

2A Current Service Providers

District 2A
Big Bend Community Based Care, Inc.

Five-Year Plan for the Prevention
of Child Abuse, Neglect, and Abandonment
2005-2009

Final Plan Submitted and Approved
March 28, 2005

2A Current Service Providers

1. Development Process

The Child Abuse Prevention Planning Committee (the committee) was formed to address the need for a District 2A plan, as required by section 39.001, F.S. and the State of Florida, Department of Children and Families (DCF). The plan addresses priorities for Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties in the Panhandle of Florida. Professionals from a cross section of the child health and safety field were invited to participate in the original writing of the plan and to continue the process after the state deadlines were met. The first meeting was held on February 11, 2005, and hosted by plan facilitator Nicole Capps. To comply with the state mandated deadlines for the plan, the committee met several more times, while reviewing data via email.

Existing data from The Florida Resiliency Mapping Project's *Florida's Children: Need Assessment 2003/2004* was sent to all members for review before the first meeting. At the first meeting, the committee discussed gaps in the information, issues with the data, and what information they saw as important measurements for understanding abuse and neglect. Requested data was researched by several members of the committee and sent to the whole committee for review via email.

From this information, the committee listed and prioritized the risk and protective factors to be addressed in the plan. The committee also began brainstorming goals, objectives and strategies for seven priorities. The process of creating priority goals and strategies was completed through group emails and the additional meetings, with a final draft of the plan approved following email review by the committee. Participants of the committee are listed on the appendix C.

The time limits for completing the process, gathering the Continuum of Services information, and the lack of an existing prevention-focused group for all six counties of the subdistrict made it impossible to follow the planning process provided by DCF and the TEAM Florida Partnership Interprogram Task Force.

Strong similarities in community risk factors and challenges were identified between the subdistricts 2A and 2B. The similarities between the subdistricts ended there however. The subdistricts identified and focused on different methods for overcoming the challenges and have very different strengths and service provision make-ups.

The differences between the two do not minimize the effects of substance abuse and mental health issues in the 14 counties. As a whole, these two risk factors must be addressed on a state and local level in order to protect children from abuse and neglect.

2A Current Service Providers

2. Magnitude of Child Abuse in District 2A.

1. County	2. Child Maltreatment Rate (2001-2002)	3. Least or Most Risk Based	4. Percent of Children Re-abused Within Six Months (09/03-03/03)	5. Least or Most Risk
Bay	29.1	Most at Risk	14.3	Most at Risk
Calhoun	33.4	Most at Risk	9.3	
Gulf	20.4		14.9	Most at Risk
Holmes	29.9	Most at Risk	15.9	Most at Risk
Jackson	26.0		15.8	Most at Risk
Washington	28.3	Most at Risk	10.8	

As defined in the *Florida's Children: Need Assessment 2003/2004*

3. Community protective factors and strengths.

District 2A's committee originally identified four community strengths. As they worked through the goal and strategies, one strength was removed because would have been a duplication of effort to complete. The committee sees these strengths as the means for positively affecting all protective and risk factors. The committee's identified priority strengths are (in no specific order)¹:

A. Stable Foundation of Health and Safety Service Providers

The committee saw the subdistrict's provider agencies as a strength and major influence on the area's other strengths and resources. Many of the agencies that serve the needs of children and families have long track histories of successful programs, coordination of services with other providers, and community based delivery methods. Of the 24 agencies providing child safety services, 15 have been in operation for more 10 years. They see this history of services as a foundation for continued growth of services, leadership for new providers, and improvement of all protective and risk factors.

B. Family Service Planning Team Program

2A Current Service Providers

This program is based on the Family Conferencing Model and facilitated by staff from the Severely Emotionally Disturbed Network Program at Panhandle Area Education Consortium and staff at Life Management Center of Northwest Florida, Inc. In recent years attendance by professionals connected and not connected to the children referred has dropped off. Despite this the success of the program in keeping families stable and out of the child protection system continues to be high.

C. Faith-Based Support

More than 1,000 churches are in operation the six-county subdistrict. All of these churches serve their communities in some small way. More than 20 churches have taken their community commitment further by providing needed health and human services, such as a free medical clinic, child care, homeless shelter, food assistance, and supervised visitation center. The manpower, talents, resources, and community ties churches have are large, untapped source of resources that the committee believes need to be encouraged and supported.

