Florida's Maternal, Infant and Early Childhood Home Visiting Needs Assessment

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As Florida moves ahead to the next step in the Home Visiting grant application process, these ongoing partnerships and collaborations will be vital to our success.

Introduction

Section 2951 of The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act or ACA), an amendment to Title V of the Social Security Act, was signed into law on March 23, 2010. This historic legislation created Section 511: Maternal, Infant and Early Childhood (MIEC) Home Visiting Programs, whose purpose is threefold:

- Strengthen and improve the programs and activities carried out under Title V
- Improve coordination of services for at-risk communities
- Identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities

The MIEC Home Visiting Program offers federal grants to eligible states to support home visiting services to pregnant women, infants, and young children in identified high-risk communities, with the dual goals of improving health and development outcomes and strengthening families. The majority (75 percent or more) of the $1.5 billion of federal grant funds allocated to this new initiative over the next five years must be utilized to implement evidence-based home visiting program models, while the remaining 25 percent may be used to support promising new strategies in home visiting (HV).

The first of three Funding Opportunity Announcements (FOA), issued jointly by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), and the Administration for Children and Families (ACF) on June 10, 2010, outlined the following three-step application process for states hoping to secure these federal grants:

Step 1: Each state must submit an application for funding by July 9, 2010, that describes its plan for conducting a systematic needs assessment that identifies at-risk populations within the state, assesses the quality and capacity of existing programs focusing on those populations, coordinates with the needs assessments of other state agencies, and describes a method for identifying benchmarks as part of an overall plan for developing an HV program.

Step 2: Each state must conduct a needs assessment process, including the key components described in Step 1, and submit a needs assessment document by September 20, 2010, *as a condition for receiving Title V block grant funds for FY2011*. A second FOA issued by HRSA and ACF was released in August 2010 and specified the criteria states must follow to carry out a collaborative needs assessment and served as a guide to states in properly structuring the needs assessment document to meet federal requirements.

Step 3: Each state must utilize the information gleaned from the needs assessment process in Step 2 to develop a strategy for addressing the needs of the identified at-risk populations and must propose and outline a plan for implementing one or more HV models that are both evidence-based and in compliance with final federal funding criteria for assessing the effectiveness of that model. This state plan is due in early FY2011. A third FOA scheduled to be released by HRSA and ACF in August 2010 will provide instructions for submitting the updated state plan. Public comment on defining the criteria for assessing HV program model

effectiveness was solicited via email on July 22, 2010, with a deadline of August 17, 2010, for submission of public comments through the Federal Register.

Florida's Governor Charlie Crist officially designated the Florida Department of Health (DOH) as the lead agency to apply for the MIEC HV program on July 6, 2010. After the HV legislation was passed, the DOH and the Florida Department of Children and Families (DCF) signed a Memorandum of Agreement (MOA) that outlines their individual and collective responsibilities in working together to complete the application process and co-develop an effective HV program in Florida. They also established an HV Steering committee and created a charter to formalize the process of coordinating the HV needs assessment with those of other agencies serving the same types of clients. Steering committee members were recruited from a broad spectrum of public and private leaders and stakeholders already providing or collaborating with HV programs throughout the state. The roster of members is included in this document as Appendix B.

The intent of this new legislative initiative is to establish evidence-based HV programs grounded in empirical knowledge throughout the nation, set high standards, provide states with technical support and guidance from HRSA and ACF, and hold states accountable for program implementation and the achievement of program benchmarks. The program allows for continued experimentation with new HV models that have demonstrated measurable success, and it promotes a nationwide effort to develop comprehensive systems in every state that support pregnant women, parents or other caregivers, and young children, in order to maximize the likelihood of lifelong health and well-being, regardless of individual challenges or societal context.

As a key strategy in identifying and serving families at risk, the HV program fosters widespread collaboration among leadership in the fields of maternal and child health, early learning and child protection. The legislation encourages and promotes the strengthening of partnerships among the federal government, states, local communities, HV program developers and other stakeholders who are committed to serving the needs of pregnant women, infants and young children, particularly those young families who are among the most vulnerable in our society.

The Impact of Needs Assessments from MCH, Head Start, and CAPTA

As required by the ACA, the needs assessments of the following three programs were reviewed and considered in creating this document:

1. 2010 Title V Maternal and Child Health (MCH) Block Grant Needs Assessment
2. Needs Assessment conducted in accordance with Section 640(g)(1)(C) of the Head Start Act
3. Needs Assessment required by Section 205(3) of Title II of the Child Abuse Prevention and Treatment Act (CAPTA)

2010 Title V Maternal and Child Health (MCH) Block Grant Needs Assessment

Already embodied in Title V legislation and administered by the DOH, the goals for the Title V MCH Block Grant program are in alignment with the purposes of the new legislation in focusing

exclusively on improving the health of all mothers and children. Title V goals reflected in the MCH Block Grant program are:

- Reducing infant mortality and the incidence of disabling conditions among children
- Increasing the number of children appropriately immunized against disease
- Increasing the percentage of low-income children who receive health assessments and follow-up diagnostic and treatment services
- Coordinating activities of the Title V programs with those of Medicaid; Women, Infants and Children (WIC); and other health and developmental disability programs
- Providing and ensuring access to:
    - Comprehensive perinatal health care for women
    - Preventive and primary child and adolescent health care services (including nutritional and developmental services)
    - Comprehensive health care, including long-term care services, for Children with Special Health Care Needs (CSHCN)
    - Access to rehabilitation services for children under 16 years of age who are blind and disabled and receive benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX
- Facilitating the development of family-centered, community-based, and culturally competent comprehensive care for CSHCN and their families
- Putting into community practice national preventive health standards and guidelines
- Providing information to parents about health care practitioners who provide services under Title V and Title XIX

At the conclusion of the MCH needs assessment process early this summer, the DOH leadership in the Division of Family Health Services, Bureau of Family and Community Health, and the Division of Children's Medical Services (CMS), along with their key stakeholders throughout Florida, defined eight top MCH priorities upon which to focus their efforts and resources over the next five years. Because they are outgrowths of Title V legislation, all of the priorities are aimed at population segments almost identical to the at-risk populations described in the HV program and identified in this HV needs assessment.

As part of the MCH needs assessment process, the MCH Advisory Group also adopted three overarching themes so universal in importance to their program goals that they pervade each and every one of the eight priorities. These themes resonate, as well, with the legislative intent of the ACA. Many members of the recently formed HV Steering Committee also participated in the MCH needs assessment process during the previous six months. The HV program offers an innovative approach to achieving common goals for Florida's MCH population, aimed at ensuring the health of all mothers, infants and children.

2010 Title V Maternal and Child Health Block Grant Top Priorities

For Women of Childbearing Age:

1. Prevent unintended and unwanted pregnancies.
2. Promote preconception health screening and education.

For Pregnant Women and Infants:

1. Promote safe and healthy infant sleep behaviors and environments.

For Children and Adolescents:

1. Improve dental care access, both preventative and treatment, for children
2. Prevent teen pregnancy
3. Increase access to medical homes and primary care for all children, including children with special health care needs

For Children with Special Health Care Needs:

1. Improve health care transition for adolescents and young adults with special health care needs to all aspects of adult life.
2. Increase early intervention services for children with special health care needs.

Three Overarching Themes

1. State and local partnerships
2. Life course
3. Health disparity and social determinants of health

Needs Assessment conducted in accordance with Section 640(g)(1)(C) of the Head Start Act

As stated in the *Florida Head Start State Collaboration Office Needs Assessment*, based on a 2008-2009 survey, Head Start is a national program promoting school readiness by providing educational, health, nutritional and social services to enhance the social and cognitive development of children. In 1995, the Early Head Start program, which is described in this HV needs assessment in Section 2, was established to specifically serve pregnant women and children from birth to age three. The Head Start Act of 2007 identifies the following priority areas for the Head Start State Collaboration Offices (HSSCO):

- Promote access to timely health care services, including general health, oral health, and mental health services
- Support access to services for children experiencing homelessness through coordination with state and local education agencies (LEAs) implementing McKinney-Vento requirements

- Encourage and support collaboration with welfare systems (Temporary Assistance for Needy Families [TANF] program) and improve or enhance coordination with child welfare services, including foster care and child protective services
- Coordinate activities with state child care agencies and child care resource and referral agencies to strengthen partnerships between local Head Start and child care programs to make full-working-day and full-calendar-year child care services available to children
    - Promote and support state and local connections that enhance family literacy
    - Increase opportunities for children with disabilities
- Promote and support full utilization of relevant community services, including public schools, public libraries, museums, and law enforcement agencies, and promote effective outreach efforts to Head Start-eligible families
- Facilitate alignment of education curricula and assessments used by Head Start agencies with the *Head Start Child Outcomes Framework* and, as appropriate, with state early learning standards and kindergarten curricula. Promote and support appropriate curricula for limited English proficient children and expand partnerships with LEAs for coordinated pre-kindergarten and transition to kindergarten services
- Support Head Start grantees in better accessing professional development opportunities for staff to meet the Head Start degree requirements.

The identified population in need for Head Start and specifically for Early Head Start, is nearly identical to that of the new HV legislation. At least 90% of children enrolled in Head Start must meet federal income guidelines, and 10% of enrollment must be reserved for children with disabilities, parallel with the ACA's focus on at-risk communities. Services are delivered in a center-based or home-based option, with 92% of participants served in centers, affording an opportunity to expand and bolster the home-based option already in place.

The Director of Florida's Head Start Collaboration Office, who oversees Florida's Early Head Start program, serves on the HV Steering Committee.

Needs Assessment required by Section 205(3) of Title II of the Child Abuse Prevention and Treatment Act (CAPTA)

As presented in the *Child and Family Services Plan 2010-2014*, the vision of Florida's Child Protection Program administered by the Department of Children and Families (DCF) is:

Every child in Florida lives in a safe, stable, permanent home, nurtured by healthy families and strong communities

Its mission to support that vision is to:

Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

The Department of Children and Families, as the primary entity responsible for child protection, policy and practice, maintains a strong commitment to child safety and the prevention of child

maltreatment through a strength-based, family centered practice that is best delivered through local systems of care.

Florida is currently concentrating on the prevention of child abuse and neglect in response to several factors. While planning for prevention of child abuse and neglect is required both by state law (Sections 39.001(7) and (8), Florida Statutes) and by federal regulations (45CFR 1357.15), Florida's child abuse and re-abuse rates are rising. Communities and service providers need to use proven and innovative strategies to intervene and have an impact on these rates. The rates of child abuse, abandonment, and neglect have remained high, and re-abuse rates have increased in recent years.

At the local level, Community-Based Care has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services. There are a variety of community-based groups in place to address specific needs or issues within the community, and these groups assess gaps in services and service delivery and take action to address them.

Florida has a myriad of programs that, either directly or indirectly, contribute to the prevention of child abuse and neglect. Florida is attempting to define, describe and categorize these programs to identify any duplication of efforts and gaps in services.

Pursuant to Chapter 39, Florida Statutes, each local judicial circuit recently conducted an exercise to catalog available child abuse prevention service programs and identify service provision according to protective factors. While this process is on-going, the goal is for local communities to determine which resources are available for each individual protective factor and note the apparent gaps.

Consistent with the Community-Based Child Abuse Prevention (CBCAP) requirements for primary and secondary prevention strategies, Florida recognizes home visiting as a strategy for offering information, guidance and emotional and practical support directly to families in their homes. As evidenced in *the Florida Child Abuse Prevention and Permanency Plan: July 2010 - June 2015*, Florida has recognized the need to infuse protective factors within home visiting programs throughout the state. Home visiting focuses on promoting positive parent-child interactions and healthy child development, while enhancing family functioning and problem-solving skills.

The Healthy Families Florida (HFF) program, a CBCAP grantee, is one of the programs highlighted in Section 2 of this HV needs assessment and is modeled after Healthy Families America (HFA), an evidence-based, nationally accredited, voluntary HV program of Prevent Child Abuse America. As the single largest funded voluntary child abuse and neglect prevention program in Florida, HFF is a program utilizing home visitation, education and support groups, as well as promotion of and access to health care systems.

HFF is designed to enable children to grow up healthy, safe and nurtured by promoting positive parenting and healthy child development and offers expectant families and families of newborns who are experiencing stressful life situations and other poor childhood outcomes (as determined by a voluntary assessment) home visiting services from trained family support workers. Families are also linked to a medical provider and other family support services they

may need, such as substance abuse treatment, mental health counseling, education, training, job services and child care. Healthy Families Florida services may be offered for up to five years, with the intensity and duration based on each family's needs.

As the lead agency partnering in the statewide efforts to infuse protective factors, within home visiting programs, the state plan also calls for the following:

By 30 June 2015, the State of Florida will have increased funding for Healthy Families Florida at levels necessary to sustain the quality of services, restore and expand funding to ensure the availability of services in all counties, and enhance the program's capacity to better serve families at high risk of child maltreatment due to domestic violence, substance abuse and mental health issues.

Other Collaborative Efforts

The DCF and the DOH staff serve as members of and co-chair the new HV Steering Committee. Through the recently-negotiated MOA between the DOH and the DCF to establish collaboration between agencies in applying for the HV grant, and built on their longstanding affiliation in working together to protect children and families, these two agencies are poised to embrace the opportunity to align their common priorities with those of the new HV legislation.

In addition to coordinating this HV needs assessment with those of MCH, the DCF and Head Start, as required by the ACA, the DOH also considered the four ambitious goals of the Florida Children's Cabinet, shown below, and the indicators they use to measure program success, which appear under each goal:

1. Every Florida child is healthy
    - Mothers beginning prenatal care in the first trimester
    - Children with health insurance
    - Children with a medical home

2. Every Florida child is ready to learn
    - Births to women with fewer than 12 years of education
    - Children who are read to by their parents or relative caregivers
    - Children whose kindergarten entry assessment scores show they are ready for school
    - Early childhood staff with bachelor's degrees

3. Every Florida child lives in a stable and nurturing family
    - Children in poverty
    - Children who are maltreated
    - Teen births

4. Every Florida child lives in a safe and supportive community
    - Domestic violence
    - Homeless children
    - Children in supportive neighborhoods

As Florida proceeds to the implementation phase of the HV program, we will figuratively join hands with the Children's Cabinet to ensure that we share a common definition of these indicators, and we will study their methods of measuring desired outcomes for Florida children for consideration in developing an HV implementation plan.

The DOH submitted the grant application required in Step 1 on July 8, 2010, and was approved to receive the initial $500,000 allocation of grant funds allotted to states reaching this level of eligibility. This document, *Florida's Maternal, Infant and Early Childhood Home Visiting Needs Assessment,* has been prepared to comply with Step 2 of the three-step application process. It complies with federal requirements under the ACA by providing the following information:

- Identifies at-risk communities in the state according to federal criteria
- Assesses the capacity and quality of Florida's HV programs that strive to serve pregnant women, infants and children in those communities
- Describes the state's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such services
- Identifies benchmarks as part of an overall plan for developing an HV program for Florida in Step 3

When Florida implements its statewide home visiting program, it will be imbedded in a system of care that encompasses all efforts to promote maternal and child well-being, regardless of the funding source. Therefore, the development of the current needs assessment drew on the 2009 needs assessment developed by Florida's Early Childhood Comprehensive System (ECCS), funded by HRSA. ECCS' vision is to ensure that all Florida children are healthy, ready to learn, and live in safe, nurturing families and communities, a philosophy consistent with the benchmark domains of the federal home visiting program. ECCS's new focus on the development of a system of care mirrors that of Florida's evidence-based home visiting program, which will also be embodied in a well-integrated system of care. Because of its familiarity and partnership with a broad spectrum of existing programs, interagency agreements, interagency work groups, and advocacy groups that promote child health and development, ECCS promises to be a valuable asset as Florida designs and implements a maternal and child health system to meet the needs of our communities.

The Maternal, Infant, and Early Childhood (MIEC) Home Visiting Program presents all states with a unique and unprecedented opportunity to expand collaboration and partnerships at the federal, state and local levels in adopting an innovative, evidence-based approach founded on the creation and maintenance of comprehensive systems of care throughout the nation. This needs assessment process was a worthwhile exercise in strengthening existing collaborations and initiating new partnerships to improve the health, development and safety of our nation's most vulnerable citizens.

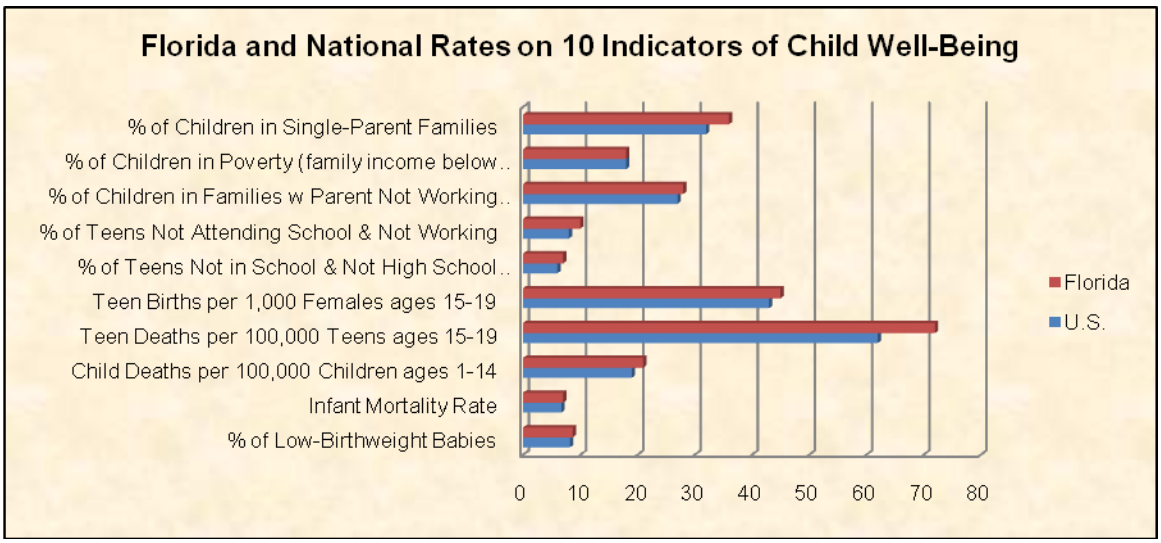
Section 1: Statewide Data Report

Florida's Ranking on National Indicators of Need

National data related to the health status of pregnant women, infants, and children serve as a benchmark of child well-being and provide a framework for comparing the relative success of each state in providing services to this population in need. One source for this type of data is Florida Kids Count, part of the national Kids Count Network sponsored by the Annie E. Casey Foundation, which aims to define and track children's quality of life indicators for policymakers as a catalyst for national discussion and action. Their *2010 Kids Count Data Book: A Florida Comparison* contains 2000-2007 data for 10 indicators that closely approximate the indicators that will be discussed in this section, and it compares Florida to the nation as whole. These comparisons for the most recent years of available data (2007-2008) are captured in Figure 1. Notice that Florida's rates are higher than national rates for nine of the 10 indicators. These rates translate to state rankings that vary from a low of 25 to a high of 43 across the indicators, with an overall composite ranking of 35 that places Florida just slightly above the bottom quartile among all 50 states. Because these data do not reflect the impact of the recent recession on struggling families, it is expected that Kids Count data for 2009 and 2010 will eventually show higher rates for both Florida and the nation, underscoring the urgency of implementing interventions such as home visiting to at-risk populations as soon as possible.

U.S. Variations in Child Health System Performance: A State Scorecard is published by the Commonwealth Fund Commission on a High Performance Health System. Although the data in their May 2008 report are not as recent (2001-2006) as the Kids Count data, their 13 indicators encompass a broad range of issues related to the health of children: access (children uninsured), quality (children vaccinated, receiving medical/dental care, needing specialized care, etc.), costs (insurance premium costs, state health funding), equity (income, race/ethnicity,

Figure 1: Florida and National Rates on 10 Indicators of Child Well-Being



Note: Data for the top five indicators are for 2007; data for bottom five indicators are for 2008
Source: *2010 Kids Count Data Book: A Florida Comparison*

insurance coverage), and the potential to lead healthy lives (infant mortality, risk of developmental delay). Overall, Florida ranked in the bottom quartile of 13 states across these indicators, ranging from a low of 34 for costs to a high of 51 for access, and it ranked 50th in summary rankings of 51 jurisdictions (50 states plus the District of Columbia). These findings cast a spotlight on Florida as a prime candidate for the initiation of state and federal policies to improve health outcomes for children.

Selecting Indicators / Statewide Data Collection

As described in the home visiting (HV) grant application submitted in Step 1, leadership in the Florida Department of Health (DOH) and the Florida Department of Children and Families (DCF) assembled a team of data experts, who worked together over a period of more than two months to systematically define, collect, analyze, and present the data elements related to identifying communities with concentrations of the following eight constructs, as specified in section 511 (b)(1)(A) of Title V legislation:

1. Premature birth, low birth-weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health
2. Poverty
3. Crime
4. Domestic violence
5. High rates of high-school dropouts
6. Substance abuse
7. Unemployment
8. Child maltreatment

Discussion ensued among members of the newly-formed DOH/DCF data analysis team regarding the appropriate data indicators to align with each of these eight constructs, as well as the availability of meaningful Florida data to support those indicators. After a series of meetings and ongoing discussions, the team agreed on the following 11 indicators to address the constructs:

1. Premature births
2. Low birth-weight infants
3. Infant mortality
4. Poverty
5. Crime
6. Domestic violence
7. High school dropouts
8. Substance abuse
9. Unemployment
10. Child maltreatment
11. Infant deaths due to neglect

The data analysis team also carefully considered which age range to focus on in developing these indicators of need. They chose ages 0-4, where appropriate, in extracting and analyzing

data because this age range is critical for the healthy development of children. Another key decision of the team was the selection of county level data as the unit of analysis for determining need, because most of the indicator data chosen are available at the county level in Florida. This decision is addressed in Section 2.

As a result of this collaborative effort by the DOH/DCF data analysis team, the data compiled for each of these 11 indicators, disaggregated by the 67 counties in Florida and displayed as county data relative to statewide data, are presented as a stand-alone document entitled *Maternal, Infant and Early Childhood Home Visiting Programs Grant, Needs Assessment, Part A: Identification of Communities with Concentrations of Selected Indicators*, which is included in its entirety in Appendix C for reference. This comprehensive document presents graphs of each individual indicator in two different formats: counts, or absolute numbers, and rates, defined as the percentage or proportion derived from dividing the counts (the numerator) by the overall related population figure (the denominator). The individual graphs are followed by four composite tables that combine data for all 11 indicators across all the counties. These composite tables became the foundation for ultimately identifying Florida's at-risk populations.

The Supplemental Information Request (SIR) released by the Health Resources and Services Administration (HRSA) on August 19, 2010, specified several indicators that were not included in the initial data analysis for this needs assessment. Data for the following prevalence rate indicators were recently generated, with some modifications in definition, for inclusion in this report (see Appendices D-F for statewide and county values) but are not included in the composite county figures described above. However, they will be considered for use in the planning phase and as Florida measures its success.

- Number of crime arrests ages 0-19 / 100,000 juveniles ages 0-19
- Prevalence rate: Binge alcohol use in past month
- Prevalence rate: Marijuana use in past month
- Prevalence rate: Nonmedical use of prescription drugs in past month
- Prevalence rate: Use of illicit drugs, excluding marijuana, in past month
- Rate of reported substantiated maltreatment by type

These new indicators are discussed below and in Section 3 of this report and will be reviewed in a more detailed and thorough assessment of at-risk populations in the Updated State Plan in Step 3 of the HV grant application process.

Table 1 displays statewide counts and rates for each of the 11 indicators examined in the initial data analysis, along with data sources for each indicator. The counts represent an annual average of the most recent three years of data, and rates for eight of the 11 indicators were generated by dividing these counts by an annual average of the most recent three years of data for the related population segment. For three indicators – Infant Mortality, Crime and Domestic Violence – data in the rate column represent counts per 1,000 live births, and per 100,000 and 1,000 residents, respectively. For each indicator shown, counts and rates by county were compared to these baseline statewide figures as a first step in identifying concentrations of need at the county level (see Section 3). In compliance with SIR requirements, the rates shown in Table 1 are presented in Appendix A as a matrix.

Table 1: Florida Statewide Data for 11 Indicators of Need

Indicator	Counts	Rates	Source
Premature Births – Average 2006-08	33,474	14.2%	Florida Department of Health, Bureau of Vital Statistics, Community Health Assessment Resource Tool Set (CHARTS) at http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'
Low Birth-Weight Infants – Average 2006-08	20,604	8.7%	Florida Department of Health, Bureau of Vital Statistics, Community Health Assessment Resource Tool Set (CHARTS) at http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'
Infant Mortality – Deaths per 1,000 Live Births, Average 2006-08	1,689	7.2	Florida Department of Health, Bureau of Vital Statistics, Community Health Assessment Resource Tool Set (CHARTS) at http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'
Poverty – Ages 0-4, Average 2006-08	250,713	22.4%	U.S. Census Bureau, Small Area Estimates Branch, 2006-08 Poverty and Median Income Estimates - Counties
Crime – Index Crime per 100,000, Average 2007-09	861,815	4,587	Florida Department of Law Enforcement 2007-09 Uniform Crime Reports
Domestic Violence – Offenses per 1,000, Average 2007-09	114,940	6.1	Florida's County and Jurisdictional Domestic Violence Offenses, Florida Department of Law Enforcement 2007-09 Uniform Crime Report
High School Dropouts – Average 2006-07 – 2008-09	25,059	2.7%	Florida Department of Education, 2006-07 – 2008-09 Dropout Rates
Substance Abuse – Service Needs, Ages 15-44, Average 2006-07 – 2008-09	742,187	10.3%	Florida Department of Children and Families, Substance Abuse Treatment Needs Estimates for 2006-07 – 2008-09
Unemployment – Average 2007-09	637,891	7.0%	U.S. Bureau of Labor Statistics, Labor Force Summary, 2007-09 Annual Averages
Child Maltreatment – Verified/Some Indication Findings – Infants, Average 2007-09	13,926	6.0%	Florida Department of Children and Families, Florida Safe Families Network (FSFN) ad hoc report
Child Maltreatment – Verified/Some Indication Findings – Ages 1-4, Average 2007-09	33,859	3.8%	Florida Department of Children and Families, Florida Safe Families Network (FSFN) ad hoc report

Note: Child Maltreatment Data for Infants is a proxy for Infant Deaths Due to Neglect

Descriptions of the population data used as the denominator in calculating each set of indicator rates statewide and by county, plus descriptions of each of the 11 individual indicators, including data source, definition, derivation, strengths, and limitations, are presented below. Section 3 examines the data for each indicator at the county level and explains the overall methodology for utilizing the composite indicator data as the starting point in identifying those populations most in need of HV services aimed at improving health and developmental outcomes for Florida's mothers, children, and families.

Population Data

Florida's Community Health Assessment Resource Tool Set (CHARTS) is a valuable online resource, developed and maintained by the Florida Department of Health, that contains a broad variety of recent and historical data related to overall population breakouts from the U.S. Census and the Current Population Survey (CPS) and community, county, and state health issues, as reported in the *Florida Vital Statistics Standard Reports*. CHARTS data may be viewed at www.floridacharts.com.

Population data from CHARTS were used to develop the individual rates for all required constructs in order to have a consistent baseline across all 11 indicators. Table 2 displays the three-year average population figures that were used in the denominator for calculations of statewide rates for each indicator. The actual years averaged for each population category vary, but either years 2006-2008 or 2007-2009 were used. (Table 3 in Section 3 specifies the years averaged for each population segment.)The statewide indicators displayed in Table 1 above and discussed in the narrative below are identical to the indicators used in Section 3 to obtain basic information about counties most in need of HV services.

Table 2: Florida Population Data Used as Denominators for Calculating Indicator Rates

Population	Count
All Ages	18,787,480
Infants	231,002
Age 0-4	1,117,626
Age 1-4	899,617
Age 15-44	7,199,402
Births	235,815
Children in Grades 9-12	919,803
Labor Force	9,160,921

Sources: CHARTS, Office of Economic and Demographic Research, Florida Legislature

Child and Maternal Health Indicators: Premature Births, Low Birth-Weight Infants, Infant Mortality

Available data related to the assessment of the current state of child and maternal health in Florida include three key elements deemed by the data analysis team to be of equal importance in assessing at-risk populations for this needs assessment. Thus, these three elements became three separate indicators:

- Premature births
- Low birth-weight infants
- Infant mortality

Births occurring prior to 37 weeks gestation are considered premature births for the first element. Infants, defined as babies from birth to one year of age, who are born weighing less than 2,500 grams, or about five pounds, eight ounces, comprise the low birth-weight category for the second element. Infant deaths during the first year of life from any cause are included in the data definition for the third element, infant mortality.

CHARTS data related specifically to Child and Maternal Health can be viewed online at: http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'.

Data for these three key components of child and maternal health for calendar years 2006-2008 were averaged to provide total counts over the most recent three-year period. For the first two components, these counts were then divided by the average number of births for the same three-year period to generate rates. The third component, Infant Mortality, is expressed as the number of deaths per 1,000 live births, rather than a straight rate, which would be a comparison to *all* live births. Two of the other indicators below also used a constant number in the denominator for comparison to express frequency of occurrence, rather than using the related population figure shown in Table 2 to generate a straight rate. For Florida as a whole, there were, on average, 33,474 premature births and 20,604 low birth-weight infants, representing 14.2% and 8.7%, respectively, of the average number of live births statewide, as shown in Table 1. The 1,689 infant deaths translate to 7.2 deaths per 1,000 live births.

Poverty

Data for the poverty indicator were initially extracted from the American Community Survey (ACS), U.S. Census Bureau, but required some manipulation by the data analysis team in order to isolate poverty data for the agreed upon population in need: households with children ages 0-4. The census files contained county-level poverty estimates for two age cohorts: households with children ages 0-17 and households with children ages 5-17. By subtracting the data for the 5-17 age group from the data for the 0-17 age group, counts were generated for the 0-4 age group, which met the team's criteria for this indicator. Statewide, an average of 250,713 households (22.4%) with children ages 0-4 had total incomes below 100% of the federal poverty level (FPL) for the period 2006-2008.

Crime

Crime data were retrieved from the Annual Statewide County Reports for 2008 and 2009, which include 2007 data, as well. These reports are available on the Florida Department of Law Enforcement's (FDLE) Uniform Crime Reports (UCR) system website, located at http://www.fdle.state.fl.us by clicking on the Publications link in the left menu. Index crimes, also referred to as "Part 1 crimes" under the UCR system, include more serious crimes such as murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson, according to the Office of Justice Programs website, which can be viewed online at http://www.ojp.usdoi.gov. Click on the link to the Bureau of Justice Assistance (BJA), then click on Evaluation, then click on Glossary to view this definition.

As noted in the counts and rates of average index crime data for 2007-2009 in graphs 5a and 5b of Appendix C, Liberty County, one of the smallest counties in Florida, does not participate in UCR reporting. Levels of underreporting of crime data also vary from region to region throughout the state and need to be considered in utilizing this indicator. As captured in Table 1 above, there were, on average, 4,587 of these more serious crimes per 100,000 residents across Florida during the 2007-2009 period, which translated to count of 861,815 such crimes, on average.

The new crime indicator included in the recent SIR guidelines focuses on juvenile arrests for ages 0-19 relative to a base of 100,000 juveniles ages 0-19, as mentioned above. The Florida Department of Law Enforce (FDLE) defines ages 0-17 as "juvenile" and was unable to generate data by the 0-19 definition requested by HRSA. However, they provided 2007-2009 three-year averages of the number of arrests for ages 0-17 per 100,000 residents ages 0-17 statewide and

by county. These data are shown in tabular format in Appendix D and include additional data on the three-year average total number of arrests for the same time period. Statewide data are found at the end of the table, showing 2,751 arrests for ages 0-17 per 100,000 residents in this age group and a total of 114,773 juvenile arrests, on average, per year, over the most recent three-year period. These new crime arrest data will be considered in the more detailed analysis of at-risk populations in the next phase.

Domestic Violence

The 2007-2009 Uniform Crime Report from the FDLE was also used to generate average counts and rates of domestic violence by county from Florida's *County and Jurisdictional Domestic Violence Offenses* report. Variances in underreporting across the state also apply to this indicator. As Florida moves into the implementation phase, the data analysis team will continue discussions with FDLE regarding any status changes related to the completeness of reporting for both the crime and the domestic violence indicators.

An average of 6.1 instances of domestic violence per 1,000 Florida residents, or 114,940 total instances, on average, per year from 2007-2009, is shown in Table 1.

High School Dropouts

Florida's high school dropout rate is defined as the number of 9^{th} – 12^{th} graders who withdraw from school for any reason, compared to the total, year-long student population of 9^{th} – 12^{th} graders. Dropouts are further defined as students withdrawing from school without transferring to another school, home education program, or adult education program in that same year.

Dropout counts and percentages for school years 2006-2007 through 2008-2009 were found in the Graduation and Dropout Rate Report on the Florida Department of Education's (DOE) website:http://www.fldoe.org/eias/eiaspubs/word/gradrate0809.doc.

Table 1 shows that an annual average of 25,059 students per year, or about 2.7% of high school students, dropped out of high school during the most recent two years of available data, according to the DOE's definition of dropouts.

Substance Abuse

The Department of Children and Families (DCF) provided data on persons needing substance abuse services."Service Needs" are defined by DCF as substance abuse treatment needs, including detoxification, treatment and recovery support, for publicly-funded programs for families that are at or below 150% of the FPL. Their state estimate is based on the National Survey on Drug Use and Health (USDUH), and the Substance Abuse and Mental Health Services Administration does state samples. DCF uses the Florida results for adults meeting the criteria for substance abuse and dependence – namely, positive responses to four or more of the seven criteria. They feel that anyone meeting the criteria for abuse/dependence is in need of individualized services, which are primarily treatment or detoxification.

Statewide estimates of the population in need of these services were calculated for a broad age category, ages 15-44, to include all women of childbearing age and their partners who are likely to need such services, based on data derived from the CHARTS system for 2008:

- 3.1% of births to mothers age 15-17

- 33.1% of births to mothers age 18-24
- 63.5% of births to mothers age 25-44

Since virtually all births occurring during 2008 were to mothers in the broad categories shown above, data for ages 15-44 was used in developing an estimate of the statewide population in need.

As shown in Table 1, there were 742,187 persons with substance abuse service needs statewide, on average, among residents ages 15-44 during the most recent two years of data, representing 10.3% of state population in this age category.

The new prevalence rate data requested by HRSA in the recently-released SIR guidelines have been gathered by DCF for FY 2008-2009, with some modifications in definition. The data source used is the Office of Economic and Demographic Research, Florida Legislature. Appendix E shows estimates of need and frequency of need per 100,000 residents ages 15-44 statewide and by county. Florida data reflect drug usage per *year*, rather than per month, for each of the four requested prevalence rates. The DCF was able to retrieve data on the nonmedical use of "pain relievers", but not on the nonmedical use of "prescription drugs", which is the rate requested from HRSA. A final caveat in examining these new substance abuse data relates to the population data used in the denominator for estimating rates per 100,000 residents: DCF used population data that were consistent with their publications. These figures were not as recent, and were not derived from the same source, as the CHARTS population figures used in Table 3 of Section 3 for the current needs assessment. With these issues in mind, the statewide data for prevalence counts and rates per 100,000 residents ages 15-44 are as follows:

- Prevalence rate: Binge alcohol use in past year (390,916; 5,540)
- Prevalence rate: Marijuana use in past year (1,625,029; 23,030)
- Prevalence rate: Nonmedical use of pain relievers in past year (256,170; 3,630)
- Prevalence rate: Use of illicit drugs, excluding marijuana, in past year (306,278;4,341)

The new prevalence data will be examined for possible inclusion in the final selection of communities in need. Section 5 presents a detailed summary of substance abuse needs and interventions in Florida.

Unemployment Rates

The U.S. Bureau of Labor Statistics (BLS) annual labor force summary reports are the data source for the average 2007-2009 unemployment counts and rates by county. Available for all states and for counties within states on a monthly basis, these data are generally perceived by labor force statisticians to be vastly under-estimated, as the methodology for calculation excludes both discouraged workers and underemployed workers. Discouraged workers are defined as individuals who are unemployed, have been seeking gainful employment for an extended period of time, and who have given up looking for work. The unemployment rate calculation counts only those persons *actively* seeking work at the time data are collected by survey each month. Underemployed workers are likely to be seeking better work opportunities, but because they are actually working when the data are collected by BLS, they are also excluded from the pool of unemployed workers and are not included in any other labor force data pool. The significant impact of the national economic downturn over the last two years

amplifies the underreporting aspect of this economic indicator and limits its usefulness in accurately representing the impact of unemployment and underemployment on families across the nation.

