Human Services Department
COMMUNITY PARTNERSHIPS DIVISION / Children's Services Administration
115 S Andrews Avenue, Room A370 • Fort Lauderdale, Florida 33301 • 954-357-6202 • FAX 954-357-8204

Children's Services Board
Needs Assessment Committee

AGENDA

Wednesday, January 8, 2025, 9:00 a.m. - 11:00 a.m.
115 S. Andrews Avenue, Annex- Conference Room 335, Ft. Lauderdale, FL 33301
Public Comments: 1 754-900-8519, 248627847#

I. Welcome and Introductions ..... Maria Juarez Stouffer

II. Approval of Meeting Minutes ..... Maria Juarez Stouffer
- September 4, 2024

III. Chair Report ..... Maria Juarez Stouffer

IV. Section Administrator's Report..... Dr. Tiffany Hill-Howard
- FY25 Contracts
- Annual Report
- Youth Emergency Shelter Services SDM

V. Public Comment (5 minutes) – Please call (754)-900-8519, 248627847#

VI. Adjournment

Committee Members:

Maria Juarez Stouffer, Chair
Evan Goldman, Monica King, Joel Smith

Next Meeting: Wednesday, April 2, 2025,
Location: 115 S. Andrews Avenue, Annex- Conference Room 335,
Ft. Lauderdale, FL 33301

If you do not have the ability to view the meeting or provide public comment and wish to do so, please notify us at the following email address (csa@broward.org), telephone number (954-357-6202) or physical mailing address (115 S. Andrews Avenue, Fort Lauderdale, FL 33301, A370) at least {3} days before the meeting, so that the County can communicate the location of the access point to you.

HUMAN SERVICES DEPARTMENT
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Broward County Board of County Commissioners
Children's Services Board Needs Assessment Committee Meeting
Draft Minutes May 1, 2024

I. Welcome and Introductions

The meeting was called to order at 9:02 A.M.

Committee Members in attendance: Maria Juarez Stouffer, Monica King, and Joel Smith in person.

Committee Members absent: Dan Schevis and Evan Goldman

CSB Members: Brenda Fam, Jarvis Brunson, Malena Mendez, and Traci Schweitzer present; Cara Malave and Veda Hudge via TEAMS.

Staff members in attendance: Cassandra Evans, Assistant Director of Community Partnerships Division (CPD), Dr. Tiffany Hill-Howard Children Services Administrator (CSA), Brandon Johnson (CSA).

II. Approval of minutes

Approval of April 3, 2024, Needs Assessment Committee meeting minutes.
Motion: To approve the April 3, 2024, Needs Assessment Committee minutes as presented by staff.
First: Monica King
Second: Brenda Fam
Declaration of Conflict: None
Discussion: None
Result: Passed

III. Chair Report

Feedback from Presentations
Maria Juarez Stouffer recapped the need and interest to listen and learn to all the presentations from different areas of all Human Services Department.

Confirm August Presenter – Special Needs
Cassandra Evans mentioned that Staff is confirming details of August's presenters.

Maria Juarez Stouffer informed that next tentative presentations are:
May CSB's meeting:
- Broward County Public Schools
    - Exceptional Student Education ESE Department
    - Proposed school closures.
- DJJ

June's NAC meeting:
- Hope Florida
    - Hope Navigators program.

IV. Section Administrator's Report

Sunset Review
Dr. Tiffany Hill-Howard reminded Members that May3, 2024 is the deadline for the Sunset review. If members have not already done so, to please fill out the link sent, with any modifications/changes that can be made to the structure of the board.

Legislative Session 2024
Dr. Hill-Howard informed that the electronic copy of the report for the 2024 legislative session could be shared after the meeting. She highlighted two bills that passed and could perhaps affect the work done by CSA:

One for the substance abuse treatment, and for county purposes, the bill prohibits a local ordinance or regulation from regulating the duration or frequency of a resident stay in a certified recovery residence located within a multifamily zoning district after a after June 30th. This provision will expire June 1, 2026.