4. Community challenges and risk factors.

The committee identified three subdistrict challenges based on the available risk factors and knowledge of area cases. Data available in the *Florida's Children: Need Assessment 2003/2004* does not accurately depict the status of these issues for the subdistrict.

A. Domestic Violence

The committee agreed data available for this risk factor does not accurately reflect the level of violence occurring in the several counties in District 2A. According to Department of Health data, the six-county area's domestic violence offenses in 2003 totaled 2,123. However, staffs of the agencies represented on the committee see far more cases that are never reported to law enforcement. During the 2003-2004 fiscal year, Salvation Army Domestic Violence and Rape Crisis Program, the subdistrict's only domestic violence service provider, provided shelter to 252 individuals and counseling to 2,930 individuals². These numbers do not include the victims served by out of area service providers³, non-licensed providers, and the victim advocate programs through the State Attorney's Office and local sheriff's departments. Data from HomeSafenet during 2003-2004 fiscal year list 1,069 CSA victims with verified or some indicators of maltreatment threat of family violence. If all cases of domestic/family violence were reported and referred for services there would not be enough resources to

2A Current Service Providers

serve all of the victims.

B. Substance Abuse

District 2A has seen an increase in the number of arrest and reports of use of methamphetamine in 2003 and 2004. Because of this increase, the committee believes a corresponding increase in the number of substance-exposed newborns will drastically increase in all of the counties, especially in Holmes and Jackson counties⁴, and an increase will be seen in other risk indicators. All of the counties have seen a steady increase in the number of drug/narcotics arrests from 1999 to 2003, including a 272% increase in Calhoun County and 244% increase in Washington County⁵. Only two state-contracted providers exist in 2A and both are at their service limits.

C. Mental Illness

Four of the six counties in 2A are listed “most at risk” for the rate of serious mental illness in adults⁶. DCF estimates the prevalence of severe/serious mental illness for the subdistrict to be 3.3%, higher than the state average. The committee believes with rates this high; it is a must that proper comprehensive assessments of families for mental illness issues be completed as early as possible to protect children and stabilize the families.

5. Prioritized community needs related to the prevention of child abuse, neglect and abandonment.

Ranked Strengths

1. Family Service Planning Team Program
2. Faith-Based Support
3. Stable Foundation of Health and Safety Service Providers

Ranked Challenges

1. Substance Abuse
2. Domestic Violence
3. Mental Illness

1. Community Priorities in Order	2. Any Issues?	3. Local Contact?	4. Strategies to Implement
Substance Abuse	Limited funds. Community	Chemical Addition Recovery Effort, Inc.,	a. Increased youth awareness

2A Current Service Providers

	acceptance. Different assessments	and Life Management Center of Northwest Florida, Inc.	programs. b. Better assessments of risk for parents. c. Increased adult services d. In-home crisis counseling.
Domestic Violence	Limited funds. Incorrect identification of problem by law enforcement.	Salvation Army Domestic Violence and Rape Crisis Program	a. Increased public awareness b. Increased funding
Mental Illness	Lack of comprehensive assessment system for children and adults. Traditional use of parent education does not address mental health issues.	Life Management Center of Northwest Florida, Inc. and other service providers.	a. Increased use of single comprehensive assessment tool. b. Education and increased use of targeted case management. c. In-home crisis counseling. d. Advocate for continued funding for TCM.
Family Service Planning Team Program	Low understanding of what the program can do for families. Low professional participation.	Panhandle Area Education Consortium/SED Network and Life Management Center of Northwest Florida, Inc.	a. Training to family safety staff on capabilities of program. b. Encourage top-down participation by providers and professionals.
Faith-Based Support	Lack of understanding of child welfare system. No coordination or advertising of services. No active recruitment or support for faith-based groups	Members of the prevention committee and members of the Bay County Prevention Policy Board (DJJ Title 5).	a. Training on the effects of child abuse and services available. b. Support for start of or continuation of faith-based services (i.e. grant writing, training, program

2A Current Service Providers

	interested in serving children and families.		improvement and design). c. Increase contact with faith-based associations for increased coordination and training.
Stable Foundation of Health and Safety Service Providers	Turf protecting. Lack of knowledge on all services available from each provider.	Members of the prevention committee	a. Increased support of interagencies. b. Increased coordination of services and referrals. c. Increase review of possible partnerships for development of new services.

