County System of Care Expansion grant 2 and 3 (Sept. 2021–present)

Project lead responsible for conducting all aspects of the evaluation of SAMHSA-funded project to implement a single integrated system of care that provides comprehensive community-based mental health services and supports to county children and youth (and their families) with severe emotional disturbances. Assessed

infant and early childhood consultation and technical assistance program and early intervention and family-based pilot programs in the continuum through key informant interviews, focus groups and analysis of service use data. Provided support for writing and submitting a 3rd System of Care Expansion grant.

The SOURCE, Elkhart County Office of Juvenile Justice Delinquency Prevention (June 2024–present)

Project lead responsible for completing an asset map, gap analysis, sequential intercept map, to inform the development of a comprehensive community plan to address the needs of youth and their families who are at risk or involved in the juvenile justice system.

Family and Youth Initiative Plus (FYI+), Certified Community Behavioral Health Clinic Planning, Development and Implementation Grant (Sept. 2022–present)

Project lead responsible for all aspects of a SAMHSA-funded CCBHC grant to support providers to meet the CCBHC criteria and establish CCBHC programs. Developed reporting tools and processes for collecting SAMHSA required National Outcomes Measures (NOMs) data and Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators. Support for development and submission of SAMHSA required reports. Co-lead a community needs assessment and lead a county wide crisis assessment that informed the development of FYI+'s mobile crisis team.

Nebraska Minority Resource Center Native Connection Grant (July 2021–present)

Project lead responsible for all aspects of a SAMHSA-funded Native Connections grant including guiding program staff to use data for quality improvement. Developed protocols and tools for grant required data collection. Developed deliverable reports to SAMHSA, including Disparity Impact Statement, and assessment of CLAS standards.

Egyptian Health Department Project Connect 3.0 and 4.0 System of Care Expansion Grant (Sept. 2021–present)

Project lead responsible for conducting all aspects of the evaluation of SAMHSA-funded project to implement a single integrated system of care that provides comprehensive community-based mental health services and supports to county children and youth (and their families) with severe emotional disturbances. Co-lead Evaluation Advisory Committee. Conducted a system of care fidelity review and supported the Project Connect 3.0 evaluation advisory committee in using the results to improve the system of care. Provide support for writing and submitting a 4th SAMHSA System of Care Expansion grant.

Egyptian Health Department Project AWARE (Advancing Wellness and Resiliency in Education) (Sept. 2023–present)

Project lead responsible for conducting all aspects of the evaluation of SAMHSA-funded project to develop a sustainable infrastructure for school-based mental health services. Developed reporting tools and processes for collecting SAMHSA required National Outcomes Measures (NOMs) data and Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators. Support for development and submission of SAMHSA required reports. Created a data dashboard to display aggregated results of

universal student social and emotional screening to supported school and district level planning.

Egyptian Health Department Community Mental Health Center Grant (Oct. 2021 – present)

Project lead responsible for conducting all aspects of the evaluation of SAMHSA-funded project to strengthen and sustain community mental health centers. Developed reporting tools and processes for collecting SAMHSA required National Outcomes Measures (NOMs) data and Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators. Support for development and submission of SAMHSA required reports.

Yakama Nation System of Care Expansion Grant 1 and 2 (Sept. 2020–present)

Project lead responsible for the conducting all aspects of the evaluation of SAMHSA-funded project to implement a single integrated system of care that provides comprehensive community-based mental health services and supports to county children and youth (and their families) with severe emotional disturbances. Provided support for submitting a 2nd successful SAMHSA grant and completed the required community needs assessment.

Yakama Nation School-based Trauma-Informed Support Services and Mental Health Care for Children and Youth Cooperative Agreement (Sept. 2023–present)

Project lead responsible for the conducting all aspects of the evaluation of SAMHSA-funded project to increase student access to evidence-based and culturally relevant trauma support services and mental health care. Developed reporting tools and processes for collecting SAMHSA required National Outcomes Measures (NOMs) data and Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators. Support for development and submission of SAMHSA required reports.

Yakama Nation Garrett Lee Smith State/Tribal Youth Suicide Prevention Grant (Sept 2024–present)

Project lead responsible for the conducting all aspects of the evaluation of SAMHSA-funded project to implement support states and Tribes to implement youth suicide prevention and early intervention strategies in Tribal Nations. Provided support to evaluate Camp Chaparral, Yakama Nation Behavioral Health's youth summer camp designed to develop protective factors and prevent suicide by introducing youth to their heritage and cultural traditions.

The Anne and Henry Zarrow Foundation/Healthy Minds Policy Initiative, Tulsa, OK (Sept. 2018–present)

Assisted with the implementation and coordination of the Healthy Minds Policy Initiative. Serve as project lead for children and school-based mental health assessments in Tulsa and Oklahoma for Zarrow Foundation and then the newly founded Healthy Minds Policy Initiative.

Tulsa Children’s Mental Health Initiative – System of Care Expansion Grant (Sept 2023–present)

Project lead responsible for the conducting all aspects of the evaluation of SAMHSA-funded project to implement a single integrated system of care that provides comprehensive community-based mental health services and supports to county children and youth (and their families) with severe emotional disturbances.

Edmond System of Care Expansion Grant (Sept. 2024–present)

Project lead responsible for conducting all aspects of the evaluation of SAMHSA-funded project to implement a single integrated system of care that provides comprehensive community-based mental health services and supports to county children and youth (and their families) with severe emotional disturbances.

Counseling and Recovery Services Certified Community Behavioral Health Clinic Community Needs Assessment (March 2024–Oct. 2024)

Project lead responsible for conducting all aspects of CCBHC community needs assessment.

Counseling and Recovery Services of Oklahoma Evaluation Support (Sept. 2021 – Sept. 2023)

Provided evaluation support for two SAMHSA- funded projects – Community Mental Health Center Grant and a Certified Behavioral Health Center grant. Developed reporting tools and processes for collecting SAMHSA required National Outcomes Measures (NOMs) data and Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators. Support for development and submission of SAMHSA required reports.

Children’s Mental Health Continuum of Care Policy Brief Series (Feb. 2022– Sept. 2024)

Developed a series of policy brief that identified strengths and gaps in mental health care for children and youth at risk of or struggling with a mental health challenge and their families and proposed actionable solutions. Policy brief topics include Promotion, prevention, and early intervention, outpatient and integrated primary care, intensive home and community-based services, comprehensive crisis care, inpatient care, and residential treatment.

Children’s Mental Health Assessment (Sept. 2020–Sept. 2024)

Project lead responsible for conducting all aspects of a statewide analysis of the children’s delivery system, including mental health centers, children’s providers rates, telehealth, and service outcomes.

Oklahoma Multitiered System of Support Statewide Assessment (June 2020– Mar. 2021)

Project lead for all aspects of a state-wide assessment of funded multi-tiered system of supports (MTSS) initiative to inform strategy for state- level policy on MTSS.

The Impact of the Coronavirus Disease 2019 (COVID-19) on Children’s Mental Health (April 2020–Oct. 2020)

Co-lead on a review of the potential impact of COVID-19 on the children and youth in Oklahoma, including statewide recommendations for mitigating the effects.

Tulsa Public Schools Mental Health Service Review (Feb. 2019–Dec. 2020)

Project lead responsible for conducting all aspects of a three-part assessment of Tulsa Public Schools’ (TPS) school and community-based mental health services. Provided additional support to TPS to restructure Student Support Services staffing to allow for the adoption of a multitiered system of support to address the social, emotional, and mental health needs of all students.

Comprehensive Adolescent and Transition Age Youth Substance Use Disorder

Project (Sept. 2018–Sept. 2019)

Project lead responsible for conducting all aspect of project implementation for a mini assessment of Tulsa’s continuum of substance use services for adolescent and transition age youth.

Children’s Enhanced Mental Health Systems Project (Sept. 2018–Sept. 2019)

Project lead for a focused assessment to identify the highest priority needs of children and youth who are at risk for suicide and/or who are involved in the mental health, juvenile justice, and child welfare system.

Meadows Mental Health Policy Institute, Dallas, TX (Feb. 2016–present)

Assist with the implementation and coordination of the Meadows Mental Health Policy Institute for Texas, whose mission is to enable Texans with mental health needs to get help when and where they need it. Areas of priority include children’s, veterans, and smart justice policies and practices across the state.

North Texas Community-Based Care Environmental Assessment (Nov. 2019–Mar. 2021)

Conducted key informant interviews, developed and analyzed the outcome of a survey of child-placing agencies, and reviewed and reported on Family and Protective Services Child Protective Services data.

Harris County Community-Based Care Comprehensive Assessment and Environmental Scan (Oct. 2018–Aug. 2019)

Project co-lead responsible for coordinating all aspects of an environmental scan of the Houston Community to improve the local foster care system in preparation for a transition to a community-based care foster care model.

Trauma-Informed San Antonio Strategic Framework and Action Plan (Dec. 2019–Jan. 2020)

Co-facilitated a two-day strategic planning session with the San Antonio Metropolitan Health District and the San Antonio Trauma Informed Care Coalition to develop a strategic framework and action plan for certifying businesses and organizations in San Antonio on trauma-informed care.

Trauma-Informed Care Certifying Entity Business Plan (Mar. 2019–May 2019)

Co-lead for the development of a business plan to develop a trauma-informed care certifying entity business plan for the San Antonio Metropolitan Health District.

Mental and Behavioral Health Roadmap and Toolkit for Schools (Jan. 2018–Nov. 2018)

Responsible for supporting the project lead in developing a document to assist schools and districts in Texas in implementing school-based mental health, including reviewing MTSS, implementation science, and highlighting best practices nationally and in Texas.

North Texas Children’s Behavioral Health Systems Assessment (Feb. 2016–Aug. 2017)

Project lead responsible for coordinating all aspects of project implementation for a comprehensive children’s behavioral health system assessment in North Texas.

Trauma-Informed Care (Sep. 2016–July 2017)

Project lead responsible for overseeing all aspects of project implementation of a statewide trauma-informed care practice assessment.

Moody Foundation Children’s Mental Health System Transformation in North Texas (Sep. 2016–June 2018)

Project lead responsible for coordinating all aspects of project implementation for a system assessment and demonstration project in Dallas, Texas, for school- and community-based behavioral and mental health services for youth.

Houston Children’s Mental Health System Assessment (Sep. 2016–Aug. 2017)

Conduct key informant interviews and project support for a system assessment for the Harris County children’s mental health system of care.

Midland County Mental Health Systems Assessment, Midland County, TX (Dec. 2015–June 2016)

Assisted with children’s services key informant interviews for the comprehensive assessment and performance review of the local mental health authority and broader behavioral health service delivery system.

Valley Baptist Legacy Foundation, Rio Grande Valley, TX (June 2016–Oct. 2016)

Assisted with children’s services key informant interviews for the comprehensive assessment and performance review of the local mental health authority and broader behavioral health service delivery system.

July 2013–
Jan. 2016

Child Crisis Center of El Paso (CCCEP), El Paso, TX

Director of Operations

Responsible for the oversight, management, and coordination of CCCEP's 30 bed emergency shelter for children ages 0–13 and the Center's community health education, psychoeducational, and case management/Wraparound services. CCCEP's community programs provide prevention services to more than 1,400 families and children a year. An additional 525 children are cared for in the emergency shelter. Supervised 56 professional and paraprofessional staff and managed nine state and local foundation grants.

Increased agency grant funding by upwards of \$750,000 per year. Secured \$500,000 in continued foundation funding for the Center's Healthy Sexuality Programming and \$240,000 in state funding for its Fatherhood EFFECT Program.

Increased the Center's direct community support and service positions by eight.

Oversaw implementation and maintained fidelity of the Center's evidence-based/evidence-informed programs, which included Wraparound, STEP Parenting, 24/7 Dad, and Teen Talk healthy sexuality curriculum.

Maintained compliance with the State of Texas Department of Family and Protective Services Minimum Standards for General Residential Operations, with eligibility to test for the TDFPS Administrators License.

Oversaw the Performance and Quality Improvement Team for El Paso HOPES, a state-funded community collaborative designed to provide services to 400 children ages 0–5.

Responsible for initiating and managing CCCEP's Council on Accreditation (COA) accreditation process.

Active member of the Family Council, a community committee appointed by the Paso Del Norte Health Foundation to address gaps in behavioral health services for children and families.

Sept. 1999–
Aug. 2001

**University College/Institute for Policy and Economic Development at the
University of Texas at El Paso, El Paso, TX**

Assistant Dean/Assistant Director

Responsible for the oversight and coordination of the non-academic community-based and grant programs at University College. Managed the staff, including four advisors, three administrative support staff, the MPA coordinator, and two graduate assistants. Developed the budget and implementation plans for all non-traditional programs offered by University College.

Actively participated in the fiscal oversight of all University College grant-supported and non-academic programming.

Maintained compliance with all aspects of the Office of the Director of National Intelligence (ODNI) Intelligence Community Center for Academic Excellence (IC CAE) \$500,000 grant, including completion of all semester reports, financial statements, and annual reports.

Oversaw all aspects of four successful years of the ODNI IC CAE High School Summer Program; 164 students successfully completed the program, and 60% of these students enrolled at UTEP. This program was designated as an ODNI "Best Practice" and required establishing and maintaining relationships with area high schools.

Coordinated all activities for the Intelligence Community Center for Academic Excellence, including job fairs, student meetings with recruiters, dinners with the Dean and ODNI staff, student workshops, and training for high school teachers.

Developed all University College travel abroad procedures. Successfully arranged 10 study-abroad programs for 70 students to Jordan, Egypt, South American, Brazil, and Morocco.

Instructor for University 1301, a class for UTEP entering freshman, fall 2007, 2008, 2009, 2010.

2007–2008

Institute for Policy and Economic Development, El Paso, TX

Project Coordinator

Responsible for the coordination of the evaluation component of a Housing and Urban Development (HUD) HOPE VI grant and the high school component of an Office of the Director of National Intelligence (ODNI), Intelligence Community Center for Academic Excellence (IC CAE) grant.

Designed and implemented all components of the HUD HOPE VI longitudinal study to include survey development, distribution, data collection, and analysis.

Oversaw summer program enrollment and supported student participation through meetings with parents, students, and school personnel.

2003–2006

Border Children's Mental Health Collaborative, El Paso, TX

Project Director

Responsible for implementing an \$18.7 million federal grant related to children's mental health system changes. Established a multi-agency entity to govern the redesign of all children's mental health services in El Paso County.

Engaged children's mental health system partners, including juvenile justice, family protective services, mental health and mental retardation, substance abuse, and the school districts in a collaborative planning and project implementation process.

Worked with system partners to develop a community-based system ensuring families and youth with serious emotional disturbances were equal partners in all aspects of implementation.

Developed and implemented community-based services and supports, including Wraparound and other evidenced-based practices.

1998–2003

EPMHMR's Child and Adolescent Mental Health Program (ChAMHPs), El Paso, TX

Director of Children's Services

Responsible for a system of community-based mental health services designed to serve youth with serious emotional disturbances and their families. ChAMHPs comprised 50 mental health workers and support staff, served approximately 1,400 youth, and provided intensive response for all levels of mental health crisis 24 hours a day/seven days a week.

Administered a \$3 million operating budget.

Maintained a monthly average caseload of 600 children and their families.

Practiced proactive interventions and innovative programming to reduce the psychiatric emergency admissions of children and adolescents.

Partnered with child protective services, the juvenile probation department, all of the independent school districts within El Paso County, and non-profit organizations.

1995–1998

Life Management Center's Child and Adolescent Mental Health Program (ChAMHPs), El Paso, TX

Clinical Social Worker V. Team Leader

Provided direct clinical oversight to treatment team of caseworkers in their delivery of community-based services focused on promoting the psychosocial development of children and adolescents with emotional disturbances.

Promoted a strength-based, family-focused philosophy of service delivery. Oversaw the development and implementation of individualized treatment plans. Reviewed clinical documentation for quality, completeness, and timeliness.

Lisa Jahner

From: Lisa Tomaka <ltomaka@trivestgroup.net>
Sent: Wednesday, November 12, 2025 2:42 PM
To: Lisa Jahner
Cc: Suki Martinez-Parham; Joshua Cranston; Tonya Aultman-Bettridge
Subject: TriWest's response to North Dakota Juvenile Justice State Advisory Group RFP
Attachments: Application_Cover_Page_-_TriWest Group Is.pdf; ND JJ SAG Program Narrative Re-issued.TriWest Group. 11122025.pdf; Budget_Detail_Worksheet_and_Narrative.TriWest Group FINAL.xlsx; Planning Council Presentation 10292025.draft.pdf

Hi Lisa,

Please accept our revised submission to the reissued ND JJ SAG RFP . I have included the application cover page, the project narrative, and the budget detail worksheet.

With permission from Elkhart County, I have attached the Elkhart County OJJDP Planning PowerPoint presentation. I did not include the North Dakota System of Care Needs Assessment document, as you already have a copy. The attached presentation was used in October to facilitate a full-day planning session with the Elkhart County Office of Juvenile Justice and Delinquency Prevention (OJJDP) Planning Council. The Council includes representatives from juvenile justice, mental health, education, child welfare, and other key community stakeholders. Input gathered during this session will inform the development of Elkhart County's comprehensive community plan for juvenile justice prevention and intervention.

Let me know if you have any questions or need additional information.

Lisa Tomaka, MS, MPA | Principal | TriWest Group | 4450 Arapahoe Ave., Suite 100 | Boulder, CO 80303-9102 | Phone: 915.867.8873 | Fax: 303-415-2500 | trivestgroup.net

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OJJDP PLANNING COUNCIL

OCTOBER 2, 2025



OJJDP – Building Local Communities of Care to Support Youth Success

Project Goal

“To support better outcomes for youth and families by investing more resources in prevention and intervention programming across the continuum of care.”

