

# Florida Children & Youth Cabinet

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Prevention Investment Workgroup  
*DRAFT* Resource Guide

**Co-Chairs:**

**Secretary Wansley Walters, Department of Juvenile Justice  
Director Barbara Palmer, Agency for Persons with Disabilities**

**Florida Children & Youth Cabinet**

**Prevention Investment Workgroup**

**Prevention Initiatives are intervention services aimed at reducing risks contributing to a child's need for further involvement with social services.** Based on differentiating need, prevention services are delivered on a multi-tiered continuum.

**Definitions:**

**Pre-Referral Services (encompasses DCF's Primary Prevention):**

- Are directed at high risk areas specified by each respective agency.
- These services are an attempt to identify and provide preventative type care to at-risk individuals in effort to keep the individuals from entering the social services spectrum.

**Supplementary Services / Rehabilitative (encompasses DCF's Secondary & Tertiary Prevention):**

- Occur when a child has entered the spectrum and received government services and is an effort to prevent the child from becoming more dependent on such services or needing more enhanced or severe services further down the line.

**Transition / Exit Services (encompasses DCF's Family Reunification):**

- Occurs after a child has completed the government services program for which he/she was enrolled
- Attempts to provide smooth transition back to family/school/regular life setting are made in hopes they will not enter back into the government service umbrella.

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# **Department of Juvenile Justice**

## Department of Juvenile Justice (DJJ)

### **Pre-Referral Services<sup>1</sup>:**

#### **State Advisory Committee (SAG)**

The Juvenile Justice and Delinquency Prevention (JJDP) State Advisory Group currently consists of a 16-member panel of persons from across the State who have training in, experience with, or special knowledge of the juvenile justice system. SAG members are appointed by the Governor and are responsible for the administration and management of federally allocated funds. Federal Title II, Title V and JABG funds are awarded in the form of grants and contracts, using a competitive bidding process to solicit applications from local agencies and providers. During fiscal year 2010-11 the SAG awarded \$3.1 million for new and renewing Title II sub grants. The SAG also awarded \$2.5 million in JABG funds for fiscal year 2010-11.

#### **Boards and Councils**

The circuit boards and county councils (B&C) serve as community advisors to DJJ according to their statutory responsibilities. Members of the B&C work closely with Delinquency Prevention Specialists and Probation staff to plan for services that meet the identified needs of juveniles and families within the local community. Through the B&C, DJJ is currently procuring over sixty (60) prevention programs geared toward addressing local needs of communities.

- Fiscal Year 2012-2013 Total Funding: \$25,000<sub>1</sub>  
(TF \$25,000)

#### **Disproportionate Minority Contact (DMC)**

Disproportionate Minority Contact (DMC) is a federal mandate to develop and implement strategies to address “the proportion of juveniles coming in contact with the department who are members of minority groups exceeding the proportion such groups represent in the general population.” DJJ is currently sponsoring focus groups throughout the state to enhance positive relationships between minority youth and law enforcement; developing and implementing a

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- (1) Federal JABG grant funding is used to support State Boards and Councils activity.
- (2) Funding for Boards and Councils, DMC, and Faith Community Partners Network activities are appropriated in Line Item, 1161 of the Governor’s Recommended Budget. The appropriation of \$10,609,653 supports all of the federal grants received by DJJ.
- (3) DMC is funded with federal Title II grants. The amount reflected is available through numerous sub-grant awards that may cover several fiscal years for the expenditure of the funds.
- (4) Faith Community Partners Network – Federal JABG grant funding of \$136,000 was awarded in FY 2011-12 for the period ending June 30, 2014. \$111,600 was remaining at the beginning of the current fiscal year.
- (5) This appropriation category includes funding for Florida Network of Youth and Family Services, Inc., Florida Youth Challenge Academy, and North Carolina Outward Bound School.

curriculum to educate and train officials who work with minority youth; working with Workforce Development Boards and community partners to provide vocation training services to minority youth prior to their involvement with the justice system; and offering after school mentoring/counseling services. Promoting appropriate use of Civil Citation; work with schools to develop teacher/youth summits; identify community liaisons PPACT in Roadmap. In next version under education: examine disparity in school-based arrests, develop strategic approach, and coordinate pilot project; examine rates of arrest for students with disabilities by geographical area and work with DOE to develop tools and technical assistance. Also have begun discussions regarding internal cultural sensitivity training.

- Fiscal Year 2012-2013 Total Funding: \$2,515,125<sub>3</sub>  
(TF \$2,515,125)  
FTEs: 1.0

### **Faith Community Partners Network**

The vision of the Faith Community Network and Volunteer Chaplaincy Services program is to provide a full range of programs and services that will turn around the lives of troubled youth and ensure that voluntary chaplaincy services are available to youth and their families during times of family crisis. Currently, more than 1,800 faith communities and faith-based organizations serve as Faith Partners providing services such mentoring, tutoring, after school programs, pastoral care and counseling.

A Chaplaincy Guidebook has been created that provides a framework for the delivery of quality Chaplaincy Services to the youth in our care.

- Fiscal Year 2012-2013 Total Funding: \$111,600<sub>4</sub>  
(TF \$111,600)
- FTEs: 1.0

### **CINS/FINS - Ungovernable Youth**

Children In Need of Services (CINS)/Families In Need of Services (FINS) is “an adjudication status for a child or a family for whom there is no pending investigation into an allegation or suspicion of abuse, neglect, or abandonment; no pending referral alleging the child is delinquent; or no current supervision by DJJ or the Department of Children and Family Services for an adjudication of dependency or delinquency,” Florida Statutes. Prevention services are offered to youth who have persistently run away from legal custodians, are habitually truant from school, and persistently disobey the reasonable and lawful demands of legal custodian, and now serves as a timeout from domestic violence occurrences. The program also provides character development, academic achievement and social responsibility programs/training to reduce the risk of youth dropping out of school, engaging in substance abuse and becoming delinquent in the future.

**Under CINS/FINS: Florida Network of Youth and Family Services, Inc. (CINS/FINS provider)**

The Florida Network of Youth and Family Services, Inc. is a not-for-profit statewide association representing agencies which serve lockouts/homeless, runaway, and troubled youth ages 10 to 17 and their families. Services include shelter, non-residential, case management, adjudication, staff secure, physically secure, and case termination services, as well as case/service plans and CINS petition process.

- Fiscal Year 2012-2013 Total Funding: \$29,372,452  
(GR \$18,344,689; TF 11,027,763)
- Fiscal Year 2013-2014 Governor's Recommendations: \$30,874,057  
(GR \$19,846,294; TF \$11,027,763)
- FTEs: 0.0

**Under CINS/FINS: Florida Youth Challenge Academy (FLYCA) (CINS/FINS provider)**

FLYCA is a 17 1/2 month voluntary program geared toward Florida's 16 to 18 year old at-risk youth. The program consists of a 5 1/2 month residential phase and a 12 month post-residential phase. The residential phase of the program takes place in a highly disciplined and motivational environment promoting structure and academics along with leadership, health, community service, life skills, job skills, physical fitness and citizenship. After graduation from the residential phase, the youth uses the skills learned in the residential phase during their placement in either a job, further education, or the military. The youth is matched with a mentor during the residential phase and this mentor helps guide the youth during the post-residential phase.

- Fiscal Year 2012-2013 Total Funding: \$435,833  
(GR \$435,833)
- Fiscal Year 2013-2014 Governor's Recommendations: \$435,833  
(GR \$435,833)
- FTEs: 0.0

**Under CINS/FINS: North Carolina Outward Bound School (NCOBS) (CINS/FINS provider)**

NCOBS helps teens and their families transition their lives in more meaningful and positive directions. NCOBS emphasizes character development, academic achievement, and social responsibility to reduce the risk of dropping out of school, substance abuse and future delinquency. Programs consist of 20-day wilderness expeditions and a 20 to 24-day follow up component that takes place in the students' home and school environments. Parent involvement is required.

- Fiscal Year 2012-2013 Total Funding: \$908,589  
(GR \$524,731; TF \$383,858)
- Fiscal Year 2013-2014 Governor's Recommendations: \$908,589  
(GR \$524,731; TF \$383,858)
- FTEs: 0.0

**PACE Center for Girls, Inc.**

Practical Academic Cultural Education (PACE) Center for Girls is a Florida-based, nationally recognized not-for-profit organization that provides non-residential, prevention, intervention, and diversion services for at-risk girls and young women ages 12 to 17. PACE uses a comprehensive model that integrates social services, education, and career readiness in a safe, gender-responsive environment that reflects an understanding of the lives of girls and responds to their strengths and challenges.

- Fiscal Year 2012-2013 Total Funding: \$10,957,031  
(GR \$7,666,517; TF \$3,290,514)
- Fiscal Year 2013-2014 Governor’s Recommendations: \$11,575,781  
(GR \$8,285,267; TF \$3,290,514)
- FTEs: 0.0

**Florida Alliance For Boys & Girls Club, Inc.**

The Boys & Girls Clubs (BGC) of America has developed the Gang & Delinquency Prevention through Targeted Outreach and Re-Entry Program to help young people recognize and avoid the lure of gang life. The program is a comprehensive gang and delinquency prevention initiative using effective techniques and strategies to direct at-risk youth to positive alternatives by working with the local community through a referral network with courts, police, other juvenile justice agencies, schools, social service agencies and community organizations, as well as through direct outreach efforts.

- Fiscal Year 2012-2013 Total Funding: \$2,000,000 (Non-recurring)  
(GR \$2,000,000)
- Fiscal Year 2013-2014 Governor’s Recommendations: There was no recommendation to pick-up the non-recurring funding from FY 2012-13.
- FTEs: 0.0

**Civil Citation:** Civil Citation is vital to DJJ’s efforts to reform the juvenile justice system by giving first-time, non-violent misdemeanants the opportunity to participate in intervention services at the earliest stage of delinquency. Diverting first-time misdemeanants through Civil Citation will still hold a youth accountable and avoid hindering future opportunities while saving millions of dollars that would otherwise be spent if youth were arrested and required to go through formal delinquency processing. Reference: <http://www.djj.state.fl.us/partners/our-approach/florida-civil-citation>.



## **Supplementary Services / Rehabilitative:**

### **DJJ Human Trafficking Initiatives:**

#### **Human Trafficking: Victim Identification Pilot Project**

Three Juvenile Assessment Centers were strategically selected as sites for a pilot project aimed at improving the immediate identification of domestic minor sex trafficking victims upon their entrance to the juvenile justice system. The pilot project incorporates Shared Hope International's INTERVENE victim identification tool into the juvenile justice intake process. By identifying victims immediately after arrest, appropriate services and judicial recommendations can be provided, which will allow victims to heal and prevent recidivism. This will give traumatized youth the treatment they deserve and keep them from going deeper in the juvenile justice system. The results of the pilot project will form DJJ's creation of comprehensive policies and procedures related to the identification and treatment of human trafficking victims under its supervision. These policies and procedures will be implemented in January 2014.

- Fiscal Year 2012-2013 Total Funding: \$35,334  
(TF \$35,334)
- Funding for Boards and Councils, DMC, Faith Community Partners Network, Civil Citation, Human Trafficking, and Victim Identification Pilot Project activities are appropriated in Line Item, 1161 of the Governor's Recommended Budget. The appropriation of \$10,609,653 supports all of the federal grants received by DJJ.
- FTEs: 0.0

#### **Human Trafficking: Statewide Staff Training & Academy Curricula**

By August 2013, all Juvenile Probation Officers and Juvenile Detention Officers will be trained on indicators of human trafficking. Additionally, DJJ is adding human trafficking training to its academies so all new officers will be equipped to identify victims. This will enable DJJ to ensure these youth receive appropriate services.

#### **Human Trafficking: Victim Tracking System**

Recognizing that human trafficking is a crime that frequently involves multiple circuits, DJJ created an alert that follows identified victims through the juvenile justice system. This ensures that youth receive appropriate treatment, should they interact with DJJ in multiple areas of Florida.

