

**Miami-Dade County**  
**Community-Based Organizations Advisory Board Meeting**  
Friday, November 21, 2008 at 1:30 pm  
SPCC Conference Room 18-4

**AGENDA**

- |       |   |                        |
|-------|---|------------------------|
| I.    | Welcome and Introductions                                       | Nelson Hincapie        |
| II.   | Review and Approval of Minutes (hold for Dec. 3 <sup>rd</sup> ) |                        |
| III.  | Community Needs and Investments Presentations                   |                        |
|       | Offender Re-entry   | Joel Boetner           |
|       | Domestic Violence   | Sarah Lenett           |
|       | Dept. of Children and Families                                  | Gilda Ferradaz         |
|       | Mental Health   | Sylvia Quintana        |
|       | Homeless  | David Raymond          |
|       | Immigration/Refugees  | Hiram Ruiz             |
|       | Basic Needs   | Lynne Stephenson       |
|       | Substance Abuse   | John Dow               |
|       | Children's Trust  | Modesto Abety          |
|       | Elderly   | Horacio Soberan-Ferrer |
|       | Juvenile Justice  | Isabel Afanador        |
|       | Health and HIV/AIDS   | Dan Wall               |
|       | South Florida Workforce   | Rick Beasley           |
| IV.   | Proposed Meeting/Task Schedule (revised)                        | Dan Wall               |
| V.    | Community Input   | Dan Wall               |
| VI.   | New Business  | Nelson Hincapie        |
| VII.  | Next Meeting –  |                        |
|       | Wednesday, December 3 <sup>rd</sup> at 1:00 pm                  |                        |
|       | SPCC, 111 NW 1 <sup>st</sup> Street, 22 <sup>nd</sup> Floor     |                        |
|       | Conference Room A   |                        |
| VIII. | Adjournment   |                        |

**CBO Advisory Board  
Proposed CBO Funding Process Meeting/Task Schedule**

<u>Date/Time</u>	<u>Task/Agenda</u>
Nov. 21 <sup>st</sup> 1:30 – 5 pm	Presentations to the Board re: community needs and existing resources  Presenters will include County staff and local funders  Board finalizes meeting and task schedule and community input plan, strategies, etc. (i.e., community forum(s), provider survey, written comments)
Dec. 3 <sup>rd</sup> 1 – 5 pm	Presentations and discussion regarding process, funding, contracting, and evaluation models  Board discussion and recommendations re: service priorities (not allocations)
Dec. 6 <sup>th</sup> 10 – 12 noon	Community Forum – Opa Locka Service Center  Staff presentation of preliminary Board recommendations to audience regarding service priorities, process, funding, contracting, and evaluation models  Brief public comment period regarding proposed models and community needs
Dec. 8 <sup>th</sup> 6 – 8 pm	Community Forum – South Dade Government Center
Dec. 9 <sup>th</sup> 6 – 8 pm	Community Forum – Caleb Center
Dec. 10 <sup>th</sup> 6 – 8 pm	Community Forum – Blanche Morton/Hialeah Neighborhood Center
Dec. 19 <sup>th</sup> 9 am – 4 pm	Priority-setting and Allocations Retreat – Location - TBA  <b>(Quorum Required)</b>  Final recommendations regarding funding priorities and allocations

***Breaking the Cycle:  
Rehabilitation and Job Training***

Miami Dade County Corrections and  
Rehabilitation Department

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# *Mission Statement - MDCCR*

- The Miami-Dade County Corrections and Rehabilitation Department serves our community by providing safe, secure and humane detention of individuals in our custody while preparing them for a successful return to the community.



# Overview

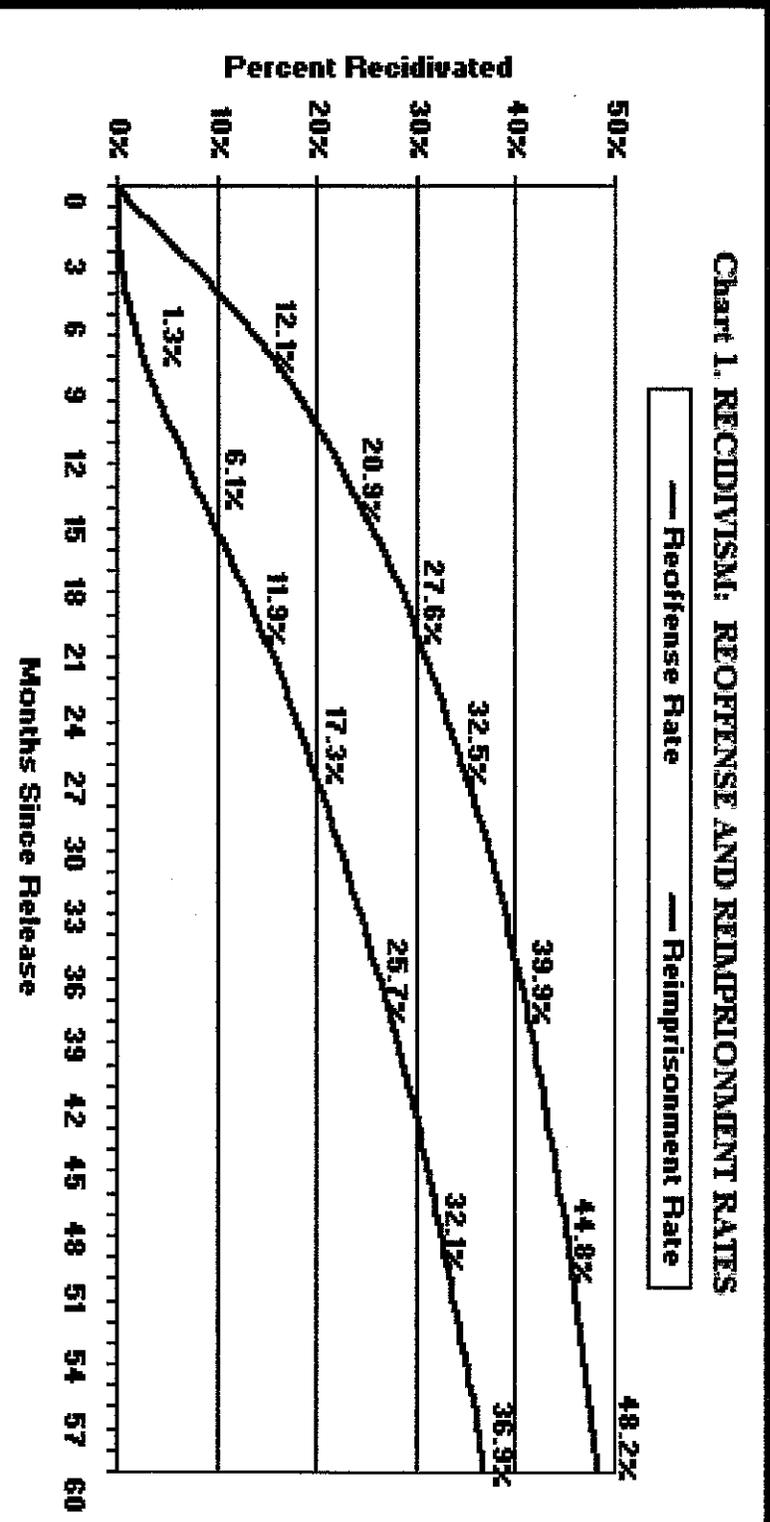
## *Jail Population Statistics*

- Approximately 110,000 arrested / booked annually
- Average Daily Population of over 7,000 (total)
- Average Daily Sentenced Population of 1,800



# Recidivism Rate - Florida

- 48% re-offend within 5 years / 37% return to prison
- Highest % of re-offending occurs in first year



# *Long-term goal – Prepared for Release / Reentry*

- Target the appropriate population
    - Individuals with less serious crimes / short jail stays
    - Individuals with less serious crimes resulting from substance abuse addictions
    - Youthful offenders who can benefit from “Boot Camp”
    - Individuals sentenced to county jail vs long prison stays
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# Long-term goal – Prepared for Release / Reentry

- Utilize Effective Interventions – Three Tracks

## Track Three: Intervention Strategy

Structured  
Reentry Program  
&  
Track One & Two  
Intervention

Avg. Length of Stay:  
4 months +

Target Population  
Size: 11%

## Track Two: Intervention Strategy

Written Reentry Plan  
and Coordination of  
Post Release  
Services  
&  
Track One  
Intervention

Avg. Length of Stay:  
1 – 3 months +

Target Population  
Size = 32%

## Track One: Intervention Strategy

General Resource Information

- ◆ List of Community Services
- ◆ Personal Health Care Record
- ◆ Access to Benefits Boards
- ◆ 311 Hot line

Avg. Length of Stay:  
1 – 30 days

Target Population  
Size: 57%

## Pre-Trial Services Track: Intervention Strategy

Case Monitoring /  
Management &  
Track One Intervention

Length of Stay = 6 months +

Length of Stay = Short

# *The Present Situation*

- Structured Re-Entry Services Currently –  
Track Three
    - Serve approximately 220 inmates annually in two programs for adults
    - Emphasize:
      - Education attainment (vocational / GED)
      - Group counseling
      - One to One counseling
      - Intake, Assessment, Case Management, & Discharge Planning
      - Faith-Based interventions / mentoring
      - Linking Offenders with Community Services
      - Follow-up / Aftercare
- 
-

# *Recommendations*

- Expand Structured Re-Entry to Each Jail Facility
- Increase ability to effectively assess and engage individuals with short jail stays
  - Tracks 1 & 2
- Enhance Links with Community Service Providers