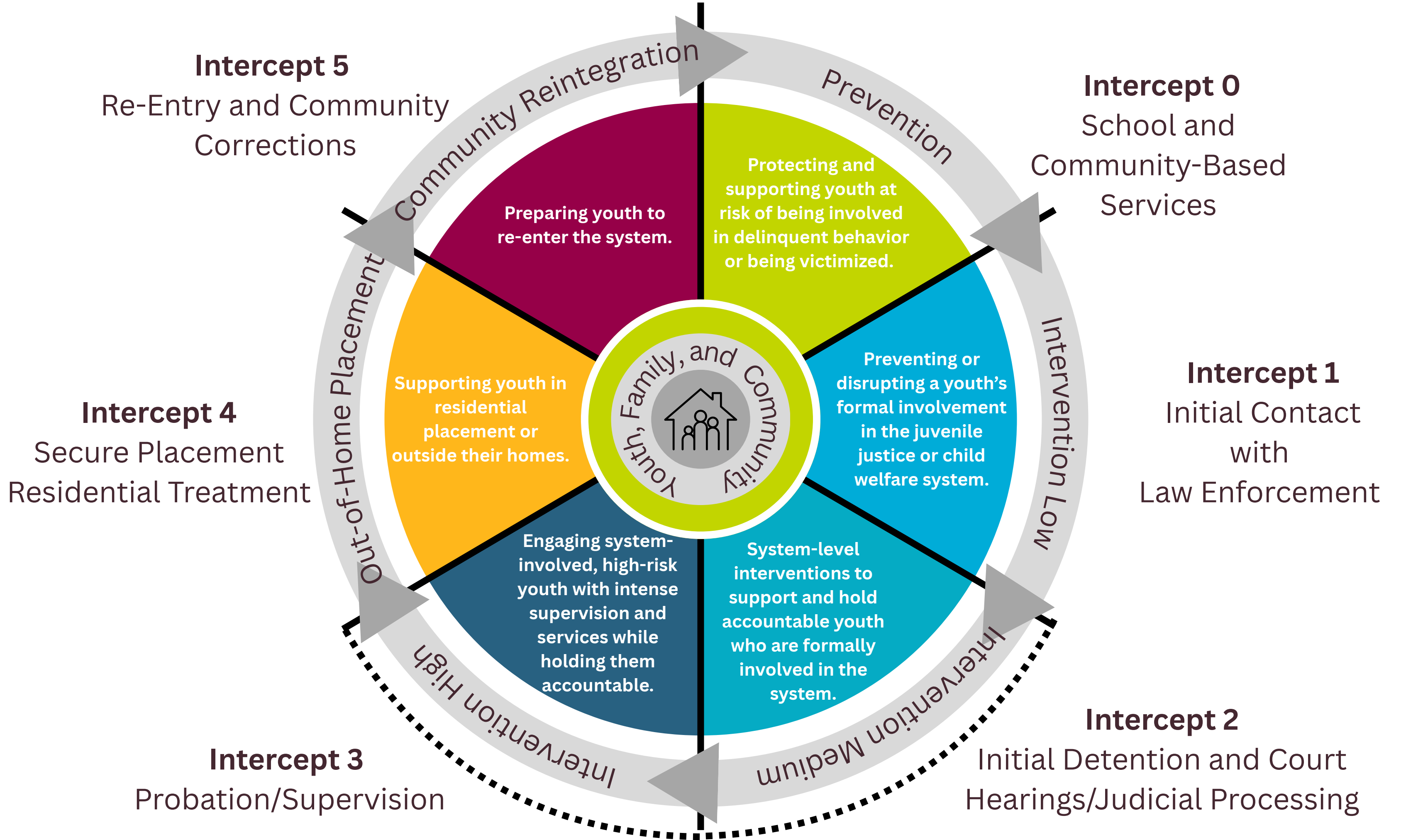
OJJDP

Continuum of Care for Communities

and

The Youth Sequential Intercept Model

OJJDP Office of Juvenile Justice
and Delinquency Prevention
Office of Justice Programs • U.S. Department of Justice



OJJDP Continuum of Care for Communities

- Continuum is an array of services that range from prevention programs for youth at risk of delinquency to intervention, residential, and re-entry programs for youth involved in the juvenile justice system.
- System and policy changes are critical in achieving a full continuum that meets the needs of youth and family, achieves positive outcomes, and maintains public safety.
- The majority of youth are served in the prevention and low intervention programs. Fewer youth are served in the more intensive programs and restrictive settings.
- The prevention/low intervention services are usually less costly, resulting cost benefits.

Methodology

In other words, what we did.



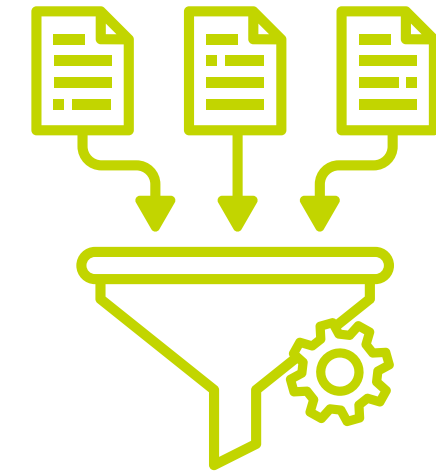
Methodology



Asset mapping survey
January 2025



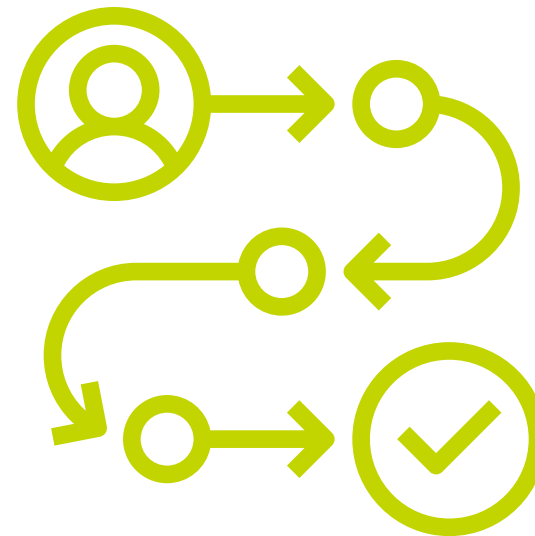
Key informant interviews
February–May 2025



Review of publicly
available data



Gap Analysis
January–April 2025



Sequential Intercept
Map



Analysis of court,
Oaklawn, and prevention
provider data

Elkart County Total Population of Children, Youth, and Young Adults (0-21) **66,808**

In any given year, **3,775** will have a **serious emotional disturbance** and **1,623** young adults will have a **serious mental illness.**

In any given year **1,635 youth/young adults (12-21)** will attempt suicide.

In any given year, **5,052 youth/young adults (12-21)** will have a substance use disorder and **4,615** will need but not receive treatment.

In any given year **6,674 youth and young adults (12-21)** will experience at least one episode of major depression.

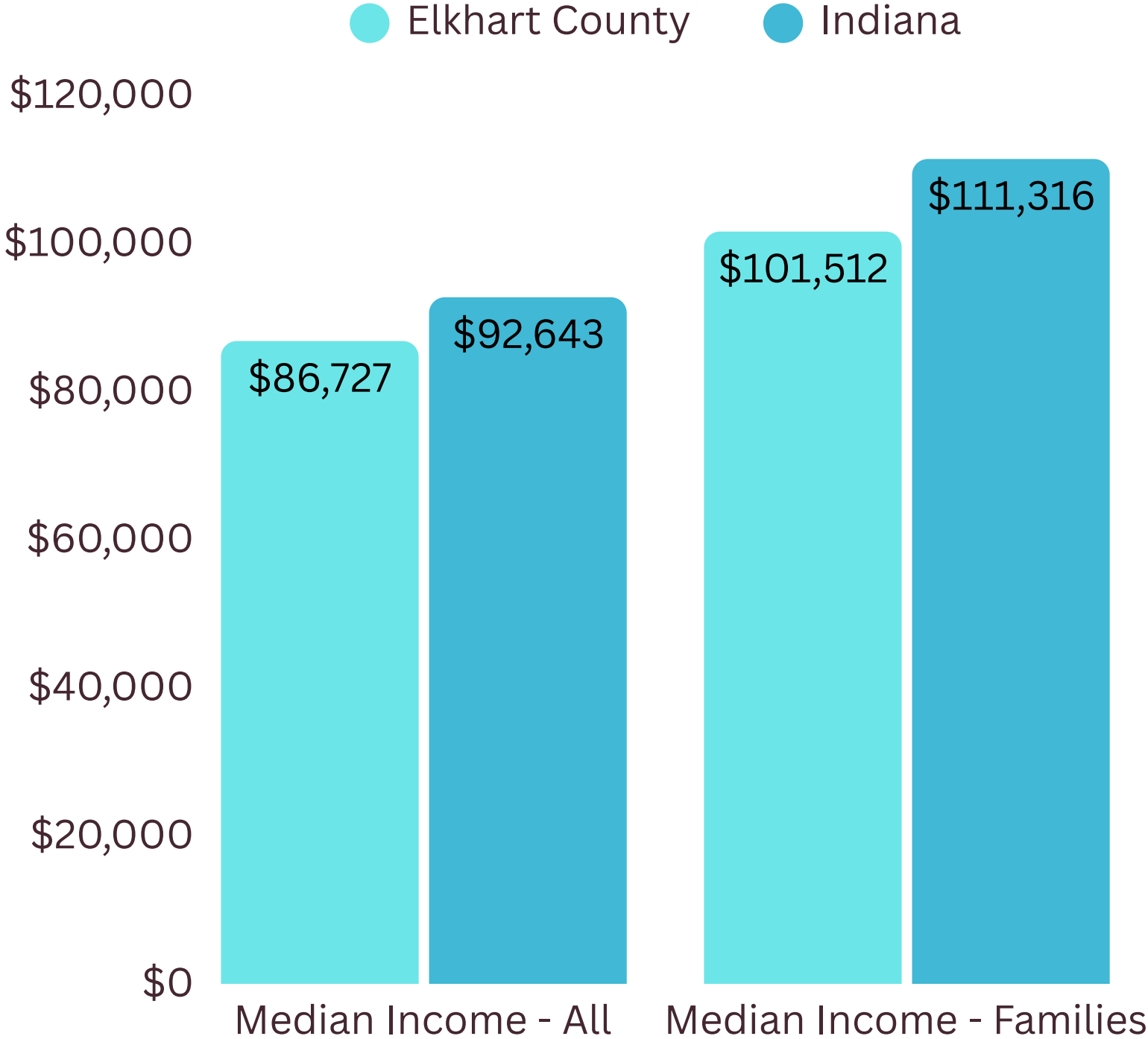


Community Characteristics

Median Income

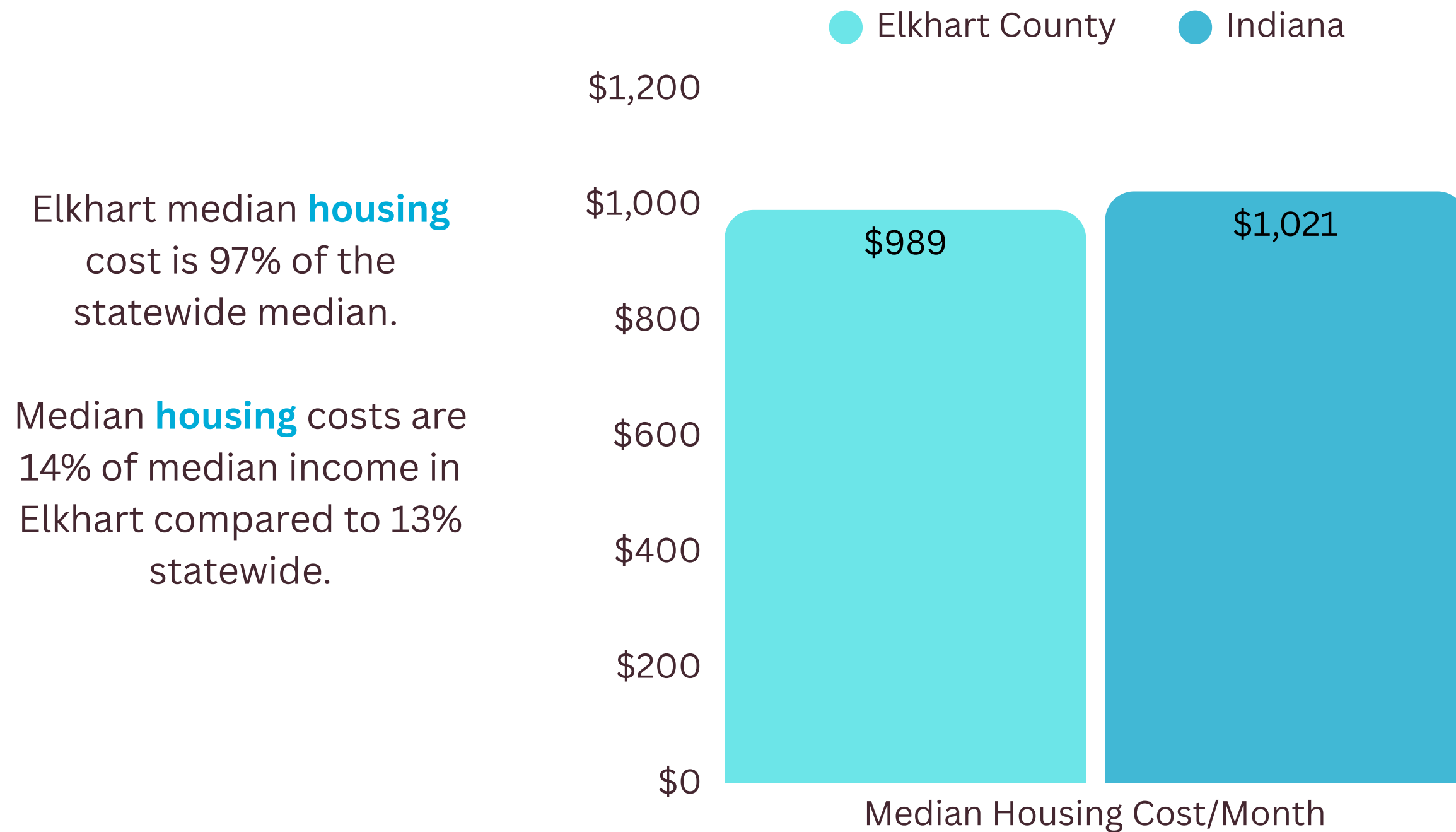
Elkhart's median income is 94% of the statewide median income.

Elkhart's median income for families is 91% of the statewide median income for families.



Community Characteristics

Housing Affordability

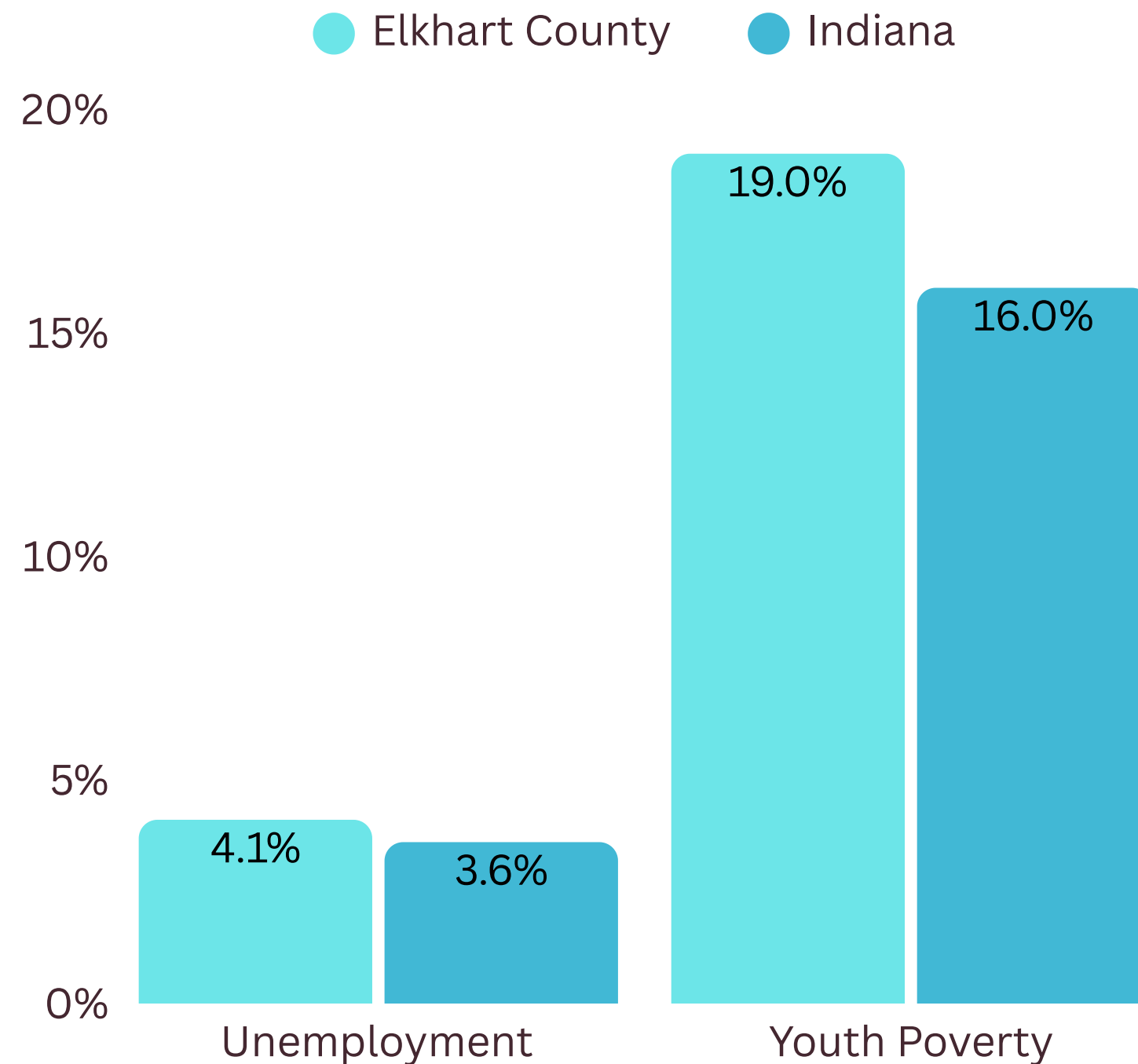


Community Characteristics

Economy

Income Inequality
11.9 in Elkhart and 14.0 statewide
(higher statewide income inequality)

Source: ACS 2023 5-Year Estimates, Table B19081 Mean Household Income of Quintiles



Employment citation: U.S. Bureau of Labor Statistics. (2025, October 1). *Unemployment rate in Elkhart County, IN [INELKHOURN]*. FRED, Federal Reserve Bank of St. Louis. <https://fred.stlouisfed.org/series/INELKHOURN>
Poverty citation: U.S. Census Bureau. (2023). *American Community Survey: Table S1701 poverty status in the past 12 months (5-year estimates)*. www.data.census.gov

Community Characteristics

Safety

Community Characteristics	Elkhart County	Indiana
Rate of violent crime per 100,000 population ¹	61.5	27.3
Social belonging ² (This is a protective factor; it is good that Elkhart is higher than statewide.)	12.7 (ranked 39 of 92 Counties)	11.8
Percent of DCS referrals that were substantiated (2025) ³	11%	14.9%



Highlights a significant difference between county and state rates

¹ FBI Crime Data Explorer. (2024). *Unified crime reporting, table 10*. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/home>

² Indiana Youth Institute. (2025). *Indiana Kids Count® data book*. <https://iyi.org/resources/indiana-kids-count-data-book/>

³ Indiana Department of Child Services. (2025). *Assessment decisions summary by child*. <https://www.in.gov/dcs/overview/reports-and-statistics/child-abuse-and-neglect/>

Community Characteristics

School

Education Characteristics	Elkhart County	Indiana
4-year high school graduation rate ⁴	88.4%	90.2%
Adults with a bachelor's degree or higher⁵	12.8%	18.3%
Suspension rates ⁴	11%	14.9%
Students with disabilities⁶	18.8%	17.7%
Student homelessness rate ⁶	1.4%	1.6%



Highlights a significant difference between county and state rates

⁴ Indiana Youth Institute. (2025). *Indiana Kids Count® data book*. <https://iyi.org/resources/indiana-kids-count-data-book/>

⁵ U.S. Census Bureau. (2023). *American Community Survey: Table S1501 educational attainment (5-year estimates)*. www.data.census.gov

⁶ Indiana Department of Education. (n.d.). *Federal report card school year 2023 - 2024: Elkhart Community Schools, grades preK - 12th*. <https://indianafederalreportcard.doe.in.gov/profile/Corporation/165>

Community Characteristics

Population

By Age	#	%
Total population (0–21)	66,808	100%
0 to 5 years	17,608	26%
6 to 11 years	18,478	28%
12 to 17 years	18,898	28%
18 to 21 years	11,823	18%



56% of Elkhart County youth are between the ages of 6 and 17.