- Fiscal Year 2012-2013 Total Funding: \$41,554  
(TF \$41,554)
- Funding for Boards and Councils, DMC, Faith Community Partners Network, Civil Citation, Human Trafficking, and Victim Identification Pilot Project activities are

appropriated in Line Item, 1161 of the Governor’s Recommended Budget. The appropriation of \$10,609,653 supports all of the federal grants received by DJJ.

- FTEs: 1.50 (OPS)

**Office of Residential Services:** Providing continued care for a youth who is committed to the custody of DJJ through development, maintenance and management of facilities and programs that meet the needs of Florida’s delinquent youths and promote public safety is the responsibility of the Office of Residential Services. After court appointment (after the court’s decision to commit a youth) the residential system is designed to place a youth in the most appropriate program at the appropriate level of service to meet a youth’s individualized treatment needs. The Florida juvenile justice system is designed to rehabilitate offenders through supervision, counseling and treatment. A youth’s commitment is for an indeterminate period of time, which may include periods of temporary release.

As part of DJJ’s transition and re-entry practices that begin the moment a youth is arrested, efforts to prevent youth from committing crime following release from a DJJ residential facility are addressed by offering youth transition services from the point of entry into a residential facility to include:

- **Behavior Management System:** Programs and effective delinquency intervention curricula and programs, all of which change the way youth think about their behaviors, change their behaviors, help them cope with trauma, and ultimately result in fewer youth re-offending are provided during their residential commitment and after release. These curricula and programs decrease their risk factors and increase their protective factors, reducing their likelihood of re-offending and recidivating.
- All these initiatives combine to support the Transition description in the Probation section: “Transition and Community Reentry (jobs, housing, Medicaid, personal documentation identification, education, and continuity of health care including mental health needs. Furthermore, it is critical for the child welfare case manager to be an active part of the transition planning for crossover youth.

**Juvenile Detention Alternatives Initiative (JDAI):** Working with Annie E. Casey Foundation, DJJ is helping youth involved in the juvenile justice system develop into healthy, productive adults through policies and programs that maximize their chance for success, reduce their likelihood of incarceration, and minimize the risk they pose to their communities. Projects include Alternatives to Secure Detention ensuring the appropriate youth are identified to be detained through DJJ’s risk assessment instrument.

- Fiscal Year 2012-2013 Total Funding: \$376,495, (GR)
- Fiscal Year 2013-2014 Governor’s Recommendations: \$376,495 (GR)

- FTEs: 11 total (7 Monitors and 4 Coordinators)

**Georgetown Crossover Youth project:** DJJ, with Georgetown University, is working to better identify and provide services for youth in both the dependency and delinquency systems.

- Fiscal Year 2012-2013 Total Funding: \$185,208 (TF)
- Fiscal Year 2013-2014: Federal funding supports this project & FY 2013-14 and a grant award has not been made for FY 2013-14.
- FTEs: 0.0

**Georgetown Juvenile Justice System Improvement Project:** The Department, with Georgetown University, is working to improve the provision of the right services, at the right time for youth referred to the DJJ.

- Fiscal Year 2012-2013 Total Funding: There is no specific line item funding for this project; existing resources are being used to support this project.
- Fiscal Year 2013-2014 Total Funding: There is no specific line item funding for this project; existing resources are being used to support this project.

**Intake:** Efforts to assess youth and family needs begin immediately once the youth becomes involved with DJJ, and referrals for services to assist the youth and family will take place at the earliest time.

**Alachua Project:** The Alachua Regional Detention Center is a model detention and probation site that combines staff to supervise and provide services to youth and their families. It also serves as a resource center for at-risk youth and families.

- Fiscal Year 2012-2013 Total Funding: There is no specific line item funding for this project; existing resources are being used to support this project.
- Fiscal Year 2013-2014 Governor's Recommendations: There is no specific line item funding for this project; existing resources are being used to support this project.

**Diversions:** All diversion programs are being reviewed and assessed to ensure that the appropriate level of intervention is provided and better outcomes are achieved.

- Fiscal Year 2012-2013 Total Funding: \$6,073,929 (GR)
- Fiscal Year 2013-2014 Governor's Recommendations: \$5,073,929 (GR)
- FTEs: 0.00

**Day treatment:** Programs were recently redesigned to provide delinquency interventions to youth during afterschool and non-conventional hours with the goal of fewer offenses and violations of probation during supervision, and reduced recidivism rates.

**Aftercare Services/Condition Release budget entity (80700100)**

- Fiscal Year 2012-2013 Total Funding: \$6,077,783 (GR - \$6,076,791, TF \$992)
- FTEs: 0.0

**Non-Residential Delinquency Rehabilitation budget entity (80700300)**

- Fiscal Year 2012-2013 Total Funding: \$6,649,963 (GR - \$6,609,992, TF \$39,971)
- FTEs: 0.0
  - Day Treatment Funding for Fiscal Year 2012-13 is for a statewide contract that provides facility-based supervision for probation status and/or committed status youth during traditional day-time hours.

**Community Supervision budget entity (80700700)**

- Fiscal Year 2013-2014 Governor’s Recommendations: \$12,727,746 (GR \$12,686,783, TF \$40,963)
- FTEs – 0.0
  - Day Treatment Funding for Fiscal Year 2013-14 is provided in the Governor’s Recommended Budget Recast of the Probation and Community Corrections Program, Community Supervision budget entity.

**Redirection:** DJJ identifies the most appropriate services in the least restrictive environments for youth not needing residential commitment, as well as those transitioning home from commitment (re-entry).

**Juvenile Probation budget entity (80700200)**

- Fiscal Year 2012-2013 Total Funding: \$15,364,831 (GR)
- FTEs – 0.0

**Community Supervision budget entity (80700700)**

- Fiscal Year 2013-2014 Governor’s Recommendations – \$15,364,831 (GR)
- FTEs – 0.0
  - Redirections Program Funding for Fiscal Year 2012-13 is used for three (3) regional redirections contracts that provide Multi-Systemic Therapy and Functional Family Therapy to youth disposed by the Court to Probation, Commitment, or Post-Commitment Probation. These regional contracts offer services in the North, Central and South part of the State.
  - Redirections Program Funding for Fiscal Year 2013-14 is provided in the Governor’s Recommended Budget Recast of the Probation and Community Corrections Program, Community Supervision budget entity.

**Education:** Because Education is such a vital part of reducing recidivism and having successful outcomes for youth’s lives, we are working to strengthen education programs through:

- Providing increases in career and vocational learning opportunities within the education settings in residential commitments.
- We are working towards greater accountability and performance measurements within DJJ education settings to ensure youth are learning and are on track to successfully transition out of residential care upon completion of their commitment.

**Detention Services:** Even though youth are in secure detention for a short time, DJJ exhausts every opportunity to foster an environment that will assist them in developing better coping and decision making skills. By doing so, secure detention is no longer viewed as a punishment or a holding facility, but the first step in rehabilitating youth and preventing future law violations. DJJ accomplishes this by:

- Providing child-centered **trauma-informed** environments
- Facilitating **life skills groups**
- Improving the practical application of policies and procedures by conducting **Annual Internal Reviews** within each detention center to monitor and improve employee performance.
- **Pre-screening direct-care** applicants to determine suitability for direct-care positions working with youth in detention facilities
- Implementing statewide **respite care services** programs for youth age 10-18 who have been charged with domestic violence who would have otherwise been placed in secure detention.
  - Fiscal Year 2012-2013 Total Funding: \$1,176,300  
(TF \$1,176,300)
  - Fiscal Year 2013-2014 Governor’s Recommendations: \$1,568,400  
(TF \$1,568,400)
  - FTEs: 0.0

**Engaging with Families:** Families are a key part of the rehabilitation of youth and their reintegration back into their schools and communities. With the most knowledge about the youth, families are valued, informed, included, and supported in all decisions. Their risks and needs are considered in a wraparound support system that coordinates with other agencies to better ensure youth success.

## **Transition / Exit Services:**

**Transitional services:** DJJ ensures youth in commitment have individualized plans for successful release and services in place at the point of re-entry in many ways. Community re-entry teams are established across the state to bring partners together to assist youth and families. New Invitations to Negotiate (ITN) are in progress for educational and vocational services, including mentoring and transportation for youth coming home from residential commitment programs, in an effort to address high recidivism rates for this population. DJJ is also in the process of creating a transition rule to provide more guidance to staff working with this population.

- Fiscal Year 2012-2013 Total Funding: \$11,158,887 (GR \$9,658,887 TF \$1,500,000)
- Fiscal Year 2013-2014 Governor's Recommendations: \$11,158,887 (GR \$9,658,887 TF \$1,500,000)
- FTEs: 0.00

**Reduced commitments:** DJJ utilizing appropriate community-based services to avoid unnecessary residential commitments, thus reserving commitment for offenders deemed a higher risk to public safety.

# **Agency for Healthcare Administration**

## **PREVENTIVE SERVICES**

These services are aimed at screening children and determining if 1) there is a medical need for further services and 2) to put preventive measures in place to avoid recipients having to go to a physician/medical specialist for diagnosis or treatment. The following services align with this category:

### **Newborn Hearing Screenings**

The newborn hearing screening is for the purpose of testing all Medicaid-eligible newborns for hearing impairment to alleviate the adverse effects of hearing loss on speech and language development, academic performance, and cognitive development. The screening is a test or battery of limited tests administered to determine the need for an in-depth hearing diagnostic evaluation by a hearing services specialist.

Newborns are required by state law to:

- Have a hearing screening prior to initial discharge from the hospital or birthing center; or
- Have a hearing referral for the hearing screening to be performed after initial discharge from the hospital or birthing center.

### **Dental Services**

Florida Medicaid provides preventive dental services to eligible children under the age of 21.

The primary objective of preventive dental care is to provide early identification of dental decay or disease and work towards prevention. If decay or disease is present the child is referred to a dentist for treatment. Preventive dental care includes;

- Fluoride treatments;
- Fluoride varnish applications;
- Oral hygiene education and instructions;
- Prophylaxis (cleanings);
- Sealants; and
- Space maintainers to prevent tooth movement.

### **Immunizations**

For eligible recipients from birth through 18 years of age, vaccines and combination vaccines providing protection against all of the following diseases are available:

- Diphtheria, Tetanus and Pertussis (DTaP)
- Haemophilus Influenzae Type b (HIB)
- Hepatitis B (pediatric and adult)
- Meningococcal Conjugate (MCV4)
- Pneumococcal (PCV 7)



- Polio (IPV)
- Measles, Mumps, and Rubella (MMR)
- Tetanus and Diphtheria (Td) (Adult)
- Influenza
- Varicella
- Human Papillomavirus (HPV)
- Rotavirus

For eligible recipients ages 19 through 20 years, vaccines and combination vaccines providing protection against the following diseases are available:

- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza
- Measles, Mumps, and Rubella (MMR)
- Meningococcal Conjugate (MCV 4)
- Meningococcal Polysaccharide (MPSV4)
- Pneumococcal Polysaccharide (PPV)
- Tetanus and Diphtheria (Td)
- Varicella

Any of the following vaccines are available by request or for high-risk areas:

- Hepatitis A
- Diphtheria and Tetanus (DT) (Pediatric)
- Pneumococcal Polysaccharide (PPV)
- Meningococcal Polysaccharide (MPSV4)

### **Early Intervention Services**

These services are designed for children birth to three years of age, to identify, as early as possible, the presence of a developmental delay(s) or condition(s) that could result in a developmental day, in order to optimize the child's functioning capacity and capabilities, thus preventing or minimizing significant disability.

*Fiscal year expenditures for 2012-2013: \$6,154,061.77(to date)*

*Fiscal year expenditures for 2011-2012: \$9,801,470.25*

### **Child Health Services Targeted Case Management**

These services are designed to target children birth to three who are receiving services through the Florida Department of Health, Early Steps Program and services for children receiving services through the Medical Foster Care Program. These services are activities performed by the provider to assist a Medicaid eligible individual in gaining access to needed medical, social, education and other services, for the purpose of helping ensure assistance in preventing or assisting with issues which could result in major health or personal concern.