An advantage of this indicator, however, is its common derivation methodology across states, making it possible to do certain types of state-to-state data comparisons. The 10 other indicators, on the other hand, are derived according to state-specific definitions and methodology for data collection, making it difficult or even impossible to make comparisons among states.

Table 1 shows that 637,891 Florida residents, on average, were unemployed, yielding an average unemployment rate of 7.0%, during the 2007-2009 time period.

Child Maltreatment / Infant Death Due to Neglect

The reporting of child abuse/neglect typically occurs as tips from neighbors, teachers, service providers, or police officers transmitted via the Florida Abuse Hotline. Cultural norms as to what actions and behaviors, or lack thereof, constitute "abuse or neglect" influence which tips are formally reported. Additionally, cultural norms dictate whether incidents are handled internally, rather than reported to the hotline. Thus, reporting can vary considerably from community to community throughout the state, making one region appear to have a higher volume and rate of cases and another region a lower volume and rate of cases.

Once received, hotline tips are normally triaged, and cases meeting the definition of abuse or neglect are then reported to local investigators for classification as either "verified" (substantiated) or non-substantiated ("some indication") cases. Broad variations in classifying investigative findings across the state, as well as variations in reporting noted above, prompted the data analysis team to adopt a "middle ground" approach by defining "most serious findings" to include *both* verified and non-substantiated cases. Using only verified cases created too narrow a definition, while using only non-substantiated cases created too broad a definition, of child maltreatment. Additionally, using only verified or only non-substantiated cases did not resolve reporting inconsistency issues across regions of the state. Combining verified and non-substantiated cases served to neutralize the impact of local variability in reporting and investigative practices, while capturing the information in a single maltreatment indicator. The team felt this approach was closely aligned with the purposes of the HV grant, as it includes both maltreated and borderline cases that have a high risk of future maltreatment without intervention.

With these caveats in mind, the data analysis team split the child maltreatment data into two categories, creating two separate indicators of equal weight in the data analysis: Instances of maltreatment of infants (0-12 months of age) and instances of maltreatment of children ages 1-4. From 2007-2009, there were, on average, 13,926 instances of maltreatment of infants and 33,859 instances of maltreatment of children ages 1-4 in Florida, according to the definition described above. These counts represent 6.0% of infants and 3.8% of children ages 1-4 statewide, respectively.

It is important to point out that the infant indicator for child maltreatment was chosen by the data analysis team to serve as a proxy for the count and rate of infant deaths due to neglect by

county, as required in the specifications for HV grant funding. There are so few infant deaths related to neglect by county in Florida, especially for sparsely populated rural counties, that meaningful data for this specific indicator are not useful as a true indicator of need. The statewide number of abuse and neglect deaths for children less than one year of age, as reported by Florida's Child Abuse Death Review Committee in their most recent available annual reports, was 68 and 90 for years 2007 and 2008, respectively. Of those cases, approximately 70% were due to neglect. Consequently, because only seven of every 10 verified child maltreatment cases involve neglect rather than abuse, reducing the number of substantiated statewide death cases due to neglect even further, and because no county data are available, the data analysis team opted to use infant maltreatment data as a more reliable indicator of infant neglect for the purposes of this needs assessment. This clarification is noted underneath Table 1.

The Department of Children and Families (DCF) generated child maltreatment data by type, the new maltreatment indicator requested in the recent SIR guidelines, for ages 0-17. These data are presented in Appendix F, broken out by the following categories, with corresponding statewide counts and instances of maltreatment per 1,000 children ages 0-17 in parentheses:

- Physical abuse (12,745 / 3.1)
- Neglect (74,134 / 17.8)
- Medical neglect (2,293 / 0.5)
- Sexual abuse (4,801 / 1.2)
- Psychological / Emotional (5,453 / 1.3)
- Other (67,806 / 16.3)

DCF data for this new indicator show that Florida averaged 167,232 substantiated maltreatment cases per year, with an average of 40.1 such cases per 1,000 children ages 0-17. These data will be reviewed for inclusion in Step 3 of this process, as Florida refines its data collection and methodology for selecting final communities in need.

Section Summary

This section has presented a brief overview of Florida's ranking on nationwide health outcome indicators related to the population the home visiting grant is designed to serve and has described the process by which the DOH/DCF data analysis team selected 11 indicators of need, based on the eight constructs delineated in section 511 of Title V legislation, and collected data for those indicators. Data sources, derivation and definitions, along with discussion of the strengths and limitations of the data used, were addressed for each indicator. Statewide indicator data by counts and rates have been highlighted, and rates were used in the statewide matrix of metrics in Appendix A to fulfill the SIR requirements for this part of the needs assessment. Statewide population data used in the calculation of rates were also presented in this section. County data for these same indicators and the related population data will be presented in Section 3, along with a discussion of the methodology for generating composite indicator data used to identify those counties with high concentrations of the 11 indicators relative to the baseline statewide data discussed here.

The limitations of currently available data speak to the tremendous opportunity presented to Florida and to all states to develop statistically rigorous measures as we define and implement

an effective model to address needs and to measure our progress in responding to those needs through a system of care that includes evidence-based home visiting programs.

Section 2: Defining Communities in Need

Unit of Analysis Selection

For Step 2 of the home visiting grant application process, the DOH/DCF data analysis team chose to collect and analyze Florida indicator data at the county level because data for that unit of analysis were readily accessible, for the most part. Section 1 defined each of 11 indicators of need, described the data sources for those indicators, examined strengths and limitations of the indicator data, and presented the statewide data. Section 3 will provide additional information regarding data limitations at the county level, examine the county data for each indicator, and explain the methodology used to derive composite rates for each of Florida's 67 counties. Thus, the at-risk community for this needs analysis is defined as a Florida county.

Despite the intense effort exerted to generate and graphically portray both count and rate data and their relationship to statewide data for all indicators, the team was concerned from the onset of this needs assessment process about limiting the final selection of Florida communities with the highest concentration of need to the county level alone, due to the state's high level of cultural and geographic diversity, which will be discussed below. No data were available for analysis at the sub-county level, and due to the time limitations for generating and analyzing data to identify at-risk communities for this grant application, there was no opportunity to initiate collection of data within counties. As a result, Florida has opted to defer the final selection of at-risk communities to Step 3 in order to enable further analysis vital for making the most justifiable decisions about at-risk populations.

Florida's Cultural and Geographic Diversity

Florida has the fourth largest population in the United States, estimated at 18,537,969 for 2009 by the U.S. Census Bureau, and comprising 6% of the total U.S. population of 307,006,550.Since 2000, Florida has grown 16% compared to the national rate of about 9%, adding approximately 2.6 million residents, despite a decline in the growth rate since 2005. Its residents are among the most culturally diverse in the nation, with about 18.7% born in foreign countries, compared to 12.5% across the nation. More than one in five Florida residents are Hispanic/Latino and over 15% are Black, compared to the U.S. rates of 15.1% and 12.3%, respectively, and by 2030, Hispanic and Black populations are projected to comprise about 43% of the state population, a significant increase from the current 35% rate. More than one in four residents five years of age or older reside in homes where a language other than English is spoken, while just over one in 10 meet that criterion at the national level. The state's public education system identifies 200 first languages other than English spoken in the homes of students.

Adding to Florida's cultural diversity is the broad variety of population concentration throughout the state. Florida has five large urban areas (Miami, Tampa-St. Petersburg, Orlando, Jacksonville, and Sarasota-Bradenton) with dense populations exceeding 500,000, about 16 smaller industrial cities (populations below 500,000), and numerous small towns. The largest metropolitan area, both in Florida and in the entire southeastern United States, is the South Florida metropolitan area (Miami-Dade, Broward, and Palm Beach Counties combined), which is home to about 5.5 million residents. This highly-populated urban area also has a higher

concentration of cultural diversity, with close to 40% Hispanic/Latino and over one in five Black residents, as of 2005. In addition, 37% of residents in this area were born in foreign counties, and 48% age five or older spoke a language other than English at home – with 78% speaking Spanish and 22% another language (Haitian Creole, French, German, Hebrew, Italian, Portuguese, Russian, or Yiddish). About 47% of those speaking a language other than English at home stated that they do not speak English "very well". A large portion of South Florida residents are retirees, mostly from the northeast section of the United States, who also represent a wide range of second- and third-generation immigrants. There are also large communities of Hispanics in the Tampa and Orlando areas. Florida's largest counties are also characterized by a broad mix of workers – from professionals with relatively high incomes in suburban communities to service workers earning minimum wage concentrated in smaller urban communities – many of whom are among the most culturally diverse workers in the state.

Having the longest coastline in the contiguous United States, Florida attracts a host of vacationers to its beaches every year. From Orlando to Key West, area attractions offer visitors a variety of activities and a warm, tropical climate in which to enjoy them. This area is also a popular site for business conferences and conventions, due to the local attractions and pleasant weather. As a result of this influx of travelers, a large proportion of the job market in Florida, especially in Central to South Florida, is comprised of service workers, many of them drawn from the culturally diverse groups residing in this area. Many of these workers lack the educational background and/or skills, including language skills, needed to move into more highly-paid jobs that could improve their quality of life.

In contrast to these five large urban areas are many cities and counties more moderate in size, with a different racial/ethnic/language landscape that is more homogeneous, rather than subdivided into distinct urban and suburban areas. Cities such as Pensacola, Gainesville, Ocala, and Melbourne fall into this category. Finally, numerous sparsely-population, rural small counties are dispersed throughout Florida. Some of these counties have a large proportion of immigrants working on local farms, while others are home to workers who travel to the larger cities where there is a need for service workers.

While its rich mix of cultural, racial, and linguistic diversity distinguishes the Sunshine State as a multilingual, multicultural business hub in the global economy; its warm climate, long coastlines of beaches and popular attractions attract tourists from all over the world, and its variety of metropolitan and rural areas add to its charm and character, these factors make the process of identifying at-risk communities for the home visiting needs assessment extremely complex. In the short time frame for conducting the required data analysis, the only data available were at the county level. For sparsely- and moderately-populated counties with a fairly even cultural, industrial, and urban/rural distribution throughout the county, this level of analysis may be adequate. However, for less homogeneous counties, and especially for the largest, most culturally diverse counties in Florida, county-level data may be inadequate for understanding the level of need. Within highly-populated, urban counties that do not appear to be at-risk, there could be many smaller communities with an intense need for interventions focusing on improving health outcomes for pregnant women, infants, and children. Thus, there is a great risk that pockets of critical need will be overlooked by county-level analysis. Because Florida has several highly-populated metropolitan areas, especially in the central to southern part of the

state, there is great concern among members of the needs assessment team that further analysis is essential before making the final selection of communities most in need of home visiting (HV) services.

Another area of concern is the proper and most efficient allocation of resources, in order to make the most significant impact on health outcomes for children. Pockets of needs within large areas that do not have a high concentration of indicators of need at the county level may be just as important for receiving services as smaller counties that have a relatively high indication of need. In addition, it may be most feasible to combine several small, contiguous counties identified as high-risk at the county level into a re-defined area that could be addressed in the same manner as a larger, more populated area. The needs assessment team feels it is critically important to compare the efficacy of allocating resources at the sub-county versus the multi-county level. In order to make the most informed decisions in this important process, Florida has opted to defer the final selection of at-risk communities to the third phase of the HV grant application process. By doing so, there will be time for a more detailed and comprehensive analysis of Florida's counties and sub-counties than was possible in the current needs assessment.

At-Risk Community Selection Summary

The Florida needs assessment team for the HV grant application feels it is extremely important to point out the limitations of analyzing at-risk populations using the county level as the unit of analysis to identify the Florida communities most in need of HV intervention. When moving into the implementation phase, Florida's diverse pockets of concentrated high-risk populations interspersed with sparsely populated regions (as captured in Table 3 of Section 3) require more careful evaluation of data at the sub-county level – perhaps by zip code, census tract, or other methods – in order to identify smaller communities within counties that have a high at-risk population not identified by county breakouts. Additionally, to best utilize financial and personnel resources, several small, contiguous counties may need to be combined to create a region of need for the allocation of those resources. This hybrid approach will be reviewed by the data analysis team for possible incorporation as Florida moves into the implementation phase, Step 3, of the three-step application process, in order to assure that no areas of great need within the state are overlooked and resources are allocated in the most efficient manner possible.

One final issue needs to be addressed in this discussion on identifying at-risk communities in Florida. The SIR referred to the inclusion of the American Indian population in this needs assessment for states having tribal areas within their borders. The needs assessment team determined that Native Americans are already included in the data analysis for Florida communities in need, regardless of whether they were born on a reservation or not. A new Senior Tribal Liaison in the Center for Disease Control (CDC) was recently appointed and is currently located within the Florida Department of Health. Dr. Melanie Duckworth serves as the Public Health Advisor in the Office of State, Tribal, Local, and Territorial Support, which is responsible for assuring that American Indian and Alaskan Native communities receive public health services to promote health and safety.

The careful and systematic examination of data by the DOH/DCF data analysis team for Step 2 in the needs assessment process has cast a spotlight on the importance of collecting data that will adequately enable and inform quality needs assessments for HV programs in the future. As Florida develops an implementation plan that meets the federal requirements for measuring the performance of HV programs over the next five years, ongoing efforts aimed at both defining the most appropriate unit of analysis and improving the validity of indicator data will play a vital and integral role in establishing meaningful benchmarks.

Section 3: Identifying Florida Counties in Need

The Patient Protection and Affordable Care Act (ACA) of 2010 amended Title V of the Social Security Act by adding section 511, one subsection of which requires all states to identify at-risk communities as part of the home visiting (HV) needs assessment process. This section of *Florida's Maternal, Infant and Early Childhood Home Visiting Needs Assessment* presents the data resulting from activities conducted to comply with this requirement.

Selecting Indicators / County Data Collection

As described in Section 1, the Florida DOH/DCF data analysis team collaborated in selecting 11 indicators of need that align with the eight constructs specified in section 511 (b)(1)(A) of Title V, reached consensus regarding the age range to focus on in developing those indicators, and selected county data as the unit of analysis for initially identifying at-risk populations in the state. Statewide counts and rates for each of the 11 indicators were then presented, along with the population figures used for calculating those rates, followed by descriptions of the data sources, definitions, derivations, and strengths/ limitations of each indicator. Section 2 elaborated on the rationale for using county-level data and addressed the limitations of using county data alone to identify communities of greatest need. It explained the steps Florida will take to significantly improve the identification of its communities in need in the next phase of the home visiting (HV) grant application process. Although Florida has opted to defer the final selection of these communities to Step 3, the collection and analysis of indicator data at the county level was a major effort in the needs assessment process and is a key starting point in establishing a strong foundation for identifying Florida communities with the highest concentration of need for a comprehensive system of care that includes home visiting.

The results of the process of collecting and analyzing county-level indicator data for the same 11 indicators discussed in Section 1, which focused on statewide data, will be presented here. Since the same data sources were used to generate both statewide and county data, information discussed in Section 1 will not be reiterated here; however, any new issues related to data limitations that impact only the county-level data will be addressed. Appendix A includes a matrix showing the data sources for county data, to comply with recent SIR requirements, but the preparation of such matrices for each of the communities identified as most in need of HV services will be done in the next phase. The document *Maternal, Infant and Early Childhood Home Visiting Programs Grant, Needs Assessment, Part A: Identification of Communities with Concentrations of Selected Indicators*, introduced in Section 1 and included in this report as Appendix C, will be referenced throughout the discussion of the county indicator data. Finally, this section describes the overall methodology for utilizing the composite county indicator data to initially identify those populations, at the county level, found to be most in need of HV services aimed at improving health and developmental outcomes for mothers, children and families throughout the state.

County Population Data

Consistent with the generation of statewide population data, population figures from CHARTS were used to develop the individual county rates for all required constructs in order to have a consistent baseline across all 11 indicators. Table 3 displays population data by county that were used in the denominator for calculating the rates for each indicator. The counties are listed in alphabetical order in the leftmost column, with actual population numbers for each of the eight population categories listed in the white columns to the right of the county names. To the right of each population number is that county's ranking for the category shown in the column headings. The colors in this ranking column indicate where each county falls in a general ranking of all 67 counties, from highest to lowest counts. The top 22 counties, or roughly one-third, are highlighted in pink. Counties whose ranking falls between 23 and 45 are highlighted in yellow, while counties in the bottom third of the rankings, or positions 46-67, are highlighted in green. Notice that several counties, such as Broward and Miami-Dade, are consistently in the top third (pink) for all population categories. These two counties rank first and second, respectively, across the board. Monroe County is consistently in the second tier (yellow) for all population groups shown, while Calhoun County is always in the bottom third (green). Notice that almost all of the counties are in the same tier across all population categories, but a few counties, such as Alachua and Leon, appear in two adjacent tiers.

Child and Maternal Health Indicators: Premature Births, Low Birth-Weight Infants, Infant Mortality

Data for these three key components of child and maternal health for the most recent years of available data - calendar years 2006-2008 - were first collected by county, then averaged, to provide total counts over the most recent three-year period. For the first two indicators, Premature Births and Low Birth-Weight Infants, these counts were then divided by the average number of births for the same three-year period to generate rates by county. This pattern was followed in generating county rates for most of the indicators. The third component, Infant Mortality, is expressed as the number of deaths per 1,000 live births, rather than as a straight rate, which would be a comparison to *all* live births. Some of the other indicators below also use a constant number in the denominator for comparison to express frequency of occurrence, rather than using the related population figure shown in Table 3 to generate a straight rate.

Refer to graphs 1 through 3 of Appendix C to view the three separate sets of counts and rates (or frequency per 1,000 live births for Infant Mortality) representing the child and maternal health indicators, shown in descending order from highest to lowest. Graph 1b shows that 20 counties had higher premature birth rates than the 14.2% statewide rate, ranging from 14.3% to a high of 17.5% for Sumter County. Nine of these 20 counties are in the group of counties with the lowest overall county population (highlighted in green on Table 3), or bottom tier, and 4 are in the middle tier of population (highlighted in yellow). The rate of low birth-weight infants was higher in 27 counties than the 8.7% statewide rate, ranging from 8.8% to a high of 11.9% for Gadsden County. Eleven of these 27 counties are in the bottom population tier, while eight are in the middle tier. Hamilton County's 19.0 infant deaths per 1,000 live births is a standout

Table 3 – Data Used as Denominators for Calculating Indicator Rates

	Population All Ages		Population Infants		Population Age 0-4		Population Age 1-4		Population Age 15-44		Births		Children in Grades 9-12		Labor Force	
	Average 2007-09		Average 2007-09		Average 2006-08		Average 2007-09		Average 2007-09		Average 2006-08		Average 2006-07 - 2008-09		Average 2007-09	
County	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank
Alachua	251,997	23	2,880	23	13,701	23	11,111	23	132,891	15	2,889	23	10,559	25	130,043	22
Baker	25,886	52	400	50	1,856	50	1,468	50	11,019	52	408	50	1,480	50	12,110	51
Bay	169,097	27	2,184	26	10,279	26	8,236	26	63,455	27	2,348	26	8,861	27	88,183	27
Bradford	29,100	50	351	51	1,679	51	1,348	52	12,871	49	360	51	1,178	52	12,411	50
Brevard	555,271	10	5,514	10	26,646	10	21,425	10	189,212	10	5,603	10	25,668	10	267,161	10
Broward	1,757,263	2	22,219	2	110,841	2	89,528	2	709,055	2	22,864	2	90,176	2	996,044	2
Calhoun	14,380	63	165	60	802	60	641	60	6,375	61	174	61	664	60	5,717	60
Charlotte	165,729	28	1,196	31	5,783	32	4,699	32	41,733	31	1,206	32	6,854	30	69,343	29
Citrus	142,334	32	1,104	33	4,994	34	3,993	34	36,341	33	1,144	33	5,912	33	56,139	33
Clay	185,585	25	2,309	25	11,038	25	8,935	25	75,545	25	2,351	25	12,405	22	94,898	25
Collier	333,347	15	3,882	17	19,020	15	15,386	15	108,150	18	4,039	17	15,029	17	147,772	15
Columbia	66,376	40	864	37	4,054	37	3,239	37	25,832	39	883	37	3,108	38	31,346	39
Miami-Dade	2,473,920	1	33,700	1	167,595	1	134,174	1	1,029,145	1	33,888	1	119,914	1	1,218,007	1
Desoto	34,521	48	478	49	2,235	49	1,866	48	14,441	47	480	49	1,822	48	14,657	49
Dixie	15,967	60	179	58	880	58	712	58	5,870	62	181	58	662	61	5,556	61
Duval	904,782	7	13,379	6	64,888	6	52,122	6	386,679	6	13,638	6	41,997	7	443,890	7
Escambia	313,412	18	4,181	14	20,275	14	16,359	14	132,336	16	4,311	14	16,205	15	139,339	18
Flagler	94,975	35	890	36	3,680	39	2,961	40	26,818	36	943	36	4,494	34	31,803	38
Franklin	12,347	64	117	64	599	64	471	64	4,657	64	123	64	366	64	4,880	63
Gadsden	50,624	43	739	41	3,594	41	2,917	41	20,822	43	752	39	1,845	47	21,122	43
Gilchrist	17,324	57	198	57	960	57	775	57	6,897	59	193	57	924	57	7,752	56
Glades	11,334	65	99	66	525	65	441	65	4,449	66	94	66	311	67	4,641	65
Gulf	16,895	58	137	63	686	63	554	63	7,151	58	138	63	758	58	6,335	59
Hamilton	14,759	61	165	61	828	59	665	59	6,845	60	175	60	625	62	4,758	64
Hardee	27,987	51	499	47	2,294	48	1,893	46	12,558	50	522	47	1,499	49	11,709	52
Hendry	41,092	44	745	39	3,603	40	3,009	39	19,600	44	733	41	2,458	41	17,525	45
Hernando	165,004	29	1,554	29	7,043	29	5,631	29	46,494	29	1,611	29	7,674	29	62,613	31
Highlands	100,054	34	1,070	34	5,029	33	4,037	33	27,821	35	1,099	34	3,996	35	40,417	35
Hillsborough	1,200,202	4	17,208	3	81,125	4	64,916	4	509,428	4	17,641	3	62,566	3	596,925	5
Holmes	19,730	56	222	56	1,132	56	931	56	8,219	56	216	56	1,145	54	8,884	55
Indian River	141,402	33	1,358	30	6,620	30	5,402	30	41,783	30	1,402	30	6,112	32	62,556	32
Jackson	52,348	42	594	43	2,865	44	2,302	44	21,750	41	601	43	2,382	42	21,899	42
Jefferson	14,608	62	162	62	793	61	634	61	5,772	63	168	62	363	65	6,835	58
Lafayette	8,527	66	92	67	397	67	307	67	4,599	65	94	67	312	66	2,989	67
Lake	289,959	19	3,315	20	14,927	22	11,949	21	90,089	23	3,456	20	13,151	21	135,359	21
Lee	621,700	8	7,287	9	35,011	9	28,691	9	199,704	9	7,414	9	28,767	9	284,797	8
Leon	274,488	21	3,228	21	15,549	19	12,553	19	143,479	13	3,268	21	10,601	24	146,643	16
Levy	40,713	46	480	48	2,315	47	1,887	47	13,983	48	485	48	2,118	45	16,716	47
Liberty	8,195	67	102	65	429	66	343	66	4,112	67	108	65	560	63	3,793	66
Madison	20,138	55	256	55	1,198	55	965	55	8,786	55	259	55	1,105	55	7,044	57
Manatee	318,015	17	3,894	16	18,108	16	14,586	16	107,200	19	4,052	16	14,808	18	146,426	17
Marion	329,135	16	3,615	18	17,169	18	13,884	18	106,146	20	3,663	18	15,096	16	136,837	19
Martin	143,773	31	1,132	32	6,028	31	4,903	31	40,651	32	1,327	31	6,731	31	63,699	30
Monroe	76,552	37	744	40	3,766	38	2,915	42	26,487	37	749	40	2,918	39	45,409	34
Nassau	71,908	39	816	38	4,080	36	3,353	36	26,212	38	807	38	3,891	36	35,816	36
Okaloosa	197,075	24	2,659	24	12,812	24	10,290	24	80,320	24	2,737	24	11,535	23	97,326	24
Okeechobee	39,753	47	568	45	2,614	45	2,086	45	15,525	46	599	44	2,578	40	17,764	44
Orange	1,113,377	5	16,629	4	81,456	3	66,173	3	515,441	3	16,797	4	57,296	5	599,706	4
Osceola	273,391	22	4,009	15	17,811	17	14,523	17	118,067	17	4,075	15	19,102	14	136,368	20
Palm Beach	1,292,927	3	15,116	5	72,395	5	57,837	5	453,866	5	15,546	5	60,327	4	623,126	3
Pasco	437,563	12	5,120	12	22,171	13	17,558	13	141,676	14	5,356	11	23,059	13	195,896	13
Pinellas	937,724	6	9,214	7	47,204	7	37,618	7	322,966	7	9,360	7	42,511	6	447,939	6
Polk	584,682	9	8,054	8	38,639	8	31,124	8	215,398	8	8,246	8	32,966	8	271,701	9
Putnam	74,851	38	1,004	35	4,641	35	3,666	35	25,440	40	1,053	35	3,414	37	32,019	37
St Johns	181,239	26	1,811	28	8,445	28	7,005	27	66,523	26	1,800	28	9,562	26	94,531	26
St Lucie	274,859	20	3,380	19	15,369	20	12,452	20	92,545	22	3,507	19	14,609	20	123,779	23
Santa Rosa	144,053	30	1,819	27	8,531	27	6,800	28	58,197	28	1,865	27	8,782	28	70,239	28
Sarasota	391,341	14	3,102	22	14,938	21	11,945	22	104,031	21	3,163	22	14,705	19	169,514	14
Seminole	425,407	13	4,778	13	24,953	11	20,212	11	181,432	11	4,745	13	24,170	12	239,678	12
Sumter	93,544	36	592	44	3,510	42	3,025	38	29,587	34	525	46	2,359	43	31,324	40
Suwannee	40,980	45	514	46	2,360	46	1,862	49	15,621	45	526	45	1,929	46	17,109	46
Taylor	23,241	54	279	53	1,319	53	1,055	53	9,597	54	278	53	953	56	9,036	54
Union	16,009	59	174	59	778	62	628	62	8,114	57	178	59	701	59	5,267	62
Volusia	509,272	11	5,207	11	24,841	12	19,867	12	178,015	12	5,312	12	24,294	11	253,076	11
Wakulla	30,873	49	327	52	1,650	52	1,356	51	12,459	51	317	52	1,453	51	15,678	48
Walton	57,745	41	670	42	3,055	43	2,435	43	20,926	42	697	42	2,270	44	31,208	41
Washington	24,816	53	275	54	1,215	54	980	54	10,195	53	277	54	1,157	53	9,838	53
Florida	**18,787,480**		**231,002**		**1,117,626**		**899,617**		**7,199,402**		**235,815**		**919,803**		**9,160,921**	

among the 31 counties with more infant deaths per 1,000 live births than the 7.2 infant deaths for Florida as a whole. Calhoun County, which has the second highest number of infant deaths per 1,000 live births, had 13.4 infant deaths per 1,000 live births – significantly fewer than Hamilton County. Nineteen of the 31 counties are either in the bottom population tier (10) or the middle tier (9) for the number of infant deaths per 1,000 live births.

The pattern just observed in these three indicators, where the counties with relatively small to moderate overall populations comprise the majority of counties exceeding the statewide rates, continues to hold for many of the remaining indicators. Conversely, and not surprisingly, Florida's highly populated counties usually dominate the group of counties with the highest *counts* for all indicators.

Poverty

Graphs 4a and 4b in Appendix C display average county counts and rates for the period 2006-2008 for those households with children ages 0-4 who are living in families with total incomes below 100% of the federal poverty level (FPL). What is most notable about graph 4b is that 45 of Florida's 67 counties, or 67.2%, have a higher percent of households exceeding the FPL than the 22.4% statewide rate, by this definition. Twenty-one of these 45 counties, or close to half, are represented in the bottom population tier, and 15 are in the middle tier. Lafayette County, at 41.6%, has the highest rate of children living in poverty, followed closely by Washington County at 40.2%. In nearly one of every four (23.9%) Florida counties, one-third or more of the households with children ages 0-4 are living in poverty, according to the federal poverty standard.

Graph 4a shows six Florida counties with over 10,000 children ages 0-4 living in households below 100% of the FPL, yet only two of these six have *rates* above the statewide average. These data indicate that Florida counties with the highest concentration of need as measured by *counts* are not necessarily counties with the highest concentration of need as measured by *rate,* which was the case with the three maternal and child health indicators above. Across Florida, poverty appears to have a far more significant impact in counties with the smallest population overall, when considering the poverty rate. However, the relatively high *number* of children living in poverty within the largest counties highlights the importance of collecting additional data at the sub-county level in Florida, in order to identify pockets of great need within large counties that otherwise do not show a high level of need when examining only poverty indicator *rates*.

Crime

Several of the largest Florida counties have both the highest number and the most frequent occurrence of serious crimes. Counts and rates of average index crime data by county for 2007-2009 are shown in graphs 5a and 5b in Appendix C. Twelve counties have a higher frequency of serious crimes per 100,000 residents than the 4,587 crimes per 100,000 for the entire state. All five of the counties with the highest *number* of serious crimes relative to 100,000 residents are also among those 12 counties, reflecting a correlation between the data shown in the two graphs for this indicator. Thus, they are among the most at-risk communities when analyzing crime data at the county level for the population as a whole.

Another crime indicator was included in the recent SIR guidelines from the Health Resources and Services Administration (HRSA): the number of crime arrests for ages 0-19 relative to a base of 100,000 juveniles ages 0-19. The Florida Department of Law Enforce (FDLE) defines ages 0-17 as "juvenile" and was able to generate 2007-2009 three-year averages of the number of arrests for ages 0-17 per 100,000 residents in this age category by county. These data are shown in tabular format in Appendix D and include additional data on the three-year average *number* of arrests for the same time period. It is interesting to observe that isolating the crime indicator to juveniles in the 0-17 age group changes the scenario somewhat from what was just discussed for the overall crime index across all age groups. Six counties reported over 4,000 juvenile arrests per 100,000 juveniles, according to the FDLE definition. Five of these counties are in the middle tier for overall population (Bay, Charlotte, Hendry, Martin, and Santa Rosa), and just one is in the top tier (Brevard). When looking at the total number of juvenile arrests by county, rather than the number of arrests per 100,000 residents ages 0-17, six *different* counties have the highest arrest counts for this age group: Broward, Miami-Dade, Duval, Hillsborough, Orange, and Pinellas. Thus, the correlation between counties with the largest population and counties with the most arrests per 100,000 is not as strong for the 0-17 age group as for the overall population. Counties of more moderate size in terms of total population appear to be more at risk in terms of the frequency of juvenile arrests. These new data isolating the juvenile age group will be considered in the more detailed analysis of at-risk populations in the next phase.

Domestic Violence

Average counts and rates of domestic violence data by county covering years 2007-2009 are presented in graphs 6a and 6b in Appendix C. 13 of the 32 counties with a higher number of domestic violence offenses per 1,000 residents than the statewide 6.1 per 1,000 are among Florida's top population tier, 11 counties are in the middle tier, and 8 are in the bottom tier. For this indicator, risk is somewhat greater in the large to moderate size counties. Putnam County, with 12.0 offenses per 1,000 residents has a significantly higher frequency of domestic violence offenses than the other 31 counties exceeding the statewide benchmark, which range from 6.3 to 8.8 offenses per 1,000 residents. Comparing the frequency of offenses to actual counts helps to spotlight one of the aspects that makes identifying at-risk communities complex in Florida. Five of the eight counties with an average of more than 5,000 offenses also exceed the statewide frequency of 6.1 per 1,000. However, Miami-Dade County, with an average of 11,029 domestic violence offenses, which is significantly higher than the other seven counties in the top eight, has only 4.5 offenses per 1,000 residents, ranking 51st among the state's 67 counties in terms of the frequency of such offenses.

High School Dropouts

Refer to graphs 7a and 7b in Appendix C to view the most recent three-year average counts and average rates of high school dropouts in Florida's counties. Once again, a county in the bottom tier of population, Glades County, is a standout in terms of dropout rates, at 7.3%. The other 29 counties with rates exceeding the statewide average of 2.7% have rates ranging from 2.8% to 5.4%. Thirteen of these are relatively small counties in terms of population, with the other 17 fairly evenly split between counties with moderate to highly concentrate populations. Miami-Dade County's average of 5,658 dropouts, as shown in graph 7a, is significantly higher

than the number of dropouts for the other five large counties with over 1,000 dropouts. Four of these six counties with the highest dropout counts are also among those counties with rates exceeding the state average, rendering them areas of great need for this indicator.

Substance Abuse

The county breakouts displayed by count and rate in graphs 8a and 8b, respectively in Appendix C, are *estimates* of the prevalence of substance abuse "service needs", calculated by applying the *statewide* estimated substance abuse service needs rate to each county's estimated population by age group, as no service needs data are currently available by county in Florida. Thus, each county's portion of the substance abuse population by age group is identical to each county's population share for that same age group. Most of the estimated rates of the need for substance abuse service for Florida counties hover within a percentage point of the statewide rate of 10.3%, as shown in graph 8b.

For the purpose of identifying at-risk populations for this needs assessment, substance abuse data are viewed as a relatively weak indicator and, as such, comprise only one of the 11 indicators in terms of weighting, as will be further explained in the methodology section below. Currently, efforts to develop a county-level indicator for individuals in need of substance abuse services are underway. It is hoped that these data will become available as Florida moves into the planning phase, but even if that proves to be infeasible, the more narrowly defined new substance abuse indicators recently suggested by HRSA in the SIR maybe useful as Florida refines its definition of communities in need. Data generated for the following new substance abuse indicators in response to the SIR guidelines are displayed in Appendix E but were not available in time to include in the current needs assessment analysis.

- Prevalence rate: Binge alcohol use in past month
- Prevalence rate: Marijuana use in past month
- Prevalence rate: Nonmedical use of prescription drugs in past month
- Prevalence rate: Use of illicit drugs, excluding marijuana, in past month

As discussed in Section 1, the Department of Children and Families had data on the nonmedical use of "pain relievers", rather than "prescription drugs" for the third prevalence rate, and the population data used by DCF, while consistent with their department's publications, differs from the more recent CHARTS population data used for this needs assessment. The data analysis team will consider the possible inclusion of these new indicators as it prepares a more detailed and comprehensive analysis of at-risk populations in Step 3.

Refer to Section 5 for an in-depth discussion of substance abuse data on the county level.

Unemployment Rates

Refer to graphs 9a and 9b in Appendix C for average unemployment counts and rates by county for 2007-2009. Only two counties, Hendry and Flagler, have average unemployment rates above 10%, while 32 counties have rates exceeding the statewide 7.0% unemployment rate. Over half of these 32 counties have highly concentrated populations, with the remaining counties evenly divided between moderately-populated and sparsely-populated counties. As can be seen in comparing graphs 9a and 9b, two of the four counties with the highest number of

employed persons (Miami-Dade and Palm Beach) are among the 32 counties with unemployment rates exceeding the statewide rate.

Child Maltreatment / Infant Death Due to Neglect

As stated in Section 1, the data analysis team split child maltreatment data into two categories, creating two separate indicators of equal weight in the data analysis: instances of maltreatment of infants (0-12 months of age) and instances of maltreatment of children ages 1-4. County counts and rates for these two indicators can be seen in graphs 10a, 10b, 11a and 11b in Appendix C.

The recent SIR guidelines included a new indicator of child maltreatment: the rate of reported substantiated maltreatment by type. DCF was able to provide average counts and rates per 1,000 children ages 0-17 for 2007-2009, broken out into six categories of abuse, as described in Section 1. These data are included in this report as Appendix F.