# *Current Investment & Estimate of Unmet Needs*

- Structured Reentry (Track 3) Staffing = 4
- Add 4 Correctional Staff - Cost \$214, 848



**SPECIAL NEEDS**

*DOMESTIC Violence*

2007-2010 Goals	Priority Areas of Emphasis and Emerging Issues [Contextual Variables]	DVSAC Council Recommendations Year One	Year Two/Three
<p>1. Utilize research including: social service data, criminal justice data, promising practices and input from DV/SA criminal justice and community based partners to establish funding priorities and funding allocations.</p>	<ul style="list-style-type: none"> <li>The DV and SA partner agencies have worked for the past three years to identify gaps in system response which resulted in publication of the <u>Miami Dade County Domestic Violence Report, Assessment of Gaps in Services</u> [December, 2003] (Needs Assessment). This work was funded by the DVOB and the Miami Dade County Alliance for Human Services grants.</li> <li>The Domestic Violence and Sexual Assault Council of Greater Miami [DVSAC] was formed in 2004 as a result of that report. More than 40 public and private agencies are members of DVSAC.</li> <li>DVSAC committees are in the initial phases of refining and implementation of select recommendations of the Needs Assessment.</li> <li>The Needs Assessment identified many issues of concern including the absence of sufficient services for victims and the lack of county-wide coordination of those services that do exist.</li> <li>The lack of coordination negatively impacts planning and coordination of services for victims of DV and SA that have multiple mental health, homeless, substance abuse issues.</li> <li>Federal, state and local service dollars for agencies providing services for DV and SA victims are shrinking</li> <li>Available county funding is allocated in a piecemeal fashion</li> <li>Too many small grants are given to too many agencies with no long range planning process in place</li> <li>Recommendations of locally conducted needs assessments do not appear to be considered in County long range planning or funding for DV and SA victims</li> <li>National, state and local evidenced based practices are frequently unknown to local service providers, county planners and are not evident in county funding scheme.</li> <li>There is a minuscule percentage of county service dollars allocated to DV and SA yet DV is often the root cause of mental health, substance abuse, homelessness, youth violence, and costly and unnecessary institutionalization of elders and disabled adults. Early intervention systems are disconnected from the DV and SA services currently funded</li> <li>Useful data sharing is virtually impossible as a result of incompatible computer systems, conflicting agency specific data sharing policies and inconsistent data collection requirements among funders.</li> <li>Existing research programs at the several local universities do not typically share research or funding for DV and SA initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Fund Research working in collaboration with Domestic Violence Sexual Assault Council of Greater Miami [DVSAC] and the DVOB to ensure:             <ol style="list-style-type: none"> <li>Research and dissemination of local and national evidence based promising practices;</li> <li>Fund technical support to the county to develop standardized data requirements for agencies funded agencies. [This bullet is not intended to create a burden on agencies that already collect data for their grants; therefore a data analyst should be funded to support this bullet.</li> <li>Periodic updates to Needs Assessments including: data collection, mapping, identification of gaps in system response and services, community input from public forums, including underserved populations; DVSAC partners;</li> <li>Preparation and dissemination of DV/SA Needs Assessments and Recommendations to the Board of County Commissioners [BCC] and DVOB (as action items);</li> <li>Analysis of multiple needs of adolescent, adult and older victims of DV and SA;</li> <li>Analysis of dual diagnostic needs of victims including substance abuse; homelessness, mental health;</li> <li>Analyze community training and cross training needs</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Continue funding Research and Training</li> </ul>

<p>2. Apply a systems approach to improve overall service delivery to adult victims of domestic violence, rape and sexual assault based upon strategic planning supported by research</p>		<ul style="list-style-type: none"> <li>• There is inadequate funding of local collaborative partnerships to reduce DV and SA</li> <li>• Existing funding is allocated in piecemeal fashion</li> <li>• Services are poorly coordinated. Most victims of DV and SA repeat their story on numerous occasions to multiple agencies in many separate venues. As a result many victims drop out of the system and fail to obtain the system services that are available.</li> <li>• There are few community based advocates funded for either DV or SA to fill the gap</li> <li>• There are insufficient trauma based services funded for victims of DV and SA</li> <li>• Advocacy and trauma based services for adult and older victim of rape grossly insufficient</li> <li>• There are few services targeted for adolescent and older victims of DV and SA</li> <li>• The federal government has identified and funded One Stop Family Justice Centers (FJC) as method to effectively deliver coordinated services to adult and child victims of DV and SA but has not yet been embraced in Miami-Dade County.</li> <li>• The FJC model promises economic stability and opportunity for enhanced collaboration among agencies, cost savings due to economies of scale, better support services for victims and improved system response.</li> <li>• Although there are some fine examples of one-stop or coordinated services in Miami-Dade most services throughout the County those agencies are in the minority and are not on the scale envisioned by the FJC model.</li> <li>• The County needs to be financially supportive of the one stop model in order for them to be sustainable.</li> <li>• Victims of DV and SA are also served by the mental health, homeless, substance abuse clusters but the service needs of these victims are not well integrated among existing DV and SA service delivery systems</li> </ul>	<p>8. Development of policies and procedures with partners to implement new process (learned)</p> <ul style="list-style-type: none"> <li>• Conduct and disseminate five-year plan with <i>recommendations for County funding allocations</i> and funding plan based on recommendations of the Needs Assessment in collaboration with DVSA partners and the DVSA and the County.</li> <li>• Fund a summit of researchers with the mandate to develop strategies to attract state, national, and foundation research funding.</li> <li>• Provide funding for DVSA website to disseminate findings from local research and national promising practices</li> </ul>
		<ul style="list-style-type: none"> <li>• <b>Fund <i>strategic planner</i></b> to work with DVSA/DVSA and other community partners including those in underserved communities, to develop a systematic approach to service delivery where:       <ol style="list-style-type: none"> <li>1. Capacity building in individual agencies to serve specific needs populations as identified in #4 below</li> <li>2. Multiple criminal justice and community based partners collaborate and/or co-locate to provide coordinated services for victims of DV and SA</li> <li>3. Implement system wide protocols and procedures that implement system collaboration efforts</li> <li>4. Develop a funding and sustainability plan</li> </ol> </li> <li>• Continue to fund and expand regional One Stop Centers</li> <li>• Focused outreach to victims and agencies serving underserved communities</li> <li>• Allocate funding for continued development and ongoing maintenance of DVSA website that will serve as a central repository for victim and service</li> </ul>	<p>Fund central and regional One Stop/FJC type service delivery systems, developed by strategic planner and community partners in year one.</p>

	<ul style="list-style-type: none"> <li>Underserved communities have a limited voice in the strategic planning process or funding strategy</li> <li>There is a disconnect in planning re: children, older adults and adult victims of DV and SA</li> <li>Victims of DV and SA have a limited voice in the strategic planning process and funding strategy development.</li> <li>Useful data sharing is virtually impossible as a result of incompatible computer systems, conflicting agency specific data sharing policies and inconsistent data collection requirements among funders.</li> </ul>	<p>data and resources.</p>	<ul style="list-style-type: none"> <li>Continued funding</li> </ul>
<p>3. Measure outcomes of existing programs funded by the Alliance for Human Services.</p>	<ul style="list-style-type: none"> <li>Currently there are no longitudinal studies to evaluate programs funded.</li> <li>County does not require standardized outcome measures</li> <li>Therefore there are no outcome measures that can be compared across programs</li> </ul>	<ul style="list-style-type: none"> <li>Fund <i>longitudinal studies</i> that measure effectiveness of existing programs funded by Alliance</li> <li>Fund technical assistance to the County to develop comparable outcome measures</li> <li>Fund technical assistance to the funded agencies to use the developed measures</li> </ul>	<ul style="list-style-type: none"> <li>Continued and increased funding</li> </ul>
<p>4. Provide funding for Forums for Collaboration and Implementation of Recommendations of Needs Assessment</p>	<ul style="list-style-type: none"> <li>DVSAC is a community organization made up of over 80 individual members and 40 system based and community based agencies</li> <li>DVSAC provides a forum for agencies to voice concerns and propose solutions to DV and SA issues</li> <li>DVSAC members have taken on the task of implementation of select Recommendations of the first county-wide DV needs assessment.</li> <li>DVSAC needs continued and increased funding for staff support to continue its work</li> </ul>	<ul style="list-style-type: none"> <li>Provide continued and increased funding to insure full time staffing for DVSAC</li> </ul>	<ul style="list-style-type: none"> <li>Continued and increased funding</li> </ul>
<p>5. Provide Training to system partners as recognized by the Needs Assessment</p>	<ul style="list-style-type: none"> <li>There is insufficient funding allocated to training needs identified by Needs Assessments</li> <li>Training programs are not targeted to identified prevention strategies</li> </ul>	<ul style="list-style-type: none"> <li>Fund <u>Training</u> including cross training to system partners as identified in Needs Assessment</li> <li>Fund <u>prevention</u> training components</li> </ul>	<ul style="list-style-type: none"> <li>Continued Funding</li> </ul>
<p>6. Develop coordinated services and service delivery for target population</p>	<ul style="list-style-type: none"> <li>For the most part, service delivery is not coordinated to bring about maximum services for identified victims</li> </ul>	<ul style="list-style-type: none"> <li>Expand role of One Stop Centers to provide services to targeted victims</li> <li>Continue and increase funding to existing One Stop Centers</li> <li>Fund county-wide data collection among partner agencies</li> </ul>	<ul style="list-style-type: none"> <li>Fund coordinated service delivery as identified by research and strategic planning including: <ol style="list-style-type: none"> <li>Family Justice Center</li> <li>Regional One Stop Centers</li> <li>Other methods for coordinating services identified by strategic planning.</li> </ol> </li> </ul>
<p>7. Develop specialized services for target populations</p>	<ul style="list-style-type: none"> <li>Existing needs assessments identified areas where services are needed. Ongoing future needs assessments will point out other areas of need. <i>Current needs include advocacy, trauma based and</i></li> </ul>	<ul style="list-style-type: none"> <li>Other initiatives should be developed for those populations not addressed here</li> </ul>	