*Fiscal year expenditures for 2012-2013: \$3,242,658.90(to date)*

*Fiscal year expenditures for 2011-2012: \$7,478,739.50*

### **Well Child Health Check-up and Outreach**

The Child Health Check-Up and Outreach program provides medical services and resources to a family as a preventive measure to ensure the continued optimal health of children. The primary objective of this program is to provide early identification of ailments and work to prevent them, thereby greatly reducing childhood illnesses. It provides services to children from birth all the way up to the age of 20. The program also calls for:

- Comprehensive, preventive, well child care on a regularly scheduled basis
- Identification and correction of medical conditions before the conditions become serious and disabling
- An entry into the health care system and access to a medical home (if needed)

*Fiscal year expenditures for 2011-2012: unknown*

### **EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) Program**

Child Health Check-Up is Florida's name for the EPSDT program. It is a federal program that provides the structure under which the Florida program operates. It consists of several services and mandates that are geared toward putting children on the path to becoming healthy children through a comprehensive list of initiatives that include screening services (vision, dental hearing, other necessary health care, etc.) as well as diagnostic (when there is a need for further evaluation) and treatment (medical procedures) services. This program also includes lead screening as well as an annual EPSDT data report. This report is a compilation of state Medicaid and CHIP programs to assess the EPSDT program and its effectiveness.

*Fiscal year expenditures for 2011-2012: \$80,321,326.36*

### **Healthy Start Coordinated System of Care (Healthy Start) services:**

The Florida Healthy Start Program meets the requirements of Florida Statutes 383.14 and 383.011. The overall goal of Healthy Start is to improve birth outcomes and infant health for Medicaid eligible women, infants, and children up to age three. Healthy Start falls into two basic components. The first component is outreach and care management for all women presumptively eligible and eligible for Medicaid under SOBRA. The second component is for

Medicaid eligible women, infants, and children up to age three who are identified at risk through the Healthy Start screening process. These services may include information, education and referral on identified risks. Medicaid reimburses a one-time service coordination fee for pregnant women, a monthly fee, per child, up to age three, and a monthly outreach and care management fee for eligible SOBRA participants.

*Fiscal year expenditures for 2011-2012: Health Start Waiver: \$14,859,530.96*  
*SOBRA: \$3,892,132.00*  
*MediPass: \$1,866,866.00*

## **SUPPLEMENTAL/REHABILITATIVE (PRIMARY OR DIAGNOSIS/TREATMENT) SERVICES**

These services are aimed at providing recipients with a quality continuum of care to accurately diagnose and treat ailments as well as maintain optimum health in this continuum. The following services align with this category:

### **Prescribed Pediatric Extended Care (PPEC) services:**

PPEC services allow children, under the age of 21, with medically complex and medically fragile conditions to attend a non-residential pediatric center and receive needed skilled nursing services. The intent of the PPEC program is to provide necessary family-centered medical and nursing services in the community which allows for socialization in a less restrictive environment than 24-hour institutionalizations or homecare. Medicaid reimburses licensed PPEC centers for either a partial day stay (1-4 hours) or for a full day stay (up to 12 hours). Children cannot attend a PPEC for more than 12 hours in any 24-hour period.

*Fiscal year expenditures for 2011-2012: \$34,748,091.58*

### **Medical Foster Care (MFC) services:**

MFC allows children, under the age of 21, who are medically complex and in the custody of the state to live and receive medical and personal care in alternative-home settings rather than in hospitals or other institutions. Medicaid reimburses the Medicaid-enrolled MFC provider (parent), in the licensed foster care home, on a daily rate depending on the complexity of the interventions required by the child.

*Fiscal year expenditures for 2011-2012: \$7,794,990.50*

### **Children's Multidisciplinary Assessment Team (CMAT) services:**

CMAT is an inter-agency coordinated effort of Medicaid, Department of Children and Families, the Agency for Persons with Disabilities, and the Department of Health (Children's Medical Services). The purpose of the CMAT process is to assess Medicaid children, under the age of 21, conduct multidisciplinary staffings, and make medically necessary recommendations for

certain Medicaid long-term services. The long-term care services funded by Medicaid for children that require a CMAT recommendation include Skilled Nursing Facilities, Medical Foster Care, and the Model Waiver.

*Fiscal year expenditures for 2011-2012: handled by invoice from DOH*

### **Children’s Medical Services (CMS) Network:**

CMS provides a family centered, managed system of care for children under the age of 21 with special health care needs. The intent of CMS network is to provide these children with a coordinated system of health care that links community based health care with multidisciplinary, regional and tertiary care. Children with special health care needs are those whose chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children. CMS network is administered by the Department of Health.

*Fiscal year expenditures for 2011-2012: unknown*

### **Medicaid Certified School Match (MCSM) Program**

The Agency for Health Care Administration Bureau of Medicaid Services provides an array of medically necessary services through programs and waivers to Medicaid-eligible recipients. The Medicaid Certified School Match (MCSM) Program provides reimbursement for medically necessary services provided by or arranged by a school district for Medicaid-eligible students. The MCSM program allows more Medicaid recipients under the age of 21 to attend school within their community while receiving the medically-necessary services in order for them to sustain within the community. This program aids in the prevention of institutionalization and isolation from day-to-day contact with their peers. Those Medicaid-eligible students with an Individual Education Plan (IEP) with the medically necessary services referenced may receive services while they attend school. The combination of education and medical services can result in the improvement of a student’s overall sustainability within their community.

*Fiscal year expenditures for 2011-2012: \$14,917,544.29*

### **County Health Department (CHD) Certified Match Program**

The Agency for Health Care Administration Bureau of Medicaid Services provides an array of medically necessary services through programs and waivers to Medicaid-eligible recipients. The County Health Department (CHD) Certified Match Program provides reimbursement to CHDs for medically necessary nursing, medication administration, and social work services provided in a school setting to Medicaid-enrolled students. Generally, the CHDs are contracted with the school district to provide the aforementioned services to their Medicaid-eligible students. As a result, the CHD Certified Match program allows Medicaid-eligible students under the age of 21 to attend school within their community while receiving the medically necessary services in order for them to sustain within the community. This program aids in the prevention of institutionalization and isolation from day-to-day contact with their peers. The combination of education and medical services can result in the improvement of a student’s overall sustainability within their community.

*Fiscal year expenditures for 2011-2012: \$111,743.50*

### **Medicaid Therapy Services Program:**

The Florida Medicaid Therapy Services Program provides medically necessary physical therapy (PT), occupational therapy (OT), respiratory therapy (RT) and speech-language pathology (SLP) services to recipients under the age of 21. The therapy services program also provides limited services to recipients age 21 and older specifically SLP services pertaining to the provision of augmentative and alternative communication systems and PT and OT services pertaining to wheelchair evaluations and fittings. Physical therapy services develop, maintain, improve or restore neuro-muscular or sensory-motor function, relieve pain, acquire a skill set, restore a skill set, or control postural deviations to attain maximum performance. Occupational therapy services address the developmental or functional needs of a child related to the performance of self-help skills, adaptive behavior and sensory, motor and postural development. Respiratory therapy services treat conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Speech-language pathology services involve the evaluation and treatment of speech-language disorders, remediate, maintain communication functioning, acquire a skill set, restore a skill set, and enhance the recipient's communication needs when appropriate. The Medicaid recipient's primary care physician, advance registered nurse practitioner, physician assistant or physician specialist must prescribe therapy treatments and the treatments must be prior authorized.

*Fiscal year expenditures for 2011-2012: \$144,790,721.31*

### **Medicaid Model Waiver Program:**

The Medicaid Model Waiver Program helps sustain children with the diagnosis of degenerative spinocerebellar disease as they continue to live in their homes instead of a hospital. This program began its operation in 1991. Waiver services include respite care, environmental accessibility adaptations, and assistive technology and service evaluations. Case management is provided by the Department of Health, Children's Medical Services (CMS). Individuals make an informed choice between hospital and home and community-based services. This waiver can only serve five children. To be eligible for the waiver, the individuals must be diagnosed with a degenerative spinocerebellar disease, must be 20 years of age or younger, determined disabled by the Social Security Administration, have a hospital level of care determination by a Children's Multidisciplinary Assessment Team (CMAT) and must be able to remain safely in the home with home and community-based services provided through Medicaid.

*Fiscal year expenditures for 2011-2012: \$22,707.00*

### **Enhanced Care Coordination**

Medicaid provides a comprehensive package for children that enables them to receive services in the least restrictive setting. The Agency continues to ensure that families are aware of services available for medically fragile/complex children, by providing enhanced care coordination and

transition planning services. Any children residing in a Skilled Nursing Facility (SNF) are assigned a nurse care coordinator from their Medicaid area office. The Area Office nurse care coordinator:

- Participates in all CMAT staffings for the children assigned to them;
- Remains in contact with the child’s skilled nursing facility to receive status updates about the child’s progress and visits those in their area monthly;
- Maintains regular contact with the parents/guardians of the children; and
- Assists when the family is ready to transition the child into the home and community

## TRANSITION/EXIT SERVICES

In regard to most of the services that are offered under the Children’s Medicaid umbrella, the children “age-out” of the program on their 21<sup>st</sup> birthday. At that time, they transition into Adult Services. Although there are no present services that solely provide for any kind of transition or exit services, the providers in the primary services arena generally will assist in any way that they can in regards to assisting the children with necessary adult services and/or case management upon exiting the Children’s Medicaid spectrum.

## **Agency for Persons with Disabilities**

## **Agency for Persons with Disabilities**

### **Referral or Primary Services:**

The Agency for Persons with Disabilities supports persons with developmental disabilities in living, learning and working in their communities. To achieve this mission, and to reduce the risk of contributing to an individual's need for further reliance on government funded services. APD offers referral services to community services to children aged three and older at the time of application for APD and provides support coordination services to eligible individuals. If the Agency can assist families in locating low or no cost services when the child is young, the likelihood of the child remaining in the family home is increased. These services include respite care offered by local churches or civic groups, home modifications available through volunteer contractors or scholarships offered by APD providers.

The Agency is in the process of significantly updating its Resource Directory of available federal, state and local resources for families throughout the state. The upcoming version of the database is an upgrade which will triple the number of resources (which is critical for families and GR Support Coordinators), as well as improve on some of the previous versions' inadequacies, such as adding the ability for a user to suggest a resource be added, edited or deleted. The Agency is also exploring additions that will give families more control; including the ability to save profile information and resource searches, "favorite" resources to revisit, as well as receive notification of resources added in their area. Full implementation of the directory is expected to be completed by April 30, 2013.

In 1993, the Florida Legislature created an all-volunteer Family Care Council (FCC) to be located in each APD service area. There are currently 15 FCCs throughout the state consisting of 10 to 15 governor appointed members. One of the



council's primary functions is to assist in providing information and outreach to families, including those with young children. Each FCC works closely with their

local APD office, as well as, other organizations to gain and improve services, employment opportunities and resources in their communities.

The Agency is developing a new initiative for students transitioning out of the school system who are interested in achieving competitive employment. This program is available at no cost and will provide interns with real work experience, as well as, an opportunity to gain marketable skills by working four to six hours a week in various divisions of the Agency. This effort is collaboration between the local Exceptional Student Education programs throughout the state. This program will be initiated within APD's State Office with future expansion to APD's regional offices and other governmental agencies throughout the state.

### **Secondary Prevention Services:**

As defined, APD's secondary prevention services occur when the child has requested placement on the APD waiting list for waiver funded services and is eligible to receive government funded services. As of February 1, 2013, of the 22,220 individuals on the waiting list over 50% are individuals 21 and under.

The Agency's prevention efforts are targeted at alleviating a crisis situation by providing one-time Individual and Family Supports funding (IFS) and by providing necessary services to avoid an out of home or institutional placement.