Methodology for Assessing At-Risk Populations

Once data for the 11 indicators were identified and collected, the data analysis team aligned each indicator to one of the six desired outcomes of the HV initiative, specified by HRSA and the Administration for Children and Families (ACF), as shown below:

1. Pregnancy Outcomes (3 indicators)
    - Premature Birth Counts and Rates
    - Low Birth-Weight Infants Counts and Rates
    - Infant Mortality Counts and Rates

2. Family Self-Sufficiency (2 indicators)
    - Poverty Counts and Rates
    - Unemployment Counts and Rates

3. Family Safety (2 indicators)
    - Index Crime Counts and Rates
    - Domestic Violence Counts and Rates

4. Education (1 indicator)
    - High School Dropout Counts and Rates

5. Substance Abuse (1 indicator)
    - Estimated Substance Abuse Service Needs Counts and Rates

6. Child safety (2 indicators)
    - Infant Verified and Some Indication Abuse Counts and Rates (Proxy for Infant Deaths Related to Neglect)
    - Children 1-4 Verified and Some Indication Abuse Counts and Rates

Notice again that the indicator breakouts chosen by the data analysis team for Child and Maternal Health (3) and Child Maltreatment (2) resulted in 11 total indicators, expanding the original eight constructs defined by the Affordable Care Act (ACA). Ensuing discussion on the relative importance of each of these 11 indicators led to consensus among team members that

each indicator was of equal importance. Because birth outcomes and child safety are more important than the other constructs in assessing maternal and child well-being, the data analysis team used three indicators related to birth outcomes and two indicators related to child safety to reflect the relative importance of those constructs (representing five, or almost half, of the 11 indicators), thereby providing a natural weighting effect. Family self-sufficiency, with two indicators, carries a stronger weight than the weakest group of the 11 indicators: crime, domestic violence, and estimated substance abuse service needs. The latter three indicators, along with education, are each weighted only once. Thus, no additional statistical weighting procedure was required.

The team decided to collect the most recent three years of data for each indicator, wherever possible, and to generate three-year averages to establish a general trend and decrease the possible effect of outliers in any given year. Data were collected first as absolute numbers (counts) by county, and then averaged for presentation in descending order in the graphs. Rates were then calculated from these three-year averages by dividing the counts by the related three-year average population figure for each county. Graphs showing rates for each of the 11 indicators, also presented in descending order, immediately follow each graph by counts in Appendix C.

Comparison of the graphs displaying counts to the graphs displaying rates for any of the indicators clearly demonstrates the variance in the size and type of counties in Florida, as large counties with concentrated populations such as Broward, Miami-Dade, Duval, Hillsborough, Palm Beach and Orange repeatedly appear in the top portion of the graphs that show absolute numbers, while the smallest, most sparsely populated counties in the state such as Hamilton, Madison and Putnam consistently move to the top portion of the graphs that display rates. For example, Glades County averaged only 23 high school dropouts over the three-year period from 2007-2009, ranking it in the bottom 10 counties for the number of dropouts (as shown in graph 7a, Appendix C). However, its dropout rate of 7.3% (as shown in graph 7b, Appendix C) was the highest of all 67 counties during the same period. Conversely, Polk County averaged 1,130 premature births from 2006-2008, ranking eighth in the distribution by counts (see graph 1a, Appendix C), yet its 13.7% rate for premature births during the same period (see graph 1b, Appendix C) was below the state average. This rank variance between counts and rates for all 11 indicators is dramatically captured in two tables of composite county rankings shown below.

Tables 4 and 5 present composite county rankings for each indicator by counts and rates, respectively. The composite rankings were developed by the data analysis team in order to combine and compare the ranking information shown in the individual indicator graphs and to ultimately serve as the basis for the final ranking of Florida's 67 counties according to need. In each table, an overall average rank by county was calculated from the 11 individual ranks, and the final rankings were then based on those composite averages, displayed in descending order. The composite averages and final rankings appear in the rightmost columns in both tables.

Notice that in Table 4, the data are arrayed by absolute numbers, or counts, in descending order of composite rank. The same color-coding used in the population table was adopted in this table to group the 67 counties into three tiers. Clearly, the largest counties in terms of population are consistently in the top (pink) tier, and the smallest counties in terms of population

comprise most of the bottom (green) tier. Compare this table to Table 5, which ranks the counties by incidence rate rather than counts. The top tier has now shifted to include a diverse group of small and medium counties, plus a couple of the larger counties. The stark contrast between the two presentations of data prompted a decision by the data analysis team as to which data best represent the at-risk populations in Florida. Rates provide information on the *relative* prevalence of each indicator within a given county, while counts identify pockets with a high concentration of need, regardless of whether the associated rate is low or high.

After carefully examining both individual and composite counts and rates for all 11 indicators, ranked from highest to lowest in the graphs shown here and in Appendix C, the team determined that rates should be utilized in identifying the counties with the greatest percentage of at-risk population. During the implementation phase (Step 3) of the HV program, absolute numbers will play a key role in the allocation of resources, but they are not appropriate for classifying counties according to greatest need, as required for this needs assessment process. Additionally, those counties with *both* high incidence rates and high absolute numbers, as shown in the two composite tables compared in the discussion above, may be among the key candidates for the provision of HV services and funds.

The data analysis team then considered the options of simple rankings vs. normalized scores to develop a rational and defensible methodology for assessing Florida's needs by county, based on incidence rates. These two methods are explained below.

The standardized score method uses the standard deviation and average of the log of the rates to compute standardized scores for each rate. The log of the rates results in a more normalized distribution of rates for statistical purposes, as rates themselves are not normally distributed, generally speaking. The scores could then be averaged for the 11 indicators, and the counties ranked based on the average standardized scores. The advantage of this method is that it accounts for the magnitude of the rates, but one disadvantage is that extreme values (outliers) may distort the resulting composite rank. Another disadvantage of the standardized score method is the underlying assumption of normally distributed logs of the rates. To the extent the logs of the rates are *not* normally distributed, the results will be distorted.

The simple ranking method involves summing the ranks across the 11 indicators, averaging the summed ranks, then ranking the counties in descending order by the average rank. This method has the advantage of not being influenced by extreme values, and it does not rely on assumptions about the distribution of the rates.

The two methods were applied separately for comparison, using three of the indicators (low birth weight, premature birth and infant death), and the composite ranks were found to be essentially the same for both methods. In the few counties where the composite rank differed by more than three between methods, there was not a compelling reason to choose one method over the other. Due to its inherent robustness and ease of application, the simple sum of the ranks method was chosen by the data analysis team to compute the composite ranks, which are shown in the rightmost column of Table 5. These rankings by rate will be used as the foundational data for identifying Florida's at-risk populations in a more detailed and thorough needs assessment in the next phase of the HV grant application process.

Table 4 – Comparison of Rankings by Counts for All Indicators

	1.a. Premature Births		1.b. Low Birth Weight Infants		1.c. Infant Mortality		2. Poverty		3. Crime		4. Domestic Violence		5. High School Dropouts		6. Substance Abuse: Service Needs		7. Unemployment		8. Child Maltreatment: Verified/Some Indication Findings					
	Average 2006-08		Average 2006-08		Average 2006-08		0-4 Years Average 2006-08		Index Crime Average 2007-09		Offenses Average 2007-09		Average 2006-07 - 2008-09		Ages 15-44, Average 2006-07 - 2008-09		Average 2007-09		a. Infants Average 2007-09		b. Ages 1-4 Average 2007-09		Composite Rank	
County	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	Average Rank	Rank
Miami-Dade	5,273	1	3,008	1	202	1	37,165	1	150,255	1	11,029	1	5,658	1	108,381	1	88,844	1	944	5	2,074	6	1.8	1
Broward	3,407	2	2,134	2	136	4	22,541	2	80,452	2	7,438	5	2,197	2	71,840	2	59,739	2	1,061	1	2,529	1	2.3	2
Orange	2,567	3	1,554	4	138	3	14,992	5	69,047	3	8,952	2	810	8	52,438	3	40,004	5	988	2	2,262	2	3.6	3
Hillsborough	2,476	4	1,600	3	143	2	18,323	3	54,989	6	8,050	3	906	7	51,840	4	41,812	4	974	3	2,234	3	3.8	4
Palm Beach	2,229	5	1,424	5	91	6	15,262	4	62,677	4	6,335	7	2,191	3	46,368	5	44,717	3	857	7	2,094	5	4.9	5
Duval	2,004	6	1,293	6	128	5	13,159	6	56,054	5	7,400	6	1,864	4	40,293	6	30,738	7	922	6	2,110	4	5.5	6
Pinellas	1,206	7	803	7	79	7	10,190	8	47,958	7	7,753	4	1,076	6	34,293	7	31,564	6	972	4	1,934	7	6.4	7
Polk	1,130	8	674	8	63	8	10,597	7	25,314	8	5,024	8	1,312	5	21,528	8	20,421	9	547	8	1,485	8	7.7	8
Lee	1,035	9	624	9	50	9	7,128	9	23,499	9	3,057	12	528	9	18,274	12	23,666	8	338	12	851	13	10.1	9
Brevard	831	10	482	10	39	11	5,251	14	22,068	10	3,919	9	182	26	19,766	9	18,949	10	469	9	1,212	9	11.5	10
Volusia	643	13	440	13	43	10	6,960	10	21,457	11	3,849	10	291	20	19,282	10	18,204	11	382	10	907	11	11.7	11
Pasco	709	12	444	12	33	15	5,864	11	18,165	12	3,354	11	516	10	13,483	16	15,810	12	327	13	905	12	12.4	12
Escambia	722	11	460	11	37	12	5,797	12	15,286	15	2,640	15	512	11	15,345	15	9,088	21	264	17	524	22	14.7	13
Manatee	510	17	306	18	31	16	4,254	15	17,055	13	2,792	13	454	15	10,693	19	10,852	18	376	11	940	10	15.0	14
Marion	471	20	308	17	35	13	5,588	13	10,657	20	2,738	14	454	16	10,552	20	11,460	15	292	15	817	14	16.1	15
Seminole	621	14	361	14	30	17	4,026	17	13,413	16	2,227	16	197	24	18,194	13	15,113	13	260	18	792	15	16.1	15
Osceola	568	15	350	15	35	13	3,753	18	12,004	19	2,226	17	508	12	10,763	18	9,929	19	269	16	757	16	16.2	17
Alachua	393	22	263	22	24	22	3,073	23	12,807	18	1,722	20	459	13	17,415	14	6,202	23	310	14	573	20	19.2	18
Lake	492	18	276	21	27	18	3,490	20	9,495	22	1,887	18	458	14	8,472	24	9,754	20	249	19	715	17	19.2	18
Leon	444	21	312	16	27	19	3,311	21	13,307	17	1,298	24	312	19	19,233	11	7,126	22	205	24	416	26	20.0	20
Collier	552	16	277	20	25	20	4,108	16	7,241	24	1,812	19	365	17	10,937	17	10,897	17	131	27	335	29	20.2	21
St Lucie	474	19	294	19	24	21	3,520	19	9,612	21	1,658	21	232	21	8,570	22	11,453	16	203	25	576	19	20.3	22
Sarasota	391	23	226	23	12	27	3,081	22	15,811	14	1,435	22	326	18	10,225	21	12,675	14	230	21	444	25	20.9	23
Okaloosa	307	25	215	24	21	23	2,210	25	6,110	26	1,041	27	176	27	8,526	23	4,772	30	248	20	620	18	24.4	24
Bay	320	24	193	25	19	24	2,533	24	7,928	23	1,364	23	148	29	6,703	26	5,385	28	211	22	533	21	24.5	25
Clay	306	26	178	26	14	25	1,699	30	5,753	28	1,217	25	224	23	7,362	25	5,719	26	184	26	482	24	25.8	26
Hernando	201	28	122	29	11	29	1,895	26	6,281	25	1,100	26	224	22	4,462	29	5,741	24	208	23	508	23	25.8	26
Santa Rosa	258	27	146	27	13	26	1,806	28	2,378	39	678	32	164	28	5,802	28	4,278	33	130	28	347	27	29.4	28
St Johns	197	29	123	28	9	32	1,172	37	5,862	27	673	33	134	33	6,189	27	5,285	29	82	31	244	31	30.6	29
Indian River	155	32	95	32	10	30	1,514	32	4,583	30	683	31	94	37	4,153	31	5,506	27	69	33	189	33	31.6	30
Citrus	133	35	88	35	6	37	1,797	29	3,440	34	992	28	137	30	3,620	33	4,744	31	123	29	336	28	31.7	31
Putnam	144	34	102	30	8	33	1,826	27	4,530	31	897	29	135	32	2,790	36	2,563	36	77	32	222	32	32.0	32
Highlands	156	31	84	36	7	34	1,696	31	3,239	35	475	37	183	25	2,838	35	3,083	35	108	30	249	30	32.6	33
Charlotte	154	33	93	33	6	38	1,312	35	5,188	29	483	36	136	31	4,136	32	5,727	25	69	33	144	39	33.1	34
Martin	175	30	98	31	7	34	1,299	36	4,523	32	690	30	40	49	4,262	30	4,711	32	50	39	161	35	34.4	35
Columbia	123	36	78	38	11	28	1,315	34	2,904	36	491	35	38	51	2,664	37	1,926	39	62	37	167	34	36.8	36
Flagler	114	39	78	37	5	39	945	40	2,590	37	598	34	85	38	2,276	40	3,284	34	36	43	118	41	38.4	37
Gadsden	114	40	89	34	10	31	1,417	33	1,634	41	446	38	66	43	2,196	42	1,434	44	28	46	91	44	39.6	38
Nassau	116	38	64	40	4	44	725	48	2,474	38	399	39	127	34	2,600	38	2,192	37	40	42	117	42	40.0	39
Monroe	104	41	61	42	4	46	646	49	4,300	33	388	40	24	57	3,003	34	2,062	38	53	38	144	38	41.5	40
Walton	81	45	61	41	5	39	852	43	1,422	44	369	41	50	46	2,055	44	1,522	42	67	35	157	36	41.5	40
Okeechobee	82	44	57	44	4	47	938	41	1,550	42	281	43	124	35	1,644	46	1,502	43	45	40	112	43	42.5	42
Hendry	118	37	65	39	5	39	1,147	38	1,736	40	210	48	83	39	2,065	43	1,887	41	20	52	74	53	42.6	43
Sumter	92	42	49	45	3	51	987	39	1,415	45	218	47	61	44	2,435	39	1,889	40	43	41	147	37	42.7	44
Jackson	83	43	60	43	4	44	808	46	1,247	47	247	46	39	50	2,259	41	1,202	46	65	36	139	40	43.8	45
Suwannee	70	47	37	47	7	34	831	45	1,083	48	278	44	100	36	1,709	45	1,102	47	23	51	81	48	44.7	46
Levy	63	48	33	50	5	43	803	47	1,474	43	340	42	80	41	1,408	48	1,271	45	24	49	87	47	45.7	47
Desoto	63	48	32	51	3	51	867	42	1,386	46	277	45	74	42	1,550	47	1,056	48	35	44	78	51	46.8	48
Hardee	76	46	43	46	5	39	845	44	983	49	188	50	82	40	1,355	49	859	49	23	50	62	54	46.9	49
Bradford	48	51	34	49	3	48	437	52	786	51	204	49	52	45	1,348	50	674	52	20	53	79	50	50.0	50
Baker	57	50	36	48	3	48	413	53	406	56	66	58	32	53	1,140	52	782	50	25	48	76	52	51.6	51
Taylor	38	53	28	52	3	53	386	54	791	50	172	51	37	52	912	55	653	54	17	54	39	56	53.1	52
Wakulla	37	55	27	54	2	56	386	54	776	52	65	59	41	48	1,165	51	766	51	15	55	80	49	53.1	52
Washington	38	54	24	55	1	59	488	50	317	60	115	53	17	60	984	53	671	53	32	45	90	45	53.4	54
Madison	38	52	28	53	2	56	440	51	735	53	131	52	49	47	970	54	561	55	11	58	36	58	53.5	55
Holmes	29	57	16	59	3	53	375	56	311	61	87	55	28	55	877	56	491	56	27	47	88	46	54.6	56
Hamilton	29	56	20	56	3	48	329	57	416	55	56	60	27	56	733	59	363	61	5	65	18	63	57.8	57
Dixie	23	62	14	62	1	59	309	58	679	54	74	57	30	54	632	62	427	58	12	56	37	57	58.1	58
Gilchrist	25	60	16	59	0	65	285	59	280	62	80	56	7	65	783	58	484	57	11	59	34	59	59.9	59
Calhoun	24	61	13	63	2	55	258	60	148	65	42	62	12	62	659	61	338	62	12	56	47	55	60.2	60
Union	29	58	16	58	2	56	184	64	192	64	31	63	9	63	786	57	278	64	10	60	29	60	60.6	61
Gulf	22	63	16	59	1	59	205	63	320	59	22	64	9	63	718	60	413	59	8	62	28	61	61.1	62
Jefferson	27	59	19	57	0	65	210	62	337	57	20	66	19	59	605	63	374	60	7	63	18	63	61.3	63
Glades	14	66	9	65	0	65	171	65	336	58	88	54	23	58	427	64	332	63	5	66	16	65	62.6	64
Franklin	18	64	9	66	1	62	222	61	274	63	44	61	17	60	393	66	249	65	9	61	22	62	62.8	65
Liberty	17	65	11	64	1	62	132	67	-	67	-	67	3	67	390	67	163	66	5	64	15	66	65.6	66
Lafayette	11	67	7	67	1	62	165	66	76	66	21	65	6	66	424	65	151	67	2	67	11	67	65.9	67
Florida	**33,474**		**20,604**		**1,689**		**250,713**		**861,815**		**114,940**		**25,059**		**742,187**		**637,891**		**13,926**		**33,859**			

Table 5 – Comparison of Rankings by Rates for All Indicators

	1.a. Premature Births		1.b. Low Birth Weight Infants		1.c. Infant Mortality		2. Poverty		3. Crime		4. Domestic Violence		5. High School Dropouts		6. Substance Abuse: Service Needs		7. Unemployment		8. Child Maltreatment: Verified/Some Indication Findings					
	Average 2006-08		Average 2006-08		Average 2006-08		0-4 Years Average 2006-08		Index Crime Average 2007-09		Offenses Average 2007-09		Average 2006-07 - 2008-09		Ages 15-44, Average 2006-07 - 2008-09		Average 2007-09		a. Infants Average 2007-09		b. Ages 1-4 Average 2007-09		Composite Rank	
County	%	Rank	%	Rank	per 1,000	Rank	%	Rank	per 100,000	Rank	per 1,000	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	Average Rank	Rank
Putnam	13.7%	32	9.7%	11	7.6	30	39.3%	5	6,052	4	12.0	1	4.0%	17	11.0%	7	8.0%	12	7.7%	18	6.0%	10	13.4	1
Okeechobee	13.6%	35	9.5%	15	6.1	48	35.9%	11	3,899	25	7.1	19	4.8%	5	10.6%	17	8.5%	6	8.0%	15	5.4%	19	19.5	2
Escambia	16.7%	3	10.7%	6	8.6	15	28.6%	26	4,877	9	8.4	5	3.2%	25	11.6%	3	6.5%	40	6.3%	34	3.2%	58	20.4	3
Madison	14.8%	14	10.7%	5	7.7	25	36.7%	9	3,650	28	6.5	30	4.4%	12	11.0%	6	8.0%	13	4.3%	60	3.7%	44	22.4	4
Duval	14.7%	15	9.5%	14	9.4	12	20.3%	59	6,195	2	8.2	9	4.4%	11	10.4%	26	6.9%	35	6.9%	28	4.0%	41	22.9	5
Gadsden	15.2%	11	11.9%	1	12.9	4	39.4%	4	3,228	39	8.8	2	3.6%	21	10.5%	19	6.8%	37	3.7%	62	3.1%	59	23.5	6
Alachua	13.6%	38	9.1%	21	8.3	17	22.4%	46	5,082	8	6.8	23	4.4%	14	13.1%	2	4.8%	65	10.8%	6	5.2%	24	24.0	7
Marion	12.9%	52	8.4%	34	9.6	11	32.5%	18	3,238	36	8.3	7	3.0%	27	9.9%	44	8.4%	8	8.1%	14	5.9%	15	24.2	8
Hardee	14.6%	16	8.2%	40	10.2	8	36.8%	8	3,511	30	6.7	26	5.4%	2	10.8%	10	7.3%	23	4.7%	53	3.3%	57	24.8	9
Pinellas	12.9%	51	8.6%	31	8.4	16	21.6%	50	5,114	7	8.3	8	2.5%	33	10.6%	15	7.0%	33	10.5%	7	5.1%	26	25.2	10
Hamilton	16.8%	2	11.6%	2	19.0	1	39.7%	3	2,819	46	3.8	54	4.4%	13	10.7%	13	7.6%	16	3.0%	64	2.8%	64	25.3	11
Highlands	14.2%	22	7.6%	53	6.4	41	33.7%	15	3,238	37	4.8	44	4.6%	9	10.2%	32	7.6%	15	10.1%	8	6.2%	9	25.9	12
Polk	13.7%	31	8.2%	42	7.6	29	27.4%	31	4,329	17	8.6	4	4.0%	16	10.0%	40	7.5%	18	6.8%	30	4.8%	31	26.3	13
Bay	13.6%	36	8.2%	41	8.0	23	24.6%	37	4,688	12	8.1	11	1.7%	49	10.6%	18	6.1%	47	9.6%	11	6.5%	6	26.5	14
Columbia	13.9%	27	8.8%	26	12.8	5	32.4%	19	4,375	16	7.4	18	1.2%	59	10.3%	30	6.1%	45	7.2%	25	5.2%	23	26.6	15
Manatee	12.6%	56	7.5%	57	7.6	28	23.5%	39	5,363	6	8.8	3	3.1%	26	10.0%	41	7.4%	20	9.7%	10	6.4%	8	26.7	16
Taylor	13.7%	34	10.1%	8	9.6	10	29.3%	25	3,402	33	7.4	17	3.9%	18	9.5%	56	7.2%	26	6.1%	36	3.7%	46	28.1	17
Hendry	16.1%	6	8.9%	23	7.3	31	31.8%	21	4,225	19	5.1	38	3.4%	23	10.5%	20	10.8%	1	2.7%	66	2.5%	65	28.5	18
Desoto	13.2%	47	6.7%	67	6.2	45	38.8%	6	4,014	23	8.0	13	4.0%	15	10.7%	12	7.2%	28	7.4%	22	4.2%	40	28.9	19
Bradford	13.4%	43	9.5%	13	9.3	13	26.0%	35	2,701	48	7.0	21	4.4%	10	10.5%	24	5.4%	57	5.7%	42	5.9%	14	29.1	20
Dixie	12.7%	55	7.9%	46	5.5	56	35.1%	13	4,253	18	4.6	50	4.6%	8	10.8%	11	7.7%	14	6.9%	29	5.2%	20	29.1	20
Osceola	13.9%	26	8.6%	30	8.6	14	21.1%	55	4,391	15	8.1	10	2.7%	31	9.1%	64	7.3%	25	6.7%	31	5.2%	21	29.3	22
Levy	13.1%	49	6.9%	63	9.6	9	34.7%	14	3,620	29	8.4	6	3.8%	19	10.1%	37	7.6%	17	5.1%	49	4.6%	34	29.6	23
Hernando	12.5%	57	7.6%	55	6.6	40	26.9%	32	3,807	26	6.7	27	2.9%	29	9.6%	53	9.2%	4	13.4%	1	9.0%	3	29.7	24
Lake	14.2%	21	8.0%	44	7.9	24	23.4%	41	3,274	34	6.5	29	3.5%	22	9.4%	58	7.2%	27	7.5%	19	6.0%	13	30.2	25
Brevard	14.8%	13	8.6%	29	7.0	37	19.7%	60	3,974	24	7.1	20	0.7%	65	10.4%	25	7.1%	32	8.5%	13	5.7%	17	30.5	26
Holmes	13.4%	42	7.4%	58	12.4	6	33.1%	16	1,575	60	4.4	52	2.5%	34	10.7%	14	5.5%	54	12.0%	2	9.5%	1	30.8	27
Volusia	12.1%	60	8.3%	37	8.2	21	28.0%	29	4,213	20	7.6	16	1.2%	60	10.8%	9	7.2%	29	7.3%	23	4.6%	36	30.9	28
Orange	15.3%	10	9.2%	18	8.2	19	18.4%	61	6,202	1	8.0	12	1.4%	56	10.2%	34	6.7%	38	5.9%	38	3.4%	54	31.0	29
Suwannee	13.3%	44	7.0%	62	13.3	3	35.2%	12	2,642	49	6.8	24	5.2%	4	10.9%	8	6.4%	42	4.4%	57	4.4%	38	31.2	30
Jackson	13.8%	30	10.0%	9	7.2	33	28.2%	27	2,381	53	4.7	46	1.6%	50	10.4%	27	5.5%	55	11.0%	5	6.0%	12	31.5	31
Citrus	11.6%	63	7.7%	51	5.5	55	36.0%	10	2,417	52	7.0	22	2.3%	37	10.0%	43	8.5%	7	11.1%	4	8.4%	4	31.6	32
Glades	14.5%	17	9.9%	10	3.5	65	32.6%	17	2,964	45	7.8	14	7.3%	1	9.6%	54	7.2%	31	4.7%	52	3.6%	47	32.1	33
Leon	13.6%	40	9.6%	12	8.3	18	21.3%	52	4,848	10	4.7	45	2.9%	28	13.4%	1	4.9%	64	6.4%	33	3.3%	55	32.5	34
Pasco	13.2%	45	8.3%	38	6.2	46	26.4%	34	4,151	21	7.7	15	2.2%	38	9.5%	55	8.1%	11	6.4%	32	5.2%	25	32.7	35
Miami-Dade	15.6%	9	8.9%	24	6.0	49	22.2%	48	6,074	3	4.5	51	4.7%	7	10.5%	21	7.3%	24	2.8%	65	1.5%	67	33.5	36
Hillsborough	14.0%	23	9.1%	22	8.1	22	22.6%	45	4,582	13	6.7	25	1.4%	55	10.2%	33	7.0%	34	5.7%	44	3.4%	53	33.5	37
Palm Beach	14.3%	20	9.2%	20	5.9	52	21.1%	54	4,848	11	4.9	41	3.6%	20	10.2%	31	7.2%	30	5.7%	43	3.6%	48	33.6	38
Calhoun	13.6%	37	7.7%	52	13.4	2	32.2%	20	1,027	65	2.9	58	1.8%	48	10.3%	29	5.9%	52	7.5%	20	7.3%	5	35.3	39
Washington	13.6%	39	8.7%	28	3.6	64	40.2%	2	1,276	63	4.6	48	1.5%	54	9.7%	52	6.8%	36	11.6%	3	9.2%	2	35.5	40
Gulf	15.7%	8	11.6%	3	7.2	32	29.9%	23	1,894	57	1.3	66	1.2%	61	10.0%	38	6.5%	39	5.9%	39	5.1%	28	35.8	41
Walton	11.6%	64	8.8%	27	7.7	27	27.9%	30	2,463	51	6.4	31	2.2%	39	9.8%	49	4.9%	63	10.1%	9	6.5%	7	36.1	42
Baker	14.0%	24	8.8%	25	8.2	20	22.2%	47	1,570	61	2.5	60	2.2%	41	10.3%	28	6.5%	41	6.2%	35	5.2%	22	36.7	43
St Lucie	13.5%	41	8.4%	35	6.9	38	22.9%	42	3,497	31	6.0	33	1.6%	51	9.3%	61	9.3%	3	6.0%	37	4.6%	33	36.8	44
Sumter	17.5%	1	9.3%	17	5.7	53	28.1%	28	1,512	62	2.3	62	2.6%	32	8.2%	67	6.0%	49	7.3%	24	4.9%	30	38.6	45
Monroe	13.9%	28	8.1%	43	5.3	59	17.2%	64	5,617	5	5.1	39	0.8%	62	11.3%	5	4.5%	66	7.1%	27	5.0%	29	38.8	46
Jefferson	16.1%	5	11.1%	4	2.0	66	26.5%	33	2,305	54	1.4	65	5.2%	3	10.5%	23	5.5%	56	4.3%	59	2.9%	62	39.1	47
Franklin	14.4%	18	7.3%	60	5.4	57	37.0%	7	2,216	55	3.6	57	4.7%	6	8.4%	66	5.1%	59	7.7%	17	4.7%	32	39.5	48
Okaloosa	11.2%	65	7.8%	48	7.7	26	17.2%	63	3,100	43	5.3	36	1.5%	53	10.6%	16	4.9%	61	9.3%	12	6.0%	11	39.5	48
Broward	14.9%	12	9.3%	16	5.9	51	20.3%	58	4,578	14	4.2	53	2.4%	35	10.1%	35	6.0%	51	4.8%	51	2.8%	63	39.9	50
Union	16.1%	4	9.2%	19	11.2	7	23.7%	38	1,199	64	1.9	64	1.3%	58	9.7%	51	5.3%	58	5.7%	41	4.6%	35	39.9	50
Lee	14.0%	25	8.4%	33	6.7	39	20.4%	57	3,780	27	4.9	40	1.8%	46	9.2%	63	8.3%	9	4.6%	54	3.0%	61	41.3	52
Santa Rosa	13.8%	29	7.8%	47	7.1	34	21.2%	53	1,651	58	4.7	47	1.9%	45	10.0%	42	6.1%	48	7.1%	26	5.1%	27	41.5	53
Nassau	14.4%	19	8.0%	45	5.4	58	17.8%	62	3,440	32	5.6	34	3.3%	24	9.9%	46	6.1%	46	4.9%	50	3.5%	51	42.5	54
Clay	13.0%	50	7.6%	56	6.0	50	15.4%	66	3,100	44	6.6	28	1.8%	47	9.7%	50	6.0%	50	8.0%	16	5.4%	18	43.2	55
Flagler	12.1%	59	8.3%	39	5.7	54	25.7%	36	2,727	47	6.3	32	1.9%	44	8.5%	65	10.3%	2	4.0%	61	4.0%	42	43.7	56
Gilchrist	12.8%	53	8.3%	36	1.7	67	29.7%	24	1,616	59	4.6	49	0.8%	64	11.4%	4	6.2%	44	5.4%	46	4.3%	39	44.1	57
Indian River	11.1%	66	6.8%	66	7.1	35	22.9%	43	3,241	35	4.8	42	1.5%	52	9.9%	45	8.8%	5	5.1%	48	3.5%	50	44.3	58
Sarasota	12.4%	58	7.2%	61	3.7	63	20.6%	56	4,040	22	3.7	56	2.2%	40	9.8%	48	7.5%	19	7.4%	21	3.7%	45	44.5	59
Liberty	16.0%	7	10.2%	7	6.2	47	30.7%	22	-	67	0.0	67	0.5%	67	9.5%	57	4.3%	67	5.2%	47	4.5%	37	44.7	60
Collier	13.7%	33	6.8%	65	6.3	44	21.6%	49	2,172	56	5.4	35	2.4%	36	10.1%	36	7.4%	22	3.4%	63	2.2%	66	45.9	61
Charlotte	12.8%	54	7.7%	50	4.7	62	22.7%	44	3,131	42	2.9	59	2.0%	42	9.9%	47	8.3%	10	5.8%	40	3.1%	60	46.4	62
Wakulla	11.8%	62	8.4%	32	6.3	43	23.4%	40	2,512	50	2.1	63	2.8%	30	9.3%	59	4.9%	62	4.5%	56	5.9%	16	46.6	63
Seminole	13.1%	48	7.6%	54	6.3	42	16.1%	65	3,153	40	5.2	37	0.8%	63	10.0%	39	6.3%	43	5.4%	45	3.9%	43	47.2	64
Martin	13.2%	46	7.4%	59	5.3	60	21.5%	51	3,146	41	4.8	43	0.6%	66	10.5%	22	7.4%	21	4.4%	58	3.3%	56	47.5	65
Lafayette	12.1%	61	7.8%	49	7.1	36	41.6%	1	891	66	2.5	61	1.9%	43	9.2%	62	5.1%	60	1.8%	67	3.6%	49	50.5	66
St Johns	10.9%	67	6.9%	64	4.8	61	13.9%	67	3,234	38	3.7	55	1.4%	57	9.3%	60	5.6%	53	4.5%	55	3.5%	52	57.2	67
Florida	**14.2%**		**8.7%**		**7.2**		**22.4%**		**4,587**		**6.1**		**2.7%**		**10.3%**		7.0%		**6.0%**		**3.8%**			

Planning Ahead for Step 3: Refining Data Collection to Identify At-Risk Communities in Florida

Section 2 explained that the needs assessment team has chosen to defer the final selection of Florida communities with the highest concentration of need to Step 3 of the HV grants application process and provided the rationale for that decision. Deferment will allow for the collection and inclusion of indicator data at the sub-county level and create a more thorough, detailed needs assessment for a state as large and culturally/geographically diverse as Florida, in order to assure no small pockets of great need are overlooked and funds are efficiently allocated to those areas where the greatest impact will be realized. Section 4 discusses the need for more meaningful data on the quality and capacity of existing programs in the state that offer HV services to their clients to inform the process of determining which programs are most effective in serving the at-risk populations in the state. It discusses plans for gathering more accurate and complete quality and capacity data which, when combined with more detailed indicator data, will significantly impact the final selection of Florida's communities in need.

The collaboration of data experts at the DOH and the DCF in generating data for this needs assessment was just a starting point for continued and expanded joint efforts between these agencies to improve data collection, reporting practices and strategies in the future. Both agencies are eager to continue and to expand this collaboration in Step 3 of the HV grant application process.

Section 4: Quality and Capacity of Existing Home Visiting Programs

Sections 511 (b)(1)(B) and 511 (b)(1)(C) amend Title V of the Social Security Act by mandating that each state's needs assessment for the new home visiting (HV) program identify "the quality and capacity of existing programs or initiatives for early childhood home visitation" by including information that addresses:

- The number and types of individuals and families who are receiving services under such programs or initiatives
- The gaps in early childhood home visitation in the state
- The extent to which such programs or initiatives are meeting the needs of eligible families, and
- The state's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services

This section discusses the process undertaken to collect data needed for an initial analysis of existing programs offering HV services; presents the results of that analysis in terms of the number and types of clients served; describes in detail several of the programs with an HV component that serve the greatest portion of clients in need; summarizes many of the smaller programs that provide HV services to over 90% of their clients; and addresses the quality and capacity of Florida's existing HV programs to serve the state's population in need. Finally, a measurement of capacity and gaps in serving the at-risk populations for the HV at-risk populations is calculated. Substance abuse treatment and services are presented in Section 5.

Home Visiting Program Data Collection Process

Since the type of data needed for evaluating the quality and capacity of existing HV programs in Florida were unavailable, the needs assessment team designed a worksheet to provide a common data collection framework across diverse programs throughout the state. They sought input from directors whose programs focus on maternal and child health and include HV services to modify and simplify the worksheet so that it could be completed by program staff within a very short period of time and returned to the needs assessment team for compilation and analysis before the end of June 2010.

Looking ahead, the needs assessment team also requested information on the worksheet that would be needed in a few months for Step 3 of the application process. This comprehensive worksheet requested detailed program information in three overarching categories to meet the statutory requirements:

1. General Program Information
    - Minimum education level required of staff providing HV services
    - Training offered to staff providing HV services
    - Supervision of staff providing HV services
    - Funding sources
    - Number of counties in which HV services were offered as of March 23, 2010
    - Entitlement versus voluntary program

2. Program Capacity by Year for the Most Recent Three Calendar or Fiscal Years
    - Number of clients served by program / number of clients program had capacity to serve (with breakouts by type of client)
    - Number of clients served by HV services / number of clients program had
    - capacity to serve with HV services (with breakouts by type of client)
    - Number of families in need of HV services and how this number was calculated
    - Number of full-time staff positions dedicated to providing direct HV services
    - Average number of HV hours per client
    - Average duration of HV sessions
    - Average frequency of HV sessions
    - Client demographics

3. Program Quality Assessment
    - Short-term outcome measures, including customer satisfaction surveys
    - Long-term outcome measures (5 years post-program completion)
    - Publications that evaluate the program
    - Method of assessing program fidelity / date and results of most recent fidelity assessment

These worksheets were emailed to the following providers: Early Head Start, Early Steps, Healthy Families Florida, Healthy Homes, Healthy Start, Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse Family Partnership, and Parents as Teachers. Tana Ebbole, Executive Director of the Children's Service Councils (CSCs)[1] of Palm Beach County, forwarded the worksheet to CSCs in Broward, Duval, Hillsborough, Lake, Martin, Miami-Dade, Pinellas, and St Lucie Counties with a request that a separate worksheet be completed for each program involving HV. Estrellita "Lo" Berry of the Federal Healthy Start Program in Hillsborough County forwarded the worksheet to the Federal Healthy Start Programs in Hillsborough, Gadsden, and Pinellas Counties and the cities of Jacksonville, Miami, and West Palm Beach with the same request. Detailed program descriptions were available from a summary provided by the Florida HV Coalition. The Lawton and Rhea Chiles Center for Healthy Mothers and Babies of the University of South Florida requested program descriptions from programs that had not previously participated in the Coalition's efforts. A copy of the worksheet used in the current analysis, entitled "Program Capacity and Quality Worksheet for the HV Needs Assessment", is included in Appendix G, along with instructions and definitions for completing the worksheet.