Community Characteristics

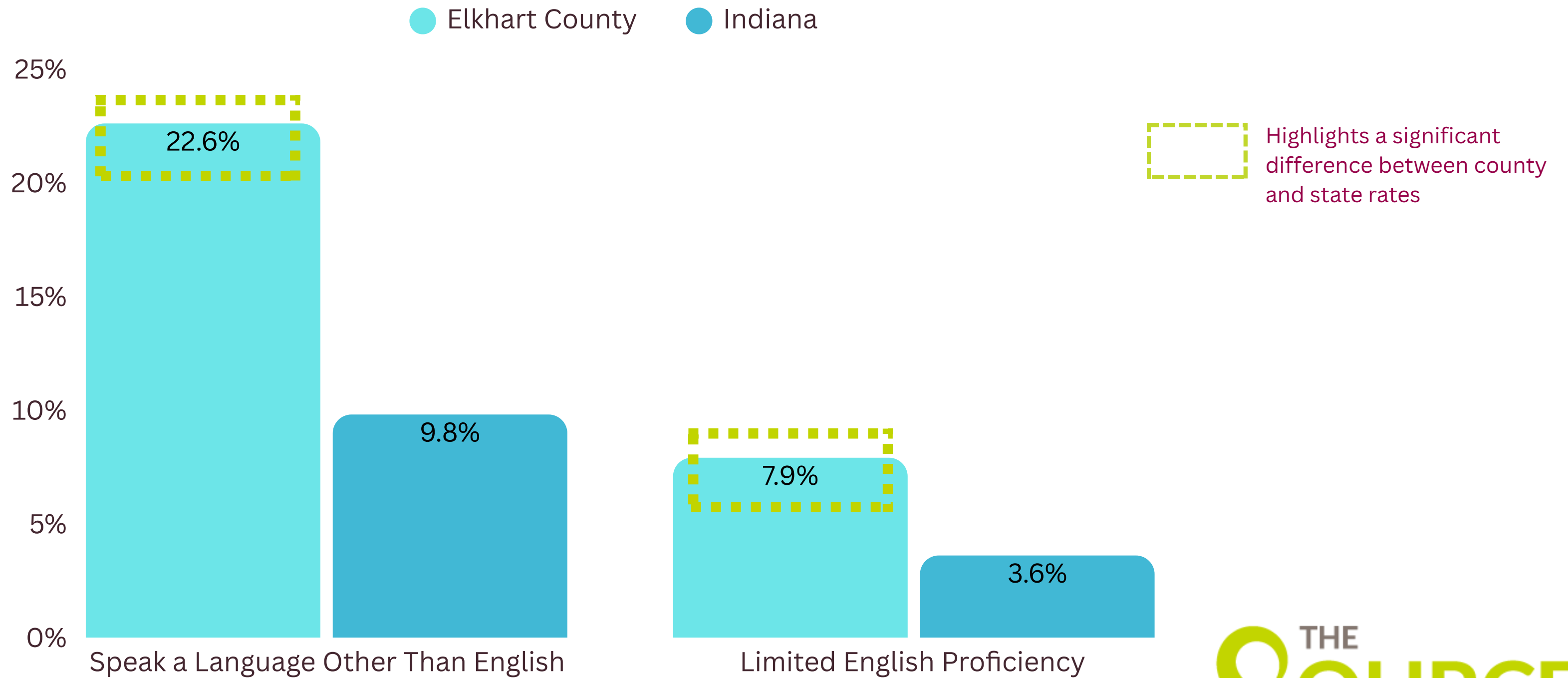
Population

By Gender	Ages 0 - 21		Ages 0-17		Ages 18-21	
Male	34,206	51%	28,186	51%	6,020	51%
Female	32,603	49%	26,799	49%	5,803	49%
By Race/Ethnicity	Ages 0 - 21		Ages 0-17		Ages 18-21	
White	57,598	86%	47,347	86%	10,252	87%
Black or African American	4,804	7%	4,017	7%	787	7%
Native American or Alaska Native	439	1%	344	1%	95	1%
Asian or Asian American	663	1%	516	1%	147	1%
Native Hawaiian and Other Pacific Islander	71	0%	60	0%	10	0%
Two or More Races	3,234	5%	2,701	5%	533	5%
Hispanic or Latino	18,911	28%	15,350	28%	3,561	30%

Source: U.S. Census Bureau. (2024). *Population Estimates Program: Annual county resident population estimates by age, sex, race, and Hispanic origin vintage 2023*.
<https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

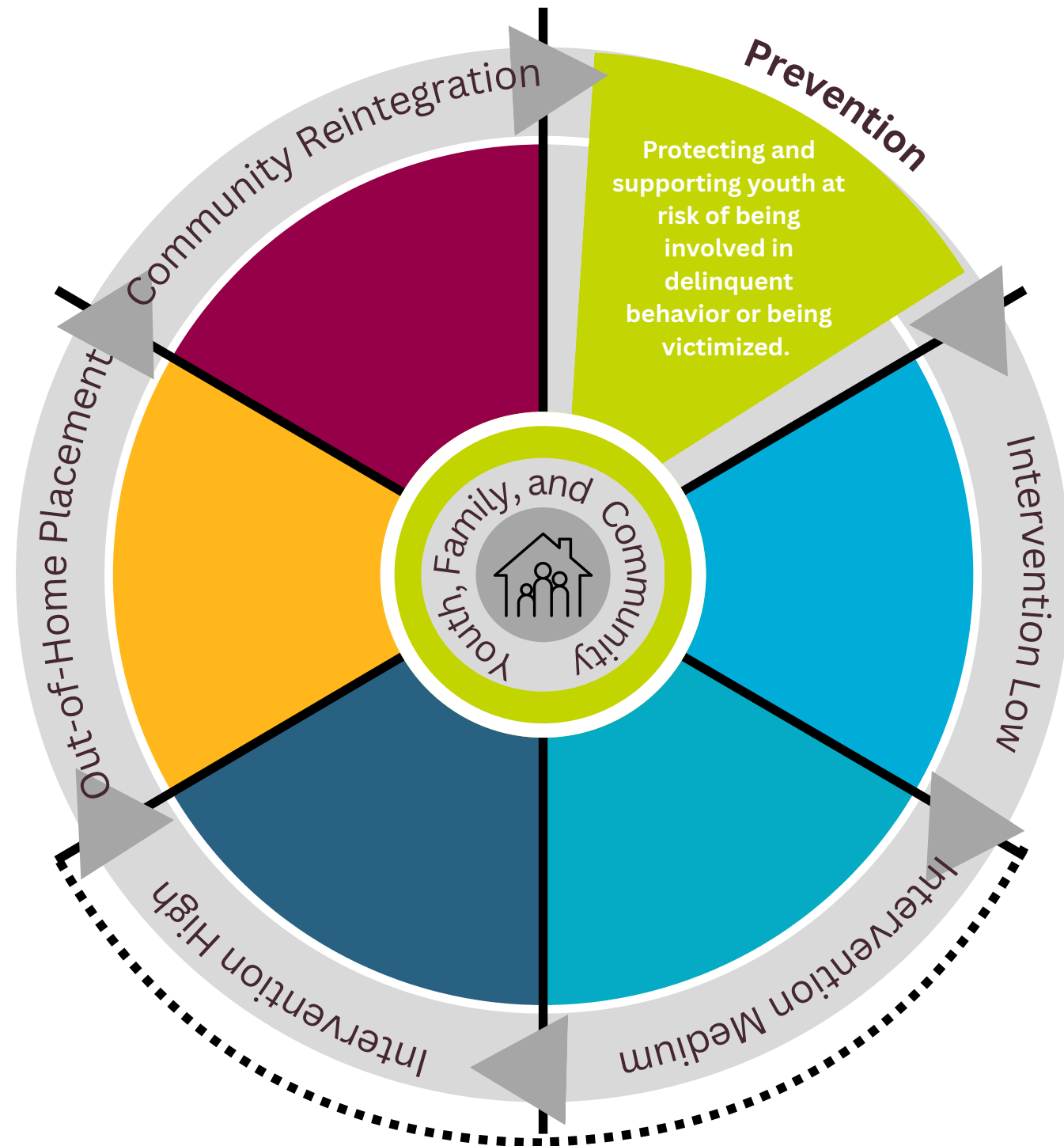
Community Characteristics

Language Spoken at Home



Source: U.S. Census Bureau. (2023). *American Community Survey: Table S1601 language spoken at home (5-year estimates)*.
<https://data.census.gov/table/ACSST5Y2023.S1701?q=s1601&g=040XX00US18&moe=false>

OJJDP Continuum of Care – Prevention



PREVENTION

These efforts reduce risk factors and promote protective factors for children at risk of becoming involved in delinquent behavior.

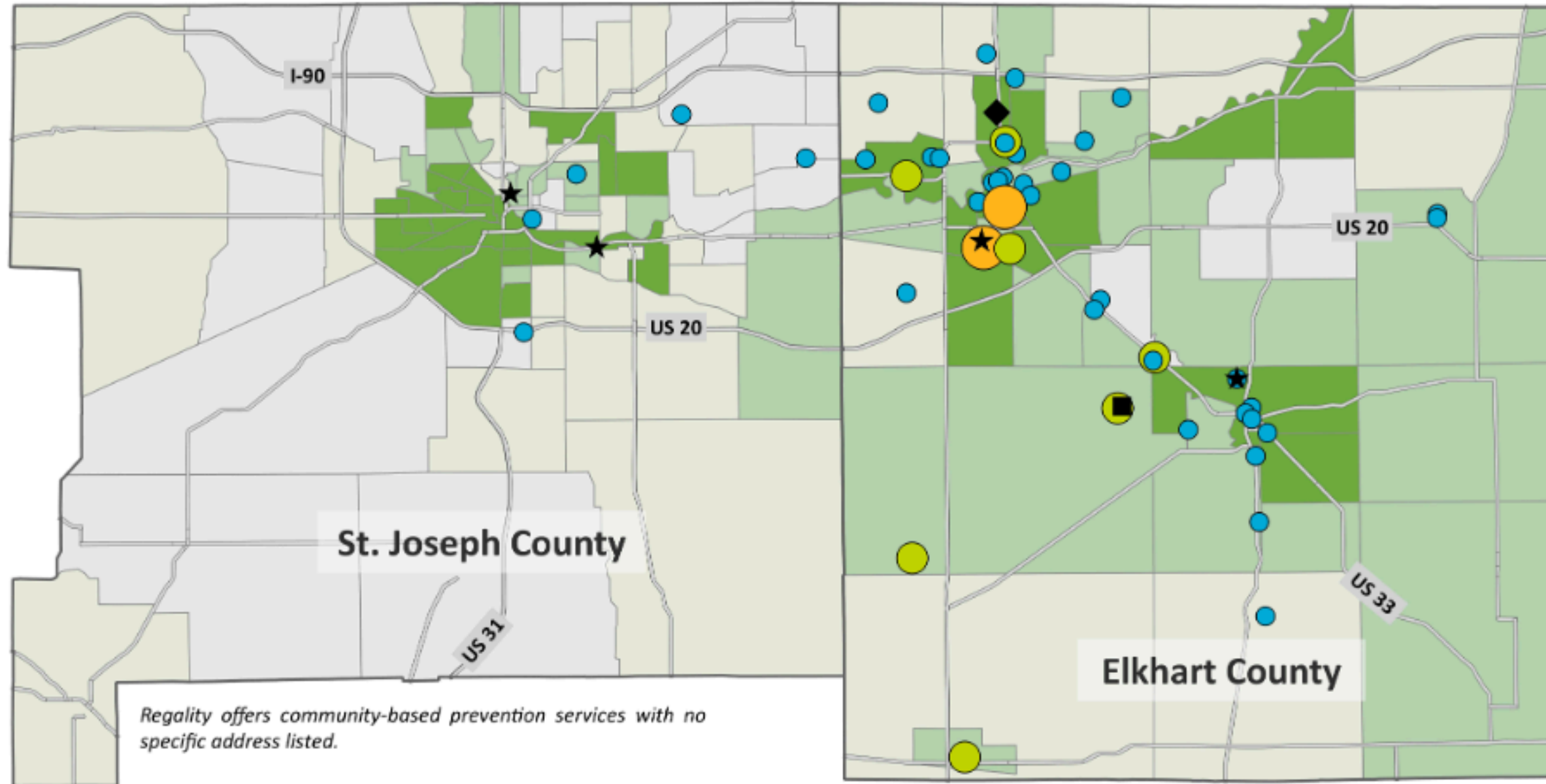
Examples: Mentoring, community violence intervention and prevention, support for children of incarcerated parents, support for children exposed to violence.

OJJDP Continuum of Care – Prevention

Elkhart County has a wide array of prevention programs located in areas of the county with the highest need.

- **Twenty-four** organizations in Elkhart County reportedly provide **66 different prevention programs**
- In 2024, as few as 29 youth and as many as 3,555 youth participated in prevention programming.
- Court data indicated that **64 youth were referred to prosocial and mentoring services** as a condition of probation.

OJJDP Continuum of Care – Prevention



Social Vulnerability Index (2022)

- 0 to 25th Percentile (Lowest Vulnerability)
- 26th to 50th Percentile
- 51st to 75th Percentile
- 76th to 100th Percentile (Highest Vulnerability)

Prevention Services

- 1 Service
- 2 to 5 Services
- 6 to 10 Services

- ★ Oaklawn
- ◆ Elkhart County Juvenile Court
- Bashor

OJJDP Continuum of Care – Prevention

Bashor, Boys and Girls Club, CAP, YWCA, Five Star, Iris, School Team, and Tolson Center for Excellence provided an array of prevention programs to Elkhart County youth

- Violence prevention - 380 youth
- Suicide prevention – 31,930 youth
- Academic programs – 3,550
- Arts programs – 2,450 youth
- Sports and recreation – 2,300 youth
- Health and wellness – 300 youth - 350 youth
- Home visiting and Parent Support - 965 youth
- Navigating divorce - 330 parents and 196 youth

Community stakeholders stressed the need to connect youth to prevention programming before they are involved with the juvenile justice system

OJJDP Continuum of Care – Prevention

School-based prevention programming

Elkhart County Community Schools provide universal evidence-based prevention programs, mental health interventions, parent education, and after-school programming.

- Elkhart Community Schools implements Olweus Bullying Prevention Program
- Fairfield Community Schools provides access to Parent Guidance.org
- Fairfield and Goshen Community Schools provide access to after-school care through Kids Care, a division of Boys and Girls Club
- Goshen Community Schools provides access to Esports
- Wa-nee Community schools provides access to Second Step

Sequential Intercept 0 – School and Community-Based Services

At **Intercept 0**, youth and families have access to an array of prevention services and, when in need, are connected to behavioral health services provided by community and school-based providers.

Best practices for Intercept 0 include regular meetings with behavioral health and juvenile justice stakeholders, multi-tiered systems of supports, on-site mental health providers, alternatives to exclusionary discipline, regular evaluation of school discipline policies, and a strong crisis continuum.

Sequential Intercept 0 – School and Community-Based Services

- **Early identification and prevention** – The Community Team, Partnership for Children’s Executive Council, and the Juvenile Court Assessment Team hold regular meetings to strengthen the community’s continuum.
- **School-based diversion** – The seven Community Schools in Elkhart County have mental health liaisons that join school multi-tiered system of support meetings and run cognitive behavioral and skills training groups

Sequential Intercept 0 – School and Community-Based Services

Food insecurity, chronic absenteeism, and exclusionary discipline are predictors of juvenile justice involvement.

When compared to the state, Elkhart County has higher rates of students who receive free and reduced lunch, higher chronic absenteeism, and a higher rate of school arrests.

The number of school arrests per 1,000 enrolled students in Elkhart County in the 2023–2024 school year (2.87) was higher than in the state (0.95).

Sequential Intercept 0 – School and CommunityBased Services

Exclusionary discipline is a significant predictor of juvenile justice involvement and students with disabilities often experience disproportionate rates of exclusionary discipline.

Elkhart Community Schools had the highest rate of students in special education in the county placed on out-of-school suspension at **35 per 100 students**, followed by Concord Community Schools at **30 per 100 students** and Goshen Community schools at **23 per 100 students**.

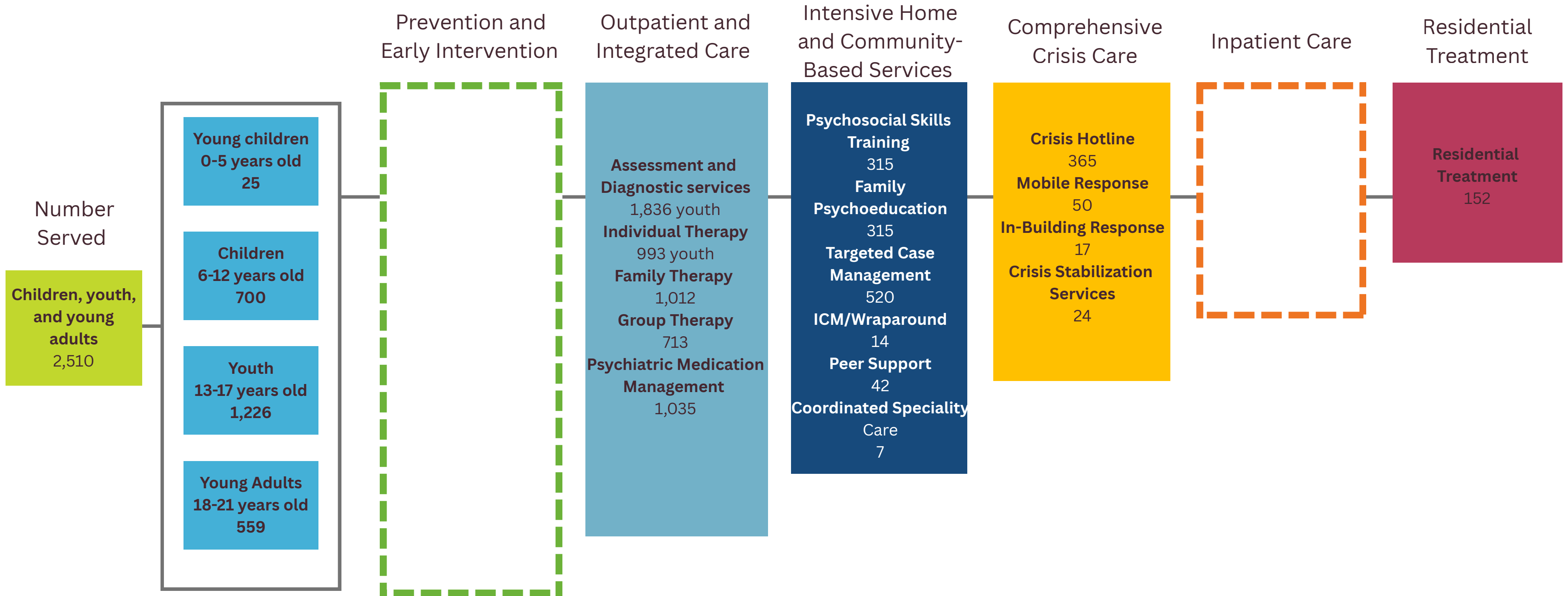
Sequential Intercept 0 – School and Community-Based Services

Behavioral Health

In 2024, Oaklawn provided behavioral health services to **2,510 young children, children, youth, and young adults** ages 0–21. Almost 75% were between the ages of 6 and 17.