House bill 1451 – identification of documents, this bill prohibits a county or municipality from accepting as identification any identification card or document issued by a person, entity, or organization that knowingly issues identification cards or documents to individuals who are not lawfully present in the United States. This prohibition does not extend to any documentation that is issued by or on behalf of the federal government.

Members of the Board and Staff discussed about this update.

CSA Contract Reallocation Recommendations
Dr. Hill-Howard mentioned that the report on the package is not a complete utilization report for the first 2024 quarter. The report also shows the list of providers and service category that based on utilization, will receive a 10+% of funds increase to place the money where is needed. She mentioned that Staff spoke and negotiated directly with the providers who did not meet the quarterly outcomes; therefore, will have a slight decrease in every category.

Cassandra Evans highlighted the process taken into consideration for the adjustments of funds to be increased or decreased, was based on the forecast model that Staff used and the various factors that providers had.

Ms. Juarez Stouffer requested Staff to go through each category and give a brief description of what services are being provided.

Members of the Board and Staff discussed about this update.

Motion: To approve the increases by provider and service category presented by Staff.
First: Joel Smith
Second: Brenda Fam
Declaration of Conflict: Monica King, Traci Schweitzer
Discussion: None
Result: Passed

V. Public Comments

Parker Playhouse is holding its annual Miss Arc Broward Pageant on May 19th to build friendships, and support girls with special needs, amazing talents, and an opportunity to shine.

VI. Good of the Order

Joel Smith invited members and Broward County to the 3rd annual back to school block party at Deerfield Beach on July 27th.

Kudos to Monica King for her passion, leadership and all the tremendous effort for the maternal healthcare event, which has not been done before in our community and deals with very important issues and services.

Kudos to Jarvis Brunson for the 5th anniversary of the Change Me Foundation and for all the impact that he has had in our community.

Malena Mendez shared that next Thursday BBBS will be awarding $350.000 in scholarships awarded to their 45 graduating seniors at the Pembroke Pines Center.

VII. Adjournment

Meeting adjourned at 10:00 am.

The next Needs Assessment Committee meeting is scheduled for Wednesday, June 5, 2024, at 9:00 A.M. at 2300 W Commercial Blvd, Fort Lauderdale, Florida 33309.

BROWARD COUNTY HUMAN SERVICES DEPARTMENT

YOUTH EMERGENCY SHELTER AND SUPPORTIVE SERVICES

SERVICE DELIVERY MODEL

Broward County Human Services Department
Youth Emergency Shelter and Supportive Services
Service Delivery Model

The Service Delivery Model ("SDM") serves as a minimum set of standards to be followed by Providers of Youth Emergency Shelter and Supportive Services ("YESS") funded by Broward County, Human Services Department ("HSD").

For purposes of the SDM, the term "Provider" means any entity or group that has an agreement with HSD. The term "Client" describes an individual who is eligible for County-funded services, as described in the executed agreement. When capitalized, "Agreement" refers to the executed contract between the County and the provider.

I. SERVICE DESCRIPTION AND DEFINITIONS:

YESS is a short-term shelter relief and supportive services for youth and young adults with a history of involvement in the juvenile justice or child welfare system. YESS can be utilized intermittently and may be delivered in conjunction with community-based residential placement and/or therapeutic services. Supportive services for youth and young adults may include counseling, case management, and referrals that may lead to employment, transportation, and public benefits. YESS will provide a "safe haven" for youth, while engaging Caretakers in therapeutic/behavioral health services for successful stabilization, reunification, and community reintegration.

Clients may have domestic violence incidents and/or other law infractions. Clients may also have mental or behavioral health challenges that impede social, emotional, or family functioning that may result in their inability to remain in their homes.

Clients' length of stay must be determined at the time of admission based on intake and assessment. Clients' length of stay in Emergency Shelter Services placement must not exceed ninety ("90") days unless Broward County approves additional days. The proposed respite care must, at minimum, include face-to-face assessment, services orientation, continuous supervision, case management services, and the provision of or linkages to mental health and/or substance use treatment services, as well as transportation to and from necessary court and/or court-required appointments.

The goal for services is successful family reunification and community reintegration. Therefore, it is expected that receiving services may reduce risky behavior or recidivism, thus creating successful long-term outcomes.