6. Goals, measurable objectives and strategies to achieve each objective.

At least one goal and measurable objective was developed for each of the identified priorities. Several strategies were agreed on to achieve the objectives. For further information, see Appendix D for details on the goals.

7. Local and statewide action requests.

Locally, all agencies must continue to work together and create new partnerships based on the identified needs and strategies. This cooperation will close some gaps in services, increase the number of clients seen, and improve the quality of services provided, therefore lowering all risk factors. The subdistrict has a history of project-specific examples of this style of service provision working well. The style must be cared over and expanded to all day-to-day operations.

On the state level, continued support of existing funding streams and additional funding is requested. Present funding levels must remain secure to ensure basic services will not be lost in fields of mental health, substance abuse and domestic violence. Any decreases in these services would result in an increased number of children entering

2A Current Service Providers

the child protection system and increased risk factor statistics.

The 2A Child Abuse Prevention Plan Committee is committed to improving the present system and will do as much as possible to do so without additional funds. This does not negate the need for additional funding however. District 2A request additional funding in four plan areas: mental health, substance abuse, domestic violence, and parent education.

Domestic violence services must be expanded to properly serve the subdistrict, especially the rural counties. The committee is requesting \$60,000 in additional funding for this area. Salvation Army Domestic Violence and Rape Crisis Program is seeking funding for two program to address prevention needs. The expansion of the Outreach Program will address the need for additional education and awareness in Holmes, Jackson, and Washington counties. The restart of the agency's Family Intervention Program will provide counseling to families in crisis before domestic violence occurs. This program lost its main source of funding this fiscal year to other prevention service needs. These programs would reach the heart of the domestic violence issues in the subdistrict.

Substance abuse services must be expanded to the rural counties. Increased education, individual and group treatment, and an after-hours crisis counseling hotline are needed to properly address drug and alcohol use in all six counties. The committee is requesting \$60,000 the first year, and a 10% increase each year of the plan, to start-up and expand existing programs at Chemical Addiction Recovery Effort, Inc. to the rural counties. The agency provides limited services outside of Bay County because of funding restrictions. Additional funding would allow the agency to expand the appropriate services in each county based on the county's specific needs. These services would address all substance abuse risk factors.

Funding is requested to expand the targeted case management at programs at Children's Home Society, Inc. and Life Management Center of North Florida, Inc. An increase in appropriate referrals to these programs would soon deplete existing funding pools. The committee request \$30,000 to be shared by these agencies to fund services to families who are not eligible for Medicaid. This service would address mental health needs.

There are no community opportunities for parents to increase their parenting skills voluntarily before crisis occurs. Funding, \$30,000, is requested to provide two types of free community classes for parents who may not be involved in the child protection system. Children's Home Society and service partners would provided the one type of classes using research based curriculums and target promotion of the classes to parents of newborns up to two year olds. The goal of the classes will be to increase the skills and knowledge of parents that fall in the "working poor" or "at-risk" categories before there is a crisis. The second type will be provided by Life Management Center of

2A Current Service Providers

North Florida, Inc., for parents with mental health issues. The support group/class will help teach the parents skills while providing them a supportive atmosphere to learn about and handle their own limitations before abuse or neglect occurs.

Service	Provider	Request
Domestic violence services	Salvation Army Domestic Violence and Rape Crisis Program	\$60,000
Substance abuse services	Chemical Addiction Recovery Effort, Inc.	\$60,000 – first year 20% increase following four years.
Mental health services – Targeted Case Management	Children’s Home Society, Inc. and Life Management Center of North Florida, Inc.	\$30,000
Parent Education Program	Children’s Home Society and partners	\$50,000

Appendix A
Complete List of Identified
Strengths and Challenges

2A Current Service Providers

Complete List of Identified Subdistrict Strengths (from February 11, 2005 meeting)

- Good Schools
- Owner-Occupied Homes
- Two Parent Households
- Number Of Children Ready For Kindergarten
- Systems Well Established To Grow, Good Coordination, Stability
- Want To Improve
- Family Service Planning Team
- Early Prenatal Care
- Faith-Based Support
- Clean, Family Friend Environment
- Traditional Family Support

Complete List of Identified Subdistrict Challenges (from February 11, 2005 meeting)

- Domestic Violence
- Substance Abuse
- Sexually Transmitted Diseases, HIV
- Birth Spacing
- Transportation
- High Risk OB/GYN Services
- Good Paying Jobs
- Mental Illness
- Grandparent Caregivers
- Affordable Housing

Appendix B Continuum of Services

Matrix is not complete because of time limits
place on delivering the plan.