Of the 24 requests emailed to the groups above, 17 – or 71% - responded. A total of 40 worksheets were completed and returned, more than the number of requests because each CSC that responded reported on more than one program involving HV services. It is important to point out that some of the programs were unable to accommodate the extremely quick turnaround time for completing such a detailed worksheet, and the results presented in this section are, at best, both tentative and incomplete without input from *all* programs in Florida

[1] Florida Statute (Chapter 125) permits counties to levy taxes to support the formation and maintenance of children's services councils. As of June 2010, nine of the 67 counties have availed themselves of this opportunity.

with a home visiting component. Detailed descriptions of all 40 programs responding to the survey, including the specific information submitted on the worksheets, are included in tabular format in Appendix H.

Limitations of the Process

There has been no statewide assessment of evidence-based home visiting programs conducted in Florida until now. Attempting to assess a state as large and diverse as Florida with a basic survey instrument in a very short time frame resulted in a collection of basic descriptive information, rather than a sophisticated, comprehensive analysis. Due to the variety of entities that contract for/provide HV services throughout Florida, the information represented a highly diverse set of program respondents that provide home visiting, resulting in difficulties in making comparisons among programs.

Florida's HV programs are also evaluated by the primary funding sources and, because of the variety of funding sources for each respondent to the survey, some unique interpretations of requested information and calculation methods were evident. Additionally, some respondents did not provide all of the data requested, perhaps because the data were unavailable or inaccessible in such a short time frame, or because those types of data have never been collected. However, some information was more consistently addressed across respondents.

The challenges encountered in analyzing the data from the worksheets will be addressed in Step 3 of the HV application process, as data consistency and validity across programs in measuring the effectiveness of evidenced-based HV initiatives will be a vital component of the implementation plan. The information gleaned from these worksheets for the current needs assessment will serve to inform the process of developing data collection standards, tools, and reporting mechanisms that can most easily be utilized by staff working in many different types of programs and in demographically diverse areas of the state, in order to generate data that are consistent, valid, and comparable across programs.

Results: Clients Served

Despite the limitations of the survey, data components related to program quality and capacity needed for compliance with federal requirements for HV grant funding were addressed: the number/types of clients receiving HV services and a measurement of the HV service capacity in meeting the needs of the families in need of services. To address the first component, the total number of clients served and the total number/percentage of clients receiving HV services in each program, along with indications of the intensity of HV programs (contact hours, program duration, frequency of visits) that were derived from the worksheets, were compiled and grouped according to the percentage of clients receiving HV services, as shown in Table 6 below. In this table, programs are arrayed in descending order by the "% of Clients Receiving HV" column, and then listed alphabetically within the same percentage group. The "counts" of clients, as shown in the "All Services" and "HV Services" columns, represent the number of families/women served.

Notice that an average of 261,888 clients per year were served in all 40 programs shown in Table 6, and 111,989 of those clients, or about 43%, were provided HV services, on average, every year. The capacity for providing HV services in these programs was estimated by

respondents to be 114,676 clients per year, utilizing existing program resources. This means they are serving almost at capacity now (98%), given current resources.

Table 6 shows that 19 of the 40 programs displayed provide HV services to 100% of their clients, an additional six programs provide HV services to over 90% of their clients, and an additional seven provide HV services to more than 45% of their clients. Notice that most of these 32 programs with over 45% of clients receiving HV services are among the smaller programs in terms of the number of clients served overall – 26, or more than eight of every ten, served less than 850 clients, on average, with HV services per year, and nine of those 32 served less than 100 clients, on average, per year. It is important to observe that many of these smaller programs function in just one county, most frequently in Broward or Palm Beach Counties, and receive local funding that enables them to offer HV programs to a very large percentage of their local clientele. In addition, many of these smaller programs are relatively new and some have provided HV services for less than one year.

The programs reporting the capacity to serve the largest number of clients in this group of 32 are (in the order in which they appear in Table 6): Healthy Families Florida (HFF), Home Instruction Program for Preschool Youngsters (HIPPY), Parents as Teachers (PAT), Early Steps, and the School and Family Support Services (SFSS) programs, which report having served an average of13,254; 2,133; 1,855; 15,458; and 869 clients, respectively, per year with HV services over the most recent three years of available data. These five programs served, on average, a total of 33,569 clients with HV services per year, or 82.2% of the 40,860 clients served in the 32 programs that offer home visits to at least 45% of their clients. Each of these five programs also reported the capacity to serve at least 1,600 clients per year, for a total capacity of 33,444 using current resources, or slightly less than the number of clients currently received HV services. Notice in Table 6 that the first three of these programs have provided HV services to 100% of their clients, and the contact hours for HFF and HIPPY per client/ per year are the highest among all the programs shown in the table – at 73 hours and approximately 65 hours, respectively.

It should be noted here that the five large programs providing HV services to at least 45% of their clients all use home visiting as the primary service delivery strategy. Other high capacity programs, such as Florida Healthy Start, use a variety of service delivery strategies, based on client need. Therefore, the percent of all clients served who receive home visiting services is relatively smaller. For example, for Healthy Start, an average of 197,274 families receives services annually; 70,116 families receive home visits, resulting in 36% of clients served receiving HV services. This program, however, only offers HV services when certain criteria are met.

Table 6 – Summary of the Clients Served and Intensity of Home Visitation Programs in Florida by Percent of Clients Receiving HV Services

Program	Clients Served			HV Capacity	Intensity		
	All Services (avg./year)	*HV Services (avg./year)*	*% of Clients Receiving HV Services*	*3-year avg. taken when possible*	*Contact hours (per client/year)*	*Duration of Program*	*Frequency of HV Visits*
Father Flanigan's Boys Town Family Strengthening Program - Broward County	89	89	100%	120	35	5 weeks	NP
First Step to Success - Palm Beach County	81	81 (ytd)	100%	81	~ 48	NP	NP
Friends of Children Family Strengthening Program - Broward County	75	75	100%	76	23	3 months	NP
Gulf Coast Community Care - Family Strengthening - Family Skill Builder's Program - Broward County	125	125	100%	100	28	2 months	NP
Healthy Beginnings Nurses - Palm Beach County	337	337	100%	600	16	112 days	2 per month
Healthy Families Florida	13,254	13,254	100%	10,991	73	Up to 5 years Avg. – 24.6 months	Weekly to quarterly
Healthy Homes	465	465	100%	465	1	2-3 months	NP
Helping People Succeed Building Readiness Among Infants Now - Martin County	1,120	1,120	100%	1,135	2	2 visits	NP
Helping People Succeed Development Intervention Program - Martin County	62	62	100%	90	52	Up to 3 years	1 hour per week
Henderson Mental Health Center, Family Strengthening, Family Resource Team - Broward County	432	432	100%	340	NP	2 months	NP
Henderson Mental Health Clinic Family Strengthening Multisystemic Therapy Program - Broward County	82	82	100%	60	54	4 months	NP
Home Instruction for Parents of Preschool Youngsters (HIPPY)	2,133	2,133	100%	3,540	~ 65.25	35-52 weeks	NP
Inspiring Family Foundations - Palm Beach County	190	190	100%	190	NP	9 months	NP
Jewish Adoption and Foster Care Options (JAFCO) Family Strengthening Multisystemic Therapy Program - Broward County	88	88	100%	64	57	4 months	NP
Kids in Distress: Family Strengthening - KID First Program - Broward County	626	626	100%	560	32	3 months	NP
Nurse-Family Partnership - Palm Beach County	150	150	100%	200	34	9 months	2 per month
Parent-Child Home - Palm Beach County	111	111	100%	265	44	2 years	2 per week
Parenting Smart Babies - Palm Beach County	91	91	100%	72	48	3 years	Weekly
Parents as Teachers	1,855	1,855	100%	1,855	1-20	2-3 years	Weekly to monthly
Family Central ESAHP Family Strengthening Program - Broward County	236	233	99%	230	49	2-3 years Avg. – 18 months	NP
Institute for Family Centered Services Family Strengthening Project BRIDGE Program - Broward County	71	70	99%	50	56	4 months	NP
Children's Harbor Family Strengthening Program - Broward County	206	198	96%	143	27	4 – 5 months	NP

Program	Clients Served			HV Capacity	Intensity		
	All Services (avg./year)	*HV Services (avg./year)*	*% of Clients Receiving HV Services*	*3-year avg. taken when possible*	*Contact hours (per client/year)*	*Duration of Program*	*Frequency of HV Visits*
Healthy Mothers, Healthy Babies - Mothers Overcoming Maternal Stress (M.O.M.S) Maternal Nurturing Program - Broward County	128	121	95%	110	22	6 months	NP
Memorial Healthcare System, Mothers Overcoming Maternal Stress (M.O.M.S) - Broward County	101	95	94%	100	23	6 months	NP
Children's Home Society Family Strengthening Program - Broward County	533	492	92%	623	40	3 months	NP
Memorial Healthcare System Family Strengthening Family TIES Program - Broward County	191	162	85%	200	43	5 months	NP
Healthy Mothers, Healthy Babies - Family Strengthening Prenatal / Infant Home Visiting Program - Broward County	369	278	75%	200	21	6 months	NP
Family Central Nurturing Parenting Program Family Strengthening Program - Broward County	284	197	69%	197	27	6 months	NP
Federal Healthy Start - REACHUP, Inc. - Hillsborough County	828	571	69%	535	15	39 weeks	NP
Federal Healthy Start - St. Petersburg	1,151	750	65%	750	6	NP	1.58 per month
Early Steps	32,140	15,458	48%	15,458	38	19 months	3 per month
School and Family Support Services - Palm Beach County	1,886	869	46%	1,600	27.5	10-12 weeks	NP
Florida Healthy Start	197,274	70,116	36%	70,116	~15	~ 1 year	Weekly to monthly
Magnolia Project - Duval County	440	65	15%	65	NP	27 months	NP
Federal Healthy Start - Gadsden County	644	81	8%	115	4-36	2 years	Weekly to quarterly
Early Head Start	4,040	288	7%	2,799	48	10 to 12 months	1 per week
Exchange Club Castle Safe Families	NP	148	NP	148	60	6 to 9 months	Weekly
Family Reunification Services	NP	397	NP	397	2 hours per visit with weekly visits = 104	Goal of 1 year	NP
Parent-Child Home - Hardee County	NP	6	NP	8	23	2 years	2 per week
Parent-Child Home Healthyways, Inc. - Jefferson County	NP	28	NP	28	23	2 years	2 per week
Totals	**261,888**	**111,989**	**---**	**114,676**	**---**	**---**	**---**

Source: Program Capacity and Quality Worksheet for the Home Visiting Needs Assessment

NP= Not Provided

Descriptions of the five programs that have provided HV services to at least 45% of their clients, have served at least 850 clients per year, on average, during the most recent three-year period, and have reported the capacity to serve at least 1,600 clients with HV services per year, are presented below, in the order in which they appear in Table 6. These descriptions include detailed information about each program, its eligibility criteria, short- and long-term outcome measures, staff qualifications, and additional information. These descriptions provide many examples of the importance of HV to the success of their programs and list the types of HV activities offered.

Summaries of the remaining programs that provide HV services to over 90% of their clients are then presented.

Five Programs Providing HV Services to at least 45% of their Clients

Healthy Families Florida
(100% of clients receive HV services)

Available county-wide in 45 counties and in identified high-risk areas in 22 counties, Healthy Families Florida (HFF) is a nationally accredited community-based, voluntary intensive home visitation program whose purpose is to prevent child abuse, neglect and other poor childhood outcomes by promoting positive parent-child relationships and child health and development.

HFF's population in need is defined as expectant families and families of newborns up to three months of age that are assessed as high risk for child abuse and neglect. These families are identified through a conversational assessment process that uses the HFF Assessment Tool, which has been validated to identify a certain combination of risk factors highly correlated with child abuse and neglect. Families scoring 13 or higher are eligible for HFF services.

Supported by local, state, and federal funding, HFF provides all clients with HV services. Services can last up to five years, dependent upon the unique needs of the family, with an average length of stay of just over two years. During the most recent three-year period of available data, all clients (13,254, on average per year) received HV services averaging 73 hours per client per year. The frequency of visits varies from weekly to quarterly as the client progresses through the "levels" that gauge the amount of intervention and guidance needed.

Core components of the HFF program are dependent upon the maintenance of program fidelity, and all projects must adhere to Healthy Families America (HFA) research-based critical elements, standards, and policies that have been field-tested for effective home visitation standards. Refer to Appendix H to view all 12 core components. Fidelity is monitored continuously through the use of a real-time web-based information management system that maintains detailed participant and service data to track progress toward goals and participant achievement of outcomes. In addition, projects receive ongoing technical assistance, onsite visits, and annual quality assurance audits to evaluate both service quality and adherence to national standards. Every four years, the HFF central office and all projects must undergo an accreditation process. Last

accredited in December 2008 and approved for the next four years, HFF has demonstrated adherence to national standards for providing high-quality HV services.

HFF HV activities include:

- Modeling positive parent-child interaction, positive behavior management and discipline, using the *Growing Great Kids* curriculum
- Educating families on maternal and child health and development, connecting families with medical providers for prenatal care, immunizations, and well-child check-ups
- Teaching parents about infant safe sleep, coping with crying, drowning prevention, and other prevention topics
- Conducting home safety checks
- Working with families to achieve family self-sufficiency through goal setting
- Connecting families with community resources such as financial, food, housing assistance, school readiness, quality child care, and job training
- Helping parents develop problem-solving skills and identify positive ways to manage stress
- Addressing sensitive/difficult topics using motivational interviewing techniques
- Screening for developmental delays and maternal depression

Of the 508 family support workers employed by HFF, 13% have at least a bachelor's degree, 15% have a two-year degree, 64% have a high school diploma or GED, and 8% have some college or technical training beyond high school. Qualifications for those providing HV services include a high school diploma or GED and one year of experience working with diverse families and children. The following skills, experience, and abilities are also required of program staff:

- Experience working with or providing services to children
- Willingness to work with culturally diverse at-risk populations
- Ability to establish trusting relationships and accept individual differences, and
- Knowledge of infant and child development

Intensive training is a critical element of the HFA model and is included in national standards. All HV staff are required to take pre-service training prior to providing services to families, followed by a combination of instructor-led and web-based training at intervals of three, six, and 12 months after employment. Specialized ongoing training is also offered.

Home visitors receive intensive, individual supervision (90-120 minutes per week) from degreed professionals with a solid understanding of and experience in supervising and motivating staff, as well as experience with family services that embrace the concepts of family-centered and strength-based service provision. Projects are required to maintain low supervisor-to-direct-service staff ratios (maximum of 1:6).

Supervision includes clinical reviews of every family; providing guidance regarding risk factors identified at the time of assessment or through the administration of various

screening tools; skill development; professional support; and regular and routine review of cases and home visitor records (including documentation) to ensure quality of work.

The following desired outcomes have been established for the HFF program:

- Prevention of child abuse and neglect during services
- Prevention of child abuse and neglect within 12 months after program completion
- Children are current with well-child checks by 24 months of age
- Children are current with immunizations by 24 months of age
- Primary participants and children enrolled at least six months have a medical provider
- Mothers of at-risk children avoid subsequent pregnancies for two years after child's birth
- Primary participants will have maintained or improved self-sufficiency during program enrollment

HFF has articulated the following short-term outcome measures to assess quality:

- Free from "verified" abuse and neglect during services
- Free from "verified" and "not substantiated" abuse and neglect during services
- Participant satisfaction
- Immunization by age two
- Well-child checks by age two
- Well-child checks after age two
- Self-Sufficiency
- Participant connected to a medical provider
- At-risk child connected to a medical provider
- No subsequent pregnancy within two years of child's birth

Long-term outcome measures of the HFF program are:

- Free from "verified" abuse and neglect within 12 months of program completion
- Free from "verified" and "not substantiated" abuse and neglect within 12 months of program completion

Home Instruction Program for Preschool Youngsters (HIPPY)
(100% of clients receive HV services)

Currently offered in 18 counties, HIPPY is an HV program focusing on parent involvement in school and community life and on school readiness of their children ages 3-5. Over the last three years, an average of 2,133 clients per year received over 65 HV hours over a period from 35-52 weeks. All HIPPY clients receive HV services.

Four essential features of the HIPPY model are:

1. Three developmentally appropriate home-based curricula (HIPPY 3, HIPPY 4 and HIPPY 5) that are available in both English and Spanish
2. Role playing as the instructional technique for parents

3. Services provided by professional coordinators and staff of paraprofessional home visitors, and
4. Home visits and group meetings as the service delivery method

Supported by federal, state, and local funds, the HIPPY program is comprised of the following core components:

- Promote positive educational interactions between parents and their children
- Assist children ages 3-5 in acquiring school readiness skills in all key domains
- Support parents in becoming successful as their child's first and most influential teacher, regardless of their education or resources
- Promote parent's knowledge of how children learn
- Increase active parental involvement

Intended outcomes of the HIPPY program are:

- Increase child pre-academic skills, school readiness, and school success
- Empower parents to be the primary educators of their children
- Involve parents in home literacy and community educational activities with their child
- Enhance the home learning environment
- Increase parent advocacy, communication, and participation in the child's education and school

HIPPY follows a basic program model that is adjusted to the particular needs and resources of ethnically and culturally diverse populations. The core curriculum is delivered by home visitors who live in the same identified high-need communities as the families they serve, which fosters trusting collaborative relationships. These home visitors deliver 30 activity packets and 18 story books per year for ages 3-4, and 15 activity packets and eight story books per year for age 5, in addition to games, packets of geometric shapes, and daily skill boxes. After spending approximately one hour per week with a home visitor, parents spend 15-20 minutes per day, five days per week, working with their child on specific HIPPY activities.

The HIPPY program cites the follow advantages of HV:

- The home visitor "role plays" the HIPPY curriculum each week with each parent.
- Parents receive one-hour visits every week.
- The intimacy of the home setting helps to build rapport between the home visitor and even the most isolated parents.
- Parents receive training and support that is convenient, comfortable, and individualized for their specific needs.
- Program coordinators periodically make home visits to build rapport with the families and provide supervision and support to home visitors.

All families with children ages 3-5 are eligible for services in identified at-risk communities. Nationally, Latino/Hispanic children are the largest population served. In 2008-2009, 48% of families served in Florida by the HIPPY program were African-American and 48% were Hispanic. About 54% of these families reported English as their primary language, while 40% reported Spanish as their primary language. Ninety-two percent (92%) of HIPPY parents are females residing in urban, rural, and migrant communities.

Every HIPPY program has a full-time coordinator who supervises a staff of part- and full-time home visitors and assures the implementation of the HIPPY model. Coordinator qualifications include a bachelor's degree and at least four years of experience in program management, early childhood education, family or adult education, social work, or a related field. Home visitors must have a high school diploma or GED, plus two days of pre-service training from the coordinator. Home visitors are required to receive one full day of in-service training to role play the HIPPY curriculum before working with parents the following week. Additionally, one-day training in the components of the HIPPY model and in role playing the curriculum is mandatory for home visitors each year. Staff development workshops are also offered to coordinators and home visitors once a year. A newly-developed online HIPPY model training module was available in the fall of 2009. Every two years, HIPPY coordinators are expected to attend the national HIPPY conference for professional development and networking regarding updates, issues, and concerns. Approximately 115 part- and full-time home visitors provided services to families during each year from 2006-2009.

Short-term outcome measures derived from the HIPPY logic model are:

- Child pre-literacy skills
- Parent involvement in home literacy and community education activities

Long-term outcome measures for 2006-2009, based on a longitudinal study, were:

- Children's school readiness
- Child success in school

Program fidelity is assured through annual site visits from HIPPY USA national trainers, who provide technical assistance and training in addition to administering the HIPPY Self Assessment and Validation Instrument (SAVI) that measures implementation practices. SAVI and the HIPPY Self Assessment for Excellence (SAFE) tools contain indicators for practices in the following program areas:

- Home visiting
- Group meetings
- Role playing
- Curriculum
- Staffing/Training/Supervision
- Administration
- Outreach
- Collaboration
- Documentation

The last fidelity evaluation was conducted in 2009-2010. "Stellar" certification signifies that a site has exceeded the HIPPY USA practice standards. Once certified, sites are assessed every three years. Fourteen (14) of the HIPPY sites in Florida have achieved

"stellar" certification. Additional information about the HIPPY program in Florida can be found in Appendix H**.**

Parents as Teachers (PAT)
(*100% of clients receive HV services*)

Open to parents who are either expecting a child or who have a child under age 5, and who meet additional criteria related to family income and/or family literacy, the Parents as Teachers (PAT) program philosophy is well-captured in the six desired program outcomes below:

- Increase parental knowledge of child development and how to foster growth and learning
- Solid foundation for school success
- Prevention of child abuse and neglect
- Increase parental confidence and competence
- Development of a home-school-community partnership
- Early detection of developmental delays and health concerns

PAT operates in 18 Florida counties, as well as through the Redlands Christian Migrant Association, whose services cover multiple counties. Supported by local, state, and federal funds, PAT provides HV services to all of its clients. Over the last three years, about 1,855 clients per year received HV services, and 465 of those clients received, on average, 20 HV hours per year. HV services are provided over a period of two to three years.

Core components of the PAT program are parent participation and the *Born to Learn* curriculum, and its activities include:

- Personal visits at least once per month to develop meaningful parent-child interaction
- Group meetings – collaboration with other parents
- Screening – annual developmental, health, vision, and hearing
- Resource network – connecting families to community resources

Parent educators in the PAT program must have either a four-year degree in an early childhood or related field or a two-year degree, or 60 hours in an early childhood or related field. Supervised experience working with young children and/or parents is preferred for staff meeting these educational requirements, and two years of experience is mandatory for staff with only a high school diploma or GED. PAT training and certification is also required.

Short-term process and outcome measures have been defined as follows:

- Number of children who receive health and developmental screenings
- Number of children identified with possible health or developmental problems
- Number of children who receive follow-up services

- Number of families referred to community resources
- Percentage of children fully immunized by age 2

Long-term outcome measures for the PAT program include:

- School readiness
- Later school achievement
- Parent involvement in child's care

Program fidelity is determined by annual data reviews to the state office and the national PAT center on key service implementation. After three years of implementation, PAT organizations are expected to conduct a comprehensive self-assessment that reviews service delivery and program operations, with results posted online. Those programs reaching the level of Excellence are eligible to apply for a program quality visit to confirm their status as a program of merit. No Florida programs have completed a self-assessment at this time.

Early Steps
(*48% of clients receive HV services*)

Early Steps is Florida's early intervention system, providing services to families of eligible infants and toddlers in accordance with the Individuals with Disabilities Education Act (IDEA), Part C. To the maximum extent possible, support must be provided in natural environments and within the context of daily routines, activities and places – which could be the family home, a day care or community center, or another location familiar to the family. Home visiting in the Early Steps program includes this broad concept of natural environments.

Available in all 67 counties in Florida and supported by local, state, and federal funds, Early Steps defines *all* eligible children as its population in need, unless the Individualized Family Support Plan (IFSP) determines that desired outcomes are unlikely to be achieved in a natural environment. Effective July 1, 2010, Florida's eligibility criteria for Early Steps, based on guidelines provided in IDEA, Part C, are as follows:

- The child is 0-36 months of age, and
- The child has at least one of the following established conditions:

    1. Genetic and metabolic disorders
    2. Neurological disorder
    3. Autism spectrum disorder
    4. Severe attachment disorder
    5. Significant sensory impairment (vision/hearing)
    6. Weighed less than 1,200 grams at birth

    OR

The child has a development delay that meets/exceeds 1.5 standard deviations below the mean in at least two developmental domains, or 2.0 standard deviations below the mean in at least one of the following developmental domains:

1. Cognitive
2. Physical (including vision and hearing)

3. Communication
4. Social or Emotional
5. Adaptive

Early Steps utilizes a team-based primary service approach to service delivery, focusing on direct service through consultation/coaching and joint visits. Provision of services is designed to enhance parent/caregiver competence, confidence, and capacity to meet the child's developmental needs and desired outcomes in at least one of the five areas listed above.

Early Steps intervention activities that may be provided in the home include:

- Family training
- Special instruction
- Speech therapy
- Occupational therapy
- Physical therapy
- Vision services
- Hearing services
- Assistive technology devices and services

As shown in Table 6 above, Early Steps clients participating in the HV program received, on average, 38 visits per year, or three visits per month, within an average period per child of 19 months. Of the 32,140 clients served, on average, per year, 15,548 – or 48% - received HV services.

Infant Toddler Development Specialists (ITDS), a certification specific to the Early Steps training program, must have at least a bachelor's degree in early childhood, special education, child and family development, family life specialty, communication sciences, psychology, or social work. Other staff providing HV services are licensed healing arts professionals.

Short-term indicators for Florida's Early Steps program are shown below in two groups: indicators from the Office of Special Education Programs (OSEP), the IDEA, Part C, granting agency, and indicators from the Family Outcomes Survey, which measures family satisfaction using the National Center for Special Education Accountability Monitoring survey.

OSEP Indicators:

1. Timely service delivery
2. Natural environments
3. Child outcomes
4. Family outcomes
5. Child find – birth to age one served
6. Child find – birth to age three served
7. 45-day timeline from referral to initial IFSP
8. Transition plans include steps and services
9. The local education agency is notified
10. 90-day transition conference
11. Correction of non-compliance within 12 months of identification

Family Outcomes Survey:

- Families report that early intervention services have helped their family know their rights
- Families report that early intervention services have helped their family effectively communicate their children's needs
- Families report that early intervention services have assisted their family in helping their child grow

OSEP utilizes the indicators (shown above) to determine compliance and gives each state one of the following assessments: "Meets Requirements", "Needs Assistance", "Needs Intervention", or "Needs Substantial Intervention". OSEP indicators 1, 7, 8 and 9 must be in full compliance. For fiscal year 2008-2009, the Florida Early Steps' OSEP assessment was "Needs Assistance". Refer to Appendix H for further information about the Early Steps program.

School and Family Support Services
(46% of clients receive HV services)

Supported only by local funds, the School and Family Support Services (SFSS) program operates in 59 elementary schools in Palm Beach County, providing in-school and in-home services to identified population of kindergarten and 1st grade students who score as "most at risk" on the Scale to Assess Emotional Disturbance Screener (SAED) test. SFSS works to both improve school success and reduce the risk of abuse and neglect.

Specific desired outcomes for this program include:

- Increased family involvement in the child's education
- Improved behavioral and emotional functioning
- Measurable improvement in family goal attainment
- Increased knowledge and awareness of community resources, ability for schools to meet the needs of non-eligible children
- Increased ability of family to help child achieve success in the school and community
- Improved school behavior, decreased disciplinary referrals, and decreased absences

On average, 46%, or 869, of the 1,886 SFSS clients served per year over the most recent three-year period received HV services. These services translated to an average of 27.5 contact hours over a period of 10-12 weeks, or two to three hours per week. A staff of 48 includes family consultants with master's degrees in counseling, social work or human services preferred, or a bachelor's degree in human services and two years of experience in the human services field. Family consultants are trained in the Boys Town In-Home Family Services model, which has its own research-based curriculum.

Core program components/activities include:

- Frequent family visits by program consultants in the family home or in the community
- Individualized intervention by consultant in the school setting, as needed
- Scheduled meetings between parent/guardian, school personnel and SFSS consultant in school setting
- Phone contact/intervention by consultant, as needed

The following short-term process and outcome measures have been defined:

- Percentage of children who score at risk on the SAED who are linked to services
- Family involvement in the child's education will increase for families receiving at least eight hours of services, as measured by a survey administered after the last session
- School personnel will increase their knowledge and awareness of community resources, as measured by a consumer survey
- Improved child social-emotional competence, as measured by scores on the Teacher Rating Form (T-RF)

Long-term outcome measures are twofold:

- Demonstrated increase in school attendance by child participants
- Decreased disciplinary referrals

Program fidelity is assessed during semi-annual site visits by the contract manager. At the last evaluation in March 2010, the program was found to be in compliance with expectations. Additional information about the SFSS program can be found in Appendix H.

Other programs providing HV services to over 90% of their clients

Among the 32 programs in Table 6 offering HV services to at least 45% of their clients are 22 programs that either served less than 850 clients each, on average, per year with HV services or that reported a capacity of less than 1,600 HV clients per year, but they provided HV services to over 90% of their clients. These programs collectively served an annual average of 5,333 clients in their HV programs, or about 13.1% of the 40,860 clients provided HV services in this group of 32 programs.

As can be seen in Table 6, 13 of these 22 smaller programs that offered HV services to over 90% of their clients are clustered in Broward County, supported by an active CSC in that area. The Kids in Distress, the Children's Home Society Family Strengthening Program and the Henderson Mental Health Center/Family Strengthening/Family Resource Team programs provided HV services to an average of 626, 492, and 432 clients, respectively, in Broward County each year. Three other programs, which provided from 69-85% of their clients with HV services, are also located in Broward County, for a total of 16 programs in Table 6 that are concentrated in this one county in South Florida. All of these programs focus on serving families at risk for child abuse and/or neglect.

The Nurse-Family Partnership (NFP) program in Palm Beach County, supported by local and state funds, is the only program of its kind in Florida. Serving low-income, socially isolated first-time mothers prior to the 28th week of pregnancy, this innovative program is staffed by registered nurses who provide weekly home visits during the first weeks of enrollment, followed by weekly or bi-weekly home visits offered until the child is 21 months old. Monthly visits are provided for the remaining three months until the child's second birthday. Nurses receive training through the NFP national office on the NFP's evidence-based model. The NFP program incorporates the *Partners in Parenting Education* (PIPE) curriculum, which includes the following three components:

- Preventive health and prenatal practices for the mother
- Health and development education and care for both mother and child
- Life coaching of the mother and her family

An average of 150 clients per year was served by the NFP over the most recent three years, with each client receiving an average of 34 hours of HV for up to 2.5 years. Refer to Appendix H for more information about desired program outcomes and measurements and fidelity assessments for this pilot program.

Large programs providing HV services to less than 45% of clients

Among the programs shown in Table 6 that offer HV services to less than 45% of their clients is a single program – Florida Healthy Start – that provides HV services to 36% of clients, yet the annual average of 70,116 clients served by this program represents more than six of every 10 clients (62.6%) receiving HV services across the 40 programs displayed. To gain some perspective on the impact of program size and its relationship to the population in need of services in Florida, Table 7presents the worksheet data in a different manner from Table 6. In this table, program data were grouped by the total number of clients served, per the column heading "All Services (avg/year)", in descending order. This array shows the programs that are serving the greatest number of clients throughout the state, regardless of the proportion of HV services offered. Most notable in terms of size is the Florida Healthy Start program, which has served an average of 197,274 clients per year during the most recent three years. Notice that the programs serving the most clients with HV services are Florida Healthy Start, Early Steps, and HFF, which collectively provided HV services to an average of 98,828 clients per year, or over 88% of all clients receiving HV services in the 40 programs shown in the table. These longstanding programs have solid infrastructures in place for expanding their services throughout the state and reaching a huge proportion of clients in need of HV services in a relatively short period of time, once resources are available to do so. The Early Steps and HFF programs have already been described in this section. The Florida Healthy Start program is described below, followed by a description of the Early Head Start program, which ranks fourth in the average number of clients served (4,040) per year, despite serving only 7% of its clients with HV services.

Florida Healthy Start (FHS)
(36% of clients receive HV services)

The Florida Healthy Start (FHS) program provides voluntary, universal screening of pregnant woman and newborns to identify those at risk of poor birth outcomes or developmental delays. Pregnant woman and newborns from birth to age three comprise the served population, and all are eligible for screening. Pregnant women scoring 6 or more and infants scoring 4 or more on risk screens are eligible for Healthy Start services. Because the screening process serves such a large population and functions as a triage, the proportion of clients receiving HV services is disproportionately low, as reflected in Tables 6 and 7 above. For example, after screening, a woman may be referred to appropriate level services in addition to Healthy Start.

Located in all 67 counties and supported by local, state and federal funds, Healthy Start's goal is threefold:

- Reduce infant mortality
- Reduce the number of low birth-weight babies
- Improve health and developmental outcomes

This threefold goal aligns well with the intent of the HV program as outlined in the ACA. As of 2009, there were 30 Healthy Start coalitions in 64 counties; the remaining three counties do not have Healthy Start Coalitions, but FHS services are provided through the county health departments. Coalitions are a key aspect of the program, designed to establish and implement a system of care for pregnant women and infants from birth to age three. In addition to risk screening, core components include:

- Delivery of risk appropriate case management
- Individual assessment of participant needs
- Delivery of psycho-social support and specific wrap-around services to address individual behavioral risks
- Development, funding, and oversight of a locally-determined service delivery system

The Healthy Start program reached more than three of every four clients served during the most recent three-year period, based on the results of the June survey of programs. An average of 197,274 clients per year was served, and 70,116 received HV services, on average, per year, which represents nearly 63% of clients receiving HV services across all 40 programs shown in Table 7. Each HV client received an average of 15 hours of HV services for up to one year. These services occurred weekly to monthly, depending on the risk level of the client.

Educational staff requirements vary, but at least a high school diploma is needed, with supervision provided by a staff member with a college degree. Pre-service and ongoing training on topics related to maternal and child health are also required.

The following short-term outcomes have been established for the Healthy Start program:

- Actual infant deaths will not significantly exceed the expected infant deaths calculated for each coalition area

- Actual low birth-weight percentage will not significantly exceed the expected percentage
- Reduced percentage of late or no prenatal care for each coalition catchment area
- Increased percentage of mothers with two years between pregnancies
- Increased bonding and attachment

Fidelity is measured by annual assessment by the Department of Health (DOH) contract managers for compliance with Healthy Start standards and guidelines. Local quality assurance by Healthy Start Coalitions to assure compliance with standards, guidelines and best practices also takes place. Corrective action plans are required for noncompliance.

Early Head Start
(7% of clients receive HV services)

Early Head Start (EHS) is a federally-funded, community-based child development program that evolved from the Head Start program sixteen years ago. Designed to serve low-income families with infants, toddlers, and pregnant women, the mission of EHS is threefold:

- to promote healthy prenatal outcomes for pregnant women
- to enhance the development of very young children, and
- to promote healthy family functioning

Head Start's long history of service to infants and toddlers was formally expanded to include Early Head Start in 1994, at the direction of the Secretary of Health and Human Services. Because EHS is federally-funded, the federal government is committed to ensuring program quality by providing training, technical assistance, program performance standards, and research and evaluation support to local programs. Outcomes are measured annually, using National Head Start Performance Standards, to assure program fidelity.

Offered in 52 Florida counties, each EHS program is responsible for both determining the local population most in need of its services and establishing its own enrollment eligibility criteria, of which family income relative to the federal poverty level (FPL) guidelines is a key factor.

HV services are offered in 29 Early Head Start programs throughout the state to all eligible children. As shown in Tables 6 and 7, Early Head Start clients participating in the HV program received, on average, 48 visits per year, or about one per week, over a period up to one year. Of the 4,040 clients served, on average, per year, 288 received home visits.

The minimum requirement for HV staff is a high school diploma, but some HV staff have degrees in fields such as education, nursing, psychology, or social work. All HV staff are trained locally through partnerships with other HV programs or through the Head Start Training and Technical Assistance Network. Training curriculum includes child

development, HV practices, health, safety and parent education, and is offered to HV staff annually, as needed.