For children, IFS funding is typically used to offer respite services to families who need a break, for short term behavior analysis services, equipment and minor home modifications. For children who are eligible for state plan Medicaid coverage through the Agency for Health Care Administration, government funding is accessed for personal care assistance, therapies, supplies and equipment and behavior analysis for eligible individuals. By combining funding sources and offering these services, families are better able to keep their child in the home with support.

For fiscal year 2012-13, total funding for the Individual and Family Supports Funding for the Agency is \$16,436,771. This funding is used for individuals of all ages on the waitlist.

In his recommended budget, the Governor approved \$2.5 million for individuals 16 to 22 primarily who are on the waiting list and who have indicated they want to work. This funding will be used for job internships and supported employment services for youth in transition from school to work. For those individuals, competitive employment can eliminate the need for a waiver funded adult day training program or a paid companion. It will also help keep parents employed if their child has a job during the day eliminating the need for someone to be at home if the child is no longer attending school.

In some situations, the needs of the child are beyond that which can be met through short term IFS or state plan Medicaid either because the parent or caregiver is unable to continue care due to their own physical health or the child's behavior is so significant that it poses a danger to self or others. In those situations, the Agency offers crisis waiver enrollment. This enrollment allows the child to receive a full range of services through both state plan Medicaid and the waiver in a community setting – preferably in the family home. An out of home residential placement is viewed as a temporary, emergency measure when absolutely necessary.

The Governor has also recommended \$36 million to transition individuals from the waiting list to the waiver. If enrollment can occur and services be provided before a crisis occurs, it will be less costly to the Agency and more beneficial to the individual and the family by preventing out of home placement.

For fiscal year 2012-13, total funding for the waiver was \$811,994,894 with an additional \$65,116,894. As of February 1, 2013, of the 29,042 individuals on the waiver, over 6,100 are individuals 21 and under.

# **Department of Children and Families**

**Florida Children & Youth Cabinet**  
**Prevention Investment Workgroup**

***Prevention Initiatives are intervention services aimed at reducing risks contributing to an individual's need for further involvement with social services.*** Based on differentiating need, prevention services are delivered on a multi-tiered continuum.

**Definitions:**

**Pre-Referral Services (encompasses DCF's Primary Prevention):**

- Are directed at high risk areas specified by each respective agency.
- These services are an attempt to identify and provide preventative type care to at risk individuals in effort to keep the individuals from entering the social services spectrum.

**Supplementary Services / Rehabilitative (encompasses DCF's Secondary & Tertiary Prevention):**

- Occur when a child has entered the spectrum and received government services and is an effort to prevent the child from becoming more dependent on such services or needing more enhanced or severe services further down the line.

**Transition / Exit Services (encompasses DCF's Family Reunification):**

- Occurs after a child has completed the government services program for which they were enrolled
- Attempts to provide smooth transition back to family/school/regular life setting in hopes they will not enter back into the government service umbrella

## Department of Children and Families

### **Pre-Referral Services:**

#### **DCF Child Welfare Headquarters Initiatives:**

**All Pro Dad** is an innovative program helping men to be better fathers. All Pro Dad's program promotes the engagement of fathers and provides resources in multiple ways: breakfast program at are schools, billboard campaigns, media blitz and the National Football League Kid's Experience. During this time, they discuss a wide range of family topics, spend time together, create fun memories, and are equipped with resources to strengthen their relationship.

- Fiscal Year 2011-2012 Total Funding: \$125,000
- Fiscal Year 2012-2013 Total Funding: \$90,000
- FTEs: 2.0 plus volunteers
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP)

**Breaking the Cycle** is a pilot program in Miami designed to educate and empower communities to create an environment to safely reduce the number of minority children entering state care, reinforce family reunification and reduce system dependency. Project ends June 30, 2013.

- Fiscal Year 2012-2013 Total Funding: \$118,000
- FTEs: 2.0 plus volunteers
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP)

**Note: Please note Breaking the Cycle program should be considered under Supplementary Services / Rehabilitative and Transition / Exit Services as well.**

**Circle of Parents**<sup>®</sup> is a nationally recognized, evidence-based mutual support and self-help program for parents based on a framework of shared leadership, mutual respect, shared ownership and inclusiveness. Prevent Child Abuse Florida, housed within the Ounce of Prevention Fund of Florida administers the program statewide. Florida Circle of Parents provides a friendly, supportive environment led by parents and other caregivers. It's a place where anyone in a parenting role can openly discuss the successes and challenges of raising children. The groups are free, confidential and non-judgmental. Shared leadership is practiced among facilitators and parents so that participants both receive and provide help to others.

Developing leadership on the individual, family, community and societal levels, as desired by parent participants, is a central theme of the Circle of Parents<sup>®</sup> model. Meaningful parent leadership occurs when parents gain the knowledge and skills to function in leadership roles and represent a "parent voice" to help shape the direction of their families and communities and programs and policies that affect them.

- Fiscal Year 2012-2013 Total Funding: \$135,200

- FTEs: 1.5 plus volunteers
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP)

**Note: Please note that Circle of Parents® should be considered under Supplementary Services/Rehabilitative and Transition/Exit Services as well.**

### **Drowning Prevention (Water Safety Awareness)**

An on-going public awareness campaign developed by the Department to promote water safety awareness through its Partners for Promise Initiative. The Campaign promotes the message that unintentional drowning is the leading cause of death for children under age 4 in Florida. More than two-thirds of these deaths occurred in swimming pools. However, drowning also occur in canals, the ocean, bathtubs, toilets and buckets of water. Young children can drown in less than two inches of water and in less than five minutes, the time it takes to use the restroom or answer a telephone. Most parents have only left their children alone for a few minutes when drowning occurs.

A Drowning Prevention packet and Drowning Prevention Postcards were distributed statewide for a wide distribution. Examples of distribution lists included hotels, public pools, Pool stores (supply stores, pool builders, etc.), local, state parks, public beaches, water parks, pre-schools, schools, restaurants, hardware stores, local Service Clubs, gyms, YMCAs, coffee shops, grocery stores, malls/shopping centers, rental car locations, airports, sporting goods stores, boat stores, and marinas.

Children's books promoting water safety and brochures were made available for statewide distribution.

- Fiscal Year 2011-2012 Total Funding: \$31,495
- FTEs: 2.0
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP) and training funds

**Note: Please note that Safe Sleep Campaign should be considered under Supplementary Services/Rehabilitative as well.**

### **Healthy Families**

The Healthy Families Florida program offers primary participants, who volunteer for the service, a prevention program that uses intensive home visiting services to meet the needs of the family. The program design is to improve the development and life outcomes of children and to preserve and strengthen families with a primary emphasis on the prevention of child maltreatment.

Healthy Families Florida is a nationally accredited, evidence-based home visiting program for expectant parents and parents of newborns experiencing stressful life situations. The program improves childhood outcomes and increases family self-sufficiency by empowering parents through education and community support. Parents voluntarily participate in Healthy Families so they can learn how to recognize and respond to their babies' changing developmental needs,

use positive discipline techniques, cope with the day-to-day stress of parenting in healthy ways, and set and achieve short- and long-term goals.

- Fiscal Year 2012-2013 Total Funding: \$18,114,328
- FTEs: 545 ( Administrative and field staff)
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP) and other federal grants

### **Healthy Families Expansion (High Risk Specialist)**

A pilot enhancement which added licensed clinicians (Family Specialist to the Healthy Families core staffing to improve family acceptance of counseling services and other participant and child outcomes for families experiencing mental health problems, substance abuse and domestic violence. The specialists provide support to the home visitors by providing consultation and in-home counseling services. Project ends June 30, 2013.

- Fiscal Year 2012-2013 Total Funding: \$337,579
- FTEs: 6.0
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP)

**Note: Please note that Healthy Families Expansion (High Risk Specialist) should be considered under Supplementary Services / Rehabilitative and Transition / Exit Services as well.**

**Lauren's Kids** is providing a public awareness campaign (Don't Miss the Sign's) and an educational initiative for the prevention of childhood sexual abuse. The initiative includes the development and distribution of the Safer, Smarter Kids™. The major goal of this service is to prevent childhood sexual abuse through education and awareness efforts throughout the state.

- Fiscal Year 2012-2013 Total Funding: \$1,587,091
- Fiscal Year 2013-2014 Total Funding: \$500,000 (recurring monies allocated)
- FTEs: 4.0
- Funding Source: General Revenue and Federal Grants and Trust Funds

**My Florida Caring Neighbors (MFCN)** is a pilot program for faith-based family support services within the Central, Northwest and Suncoast Regions. The specific counties targeted are Hillsborough, Pinellas, Polk, and Volusia. The program design is to develop and coordinate volunteers to provide time-limited residential care and mentoring resources in order to prevent child abuse and neglect and involvement with the court or child protective services. This pilot is scheduled to commence March 2013.

- Fiscal Year 2012-2013 Total Funding: \$66,000
- Fiscal Year 2013-2014 Total Funding: \$200,000
- FTEs: 10.0
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP)

**Note: Please note that My Florida Caring Neighbors should be considered under Supplementary Services / Rehabilitative and Transition / Exit Services as well.**

**Pinwheels for Prevention™** is a national campaign creating a community-wide commitment to healthy child development, implemented annually in Florida by Prevent Child Abuse Florida, the Ounce of Prevention Fund of Florida and the Florida Department of Children and Families. Florida's implementation of the Pinwheels for Prevention focuses on healthy child development and includes: statewide distribution of caregiver resource guides, Community Resource Packets; broadcast of television and radio public service announcements in English, Spanish and Creole; pinwheels gardens; a statewide kickoff event; and coordination and advertisement of local events based on the central statewide theme. The caregiver resource guides are also available in an e-book format, providing far-reaching distribution.

- Fiscal Year 2012-2013 Total Funding: \$436,981
- FTEs: 1.5
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP)

**Safe Sleep Campaign-** Sleep Right, Sleep Tight is an on-going public awareness campaign developed by Prevent Child Abuse Florida in partnership with the Florida Department of Children and Families and community stakeholders. The campaign provides information about on safe sleep practices for infants. This public awareness campaign was developed as a result of the 2008 Florida Child Abuse Death Review recommendation. The recommendation called for a public awareness campaign to combat infant suffocation due to unsafe sleep environments. Since this time, campaign materials have been distributed by the Prevent Child Abuse Florida Chapter upon requests from the public and non-profit organizations.

Sleep Right, Sleep Tight campaign provides brochures, tip sheets and print ads. The Sleep Right, Sleep Tight campaign also includes a series of 30-second public service announcements and an 11-minute informational video (DVD) on safe infant sleep.

- Fiscal Year: 2011-2012 Total Funding: \$35,000
- FTEs: 1.0 ( reprint of materials from initial campaign investment
- Funding Source: Community-Based Child Abuse Prevention Program Grant (CBCAP)

**Note: Please note that Safe Sleep Campaign should be considered under Supplementary Services/Rehabilitative as well.**

**State Access and Visitation Program** is a federal grant program that supports services that help noncustodial parents spend time with their children., Some examples of activities and services are mediation, developing parent plans, counseling, parent education, neutral drop-off/pick-up, supervised visitation and visitation enforcement. This program also provides for the development of guidelines for visitation and alternative custody arrangements and encourages biological parents to co-parent. Florida State University Clearinghouse on Supervised Visitation provides training and technical assistance to the sub-grantees and other visitation centers throughout the state.

- Fiscal Year: 2011-2012 Total Funding: \$500,000
- FTEs: 5.0
- Funding Source: State Access and Visitation Federal grant



**DCF Community Based Care Initiatives:**

**Note: This listing is a representative sampling of prevention programs statewide and not intended as exhaustive. Funding for these programs is from the Title IVE- Waiver and other federal grants.**

**United Way** – “Born Learning” - A public engagement campaign that helps parents, grandparents and caregivers recognize every day activities as learning opportunities for children. Funded by Family Support Services of North Florida - \$36,977

**Duval Community Resource Centers** – Adults and their families can receive health, parenting, employment, education, Veterans services and information. Support groups for grandparents, teens, ACCESS site. Funded by Family Support Services of North Florida - \$647,834

**Gainesville Community Resource Centers** – (See description above.) Funded by Partnership for Strong Families - \$118,854.