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Children's Home Society/Teen Parenting at Haney Vo-Tect	\$10,000.00	Bay County School District		41		Birth spacing (2002), Child death rate per 1,000 children ages 1-4 (2002), Infant mortality rate per 1,000 live births (2001)	N	Keep
Children's Home Society/Targeted Case Management	\$20,131.00	ADM		308			Y	Increase
Children's Home Society/ITOS Counseling	\$4,000.00	Head Start Program/Early Education and Care, Inc.		487			Y	Increase
	\$885,328.00	Medicaid						
Children's Home Society/Early Steps Program (0-5)	\$190,000.00	Bay County School District		674			?	?
	\$240,000.00	Medicaid						
Gulf Coast Advocacy Center (Children's Home Society)/Child	\$37,500.00	Bay County Board of Commissioners		1,250			Y	Keep

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Protection Team	\$493,404.00	Florida Department of Health						
	\$1,000.00	Medicaid						
Gulf Coast Advocacy Center (Children's Home Society)/Child Protection Team - Case Management	\$133,490.00	VOCA Grant		348			N	Keep
Anchorage Children's Home							Y	Increase
Habilitative Services of North Florida, Inc./Family Intervention Program	\$293,320.00	TANF, Child Welfare Services, Other	190	69			Y	Increase
Habilitative Services of North Florida, Inc./Stop Over House	\$153,280.00	TANF, SSBG, Child Welfare Services, IV-E, Other	56				N	Increase

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Habilitative Services of North Florida, Inc./North Florida Healthy Families	\$576,412.00	TANF, Other	369	180		Birth spacing (2002), Child death rate per 1,000 children ages 1-4 (2002), Infant mortality rate per 1,000 live births (2001)	N	Keep
Habilitative Services of North Florida, Inc./Community Facilitation	\$335,000.00	Department of Children and Families/PSSF	1,458	890	Percent of kindergarten children ready to learn (2001-02)		N	Program Discontinued
Life Management Center of Northwest Florida, Inc./Healthy Families						Birth spacing (2002), Child death rate per 1,000 children ages 1-4 (2002), Infant mortality rate per 1,000 live births (2001)	N	Keep
Life Management Center of Northwest Florida, Inc.						Rate of serious mental illness/1,000 adults	Y	Increase

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Unlimited Path, Inc.						Rate of serious mental illness/1,000 adults	Y	Increase
Early Education and Care, Inc./Touch, Love, Care Program		Local Funds (some may be state dollars)	2,072	NR		Percent of elementary school-aged children in special education (2001-02)	N	Keep
Early Education and Care, Inc./School Readiness		Partnership for School Readiness	6,616	NR	Percent of kindergarten children ready to learn (2001-02)	Percent of elementary school-aged children in special education (2001-02), Percent of children on waiting list for subsidized child care (2002-03)	N	Keep

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Early Education and Care, Inc./ Early Intervention		Local Funds (some may be state dollars)	18	NR	Percent of kindergarten children ready to learn (2001-02)	Percent of elementary school-aged children in special education (2001-02), Percent of children on waiting list for subsidized child care (2002-03)	N	Keep
Early Education and Care, Inc./Head Start		Federal	2,072	NR	Percent of kindergarten children ready to learn (2001-02)	Percent of elementary school-aged children in special education (2001-02), Percent of children on waiting list for subsidized child care (2002-03)	N	Keep

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Boys and Girls Club, Inc.					Percent of kindergarten children ready to learn (2001-02)	Percent of elementary school-aged children in special education (2001-02), Percent of children on waiting list for subsidized child care (2002-03)	N	Keep
Girls Inc.	\$15,799.00	Habilitative Services' Community Facilitation Program/ Private Funding	145	126	Percent of kindergarten children ready to learn (2001-02)	Percent of elementary school-aged children in special education (2001-02), Percent of children on waiting list for subsidized child care (2002-03)	N	Keep
	?	Private Funding						