Table 7 - Summary of the Clients Served and Intensity of Home Visitation Programs in Florida by All Services

Program	Clients Served			HV Capacity	Intensity		
	All Services (avg./year)	*HV Services (avg./year)*	*% of Clients Receiving HV Services*	*3-year avg. taken when possible*	*Contact hours (per client/year)*	*Duration of Program*	*Frequency of HV Visits*
Florida Healthy Start	197,274	70,116	36%	70,116	~15	~ 1 year	Weekly to monthly
Early Steps	32,140	15,458	48%	15,458	38	19 months	3 per month
Healthy Families Florida	13,254	13,254	100%	10,991	73	Up to 5 years Avg. – 24.6 months	Weekly to quarterly
Early Head Start	4,040	288	7%	2,799	48	10 to 12 months	1 per week
Home Instruction for Parents of Preschool Youngsters (HIPPY)	2,133	2,133	100%	3,540	~ 65.25	35-52 weeks	NP
School and Family Support Services - Palm Beach County	1,886	869	46%	1,600	27.5	10-12 weeks	NP
Parents as Teachers	1,855	1,855	100%	1,855	1-20	2-3 years	Weekly to monthly
Federal Healthy Start - St. Petersburg	1,151	750	65%	750	6	NP	1.58 per month
Helping People Succeed Building Readiness Among Infants Now - Martin County	1,120	1,120	100%	1,135	2	2 visits	NP
Federal Healthy Start - REACHUP, Inc. - Hillsborough County	828	571	69%	535	15	39 weeks	NP
Federal Healthy Start - Gadsden County	644	81	8%	115	4-36	2 years	Weekly to quarterly
Kids in Distress: Family Strengthening - KID First Program - Broward County	626	626	100%	560	32	3 months	NP
Children's Home Society Family Strengthening Program - Broward County	533	492	92%	623	40	3 months	NP
Healthy Homes	465	465	100%	465	1	2-3 months	NP
Magnolia Project - Duval County	440	65	15%	65	NP	27 months	NP
Henderson Mental Health Center, Family Strengthening, Family Resource Team - Broward County	432	432	100%	340	NP	2 months	NP
Healthy Mothers, Healthy Babies - Family Strengthening Prenatal / Infant Home Visiting Program - Broward County	369	278	75%	200	21	6 months	NP
Healthy Beginnings Nurses - Palm Beach County	337	337	100%	600	16	112 days	2 per month
Family Central Nurturing Parenting Program Family Strengthening Program - Broward County	284	197	69%	197	27	6 months	NP
Family Central ESAHP Family Strengthening Program - Broward County	236	233	99%	230	49	2-3 years Avg. – 18 months	NP
Children's Harbor Family Strengthening Program - Broward County	206	198	96%	143	27	4 – 5 months	NP
Memorial Healthcare System Family Strengthening Family TIES Program - Broward County	191	162	85%	200	43	5 months	NP
Inspiring Family Foundations - Palm Beach County	190	190	100%	190	NP	9 months	NP
Nurse-Family Partnership - Palm Beach	150	150	100%	200	34	9 months	2 per month

Program	Clients Served			HV Capacity	Intensity		
	All Services (avg./year)	*HV Services (avg./year)*	*% of Clients Receiving HV Services*	*3-year avg. taken when possible*	*Contact hours (per client/year)*	*Duration of Program*	*Frequency of HV Visits*
County							
Healthy Mothers, Healthy Babies - Mothers Overcoming Maternal Stress (M.O.M.S) Maternal Nurturing Program - Broward County	128	121	95%	110	22	6 months	NP
Gulf Coast Community Care - Family Strengthening - Family Skill Builder's Program - Broward County	125	125	100%	100	28	2 months	NP
Parent-Child Home - Palm Beach County	111	111	100%	265	44	2 years	2 per week
Memorial Healthcare System, Mothers Overcoming Maternal Stress (M.O.M.S) - Broward County	101	95	94%	100	23	6 months	NP
Parenting Smart Babies - Palm Beach County	91	91	100%	72	48	3 years	Weekly
Father Flanigan's Boys Town Family Strengthening Program - Broward County	89	89	100%	120	35	5 weeks	NP
Jewish Adoption and Foster Care Options (JAFCO) Family Strengthening Multisystemic Therapy Program - Broward County	88	88	100%	64	57	4 months	NP
Henderson Mental Health Clinic Family Strengthening Multisystemic Therapy Program - Broward County	82	82	100%	60	54	4 months	NP
First Step to Success - Palm Beach County	81	81 (ytd)	100%	81	~ 48	NP	NP
Friends of Children Family Strengthening Program - Broward County	75	75	100%	76	23	3 months	NP
Institute for Family Centered Services Family Strengthening Project BRIDGE Program - Broward County	71	70	99%	50	56	4 months	NP
Helping People Succeed Development Intervention Program - Martin County	62	62	100%	90	52	Up to 3 years	1 hour per week
Exchange Club Castle Safe Families	NP	148	NP	148	60	6 to 9 months	Weekly
Family Reunification Services	NP	397	NP	397	2 hours per visit with weekly visits = 104	Goal of 1 year	NP
Parent-Child Home - Hardee County	NP	6	NP	8	23	2 years	2 per week
Parent-Child Home Healthyways, Inc. - Jefferson County	NP	28	NP	28	23	2 years	2 per week
Totals	**261,888**	**111,989**	**---**	**114,676**	**---**	**---**	**---**

Source: Program Capacity and Quality Worksheet for the Home Visiting Needs Assessment
NP= Not Provided

EHS programs are founded on the following nine principles:

1. High Quality
2. Prevention and Promotion
3. Positive Relationships and Continuity
4. Parent Involvement
5. Inclusion
6. Culture
7. Comprehensiveness, Flexibility, Responsiveness, and Intensity
8. Transitions, and
9. Collaboration

The four core components of the Early Head Start program are:

1. Child Development
2. Family Development
3. Community Building, and
4. Staff Development

Additionally, the EHS program focuses on three other areas of importance:

1. Administration/Management
2. Continuous Improvement
3. Children with Disabilities

Refer to Appendix H for detailed descriptions of the Early Head Start principles, core components, and areas of importance listed above.

Early Head Start leadership has compiled the following set of short-term process and outcome measures to gauge the quality of their program and guide future program planning efforts:

1. Child health and safety
   i. Up-to-date on Early Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule
   ii. Children diagnosed as needing medical treatment
   iii. Children receiving medical treatment
   iv. Children with health insurance
   v. Children with a medical home
   vi. Children with up-to-date immunizations
   vii. Children with a dental home
2. Family self-sufficiency:
   i. Families who receive family services
   ii. Children and pregnant women who left the program and did not re-enroll
3. Child development: Number of home-based option children per home visitor

Results: Type of Clients Served

As mentioned earlier in this section, the counts shown in Tables 6 and 7 represent families/women served in HV programs. To get a more detailed profile of the types of clients being reached through programs with a home visiting component, the eligibility

criteria and served populations of all 40 programs completing the worksheets were examined to determine commonality in their eligibility and population criteria, as a proxy for "type" of clients served. Those programs with similar eligibility criteria/populations in need were then grouped accordingly, with results shown in Table 8below. This grouping process was somewhat problematic because a program may serve more than one population group – for example, a program may strive to reduce both the interval between pregnancies and the incidence of child abuse/neglect. In those instances, a judgment was made about the population group to which the *majority* of services were likely directed, to avoid duplication in the table. Also, some programs did not complete the part of the worksheet specifically describing their current population in need or their eligibility criteria, so assumptions were made, where possible, based on other information provided on the worksheet. If no predominant at-risk group could be identified from among several, or if no specific group could be clearly defined at all, those programs were placed in one of two miscellaneous groups. The data are listed in descending order according to the number and percentage of clients receiving HV services (the same order as in Table 6 above).

This table provides a very general indication of the types of clients served by the 40 programs with HV services who responded to the June survey. Well over six of every ten clients served are families with pregnant women, infants, and toddlers, almost 16% are families at risk for child abuse and/or neglect, and nearly 14% are families with children who have, or risk having, developmental delay. Together, these three types of clients comprise approximately 93% of the 111,989 clients served in the 40 programs shown in Tables 6 and 7. Notice that 18 – almost half – of the 40 programs with an HV component are specifically focused on populations at risk for child abuse and neglect. Many of these 18 programs are relatively small and concentrated in a handful of counties, as mentioned earlier in this section. Close to 5% of clients served include children facing challenges related to school readiness or school success, subdivided into those clients who are in a particular racial/ethnic group (1.9%) and clients whose race/ethnicity is not among the eligibility criteria (2.79%). The remaining programs target low-income families with pregnant women, infants, and children, families with young children, or pregnant women at risk for depression. During the implementation phase, demographic data on clients served in HV programs throughout Florida will be collected.

In Step 3 of the grant funding application process, we may more *clearly* identify the distinct types of clients served, to foster better analysis of the characteristics of those groups. Once more accurate data are obtained; this indicator can function as a measure of quality in showing how well the programs are doing in serving their intended populations.

Table 8: Florida Home Visiting Programs Grouped by Eligibility Criteria and Target Populations

Target Population / Group Screened for Eligibility	Programs	HV / Avg	w / HV / Avg
Families with pregnant women, infants, and toddlers	3	70,643	63.08%
Families at risk for child abuse and neglect	18	17,815	15.91%
Families w/ children who have developmental delay or the potential for development delay	3	15,601	13.93%
Families w/ children who need help with school readiness or school success	5	3,120	2.79%
Culturally diverse families w/ children who need help with school readiness / success	1	2,133	1.90%
Families with pregnant women, infants and toddlers in culturally diverse populations	2	1,321	1.18%
Low-income families with pregnant women, infants and toddlers	3	529	0.47%
Families with young children	1	465	0.42%
No target group specified and none can be determined	2	146	0.13%
Multiple target groups with no one target group predominant	1	121	0.11%
Pregnant women at risk for depression and their children	1	95	0.08%
Totals	**40**	**111,989**	**50.0%**

Source: Program Capacity and Quality Worksheet for the HV Needs Assessment

Measuring the Quality of Florida's Home Visiting Programs

The key quality measures requested in the worksheets were short- and long-term outcome measures, publications reporting results of randomized or quasi-experimental studies, and fidelity assessments, to demonstrate adherence to a national standard. Responses showed a fairly large gap in the provision of these aspects of quality. A broad picture of the short- and long-term outcomes of each program is provided as a table in Appendix I. To summarize, almost all programs have identified short-term outcomes and attempted to measure those outcomes for at least the most recent year. A few programs have collected performance data for two to three years. As can be determined from the appendix table, however, only about 12 programs reported having attempted to define long-term goals, and most programs with defined long-term goals have not yet measured those goals because they were established fairly recently. Although the responses do not provide solid indications of HV program quality across all programs at this time, the table may serve as a tool in Step 3, as the legislative requirements will assure a major focus on defining clear outcomes and providing a systematic method for assessing program quality over the next five years.

Of the 40 programs submitting worksheets, 10 report that there have been either quasi-experimental or randomized controlled trials proving the value of the program (Early Head Start, HFF, HIPPY, NFP, PAT, Parent-Child Home [3 programs], REACHUP, Inc., and The Magnolia Project). Together, these programs provide an annual average of 18,461 families with HV services, 16.5% of all HV services provided in the state.

Measuring the Capacity of and Gaps in Florida's HV Programs

The discussion up to this point has focused on the first of two key data components related to program quality and capacity needed for compliance with federal requirements for HV grant funding: the number/types of clients receiving HV services and the quality of

existing programs. The second key data component requirement is a measurement of the HV service capacity and gaps in meeting the needs of the families in need of services.

To describe the capacity of Florida's HV programs, return to Table 6. Each worksheet respondent was asked to indicate their program capacity for HV services. It was clear from the varied responses received that this capacity concept posed a problem for many of the programs, and the issue of data consistency across programs is once again manifest in this component. Notice that the numbers in the "HV Capacity" column range considerably when compared to the number of clients receiving HV services in various programs, with roughly one-third (15) of the capacity figures below, one-third (12) equal to, and one-third(13) above the number of HV clients served. Methods of calculating this number either varied among respondents or were unreported altogether, further clouding the issues of reporting accuracy and comparability across programs. In those instances where capacity was not reported by the respondent, the number of clients receiving HV services was used as a proxy and inserted into the capacity cell in this table. In one instance, where capacity and number of HV clients served were both missing, the total number of clients served was used. Despite these concerns, and in the absence of any other available indicators of HV program capacity, the capacity numbers provided and shown in Table 6 were summed, yielding a total annual count of 114,676 potential clients that can be served in the HV programs throughout the state at this time, utilizing the current level of resources.

Once program capacity was determined, the next step was to estimate the statewide population in need of HV programs to identify the extent of gaps in service delivery. If we ask programs to estimate their populations in need, we risk counting the same families more than once. Therefore, with the concurrence of the HV Steering Committee, the needs assessment team decided to develop a proxy, or estimate, of the population in need of HV services. The data analysis team considered using the same poverty indicator adopted in the process of identifying at-risk populations discussed in Sections 1 and 3 – namely, children ages 0-4 at or below 100% of the federal poverty level (FPL). However, since many families in need of HV services have incomes exceeding 100% of the FPL, the team decided to adopt a more inclusive value for estimating the number of families in need of HV services. They chose instead to use 200% of the FPL for households with children ages 0-4, which the reader will recall was the population age segment targeted as the denominator in Sections 1 and 3. The rationale for selecting children ages 0-4 is that children in this age group are likely to be living with caretakers who may be in need of HV services. The team recognized that not all families with children ages 0-4 and living at or below 200% of poverty are in need of HV services, hence the estimates are actually an *overestimate*. Conversely, there are many families, financially more secure, who would benefit from HV services. The same can be said about families with older children. Therefore, the population chosen was considered a defensible estimate of the population in need.

To derive the statewide estimate of the *number* of households with children ages 0-4 with incomes at or below 200% of the FPL, the data analysis team selected "housing unit population" for 2006-2008 from the U.S. Census. Census data were required to produce

a three-year population average because the CHARTS population data for households with children in this age group does not include family income levels.

Next, the *percentage* of households with children 0-4 was calculated using the "housing unit population" data. Because CHARTS population data were used as the basis for all other estimates in this needs assessment, the resultant percentage was subsequently applied to CHARTS population data for Florida. This was necessary because the general population numbers in CHARTS for 2006-2008 were higher than the housing unit population numbers from the American Community Survey (ACS) for the same period, due to the latter group's being limited to those households reporting/having income in the ACS. This method created a proxy for estimating the number of families actually in need of HV services in Florida. The average statewide population figure for households earning at or below 200% of the FPL with children ages 0-4 that was generated from this methodology is 522,408.

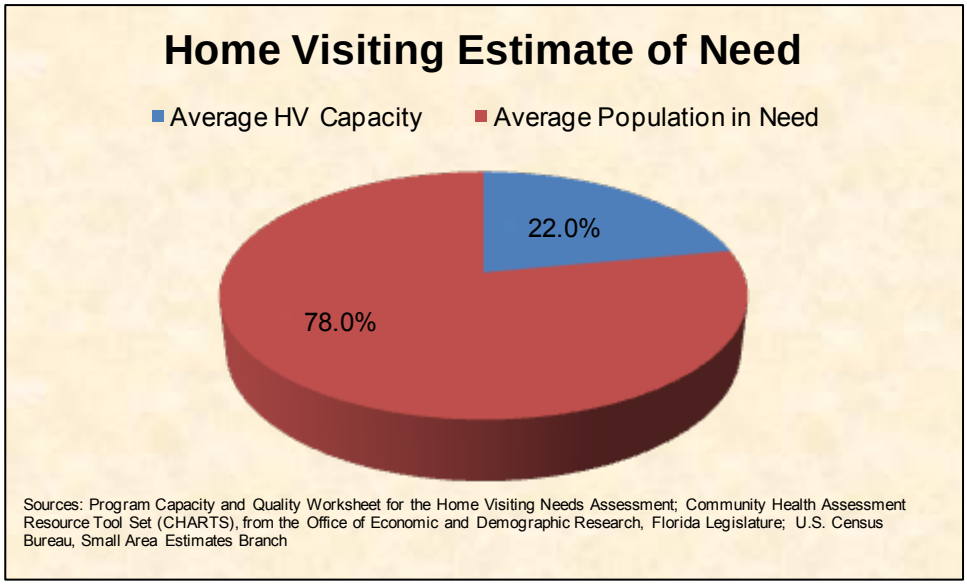
Finally, an estimate of unmet need was calculated by first dividing the current capacity of HV programs in Florida (114,676) by the average population figure for the targeted population group (522,408) in Florida to generate a rate of 22.0%. This rate signifies that Florida's current HV programs are estimated to be reaching approximately 22.0%, or a little more than one in five, of the families in need of such services, based on household income levels at 200% or less than the FPL. Clearly, there is tremendous need in Florida for expanding HV services in order to reach the 78% of the population in need of HV who are not currently being served, as shown in Figure 2. This 78% calculation represents Florida's gap in serving those who are at need of assistance through programs offering HV services.

Quality and Capacity Summary

Although the data collected on the 40 returned worksheets were helpful in providing a first impression of the quality and capacity of Florida's existing HV programs, it is important to reiterate and emphasize its limitations. Overall caveats to consider before drawing any conclusions from these data are summarized below:

- The short time frame for designing, distributing, completing, returning, and analyzing the results did not allow for *all* programs with an HV component to respond by the deadline for inclusion in this report, thus skewing the results to encompass only the responding programs.
- The short time frame did not allow for conducting key informant interviews with program management to significantly improve data content, accuracy, completeness, quality, and consistency.
- The short time frame did not allow for refinement of the worksheet to remove, as much as possible, open-ended questions that fostered individual interpretations.

Figure 2: Home Visiting Estimate of Need



In Step 3, a more focused survey may be conducted, including interviews with program managers, to more accurately assess the current status of existing evidence-based HV programs in the state in terms of both quality and capacity.

The process of collecting and analyzing HV program data for this needs assessment served to emphatically underscore the critical importance of establishing clearly-defined input, output, and program outcome measures for Florida's HV implementation plan in Step 3 of the application process. Indicators for these measures must be both determined according to national standards and systematically collected across programs throughout the state to enable future evaluation of evidence-based programs, with strict benchmarks in place. In addition, measures of program quality must be developed at the onset of program implementation, according to guidance and technical assistance from HRSA and ACF. As will be addressed in the Section 6, there is much work to be done to improve Florida's data collection and evaluation process for this important home visiting initiative.

Section 5: Florida's Substance Abuse Program

Section 511(b)(1)(C) of Title V legislation requires states applying for home visiting (HV) grant funding to identify their "capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services" as part of the overall needs assessment process. This section describes Florida's Substance Abuse Program and discusses its ability to meet the needs of the population it currently serves. It also includes an estimate of its capacity to meet the needs of the specific population groups this needs assessment is focusing on in identifying at-risk populations specifically in need of HV services. Florida will fully integrate issues related to substance abuse with issues related to crime, domestic violence, and mental health to develop a family-centered practice in serving at-risk populations.

The Substance Abuse Program in the Department of Children and Families (DCF) provides a range of prevention, detoxification, treatment, and aftercare services to more than 200,000 families, children, and adults in 62 counties in Florida each year through a community-based provider system. The administrative oversight responsibilities of the Substance Abuse Program at the state and circuit levels include the development and management of service provision through contracts with community-based providers, issuance and monitoring of licenses for substance abuse providers, planning and policy development, and budget allocation and management.

Individuals and families are referred to licensed providers for a comprehensive evaluation by a wide variety of organizations, such as the Department of Juvenile Justice (DJJ), schools, and social service agencies. Staff that conduct the evaluations are under the supervision of qualified professionals (licensed or certified). The evaluations examine individual and family functioning in relation to substance abuse. The results are compared with the American Society for Addiction Medicine (ASAM) patient placement criteria to determine the level of services needed for the individual substance abuser. Family service needs (counseling/support) are also determined from this evaluation. ASAM criteria are used to move the client from one type of service/level of care to another, and to discharge them from care altogether. The courts are also a determining factor in whether the family must receive services, usually as a condition for family reunification in the child welfare system.

The program budget for the state FY 2010-2011 is $215 million and is organized into the following three primary budget areas:

Prevention Services (13% of budget)

Prevention programs educate and counsel individuals on substance abuse and provide for activities to reduce the risk of substance abuse. Prevention services for adults are those involving strategies that preclude, forestall, or impede the development of substance abuse problems and include increasing public awareness of substance abuse through information, education, and alternative-focused activities.

During FY 2008-2009, 768,051 children/adolescents were determined to be in need, and 139,196 children/adolescents (18%) were served. Adult need for prevention is not currently calculated, but there were 20,961 adults served in prevention.

Detoxification (13%of budget)

Detoxification programs are provided on a residential or outpatient basis and utilize medical and clinical procedures to assist adults in their efforts to withdraw from the physiological and psychological effects of substance abuse. Residential Detoxification and Addiction Receiving Facilities are intended to provide emergency screening, short-term stabilization, and treatment in a secure environment 24 hours per day, 7 days a week. Outpatient Detoxification programs provide structured activities 4 hours per day, 7 days a week.

During FY 2008-2009, 6,432 children/adolescents were determined to be in need, and 2,284 children/adolescents (36%) were served. Of 50,157 adults in need, 21,478 were served (43%).

Treatment and Aftercare (69% of budget)

Treatment and aftercare services comprise a significant portion of the overall continuum of care, including assessment, intervention, residential and non-residential treatment, medication-assisted treatment, continuing care, and recovery support services. Following assessment, clients are placed in an appropriate level of care within the continuum based on the severity of presenting issues and the client's service needs in accordance with the ASAM Patient Placement Criteria.

During FY 2008-2009, 122,216 children/adolescents were in need of publicly-supported treatment/recovery support, and 46,439 children/adolescents were served (38%). 413,793 adults were in need of publicly-supported treatment/recovery support, and 104,051 adults were served (25%).

State estimates of need, as described above, are based on the National Survey on Drug Use and Health (NSDUH). The Substance Abuse and Mental Health Services Administration performs state level sampling, and Florida uses results from that sample for adults meeting the criteria for substance abuse or dependence – namely, positive responses to four or more out of seven criteria for abuse/dependence. This estimate is used because anyone meeting the criteria for abuse/dependence is in need of individualized services, primarily treatment or detoxification. The detoxification estimate was developed from results from the same survey - 3-5% of those needing treatment have substance abuse/dependence problems severe enough to require medical stabilization.

Publicly-Supported Service Providers include the following:

- Residential Treatment – 119 agencies, 243 program sites
- Outpatient – 199 agencies, 426 program sites
- Methadone/Medical Maintenance – 6 agencies, 8 program sites
- Detoxification – 39 agencies, 60 program sites

The national/state target for successful completion of treatment for children is 74%. Between FY 2007 and FY 2009, completions rates for Florida ranged from 83-85%. The comparable target rate for successful completion of treatment for adults is 72%. During the most recent fiscal years, Florida's rate ranged from 81-82%.

More than half of the licensed substance abuse providers in this program are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA), which require reviews every three years. The DCF is in the process of creating a new fidelity monitoring process for implementation in FY 2010-2011, emphasizing the use of evidence-based practices in all treatment programs.

Chapter 394, Florida Statutes, was recently modified to include new eligibility criteria for state-supported services. To be eligible to receive substance abuse services funded by the DCF, an individual must be a member of at least one of the DCF's priority populations approved by the Legislature. The priority populations include:

1. Adults who have substance abuse disorders and a history of intravenous drug use.
2. Persons diagnosed as having co-occurring substance abuse and mental health disorders.
3. Parents who put children at risk due to a substance abuse disorder.
4. Persons who have a substance abuse disorder and have been ordered by the court to receive treatment.
5. Children at risk for initiating drug use.
6. Children under state supervision.
7. Children who have a substance abuse disorder but who are not under the supervision of a court or in the custody of a state agency.
8. Persons identified as being part of a priority population as a condition for receiving services funded through the Center for Mental Health Services and Substance Abuse Prevention and Treatment Block Grants.

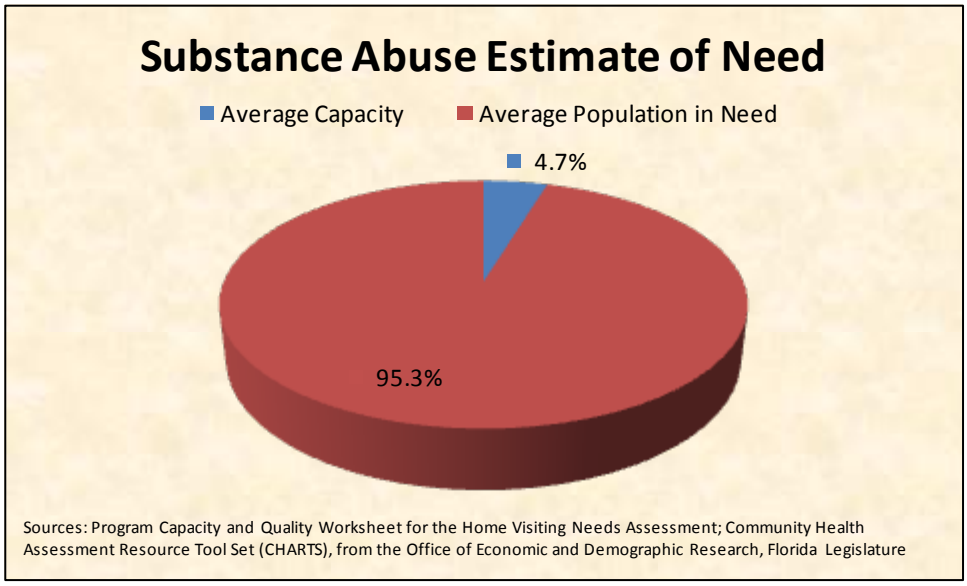
Estimating the Capacity of Florida's Substance Abuse Program

The numbers provided above related to this program's track record in meeting the needs of the population it serves, which covers the entire population of men, women, and children in Florida. To measure Florida's capacity in meeting the requirements of this needs assessment, return to Table 4 in Section 3 of this report. The reader will recall that the DOH/DCF data analysis team narrowed the population needing substance abuse services to those individuals in the 15-44 age group (women of childbearing age and their partners). The substance abuse indicator column in Table 4 shows that approximately 742,187 persons in Florida are in the at-risk population for this 6th indicator of need. The same survey worksheet used for quality and capacity assessment of the state's HV programs, discussed in Section 4 of this report, was completed by an expert in the DCF's substance abuse program, revealing that an average of 33,222 families/women per year were served in the program during FY 2007-2009. The corresponding average capacity for families/women was reported as 34,607 per year, on average. Therefore, dividing their average annual capacity by the population determined to be in need in Table 4 reveals that the DCF's substance abuse program is reaching roughly 4.7% of the population in need of their services, according to the specific definition used for this needs assessment. Thus, 95.3% of Florida's at-risk population is estimated to be in need of, but not receiving, services related to the avoidance or reduction of substance abuse. Figure 3 shows the

percentage of the population in need that is currently served and the percentage needing substance abuse services.

Currently, the DCF's Substance Abuse Program does not include a home visiting component, and its services cover a far broader population base than is being targeting by the new HV legislation. However, their track record in meeting the needs of the population they now serve, ranging from 18% - 43% in the narrative above, and their commitment to developing an evidenced-based treatment program and a fidelity monitoring implementation process make a strong case for the inclusion of substance abuse services as part of the system of care in Florida's HV programs.

Figure 3: Substance Abuse Estimate of Need



Additional indicator data related to substance abuse were requested by the Health Resource and Services Administration (HRSA) in the recent Supplemental Information Request (SIR). Sections 1 and 3 of this report describe these indicators and Florida's response in meeting these HRSA requirements.

Section 6: Summary of Home Visiting Needs Assessment Results

Summary of Findings: Challenges in Demographics and Data Compilation

As described in Section 1, Florida ranks in the bottom quartile nationally in serving pregnant women, infants and children most in need of services that focus on improving desired health outcomes. The state also faces unique challenges in significantly improving those outcomes for its culturally and geographically diverse population groups. These factors make the process of identifying at-risk communities and aligning both evidenced-based and innovative home visiting (HV) programs with the needs of those communities extremely complex. Multiple approaches to service delivery will be required, depending on the specific characteristics, needs, and location of a given population in need.

The disparity between highly-populated urban areas and sparsely-populated rural areas of the state is one of several challenges in analyzing data. Although data at the county level were available to begin the process of identifying high-risk populations, there is great concern that this unit of analysis will miss sub-county areas of need within large counties that otherwise would not be considered at-risk. Additionally, the efficient utilization of resources across smaller, rural communities may require combining counties into larger segments for HV service delivery. These issues are addressed in the next subsection, and other data limitations are discussed in Sections1 and 3 of this report.

Identifying and Prioritizing At-Risk Communities Needing Home Visiting Services

Section 3 explained the systematic process undertaken by the DOH/DCF data analysis team to identify at-risk communities. Building upon the eight constructs outlined in section 511 (b)(1)(A) of Title V, the team defined 11 indicators of need and developed annual average counts and rates by county, using the three most recent years of available data for each indicator. County level data were chosen as the unit of analysis because most indicator data are available at this level in Florida. Where appropriate, data were extracted focusing on ages 0-4 to capture the age range that is critical for the healthy development of children. These county counts and rates were then graphically arrayed and compared to the statewide counts and rates. Composite counts and rates were calculated by generating an overall average ranking across all 11 indicators for each of the state's 67 counties. Tables 4 and 5 list the counties in descending order of these final composite rankings, displaying actual counts and rates, respectively. These composite data lay the foundation for further analysis and are a first step in identifying populations most in need of home visiting (HV) services.

Although data at the county level were most readily available for this needs assessment process, members of the data analysis team expressed reservations about using county level data alone to identify at-risk populations in a state as demographically diverse as Florida. To address this concern, they recommend two strategies to supplement the data analysis by county. First, they suggest developing a hybrid method for identifying concentrated pockets of need within large counties that are not otherwise targeted as at-risk populations at the county level using the composite counts and rates. This approach

will require gathering census tract or zip code level data at the sub-county level, if available, to assure that no high-risk areas are overlooked by the county-level analysis. The use of GIS mapping and resource mapping may also be considered in narrowing the focus to smaller areas of need. Second, this process revealed that multiple contiguous small to medium size counties are considered high risk, according to the rankings presented by rate in Table 5. The team recommends considering a multi-county approach to efficiently serve a large number of high-risk children in much the same manner as serving a large metropolitan area. Combining several contiguous, at-risk, sparsely-populated counties into a single area of need may prove effective when determining the best allocation of HV resources in the implementation phase, and this option may be a mechanism to assure that small to moderate size counties will have an opportunity to receive the benefits of HV services for their at-risk populations.

Thus, to direct resources toward communities most in need of HV services in Step 3, Florida will *begin* by utilizing the indicator data summarized in Table 5 of Section 3*,* which isolates and ranks counties according to their average rates, based on the combination of 11 indicators. Table 4, which summarizes county data by counts, will be used for allocating resources to areas with large at-need populations, regardless of the rate of need. Those counties that have both a high rate of need (Table 5) and a large population in need (Table 4) may *initially* be among the top candidates to receive federal funding through this initiative. However, other high-risk areas yet to be identified at the sub-county level by the hybrid approach mentioned above may also be considered as top candidates for receiving HV services, and a multi-county approach to combining small contiguous counties with high risk populations may also be reviewed in the process of determining those areas of Florida most in need of HV intervention.

In addition to using the results of county composite rankings already established and analyzing new sub-county data yet to be gathered, Florida will continue efforts to obtain additional data recently requested by HRSA in the Supplemental Information Request (SIR) that are either currently unavailable or were included in the detailed evaluation of 11 indicators. These additional indicators of need will be carefully reviewed and may prove useful as we refine our focus on the specific needs of each community in Step 3 and make final determinations in identifying those Florida communities most in need of HV services.

Florida has opted to defer the final selection of counties/communities most at risk within the state to Step 3 of the HV grant application process for several reasons:

- to include both sub-county data, as available, and additional indicator data
- consideration of existing resources available within a county or sub areas of counties
- to fully integrate final HRSA guidance in the determination of the communities to be served
- to enable further collaboration with other agencies serving comparable population groups
- to refine the selection of multiple proven and innovative models to meet the complex and diverse needs of the state, and

- to incorporate cost factors to best allocate resources where the potential for significant outcome improvement is highest

Gaps in Service Delivery to Communities in Need

Since Florida is deferring identification of specific at-risk communities to the next phase, identifying gaps in services to individuals and families residing in those particular communities must also be deferred to Step 3. As described in Section 4, however, identifying and evaluating gaps in service delivery room region to region around the state would be problematic, even if Florida's at-risk communities were already selected, due to variance in the methodology utilized by program staffing defining and measuring capacity from program to program. This issue will be a key topic of discussion as Florida moves forward in determining areas with the largest gap between identified need and service delivery. Utilizing responses to a recent survey administered by the needs assessment team to collect input from programs providing HV services to women, infants and children, gaps in services to the population in need at the *statewide* level were discussed and presented in Section 4. Survey respondents estimated that 114,676 clients could potentially be served at the current level of resources. This number was used as an estimate of current program capacity across the state. To approximate the total population in need of such services, the data analysis team calculated an average of the number of Florida households with children ages 0-4 that were at or below 200% of the federal poverty level. The average state population in need using the most recent three years of data was estimated at 522,408. Dividing program capacity by estimated population in need yields a rate of 22%. Therefore, according to this calculation, Florida's current programs providing HV services are reaching just over one in five families in need. This estimate signifies a tremendous need for expanding and/or initiating programs with a home visiting component as part of an overall strategy to improve outcomes for as many potential clients in the 78% of the unserved or underserved population as possible. This methodology and its limitations were discussed in detail in Section 4.

As Florida moves into the next phase, this methodology will be re-addressed as final decisions are made in selecting at-risk communities using available data at the sub-county level and other additional data. More accurate and complete information on the quality and capacity of existing local programs providing evidenced-based HV services will be collected and examined as a key part of a more detailed assessment of needs and resources. The number of clients served by these programs will be compared to the size of the local population in need to clarify local gaps in service.

Florida's Action Plan for Addressing the Populations in Need of HV Services

Although Florida has not yet completed the selection of communities most in need of HV services, a series of phases, and steps within those phases, **are tentatively being considered** to formalize and structure the process of moving forward in Step 3.

Phase One: Development of a State Plan (September 2010 – January 2011)

1. Foundational Groundwork

- Complete the process of identifying communities most in need of HV services and determining gaps in services in those specific geographic areas.
- Identify demographic variances in populations to be served and the potential need for adopting several models to serve diverse groups.
- Summarize the literature on evidence-based home visiting programs, including an evaluation of their measurable impact on desired outcomes, cost per client, levels of client satisfaction, and the application of different program models to similar population groups
- Organize the infrastructure – develop logic models, define performance measures, build in evaluation from the onset, decide which aspects of system implementation and training will be centralized

2. Enhanced Collaboration
    - Build upon collaborations with other agencies and public/private stakeholders established in the needs assessment process to avoid duplication of effort, improve program efficiency, and learn from the experience and expertise of others directly involved in serving the targeted population.
    - Form an ongoing advisory group and organize meetings
    - Establish vehicles for maintaining ongoing communication
    - Select programs for implementation by local providers

3. State Plan Development
    - Coordinate work group activities
    - Write plan for review by and input from advisory group

Phase Two: Implementation of the State Plan (October 2010 – December 2011)

1. Implementation Guidelines Development
    - Compile guidelines for selected models for each evidence-based program
    - Document state plan based on standard practices in existing effective programs
    - Develop evaluation criteria for each program based on desired outcomes

2. Request for Proposal (RFP) Preparation and Approval
    - Describe each state-approved program
    - Describe evaluation criteria for each program
    - Assemble RFP evaluation team
    - Post RFP, collect and score responses, post award

3. Establishment of Data Warehouse
    - Plan data collection system based on evaluation criteria
    - Define types of reports needed by program monitors and providers
    - Identify data elements to be collected
    - Prepare white paper reviewing options
    - Gather cost data

- Develop data warehouse

4. Develop Other Centralized Infrastructure

5. Training
    - Select or develop curriculum as appropriate
    - Organize logistics – separate training sessions will be offered for each model being implemented
    - Conduct training

6. Implementation Monitoring
    - Establish routine reporting mechanisms
    - Summarize progress
    - Respond to needs for technical assistance
    - Develop audit process and conduct program audits
    - Document issues, problems, successes
    - Conduct on-site program evaluations
    - Modify data collection process to meet changing needs

7. Statewide Planning Committee Facilitation
    - Develop work plan
    - Define responsibilities of team members
    - Design materials
    - Obtain speakers
    - Set up meeting logistics

8. Program Outcome Monitoring
    - Systematically monitor outcomes
    - Prepare summary report on processes and outcomes for each HV program

Phase Three: Implementation of the State Plan (January 2012 – October 2012)

1. Program Fidelity Monitoring
    - Utilize existing or develop methodology for measuring fidelity of each HV program model
    - Collect relevant data through reporting and site visits
    - Prepare summary report for each HV program

2. Outcome Evaluation through Data Analysis

3. Ongoing Collaboration
    - Conduct statewide annual conference
    - Produce and distribute quarterly progress reports

To prepare for the cost of implementing different program models to serve its diverse populations in need, Florida will apply for a federal grant to both establish evidence-based

models and initiate new models in home visiting, including funding to set up and maintain the infrastructure required to collect appropriate data and monitor program implementation and outcomes.