The County has three ("3") primary goals for YESS:

- Reduce detention stays by placing youth and young adults in an alternative respite bed.
- Provide wraparound services for youth and young adults while engaging the family in

behavioral and therapeutic services for successful reunification and community reintegration.

- Prevent long-term out-of-home placement.

Emergency shelter service facilities housing youth and young adults must be licensed by the Florida Department of Children and Families ("DCF") as a Child Caring Agency ("CCA"), Emergency Shelter. Licenses must be in good standing.

Client supervision will have a one to six ratio ("1:6") staff to Client during awake hours and community activities, and a one to twelve ratio ("1:12") staff to Client during sleeping hours. Length of stay in emergency shelter placement will not exceed ninety ("90") days unless Broward County approves additional days.

Providers must plan for reunification and reintegration upon admission. In addition to a thirty ("30") and sixty ("60")-day follow-up upon discharge from YESS, youth, and families may continue to receive therapeutic services deemed necessary and outlined in discharge plans. Discharge plans will be customized and initiated upon the program's entry with the end goal in mind. Discharge plans will include, but not be limited to, transition services, case management services, educational/vocational services and/or planning, therapeutic services, crisis planning, follow-up timelines, and/or community-based referrals.

Therapeutic services for youth and family must minimally:

- Promote dignity and respect for all youth served and their families.
- Ensure services meet the youth and/or family's needs and strengths and ensure that the unique needs of the youth and families are considered and valued.
- Ensure that services are provided in the least restrictive setting.
- Ensure the youth's educational needs are addressed while in Respite Care, including those with an Individualized Educational Plan ("IEP").
- Ensure that services provided toward successful reunification and community reintegration are coordinated with collaborative partners.
- Ensure services are provided with a holistic approach, addressing the needs of the youth.

When indicated, case management services must ensure that eligible youth receive a comprehensive and holistic approach to services.

Mental Health Counseling Services, when indicated, must ensure eligible youth are provided a comprehensive and holistic approach to treatment.

Eligible Population/Clients (Population of Focus):

- Clients are individuals ages nine ("9") up to their twenty-second ("22nd") birthday.
- Clients must be Broward County residents.
- Clients must have household incomes that do not exceed four hundred percent ("400%") of the Federal Poverty Level (FPL).

Clients need to meet at least more of the following criteria:

- Risk factors for initial or subsequent involvement in the juvenile justice system.
- History of school-based behavior interventions (suspensions or expulsions) and/or excessive absenteeism.
- Youth who have run-away from home, have trouble remaining in the home, and may have experienced current or past traumatic stress. History of involvement in the child welfare or juvenile justice system.

Information regarding the Poverty Guidelines may be found in the Health and Human Services ("HHS") Poverty Guidelines. Children experiencing homelessness are eligible for services based on the U.S. Department of Housing and Urban Development ("HUD") categories of homelessness. Refer to HSD Provider Handbook for Contracted Service Providers ("Handbook"), CSA Definitions. Clients must reflect the population of focus, as advertised in the applicable request for proposals ("RFP") and identified in the resulting Agreement unless approved by HSD.

Stable (or secure) housing means that you aren't living in uncertainty about your housing situation and generally have a choice of when to move**.**

II. KEY SERVICE COMPONENTS AND ACTIVITIES

Broward County HSD funding is subject to the Residential Childcare Agencies as outlined in Chapter 409.175 of the Florida Statutes, 'protect[s] the health, safety, and well-being of all children in the state who are cared for by family foster homes, residential child-caring agencies, and child-placing agencies by providing for the establishment of licensing requirements for such homes and agencies and providing procedures to determine adherence to these requirements.'

Moreover, per the Florida Statutes § 409.175 2(j), '"Personnel" means all owners, operators, employees, and volunteers working in a child-placing agency or residential child-caring agency who may be employed by or do volunteer work for a person, corporation, or agency that holds a license as a child-placing agency or a residential child-caring agency, but the term does not include those who do not work on the premises where child care is furnished and have no direct contact with a child or have no contact with a child outside of the presence of the child's parent or guardian.'