	<p><i>other mental health services for:</i></p> <ol style="list-style-type: none"> <li>1. <b>Adult ,adolescent and child victims of rape</b></li> <li>2. <b>Battered immigrant victims</b></li> <li>3. <b>People with disabilities</b></li> <li>4. <b>Elder victims of DV and SA</b></li> <li>5. <b>Child victims who witness DV and SA</b></li> <li>6. <b>Gay and lesbian Victims</b></li> <li>7. <b>Juvenile Justice Involved youth offenders and victims</b></li> <li>8. <b>School Board (Education and police)</b></li> </ol> <p>Special needs victims of DV and SA have a limited voice in development of the strategic planning process and funding strategies</p>	<ul style="list-style-type: none"> <li>• Increase the capacity of programs that exist to serve current needs and expanded needs</li> <li>• Fund new initiatives that will address unmet needs of special populations documented in prior Needs Assessments</li> </ul>	
<p>8- Improve services for rape victims</p>	<ul style="list-style-type: none"> <li>• Public funding for services for adult rape victims have been primarily funded through JMH/ RTC and those services have focused on the forensic and medical needs of victims of rape</li> <li>• There is no Rape Crisis Center which provides specialized services for adult rape victims at the point of first response with the system</li> <li>• There are few follow-up services for rape victims which include advocacy and trauma based mental health support</li> <li>• Early intervention efforts with populations at risk including school age children, older victims of DV and SA and disabled victims are not well connected to DV and SA service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Provide funding to build capacity within agencies to serve victims of sexual assault throughout Miami-Dade County which includes: <ol style="list-style-type: none"> <li>1. SART response</li> <li>2. Medical Exams</li> <li>3. Follow-up mental health [or trauma based] counseling</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Continued funding for advocates and follow-up treatment for Rape victims</li> </ul>
<p>9. Expand and improve services for battered immigrant women and their families</p>	<ul style="list-style-type: none"> <li>• Services for battered immigrant women and their families are insufficient to serve the population</li> <li>• Many battered immigrant women do not seek help outside of their community</li> <li>• Strategies are needed to assure that help seeking does not lead to possible deportation for immigrant victims and their families .</li> </ul>	<ul style="list-style-type: none"> <li>• Fund legal services for battered immigrant women</li> <li>• Fund existing programs to expand service capacity to victims</li> <li>• Fund targeted outreach for immigrants and safety in seeking those services</li> </ul>	<ul style="list-style-type: none"> <li>• Continued funding</li> </ul>
<p>10. Provide specialized services for children who are victims and/or who witnesses to domestic violence</p>	<ul style="list-style-type: none"> <li>• This goal is nationally of high concern</li> <li>• Currently this goal is not funded by the Alliance but is a valid goal</li> <li>• Expand capacity to other agencies to offer these services</li> </ul>	<ul style="list-style-type: none"> <li>• Assess service programs that may already be providing a similar service</li> <li>• Build capacity to enhance and expand services county-wide</li> </ul>	<ul style="list-style-type: none"> <li>• Fund programs currently providing this service</li> <li>• Use state funds to match or leverage other funds</li> </ul>
<p>11. Improve local awareness about existing services</p>	<ul style="list-style-type: none"> <li>• There is a need for improved communication among partner agencies</li> <li>• There is a need to communicate with victims about existing services</li> <li>• There is a need to inform victims not accessing criminal justice system about available prevention interventions and support services</li> <li>• Needs assessments must address the needs of victims that do not access the system</li> <li>• The current level of services is not adequate to address existing need and creating new demand will overwhelm the existing service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Provide continued funding for public awareness grant.</li> <li>• Fund community wide promotion of hotline numbers</li> <li>• Fund feasibility study of 211 system</li> </ul>	<ul style="list-style-type: none"> <li>• Continued funding</li> </ul>

**Florida Department of Children and Families  
2009-2010 Legislative Budget Request Issues  
Governor's Prior Year Recommendation Highlighted in  
Yellow**

**Must Funds (previously submitted to EOG):**

- **Violent Sexual Predator Program**
  - Restore current year non-recurring operations (\$5.9m GR)
  - 2009-2010 operations due to growth (\$6.9m GR)
  - Fixed Capital Outlay due to growth (\$16.9m GR)
  - Community Re-integration program (\$.5m GR)
- **Maintenance Adoption Subsidies**
  - Restore current year non-recurring (\$14.1m / \$8.2m GR)
  - Fund growth (\$12.9m / \$7.5m GR)
- **Criminal Justice Intercept and Redirect, including Juvenile Incompetent to Proceed Community Services (\$9.2m GR)**
- **Independent Living**
  - Restore Non-recurring wage increase (\$4.6m GR)
  - Additional minimum wage increase (\$2.3m GR)
- **ACCESS workload - 288 positions plus provider funded (\$14.5m / \$6.2m GR)**
- **Restore Substance Abuse and Mental Health Non-recurring services (\$27m GR)**
- **Amora claims bill (\$1.7m GR)**

**Critical Needs:**

- **Mental Health / Substance Abuse**
  - Infrastructure Development for Co-Occurring Disorders (\$7m GR)
  - Florida Assertive Community Treatment (FACT) Expansion / Rate Increase (\$4.2m / \$2.8m GR)
  - Restore TANF funded Substance Abuse services (\$3.2m GR)
  - Adult Mental Health Central Receiving Center (\$1.3m GR)
  - Treatment Access for Child Welfare Clients (\$8.9m GR)
  - Restore Non-recurring SAMH Corporation community grants (\$1m GR)
- **Adult Services**

- Protective Investigator Workload (\$6.4m / \$4.9m GR)
- Reduce 2 Waitlists (\$5.4m / \$3.8m GR)
- Increase Emergency Financial Assistance for Housing Program (\$1.6m GR)
- Other Workload Issues
  - Sheriff Protective Investigations (\$10.8m GR)
  - Child Care Licensing (\$1m GR)
  - Florida Abuse Hotline (\$1.3m GR)
  - Criminal Intelligence Workload (\$.7m GR)
  - Appeals Hearings (\$.3m / \$.2m GR)

**Other Important Issues:**

- Child Welfare
  - Rate Increase to Relative Caregiver Program (\$11m GR)
  - Payment of Relative Caregiver Assistance from Date of Adjudication and Cash Assistance Policy Changes (\$7.7m GR)
  - Healthy Families Expansion (\$2.5m GR)
  - Increased Adoption Benefits for State Employees (\$3.6m GR)
  - Independent Living Workload – TBD at a later date and submitted with supplemental
- ACCESS Increase to Base Rate of Pay (\$5.8m / \$3.1m GR)
- Other Mental Health and Substance Abuse Issues
  - Self-Directed Care Expansion (\$3.1m GR)
  - Conversion of Other Personal Services (OPS) staff to Full Time Equivalents (FTE's)
  - Special Risk Retirement Benefits for Hospital Staff (\$3.4m GR)

**Primarily Non-recurring:**

- Call Center Technology (\$1.8m GR)
- Vehicle Replacement (\$4m GR)
- Fixed Capital Outlay (\$10.1m GR)
- Fixed Capital Outlay for Domestic Violence Centers (\$3m GR)
- Technology Refresh (\$3.3m GR)
- Archilles Relief Bill (\$1.2m GR)

## SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM

### FUNDING RECOMMENDATIONS FOR

### COMMUNITY BASED ORGANIZATIONS

#### Program Overview

The Southern Region Substance Abuse and Mental Health (SAMH) Program provides a comprehensive system of care for Substance Abuse, Mental Health, and Co-Occurring Disorders for individuals and families in Miami-Dade and Monroe counties, one of the largest urban populations of consumers in the State of Florida. Our Region strongly promotes the Transformation initiative, providing opportunities for recovery and resiliency to our consumers so that they can be self-sufficient, work towards improving their daily lives, and have choices and services that meet their needs.

Miami Dade County has a prevalence rate of 9.01% individuals who need Mental Health Services, the highest incident of mental illness in the State.

Miami Dade County has the largest homeless mentally ill in the State and the highest number of immigrant population in the State

Miami Dade County has a population of 2.8 million individuals; based on the above prevalence rate, 252,280 individuals are in need of mental health services.

#### Current Situation

Due to Legislative mandate AHCA privatized Medicaid to pre-paid mental health plans and HMO's, removing 20% of service dollars to manage services and removing another 10 % in anticipated savings.

Presently there are recommendations to restrict Resperidal and Stratera from the Medicaid formulary, which has a potentially significant impact in the stabilization of psychiatric patients.

The loss of revenue to the State of Florida has translated into funding reductions for the past three years to Substance Abuse and Mental Health programs.

As a result of the present economic crisis families are experiencing severe stress as they lose their jobs, homes, and as the lack of economic security continues to get worse . Agencies are reporting:

- A 20% increase in food stamp applications.
- Domestic violence increases
- Increase in Substance abuse
- Exacerbation of mental health issues

#### Clients Served FY 08-09

During Fiscal Year 2008-2009 SAMH Program in the Southern Region served clients as follows:

- Adult Substance Abuse (ASA) served 12,469 individuals
- Children Substance Abuse (CSA) served 6,763 children and adolescents
- Adult Mental Health ( SAMH) served 23,028 consumers of mental health services
- Children Mental Health (CMH) served 13,375 children and families

**Fiscal Picture:**

During the Legislative session of 2007-2008, Miami-Dade County received cuts of \$3,070,313 in Substance Abuse and Mental Health Special Projects and TANF funding.