Oaklawn Behavioral Health Service Utilization

Calendar Year 2024



Sequential Intercept 0 – School and Community-based Services

Crisis Continuum

- Oaklawn’s mobile crisis team received 365 calls in 2024.
- Four out of five calls were from family members, friends, or the individual in crisis.
- Three out of four calls were for mental health concerns
- Less than 20% were for suicide
- 82% of crisis calls were triaged over the phone

The goal of Mobile Response and Stabilization Services, a best practice for children’s crisis response, is not to resolve crisis by phone, but to screen them into MRSS.

Prevention and Intercept 0 - Considerations

- Coordinate efforts and equip community-based organizations to better serve youth at risk for juvenile justice involvement - Community Team, JCAT, Partnership for Children's Executive Council
- Increase youth access to prevention programs prior to juvenile justice involvement – Opt against formal processing (informal adjustment and probation)
- Consider transferring responsibility for diversion programming to community partners
- Partner with Elkhart and Goshen Community Schools to address exclusionary discipline practices
- Build Oaklawn's capacity to more fully implement Mobile Response and Stabilization Services

REFLECTION QUESTION – PREVENTION AND INTERCEPT 0

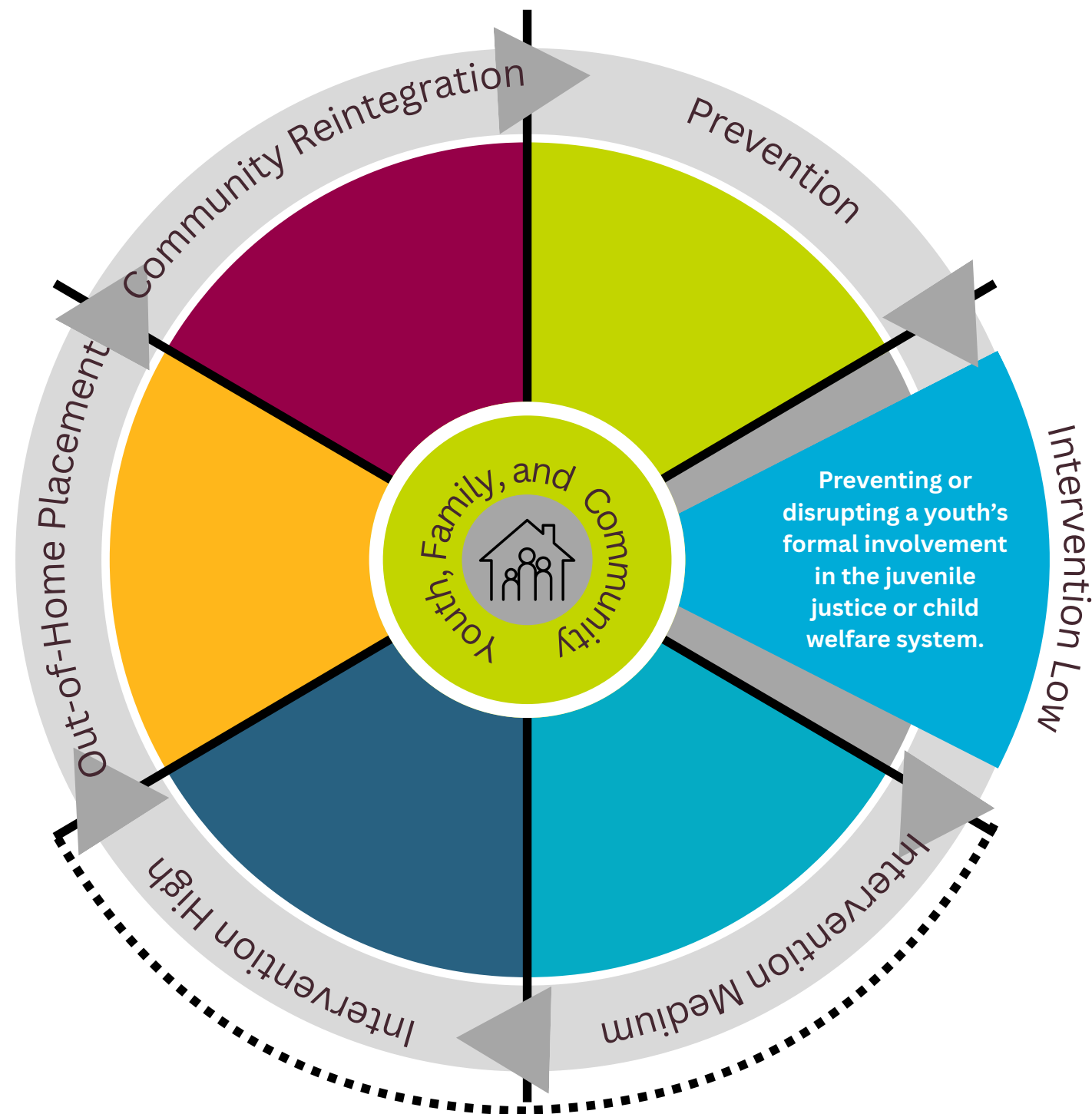
Breakout Groups

What is missing from the considerations?

What consideration resonates the most with you?

What consideration do you think will have the most traction?

OJJDP Continuum of Care – Low Intervention



LOW INTERVENTION

Prevent or disrupt a youth's formal involvement in the juvenile justice or child welfare systems, including after a youth has committed delinquent acts.

Examples: Pre-arrest diversion, mediation (conflict resolution that employs a neutral third party).

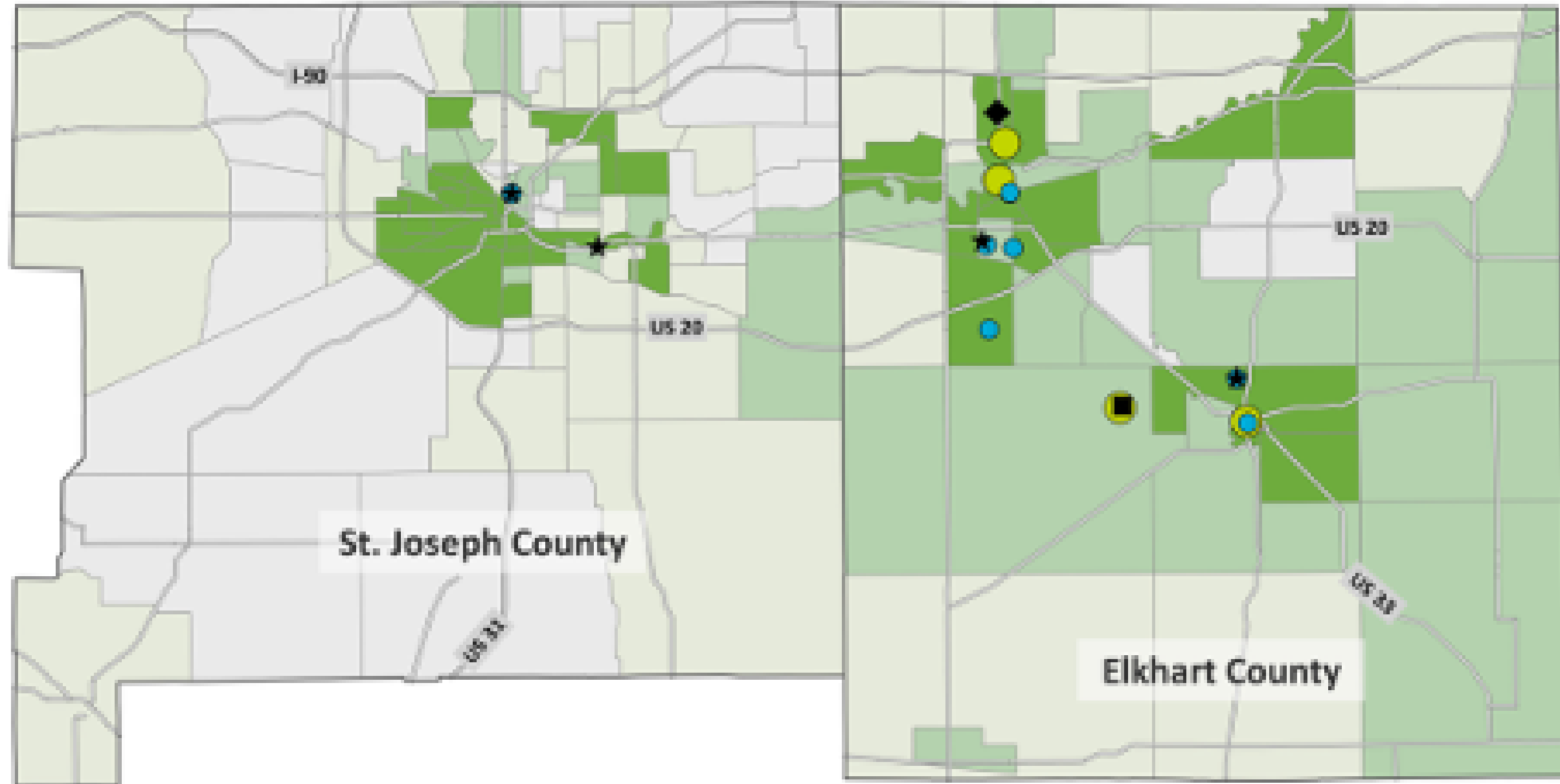
OJJDP Continuum of Care – Low Intervention

There is a strong array of low intervention programs in Elkhart County.

- **Twelve** organizations in Elkhart County reportedly provide **28 different low intervention programs**

Low intervention programming in Elkhart County includes assessment and diagnostic services, diversion programs, parent training programs, child abuse prevention and early intervention programs, and restorative justice services,

OJJDP Continuum of Care – Low Intervention



Social Vulnerability Index (2022)

- 0 to 25th Percentile (Lowest Vulnerability)
- 26th to 50th Percentile
- 51st to 75th Percentile
- 76th to 100th Percentile (Highest Vulnerability)

Low Intervention Services

- 1 Service
- 2 to 5 Services
- 6 to 10 Services

- ★ Oaklawn
- ◆ Elkhart County Juvenile Court
- Bashor

OJJDP Continuum of Care – Low Intervention

Assessment and diagnostic services

- Oaklawn, Bashor, and Bowen Health served 1,836 children, youth, and young adults in 2024
- Stakeholders noted that youth were experiencing delays in court processing due to waitlists for psychological assessments.
- Court service data did not reflect a high demand for psychological services. This may be due to data quality or collection issues.

OJJDP Continuum of Care – Low Intervention

Parent Training

- CAPS and Triple P were identified as providing parent training. CAPS provided parent training programming to 193 parents in 2024.
- The SOURCE is working to increase Triple P.
- Court data indicates that 48 parents were referred to Triple P, Parenting (not specified), Mother or Fatherhood Coaching, and Bashor's Guided Family Interview Program.

Child Abuse Prevention Programming

- The Department of Child Services contracts with 15 organizations to provide child abuse prevention and early intervention services.
- Court data indicated that 26 parents were referred to Family Preservation Services

OJJDP Continuum of Care – Low Intervention

Diversion Programs

- Bashor and Five Star Life provided diversion services to 44 youth.
- Bashor offers Stop-Lifting and Stop-Skipping but did not report enrolling any youth in 2024.
- JDAI is building on Boys and Girls Club (BGC) community-wide infrastructure to expand diversion programming in Elkhart County.
- JDAI offers Lunch with a Cop and Juvenile Justice Jeopardy and refers to truancy programs.
- Court data indicate that 25 youth were referred to Lunch with a Cop and 25 youth were referred to a truancy program as conditions of the court.

OJJDP Continuum of Care – Low Intervention

Restorative Justice Services

The Center for Community Justice (CCJ) and Bashor served 192 youth

- CCJ engaged 99 youth in restorative justice practices, 32 youth in the Promise Academy for Conflict Transformation, 65 youth in a victim offender reconciliation program, and two youth in a victim impact panel.
- 93 youth participated in Bashor's teen court.
- Court data on program success indicates that 90% of the youth who participated in Teen Court and 94% who participated in the Victim Offender Reconciliation Program successfully completed the program.

OJJDP Continuum of Care – Low Intervention

- The majority of youth referred to restorative justice and mental health programs successfully complete the program
- The current data collection processes negatively affect data quality and limit the court's ability to make data-driven decisions related to service capacity, quality, and youth outcomes.
- Despite the availability of parent training programs, key informants stressed the need for additional parent programming

Sequential Intercept 1 – Contact With Law Enforcement

Intercept 1 begins when a youth with a behavioral health condition comes into contact with law enforcement and ends when the child is arrested or diverted into treatment.

Best practices for Intercept 1 include law enforcement and SRO training on youth mental health and brain development; regular referral to behavioral health treatment; first offender programs; collaboration with parents; data and information sharing between law enforcement, school district, and behavioral health.

Sequential Intercept 1 – Contact With Law Enforcement

- We do not know how many youth who encounter law enforcement are deflected.
- 621 youth were taken into law enforcement custody and 461 youth were referred to the juvenile court by law enforcement or school resource officers.
- Out-of-school suspensions may be reflective of the number of youth that encounter law enforcement or SROs – Elkhart and Goshen Community Schools placed 4,477 students on out-of-school suspension.
- 87 Elkhart County students were arrested on or off school property in 2024.

Sequential Intercept 1 – Contact With Law Enforcement

- Deflection has been found to reduce recidivism and decrease suspensions and expulsions.
- No formal deflection programs were identified in Elkhart County.
- Key informants noted that Elkhart County was more likely to take a youth into custody.

Sequential Intercept 1 – Contact with Law Enforcement

- Identified community strengths include crisis intervention trained (CIT) law enforcement officers, school resource officers, and law enforcement training on “Policing and the Teen Brain.”
 - Elkhart Community Schools had 4.84 FTE SROs during the 2020–2021 school year.
 - Goshen Community Schools had 3 FTE SROs during this same time frame.
- Identified gaps included consistency across training programs for first responders, variations in SRO intervention models across schools, and reliance on 911.

Low Intervention and Intercept 1

Considerations

- Families should receive support as part of the diversion process.
- Improve data collection on court referrals to community-based services and develop data collection protocols to measure youth outcomes.
- Train law enforcement officers and SROs on positive youth development and youth mental health.
- Work with law enforcement and SROs to adopt a deflection program for minor offenses or first-time offenders.

REFLECTION QUESTIONS – LOW INTERVENTION AND INTERCEPT 1

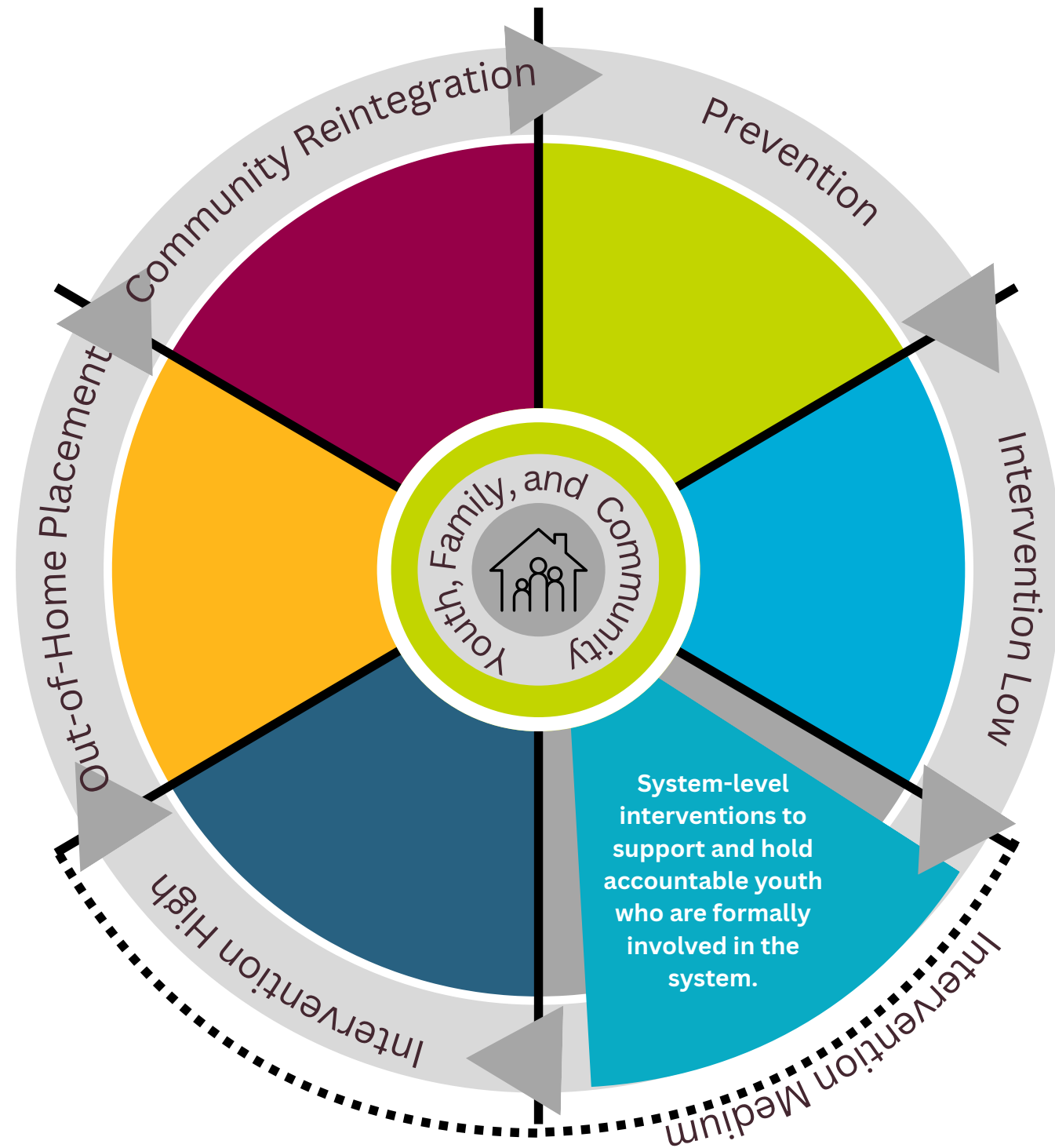
Breakout Groups

What is missing from the considerations?