Issues to Consider for Step 3 of the HV Grant Application Process

The Maternal, Infant and Early Childhood (MIEC) Home Visiting (HV) initiative places a specific focus on improving outcomes in the following six benchmark areas over the next five years:

1. Improvements in maternal and newborn health
2. Prevention of child injuries, child abuse, neglect or maltreatment, and reduction of emergency room visits
3. Improvements in school readiness and achievement
4. Reduction in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination and referrals to other community resources and supports

The new legislation indicates that four of the six benchmarks should be met by the third year of program implementation, and by the end of the fifth year, each eligible state is required to submit a report demonstrating improvements (if any) in each of the benchmark areas. In Step 3, indicators will be developed from these benchmarks. The benchmarks provide an overall framework, or standard, from which indicators can subsequently be developed in each eligible state, as a first step in creating an evaluation plan that will enable HV data comparisons across all HV programs and among all participating states.

While awaiting the official standards from HRSA, the DOH/DCF data analysis team has begun the process of identifying possible indicators for these benchmarks, some of which have been broken down into two or more separate components. Table 9 displays each benchmark category (or subcategory), the indicators already considered for measuring each category, and any identified notes and caveats related to those indicators to keep in mind as the process moves forward in Step 3.

Notice that two indicators of school/kindergarten readiness have been identified. The Early Childhood Observation System (ECHOS) consists of an observation checklist that measures school readiness in seven domains:

1. Language and Literacy
2. Mathematics
3. Social and Personal Skills (Approaches to Learning)
4. Science
5. Social Studies
6. Physical Development and Fitness
7. Creative Arts

The Florida Assessment for Instruction in Reading (FAIR-K) is a test on letter naming and phonemic awareness that is administered by teachers to all public and private kindergarten students during the first 30 days of kindergarten. Information about both of these assessments can be found in the Florida Kindergarten Readiness Screener (FLKRS) overview report, available on the Department of Education (DOE) website at www.fldoe.org/earlylearning.

Emergency room visits by children ages 0-4 that are non-fatal will be considered as a possible new indicator for injury prevention, as shown in Table 7. The child abuse literature indicates that child abuse is consistently underreported. This new emergency room indicator will serve as an objective measure of childhood injuries, independent of reports of child abuse and neglect. The data analysis team has already verified the availability of reliable and valid data from the Office of Injury Prevention, Florida Department of Health.

Florida will also consider using the more focused indicators recently identified by HRSA in the SIR regarding substance abuse, maltreatment, and juvenile arrest rates to measure outcomes and gauge success.

The data analysis process required in Step 2 of this needs assessment process has created incentives and opportunities for developing new data sources and estimating methods. Lessons learned from the analysis of HV program quality and capacity underscore Florida's need to make major systemic improvements in its data collection process related to both describing and serving the client population. Among the many possible indicators to consider developing and collecting as part of the implementation plan are:

- Percentages served by race, ethnicity
- Percentages served by age group
- Percentage served by marital status
- Percentages served by household income level – 100% and 200% of federal poverty level
- Percentages served with a prior referral to child protective services
- Percentages served with identified substance abuse
- Percentage served by educational level
- Percentage served who are pregnant
- Percentage served with a newborn
- Percentage served who are first-time parents
- Percentage served who are in single-parent/caregiver homes
- Percentage served having multiple children

The HV needs assessment team has also compiled a list of issues that may impact a Florida HV implementation plan, in preparation for Step 3:

- Some HV programs are managed through the court system, such as the Miami Trust "Health Connect" run by Head Start and the Young Parents Projects. These programs were not included in this needs assessment, but they may be considered in the more refined resource analysis during the planning phase.
- There is a perceived gap in HV services provided to clients in need, because of reports that some providers may be unwilling to physically enter the natural environment of their clients, preferring to stay in their offices instead of taking services directly to the clients. These reports needs to be investigated and verified, and the reasons for any reluctance determined in order to remove obstacles and to create an incentive for providers to go into the community and into the client's home, school, or neighborhood to deliver HV services.
- The impact of high caseloads on program capacity needs to be examined.
- Double-counting: Clients served by more than one program will be counted multiples times, once by each program. This is particularly likely as programs work together at even greater levels of collaboration to meet their clients' needs.

Technical assistance and guidance from HRSA in defining measures of program quality are anticipated as a major component of Step 3. Florida seeks to improve this quality aspect dramatically in the future by working closely with HRSA and statewide experts in the field of evidence-based HV models to establish clearly defined short- and long-term outcomes and performance measures, including assessing HV client satisfaction using both quantitative and qualitative methods.

Funding provided in Step 3 will be essential to the development of a database and computer system capable of storing, managing, summarizing and reporting indicator, capacity and quality data vital to future analysis of HV programs, not only for Florida, but for all states across the nation. Florida will include a request for this funding in its application for an HV grant.

Collaborations and partnerships have been strengthened by this HV needs assessment process, and both the DOH and the DCF are committed to continuing to extend and expand these collaborative efforts to all parties who share our passion for improving the lives of pregnant women, infants and children in need. This needs assessment has been developed in coordination with the needs assessments and/or strategic plans of agencies responsible for the Title V Maternal and Child Health Block Grant, Head Start, and Title II of the Child Abuse Prevention and Treatment Act, as well as the goals of the Florida Children's Cabinet, as present in the Introduction to this document. During the implementation phase, the home visiting team will reach out to even more groups, such as educators, medical providers, community groups, those involved with the Early Childhood Comprehensive System (ECCS); Women, Infants, and Children (WIC); the Florida Medical Association and others providing services to the population in need of home visiting services, to learn from their experience and benefit from their expertise.

Through a strong relationship with the Children's Cabinet, valuable and informative collaborations with other agencies not currently involved in the development of this needs

assessment will be forged. For example, both the Florida Department of Education and the Agency for Workforce Innovation are involved with Florida's early education efforts; the Agency for Health Care Administration oversees Medicaid, which will be critical as Florida defines the key components of its system of care; both the Department of Juvenile Justice and the Florida Department of Law Enforcement have prevention efforts that will be taken into consideration; and the Agency for Person with Disabilities oversees the provision of services to individuals with disabilities.

The Department of Children and Families, with its oversight of substance abuse services, certification of quality child care, mental health, domestic violence, homelessness, and child welfare, has been a strong partner in the development of this needs assessment and will continue to play a critical role.

Benchmark	Data for Indicators	Notes and Caveats
Improvement in maternal and child health	• Premature births by county, Premature birth rates by county, Low birth weights for infants by county • Low birth weight rates for infants by county • Infant deaths by county • Infant mortality rates by county	
Childhood injury prevention	• Unduplicated verified victims plus unduplicated non-substantiated (some indication)ages 1-4 years • Unduplicated verified victims plus unduplicated non-substantiated (some indication) ages 1-4 years as % of 1-4 population • Rates of reported substantiated maltreatment by type	
Reduced emergency room visits	• Number of children with non-fatal injury emergency department visits • Rate (per 1000 children) of children with visits to emergency departments with non-fatal injuries	Children ages 0-4
School readiness	• Florida Kindergarten Readiness Screener Results: ECHOS and FAIR	For kindergarten readiness, since the combination of tests that have been used changed during the last school year, we are only including 2009-2010 data. We are developing a single score that represents both the score obtained on the ECHO and on the FAIR.
School achievement	• High school dropouts by county • High school dropout rates by county	
Crime or domestic violence	• Index crime by county • Index crime rates per 100,000 by county • Juvenile arrests ages 0-19/100,000 juveniles age 0-19 • Domestic violence offenses by county • Domestic violence offense rates per 1,000 by county • Substance abuse/dependence count by county ages 15-44 • Substance abuse/dependence rate	Substance abuse is a precursor for crime, domestic violence and child abuse. Before we can measure our success on indicators of substance abuse, we need to develop a valid way to estimate substance dependency rates down to a county level.

	by county ages 15-44 • Substance abuse/binge alcohol use in past month • Substance abuse/marijuana use in past month • Substance abuse/nonmedical use of prescription drugs in past month • Substance abuse/use of illicit drugs, excluding Marijuana, in past month	
Family economic self-sufficiency	• Number of children living in poverty by county • Percent of children living in poverty by county • Persons unemployed by county • Unemployment rates by county	• Children ages 0-4 • Poverty defined as at or below 100% of the Federal Poverty Level
Coordination with community resources	• During implementation stage, we will consult with our partners to determine best measuring approach	

Table 9: Benchmark Components

For the first time, Florida is looking at conducting a statewide comprehensive needs assessment for home visiting, as discussed in Section 4. This will include a more focused survey instrument and in-depth personal interviews with program managers and staff throughout the state to collect more accurate and meaningful data, leading to better analysis of existing HV programs and providing benchmarks from which to develop plans for significantly improving outcomes in the years ahead.

Florida is prepared to apply for full funding of the home visiting grant in order to be able to implement evidence-based home visiting programs throughout the state. Because evidence-based HV services are key components of high-quality, comprehensive statewide early childhood systems of care, implementation of the MIEC Home Visiting Program offers Florida, and indeed all states, a unique opportunity to create or bolster the existing systems that promote maternal and child well-being by building on the substantiated evidence of proven, successful home visiting interventions to date.

Appendix A

Statewide Data Matrix

Indicator	Metric		Statewide Value	Source
Premature Births	Percent: # live births before 37 weeks/total # live births, Average 2006-08		**14.2%**	Florida Department of Health, Bureau of Vital Statistics, Community Health Assessment Resource Tool Set (CHARTS) at http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'
Low Birth Weight Infants	Percent: # resident live births less than 2500 grams/# resident live births, Average 2006-08		**8.7%**	Florida Department of Health, Bureau of Vital Statistics, Community Health Assessment Resource Tool Set (CHARTS) at http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'
Infant Morality	# infant deaths ages 0-1/1,000 live births, Average 2006-08		**7.2%**	Florida Department of Health, Bureau of Vital Statistics, Community Health Assessment Resource Tool Set (CHARTS) at http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'
Poverty	# residents age 0-4 below 100% FPL/total # residents age 0-4*, Average 2006-08		**22.4%**	U.S. Census Bureau, Small Area Estimates Branch, 2006-08 Poverty and Median Income Estimates - Counties
Crime	Index crime per 100,000*, Average 2007-09		**4,587**	Florida Department of Law Enforcement 2007-09 Uniform Crime Reports
	# crime arrests ages 0-17/100,000 juveniles age 0-17*, Average 2007-09		**2,751**	Florida Department of Law Enforcement 2007-09 Uniform Crime Reports
Domestic Violence	Offenses per 1,000*, Average 2007-09		**6.1**	Florida's County and Jurisdictional Domestic Violence Offenses, Florida Department of Law Enforcement 2007-09 Uniform Crime Report
High-School Drop Out Rate	Percent high school drop-outs grades 9-12, Average 2006-07 – 2008-09		**2.7%**	Florida Department of Education, 2006-07 – 2008-09 Dropout Rates
Substance Abuse	Prevalence rate: Binge alcohol use in past month per 100,000 age 15-44		**23,030**	Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2006, 2007, and 2008
	Prevalence rate: Marijuana use in past month per 100,000 age 15-44		**5,540**	Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2006, 2007, and 2008
	Prevalence rate: Nonmedical use of prescription drugs in last year* per 100,000 age 15-44		**4,341**	Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2006, 2007, and 2008
	Prevalence rate: Use of illicit drugs, excluding marijuana, in past month per 100,00 age 15-44		**3,630**	Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2006, 2007, and 2008
Unemployment	# unemployed and seeking work/total workforce		**7.0%**	U.S. Bureau of Labor Statistics, Labor Force Summary, 2007-09 Annual Averages
Child Maltreatment	Rate of reported maltreatment (verified, some indication, or not substantiated)* Average 2007-09, per 1,000 children age 0-17, all maltreatments		**40.1**	The Florida Legislature, Office of Economic and Demographic Research, Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010
	Rate of reported maltreatment (verified, some indication, or not substantiated)* Average 2007-09, per 1,000 children age 0-17, by type	Physical Abuse	**3.1**	The Florida Legislature, Office of Economic and Demographic Research, Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010
		Neglect	**17.8**	The Florida Legislature, Office of Economic and Demographic Research, Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010
		Medical Neglect	**0.5**	The Florida Legislature, Office of Economic and Demographic Research, Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010
		Sexual Abuse	**1.2**	The Florida Legislature, Office of Economic and Demographic Research, Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010
		Psychological/ Emotional	**1.3**	The Florida Legislature, Office of Economic and Demographic Research, Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010
		Other	**16.3**	The Florida Legislature, Office of Economic and Demographic Research, Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010

*** Metric differs slightly from HRSA's Supplemental Information Request Appendix A metric for the specified indicator**

Appendix B

Home Visiting Steering Committee Roster

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS

Steering Committee Members

Name	Title	Contact Information	Representing
1. Carol McNally	Executive Director	Healthy Families Florida Ounce of Prevention Fund of Florida 111 N. Gadsden Street, Suite 100 Tallahassee, FL 32301 Work Phone: (850) 488-1752 x129 Cell Phone: (850) 933-2974 Fax: (850) 488-5562 cmcnally@ounce.org	**Child Welfare**
2. Jim Kallinger	Governor's Children's Cabinet Child Advocate	Office of Governor Charlie Crist State of Florida The Capitol Tallahassee, FL 32399-001 Phone(850)921-2015 Jim.Kallinger@myflorida.com	**Child Welfare**
3. Ruth Elswood	State Coordinator	Parents as Teachers Florida PIRC at University of South Florida 3500 E. Fletcher Avenue Suite 301 Tampa, FL 33613 P: 813-396-9137 F: 813-396-9925 E: elswood@coedu.usf.edu	**Child Welfare**
4. Jane Murphy	President	Florida Association of Healthy Start Coalitions, Inc. 2806 North Armenia Avenue, Suite 100 Tampa, Florida 33607 Phone (813)233-2800 JMurphy@hstart.org	**Health/Child Welfare**

Name	Title	Contact Information	Representing
5. Tana Ebbole	Chief Executive Officer	Children's Services Council of Palm Beach County 2300 High Ridge Road Boynton Beach, FL 33426 Phone: 561-740-7000 or 1-800-331-1462 Fax: 561-835-1956 Tana.ebbole@cscpbc.org	**Child Welfare and Health**
6. Lilli Copp	Director Early Head Start	Florida Head Start State Collaboration Office Caldwell Building, MSC#140 107 East Madison Street Tallahassee, Florida 32399-4143 Phone: 850-921-3467 Fax: 850-488-7099 E-mail: lilli.copp@flaawi.com	**Child Welfare**
7. Mimi Graham	Director	Center for Prevention and Early Intervention Policy Florida State University 1339 East Lafayette Street Tallahassee, Florida 32301 Office: (850) 922-1300 mgraham@fsu.edu	**Health**
8. Ted Granger	President	United Way of Florida 307-B East 7th Avenue Tallahassee, FL 32303 Phone: 850-488-8287 tgranger@uwof.org	**Child Welfare**

Name	Title	Contact Information	Representing
9. Mary Lindsey	State Director Hippy	Training & Technical Assistance Center Louis de la Parte Florida Mental Health Institute CFS-DARES, MHC 2113A University of South Florida 13301 Bruce B. Downs Blvd. Tampa, FL 33612-3807 Tel: (813) 974-2177 Fax: (813) 974-6115 lindsey@fmhi.usf.edu	**Health**
10. Annette Phelps	Division Director	Florida Department of Health Family Health Services 4052 Bald Cypress Way A-13 Tallahassee, FL 32399 Annette_Phelps@doh.state.fl.us	**Health**
11. Cynthia Hughes Harris	Dean, School of Allied Health Sciences	Florida A&M University Tallahassee, Florida 32307 cindy.hughesharris@famu.edu Office: 850-599-3817 or 850-561-2075 Fax: 850-561-2502	**Health**
12. Darran Duchene	Treatment Director	Mental Health Program Office Department of Children and Families 1317 Winewood Boulevard, Building 6 Tallahassee, Fl 32399 Darran_Duchene@dcf.state.fl.us	**Child Welfare/ Substance Abuse**

Name	Title	Contact Information	Representing
13. Abraham Salinas, M.D.	Pediatrician	Division of Child Development Department of Pediatrics University of South Florida 13101 Bruce B. Downs Blvd. Tampa, FL 33612 asalinas@health.usf.edu	**Health**
14. Emilio Benitez	CEO of CBC, ChildNet, Inc. Broward County	313 N. State Road 7 Plantation, FL 33317 954.414.6000 Ebenitez@childnet.us	**Child Welfare**
15. Lynn Marie Price	Children's Medical Services Early Steps	Bureau Chief Children's Medical Services 4025 Esplanade Way Tallahassee, FL 32399 LynnMarie_Price@doh.state.fl.us	**Health**

Steering Committee Co-Chairs:

Carol Scoggins Carol_Scoggins@doh.state.fl.us
Dee Richter dee_richter@dcf.state.fl.us

Appendix C

Maternal, Infant, and Early Childhood Home Visiting Programs Grant Needs Assessment, Part A: Identification of Communities with Concentrations of Selected Indicators

Maternal, Infant, and Early Childhood Home Visiting Programs Grant

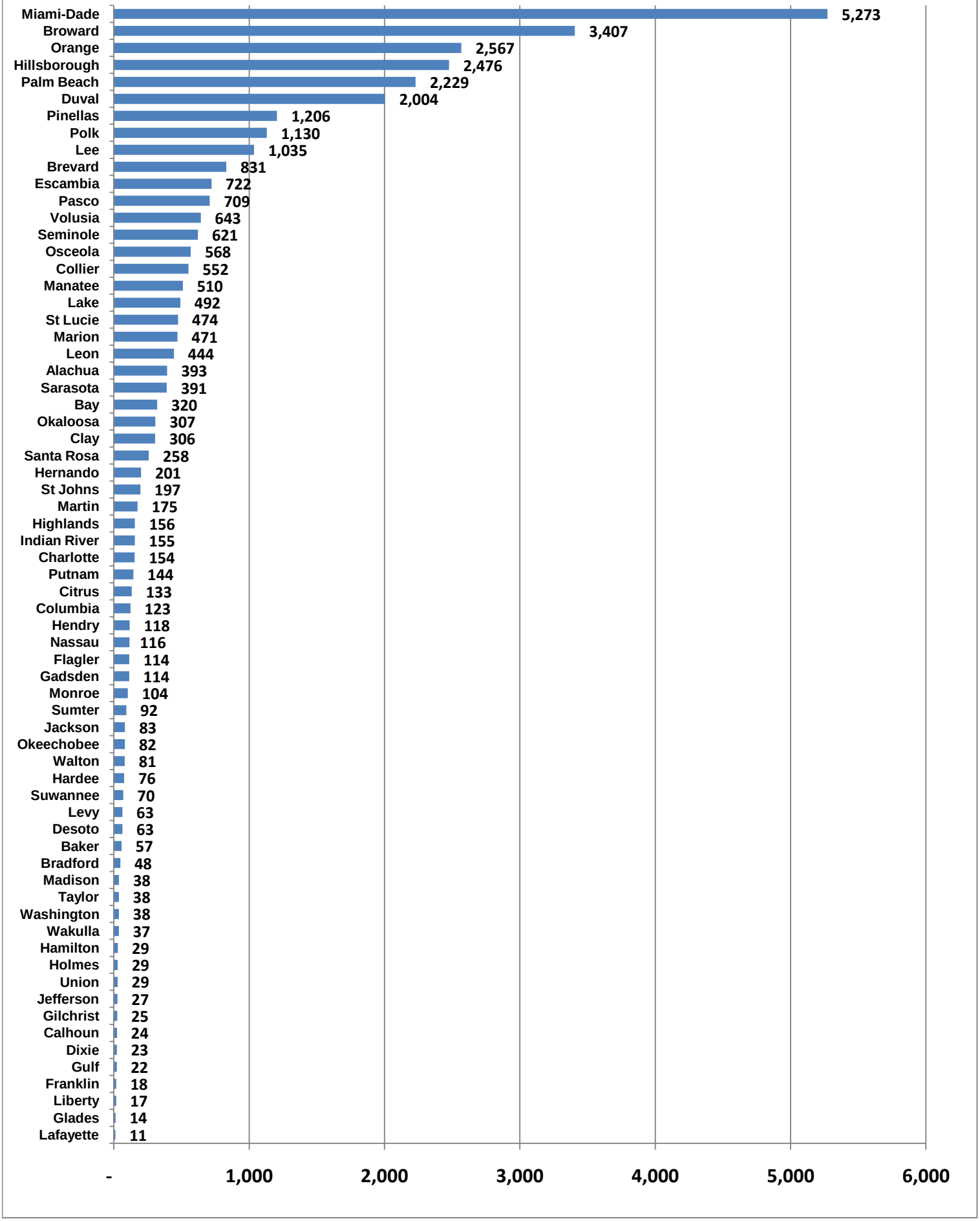
Needs Assessment

Part A: Identification of Communities with Concentrations of Selected Indicators

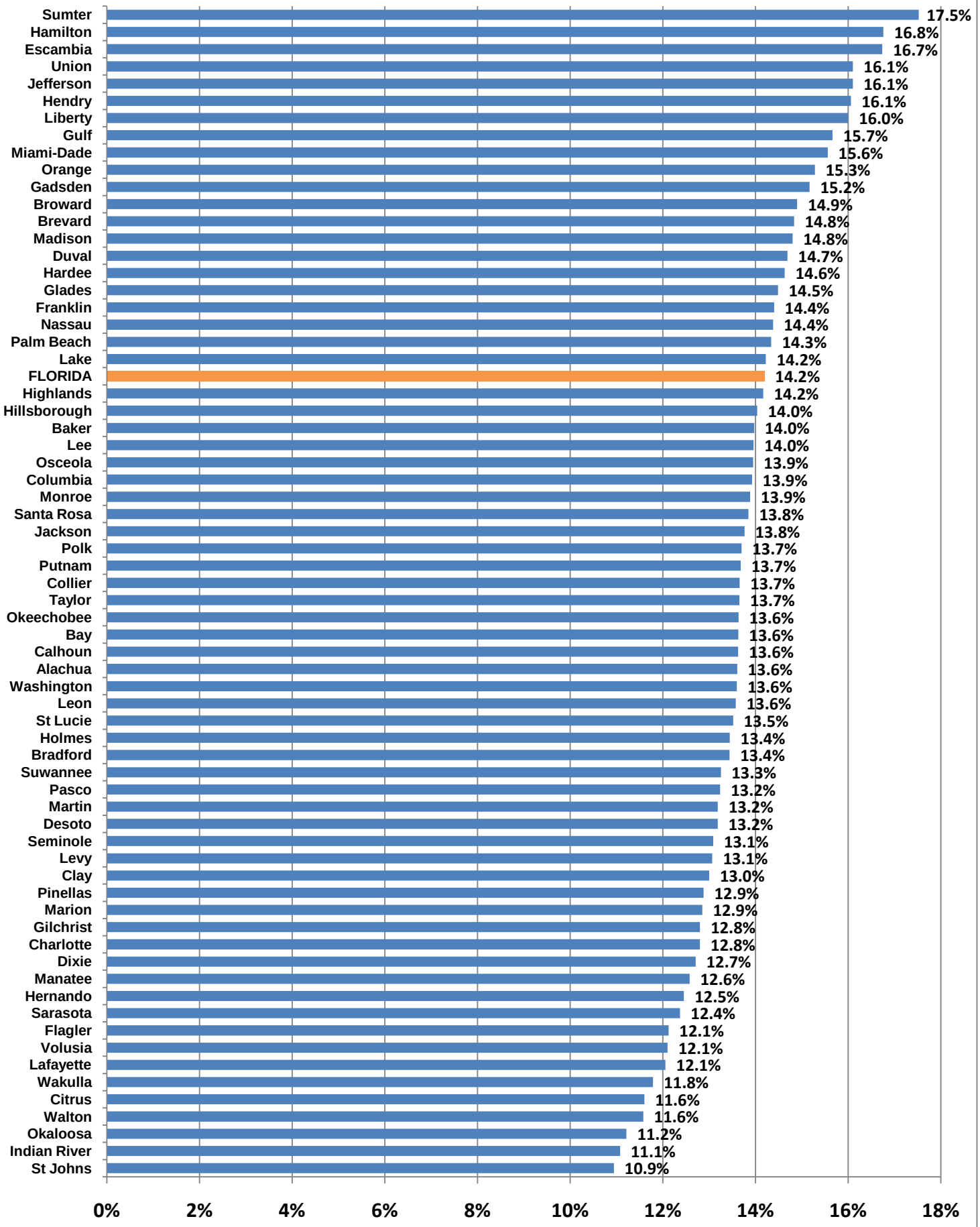
Home Visiting Programs Grant
Needs Assessment
Communities with Concentrations of Selected Indicators

Contents

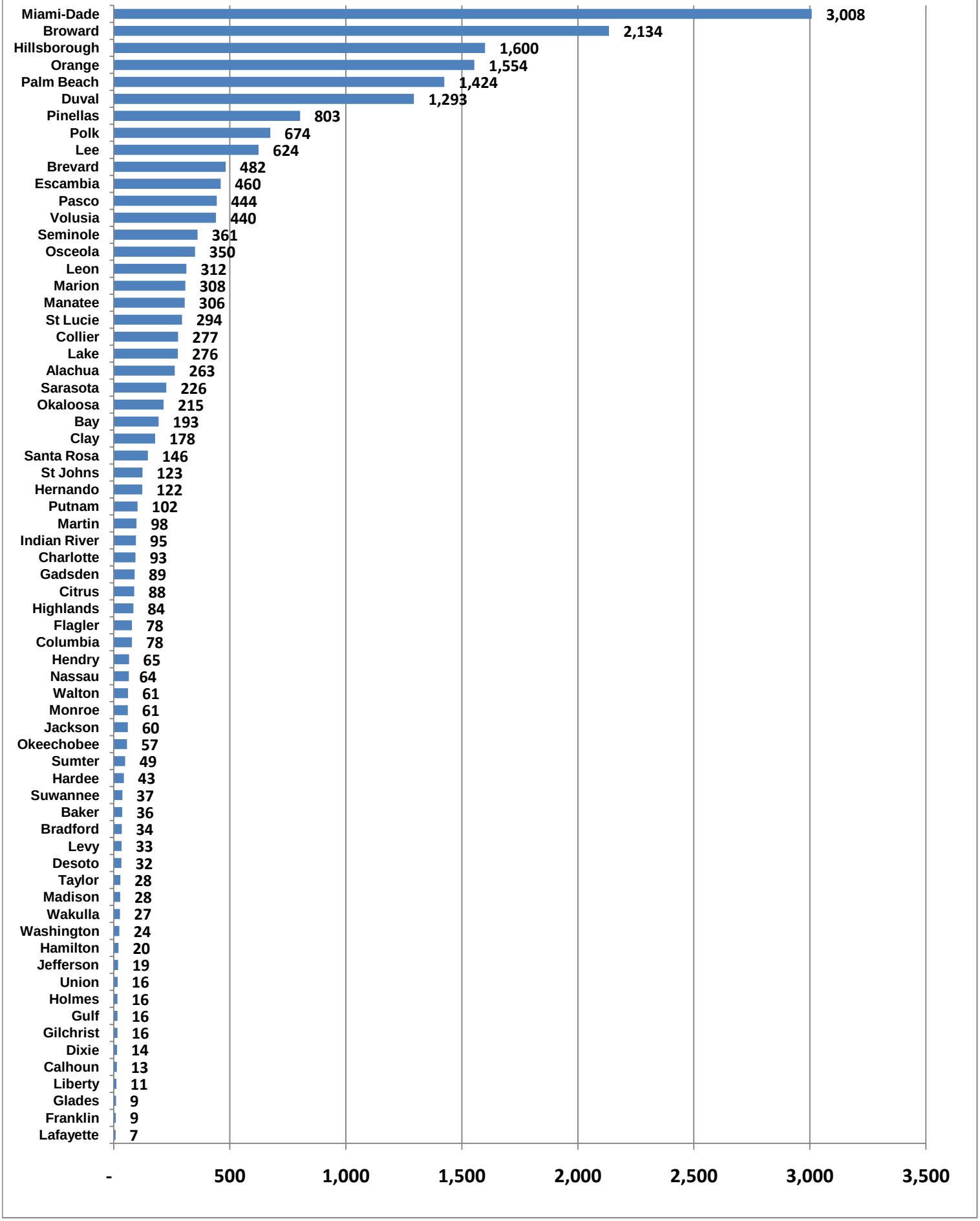
1.a. Premature Births, Average 2006-08



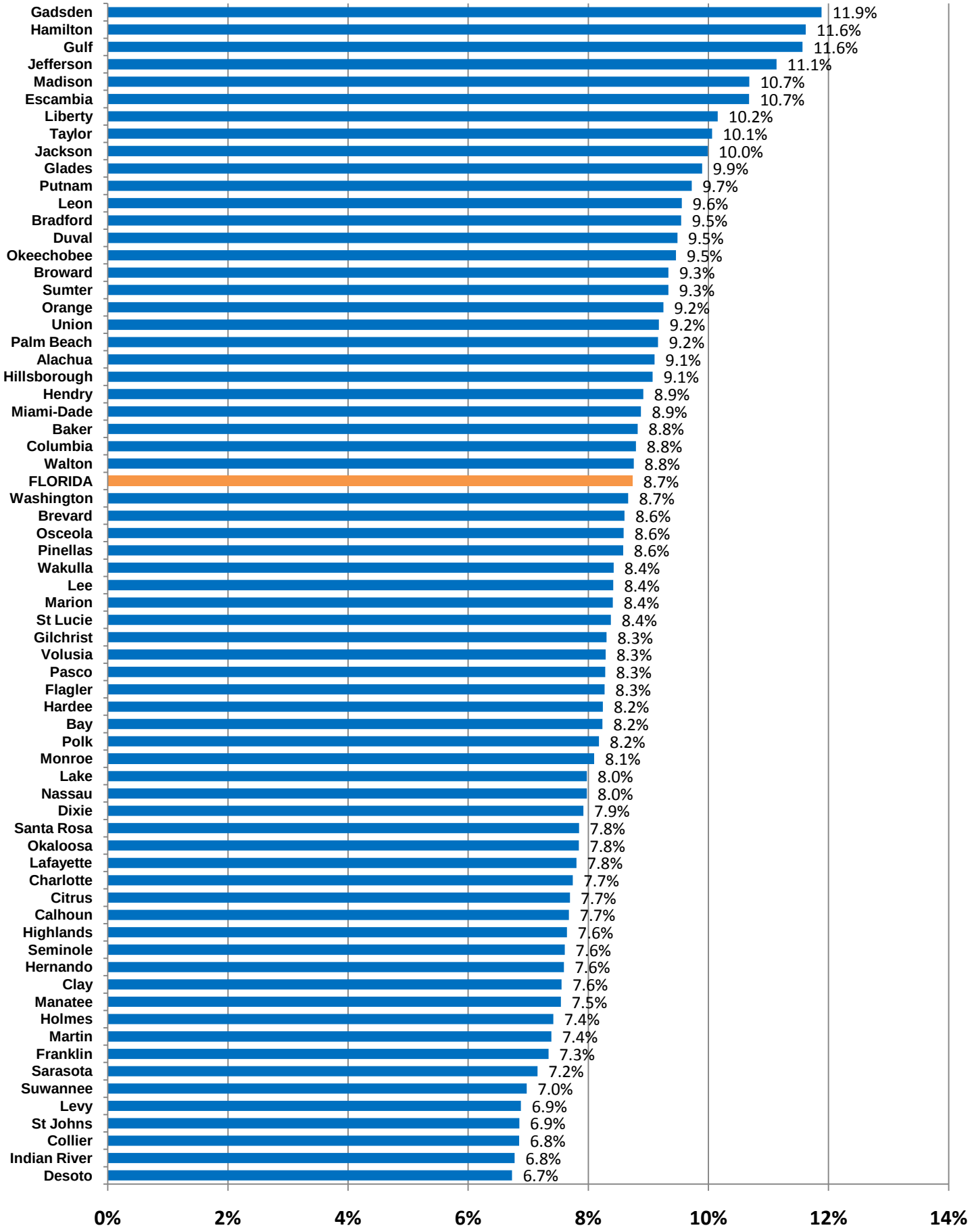
1.b. Premature Birth Rates, Average 2006-08



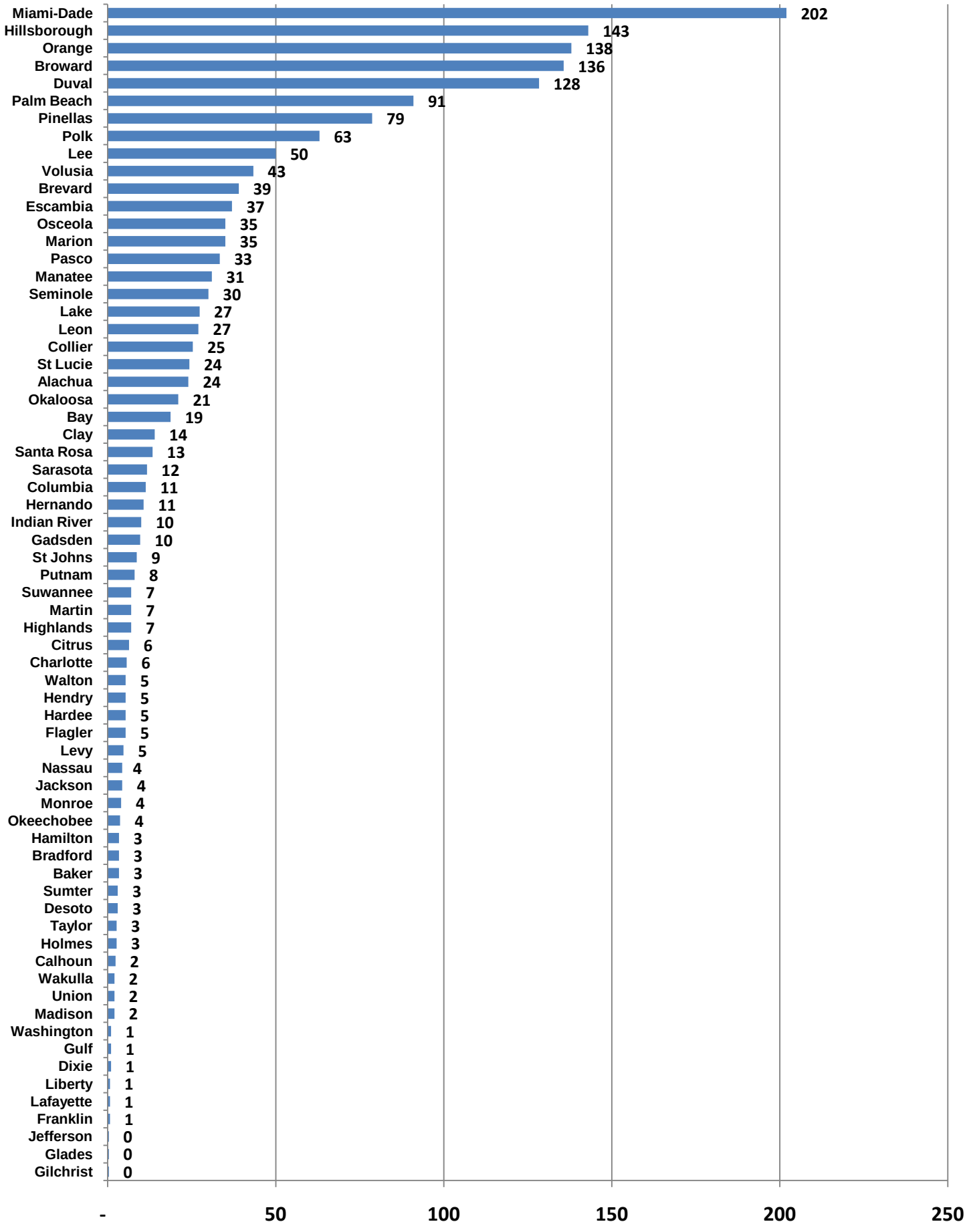
2.a. Low Birth Weight Infants, Average 2006-08