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Healthy Start of Bay, Franklin and Gulf Counties, Inc.						Birth spacing (2002), Child death rate per 1,000 children ages 1-4 (2002), Infant mortality rate per 1,000 live births (2001), Low birth weight rate (2001), Percent of children in lowest 5th percentile weight for height (2002)	N	Keep
Panhandle Area Health Network, Inc./Chipola Healty Start						Birth spacing (2002), Child death rate per 1,000 children ages 1-4 (2002), Infant mortality rate per 1,000 live births (2001), Low birth weight rate (2001)	N	Keep

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Panhandle Area Health Network, Inc.					Health Insurance rate for children under 19 (2000)	Birth spacing (2002), Child death rate per 1,000 children ages 1-4 (2002), Infant mortality rate per 1,000 live births (2001), Low birth weight rate (2001)		
Calhoun County Library System/Afterschool Program	\$12,000.00	Habilitative Services' Community Facilitation Program/ Private Funding	309	153	Percent of kindergarten children ready to learn (2001-02)	Percent of elementary school-aged children in special education (2001-02), Percent of children on waiting list for subsidized child care (2002-03)	N	Keep
Catholic Charities, Inc./St.Barnabas House	\$10,000.00	Habilitative Services' Community Facilitation Program/ Private Funding	8	6			N	Keep

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
	?	Private Funding						
Catholic Charities, Inc.							N	Keep
Homeless and Hunger Coalition, Inc.	\$5,000.00	Habilitative Services' Community Facilitation Program/ Private Funding	114	57			N	Program Discontinued
							N	Keep
							N	Keep
First Presbyterian Church of Chipley/Kids to Camp	\$600.00	Habilitative Services' Community Facilitation Program/ Private Funding	2	2			N	Keep

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
West End Community Association, Inc./McLane Center Tutorial and Mentoring Program	\$9,500.00	Habilitative Services' Community Facilitation Program/ Private Funding	31	20	Percent of kindergarten children ready to learn (2001-02)	Percent of elementary school-aged children in special education (2001-02), Percent of children on waiting list for subsidized child care (2002-03)	N	Keep
Care and Share Food Pantry, Inc./Emergency Assistance Program	\$12,000.00	Habilitative Services' Community Facilitation Program/ Private Funding	217	95			N	Keep

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Youth In Action, Inc.	\$7,800.00	Habilitative Services' Community Facilitation Program/ Private Funding	49	35	Percent of kindergarten children ready to learn (2001-02)	Percent of children on waiting list for subsidized child care (2002-03), Percent of elementary school-aged children in special education (2001-02)	N	Keep
	?	Early Education and Care, Inc.						
Salvation Army Domestic Violence and Rape Crisis Program/Crisis Intervention Counseling	\$7,400.00	Habilitative Services' Community Facilitation Program/ Private Funding	47	31		Rate of calls for domestic violence per 100,000 population (2002)	Y	Program Discontinued
Salvation Army Domestic Violence and Rape Crisis Program								

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Tri-County Community Council, Inc./Supervised Visitation Program	\$45,000.00	Habilitative Services' Community Facilitation Program/ Private Funding	189	105			N	Increase
Presbyterian Worship Center, Inc./Supervised Visitation Center	\$46,956.00	Habilitative Services' Community Facilitation Program/ Private Funding	303	229			N	Increase
One Church, One Child, Inc.	\$10,000.00	Habilitative Services' Community Facilitation Program/ Private Funding	34	13			N	Reduce

2A Current Service Providers

Program	2003 Budget in Dollars/Source(s) of Funding		Number of Children/ Families Served in 2003		Impact of Program		Does this Address a Community Priority? (Y or N)	Keep, Increase, or Reduce
	Budget	Source	Children	Families	Protective Factors Increased	Risk Factors Decreased		
Chemical addiction Recovery Effort, Inc.						Substance exposed newborns rate per 1,000 live births (1997), Percent of adults using alcohol (2002)	Y	Increase

Appendix C Cover Sheet

2A Current Service Providers
Appendix C
Cover Sheet: Local Child Abuse Prevention Plan

District 2A

Counties included in plan Bay, Calhoun, Gulf, Holmes, Jackson, and Washington

District Administrator Bob Williams

Contact person Nicole Capps

Address: 3333 West Pensacola Street, Suite 200
Tallahassee, FL 32304

Phone: 850-410-1020

e-mail: ncapps@bigbendcbc.org

List all members of your regional planning group and their affiliations (add more rows if necessary):