What consideration resonates the most with you?

What consideration do you think will have the most traction?

OJJDP Continuum of Care – Medium Intervention



MEDIUM INTERVENTION

Support youth who are formally involved in a court process or other justice system oversight. Efforts may involve specialized services or programs targeting specific delinquent activities and/or youth.

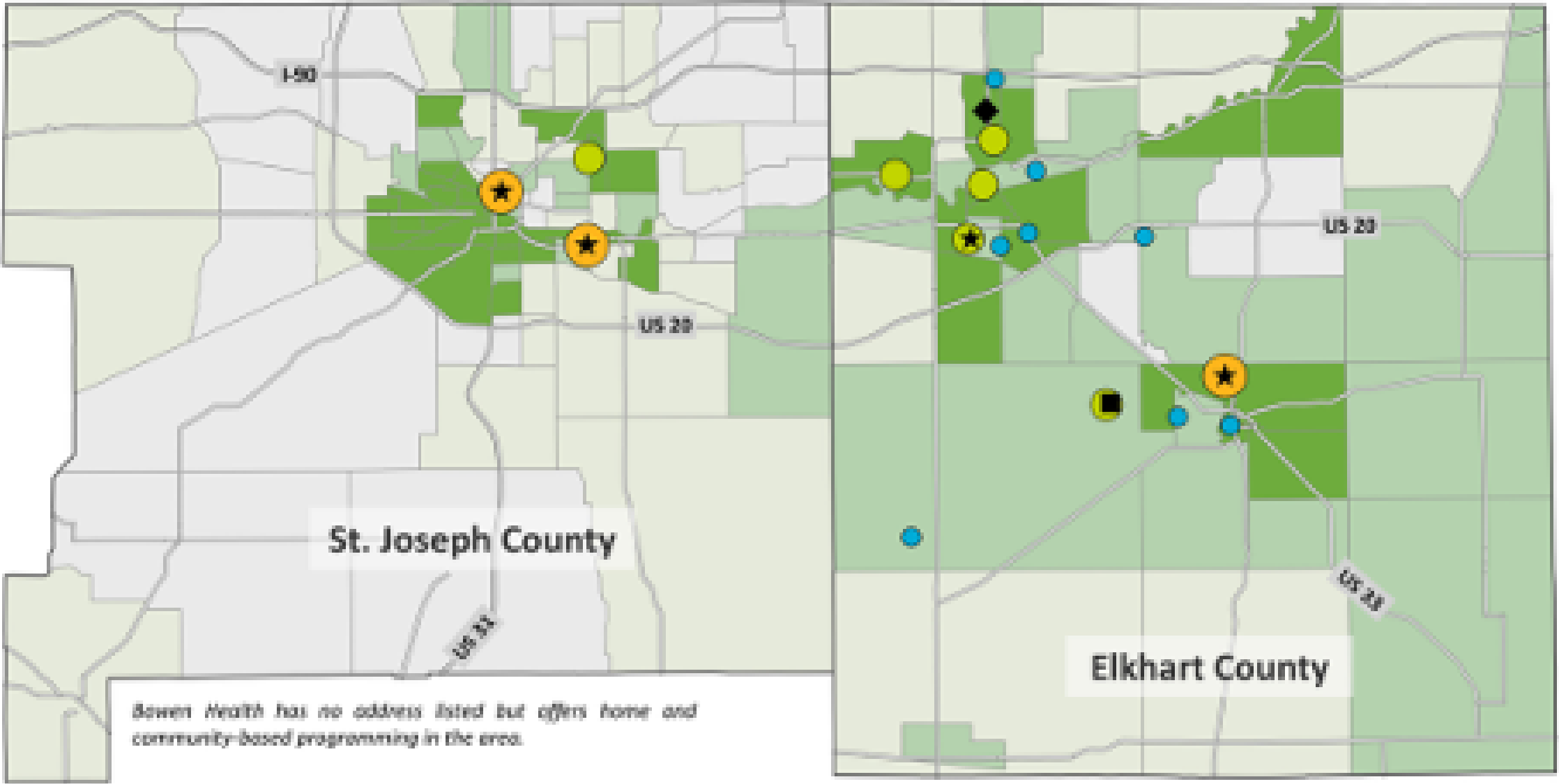
Examples: Juvenile treatment and family treatment courts, restorative practices aimed at repairing harm done to victims.

OJJDP Continuum of Care – Medium Intervention

Thirteen organizations in Elkhart County provide medium interventions.

Services provided include alternative education, outpatient therapy (individual, group, and family), outpatient substance use services, targeted case management, medication management, and detention center mentoring.

OJJDP Continuum of Care – Medium Intervention



Social Vulnerability Index (2022)

- 0 to 25th Percentile (Lowest Vulnerability)
- 26th to 50th Percentile
- 51st to 75th Percentile
- 76th to 100th Percentile (Highest Vulnerability)

Medium Intervention Services

- 1 Service
- 2 to 5 Services
- 6 to 10 Services

- ★ Oaklawn
- ◆ Elkhart County Juvenile Court
- Bashor

OJJDP Continuum of Care – Medium Intervention

Counseling Services

- In 2024, Bashor Children's Home, Bowen Health, and Oaklawn reported providing outpatient services to 3,097 children, youth, and young adults.
- Oaklawn provides Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Dialectical Behavior Therapy (DBT), some Eye Movement Desensitization and Reprocessing (EMDR) therapy, and Brief Strategic Family Therapy.
- Oaklawn also has seven skills trainers who serve children and youth in Elkhart County.

OJJDP Continuum of Care – Medium Intervention

Counseling Services

- Oaklawn served 2,510 children, youth, and young adults ages 0–21 in 2024.
 - 40% participated in individual therapy, 40% participated in family therapy, and 28% participated in group therapy.
- 12% or 292 of these youth were referred by the court.
 - A larger percentage of court-involved youth participated in group therapy (40% compared to 28%). This could be due to the needs of the youth or the therapeutic modality provided. Moral Reconciliation Therapy (MRT) is provided in a group setting.

OJJDP Continuum of Care – Medium Intervention

Counseling Services

- Key informants identified a need for more community-based Moral Reconciliation Therapy (MRT) and intensive/effective CBT, and outpatient services for sexually maladaptive behaviors.
 - 37 youth were referred by the courts to MRT.
 - 8 youth were referred to sexual offender specific treatment and five were referred for psychosexual education.

80% of the youth who participated in individual therapy and 79% of those who participated in family counseling successfully completed the program. No outcome data were available for group therapy.

OJJDP Continuum of Care – Medium Intervention

Substance Use Services

- Oaklawn runs an intensive youth addiction treatment program called New Hope that uses the Matrix Model and the Center for Problem Resolution provides outpatient substance use counseling.
- Court staff referred 97 youth for a substance abuse assessment, 14 youth to New Hope, and two youth for intensive substance abuse treatment.
- Elkhart County does not have a Family or Juvenile Drug Court.

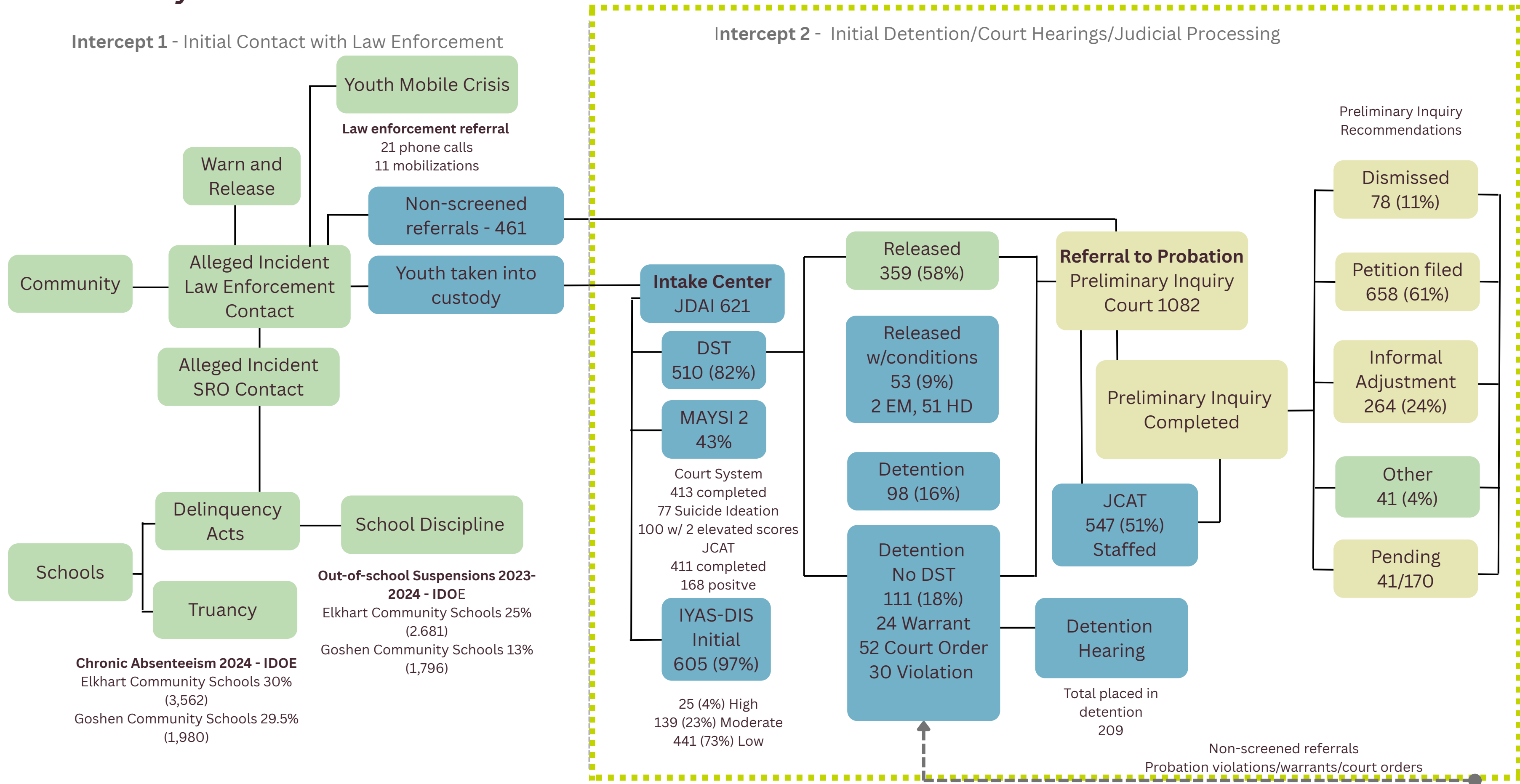
Court outcome data indicate that 94% of youth referred to a substance use program successfully completed the program.

Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

Intercept 2 begins when a referral is made to the court and continues until a final outcome is reached.

Best practices for Intercept 2 include validated risk and needs assessment, detention-based behavioral health providers, review of detention discipline policies, use of risk and needs assessment to inform court recommendations, reduced juvenile justice system involvement for youth who are low risk to reoffend, including guardians in all key decisions, and tracking juvenile justice referral data.

Elkhart County Juvenile Court Flow Chart



Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

- 621 youth were taken into law enforcement custody and processed at the intake center.
- The majority of youth screened presented with low criminogenic risk and did not pose a safety risk to themselves or the community.
- A small but significant number of youth who were screened presented with a mental health concern requiring immediate assessment.

Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

- Incarceration and detainment are necessary for a small number of youth.
- For most youth, even those who have committed serious and violent crimes, community-based alternatives are more effective.
- Potential consequences of unnecessary long-term confinement included continued offending and recidivism.

Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

- Only 4% of the youth screened using the IYAS-DIS were at high risk for reoffending. The vast majority of youth were at low (73%) or medium (23%) risk of reoffending.
- A JDAI review of DST scores suggested that 56% of the youth detained could have been released or released with conditions.
- 18% of youth were placed in detention without a DST because of a warrant, court order, or technical violation.
- 209 youth were detained in 2024.

Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

- In 2024, the Elkhart County Juvenile court processed 1,082 juvenile cases.
- **Charges** – 25% were non-criminal or status offenses, 60% were misdemeanors, 15% were felonies.
- **Outcomes** – 11% were dismissed, 22% were placed on informal adjustment, a petition was filed for 48%, 14% are still pending an outcome, and 5% the outcome was recorded as other.

Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

50% of status offenses and 75% of misdemeanors resulted in informal adjustment or a filed petition.

The result is a large number of youth who might have benefited from diversion but instead were informally or formally involved in the juvenile justice system.

Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

- Juvenile Court Assessment Team (JCAT) staff youth referred by the court with the goal of diverting those with a mental health issue.
- JCAT staffed 547 cases.
- 40% of the cases staffed were recommended for informal adjustment, for 36% a petition was filed, and for 20% no further court action to be taken.
- In 2024, only one out of every 5 youth were recommended for dismissal.

Sequential Intercept 2 – Initial Detention, Court Hearings, and Judicial Proceedings

Including parents or guardians in key decisions is a best practice for Intercept 2.

Parent respondents expressed concerns related to lack of communication, lack of clear expectations, and a feeling that providers and court personnel were making decisions without their input and without informing them.

Parent respondents also praised the efforts of the staff they worked with, recognizing the difficulties of the job.

Medium Interventions and Intercept 2

Considerations

- Partner with community providers to determine what services and supports need to be in place to decrease the number of youth placed in detention for technical violations and divert more low-risk youth from informal adjustment and probation.
- Increase the community's capacity to deliver cognitive behavioral interventions.
- Implement a process to compare JCAT recommendations to final court decisions to track program outcomes.
- Review operating procedures and standards for communication to ensure court processes include parents/guardians in all key decisions.
- Implement a Family or Youth Drug Court.

REFLECTION QUESTIONS – MEDIUM INTERVENTION AND INTERCEPT 2

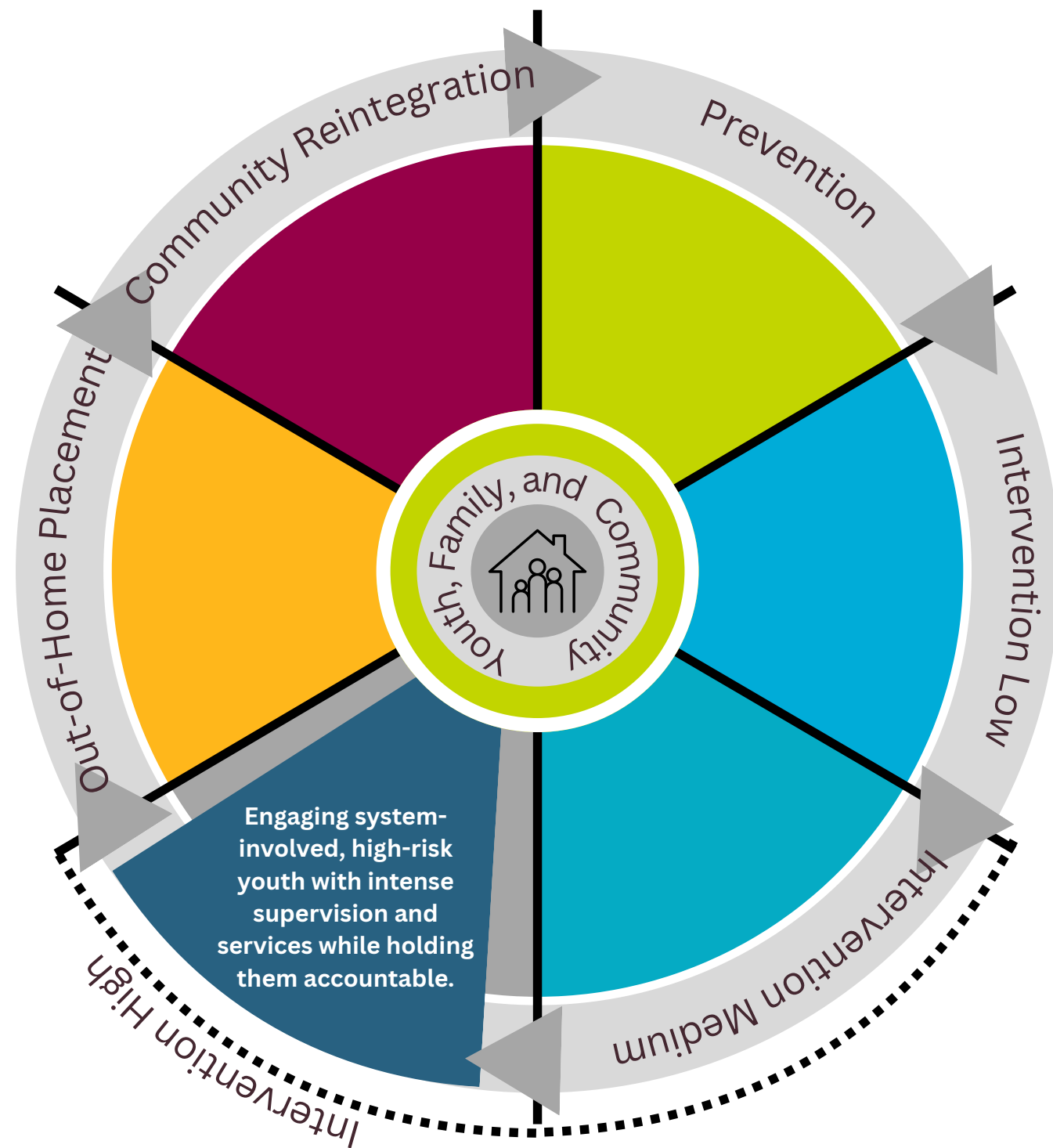
Breakout Groups

What is missing from the considerations?

What consideration resonates the most with you?

What consideration do you think will have the most traction?

OJJDP Continuum of Care – High Intervention



HIGH INTERVENTION

Provide intensive supervision and services to system-involved, high-risk youth, both pre- and post- adjudication. These efforts meet the complex needs of youth on probation and in-home monitoring by providing an array of services to help them fulfill the conditions of their adjudication.

Examples: Community violence intervention, cognitive behavioral therapy, intensive wraparound models of service.