Providers are expected to comply with applicable State and Federal standards and guidelines for services delivered within this category. Providers must also adhere to standards and requirements set forth in the Handbook, individual contracts, and applicable work authorizations.

For the purposes of this document, the client's file, as referenced in the standards, refers to the Human Services Software System ("HSSS"). This is the Services and Activity Management Information System ("SAMIS") and other client information collection methods and data exchange systems designated by the County.

Counseling and Case management services must be implemented using an evidence-based Practice ("EBP") or Evidenced-Informed practice ("EIP") model. An applicant may

propose staff training in the EBP/EIP to ensure fidelity.

Eligibility Verification

The provider must verify the client's program eligibility for treatment prior to the client receiving services. Each provider must refer to their individual contract for client eligibility guidelines. Verification of client eligibility is accomplished by examining supporting documentation. The provider must review client eligibility based on program eligibility criteria. The provider must make all supporting documentation available in the client's file and note the outcome of the eligibility verification. Progress notes must be documented in the client file within two ("2") business days of meeting with the client.

Client Intake

Clients must be asked to give express and informed consent for admission and treatment. The provider must collect client data using the agency intake form, and each client must receive an orientation of the agency's services. The completed release of confidential information and records/forms for referrals and/or disclosures with signatures must be in the client field.

Assessment of Client Needs

Each client must complete a biopsychosocial (if applicable) and an intake assessment consistent with the client's immediate needs no later than two ("2") calendar days after admission. The biopsychosocial and/or initial assessment must be reviewed and signed by designated staff/bachelor's level staff.

The assessment, at minimum, must include the following:

- Source of referral.
- Documentation of Juvenile Justice involvement.
- Presenting problems.
- History of the presenting illness or problem (if applicable).
- Identification of the client's immediate clinical care needs, including psychological, medical, social, or physical conditions.
- List of current prescriptions and over-the-counter medications.
- Alcohol and other drug use history.
- Relevant personal and family medical history.
- Need for referrals and further evaluation by other health care professionals.

Service/Treatment Plan

The provider must work with each client to develop a detailed/individualized service/treatment plan based on client needs identified in the assessment. The service/treatment plan must be jointly developed by the client, the client's family (if applicable), and the provider. The service/treatment plan must be client-centered and consistent with the client's identified abilities, needs, and preferences. The

service/treatment plan must be reviewed and signed by the designated staff/supervisor.

The client's parent, guardian, or legal custodian should be included in developing the client's individualized treatment plan if the client is under eighteen ("18"). Service/treatment plans for clients under eighteen ("18") that do not include the client's parent, guardian, or legal custodian in a situation of exception require a documented explanation.

The service plan must contain, at minimum, the following components:

- Date the service plan was initiated and completed.
- A list of the services to be provided to clients based on a completed initial needs assessment.
- The amount, frequency, and duration of each service for the Individualized plan
- Goals that are individualized, strength-based, and appropriate to the client's diagnosis, age, culture, strengths, abilities, preferences, and needs, as expressed by the client.
- Measurable objectives with target completion dates identified for each goal.
    - Goal category (access, adherence, and retention)
    - Goal statement that is SMART (specific, measurable, attainable, realistic, and time-based)
    - Specific interventions to achieve the goal statement.
    - Target date of goal completion.
- Dated signature of the client or client's parent, guardian, or legal custodian (if the client is under eighteen ("18") and designated staff.
- Discharge/case closure criteria

Expected Outcomes

The provider must assist the client in defining goals for needs addressed in the treatment plan. The provider must document the client strategies to achieve goals and the progress and assistance provided to the client in the client file. Progress notes must be documented in the client file within two ("2") business days of meeting with the client.

Review/Follow-up

The provider must formally review the service plan at least every fourteen ("14") days. The service plan may be reviewed more than once every fourteen ("14") days when/if significant changes occur.

Note: Providers following a specific EBP must meet the minimum standards required in the EBP. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the service plan review. Any modifications or additions to the service plan must be documented based on the review results. The designated staff and the client must sign and date the service plan. Documentation must be entered in the client file within two ("2") working days of meeting with the client.