**D.A.D. – Dad All Day fatherhood training program.** Funded by Family Support Services of North Florida - \$121,387.

**Healthy Families** – Supplemental contract through Big Bend Community Based Care - \$185,256.

**Healthy Families** – Supplemental contract through CBC of Seminole. \$33,859.

**Kids Central Inc.** – Support for local Early Learning Coalition’s Care Seat Program, the Children’s Alliance and Sumter County 211 Helpline. \$90,000.

**Brevard Family Partnership** – Information and awareness materials and advertising campaigns, including car seats, child care, support for 211 Brevard, Safe Sleep workshops, groups and family therapy and coaching. \$751,583.

**Kids at Hope**- Kids at Hope is a nationally renowned belief system, supported by a cultural strategy and then enhanced by programs, that when adopted by adults in an entire community profoundly shapes the future of children and reduces risk areas. Adults are trained by a Facilitator that "All Children Are Capable of Success - No Exceptions!" They are then given tools to identify the talents, skills, goals, and dreams of children while providing opportunities for success. Funded by United for Families - \$1,300.

**Eckerd Community Alternatives** – Prevention and Strengthening Families literature, Protective Factors handouts are distributed at numerous local expos and resource fairs. Center-based activities include tutoring, parenting skills, assistance in accessing services. In-home services include child abuse & neglect prevention services & activities, assessing strength & needs of the

family & developing a plan for service, parenting skills education/support, linkages to resources/supports. \$454,727.

**The Identity Group** – Prevention advertising funded by Children’s Network of SW FL. \$122,000.

**Our Kids** - Community based primary prevention services that are provided to families before abuse or neglect occurs and are not time limited. These services include: Respite/Crisis care, early developmental screening to assess children’s needs and to assist in obtaining specific services to meet their needs, Mentoring, tutoring and health education for youth, Center-based activities (informal interactions in drop-in centers, parent support groups), Parenting skills training, Counseling and home visiting activities. \$706,756.

### **DCF Refugee Services Initiatives**

**Refugee Youth Services:** Refugee Youth Services Program is offered statewide in communities where the majority of refugee families resettle to assist youth to successfully adapt and advance in the U.S. educational system . The major service components are: 1) Orientation services needed to navigate the U.S. school system for newly arriving youth and parents, 2) Tutoring services to assist refugee and entrant youth with academic needs which can’t be met through mainstream sources, 3) Career development services to assist older refugee and entrant youth who have limited sources for career support, and 4) Support and enrichment services including life skills training, school liaison, teen discussion groups and volunteer mentor matching.

- FFY2013 DCFRS funding for Refugee Youth Services: \$4,752,822.00

**Case Management for Vulnerable, Recently-Arrived Refugees:** DCF Refugee Services contracts with community agencies in Duval, Hillsborough, and Palm Beach Counties to provide case management services to a limited number of especially vulnerable, recently arrived refugees. Target groups include single parents, families that have lived in refugee camps for many years, and families with members with health or mental health issues that face additional hurdles to attaining self-sufficiency. Case management provides these families additional guidance and support to help them address and overcome these challenges and move towards self-sufficiency.

- FFY 2013 DCF RS funding for case management support: \$590,000

**Refugee Support Services for Parents of Children 0-5 Years Old:** This will be a pilot program in Duval County designed to educate and empower refugee parents of children aged 0-5 in advancing their parenting skills to promote healthy child development and preparation for entry of children into kindergarten through the acquisition of social skills and age-appropriate academic skills. Services will be evidence based and engage parents as first teachers to help parents understand how to engage children in developmental activities. The program design is to improve the development and life outcomes of refugee children and to preserve and strengthen families with a primary emphasis on school readiness. Anticipated project start date October 1; 2013 (currently in the procurement stage).

- FFY 2013/2014 DCF RS funding for Refugee Support Services for Parents of Children 0-5 Years Old: \$1,830,000

**Ethnic Community Based Organizations (ECBOs):** Through its Integration Assistance contracts in various regions, DCF Refugee Services provides support for emerging ECBOs, refugee-led organizations forming so that refugees can provide assistance to other refugees with transportation to and interpretation at appointments with government offices or at schools, with doctors and hospital appointments, filling out DCF benefits and other forms, and referring them to other community services such as food banks. By assisting fellow refugees, ECBOs divert them from having to access DCF/RS-funded service providers.

- FFY 2013 DCF RS funding for ECBO support: \$64,400

### **DCF Homelessness Initiatives:**

**Emergency Financial Assistance for Housing:** One time financial assistance is available to help families with minor children pay overdue rent or mortgage payments to avoid eviction. Eligible families must have incomes below 200 percent of the federal poverty level. The program can assist with payment toward one month's housing cost when an eviction is pending against the family.

- Fiscal Year 2012 – 2013 Total Funding: \$900,000  
(TF \$900,000)
- Fiscal Year 2013-2014 Governor's Recommendations: \$900,000  
(TF \$900,000)
- FTEs: 0.0

**Emergency Solutions Grant:** This federal grant can provide rental assistance payments, as well as case management planning to extremely low-income households to avoid eviction and homelessness. The Department requires the local recipients of its grant awards to give preference in the prevention efforts to families with children. The grant can help with rent in arrears, as well as for short-term rent assistance needed to stabilize the family's housing situation.

- Fiscal Year 2012-2013 Total Funding: \$4,676,638  
(TF \$4,676,638)  
\$2,536,609 Awarded for Prevention Programs
- Fiscal Year 2013-2014 Governor's Recommendations: \$5,351,369  
(TF \$5,351,369)  
\$2,439,416 Allocated for Prevention Programs
- FTEs: 1.0

## **DCF Child Care Licensing Initiative:**

**Obesity-prevention initiative:** The mission of the PREVENT Obesity initiative is to be a catalyst in the fight against childhood obesity by ensuring child care providers are equipped with quality education, best practices and tools in the three proven areas directly linked to obesity prevention: nutrition, physical activity and limiting screen time. The program has one statewide liaison who works with child care providers and families to provide the program with resources and training across the state to help prevent childhood obesity. The program utilizes existing resources to support this initiative. Participation in the initiative by child care providers and families is voluntary.

## **DCF ACCESS Initiatives:**

**Food Assistance:** The Food Assistance Program is designed to promote the general welfare and to safeguard the health and well-being of the Nation's population by raising the levels of nutrition among low-income households. The Food Assistance Program helps individuals and families purchase nutritional foods needed to maintain and promote good health. (Food Assistance Issuance SFY 2012 \$5,514,543,899)

**Food Stamp Employment and Training (FSET):** Individuals who are not exempt must register/ and or participate in food stamp employment and training (FSET) or work activities. FSET helps train food assistance recipients with job training, job related skills, and job placement.

**Temporary Cash Assistance (TCA):** The Temporary Cash Assistance (TCA) program provides cash assistance to families with children under age 18 or under age 19 if they are full time high school students. TCA helps families become self-supporting so that children remain in their own homes or the homes of relatives. The TCA program can assist with payment of rent, utilities, and other household expenses.

- Temporary Cash Assistance (TCA) SFY 2012 \$166,500,820 Source: TANF Estimating Conference 02/08/2012, The following are Included in the above amount for TCA:  
Relocation Assistance \$772,522 Datamart Ad Hoc Report  
Upfront Diversion \$228,963 Datamart Ad Hoc Report  
Cash Severance \$433,204 Datamart Ad Hoc Report

**Upfront Diversion:** Up-front diversion is a one-time payment of up to \$1000 to help families facing an unexpected emergency. A family receives this payment instead of ongoing TCA. An up-front diversion payment is available to TCA-eligible families that:

- Meet certain up-front diversion eligibility requirements,
- Agree not to apply for TCA for three months, unless they have an emergency, and
- Receive approval for the payment for the Regional Workforce Board (RWB)
- Upfront Diversion SFY 2012 \$ 228,963 Issued Source: Datamart SQL

**Medicaid:** Medicaid provides medical coverage to low income individuals and families. Medicaid promotes and allows recipients to stay healthy by obtaining preventative medical care.

**DCF Domestic Violence Initiatives:**

Each of Florida’s 42 certified domestic violence centers receive state funding to plan and implement intimate partner violence primary prevention programming. Local centers apply the public health approach to primary prevention in conjunction with research-informed primary prevention principles to guide their work. Training and technical assistance related to these concepts are provided on an ongoing basis to build the capacity of the local centers for prevention efforts. (GR \$1,000,000)

**Delta Focus:** After ten years of successful implementation of the Center for Disease Control (CDC) and Prevention funded Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Project, the coalition was awarded five additional years of funding called DELTA FOCUS, which is an expansion of CDC’s original primary prevention programming. DELTA seeks to reduce the incidence (i.e., number of new cases) of domestic violence in funded communities. The program addresses the entire continuum of intimate partner violence from episodic violence to battering through a variety of activities. The scope of the DELTA project has shifted from prevention programming on an individual level to focusing prevention efforts on the community level. One goal of this project is to engage all levels of the community in the prevention of intimate partner violence through relationship building and systems change. (HHS Centers for Disease Control \$2,050,000 for 5 years).

**Engaging Men to Prevent Violence Against Women:** The coalition was also awarded the Office of Violence Against Women’s (OVW) *Engaging Men in Preventing Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant* funding last Fall. OVW describes the programs as “Acknowledging that men are a critical part of successful efforts to prevent sexual assault, domestic violence, dating violence, and stalking, the Engaging Men Grant Program creates a unique opportunity for OVW to support projects that create public education campaigns and community organizing to encourage men and boys to work as allies with women and girls to prevent violence against women and girls.” The coalition’s Engaging Men project is a collaborative effort with Martha’s House, the certified domestic and sexual violence provider serving Okeechobee County. The project includes working with five community faith organizations to implement a mentoring program for underserved youth in the community. Additionally, youth will participate in focus groups to produce a social marketing campaign.

**Harbor House of Orange County:** Harbor House developed a holistic community engagement prevention program with extensive community outreach and education called the Project Courage campaign. The campaign was initially launched in the traditionally underserved Pine Castle community of Orlando and because of the community support and the success of the

initial campaign a second campaign was started in the Malibu Groves/Ivey Lane Neighborhood of Orlando. Project Courage's purpose is to eradicate the socio-economic problems that could lead to domestic abuse, as well as provide justice and resources to survivors in a focused, concentrated way. Project Courage continues to garner support and partnership from over 60 local agencies as well as widespread endorsement from public officials, business leaders, and youth groups, alike. This support is a notable indicator that Project Courage is a sustainable, replicable model from which other communities can benefit.

**Peaceful Paths Domestic Violence Abuse Network of Alachua County:** Peaceful Paths has focused on developing comprehensive programming within two specific zip codes in Alachua County. This comprehensive campaign includes a building block curriculum for elementary through high school-aged youth comprised of basic, leadership and mentor components. In conjunction with youth programming, training for influential adults is offered at each youth program site.

- Through a partnership with the coalition, Peaceful Paths developed a social marketing campaign to complement the strategies within their focus area. The social marketing campaign was researched and developed with the support of population-representative youth focus groups. The campaign includes: posters, a folder brochure, billboards, website, and Facebook page.
- In addition, to working with school-aged youth, Peaceful Paths has developed an intern program. This program has graduated more than ten interns, several of whom have gone on to integrate prevention into their professional careers.

**Sunrise of Pasco County:** Primary prevention programming engages youth from fifth grade through high school allowing for the unique opportunity to work with the same group of youth over a period of several years. Research indicates that this type of prolonged exposure to prevention messaging creates an increased opportunity for positive change in knowledge, attitudes, beliefs and behaviors.