Name	Organization(s) Represented
Jerry Sewell	DCF
Donna Mims	DCF
Kathy Donofro	DCF
Wanda Jackson	DJJ
Fred Hapner	Guardian Ad Litem
Jane Powell	Guardian Ad Litem
Katie Zimpher	Anchorage Children's Home
Becky Mott	Gulf Coast Advocacy Center/Child Protection Team
Gordy Pyper	Children's Home Society
Janet Spinks	Panhandle Area Health Network/Chipola Healthy Start
Holly Segers	Holmes County Health Department
Wanda Campbell	Chemical Addiction Recovery Effort
Xuripha Ancrum	Chemical Addiction Recovery Effort
Kimberly Swanson	Salvation Army Domestic Violence and Rape Crisis Program
Jamette Minchew	Salvation Army Domestic Violence and Rape Crisis Program
Nicole Capps	Big Bend Community Based Care, Inc.
Carolyn Monroe-West	Habilitative Services of N. FL./Healthy Families
Julie Kitzerow	Life Management Center of NW FL
Pam Farmer	Life Management Center of NW FL/Healthy Families

Due Date: March 28, 2004

Submit to: Julie Helter
Community Enhancement and Educational Development, The Chiles Center
1310 Cross Creek Circle, Suite A, Tallahassee, FL 32301

2A Current Service Providers

Appendix D Priority Worksheets

2A Current Service Providers

Priority: Number of mental illness cases (children and adults)

Indicator (from the Strengths/needs Assessment)(if appropriate):

Direct Impact on:

Rate of serious mental illness/1,000 adults

Indirect Impact on:

Rate of calls for domestic violence/100,000 population
Percent of adults using alcohol
Crude divorce rate

Goal Statement(s): Identify and provide services for at-risk families with mental illness.

Measurable Objective(s):

- Increase appropriate use of Targeted Case Management Services.
- Increase availability of group and in-home services.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date:	Finish date:
<ul style="list-style-type: none"> • Routinely review assessments needs and train Family Safety staff and other partners on Targeted Case Management needs. 	<ul style="list-style-type: none"> • Prevention Plan Committee Members 	<ul style="list-style-type: none"> • To be decided 	<ul style="list-style-type: none"> • June 1, 2005 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Establish group treatment program for parents with mental illness. 	<ul style="list-style-type: none"> • Prevention Plan Committee Members 	<ul style="list-style-type: none"> • To be decided 	<ul style="list-style-type: none"> • Dependent on funding 	<ul style="list-style-type: none"> • Dependent on funding
<ul style="list-style-type: none"> • Advocate for continued and expanded funding Targeted Case Management. 	<ul style="list-style-type: none"> • Prevention Plan Committee Members 	<ul style="list-style-type: none"> • Prevention Plan Committee Members 	<ul style="list-style-type: none"> • July 1, 2005 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Create a mobile in-home mental illness crisis-counseling program. 	<ul style="list-style-type: none"> • Life Management Center Staff 	<ul style="list-style-type: none"> • Staff of LMC 	<ul style="list-style-type: none"> • July 1, 2005 	<ul style="list-style-type: none"> • Ongoing

Strategies tried previously and abandoned (include the reason for abandonment):

Targeted Case Management is available at two local agencies. The numbers of referrals the agencies receive for this service is much lower than would be expected. The strategies identified will increase the number of appropriate referrals.

2A Current Service Providers

Priority: Number of substance abuse cases

Indicator (from the Strengths/needs Assessment)(if appropriate):

Direct Impact on:

- Percent of adults using alcohol
- Infant mortality rate per 1,000 live births
- Substance exposed newborns rate/1,000 live births
- Child death rate/1,000 children ages 1-4

Indirect Impact on:

- Crude divorce rate
- Sexually transmitted disease rate
- Rate of calls for domestic violence/100,000 population
- Low birth weight rate
- Graduation rate

Goal Statement(s): Identify and provide services/support for at risk families with substance abuse related issues.