The service plan review must contain, at minimum, the following components:

- Clients progress toward meeting individualized goals and objectives.
- Clients progress toward meeting individualized discharge criteria.
- Client updated needs assessment (if applicable).
- Updates to the aftercare plan.
- Findings/interpretive summary.
- Recommendations.
- Dated signature of the client or client's parent, guardian, or legal custodian (if the client is under eighteen ("18") years of age.
- Dated signature of designated staff who participated in the review of the plan.

Referrals and Coordination of Care

The provider must refer clients to appropriate resources to assist in resolving other clients' needs. Open referrals must be followed up at least every bi-weekly. Coordination of client care must be documented in the service plan and client file. Designated staff must assess client's needs by completing a needs assessment. The need assessment analysis must assist the case manager in determining the referrals needed. Referrals must be documented in the client's file and HSS. Designated staff must follow up and document the referral results in the HSSS and the client's file. Designated staff and providers must communicate the status of the referrals to ensure continuity of care coordination.

Retention in Emergency Youth Shelter Services

The provider must assist the client in adhering to the treatment plan and establish missed appointment protocols for clients who miss scheduled appointments. The provider must discuss with the client the reasons for not adhering to treatment and, with client participation, discuss strategies to ensure treatment adherence. The provider must document the assistance provided in the client file. Documentation must be entered in the client file within two ("2") business days of meeting with the client.

Discharge Plan/Case Closure

A discharge plan and/or case closure note must be completed within seven ("7") days of the client accomplishing treatment plan goals or within fourteen ("14") days of a client who has fallen out of Emergency Youth Shelter Services.

Completion/discontinuation of treatment can be determined based on the following criteria:

- Successful completion of treatment/service plan goals.
- Designated staff determines that the client is no longer adherent to the service/treatment plan.
- The client is transferred to another provider.
- The client exerts disruptive behavior.

- The client is non-compliant.
- The client dies, declines services, or relocates.

Providers who terminate a client due to disruptive behavior must refer and provide due diligence to link the client to a new provider. This must be documented in HSSS and the client's file and signed by the designated staff. The designated staff must sign all discharge plans.

Discharge plans/case closure notes must include a summary in the client file, including, at minimum:

- Summary of services provided.
- Date and reason of case closure.
- Completion date of service plan goals.
- Preferences, treatments, and therapies.
- Client service/treatment plan at the time of discharge.
- Referrals given (name of provider referred to, date referral made, and status of service implementation.
- Documentation of post-discharge continuity of care.
- Post-needs assessment at the time of case closure.

Professional Requirements

Providers of the YESS must adhere to the required minimum credentials outlined in the Taxonomy Table for each contracted service.

III. STANDARDS FOR SERVICE DELIVERY:

Standard	Measure
Eligibility Verification 1. Each client is screened for program eligibility as specified in the scope of services.	**Eligibility Verification** 1.1. Support documentation of eligibility and final disposition in the client's file or Human Services Software System (HSSS), no later than two ("2") business days.
Client Intake 2. Each client and/or parent/legal guardian gives expressed and informed written consent for admission and treatment.	**Client Intake** 2.1. Signed Informed Consent in the client's file or HSSS, no later than two ("2") business days.
Client Intake 3. Each client participates in an orientation session relative to the services they must receive, including the client's rights, grievance procedures, expectations of participation and attendance, and discharge criteria within	**Client Intake** 3.1. The Client signs the orientation document in the client's file or HSSS no later than two ("2") business days.