Cuts expected for next fiscal year as a result of money moved from recurring to one time only:

**Special Projects anticipated cuts are \$2.65 million.** This include substance abuse and mental health services that targets the only girls residential treatment program of Substance abuse and Co-occurring disorders, homeless mental health co-occurring services, HIV/mental health services, medication and psychiatric services for the indigent and uninsured, outpatient substance abuse services, residential treatment services to monolingual Spanish speakers.

**Substance Abuse TANF anticipated cut \$3.38 million** This funding reduction practically eliminates all substance abuse programs that treat mothers and babies who are in need of Substance Abuse treatment services include residential, outpatient, outreach, case management services

The Department has conducted a 4% budget reduction exercise, although the Secretary will request that certain areas, including substance abuse and mental health services, be exempted. The Department has also done a 10% reduction exercise, which has also been done in previous years.

**Basic needs that must be funded:**

Funding to bridge the gap created by the concurrent reduction of funding and the increased service demand already being experienced. Funding will be used for Residential, Outpatient, Medication, Psychiatric services to Mentally Ill individuals, adolescent, children and their families, specifically to the uninsured and working poor, Homeless population, HIV Mentally ill, girls residential treatment.

\$10,000,000

Funding to support the development and enhancement of consumer operated Drop in Centers, Clubhouses and Consumer network. These programs and initiatives have successfully promulgated Wellness Recovery Action Planning best practices that promote self sufficiency and self directed care among the mentally ill.

\$1,200,000

Baker Act Guardian Advocate program in the 11<sup>th</sup> Judicial Court needs funding to ensure appropriate oversight of individuals that are Baker Acted in our community

\$75,000

Funding is needed to support affordable housing for individuals with mental illnesses, substance abuse, co-occurring disorders and transitioning youth from the children's mental health system to the adult

mental health system. Rent and utilities for independent living. \$500,000

Funding is needed to support employment initiatives that partner with local businesses and to create entrepreneurship opportunities for individuals with mental health and/or substance abuse disorders. To fund employment support specialists and flexible funds for miscellaneous and entrepreneurship initiatives. \$450,000

Flexible funding is needed to assist individuals without benefits exiting the jails to facilitate their stability and re-integration into the community as they become engaged in Mental Health Services in the community, stopping the jail revolving door. Services include assisted living, medication and case management at \$18,250 per year per individual for 100 individuals. \$1,825,000

Funding for the forensic diversion facility that will provide appropriate mental health services to the 1,200 mentally ill inmates who are presently in the jail on psychotropic medication, costing the county 36.5 million per year \$1,000,000

Flexible funding is needed to provide wrap-around services to children and families in the community who present with a complicated array of mental health and substance abuse and social problems at a rate of \$5,000 per child per year for 60 families \$300,000

Funding to support infant mental health services in the community. This population has been negatively impacted by the reduction of Medicaid spending \$7,500 per child per year for 100 children \$750,000

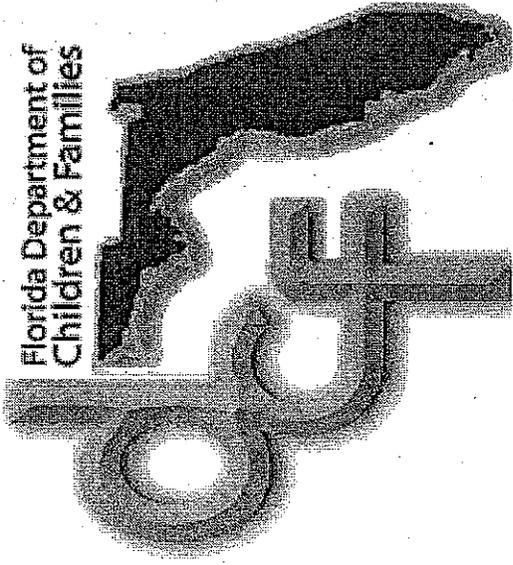
Funding to provide evidence based interventions to behaviorally disordered youth and their families; this population has a significant impact on the SAMH, DJJ and the Dependency system. \$4,500 per year to serve 180 families. \$810,000

## Homeless Program Funding/Needs Summary

### CBO Advisory Board

- Homeless Census as of January, 2008 1347 people on the street, only 2 (0.1%) of the people on the street were in families , 3227 people sheltered; of which 1222 (38%) sheltered were persons in families
- Total Beds in Homeless Continuum of Care- 5813= Emergency 1402 beds, Transitional 1895 beds (treatment and non-treatment up to 24 months), safe haven 28 beds, permanent supportive housing 2488 beds. 52% of total beds are for individuals and 48% are for families
- 2008/09 Homeless Trust Budget = \$39 Million
- Local Food and Beverage Tax = \$14 Million of which the Homeless Trust received \$12.2 in 2008.
- **Unmet immediate need-** While in previous years the tax had been growing by up to 10% each year, in the current economy we are just keeping pace with inflation, In 2009/2010 we are projecting a \$2 Million deficit just to maintain current services. **We can offset that deficit for 2009 only by approximately \$500-\$700,000 leaving a \$1.3-1.5 Million unmet need deficit in 2009 and a \$2 Million deficit in 2010.**
- **Unmet Need- Match for our Federal HUD grants**, which are competitively awarded on an annual basis. Miami-Dade County has been awarded \$25 Million per year last and anticipates a similar amount to be awarded over the next two months. This is the 4<sup>th</sup> largest award in the Country. Providers are required to have a 20-25% cash match for \$18 Million in Supportive Housing Program Grants (a subset of the \$25 Million). We have and continue to **prioritize matching funds for these programs through the County CBO and State Challenge Grant processes. Cash match need is \$3.6 Million**
- **Unmet Need- in addition to the need above, to “fully fund” (County Portion not including provider in-kind or cash) homeless services**
  - 1) 406 emergency beds for individuals at an average cost of \$28.76/day= **\$4.3 Million**
  - 2) 85 family beds and 321 transitional (treatment beds) at an average cost of \$30.10/day= **\$4.5 Million**
  - 3) 1723 permanent supportive housing beds for individuals at an average cost of \$22.73/day= **\$14.3 Million**
  - 4) 14 safe haven beds for individuals at an average cost of \$78.46/day= **\$400,000**
    - **Total annual unmet operating need= \$23.5 Million**
    - **Unmet Capital Fund needs if we were to construct 2,549 units of housing, as referenced above, at an average cost of \$100,000/unit, the unmet capital need would be \$2,549,000,000 (\$2.6 Billion)**

Florida Department of  
Children & Families



# Refugee Services

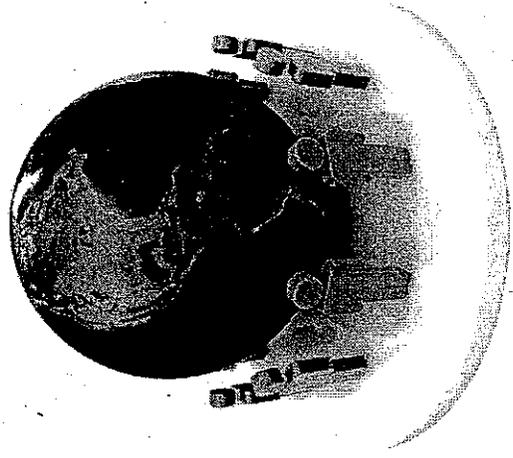
401 NW 2<sup>nd</sup> Avenue, Suite N-820

Miami, Florida 33128

November 21, 2008

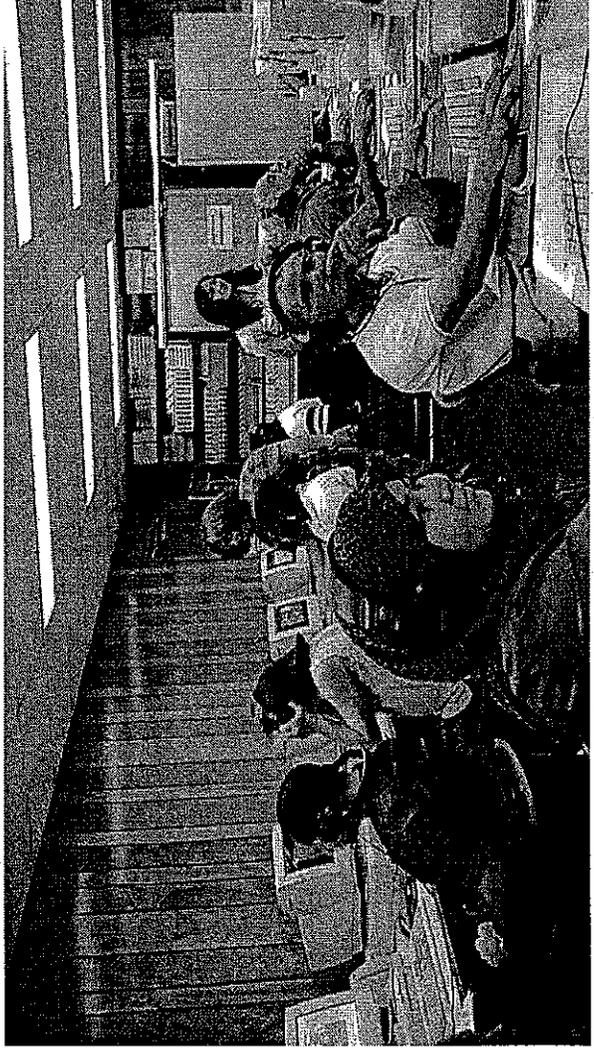
Hiram Ruiz, Director

George H. Sheldon, Secretary



## DCF'S REFUGEE SERVICES PROGRAM

- The primary function of the Refugee Services Program is to assist newly arrived refugees become self-sufficient.
- Refugee Services promotes self-sufficiency by assisting newly arrived refugees and entrants obtain employment, learn English, acquire job skills, and overcome immigration status or medical difficulties.
- DCF'S Refugee Services Program is 100% Federally funded.