Measurable Objective(s):

- Make substance abuse treatment services more accessible.
- Provide in-home education and treatment services.
- Identify and alleviate barriers to accessing services.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date:	Finish date:
<ul style="list-style-type: none"> • Create a mobile in-home mental illness crisis-counseling program. 	<ul style="list-style-type: none"> • Life Management Center Staff 	<ul style="list-style-type: none"> • Staff of LMC 	<ul style="list-style-type: none"> • July 1, 2005 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Expand services, especially in the rural areas, to include adult and child in-home education, treatment services, and an after hours crisis counseling hotline. 	<ul style="list-style-type: none"> • Wanda Campbell, Chemical Addiction Recovery Effort 	<ul style="list-style-type: none"> • CARE Staff 	<ul style="list-style-type: none"> • Dependent on funding 	<ul style="list-style-type: none"> • Dependent on funding
<ul style="list-style-type: none"> • Advocate for implementation of mandatory drug testing to be included in the Child Protection Team process. 	<ul style="list-style-type: none"> • Prevention Plan Committee 	<ul style="list-style-type: none"> • To be decided 	<ul style="list-style-type: none"> • July 1, 2005 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Explore alternative means of 	<ul style="list-style-type: none"> • Prevention Plan 	<ul style="list-style-type: none"> • Prevention Plan 	<ul style="list-style-type: none"> • July 1, 2005 	<ul style="list-style-type: none"> • Ongoing

2A Current Service Providers

<p>transportation for areas that have limited public transportation, if any.</p> <ul style="list-style-type: none"> • Establish group treatment services for children of substance abusers. 	<p>Committee</p> <ul style="list-style-type: none"> • Wanda Campbell, Chemical Addiction Recovery Effort 	<p>Committee</p> <ul style="list-style-type: none"> • To be decided 	<ul style="list-style-type: none"> • July 1, 2005 	<ul style="list-style-type: none"> • Ongoing
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Strategies tried previously and abandoned (include the reason for abandonment):
 Existing program are still in place. These strategies were chosen to enhance and increase existing services.

2A Current Service Providers

Priority: Number of domestic violence cases

Indicator (from the Strengths/needs Assessment)(if appropriate):

Direct Impact on:

Rate of calls for domestic violence/100,000 population
 Child death rate per 1,000 children ages 1-4
 Infant mortality rate per 1,000 live births

Indirect Impact on:

Crude divorce rate
 Percent of adults using alcohol
 Graduation rate

Goal Statement(s): Ensure safety of families from family violence.

Measurable Objective(s):

1. Increase community exposure to domestic violence facts and information.
2. Provide increased support to families through alternative methods.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date:	Finish date:
<ul style="list-style-type: none"> • Review existing public service announcement materials for use and work with local media outlets to broadcast and distribute chosen awareness messages. 	<ul style="list-style-type: none"> • Nicole Capps, Prevention Plan Committee 	<ul style="list-style-type: none"> • Prevention Plan Committee 	<ul style="list-style-type: none"> • August 1, 2005 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Expansion of the domestic violence task force to the rural counties. • Creation of Prevention Task Forces in the rural counties. • 4) Provide multi-disciplinary education to all hospitals and health care providers. 	<ul style="list-style-type: none"> • Kimberly Swanson, Salvation Army Domestic Violence and Rape Crisis Program 	<ul style="list-style-type: none"> • Staff of SADV 	<ul style="list-style-type: none"> • April 1, 2005 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Provide opportunities for parents to increase their parenting skills and knowledge of child safety issues. 	<ul style="list-style-type: none"> • Gordy Pyper, Children's Home Society 	<ul style="list-style-type: none"> • Partnerships of providers 	<ul style="list-style-type: none"> • August 1, 2005 	<ul style="list-style-type: none"> • Ongoing

Strategies tried previously and abandoned (include the reason for abandonment):

Previous awareness projects have not been abandoned. Strategies listed here will be

2A Current Service Providers
coordinated with existing projects and increase projects' effectiveness.

2A Current Service Providers

Priority: Family Service Planning Team Program

Indicator (from the Strengths/needs Assessment)(if appropriate):

Direct Impact on:

Percent of students (K-12) with out-of-school suspensions (2002-03)

Goal Statement(s): Support the continuation of and increased utilization of the Family Service Planning Team.