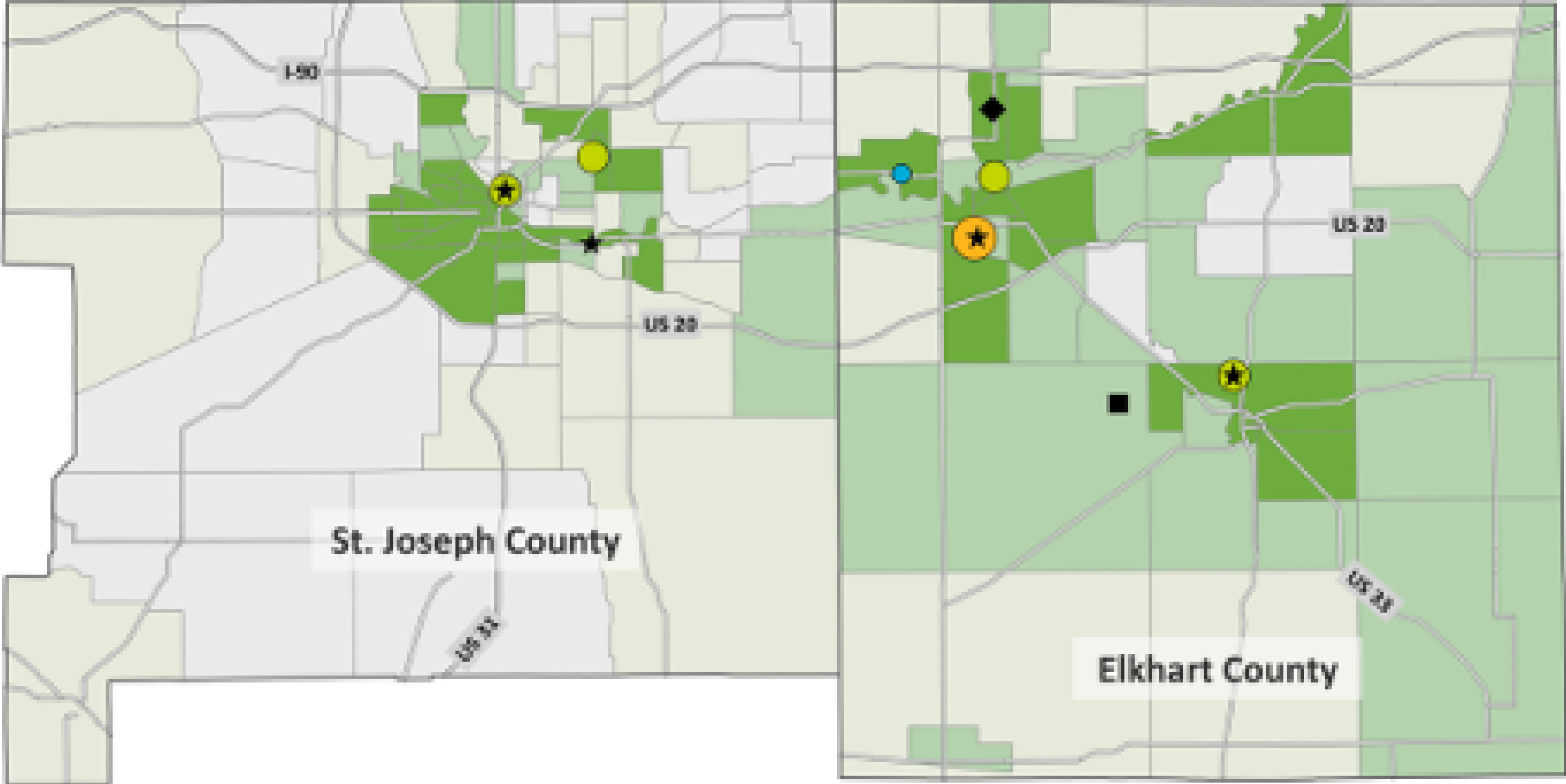
OJJDP Continuum of Care – High Intervention

Seventeen intensive home and community-based services are delivered by six service providers in Elkhart.

Key informants reported a lack of intensive outpatient services.

This gap effectively means that children, youth, and families may have to wait until their problems increase to the extent that residential meets the need or that juvenile justice becomes involved.

OJJDP Continuum of Care – High Intervention



Social Vulnerability Index (2022)

- 0 to 25th Percentile (Lowest Vulnerability)
- 26th to 50th Percentile
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- 76th to 100th Percentile (Highest Vulnerability)

High Intervention Services

- 1 Service
- 2 to 5 Services
- 6 to 10 Services

- ★ Oaklawn
- ◆ Elkhart County Juvenile Court
- Bashor

OJJDP Continuum of Care – High Intervention

- **Oaklawn** – Family preservation, skills training, substance use treatment, transition to independence, Insights – first episode psychosis care, and High Fidelity Wraparound (HFW).
- **Center for Community Justice** – transitional recovery coaching.
- **Lifeline Youth and Family Services** – Home-based family-centered therapy and home maker/parent aid services.
- **Keys Counseling (Life Solutions)** – home-based therapy, home-based casework, and family preservation services.
- **The Villages of Indiana** – Older youth programming and family preservation services.
- **Bowen Health** – Intensive school-based skills training to children and youth.

OJJDP Continuum of Care – High Intervention

High Fidelity Wraparound

- Oaklawn, Choices, Indiana Professional Management Group (IPMG), and Advocacy Links provide High Fidelity Wraparound (HFW).
- Oaklawn provided HFW to 14 youth in 2024.

Intensive Day Treatment

- There are no options for intensive day treatment in Elkhart.

Sequential Intercept 3 – Formal Adjustment, Probation, and Supervision

Intercept 3 begins when a youth's case has been referred to a prosecutor and has been disposed by the court.

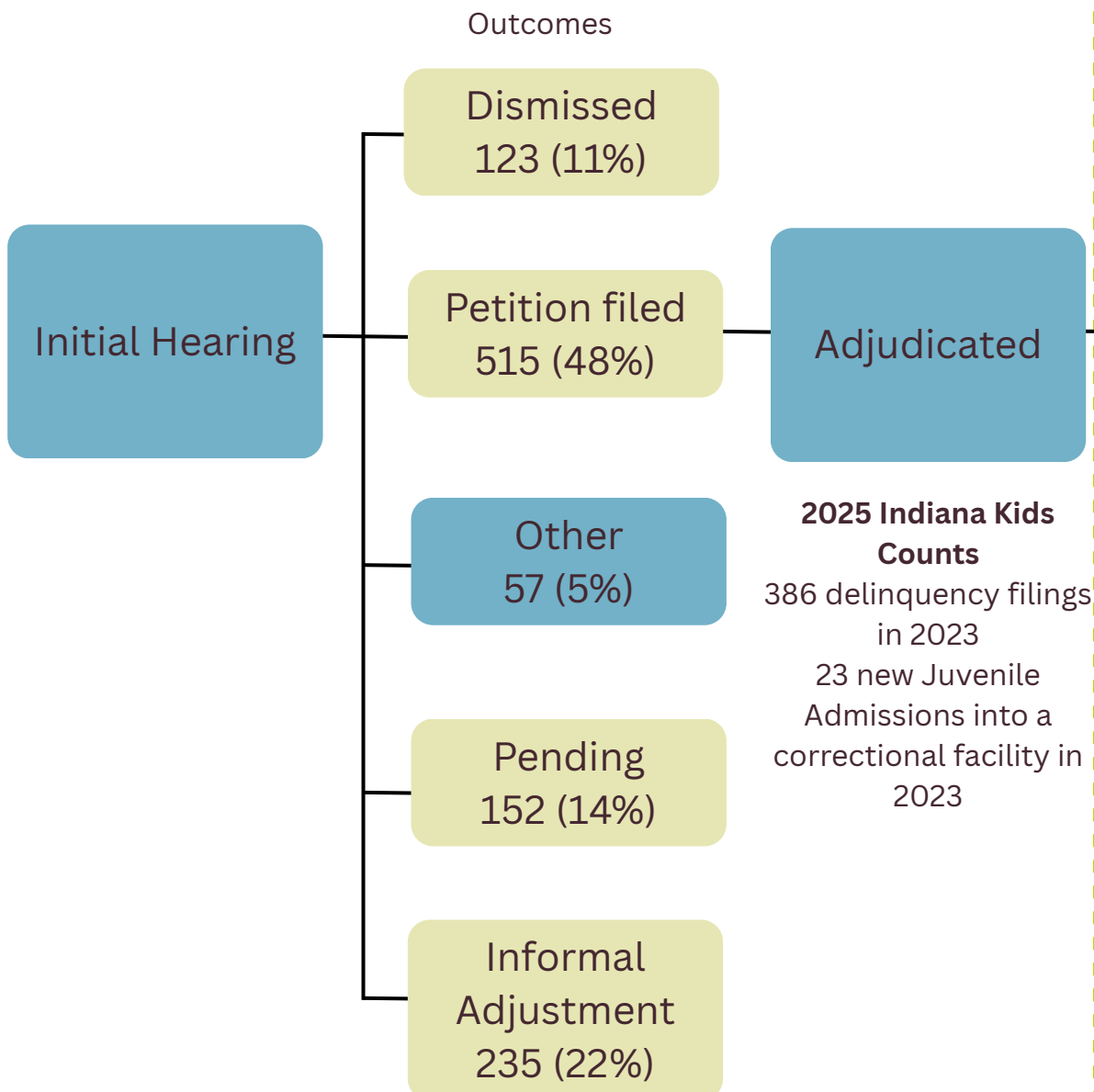
Best practices for Intercept 3 include wraparound services, mentoring supports, supportive parent skills development, graduated response matrix to guide response to technical violations, tailored mental health training for juvenile probation officers, specialized mental health and substance use caseloads, supervision plans guided by risk and needs assessments.

Sequential Intercept 3 – Formal Adjustment, Probation, and Supervision

- 549 youth were placed under the court's supervision in 2024.
 - 57% were placed on formal probation.
 - 42% were placed on informal adjustment.
- Of the youth placed on probation, only one out of 10 youth was assessed to require a high level of supervision.

Jurisdictions should focus juvenile justice system resources on youth who are assessed as high risk to reoffend.

Intercept 2 - Initial Detention/Court Hearings/Judicial Processing

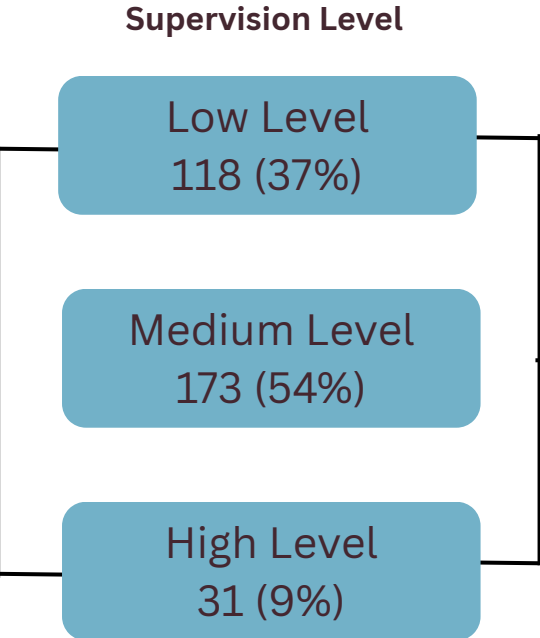


2025 Indiana Kids Counts
386 delinquency filings in 2023
23 new Juvenile Admissions into a correctional facility in 2023

Intercept 3 - Informal Adjustment/Probation/Supervision

Probation Supervision Received 549

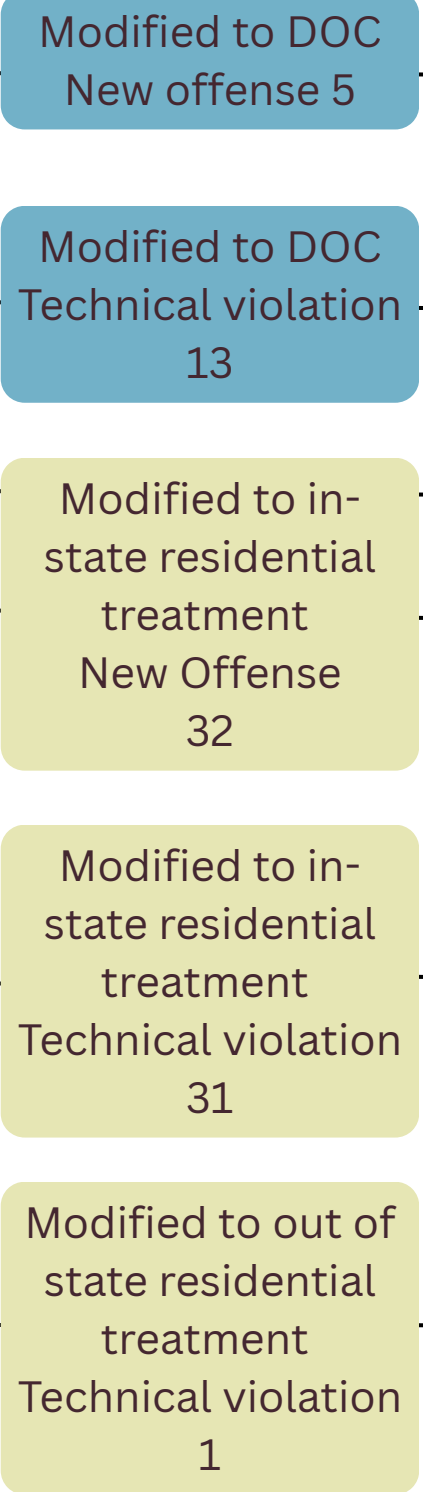
Post Adjudication 315 (57%)



Informal Adjustment 229 (42%)

Active IA 57

Total active cases during 2024 ?
Average Caseload approximately 150
Administrative oversight



Intercept 4 - Secure Placement

Active 244

Discharged 231

Intercept 5 - Community Integration

IA Discharged 266

High Intervention and Intercept 3

Considerations

- Develop and adopt a (non-punitive) graduated response matrix to address probation violations to decrease the number of technical violations that result in placement in secure detention or residential treatment. Prioritize community-based and developmentally appropriate supervision strategies.
- Develop a plan that addresses workforce issues and builds intensive home and community-based service capacity. Oaklawn has a strong foundation to increase its capacity to provide these services.
- Collaborate with community providers to develop a plan and identify resources to add Functional Family Therapy, Multidimensional Family Therapy, or Multisystemic family therapy to the current service array.

REFLECTION QUESTIONS – HIGH INTERVENTION AND INTERCEPT 3

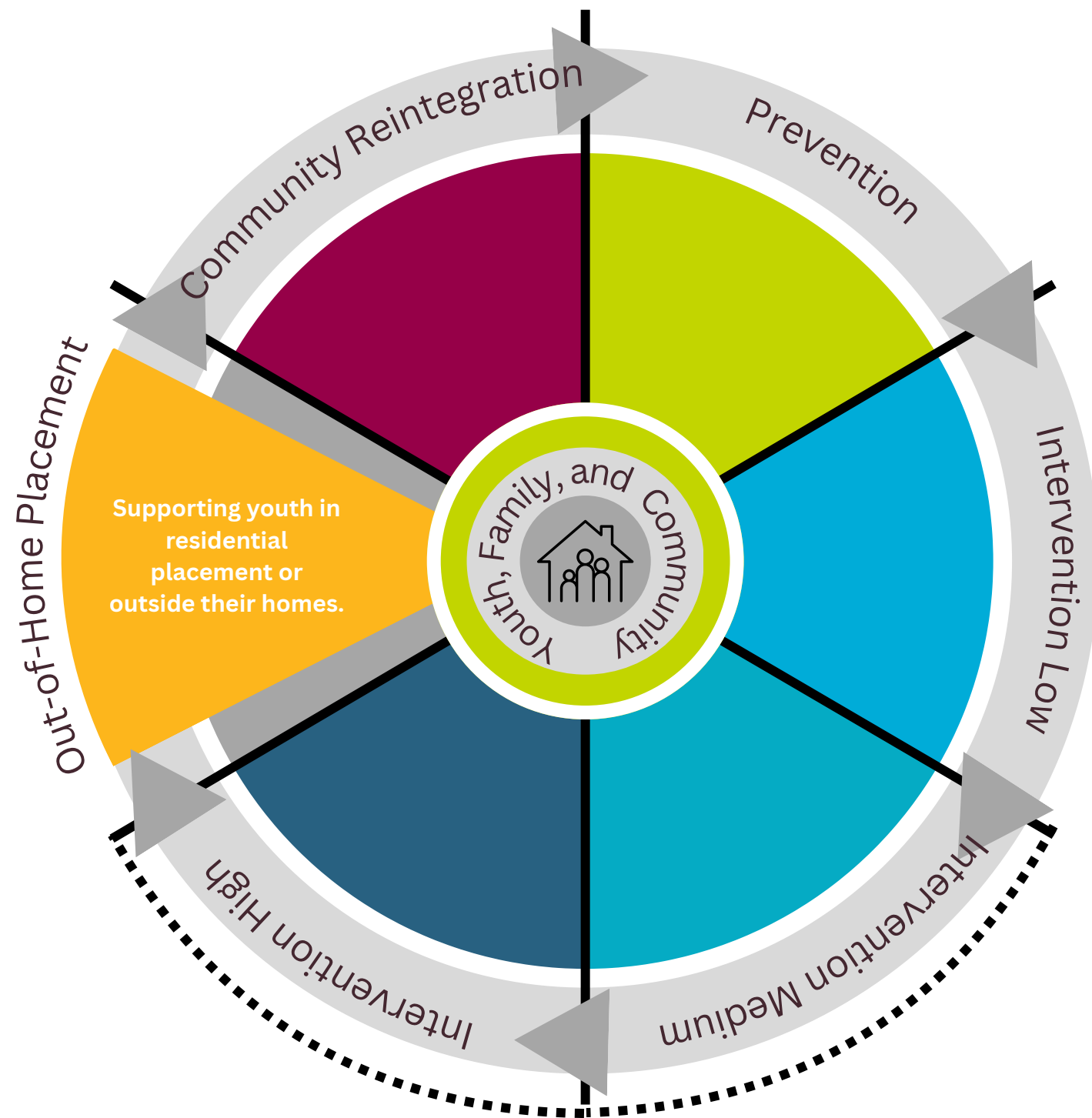
Breakout Groups

What is missing from the considerations?

What consideration resonates the most with you?

What consideration do you think will have the most traction?

OJJDP Continuum of Care – Out-of-Home Placement



OUT-OF-HOME PLACEMENT

Youth may be placed outside the home after the child welfare or juvenile justice systems intervene in response to the youth's needs and risks. Residential facilities are responsible for a youth's safety, education, and mental and physical health needs.

Locked facilities should only be used for the few youth who pose a serious risk to public safety and only for limited periods of time.

Examples: Non-secure placement, group homes, foster care, shelter care, secure detention and confinement.