# FLORIDA'S REFUGEE SERVICES' CLIENT POPULATION

Refugee Services' clients include refugees and other groups which the U.S. Government has made eligible for services, including:

- Refugees
- Asylees
- Cuban and Haitian Entrants and Parolees
- Unaccompanied Refugee Minors
- Victims of Human Trafficking

# CONTRACTED PROVIDERS

- **All Refugee Services Program's services are provided through contracts with local agencies. (An exception is the establishment of eligibility for and delivery of temporary Refugee Cash and Medical Assistance, which is handled through the ACCESS Program.)**
- **Contracted providers include local governments, voluntary agencies, and community based organizations.**
- **Contracts are awarded based on state and federal procurement requirements.**
- **In FFY 2007, Refugee Services had 62 contracts with 31 providers statewide, totaling more than \$57 million.**

## SOUTHERN REGION

- **Refugee Arrivals:**
  - **FFY 2007: 21,184**
  - **FFY 2003 through June 2007: 100,844**
- **Total Funding for Region FFY 2009:**
  - **\$42,894,056**
- **Number of Clients Served in FFY 2008:**
  - **42,077**
- **Recent Refugee Countries of Origin**
  - **Primarily Cuba**

## SOUTHERN REGION

- **Service Providers:**
  - **Miami-Dade College**
  - **Miami-Dade County Public Schools**
  - **South Florida Workforce**
    - (13 subcontractors for employment services)
  - **Jackson Health Systems**
  - **St. Thomas University**
  - **Epilepsy Foundation of Florida**
  - **Church World Services**
  - **Gulf Coast Jewish Family Services**

## SOUTHERN REGION

- **Service Providers (continued):**
  - **Early Learning Coalition of Miami-Dade & Monroe**
  - **Catholic Charities Legal Services**
  - **Florida Immigrant Advocacy Center**
  - **Catholic Charities URM Program**
  - **Miami-Dade Department of Human Services**

## SOUTHERN REGION

- **Types of Services Provided:**
  - **Adult and Vocational Education**
  - **Employment**
  - **Case Management**
  - **Child Care**
  - **Employability Status Assistance/Legal**
  - **Youth and Family**
  - **Unaccompanied Refugee Minor**
  - **Health**

Human Services COALITION  
Connecting people to opportunity, purpose and action.

**Creating Place and Space for Community Change**

Daniella Levine, President & CEO  
[www.hscdade.org](http://www.hscdade.org) [daniellal@hscdade.org](mailto:daniellal@hscdade.org)

**action**

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Human Services COALITION  
Connecting people to opportunity, purpose and action.

**Challenges**

- Reduced incomes, increased cost of living
- Increased personal debt, negative savings
- Proliferation of nonprofits, many undercapitalized, underperforming, uncoordinated
- Cutbacks in federal, state, local government support
- Reduced philanthropic and donor funds

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Human Services COALITION  
Connecting people to opportunity, purpose and action.

**Transform challenges to opportunities**

- Basic income supports and subsidies
- Civic activism
- Economies of scale, efficiency and accountability

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## HSC Mission

Human Services Coalition (HSC) supports individuals, **organizations** and communities to **create a more just, equitable and caring society.**

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## HSC Programs

- Prosperity Campaign
- Civic Life Academy with Imagine Miami
- NEW: Social Impact Incubator

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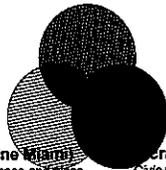
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**Prosperity (Prosperity Campaign)**  
*Economic opportunity*



**Community (Imagine Miami)**  
*Connecting to people, purpose and place*

**Democracy (Civic Life Academy)**  
*Civic voice and civic action*

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## HSC Goals: 2006-2008

1. Connect people to resources that **build prosperity**
2. Address unmet **barriers** to prosperity through policy and program innovation
3. Educate and engage individuals and organizations to **advocate** on issues related to prosperity
4. **Listen** to the people HSC serves and make HSC's programs responsive to their needs

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## HSC Theory of Change

- Identify and launch **innovative strategies** to help people and communities thrive.
- **Link people** with financial education, healthcare information, public benefits, educational and economic **opportunities**.
- **Promote and prepare** people for participation in **civic life**, and bridging people across many divides.
- Inspire and support people to step up to **leadership** roles that can create long-term **community transformation**.
- Find **common purpose** to build a more just and inclusive society.

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## Prosperity Campaign Program Strategies

- Countywide campaign coordination
- Community-based full service centers
- Neighborhood and culture targeted marketing
- Business outreach and fringe benefit services
- Development of wealth building networks
- Replication across state and nation

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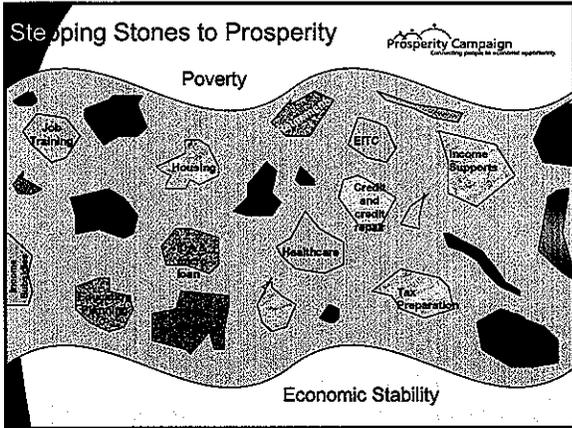
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**Civic Life ACADEMY** Human Services COALITION  
Connecting people to opportunity, programs and action.  
 Preparing people to lead and act

**Adapting proven programs, developing our own:**

- **Leadership Programs:**
  - Neighborhood Leadership (NLP, Study Circles)
  - Youth Leadership (Public Allies)
  - Parent Leadership (PLTI)
- **Community Engagement Training**
- **Advocacy Training (ACT)**
- **Project Development Management (PDM)**
- **Storytelling and Creative Impact**

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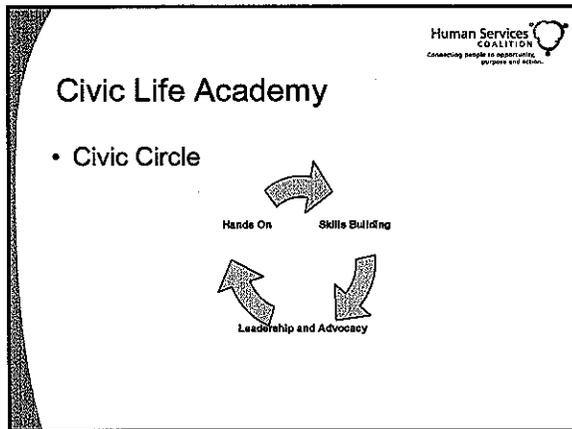
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**Imagine Miami**  
Connecting people to purpose and place

- Connect people who **care** about making Miami-Dade a better place: more just, inclusive and sustainable.
- Connect people for joint action through "**civic networking**": *IM Pledge, Adopt a Block, Community Crossroads Summits* twice per year.
- Connect people in neighborhoods and through affinity groups ("bonding social capital"); connect people **ACROSS differences** ("bridging social capital").

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**Build on HSC's Strengths**

- **Incubator** for new ideas and strategies
- **Host** for emerging programs
- **Connector** to enhance impact
- **Disseminator** of information and knowledge
- Fierce **commitment** to live and work in accordance with highest values
- **Bridge builder** across divides of race, ethnicity, class, education and sector

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## Substance Abuse and Mental Health Needs

### TANF Services

Are the most flexible funds available to providers. TANF funds are 100% flexible across treatment services and TANF funds also allows for children to be treated under Adult funding thus treating the entire family as the client.

### Need and resources

Providing funds in this area will keep families intact, reduce the requirements of foster care and increase reunification of children currently in placement, which has been shown to be cost effective in that it reduces problems with these children in the future also cost effective for the State.

**Estimate of unmet need (\$)**  
\$2,000,000 million

**Current investment (\$)**  
\$5,727,274 (a \$997,431 reduction from the prior years funding)

**Type of service**  
Substance Abuse and Mental Health Services for Families

### Substance Abuse Residential

### Need and resources

Currently there is a waiting list for Substance Abuse and co-occurring residential services of 150-200 clients on average monthly. Residential service is the most intense treatment service currently available. When this service is needed other services can not affectively be substituted. We therefore need \$1 million dollars in additional residential substance abuse and co-occurring services for adults, adolescents, and families with children. For the families with children specialty population, placing families with children in a treatment setting allows the families to address the substance abuse problem, while at the same time learning parenting skills and maintaining the families together without placing a burden on the State.