Measurable Objective(s):

1. Increased referrals to the program.
2. Increase participation by other program professionals.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date:	Finish date:
<ul style="list-style-type: none"> • Provide education to system providers and other agencies on program capabilities. • One-on-one meetings with agency leaders about importance of program support. 	<ul style="list-style-type: none"> • Prevention Plan Committee 	<ul style="list-style-type: none"> • Prevention Plan Committee 	<ul style="list-style-type: none"> • August 1, 2005 	<ul style="list-style-type: none"> • On-going
<ul style="list-style-type: none"> • Support referrals from the Child Protection Team. 	<ul style="list-style-type: none"> • Becky Mott, Gulf Coast Advocacy Center/CPT 	<ul style="list-style-type: none"> • GCAC/CPT Staff 	<ul style="list-style-type: none"> • August 1, 2005 	<ul style="list-style-type: none"> • On-going

Strategies tried previously and abandoned (include the reason for abandonment): N/A

2A Current Service Providers

Priority: Faith-Based Support

Indicator (from the Strengths/needs Assessment)(if appropriate):

Direct Impact on:

- Percent of children in lowest 5th percentile weight for height (2002)
- Low birth weight rate (2001)
- Graduation rate
- Child death rate/1,000 children ages 1-4
- Infant mortality rate per 1,000 live births

Indirect Impact on:

- Substance exposed newborns rate/1,000 live births (1997)
- Percent of adults using alcohol
- Sexually transmitted disease rate (2001)
- Crude divorce rate

Goal Statement(s): Develop support services from within the faith-based community.

Measurable Objective(s):

1. Increase the amount of family safety education and awareness campaigns targeted for the faith-based community.
2. Increase participation of faith-based organizations in working toward a shared family safety goal.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date:	Finish date:
<ul style="list-style-type: none"> • Assist organizations providing or wanting to provide services with program development and grant writing. 	<ul style="list-style-type: none"> • To be decided 	<ul style="list-style-type: none"> • Prevention Plan Committee and other partners 	<ul style="list-style-type: none"> • January 1, 2006 	<ul style="list-style-type: none"> • On-going
<ul style="list-style-type: none"> • Create interagency meetings for existing providers and faith-based organizations. 	<ul style="list-style-type: none"> • To be decided 	<ul style="list-style-type: none"> • Prevention Plan Committee and other partners 	<ul style="list-style-type: none"> • January 1, 2006 	<ul style="list-style-type: none"> • April 1, 2006
<ul style="list-style-type: none"> • Create a menu of needed services that could be provided by faith-based organizations. 	<ul style="list-style-type: none"> • Nicole Capps, Big Bend Community Based Care 	<ul style="list-style-type: none"> • Prevention Plan Committee 	<ul style="list-style-type: none"> • August 1, 2005 	<ul style="list-style-type: none"> • December 1, 2005

2A Current Service Providers

Strategies tried previously and abandoned (include the reason for abandonment): N/A

2A Current Service Providers

Priority: Stable Foundation of Health and Safety Service Providers

Indicator (from the Strengths/needs Assessment)(if appropriate):

Goal Statement(s): Increase agency networking and effective care coordination between existing and new agencies.

Measurable Objective(s):

- Ensure continued partnership and communication between agencies and programs.
- Increase referrals appropriately provided to families based on needs and all available services.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date:	Finish date:
<ul style="list-style-type: none"> • Assist and support start-up of local 211 program. 	<ul style="list-style-type: none"> • United Way of Northwest Florida 	<ul style="list-style-type: none"> • Prevention Plan Committee 	<ul style="list-style-type: none"> • August 1, 2005 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Increase the number of interagency trainings for agency staffs to increase their knowledge of available services and providers. 	<ul style="list-style-type: none"> • To be decided 	<ul style="list-style-type: none"> • Prevention Plan Committee 	<ul style="list-style-type: none"> • August 1, 2005 	<ul style="list-style-type: none"> • Ongoing

Strategies tried previously and abandoned (include the reason for abandonment): N/A

2A Current Service Providers

Endnotes

¹ See Attachment A for full list of strengths and challenges identified.

² Salvation Army Domestic Violence and Rape Crisis Program provided 26% more shelter services than required by DCF contract and 79% of contract goal of counseling service according to the DCF 2003-2004 program report.

³ Cases can be referred to the Refuge House in Tallahassee, FL, and to the House of Ruth in Dothan, AL. These providers are the only other licensed providers within an hour of the subdistrict.

⁴ *Florida's Children: Need Assessment 2003/2004* listed Holmes County substance exposed newborns rate at 0 and the Jackson County rate at 1.8. Both counties are considered "least at risk" for this indicator.

⁵ Percentages calculated based on data from the Florida Department of Law Enforcement UCR Arrest Data, 1999 – 2003.

⁶ *Florida's Children: Need Assessment 2003/2004* list Bay, Holmes, Jackson, and Washington counties as "most at risk" for the Rate of serious mental illness per 1,000 adults (2002-2003).