- Sunrise has formed a Youth Community Action Team (YCAT) that helps to inform the center's primary prevention programs. While engaging youth from fifth grade through high school, Sunrise is also conducting longitudinal evaluation with students. This evaluation ultimately measures changes in attitudes, behaviors and beliefs youth have about domestic violence and healthy relationships.
- Sunrise has formed a Youth Community Action Team (YCAT) that helps to inform the center's primary prevention programs.

## **DCF Substance Abuse and Mental Health Initiatives:**

DCF funds more than \$520 million in community behavioral health services in the state of Florida. The Department funds the safety net for those who do not qualify for Medicaid, or other forms of publically funded insurance assistance. To deliver services, the Department has contracted with seven managing entities to provide a system of care that encompasses the progression of substance abuse and mental health treatment.

Prevention is a requirement of federal funding, and the state must expend 20 percent of the federal block grant on such activities. The system of care, by contract, includes prevention programs and activities throughout the state. The Department does not directly contract with service providers.

The Department's managing entities currently fund over 200 subcontracted prevention providers,<sup>2</sup> (Level I and II) with approximately 100 prevention programs across the state. Prevention programs in

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2 Across the entire behavioral health field, prevention programs are commonly sub-categorized in the following manner:

- **Universal Prevention:** Preventive interventions that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.
- **Selective Prevention:** Preventive interventions that are targeted to individuals or to a subgroup of the population who risk of developing mental, emotional, or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. Examples include programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce risk for adverse mental, emotional, and behavioral outcomes.
- **Indicated Prevention:** Preventive interventions that are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorder, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention.

The Universal/Selective/Indicated classification scheme is applied to DCF's definitions of Level 1 Programs and Level 2 Programs:

- **Level 1 Programs** include persons participating in Universal and Selective programs in cost center 16. Level 1 Prevention Programs address subgroups of the general population that are at a higher risk of substance abuse than the general population. The mission is to provide individuals with the information and skills necessary to prevent the abuse of substances. These programs correspond to "primary prevention" and "secondary prevention" as used in DCF's draft document titled, *Types of Prevention in the Context of Child Welfare*.
- **Level 2 Programs** include persons participating in Indicated programs in cost center 16 and all programs in cost center 17. Level 2 Prevention Programs are designed to prevent the onset of substance abuse in individuals who do not meet the DSM-IV criteria for addiction but who are showing early danger signs in the form of multiple risk factors. The mission of Level 2 Prevention Programs is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs.

SAMH are to divert consumers from requiring treatment services – essentially to mitigate direct or indirect harm.<sup>3</sup> There are a wide variety of programs funded, including: positive youth development, afterschool substance use prevention, anti-bullying initiatives, teen parenting classes, diversion of performance enhancing drugs in high school sport, preventing body image issues for female high school athletes, prescription drug awareness, education for providers, community coalition support and building, trauma informed care, system coordination, and suicide prevention.

Children’s SAMH Prevention FY11-12

TOTAL PREVENTION FUNDING	\$21.5m
General Revenue	\$2.0m
Block Grant	\$13.1m
PPG	\$5.9m

By managing entity/region:

Statewide TA	\$1.3m
Northwest	\$2.1m
Northeast	\$3.2m
Suncoast	\$5.2m
Central	\$2.6m
Southeast	\$1.5m
Broward	\$1.1m
Southern	\$4.1m

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<sup>3</sup> In practice, there is overlap in what the programs do, in terms of the classification method used by DJJ. However, the most accurate way to describe SAMH prevention programs is as pre-referral services.



## **Supplementary Services / Rehabilitative:**

### **DCF Child Welfare Headquarters Initiatives:**

**All Pro Dad:** Please refer to details listed above under Pre-Referral Services

**Breaking the Cycle:** Please refer to details listed above under Pre-Referral Services

**Circle of Parents:** Please refer to details listed above under Pre-Referral Services

**Healthy Families:** Please refer to details listed above under Supplementary Services / Rehabilitative

**Healthy Families Expansion:** Please refer to details listed above under Supplementary Services / Rehabilitative

**My Florida Caring Neighbors:** Please refer to details listed above under Pre-Referral Services

### **DCF Community Based Care Initiatives:**

**Note: This listing is a representative sampling of prevention programs statewide and not intended as exhaustive. Funding for these programs is from the Title IVE- Waiver and other federal grants.**

**STEPS** – Family Preservation program that provides services and resources to help strengthen, educate and rebuild families. Funded by Family Support Services of North Florida – 3,549,553

**Integrative Practice Team** – Multidisciplinary counseling and supports for victims of domestic violence. Funded by Family Support Services of North Florida - \$78,802.

**FAST** – Family Team Approach to strengthen families and ensure children remain safe through intensive in-home services such as parenting, anger management, substance abuse and domestic violence counseling. Funded by Family Support Services of North Florida - \$1,908,546.

**Lakeview Center/Families First Network CBC** - Direct Service provision, case coordination, resource development, referral for Family Support, Preservation, Reunification. Wraparound services provided through multiple community providers. \$3,972,756.

**Boys Town, Habilitative Services of N. Florida, Life Management Center and DISC Village** – variety of in-home intervention and diversion services for at risk families, including parenting

training, budgeting, anger management, substance abuse, domestic violence and homemaking counseling. Referrals from CPIs or community. Funded by Big Bend Community Based Care - \$2,133,518.

**Partnership for Strong Families** – Through a variety of contracts with local providers, PSF offers: substance abuse, anger management, mental health, batterers’ intervention, domestic violence, infant mental health, sexual aggression, family, couples, teen, group and individual counseling, in home paraprofessional services, homemaker services, psychiatric evaluations and assessments. \$1,780,457.

**St. Johns Board of County Commissioners** – Through contracts with local providers, St. Johnson BCC provides education and awareness materials for public events, Active Parenting training materials, Family Support, Substance Abuse counseling/therapy, Client Support (rent, utilities, etc.), Intensive Family Intervention, and Substance Abuse counseling/therapy. \$263,770.

**Community Partnership for Children** – Intervention and Prevention services provided by Children’s Home Society, Neighbor to Family and House Next Door. \$1,639,202.

**Kids Central, Inc.** – Through a variety of contracts with local and university partners, KCI provides the following services: After School Programs, Child Care Subsidization, Summer Programs, Parenting Program, Baby Sleep Basics Program, Family Team Coaching and Conferencing, Neighborhood Project Evaluations, Referral Program, Substance Abuse counseling, Crisis Response Team. \$4,037,460.

**Community Based Care of Central Florida** – through a variety of contracts with Healthy Families, Harbor House Orange, Help Now Osceola, Devereux, Camelot, and the local Children’s Advocacy Center, CBCCF provides diversion and prevention services to at-risk families in need. \$2,548,567.

**Healthy Start** - Teen Pregnancy Prevention Services providing education, training, and developing social marketing campaigns to promote awareness on teen pregnancy prevention and teen birth rates and resources available to support agencies, parents and teens in the prevention of teen pregnancies. Funded by Heartland for Children - \$70,776.

**Planned Parenthood** - Empower individuals to make responsible decisions about their health and future by providing comprehensive health care services and education programs addressing family planning, reproductive health, human sexuality, and family life. Funded by Heartland for Children - \$ 19,064.

**Devereux Early Childhood Initiative** - develop and implement a Foster Care Model specifically designed to meet the needs of foster care children, their families, and case workers. The

Provider will also help establish a Prevention Training Center for the Care and Treatment of Young Children that will deliver resilience training and technical assistance. Funded by Heartland for Children - \$109,059.

**Champion for Children Foundation** - The program is designed to promote, develop, and implement early intervention and abuse prevention programs and services for families, to preserve and strengthen families, and prevent further disruption and conflict for children due to abuse, abandonment, or neglect. Funded by Heartland for Children - \$156,954.

**Prevention Services Program** - Devereux Foundation provides services through facilitation, education, engagement, and coordination strategies; identifies, enhances, develops prevention resources, and engages the broader community in prevention and support for families. Coordinates and conducts the GAP Project: a program/workshop for relative/non-relative caregivers, Teens, and Reunified Families to connect them to the programs and services in the community in order to help stabilize/maintain the relative/non-relative placement, the teen's living situation, or the family being reunified. Funded by Heartland for Children - \$142,622.

**Brevard Family Partnership** – Through a variety of contracts, BFP provides Family and Individual Counseling, Parenting Education, Child mentoring, Behavior Management and Substance Abuse Treatment services, Substance Abuse Evaluations, Mental Health Services, Domestic Violence Advocacy, Transitional Housing, Rent/Utility Assistance, Parent Training and Support, Mentoring & Coaching for families, Parenting assessments, psychiatric evaluations, Therapeutic Supervised Visitation and in-home Para-Professional services - \$1,671,942

**CBC of Seminole** – Through a variety of local contracts, flex funds for counseling and medical services and other prevention, diversion and intervention services are provided to stabilize families in crisis or at risk. \$1,078,678.

**Safe Families Program** - in-home services to families with children who are at risk for abuse or neglect, referred by DCF protective investigation staff which do not result in a subsequent services case. Eligible families are those who are experiencing problems in child rearing and for parents with infants under two years of age, or pregnant women who seek services voluntarily. Service delivery is a minimum of 12 week for active services and 12 weeks for follow-up services, up to one year. Funded by United for Families - \$286,263

**Eckerd Community Alternatives** – Through a variety of local contracts, ECA assists families with parenting and marriage skills, family budgeting, stress management, nutrition training, child development training, MH or SA services, in-home counseling, assistance in addressing domestic violence, assessment, linkage to appropriate/available services, counseling, monitoring & evaluation. \$1,406,002.

**Sarasota Y** – Through a variety of contracts, the Y provides an array of prevention, diversion and/or intervention service types to help prevent re-abuse or mitigate the need for children and families to enter deeper into the child welfare system. \$657,825.

**HKI (now ECA Hillsborough)** – through a variety of contracts, services ranging from summer camps, assistance with utility payments and tutoring to in-home crisis intervention, mental health counseling and therapeutic services are provided to stabilize families and prevent removal of children. \$1,662,070.

**Children’s Network of SW FL** – through a variety of contracts with local providers, Children’s Network funds Teen Outreach, Nurturing Parents, Early Intervention Collaborative and other Diversion and Prevention programs in addition to Applied Behavior Analysis services and Healthy Families. \$1,686,869.

**CFC Palm Beach**– CFC provides services to drug-addicted newborns and babies through the Kids in Distress program, sexual abuse counseling through Chrysalis and Multidisciplinary Assessment Team staffings to assess the needs of children who have allegedly been involved in cases of child-on child sexual abuse and making recommendations regarding those cases through Boys Town and the Parent Child Center. \$802,492.

**ChildNet Broward** - The primary funder of prevention and diversion services for children in Broward County is the Children’s Services Council, which invested more than \$10 million in FY 10-11. For FY 11-12, ChildNet funded the Kids in Distress program for drug addicted newborns and sexual abuse counseling services through Chrysalis. \$79,992.

**Our Kids** - Our Kids sub-contracts with specialty providers such as (1) parents as parents programs, (2) community mental health centers, (3) safe at home programs, and (4) high risk new born services. Services include, but are not limited to: Family support, preservation, reunification services to children and families in the area of mostly single-head households and weak families, Life skills and personal development training programs for youth in neighborhoods with higher incidence of child abuse and neglect, teen pregnancy and educational failure, Youth cooking classes, leadership development activities and computer skills training, Certified parenting courses to court-ordered and voluntary cases, Family support and preservation services via “grandparents as parents” support groups, Family support and preservation services to prevent the removal from the home or repeat risk of abuse or neglect. \$5,339,673.

**DCF ACCESS Initiatives:**

**Relocation Assistance:** Eligible families that need resources to escape domestic violence, move to another area with greater employment opportunities, or to accept a job offer, may choose a lump sum relocation payment instead of a monthly TCA benefit.