**Estimate of unmet need (\$)**  
\$ 1,000,000 million dollars – residential services generally available for adults and children and families

**Current investment (\$)**  
Total paid amount billed for FY07-08 \$11,010,501

**Type of service**  
\$1,000,000 million in total:  
\$500,000 - Residential services generally available for adults and children  
\$500,000 – Families with children in treatment



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David Lawrence Jr.  
Chair  
Dr. Wil J. Blechman  
Vice Chair  
Josee Gregoire  
Secretary  
Hon. Isaac Salver  
Treasurer

Isabel Afanador, Chair  
Program Services Committee  
Maria A. Alonso, Chair  
Procurement Committee  
Hon. Norman S. Gerstein  
At-large  
Dr. Miguel Balsera  
At-large  
Dr. Steven E. Marcus, Chair  
Human Resources Committee  
Dr. Judith Schaechter, Chair  
Health Committee

The Board of Directors

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David Williams, Jr.  
Chet Zerlin

Modesto E. Abety  
President & CEO

County Attorney's Office  
Legal Counsel

2008 Social Services Funding Inventory for Miami-Dade County

The following funding information was preliminarily submitted to Strategic Partners in response to the county's request for updated contract information to inform a community-wide inventory of social services funding. It is derived from The Children's Trust contracts for the FY 2007-08 (October 1, 2007 - September 30, 2008).

Since The Trust's contracts start/end in various months and some contracts are more than 12 months, the following figures likely overstate allocated funds on an annual basis.

The allocation of funds across clusters is a very preliminary calculation; each contract (slightly over 400) is still being reviewed and categorized by cluster. This process will be completed by Tuesday, November 25<sup>th</sup>.

**The Children's Trust FY 2007-08 Funded Programs & Services Preliminary Allocation Across Clusters**

<b>Cluster</b>	<b>Est. Amount</b>	<b>Percentage</b>
Basic Needs	651,674	0.5%
Children (and Adults) with Disabilities	13,312,805	9.7%
Criminal Justice	163,689	0.1%
Children, Youth and Families	75,355,878	55.1%
Disaster Planning	0	
Domestic Violence	740,375	0.5%
Elders	0	
Health	31,420,668	23.0%
Homelessness	0	
Mental Health	219,048	0.2%
Immigrants and New Entrants	5,278,866	3.9%
Substance Abuse	2,623,410	1.9%
Workforce Development for Special Populations	6,917,187	5.1%
<b>Grand Total</b>	<b>\$ 136,683,600</b>	

## Gaps/Needs of Miami-Dade County Related to Children and Families

With respect to our community's gaps/needs related to social services, recent interviews and surveys conducted with Board members, stakeholders, staff and providers to identify priorities of children and families reveal that two of The Trust's five impact areas are of paramount concern to all:

- School readiness for young children
- Success of young people in school and society

A telephone survey to identify priorities and needs of parents/caregivers with children under age 18 at home is currently in the field; results are expected around December 3<sup>rd</sup>.

Additionally, information from other sources reveals the continued need for:

- Accessible, affordable, quality child care, particularly in at-risk neighborhoods and along transit routes. This issue is in the top 2-3 requests received by the 2-1-1 Helpline on an annual basis, and also in the top 3 unmet needs (along with basic needs of food and shelter/housing). ELC has 9,000 children on their wait list (6,000 children age 0-5) for subsidized care.
- Social workers/mental health counselors to work with HealthConnect in our Schools - addressing violence and safety in schools and appropriate behavior. Interactions and incidences in schools are typically the precursor to events spilling over into neighborhoods.
- Meaningful opportunities for older children (13 to 18) to engage in their communities and develop skills, interests and leadership.

ELDERLY



The Alliance for Aging  
Delivers  
CBO Presentation

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Mission



*To foster optimal quality of life for elders and  
their families in Miami-Dade and Monroe  
Counties.*

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The Alliance  
What we do



- Provide information about, and easy access to services through effective I&R, Outreach and Education.
- Plan, fund and monitor a CBO-based service system to assist frail elders to maintain the highest possible quality of life and independence.
- Empower older persons to remain healthy and active through evidence-based health promotion programs.
- Advocate for the quality of life of 500,000 elder residents of Miami-Dade and Monroe counties.

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## The Alliance for Aging CBO Network



- 3 Lead agencies
  - United Home Care
  - Jewish Community Services
  - Little Havana Activities and Nutrition Centers
- 42 Community based service providers
- 276 Assisted living facilities
- Volunteers
  - More than 5,000 volunteers
  - SHINE, Respite, Ombudsman

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## The Alliance for Aging



- The Alliance for Aging directly operates a budget of about \$59 million providing direct services to 40,000 elders.
- The administrative expense is about \$1.5 million or about 2.5 percent.
- Federal funds provide 83 cents of each administrative dollar spent.

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## Aging Resource Center



- The Aging Resource Center
  - Increases "no wrong door" access to elder services;
  - Provides more centralized and uniform information and referral;
  - Increases screening of elders for services;
  - Improves triaging and prioritizing of elders for services;
  - Streamlines Medicaid eligibility determination;
  - Improves long-term care options counseling;
  - Enhances fiscal control and management of programs; and
  - Increases quality assurance.

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## The Alliance Delivers



### ➤ Over 3 Million Meals

- 1.58 million meals served in senior centers and other facilities where elders congregate to socialize to over 10,000 elders.
- 1.51 million meals delivered to over 5,000 home-bound elders.

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## The Alliance Delivers



### ➤ Services that allow impaired elders to remain in the community

- 1.2 million hours of in-home services such as personal care aide and homemaking to more than 3,500 impaired elders that need assistance with activities of daily living.

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## The Alliance Delivers



### ➤ Assistance to family caregivers

- 545,000 hours of caregiver respite and adult day care to assist 1,750 caregivers of frail elders with their care giving tasks.

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## The Alliance Delivers



### ➤ Transportation services:

- 414,000 trips to elders needing rides to doctors visits, shopping or senior center activities.

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## The Alliance Delivers



### ➤ Case management, counseling and referral

- Health counseling and screening services to 1,000 individuals.
- 15,000 hours of case management to coordinate the care of over 8,000 individuals needing coordination of services and long term care planning.
- 25,000 calls to provide accurate information about community resources.
- Visits to ARC Website growing at 3 percent monthly.

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## The Alliance Delivers



### ➤ Emergency services:

- Emergency assistance to 263 elders referred by Adult Protective Services as being at high risk of abuse or neglect.
- Emergency energy assistance payments to pay for utility bills to 1,149 households.
- Rx Subsidies to elders unable to pay.
- Coordination of service delivery during natural disasters and other times of emergency.

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## The Alliance Providing Results



- We meet client needs
  - Serving 40,000 with direct services
  - 96% of caregivers say services help them care for elder family members longer
  - 33% of meal program participants are at high nutritional risk
  - 96% of information seekers said their calls were answered quickly

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## The Alliance Providing Results



- Targeting the most at need:
  - Among 40,000 program participants
    - Poor - 75 percent
    - Minorities - 87 percent
    - Living alone - 66 percent
    - Impaired - 80 percent

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## The Alliance Providing Results



- The Alliance delivers independence for impaired older adults and savings to taxpayers.
  - Through its services the Alliance prevented 30,000 months of nursing home care-- savings of at least \$118 million.
  - The benefit to cost ratio of Alliance programs is on average about 3 to 1.

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## The Alliance Providing Results



- The Alliance delivers independence for impaired older adults and savings to taxpayers.
- Among all Planning and Service Areas (PSA) in the state, Miami-Dade and Monroe have the lowest number of nursing home days per Medicaid eligible elder—66 percent lower.

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## The Alliance Budget Issues



- Budget Cuts in State Funds: \$2.5 Million
- Wait List = 4,000 Elders
- Shortfall = \$27 Million
- Serving 66% of Demand

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## The Alliance Budget



Program	2007-08	2008-09
CAA	\$1,295,727	\$1,150,000
CCF	\$1,051,276	\$1,177,000
WAP	\$2,111,339	\$1,091,000
APM	\$1,007,479	\$927,500
THHAP	\$,667,897	\$,589,711
ESP	\$4,716,799	\$4,090,000
CS	\$117,293	\$159,499
HLI	\$7,111,657	\$13,936,000
ARW	\$4,911,007	\$6,001,000
ADVA	\$7,156,129	\$7,109,757
ARC	\$11,262	\$493,714
SHINF	\$138,480	\$178,480
RP-1FF	\$114,922	\$114,922
	<b>\$58,874,437</b>	<b>\$56,355,460</b>

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## The Alliance UNMET NEED



### Wait List

Meals	720
In-Home Services	2,750
ATF	159
Subsidy	708
Total	4,337
Unduplicated	3,995

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## The Alliance UNMET NEED



Program	Unmet Need
OAA	\$1,500,400
CCF	\$11,717,000
ASAP	\$716,470
ADL	\$479,000
BHEAP	\$500,000
ERP	\$1,665,770
BCF	\$7,267,000
A/W	\$1,170,000
APN	\$6,840,000
AR	\$460,000
SIPN	\$67,000
RTH	\$70,000
	<b>\$27,063,040</b>

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# **Department of Juvenile Justice Circuit 11**

**Presentation to Miami-Dade CBO  
Advisory Group**

**Isabel Afanador, Chief Probation Officer,  
Acting Regional Director, South Region  
Florida Department of Juvenile Justice**

# Department of Juvenile Justice

## Partners in Children's Services

### Vision:

The children and families of Florida will live in safe, nurturing communities that provide for their needs, recognize their strengths and support their success.

### Mission Statement:

To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth.