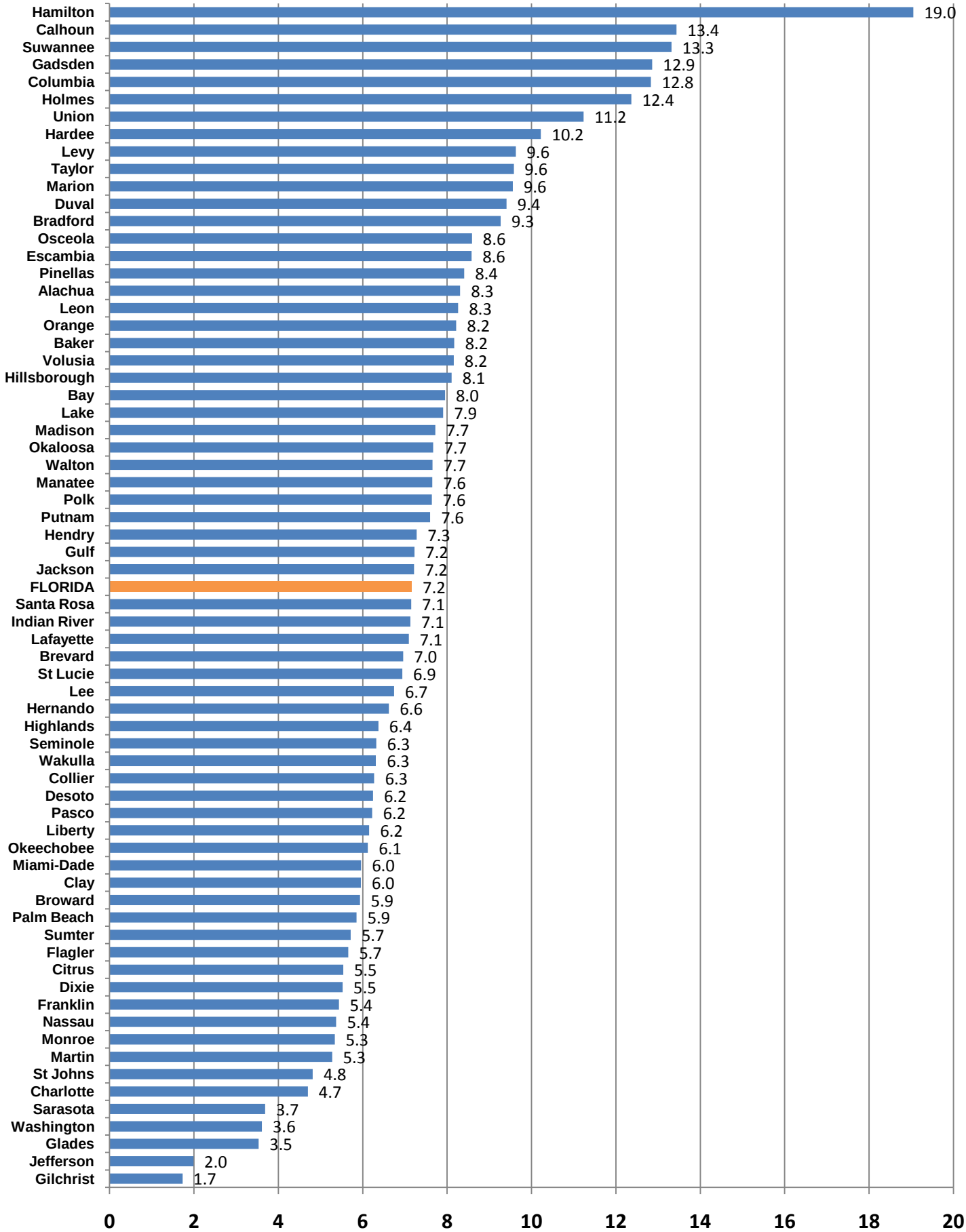
2.b. Low Birth Weight Infant Rates, Average 2006-08



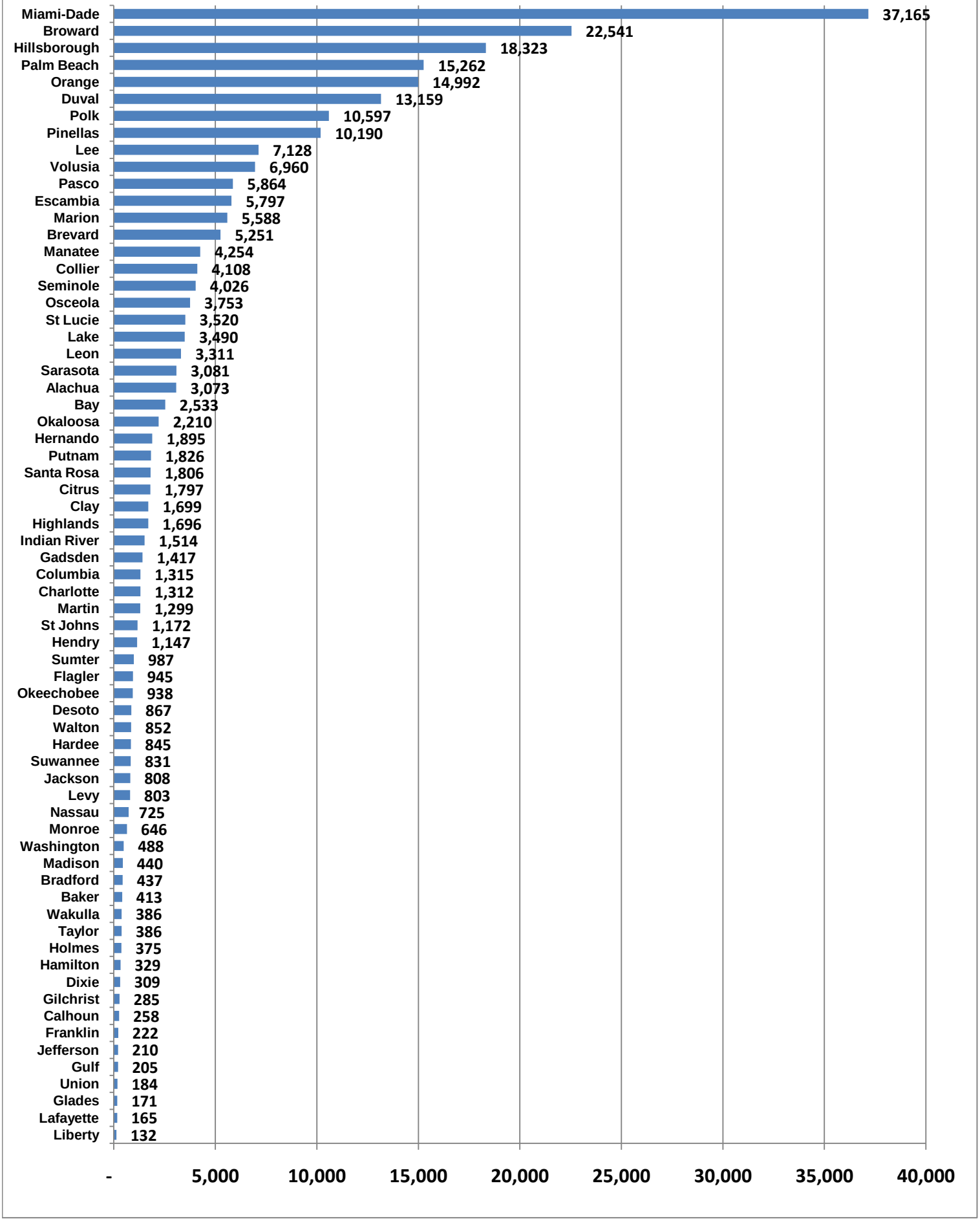
3.a. Infant Deaths, Average 2006-08



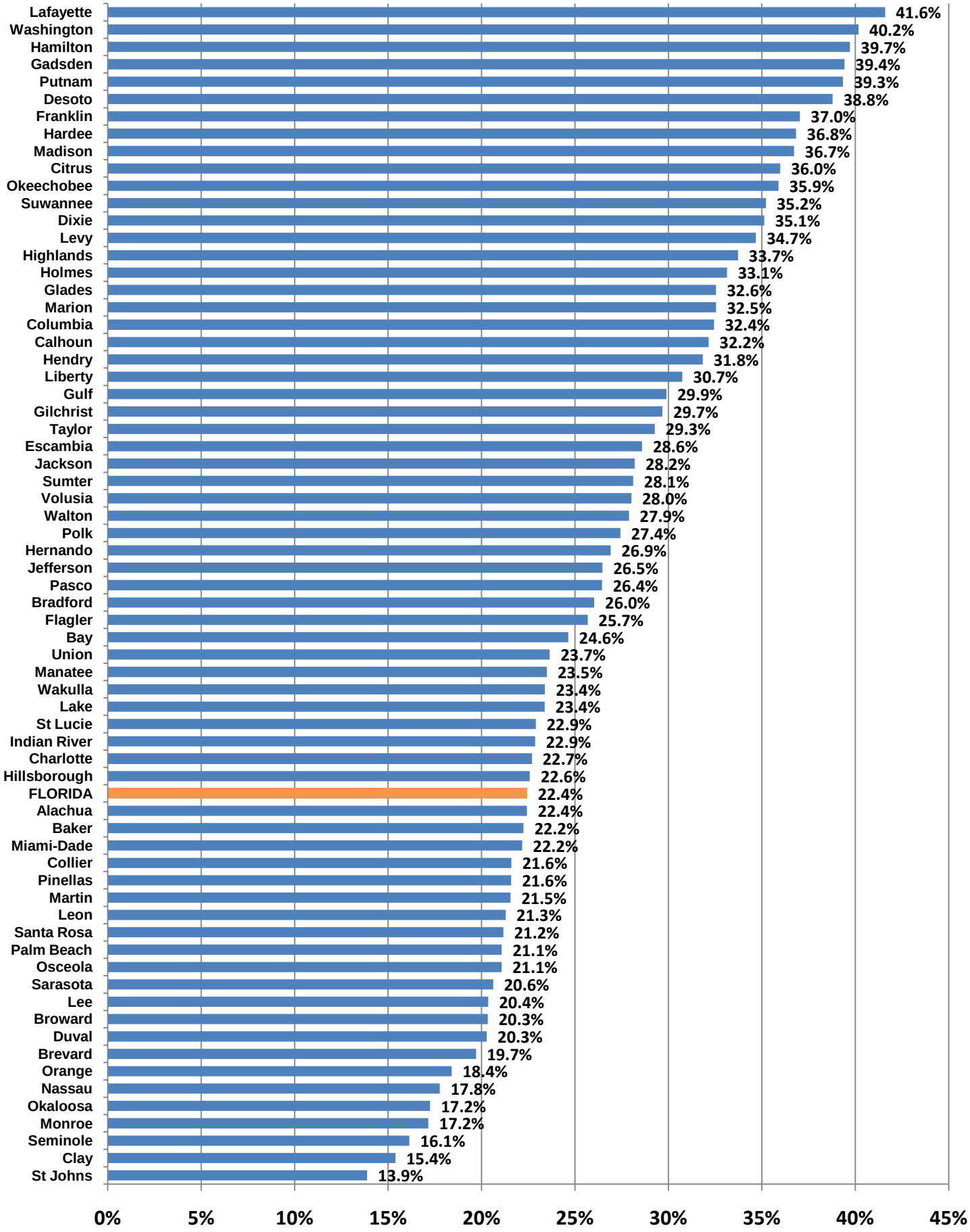
3.b. Infant Mortality Rates, Average 2006-08



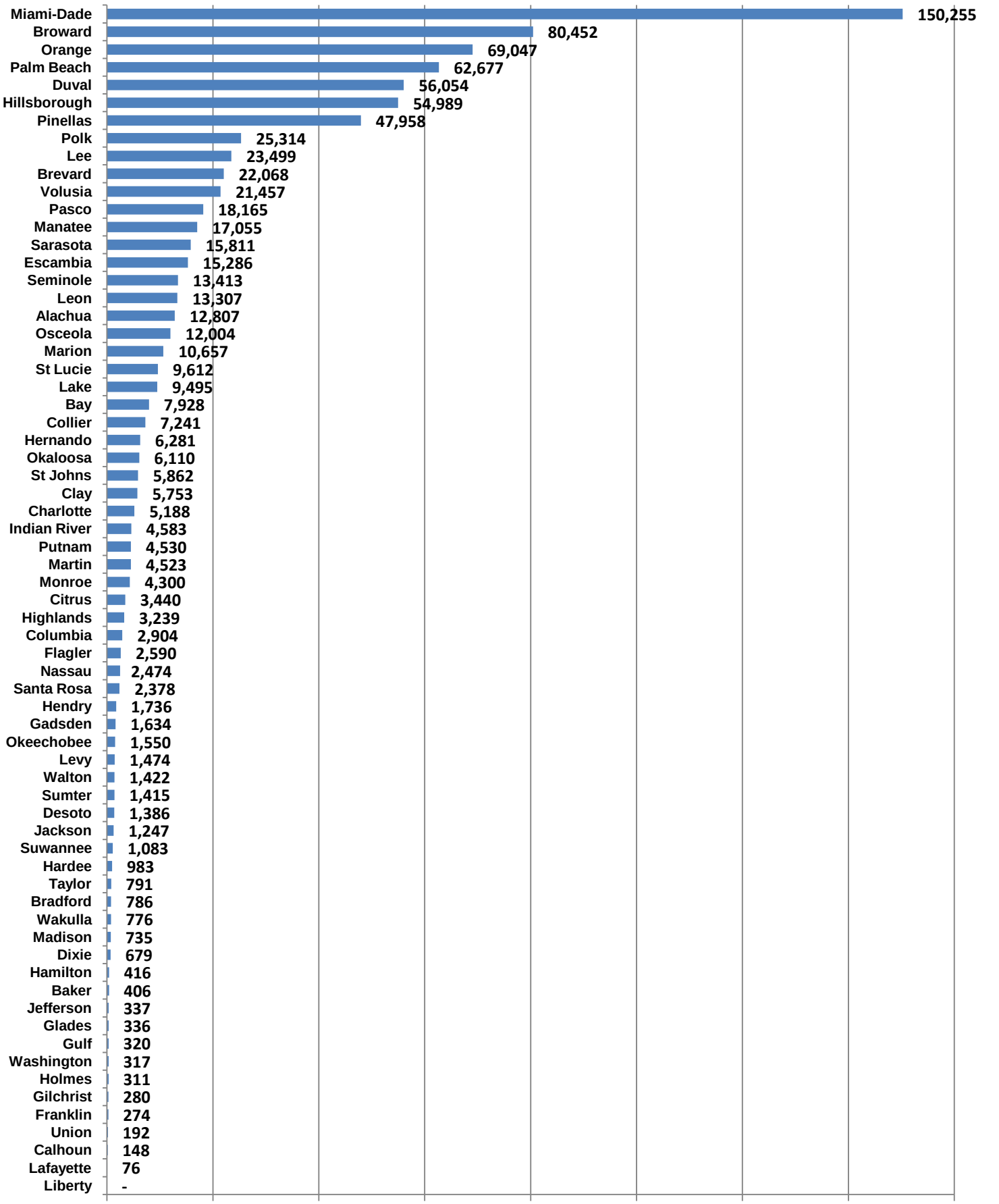
4.a. Number of Children Living in Poverty, Average 2006-08



4.b. Percent of Children Living in Poverty, Average 2006-08

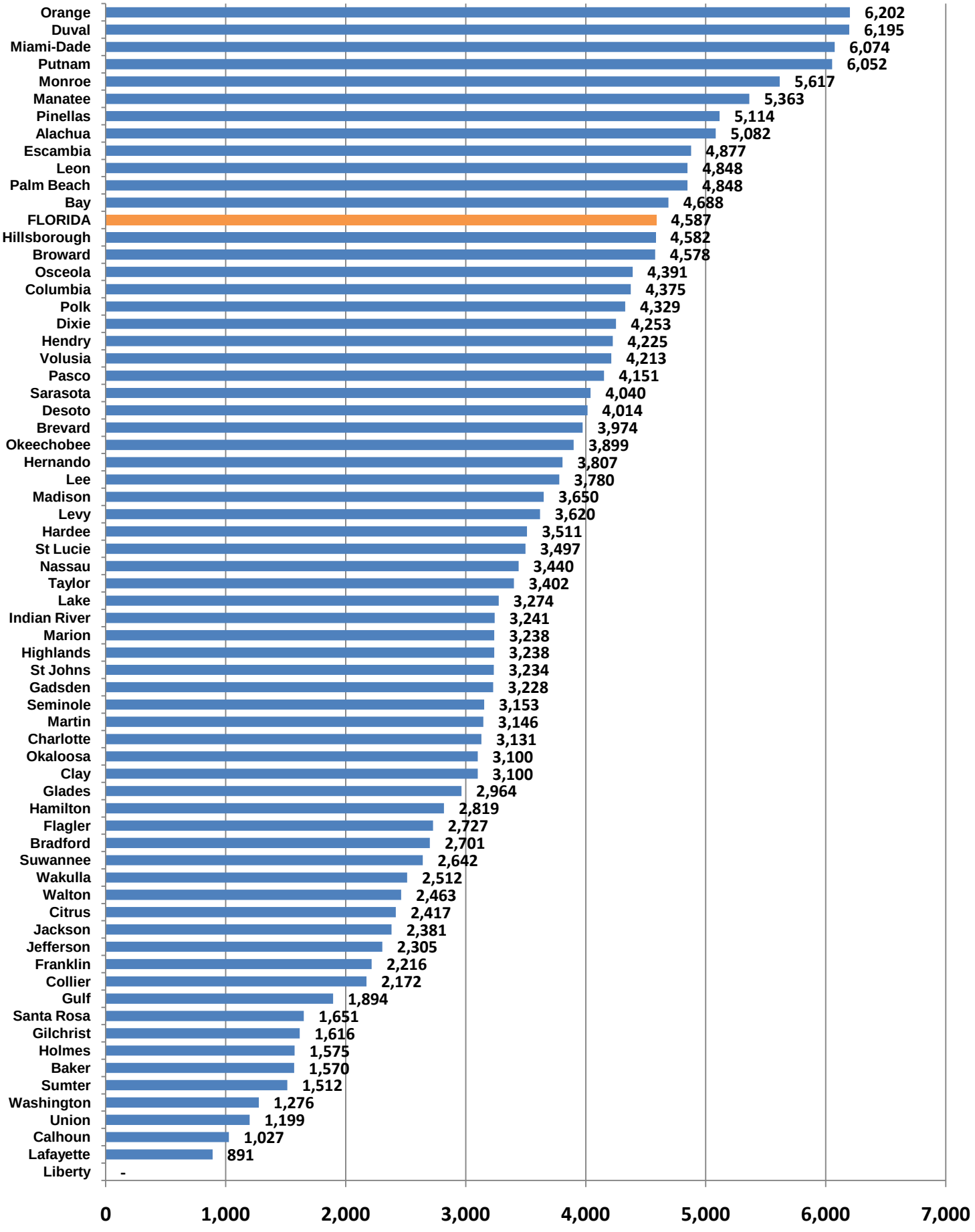


5.a. Index Crimes, Average 2007-09



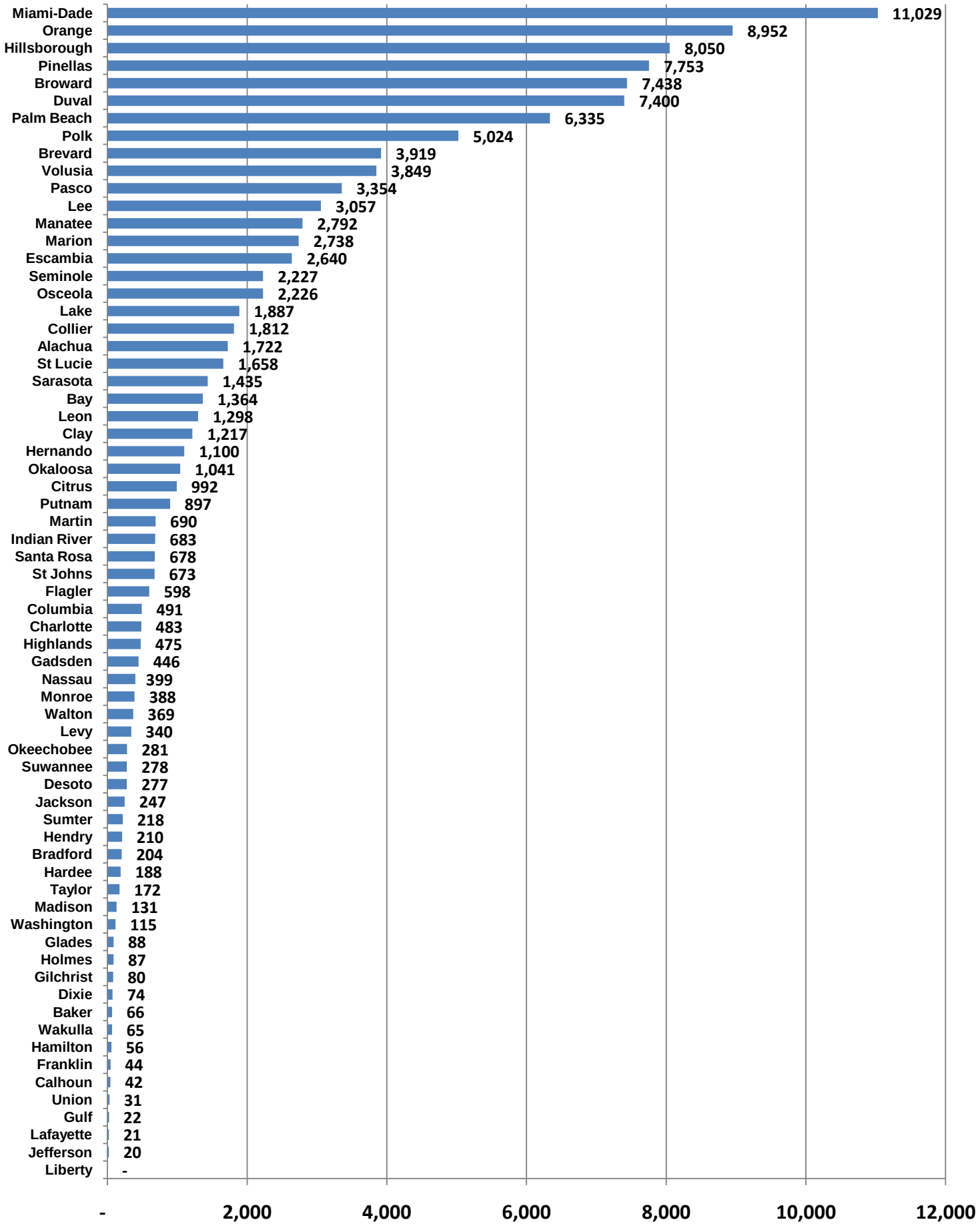
Note: Liberty County does not participate in the UCR

5.b. Index Crime Rates per 100,000, Average 2007-09



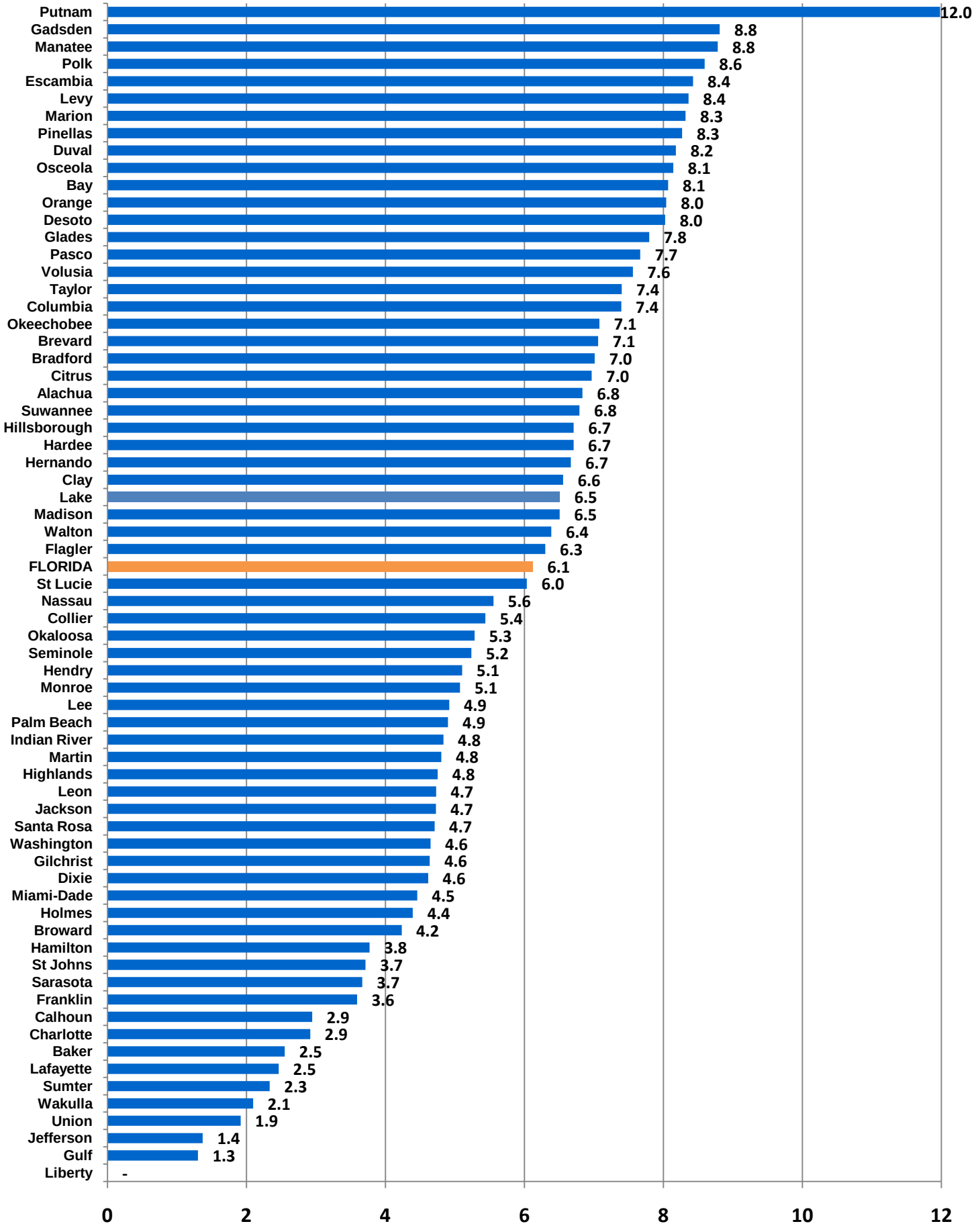
Note: Liberty County does not participate in the UCR

6.a. Domestic Violence Offenses, Average 2007-09



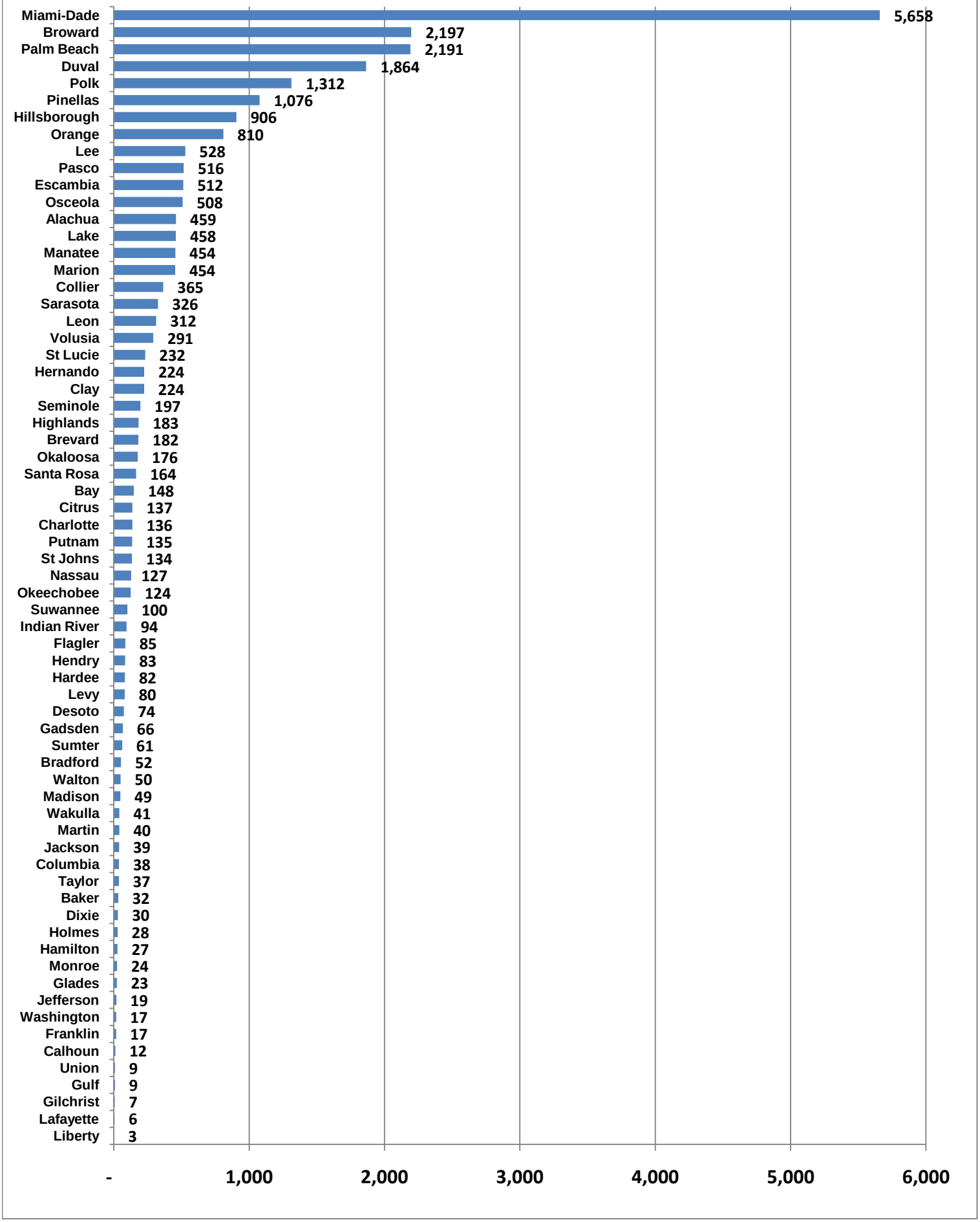
Note: Liberty County does not participate in the UCR

6.b. Domestic Violence Offenses per 1,000, Average 2007-09

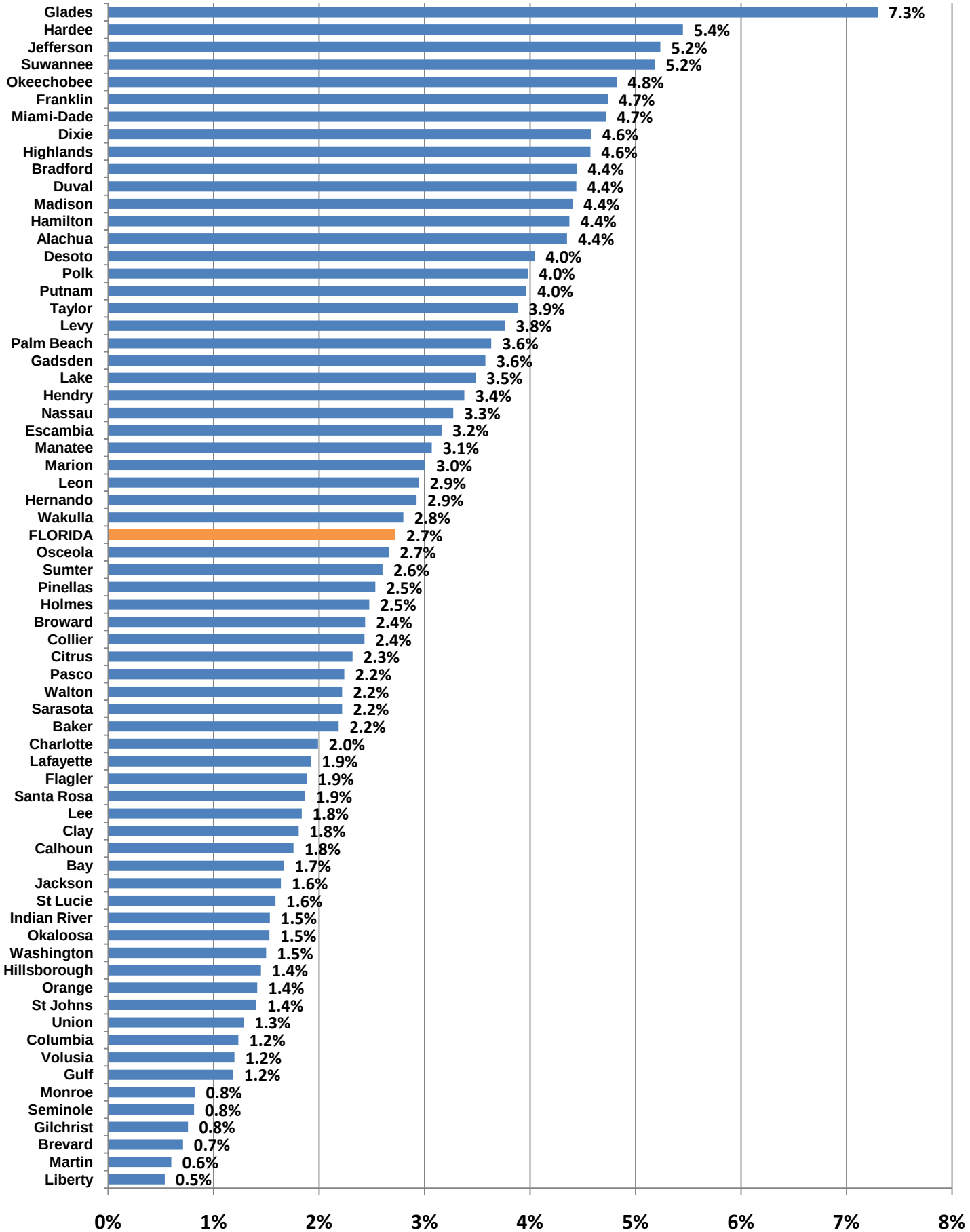


Note: Liberty County does not participate in the UCR

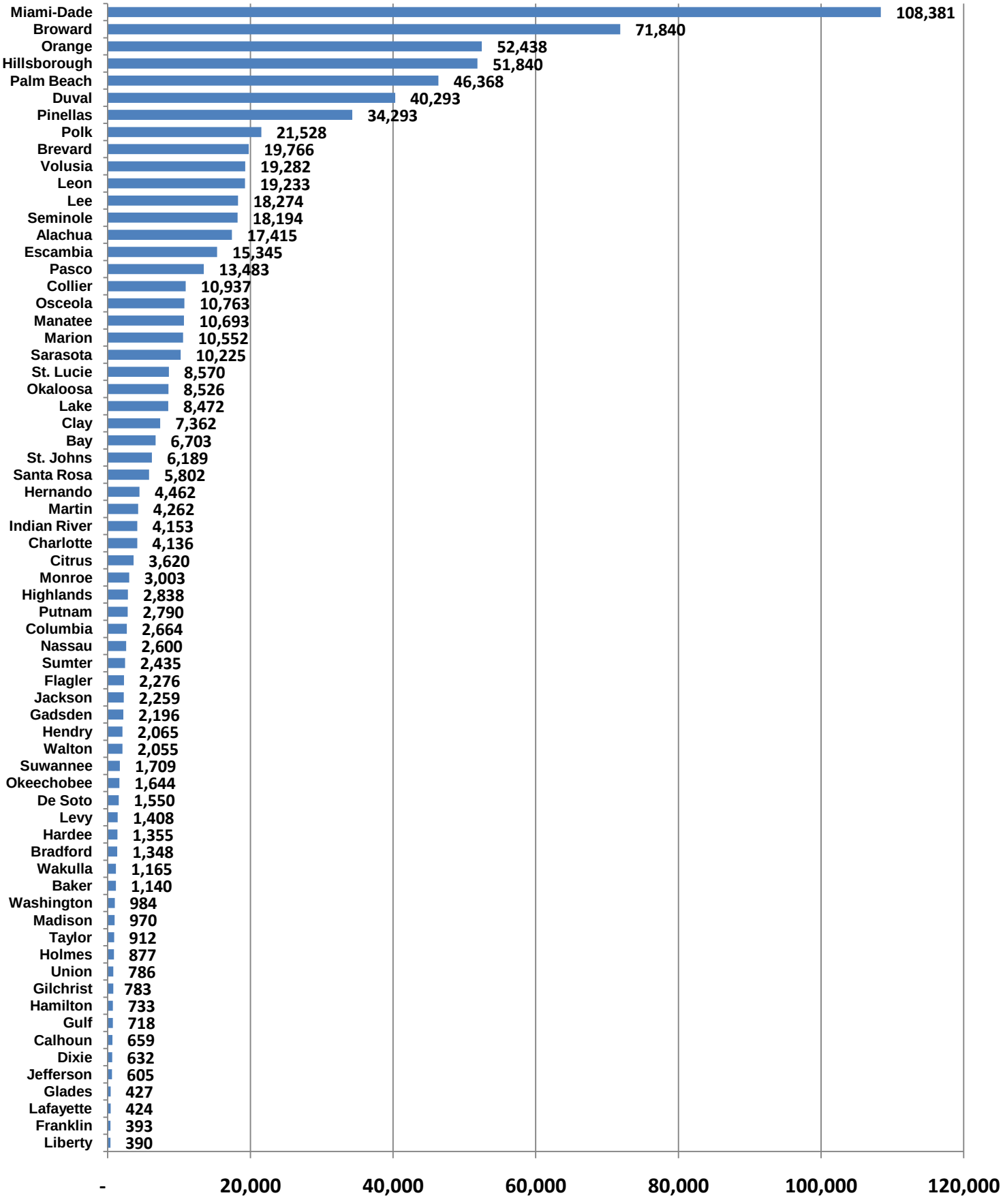
7.a. High School Dropouts, Average 2006-07 - 2008-09