**Relative Caregiver Program:** Provides monthly financial support to TCA-eligible relatives that:

- Have custody of a child adjudicated dependent by a Florida court and placed in their home by the Department of Children and Families, and
- Are within the fifth degree of relationship to the parent or stepparent of the child placed in their care (also includes any non-related half-siblings of the child).
- The eligibility process examines only the needs, income, and assets of the child to establish eligibility and payment amounts.
- Relative Caregiver Program \$58,976,649 (includes recurring and supplemental payrolls) Source: TANF Estimating Conference 02/08/2012)

**DCF Refugee Services Initiatives:**

**Ethnic Community Based Organizations (ECBOs):** Please refer to details listed above under Pre-referral Services.

**Refugee Support Services for Parents of Children 0-5 Years Old:** Please refer to details listed above under Pre-referral Services.

**Case Management for Vulnerable, Recently-Arrived Refugees:** Please refer to details listed above under Pre-referral Services.

## **Transition / Exit Services:**

### **DCF Child Welfare Headquarters Initiatives:**

**All Pro Dad:** Please refer to details listed above under Pre-Referral Services

**Circle of Parents:** Please refer to details listed above under Pre-Referral Services

**Healthy Families:** Please refer to details listed above under Supplementary Services / Rehabilitative

**Healthy Families Expansion:** Please refer to details listed above under Supplementary Services / Rehabilitative

**My Florida Caring Neighbors:** Please refer to details listed above under Pre-Referral Services

### **DCF Community Based Care Initiatives:**

**Family Intervention Team (FIT)** is an in-home family preservation service delivered by a trained professional to ensure the safety of children and to help stabilize the family structure. The major goal of FIT is to maintain the child in the home with his/her family while ensuring the immediate and long-term protection of the child's permanency, safety, and well-being. FIT provides services to prevent the recurrence of abuse, neglect, or abandonment and support reunification. Funded by Heartland for Children through contracts with Winter Haven Hospital, Gulf Coast Community Care and Youth and Families Alternatives. \$1,756,881.

**Brevard Family Partnership:** Post-reunification services to families to ensure placement stability include: mentoring, Certified Behavior Analysis, Functional Family Therapy, Rent/Utility Assistance and Targeted Case Management.

**Gulf Coast Jewish Family Services:** Referrals from CPI of families whose children are at risk of out-of-home placement or judicial action due to the occurrence or reoccurrence of child abuse, neglect or abandonment. Includes services to high risk families whose children are at imminent risk of emergency shelter unless an immediate, intensive intervention occurs. Funded by Eckerd Community Alternatives – \$1,234,374.

### **DCF Refugee Services Initiatives:**

**Unaccompanied Refugee Minor Program:** The Unaccompanied Refugee Minor Program provides foster care and independent living transitional services similar to state foster care to refugees and other eligible individuals without parents or relatives able to care for them in the United States. Transitional services for youth aging out of foster care include subsidized

independent living as well as academic and aftercare support. Eligibility for services is limited to individuals authorized by the Office of Refugee Resettlement.

FFY2013 Funding for the URM Program \$1,845,571

### **DCF 2013-14 Governor's Budget Recommendations – Prevention**

The Governor's Budget Recommendation for Fiscal Year 2013-14 includes \$347,986 in nonrecurring funding for the **Encourage Arrest Program** grant award increase.

The Governor's Budget Recommendation for Fiscal Year 2013-14 includes \$2.5 million for the **Florida Council Against Sexual Violence** to fund certified rape crisis centers

The Governor's Budget Recommendation for Fiscal Year 2013-14 includes \$5,649,066 in nonrecurring funding for **performance incentive payments to Community Base Care (CBC) lead agencies** that meet the performance criteria set forth by the department

The Governor's Budget Recommendation for Fiscal Year 2013-14 includes \$2 million in nonrecurring funding for the **Healthy Families Florida Program**, which is a home visiting program targeted at preventing child abuse and neglect and removal of children from their homes. The funding will serve families that have multiple risk factors, including: household income below 200% of the federal poverty level; single parent household; possessing neither a high school diploma nor GED; experience abuse as a child; having multiple children under 5 years of age; experiencing mental health, substance abuse or domestic violence issues; having unrealistic expectations about developmental milestones; and having a parent-verbalized need to physically harm a child 1 year old or younger.

The Governor's Budget Recommendation for Fiscal Year 2013-14 includes \$1,468,608 in nonrecurring funding for establishing **50 dedicated group home intensive service beds** in Miami, Tampa and Fort Lauderdale for female victims of commercial sexual exploitation that reside in the foster care system. The children are in need of placements and services that comply with requirements established by the Florida Safe Harbor Act of 2012.

The Governor's Budget Recommendation for Fiscal Year 2013-14 includes \$1,199,339 to fully fund salaries and Other Personal Services (OPS) for the **Child Protective Investigation Redesign** issue approved in the 2012 Legislative Session for 20 positions and 100 OPS staff. This represents additional funding for three months for positions that provide field base support, monitoring, direction and calibration on cases for Child Protective Investigations. The OPS positions provide an available pool of staff with known commitment and capability to allow more flexible hiring process. This flexibility will support the department's effort to maintain a highly qualified and trained work force, while sustaining a more manageable case load.

# **Department of Health**



## Department of Health

### **Pre-Referral Services:**

#### **Early Steps**

The Children's Medical Services (CMS) Early Steps ensures that families and caregivers of infants and toddlers (birth to 36 months) with disabilities who are eligible under the Individuals with Disabilities Education Act (IDEA) Part C Program or have traditionally been served by Developmental Services under Chapter 393, Florida Statutes have the opportunity to enhance the development of their children within their everyday routines, activities and places. The overall goal of the system is to increase opportunities for infants and toddlers with disabilities to be integrated in their families and communities, and to learn, play and interact with children without disabilities. ELIGIBILITY CRITERIA: Early Steps serves infants and toddlers with developmental delays or an established condition likely to result in a delay. It is a federal entitlement program and has no financial eligibility requirements. Infants and toddlers eligible under IDEA, Part C and Chapter 393, Florida Statutes, include those, birth to 36 months of age, who have a diagnosed genetic or metabolic disorder, neurological disorder, autism spectrum disorder, severe attachment disorder, significant vision or hearing impairment, or who weighed less than 1,200 grams at birth. In addition, infants and toddlers who have a developmental delay in the cognitive, physical, communication, social/emotional, or adaptive behavior domain are also eligible.

Contract Providers: Non-Profit: 19

FY 2012-2013 Total Contract Funding: \$50,488,283.

Interagency Coordinating Council for Infants and Toddlers (FICCI). Individuals with Disabilities Education Act (IDEA) Part C federally mandated the council, \$27,000 of the Part C grant for the expense. About 25% of one of the headquarter FTE is dedicated to the council.

#### **Newborn Screening**

The Children's Medical Services Newborn Screening Program is a statewide program that provides testing for certain metabolic, endocrine, and hemoglobinopathy disorders, including cystic fibrosis, with potentially adverse consequences that can be identified and treated before the illness becomes apparent. A blood specimen is obtained by the birthing facility and placed on a special filter paper. The specimen card is sent to the Bureau of Laboratories Newborn Screening State Lab for testing. The laboratory performs the screening tests and Children's Medical Services (CMS) provides the follow-up for all abnormal screening results. Some babies need only a repeat screening. Others may need a referral to a specialist for extensive evaluation and diagnostic services. Hospitals also perform the hearing screening on all babies prior to discharge. All babies are tracked by the CMS Newborn Screening Follow-Up Program and referred to one of the 22 CMS area offices for care coordination and long term services. IMPACT: Each year hundreds of babies are identified with one of the disorders that are tested. It is a known fact that early identification and initiation of treatment can prevent severe mental retardation, physical deformities, massive infections and even death. It is estimated that there is a cost savings of \$900,000 throughout the child's life for each baby found through the newborn screening program.

NUMBER OF CLIENTS SERVED ANNUALLY:CY 2011: 213,669

SERVICE PROVISION:Contract Providers - Non-Profit: 28, For-Profit: 1

Genetics and Newborn Screening Advisory Council: No funding or FTE's associated with it.

**Child Protection Teams (CMS)**

Child Protection Teams (CPT) are medically led multidisciplinary teams whose mandate is to supplement the assessment and protective investigation activities of the Department of Children and Families. The Teams are mandated by statute to review all child maltreatment reports accepted by the Florida Child Abuse Hotline and to provide medical evaluations and other assessments deemed appropriate to assist in the determination of the allegation of maltreatment and to make recommendations related to appropriate services and supports for the child and family. Services are provided by physicians, psychologists, team coordinators and case coordinators with expertise in the area of child maltreatment. Each Team is led by a designated CPT Medical Director. SPECIFIC SERVICES OF ACTIVITIES PROVIDED: Specialized services include (but are not limited to): Medical diagnosis and evaluation services, Medical Consultation services, Psychological and psychiatric diagnosis and evaluation services, Expert professional testimony in court cases, Child protection team assessments, Case staffings to develop treatment plans, Case service coordination, educational and community awareness campaigns, Training services. NUMBER OF CLIENTS SERVED ANNUALLY: FY 2011-2012: Number of Children Served: 28,956. Number of Assessments Completed: 45,218 Number of Staffings: 1,182

FY 2012-2013 Total Contract Funding: \$ 15,789,246.

Number of Contracts for community-based CPT providers: 23 There are 25 CPT providers, but 2 contracts cover 2 teams each

**Poison (CMS)**

The Florida Poison Information Center Network includes centers in Tampa, Jacksonville, Miami, and a data center located in Jacksonville. The Centers are nationally accredited. They operate 24 hours a day, 7 days a week. The Centers provide emergency services and information regarding poison exposures to the public and healthcare professionals throughout Florida. The Centers have played an expanded role in assisting the Department in responding to public health emergencies such as the H1N1 outbreak, the BP Deepwater Horizon oil spill, and the Fungal Meningitis outbreak.

NUMBER OF CLIENTS SERVED ANNUALLY: FY 2011-2012: Number of calls: 176,073 Number of follow-up calls: 118,403, Number of consults: 7,200, Number of calls handled onsite: 87%, Number of educational programs: 1229, Number of educational materials distributed: 453,570.

FY 2011-2012 Funding: General Revenue: \$1,591,693 Federal Preparedness (CDC and ASPR): \$865,419

Number of Poison Centers: 3

Number of Contracts: 6 (each Center has a contract for State funds and a separate contract for federal preparedness funds)

**Women’s Infant and Childrens (WIC)**

The WIC program focuses on the prevention of nutrition-related health problems by providing supplemental nutritious foods; nutrition education and counseling; breastfeeding promotion and support; and referrals to other health and social services agencies. The program serves low to moderate income

pregnant, breastfeeding, and postpartum women; infants; and children under five years of age.  
\$383,542,000.00

### **Healthy Start**

Healthy Start assists pregnant women, interconceptional women, infants, and children up to age 3 to obtain the health care and social support needed to reduce the risks for poor maternal and child health outcomes including infant mortality, and to promote good health and developmental outcomes for all mothers, infants and children in Florida. The Healthy Start program services include risk assessment, nutrition counseling, care coordination, breastfeeding education and support, tobacco cessation counseling, assessment of service needs, interconceptional education and counseling, referrals and linkages, childbirth education, parenting education, psychosocial counseling, developmental screening, anticipatory guidance, accident prevention, substance abuse prevention education, and in-home visitation. Program services may vary according to the specific community needs and may include funding for medical prenatal and child health care as payor of last resort. \$67,428,000.

An important role of Healthy Start is increasing access to early, risk-appropriate prenatal care. Access to Medicaid increased through Healthy Start outreach, and women identified as at-risk may receive additional assistance in accessing care, such as transportation to prenatal visits. Healthy Start also provides referral and follow-up to ensure pregnant women continue to receive the care they need.