Standard	Measure
twenty-four (“24”) hours of admission.	
Assessment of Client Needs 4. Designated staff completes an initial assessment/biopsychosocial evaluation (if applicable) consistent with the client’s immediate needs no later than three (“3”) calendar days after admission.	**Assessment of Client Needs** 4.1. Completed evaluation (if applicable) and assessment no later than three (“3”) calendar days after admission documented in client file or HSSS.
Service/Treatment Plan 5. The designated staff works with each client to develop a detailed family-centered service/treatment plan based on the client’s strengths, preferences, and the needs identified in the assessment no later than seven (“7”) calendar days after admission. The service/Treatment plan is reviewed and signed by designated staff and client.	**Service/Treatment Plan** 5.1. The service/treatment plan is signed by designated staff and the client no later than seven (“7”) calendar days after admission and is placed in the client’s file and HSSS.
Expected Outcomes 6. Designated staff documents all services provided to the client and the client’s progress made toward achieving service/treatment plan goals and objectives.	**Expected Outcomes** 6.1. Documentation of client communication, services, and progress toward achieving treatment plan goals will be placed in the client file and HSSS within two (“2”) business days of meeting with the client.
Review/Follow-up 7. Designated staff formally reviews the service/treatment plan at least every two (“2”) weeks. The updated plan is signed and dated by the designated staff and client. The service/treatment plan may be reviewed more than once every two (“2”) weeks when significant changes occur. Note: Providers following a specific evidence-based practice (EBP) must meet the minimum standards required in the EBP.	**Review/Follow-up** 7.1. Updated treatment plan with dated signature of the designated client at least every two (“2”) weeks documented in the client file and HSSS.
Review/Follow-up 8. Designated supervisory staff reviews a sample of client case files every ninety (“90”) days to identify best practices and/or areas of opportunity pertaining to service delivery.	**Review/Follow-up** 8.1. Client case files. Documentation of reviews completed every ninety (“90”) days.

Standard	Measure
Review/Follow-up 9. All client communication and communication with referral providers is documented in the client file and includes the length of time spent with the client and/or referral provider, person(s) included in the encounter, summary of what was communicated, and provider signature.	**Review/Follow-up** 9.1. Detailed documentation of all communication with client and referral providers in the client's file or HSSS, no later than two ("2") business days.
Review/Follow-up 10. Progress notes are linked to a specific service/treatment plan goal/objective and are documented within two ("2") business days of meeting with the client and/or service/referral provider.	**Review/Follow-up** 10.1. rogress notes reference relevant links to a specific treatment plan goal in the client's file and HSSS.
Discharge Plan/Case Closure 11. A discharge plan and case closure notes are completed within seven ("7") days of the client accomplishing treatment plan goals or within fourteen ("14") days of the client who has self-terminated from services.	**Discharge Plan/Case Closure** 11.1. ocumentation of the discharge plan signed by designated staff or supervisor and/or case closure note within seven ("7") days of service/treatment plan goal completion or fourteen ("14") days of client inactivity in the client file and HSSS.
Discharge Plan/Case Closure 12. Designated staff must plan aftercare/reunification services for the client five ("5") business days before discharge.	**Discharge Plan/Case Closure** 12.1. ocumentation of aftercare/reunification services in the discharge plan in the client's file and HSSS within five ("5") business days prior to discharge.

IV. OUTCOMES AND INDICATORS:

Outcomes	Outcome Indicators	Data Source (Where the data used to complete the quarterly report is found, verified, and kept)	Data Collection Method (Who collects data, when how; special calculation instructions, if needed)
1. Client increase participation/ engagement in services.	1.1. 80%" of Clients who, because of their service plan, start supportive services (in-house or by referral) within fourteen ("14") days of shelter intake.	Internal program records, case/progress notes, service plan, referral forms	Provider reviews service plan/program documents and refers clients for immediate services. Provider compiles data and reports quarterly. **Calculation:** Number of Clients who start support services identified in their service plan within fourteen ("14") days of shelter intake/Total number of Clients who completed intake and have been enrolled in the program for at least fourteen ("14") days.
2.Clients obtain stable housing.	2.1 80%" of Clients who complete the program in ninety ("90") days or less will be safely reunified with family, moved to long-term housing, transitional shelter, rehabilitative setting, or a home of a responsible adult or family member.	Client/client survey, service plan.	Provider completes and reviews the client's program service plan and/or discharge plan/reunification, which is maintained in the client file. Provider compiles data and reports quarterly. **Calculation:** Number of Clients who complete the program in ninety ("90") days or less and meet said indicator requirements successfully/Total number of Clients discharged from the program.