OJJDP Continuum of Care – Out-of-Home Placement

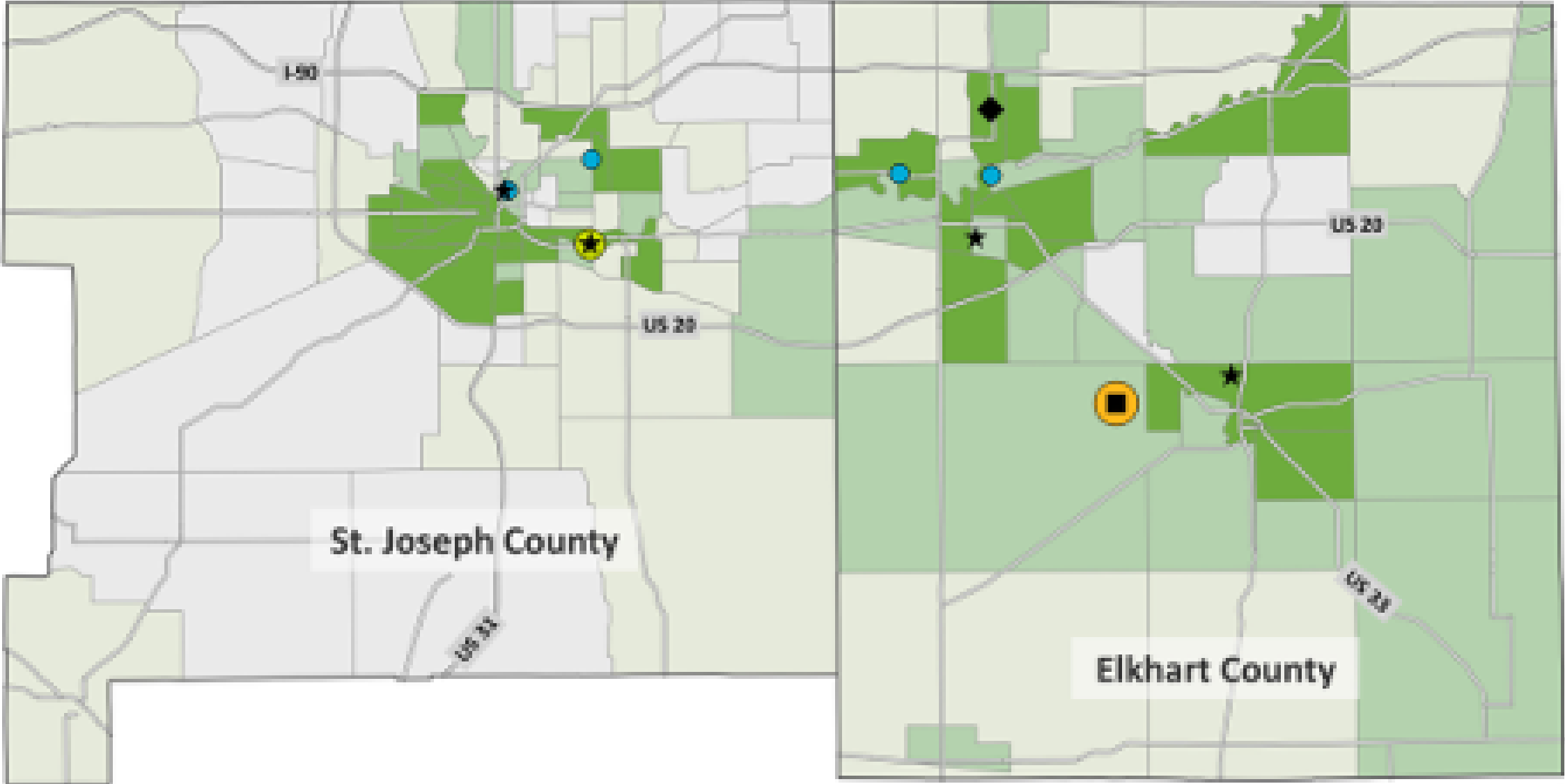
There are two residential treatment providers in Elkhart County.

In 2024, Oaklawn and Bashor served a combined 322 children and youth in residential services.

26 youth were from Elkhart County
5 youth were placed at Oaklawn

Elkhart County Courts place 64 youth in residential treatment services.

OJJDP Continuum of Care – Out-of-Home Placement



Social Vulnerability Index (2022)

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- 26th to 50th Percentile
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- 76th to 100th Percentile (Highest Vulnerability)

Out-of-Home Placement Services

- 1 Service
- 2 to 5 Services
- 6 to 10 Services

- ★ Oaklawn
- ◆ Elkhart County Juvenile Court
- Bashor

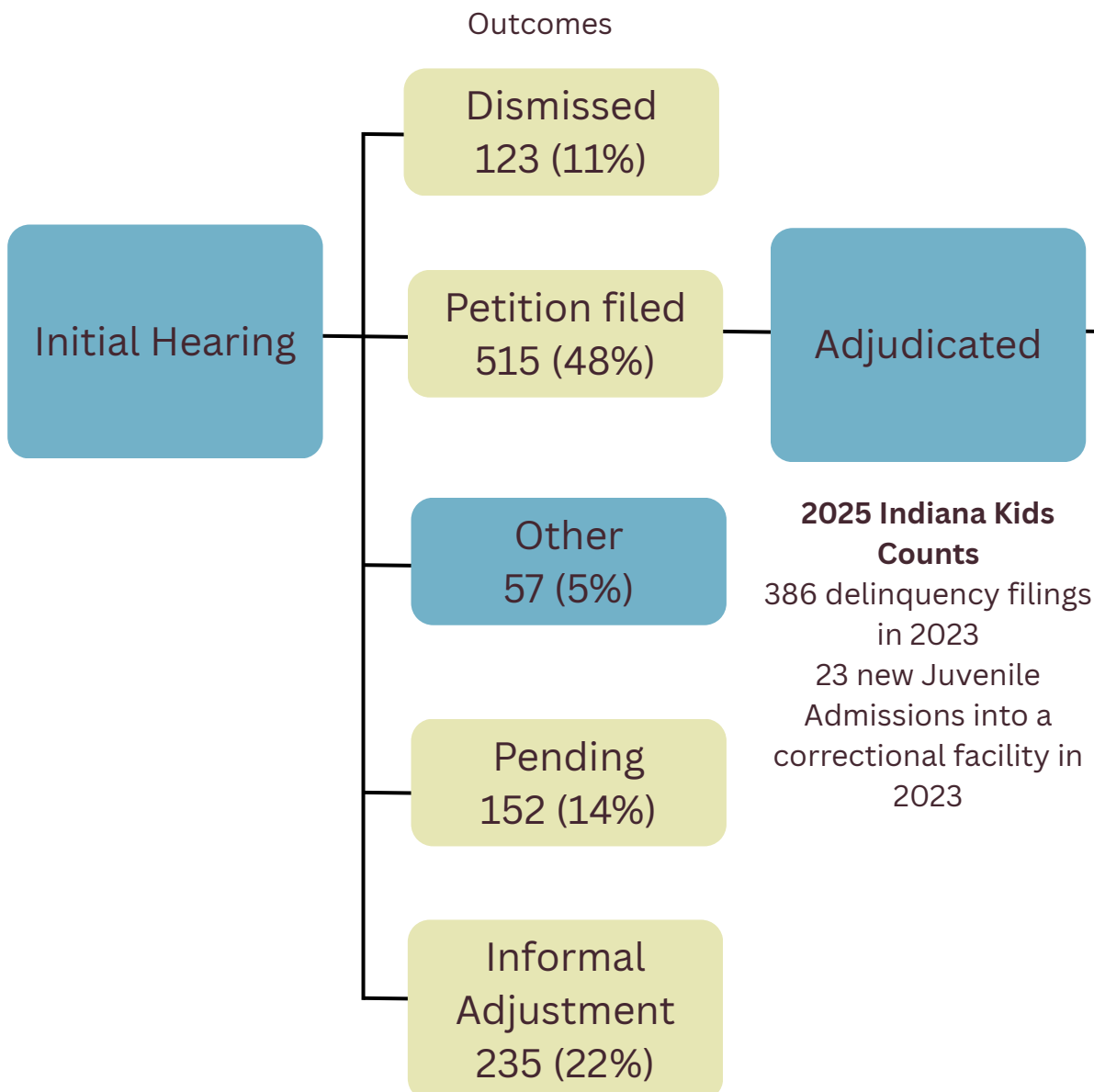
OJJDP Continuum of Care – Out-of-Home Placement

There are two residential treatment providers in Elkhart County.

Oaklawn has 39 licensed group home beds and 100 licensed residential beds located in neighboring St. Joseph County. The average length of stay for the group homes is 6–9 months and the average length of stay for the residential programs is 62 days.

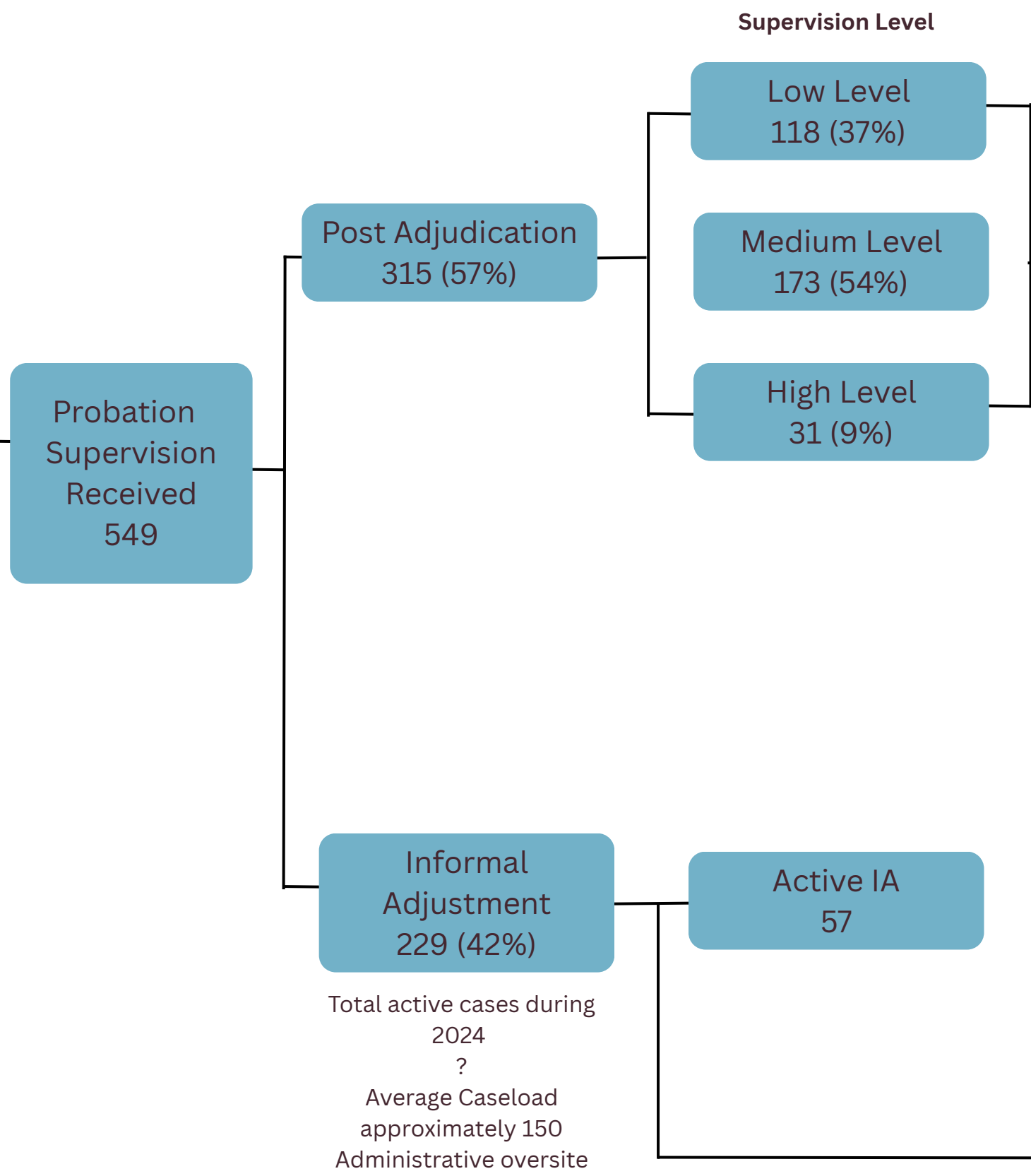
Bashor has five long-term residential programs with 57 licensed beds and two locked programs with 31 licensed beds. The average length of stay for its long-term programs is 6–9 months and the average length of stay for its locked programs is 9–12 months.

Intercept 2 - Initial Detention/Court Hearings/Judicial Processing

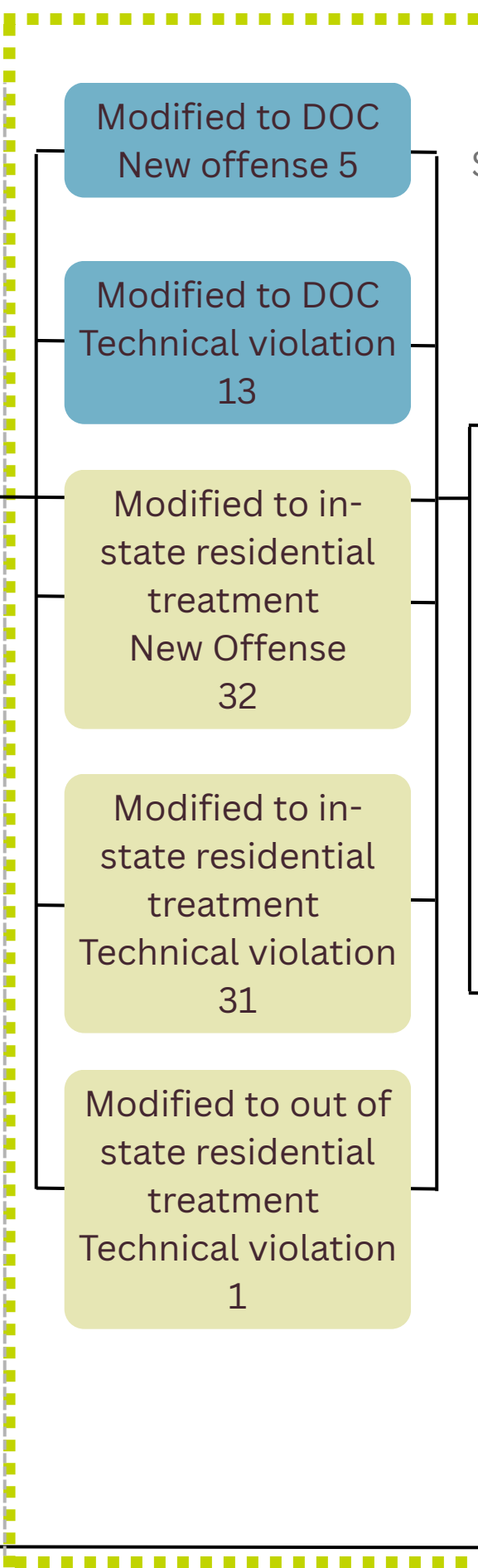


2025 Indiana Kids Counts
386 delinquency filings in 2023
23 new Juvenile Admissions into a correctional facility in 2023

Intercept 3 - Informal Adjustment/Probation/Supervision



Total active cases during 2024 ?
Average Caseload approximately 150
Administrative oversight



Intercept 4 - Secure Placement



Intercept 5 - Community Integration

Sequential Intercept 4 – Secure Placement

- In 2024, the court placed 63 youth in in-state residential treatment facilities and one youth in an out-of-state residential facility. Of those placed in in-state residential treatment facilities;
 - 32 youth were placed as a result of a new violation, and
 - 31 youth were placed as a result of a technical violation.

Out of Home Placement and Intercept 4 Considerations

- Review the case files (forensic review) of those modified to residential treatment for a technical violation to determine if diversion was possible.

REFLECTION QUESTIONS – OUT-OF-HOME PLACEMENT AND SEQUENTIAL INTERCEPT 4

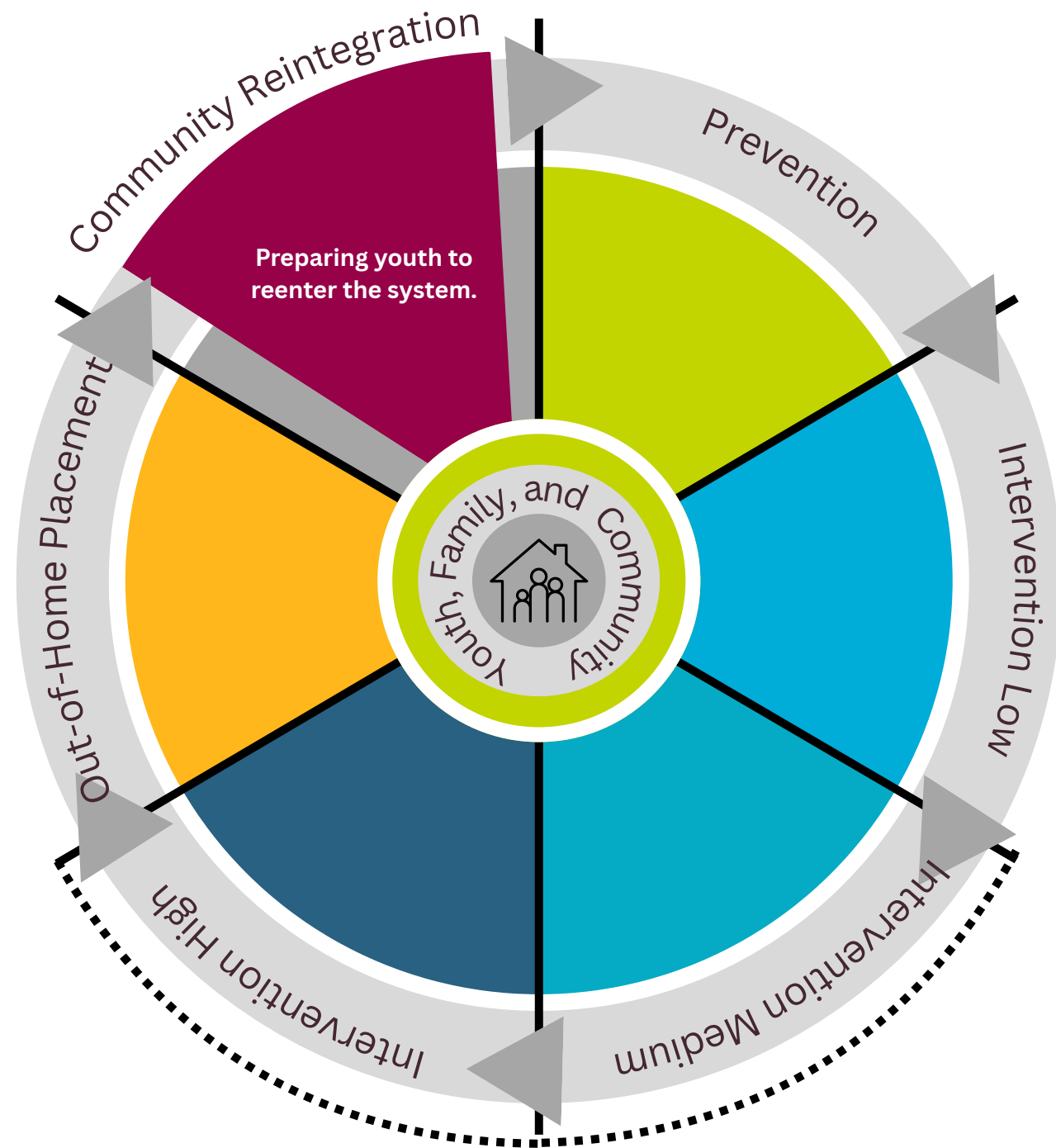
Breakout Groups

What is missing from the considerations?