### Core Values:

1. Provide a safe and nurturing environment for our children
2. Prevention and education are paramount
3. Strengthen partnerships with judicial, legislative and community stakeholders
4. Promote public safety through effective intervention
5. Preserve and restore physical and mental health

# **Department of Juvenile Justice and Delinquency Continuum and Foundation Positive Achievement Change Tool (PACT)**

- In June 2006 the Florida Department of Juvenile Justice (DJJ) puts its commitment to evidence-based treatment into action, implementing a new statewide risk/needs assessment tool.
- (PACT) is an automated instrument that assesses a delinquent youth's individualized risk/needs and recommends treatment at all stages of the process, from diversion through post commitment services.
- The PACT is a computerized system that begins with a pre-screen assessment interview that all DJJ youth complete. A single pre-screen interview at intake permits the tool to identify youth in need of further mental health or substance abuse evaluation, make uniform recommendations to the state attorneys in each judicial circuit, and recommend placements and risk classifications.

# **Department of Juvenile Justice and Juvenile Service Department Delinquency Intake and Screening Continuum**

- Pre-screening consists of 32 questions, which predicts whether a youth is of low-, moderate-, moderate/high- or high-risk to re-offend. The second stage, a more detailed assessment using a process called motivational interview, is reserved for youth who score at moderate-high or high-risk and gathers answers to about 100 questions that can be used to develop case plans capable of sustaining the youth through out the juvenile justice system.

# Department of Juvenile Justice

## Juvenile Delinquency Trends

### Last Five Years

- Growth in adolescent population > 9%
- Overall delinquency rate < 1%
- Most frequent time of day for delinquency 3-6 p.m.
- Most common offenses: Assault, Battery, Burglary
- Juvenile Drug Referrals, felony and misdemeanor offenses have both increased over the past four years
- Female offenders 30% of referrals
- Delinquency in schools on the increase, in 2006 17% of total referrals

# Financial Realities

- Began year with a 4% smaller budget
- Additional decreases planned.
- Agency goal of 10% staff vacancy rate
- Circuit 11 has lost 9 probation positions this fiscal year thus far
- No funds for new initiatives
- Total detention Budget 13.6 million
- Total Probation budget 8.25 million
- Contracted Day Treatment, Cond. Release, Probation 4.46 mil.

# Priority Service Needs for Juvenile Justice Continuum

- Priority services needs identified are consistent with recommendations from the "Blue Print Commission for Juvenile Justice Reform" developed by state wide stake holders.
- Support for "Improving Community Control" services with expansion of FFT, MST and incorporation of addition research proven interventions.
- Expansion of ICC to additional sites/communities to increase access to youth and families on probation.
- Services for females in detention, post detention, probation and conditional release.
- Research proven substance abuse and mental health services for all facets of the system.
- Contribution of the Gun Program.
- Support for School based truancy prevention, delinquency prevention and ICC Support.
- Continued support and expansion of research proven services for diverted and first time offender youth including after school programming.
- Specialized services for dependent/delinquency youth.

# HEALTH/HIV AIDS

<b>Miami-Dade County Health Department BUDGET*</b>	
<b>Programs</b>	<b>Amount</b>
After Hours Clinic	154,043
Community Contracts	1,635,886
Community Health & Planning	946,941
Dental	160,128
Environmental Health	4,834,979
Epidemiology	2,457,809
Family Planning	4,043,365
Healthy Start	775,086
HIV/AIDS	5,317,219
Immunization	2,772,211
Laboratory	932,851
Mommobile	196,995
Pharmacy	1,112,571
Public Health Preparedness	2,153,763
Refugee	9,000,000
School Health	5,018,992
Sexual Transmitted Disease	2,893,644
Tuberculosis	3,340,904
Vital Records	1,901,474
WIC	9,282,604
<b>Grand Total</b>	<b>\$ 58,931,465</b>

*\*Budget for the Fiscal Year July 01, 2008 thru June 30, 2009.  
Include programs that provide services to the community.*

# 2008 District 11 Health Profile

Miami-Dade County, Florida

Monroe County, Florida

## 1. Demographics <sup>1</sup>

2008		Miami-Dade County		Monroe County		Florida	
	Total Population	2,473,332	100.0%	76,369	100.0%	19,119,225	100.0%
Age	0-4	165,713	6.7%	3,207	4.2%	1,147,154	6.0%
	5-9	155,820	6.3%	3,131	4.1%	1,089,796	5.7%
	10-14	163,240	6.6%	3,360	4.4%	1,128,034	5.9%
	15-19	170,660	6.9%	3,513	4.6%	1,204,511	6.3%
	20-24	170,660	6.9%	3,513	4.6%	1,204,511	6.3%
	25-44	707,373	28.6%	20,009	26.2%	4,837,164	25.3%
	45-64	605,966	24.5%	27,569	36.1%	5,085,714	26.6%
	65-84	281,960	11.4%	10,692	14.0%	2,887,003	15.1%
	85+	51,940	2.1%	1,298	1.7%	535,338	2.8%
		0-17	586,180	23.7%	11,914	15.6%	4,072,395
	18+	1,887,152	76.3%	64,455	84.4%	15,046,830	78.7%
	Median	36.7		46.0		41.0	
Gender	Male	1,197,093	48.4%	40,552	53.1%	9,311,063	48.7%
	Female	1,276,239	51.6%	35,817	46.9%	9,808,162	51.3%
Race & Ethnicity	White	1,746,172	70.6%	67,663	88.6%	14,339,419	75.0%
	Black	460,040	18.6%	4,200	5.5%	3,001,718	15.7%
	Asian	37,100	1.5%	916	1.2%	420,623	2.2%
	Other	232,493	9.4%	3,666	4.8%	1,357,465	7.1%
	Hispanic	1,615,086	65.3%	17,336	22.7%	4,015,037	21.0%
	Average Household Size	2.86		2.22		2.46	

## 2. Economics <sup>1</sup>

2008		Miami-Dade County		Monroe County		Florida	
	Per Capita Income	\$23,882		\$33,969		\$27,867	
Household Income	<\$25K	234,249	27.6%	6,758	20.0%	1,715,227	22.6%
	\$25K-50K	211,333	24.9%	8,481	25.1%	2,033,986	26.8%
	\$50K-100K	256,316	30.2%	12,097	35.8%	2,542,483	33.5%
	\$100K-150K	83,175	9.8%	3,548	10.5%	766,540	10.1%
	\$150K+	63,655	7.5%	2,940	8.7%	531,265	7.0%
	Median Household Income	\$46,931		\$54,767		\$50,509	

## 2. Economics (Continued) <sup>2-6</sup>

	Year	Miami-Dade County	Monroe County	Florida
Percent of Businesses < 100 Employees	2006	98.2%	99.1%	97.9%
Unemployment Rate (Not Seasonally Adjusted)	2007	3.8%	2.8%	4.0%
Percentage of PK-12 Students Eligible for Free/Reduced Lunch	2007-2008	59.3%	33.3%	45.8%
Percentage of High School Diplomas or Higher (pop. 25 years or over)	2007	76.9%	90.5%	84.9%
Percent with College Diplomas (Bachelor's Degree or Higher, pop. 25 years or over)	2007	26.1%	30.2%	25.8%
Percent of Persons Below 100% of the Federal Poverty Level (FPL)	2007	15.3%	8.7%	12.1%
Median Monthly Medicaid Enrollment (Rate per 100,000 Total Population)	2007	17,605.7	6,298.8	11,264.5

## 3. Adult Behavioral Risk Factors <sup>7, 8</sup>

2007	Miami-Dade County	Monroe County	Florida
Sedentary	35.4%	27.1%	25.4%
Current Smokers	15.4%	22.3%	19.3%
* Obese	26.0%	19.5%	24.1%
* Overweight, Not Obese	38.9%	32.5%	38.0%
Heavy Drinkers (Men: > 2 drinks/day; Women: >1 drink/day)	6.2%	11.0%	6.2%
Binge Drinkers (Men: 5+ drinks on a single occasion in the past month; Women: 4+)	13.5%	20.3%	14.2%
Diagnosed with Diabetes	7.6%	11.6%	8.7%
Currently have Asthma	4.6%	6.1%	6.2%
Have been told they have high blood pressure	24.6%	25.1%	28.2%

## 4. Communicable Diseases <sup>9-11</sup>

2007 (Rate per 100,000 Total Population)	Miami-Dade County		Monroe County		Florida	
	Number	Rate	Number	Rate	Number	Rate
Reported AIDS Cases	803	32.6	12	15.2	3,791	20.2
Reported New HIV Cases	1,471	59.6	32	40.6	5,980	31.9
Reported Tuberculosis Cases	187	7.6	2	2.5	989	5.3
Gonorrhea Cases	1,990	80.7	31	39.4	23,366	124.7
Chlamydia Cases	5,965	241.8	90	114.3	57,732	308.2
Infectious Syphilis Cases	210	8.5	5	6.4	913	4.9

## 5. Adults with No Kind of Health Care Coverage <sup>8, 14</sup>

	Miami-Dade County		Monroe County		Florida	
	Number	Rate	Number	Rate	Number	Rate
2007	475,140	25.3%	13,330	19.8%	2,758,686	18.6%
2006	493,817	26.4%	Not Available		2,955,347	20.4%
2005	480,252	26.0%	Not Available		2,845,683	20.3%

## 6. Maternal and Infant Health Indicators <sup>12, 13</sup>

2007	Miami-Dade County	Monroe County	Florida
	Total Resident Live Births	34,286	810
Total Resident Live Birth Rate (per 1,000 Population)	13.9	10.3	12.8
Total Teen Births (Age 15-19)	3,073	56	25,688
Percent of Total Births	9.0%	6.9%	10.7%
Rate per 1,000 Females Ages 15-19	36.5	29.2	43.2
Total Repeat Births to Teens Age 15-19	521	7	4,729
Percent of Teen Births	17.0%	12.5%	18.4%
Percent of Births to Teens with Previous Birth	14.3%	12.1%	16.2%
Low Birth Weight Infants (< 2500 grams)	3,092	67	20,767
Low Birth Weight Rate	9.0%	8.3%	8.7%
Percent of Births to Mothers with 1 <sup>st</sup> Trimester Prenatal Care	82.5%	76.3%	75.9%
Percent Late or No Prenatal Care	4.1%	6.0%	6.0%
Infant Deaths	214	2	1,689
Infant Death Rate (per 1,000 Live Births)	6.2	2.5	7.1
Percent of Kindergarteners Immunized	90.8%	88.6%	93.6%