### **County Health Departments**

County health departments (CHDs) provide a variety of health services for infants and children and their families. Clinics serve eligible children through 21 years of age. The scope of services varies among counties, determined by need and the local availability of resources. All counties provide immunizations and varied levels of child health supervision that includes periodic health history, physical examinations, and laboratory screening tests for such health status indicators as lead and anemia. Some health departments are able to provide acute episodic care with referral and follow-up activities for the ill or injured child. Infant and child health services also include developmental screening, risk assessment, and parent education. Injury prevention on topics such as car safety seats, bicycle safety, drowning prevention, fire safety, poisoning prevention, and substance abuse prevention education are emphasized, but many other topics for health education are delivered to children and their families in the clinical and community setting. CHDs also provide linkages with WIC nutrition services and oral health and dental services for eligible children.

The CHDs are responsible for maintaining high levels of protection against vaccine-preventable diseases. They provide immunization services, vaccine-preventable disease surveillance and outbreak control, in addition to community outreach and education necessary to ensure that countywide immunization needs are being met. These activities are conducted in accordance with Department of Health statewide policies and procedures and Florida Statutes. \$204,000,000

### **School Health Program**

The “School Health Services Act”, s. 381.0056, F.S., mandates basic health services for all public school students. These services support the academic success of Florida’s students by promoting student health, regular attendance, and readiness to learn. School health services supplement, rather than replace parental responsibility and encourage parental attention to their children’s health. To help assure the provision of safe and appropriate school health services throughout the state, the School Health Services Program provides funding, programmatic resources and oversight of health services provided in Florida’s public pre-kindergarten (Pre-K) through 12th grade schools. Basic health services include: record reviews to ensure that all students have a school entry health examination at school entry, appropriate; immunization for grade level, and that any chronic or acute health problems are being addressed; vision, hearing, growth and development, and scoliosis screening at required grade levels, to ensure early identification and correction of problems which can pose barriers to student learning; planning and provision of emergency health services for students who are injured or become acutely ill at school; participation in curriculum development for health education; consultation with parents and school personnel on health issues that interfere with the students’ ability to fully participate in school activities; and nursing assessment, screening and consultation for placement of students in exceptional education programs. \$30,402,000

### **Adolescent Health Program**

The Adolescent Health Program provides a network of community-based support to help adolescents succeed as they move into adulthood by focusing on the "assets" of individual youth and their families. Adolescent Health sponsored programs will reinforce positive attitudes, healthy behaviors and activities, and reduce risktaking behaviors, such as sexual activity, substance abuse, suicide and behaviors that increase risk of unintentional injury and chronic disease. \$6,626,000.00

### **Oral Health**

The Public Health Dental Program has four primary functions. It provides a statewide direction for policy related to oral health issues; it promotes and administers oral health education and preventive dental programs; it collects and analyzes data on oral health; and it supports the provision of direct dental care services through the County Health Departments (CHD) and other public and private organizations. CHD dental programs and community dental projects provide screenings, oral health education and preventive and therapeutic services. The scope of services which CHDs provide and the age groups which CHDs treat varies among counties based on need and the availability of resources. \$2,923,000

### **Supplementary Services / Rehabilitative:**

**The CMS Network** serves children with serious and chronic special health care needs who are enrolled in Medicaid (Title XIX) and KidCare (Title XXI). In addition, the CMS Network Safety Net serves children who do not qualify for Medicaid or Title XXI of the Social Security Act but who are unable to access, due to the lack of providers or lack of financial resources medically necessary specialized services or essential family support services. Families shall participate financially in the cost of care based on a sliding fee scale. Safety Net services are provided to the extent that local CMS area office budget can support the services. Each child has 24 hours 7 days/week access to a personal primary care physician who provides or authorizes all medically necessary services for the child. Additionally, each child and family has access to a CMS care coordinator who assists the child and family in a wide range of activities including teaching, coordination of services, arranging and advocating for services with specialists, schools, community programs, health care facilities and providers. **SPECIFIC SERVICES OR ACTIVITIES PROVIDED:** CMS Network enrolled children receive the full Medicaid benefit package of services for children through a network of 22 CMS area offices located throughout the state. Clinic services include individual care coordination, specialty and support referral, and specialty clinics. Specialty clinics include but are not limited to: cardiac, cleft lip/cleft palate, craniofacial, diabetes, endocrinology, gastroenterology, liver disease, neurology, orthopedic, respiratory disease, and pediatric surgery. Individuals may also receive medical and support services in local private physician offices or through a comprehensive and integrated network of health care organizations, regional programs, hospitals, referral centers and statewide programs. The CMS system of care also includes long-term care services for medically complex or medically fragile children such as medical foster care. The medical foster care program is a cost effective home based program that allows medically complex children to grow and develop in a family environment of a licensed foster home. Medical foster care parents receive specialized training and are provided with 24 hours 7 days/week medical support through the CMS Network. Another component of the CMS Network and Related Programs is the Early Steps Program. The Early Steps Program provides a comprehensive system of early intervention services to infants and toddler and their families. The purpose of Early Steps Program is to provide quality early intervention services and supports that enhance the capacity of families to support their child's well-being, development, learning and full participation in the community. **CLIENT ELIGIBILITY CRITERIA:** Florida

residents age 20 years and under who meet both clinical and financial edibility criteria. NUMBER OF CLIENTS SERVED ANNUALLY: FY 2011-2012: 82,178

### **CHILDREN'S MULTIDISCIPLINARY ASSESSMENT TEAM**

The Children's Multidisciplinary Assessment Team (CMAT) was established in 1991 by Medicaid as a way to provide cost containment, quality assurance, and utilization review for medically complex children receiving high cost, long term medical services. CMAT is an interagency process that utilizes a multidisciplinary, inter-agency, and family-centered approach for making recommendations for long-term care services based on the child's clinical and psychosocial assessments and the family's social needs. Team membership includes the child's family, CMS CMAT medical director, nurse and social worker and other community providers involved in the care of the child. **SPECIFIC SERVICES OR ACTIVITIES PROVIDED:** CMAT recommendations are based on the most appropriate, least restrictive setting that will meet the health needs of children. The comprehensive network of long-term care services recommended via the CMAT staffing process includes the following services: Medical Foster Care (MFC), Skilled Nursing Facilities (SNF), and Level of Care determination for Model Waiver applicants **CLIENT ELIGIBILITY CRITERIA:** Clients who are eligible are any Medicaid eligible child, less than 21 years of age, who has a medically complex or medically fragile condition that requires 24-hour a day continual medical, nursing or health supervision. Medical documentation must support the need for long-term care services. **SERVICE PROVISION:** CMAT provides statewide and regional coverage through 10 CMS Area Offices.

### **Healthy Start**

Healthy Start assists pregnant women, interconceptional women, infants, and children up to age 3 to obtain the health care and social support needed to reduce the risks for poor maternal and child health outcomes including infant mortality, and to promote good health and developmental outcomes for all mothers, infants and children in Florida. The Healthy Start program services include risk assessment, nutrition counseling, care coordination, breastfeeding education and support, tobacco cessation counseling, assessment of service needs, interconceptional education and counseling, referrals and linkages, childbirth education, parenting education, psychosocial counseling, developmental screening, anticipatory guidance, accident prevention, substance abuse prevention education, and in-home visitation. Program services may vary according to the specific community needs and may include funding for medical prenatal and child health care as payor of last resort. An important role of Healthy Start is increasing access to early, risk-appropriate prenatal care. Access to Medicaid increased through Healthy Start outreach, and women identified as at-risk may receive additional assistance in accessing care, such as transportation to prenatal visits. Healthy Start also provides referral and follow-up to ensure pregnant women continue to receive the care they need.

The Child Care Food Program provides meals and snacks to eligible children through a network of more than 1,700 private not-for-profit, private for profit and public childcare organizations that contract with the department. These contractors provide services at nearly 6,000 child care facilities and may be reimbursed for up to two meals and one snack per child per day. Licensed childcare centers (including Head Start Centers and before and after school programs) may participate in the program independently or under the sponsorship of a sponsoring organization - licensed family child care homes must participate under a sponsoring organization. \$182,000,000

### **Transition / Exit Services:**

#### **Children's Medical Services Network:**

Care Coordination: Beginning at age 12, all teens and young adults with special health care needs who are enrolled in the CMS network and their families receive the information and services needed to make transitions to all aspects of adult life, including adult health care, work and independence. CMS care

coordinators connect youth who are aging out of the CMS Network with community based resources. CMS contracts with the following to provide transition services:

University of South Florida, Florida HATS: \$94,050.00 annually

University of Florida, JaxHATS: \$100,000.00 annually

### **MEDICAL FOSTER CARE PROGRAM**

The Medical Foster Care (MFC) Program is a coordinated effort between the Florida Medicaid Program within the Agency for Health Care Administration, Children's Medical Services, and the Child Welfare and Community Based Care Program within the Department of Children and Families. The program provides family-based care for medically complex children in foster care who cannot safely receive care in their own homes. The MFC team for each area consists of a registered nurse, social worker, nursing supervisor, medical director, and trained medical foster parents, who are also Medicaid providers.

**SPECIFIC SERVICES OR ACTIVITIES PROVIDED:**The MFC Program establishes and supervises the oversight and training of foster parents to provide MFC services for children with medically complex needs. Medical Foster Parents receive child specific training provided by a MFC team in order to take care of the child's physical, emotional, and health care needs. MFC parents also serve as role models to train the birth family on how to care for their child's special medical needs so the child can return home. Each parent maintains a very comprehensive in-home record book that documents all the care provided to the child. This book also includes the plan of care which lists out for the parent exactly what care is to be provided with instructions in how to provide the care. Services provided by the team include 24-hour call-in system, support and care coordination, medical care education, reunification with birth parents, adoption assistance, and follow-up services.**CLIENT ELIGIBILITY CRITERIA:**Children must be under 21 years old, in the legal custody of the Department of Children and Families, and be assessed and referred to MFC by the Children's Multidisciplinary Assessment Team (CMAT). The CMAT determines the MFC level of reimbursement for each medically complex or medically fragile child and that their condition is stable enough for care in a home setting. **NUMBER OF CLIENTS SERVED ANNUALLY:**FY 2011-2012: 727.**SERVICE PROVISION:**Non-Contract Programs: 12, Contract Programs-Non-Profit: 6, Contract Physicians: 2

FY 2012-2013 Total Contract Funding: \$2,015,279

**The Bureau of Tobacco Free Florida's** goal is to incorporate a youth component throughout the various policy areas of the program. Youth are involved with planning and making policy presentations in the K-12 and college smoke free campus programs and are an integral part of the work being done in Multi-Unit Second Hand Smoke and Retail Advertising Policy areas, acting as survey takers, and participants in exercises designed to gather the valuable "boots on the ground information." needed to ensure effective programmatic direction. The youth have had great success in the repeal of Candy Flavored Tobacco Products in many counties and the ongoing Students Working Against Tobacco (SWAT) infrastructure present in each county continues to ensure that the dangers tobacco use in all its forms remains at the forefront of the discussion in public forum. \$64,000,000.

# **Guardian ad Litem**

## **Guardian ad Litem (GAL)**

### **Supplementary Services / Rehabilitative:**

#### **Guardian ad Litem**

The Statewide Guardian ad Litem Program represents children who have been abused, neglected or abandoned, and serves as a best interest advocate for the child before the dependency court. More than 9,000 volunteers are assigned to more than 21,000 children in the child welfare system. Because the child is already under court supervision when a Guardian ad Litem is assigned to a case, the Guardian ad Litem volunteer works to mitigate the trauma in a child's life. For that reason, the GAL Program is a tertiary (rehabilitative) prevention program. Tertiary prevention activities focus on families where maltreatment has already occurred and works to reduce the negative consequences of the maltreatment and to prevent it from recurring. This is done through the work of GAL volunteers who monitor case progress to ensure that services are provided to the family, and especially to the child. Often the volunteer becomes a mentor for the child not only in the courtroom, but also in school and the community. National studies have shown that these services result in better permanency outcomes for kids, less likelihood of re-entry into foster care, and more services for the family. The Guardian ad Litem Program currently has resources to serve approximately 70% of the children in the dependency system, and is seeking resources to increase this over the next three years to 100%, consistent with its statutory mandate.