What consideration resonates the most with you?

What consideration do you think will have the most traction?

OJJDP Continuum of Care – Community Reintegration



COMMUNITY REINTEGRATION

These programs prepare youth to re-enter the community. Successful reintegration requires planning and collaboration to identify and deliver services needed by youth, families, and the community. Reintegration components include education, mental health services, housing, and family support.

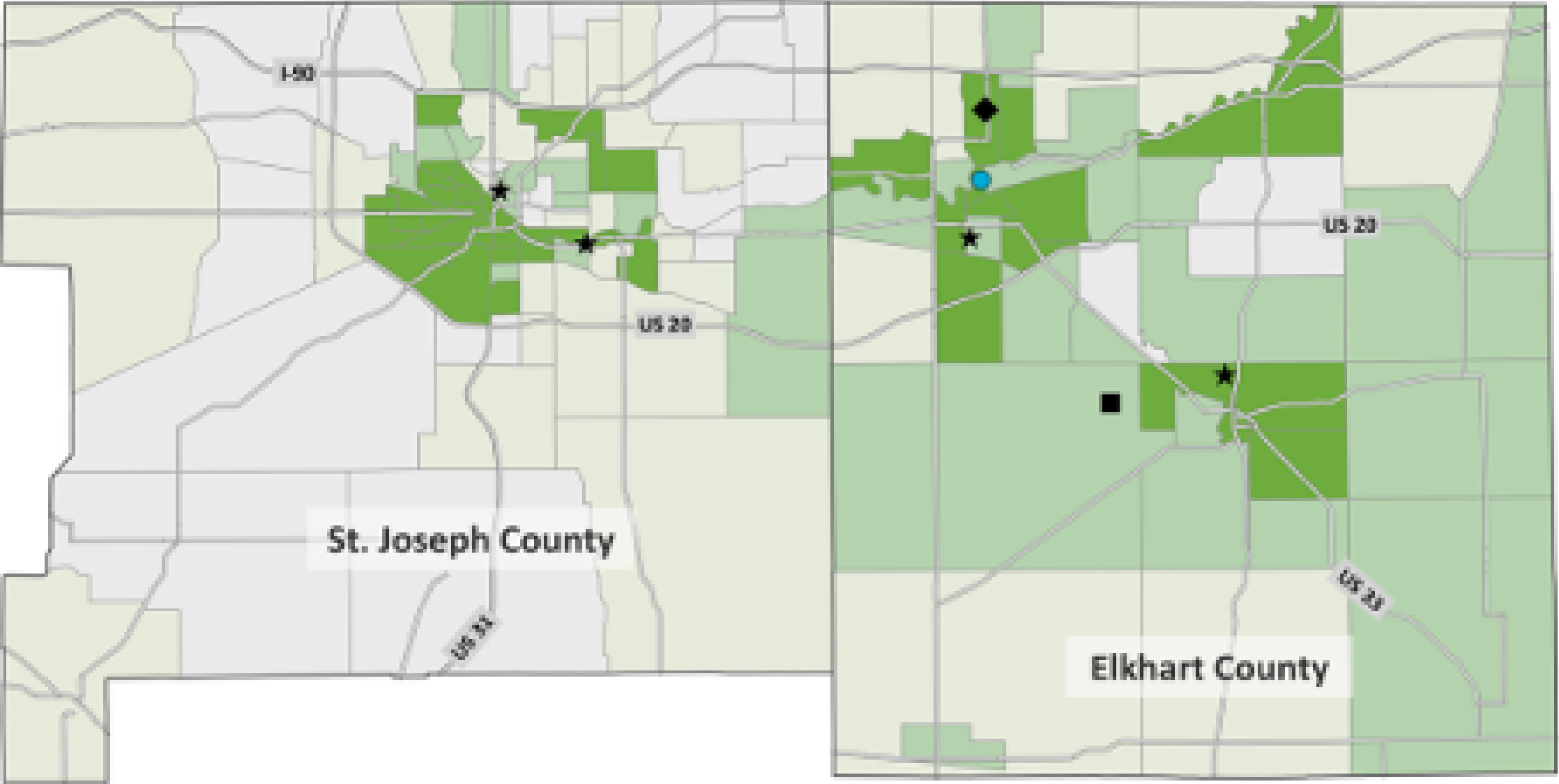
Examples: Mentoring programs, education and employment programs, mental health and substance use treatment, partnerships with volunteer service organizations.

OJJDP Continuum of Care – Reintegration

CCJ was the only provider identified to provide community reintegration services.

Intensive home and community-based services and transition to independence services can provide transition support for youth returning to the community and their families.

OJJDP Continuum of Care – Community Reintegration



Social Vulnerability Index (2022)

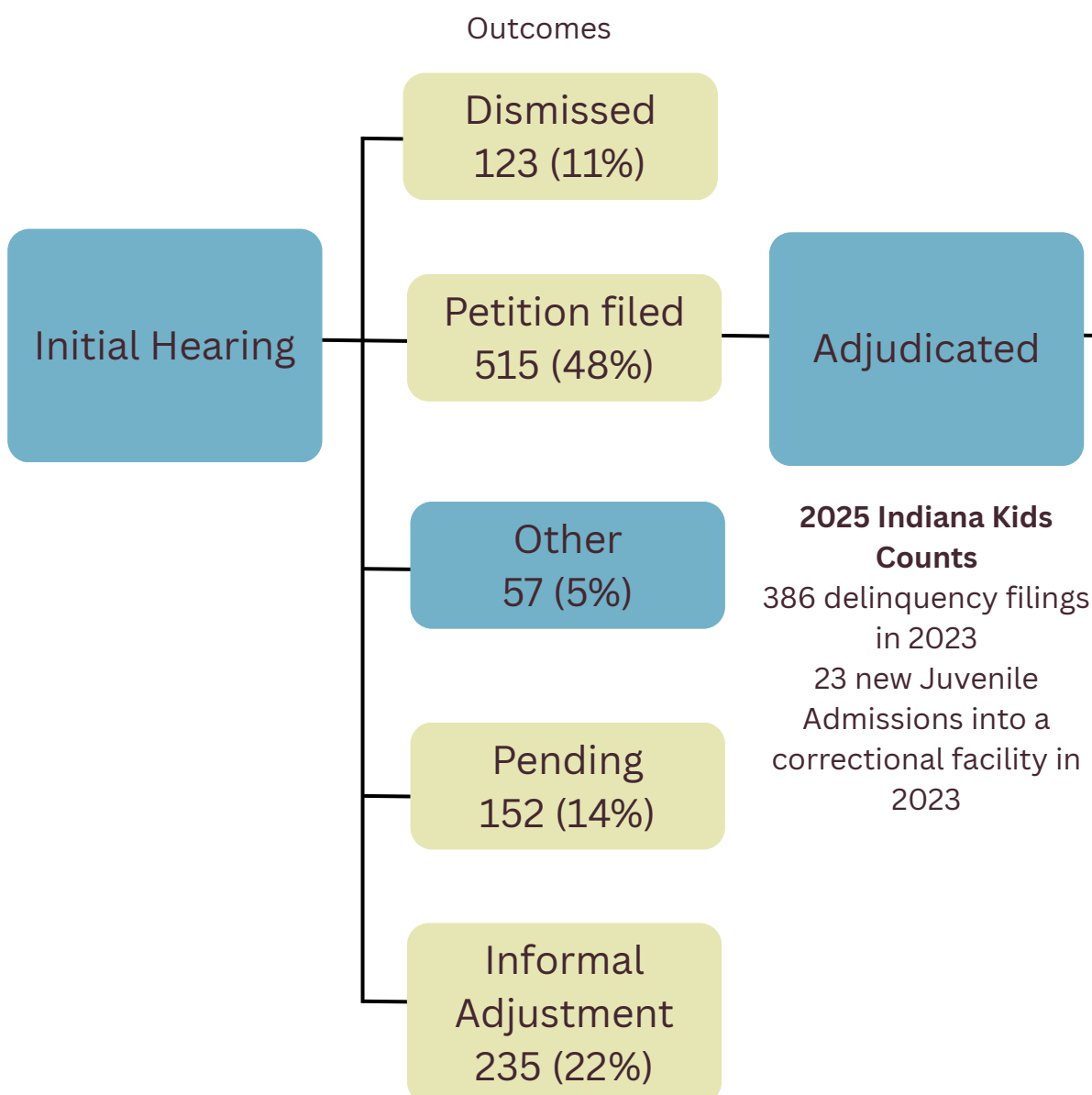
- 0 to 25th Percentile (Lowest Vulnerability)
- 26th to 50th Percentile
- 51st to 75th Percentile
- 76th to 100th Percentile (Highest Vulnerability)

Community Reintegration Services

- 1 Service
- 2 to 5 Services
- 6 to 10 Services

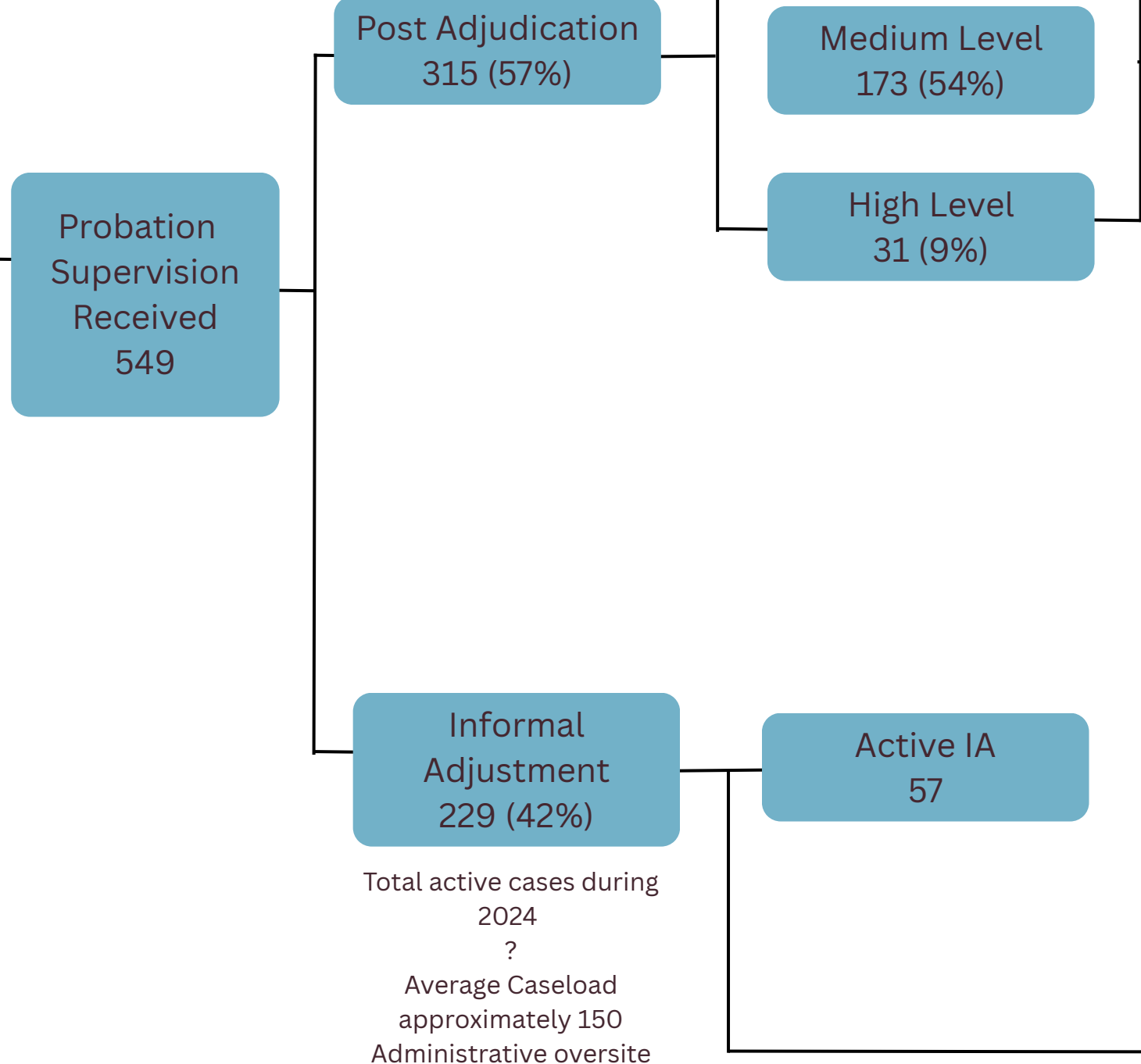
- ★ Oaklawn
- ◆ Elkhart County Juvenile Court
- Bashor

Intercept 2 - Initial Detention/Court Hearings/Judicial Processing

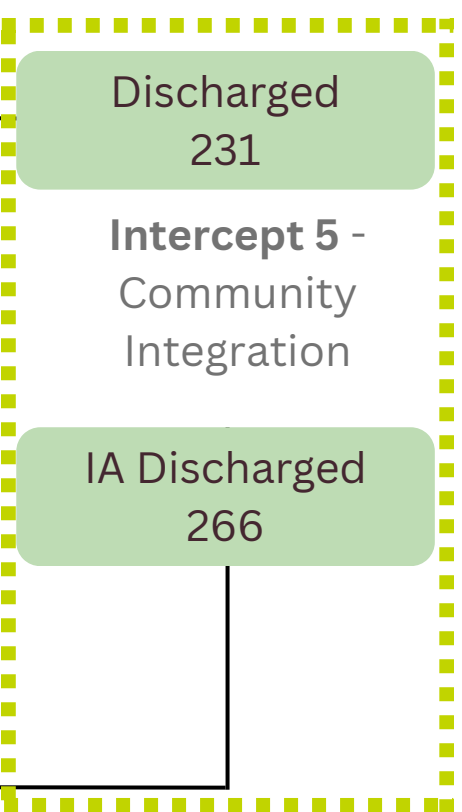
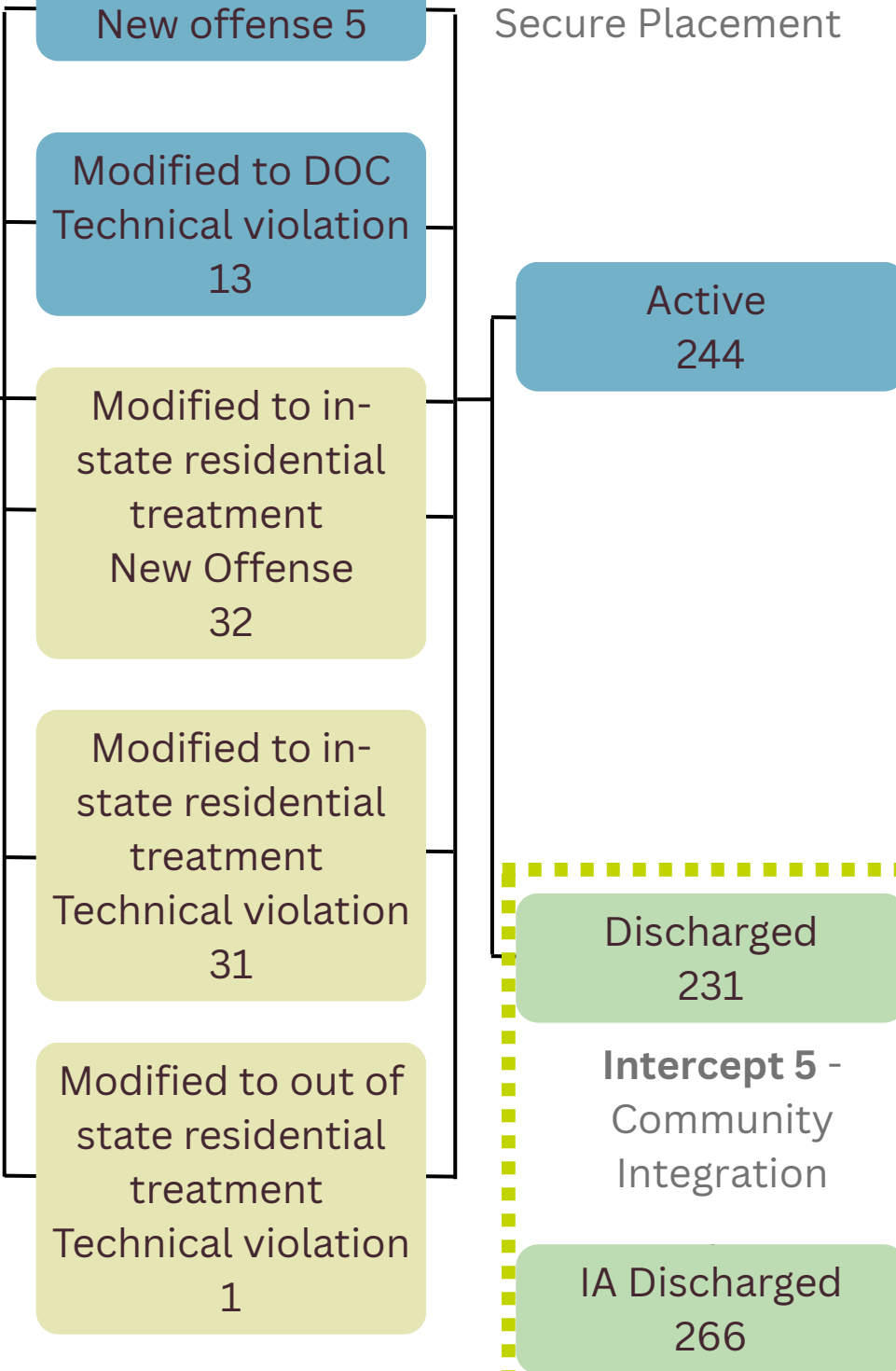


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Intercept 3 - Informal Adjustment/Probation/Supervision



Intercept 4 - Secure Placement



Intercept 5 - Community Integration

Reintegration and Intercept 5 Considerations

- Build the community's capacity to provide aftercare or step-down services for youth transitioning out of secure placement.
- For young adults, identify a community entity that can effectively support youth transitioning to adulthood.

REFLECTION QUESTIONS – COMMUNITY REINTEGRATION AND INTERCEPT 5

Breakout Groups

What is missing from the considerations?

What consideration resonates the most with you?

What consideration do you think will have the most traction?

Overarching Considerations

- Integrate mentoring into each component of the continuum.
- Use cross-system advisory groups to address barriers to access including transportation, child care, and financial constraints.
- Build provider, family, and youth's capacity to participate in all levels of decision-making.
- Develop a strong data collection protocol that supports quality improvement and outcome monitoring and regularly review data quality.
- Establish formal relationships between law enforcement, schools, juvenile justice, and mental health that support data sharing.