## 7. Leading Causes of Death <sup>12</sup>

2007 (Age-Adjusted Death Rate)	Miami-Dade County		Monroe County		Florida	
	Number	Rate	Number	Rate	Number	Rate
Heart Diseases	5,205	188.8	162	156.4	41,956	160.7
Cancer	3,863	143.3	161	145.6	39,790	160.8
Stroke	916	33.1	30	30.1	8,715	33.3
Unintentional Injuries	810	31.8	51	60.5	9,020	45.3
Chronic Lower Respiratory Disease	743	27.2	22	20.7	9,317	35.8
All Causes, Total Deaths	17,949	662.6	658	639.0	167,708	676.0

## 8. Hospital and Nursing Home Utilization <sup>16, 17, 21</sup>

2007	Miami-Dade County	Monroe County	Florida
<b>Hospital Utilization</b>			
Total Resident Discharges	337,394	8,876	2,474,292
Rate per 100,000 Population	13,635.7	11,127.7	13,095.8
Occupancy Rate (Acute Care Beds)	55.36%	30.18%	57.71%
<b>Nursing Home Utilization</b>			
Patient Days	2,653,305	63,037	25,530,835
Occupancy Rate	90.82%	71.96%	80.05%

8. Hospital Utilization (Continued) <sup>15</sup>

<b>Miami-Dade County</b>	<b>Number of Discharges</b>	<b>Percent</b>
Total Resident Discharges	337,394	100.0%
Miami-Dade County Hospitals	311,947	92.5%
<b>Resident Discharges by Hospital</b>		
Jackson Memorial Hospital	44,512	13.2%
Baptist Hospital of Miami	33,199	9.8%
Palmetto General Hospital	19,693	5.8%
South Miami Hospital	19,460	5.8%
Mercy Hospital	19,383	5.7%
Mount Sinai Medical Center	18,999	5.6%
Kendall Medical Center	18,924	5.6%
University of Miami Hospital	13,707	4.1%
Hialeah Hospital	12,859	3.8%
Jackson North Medical Center	12,772	3.8%
North Shore Medical Center	12,650	3.7%
Jackson South Community Hospital	12,364	3.7%
Aventura Hospital and Medical Center	12,002	3.6%
Miami Children's Hospital	10,017	3.0%
Homestead Hospital	10,004	3.0%
All Remaining Hospitals	66,849	19.8%

<b>Monroe County</b>	<b>Number of Discharges</b>	<b>Percent</b>
Total Resident Discharges	8,876	100.0%
Monroe County Hospitals	5,939	66.9%
Miami-Dade County Hospitals	2,450	27.6%
<b>Resident Discharges by Hospital</b>		
Lower Keys Medical Center	3,926	44.2%
Baptist Hospital of Miami	790	8.9%
Mariners Hospital	778	8.8%
De Poo Hospital	680	7.7%
Fishermen's Hospital	555	6.3%
Mount Sinai Medical Center	352	4.0%
Jackson Memorial Hospital	264	3.0%
Miami Children's Hospital	234	2.6%
South Miami Hospital	222	2.5%
Homestead Hospital	163	1.8%
All Remaining Hospitals	912	10.3%

9. Preventable Hospitalizations<sup>15, 16, 18, 19</sup>

2007		AHRQ Adult (Age 18+) Prevention Quality Indicators (PQI)					
		Miami-Dade County		Monroe County		Florida	
		Admissions	Rate	Admissions	Rate	Admissions	Rate
1	Diabetes Short-term Complications Admission Rate per 100,000	806	42.9	34	50.5	7,259	48.9
2	Perforated Appendix Admission Rate (% All Admissions for Appendicitis)	444	19.9%	28	32.6%	4,082	26.8%
3	Diabetes Long-term Complications Admission Rate per 100,000	2,698	143.7	41	60.9	18,193	122.7
5	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate per 100,000	4,095	218.0	89	132.2	30,971	208.8
7	Hypertension Admission Rate per 100,000	2,571	136.9	13	19.3	12,641	85.2
8	Congestive Heart Failure Admission Rate per 100,000	9,725	517.8	193	286.7	68,675	463.0
9	Low Birth Weight Rate (% All Births)	2,261	6.8%	45	6.0%	14,779	6.4%
10	Dehydration Admission Rate per 100,000	1,778	94.7	47	69.8	13,781	92.9
11	Bacterial Pneumonia Admission Rate per 100,000	6,487	345.4	164	243.6	46,974	316.7
12	Urinary Tract Infection Admission Rate per 100,000	4,735	252.1	70	104.0	26,687	179.9
13	Angina without Procedure Admission Rate per 100,000	516	27.5	46	68.3	3,479	23.5
14	Uncontrolled Diabetes Admission Rate per 100,000	1,057	56.3	18	26.7	4,270	28.8
15	Asthma Admission Rate per 100,000	2,984	158.9	65	96.6	18,850	127.1
16	Rate of Lower-extremity Amputation Rate Among Patients with Diabetes per 100,000	858	45.7	11	16.3	5,431	36.6
PDI		AHRQ Pediatric (Age < 18) Quality Indicators (PDI)					
		Miami-Dade County		Monroe County		Florida	
		Admissions	Rate	Admissions	Admissions	Rate	Admissions
14	Asthma Admission Rate per 100,000	1,391	233.3	23	184.8	7,251	178.5
15	Diabetes Short-term Complications Admission Rate per 100,000	131	22.0	2	16.1	822	20.2
16	Gastroenteritis Admission Rate per 100,000	1,169	196.0	45	361.6	7,290	179.5
17	Perforated Appendix Admission Rate (% All Admissions for Appendicitis)	202	24.1%	7	35.0%	1,142	27.8%
18	Urinary Tract Infection Admission Rate per 100,000	498	83.5	13	104.5	2,631	64.8

## 10. Health Facilities <sup>20-27</sup>

	Miami-Dade County	Monroe County
Licensed Hospitals	31	4
• Acute Care	24	4
• Long Term Care	3	0
• Comprehensive Medical Rehabilitation	8	0
• Psychiatric	13	1
Nursing Homes	53	2
Primary Health Care Clinics	30	9
• County Health Department Primary Health Care Clinics	0	2
• Community Health Centers	30	5
School-Based Health Clinics	31	12
• Comprehensive School Health Services	8	12
• Full Service Schools	23	0
Mental Health Providers	127	10
• Adult	73	8
• Child	85	5

Note to Reader:

Please note that this Health Profile reflects aggregate or county-wide numbers. Specific geographic areas within the County and/or population segments may have higher or lower rates.

### Footnotes

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6. Florida Department of Health, Office of Planning, Evaluation and Data Analysis, FloridaCHARTS.com, October 14, 2008; <http://www.floridacharts.com/charts/chart.aspx>
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9. Florida Department of Health, Bureau of HIV/AIDS, FloridaCHARTS.com, October 14, 2008
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19. Pediatric Quality Indicators, Technical Specifications, Version 3.2 (February 29, 2008), Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; [http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi\\_technical\\_specs\\_v32.pdf](http://www.qualityindicators.ahrq.gov/downloads/pdi/pdi_technical_specs_v32.pdf)
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21. Florida Nursing Home Utilization by District and Subdistrict, January 2007 - December 2007, Certificate of Need, Florida Agency for Health Care Administration, April 4, 2008
22. Miami-Dade County Health Department; (<http://dadehealth.org/>)
23. Monroe County Health Department, October 31, 2008
24. Florida Keys Area Health Education Center Inc., October 22, 2008
25. Comprehensive Health Services, Division of Student Services, Miami-Dade County Public Schools, January 10, 2008
26. Monroe County Public Schools
27. Florida Department of Children and Families, Mental Health, Provider Search; (<http://www.dcf.state.fl.us/mentalhealth/provsearch.shtml>), October 1, 2008

# **WELCOME**

**SUMMER YOUTH EMPLOYMENT PROGRAM  
(SYEP)**

**REVIEWERS MEETING**

**MARCH 15, 2007**

**Miami-Dade County  
Department of Human Services  
Summer Youth Employment Program  
2007**

## As a reviewer you will be responsible for:

- Providing expert assessment of the merit of the applications according to the published evaluation criteria.
- Provide a numerical rating for each of the following sections:

## Reviewer responsibilities (continued)

- Be fair to ALL applicants – and that means:

- Be consistent in your evaluation
- Be objective in your evaluation

## BASIC TENETS OF AN IMPARTIAL AND TRANSPARENT REVIEW PROCESS....

Each

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of

"BLACK" ONLY)

## CONFLICT OF INTEREST (COI)

- Defined as a situation or circumstance which may prevent an objective review of an application.
- COI's may be actual or an appearance of such
- Any impediment resulting in reviewer's inability to provide an objective view.

## Grant Review Form (GRF)

- Should simplify and guide the review process for reviewers
- Will provide reviewers with a set of uniform criteria, definitions of rating categories, and comment section.
- Enumerates key desired attributes for each criteria section
- Provides space for scoring each criteria section as well as the total score
- Eliminates inequity by setting uniform standards for each reviewed proposal