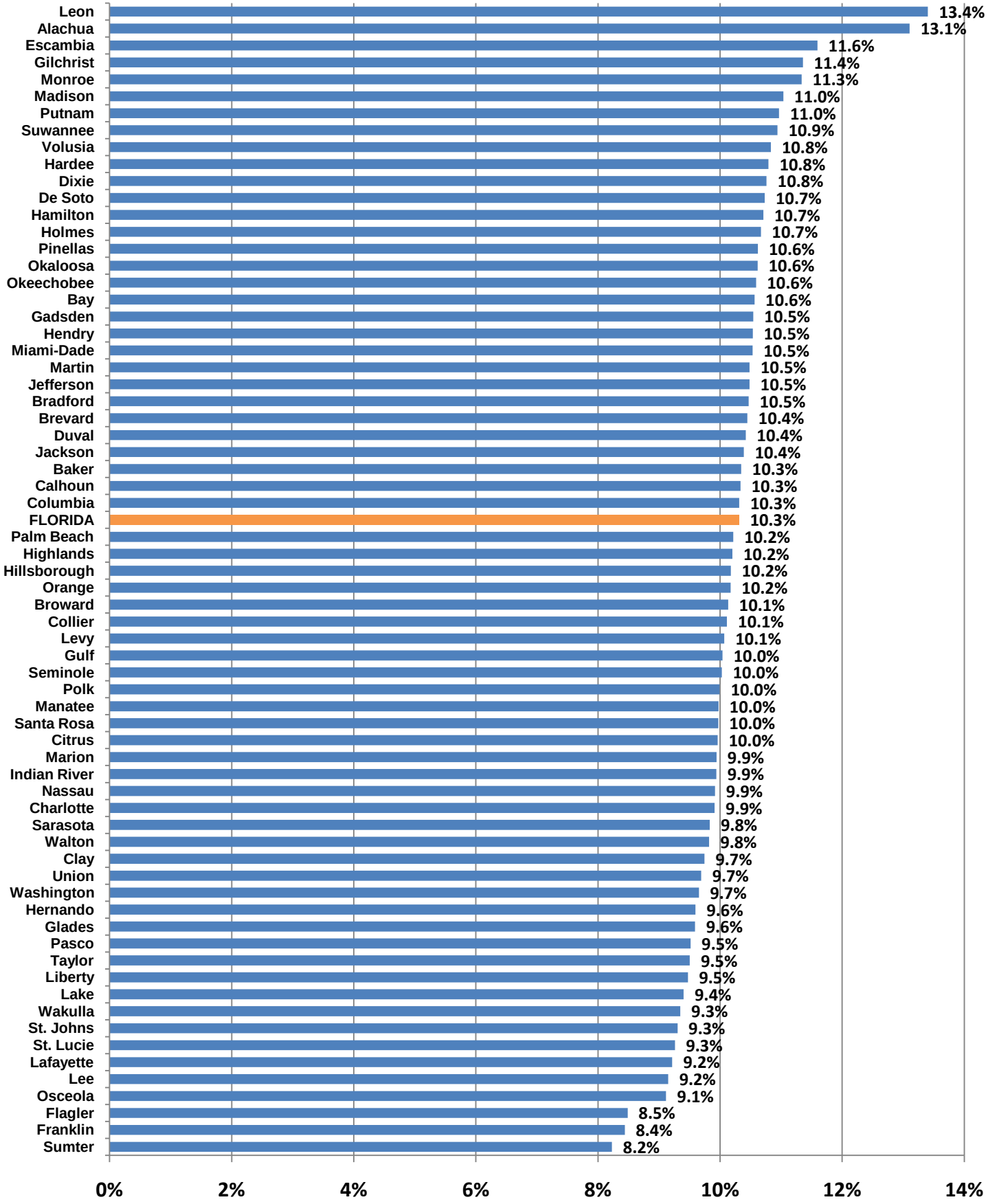
7.b. High School Dropout Rates, Average 2006-07 - 2008-09



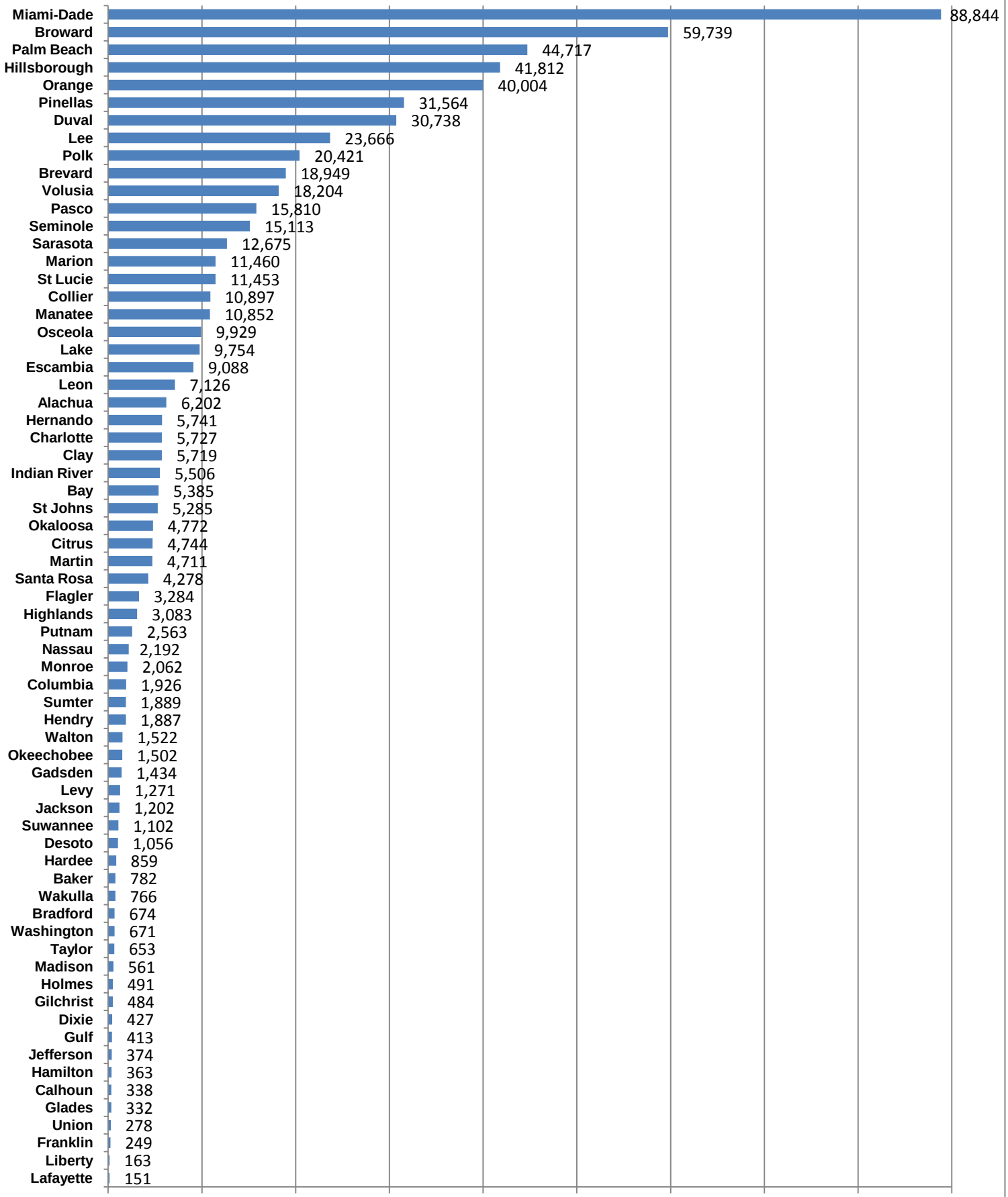
8.a. Estimated Substance Abuse Service Needs, Ages 15-44, Average 2006-07 - 2008-09



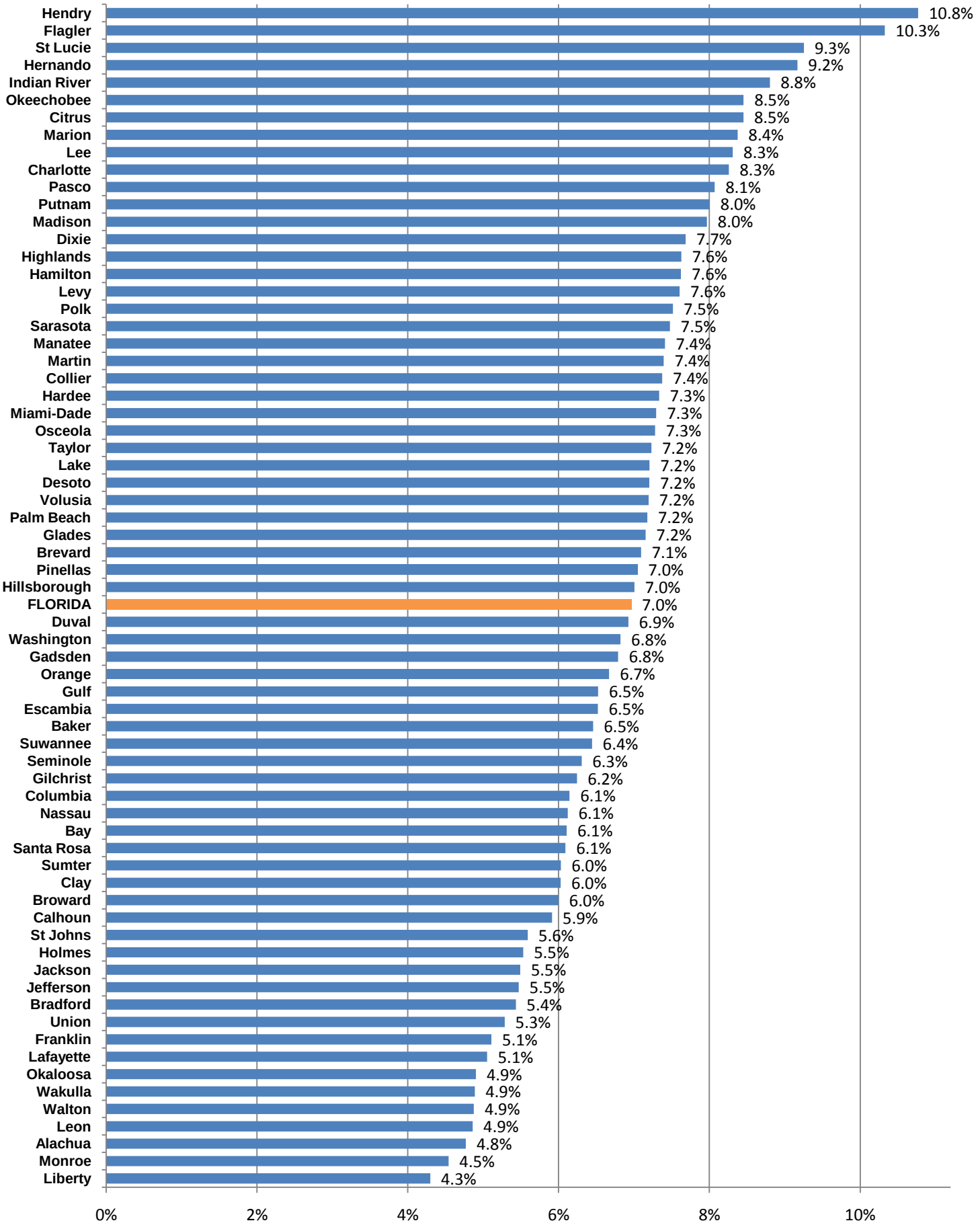
8.b. Estimated Substance Abuse Service Needs, Ages 15-44, Percent of Population, Average 2006-07 - 2008-09



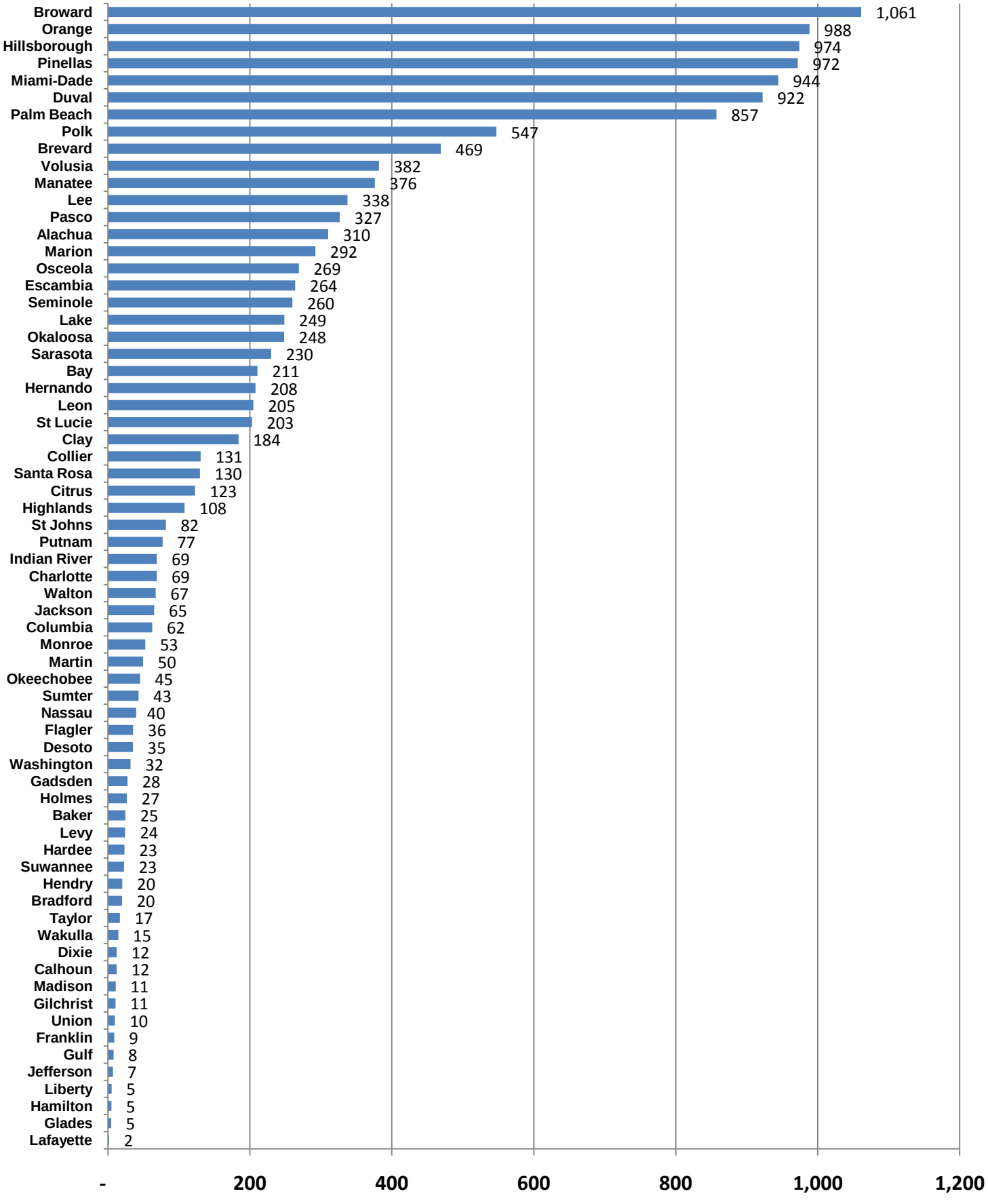
9.a. Persons Unemployed, 2007-09



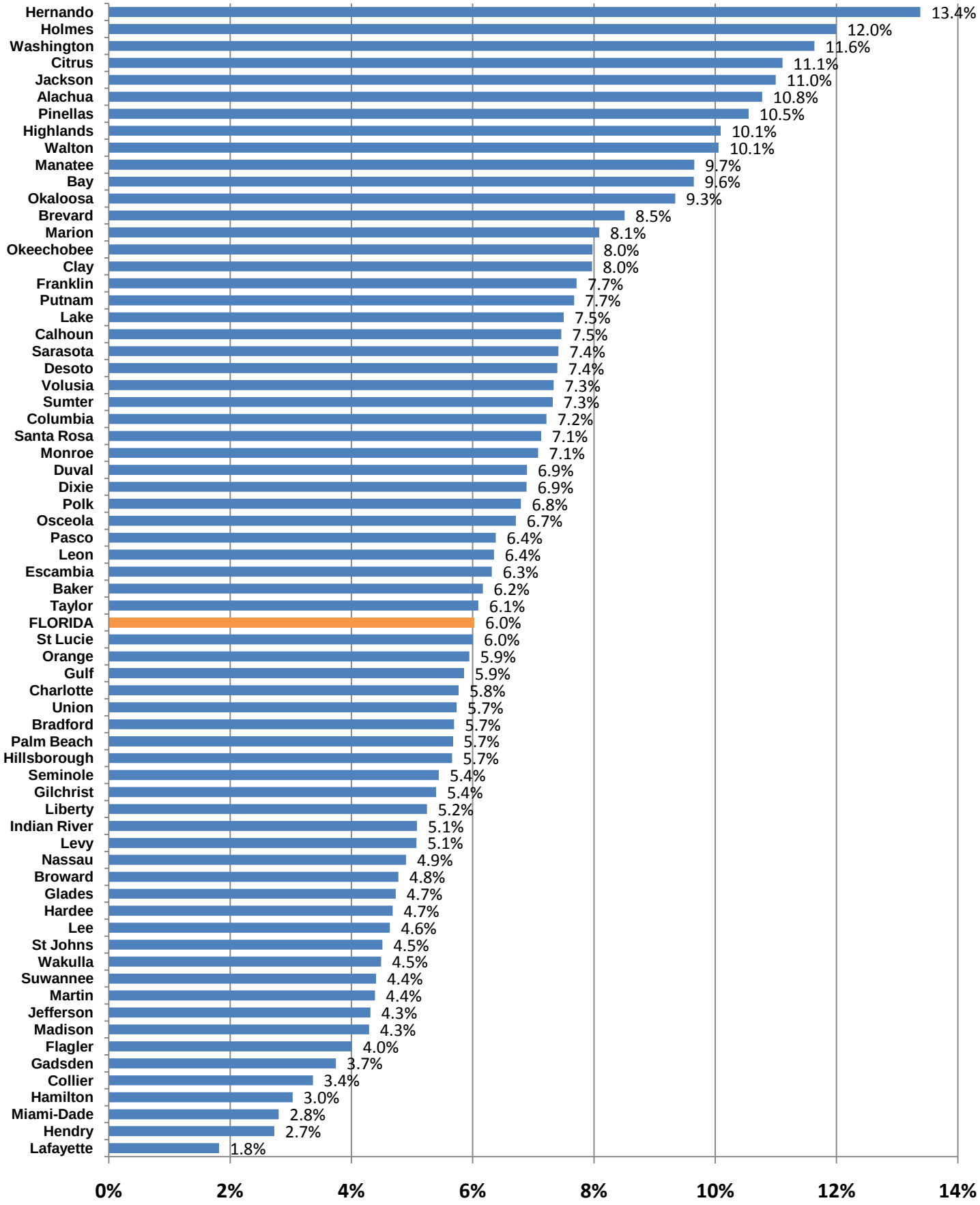
9.b. Unemployment Rates, Average 2007-09



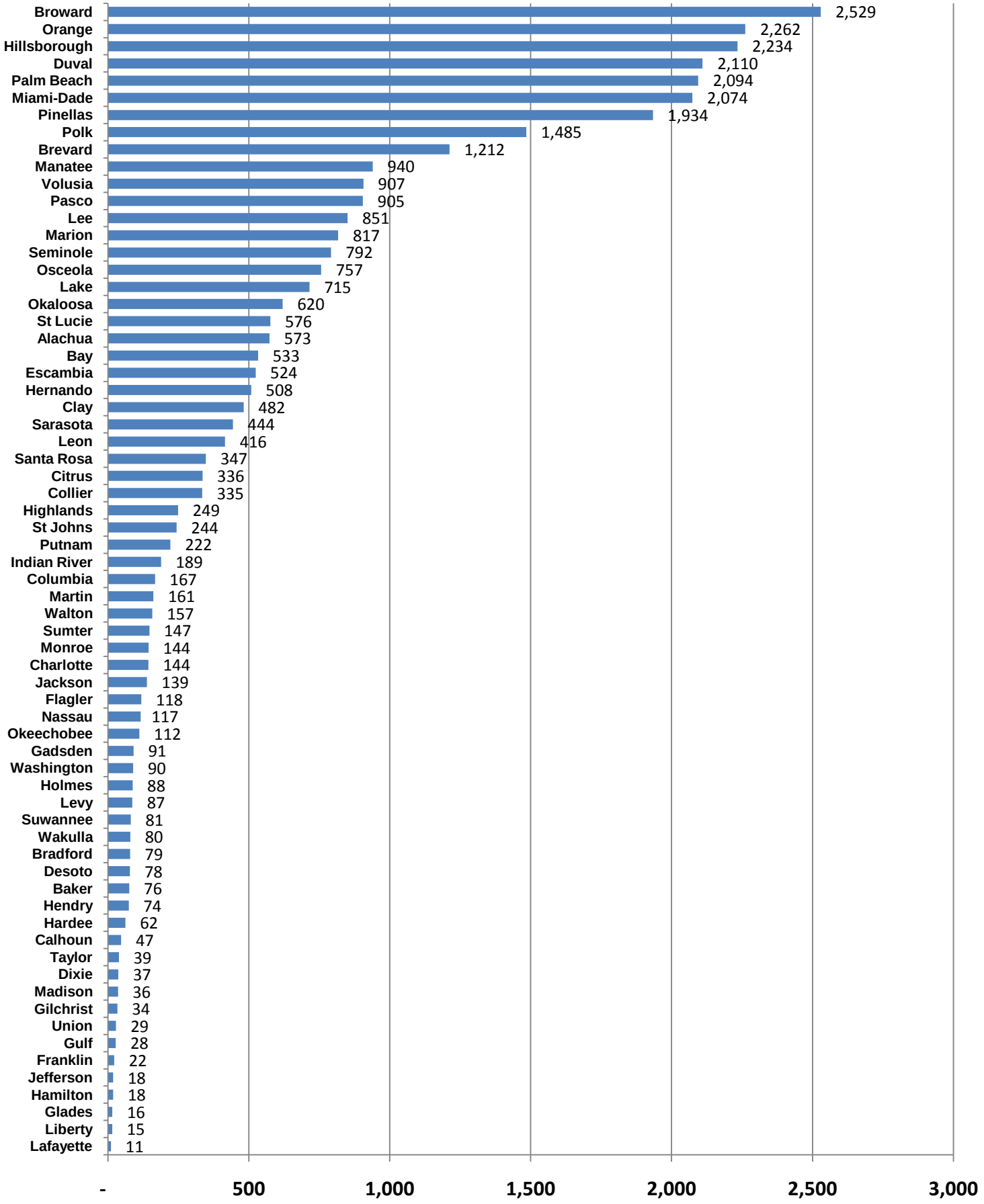
10.a. Maltreatment: Infants with Verified or Some Indication Findings, Average 2007-09



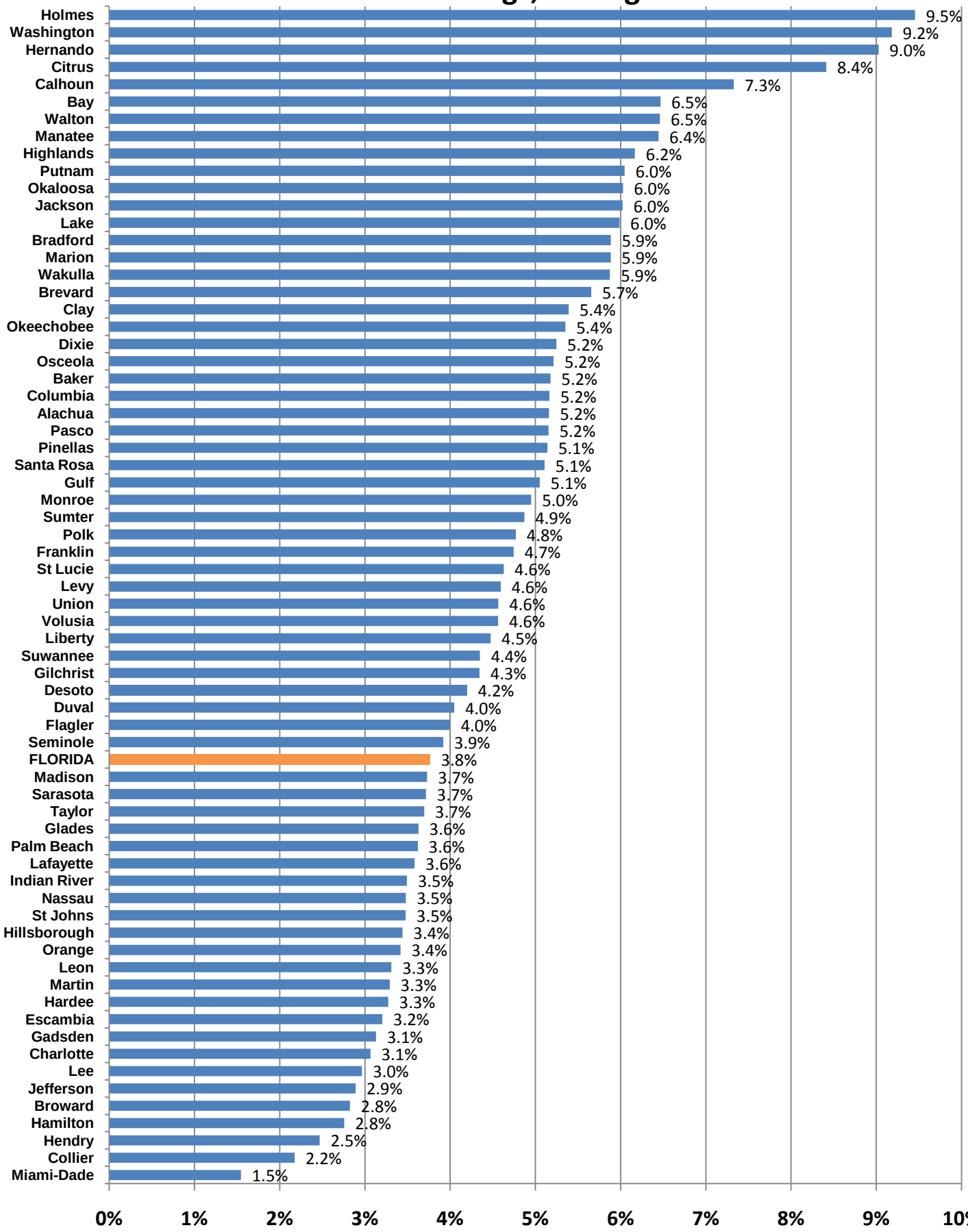
10.b. Maltreatment Rate: Infants with Verified or Some Indication Findings, Average 2007-09



11.a. Maltreatment: Children 1-4 with Verified or Some Indication Findings, Average 2007-09



11.b. Maltreatment Rate: Children 1-4 with Verified or Some Indication Findings, Average 2007-09



12. Data Used as Denominators for Calculating Indicator Rates

County	Population All Ages		Population Infants		Population Age 0-4		Population Age 1-4		Population Age 15-44		Births		Children in Grades 9-12		Labor Force	
	Average 2007-09		Average 2007-09		Average 2006-08		Average 2007-09		Average 2007-09		Average 2006-08		Average 2006-07 - 2008-09		Average 2007-09	
	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank
Alachua	251,997	23	2,880	23	13,701	23	11,111	23	132,891	15	2,889	23	10,559	25	130,043	22
Baker	25,886	52	400	50	1,856	50	1,468	50	11,019	52	408	50	1,480	50	12,110	51
Bay	169,097	27	2,184	26	10,279	26	8,236	26	63,455	27	2,348	26	8,861	27	88,183	27
Bradford	29,100	50	351	51	1,679	51	1,348	52	12,871	49	360	51	1,178	52	12,411	50
Brevard	555,271	10	5,514	10	26,646	10	21,425	10	189,212	10	5,603	10	25,668	10	267,161	10
Broward	1,757,263	2	22,219	2	110,841	2	89,528	2	709,055	2	22,864	2	90,176	2	996,044	2
Calhoun	14,380	63	165	60	802	60	641	60	6,375	61	174	61	664	60	5,717	60
Charlotte	165,729	28	1,196	31	5,783	32	4,699	32	41,733	31	1,206	32	6,854	30	69,343	29
Citrus	142,334	32	1,104	33	4,994	34	3,993	34	36,341	33	1,144	33	5,912	33	56,139	33
Clay	185,585	25	2,309	25	11,038	25	8,935	25	75,545	25	2,351	25	12,405	22	94,898	25
Collier	333,347	15	3,882	17	19,020	15	15,386	15	108,150	18	4,039	17	15,029	17	147,772	15
Columbia	66,376	40	864	37	4,054	37	3,239	37	25,832	39	883	37	3,108	38	31,346	39
Miami-Dade	2,473,920	1	33,700	1	167,595	1	134,174	1	1,029,145	1	33,888	1	119,914	1	1,218,007	1
Desoto	34,521	48	478	49	2,235	49	1,866	48	14,441	47	480	49	1,822	48	14,657	49
Dixie	15,967	60	179	58	880	58	712	58	5,870	62	181	58	662	61	5,556	61
Duval	904,782	7	13,379	6	64,888	6	52,122	6	386,679	6	13,638	6	41,997	7	443,890	7
Escambia	313,412	18	4,181	14	20,275	14	16,359	14	132,336	16	4,311	14	16,205	15	139,339	18
Flagler	94,975	35	890	36	3,680	39	2,961	40	26,818	36	943	36	4,494	34	31,803	38
Franklin	12,347	64	117	64	599	64	471	64	4,657	64	123	64	366	64	4,880	63
Gadsden	50,624	43	739	41	3,594	41	2,917	41	20,822	43	752	39	1,845	47	21,122	43
Gilchrist	17,324	57	198	57	960	57	775	57	6,897	59	193	57	924	57	7,752	56
Glades	11,334	65	99	66	525	65	441	65	4,449	66	94	66	311	67	4,641	65
Gulf	16,895	58	137	63	686	63	554	63	7,151	58	138	63	758	58	6,335	59
Hamilton	14,759	61	165	61	828	59	665	59	6,845	60	175	60	625	62	4,758	64
Hardee	27,987	51	499	47	2,294	48	1,893	46	12,558	50	522	47	1,499	49	11,709	52
Hendry	41,092	44	745	39	3,603	40	3,009	39	19,600	44	733	41	2,458	41	17,525	45
Hernando	165,004	29	1,554	29	7,043	29	5,631	29	46,494	29	1,611	29	7,674	29	62,613	31
Highlands	100,054	34	1,070	34	5,029	33	4,037	33	27,821	35	1,099	34	3,996	35	40,417	35
Hillsborough	1,200,202	4	17,208	3	81,125	4	64,916	4	509,428	4	17,641	3	62,566	3	596,925	5
Holmes	19,730	56	222	56	1,132	56	931	56	8,219	56	216	56	1,145	54	8,884	55
Indian River	141,402	33	1,358	30	6,620	30	5,402	30	41,783	30	1,402	30	6,112	32	62,556	32
Jackson	52,348	42	594	43	2,865	44	2,302	44	21,750	41	601	43	2,382	42	21,899	42
Jefferson	14,608	62	162	62	793	61	634	61	5,772	63	168	62	363	65	6,835	58
Lafayette	8,527	66	92	67	397	67	307	67	4,599	65	94	67	312	66	2,989	67
Lake	289,959	19	3,315	20	14,927	22	11,949	21	90,089	23	3,456	20	13,151	21	135,359	21
Lee	621,700	8	7,287	9	35,011	9	28,691	9	199,704	9	7,414	9	28,767	9	284,797	8
Leon	274,488	21	3,228	21	15,549	19	12,553	19	143,479	13	3,268	21	10,601	24	146,643	16
Levy	40,713	46	480	48	2,315	47	1,887	47	13,983	48	485	48	2,118	45	16,716	47
Liberty	8,195	67	102	65	429	66	343	66	4,112	67	108	65	560	63	3,793	66
Madison	20,138	55	256	55	1,198	55	965	55	8,786	55	259	55	1,105	55	7,044	57
Manatee	318,015	17	3,894	16	18,108	16	14,586	16	107,200	19	4,052	16	14,808	18	146,426	17
Marion	329,135	16	3,615	18	17,169	18	13,884	18	106,146	20	3,663	18	15,096	16	136,837	19
Martin	143,773	31	1,132	32	6,028	31	4,903	31	40,651	32	1,327	31	6,731	31	63,699	30
Monroe	76,552	37	744	40	3,766	38	2,915	42	26,487	37	749	40	2,918	39	45,409	34
Nassau	71,908	39	816	38	4,080	36	3,353	36	26,212	38	807	38	3,891	36	35,816	36
Okaloosa	197,075	24	2,659	24	12,812	24	10,290	24	80,320	24	2,737	24	11,535	23	97,326	24
Okeechobee	39,753	47	568	45	2,614	45	2,086	45	15,525	46	599	44	2,578	40	17,764	44
Orange	1,113,377	5	16,629	4	81,456	3	66,173	3	515,441	3	16,797	4	57,296	5	599,706	4
Osceola	273,391	22	4,009	15	17,811	17	14,523	17	118,067	17	4,075	15	19,102	14	136,368	20
Palm Beach	1,292,927	3	15,116	5	72,395	5	57,837	5	453,866	5	15,546	5	60,327	4	623,126	3
Pasco	437,563	12	5,120	12	22,171	13	17,558	13	141,676	14	5,356	11	23,059	13	195,896	13
Pinellas	937,724	6	9,214	7	47,204	7	37,618	7	322,966	7	9,360	7	42,511	6	447,939	6
Polk	584,682	9	8,054	8	38,639	8	31,124	8	215,398	8	8,246	8	32,966	8	271,701	9
Putnam	74,851	38	1,004	35	4,641	35	3,666	35	25,440	40	1,053	35	3,414	37	32,019	37
St Johns	181,239	26	1,811	28	8,445	28	7,005	27	66,523	26	1,800	28	9,562	26	94,531	26
St Lucie	274,859	20	3,380	19	15,369	20	12,452	20	92,545	22	3,507	19	14,609	20	123,779	23
Santa Rosa	144,053	30	1,819	27	8,531	27	6,800	28	58,197	28	1,865	27	8,782	28	70,239	28
Sarasota	391,341	14	3,102	22	14,938	21	11,945	22	104,031	21	3,163	22	14,705	19	169,514	14
Seminole	425,407	13	4,778	13	24,953	11	20,212	11	181,432	11	4,745	13	24,170	12	239,678	12
Sumter	93,544	36	592	44	3,510	42	3,025	38	29,587	34	525	46	2,359	43	31,324	40
Suwannee	40,980	45	514	46	2,360	46	1,862	49	15,621	45	526	45	1,929	46	17,109	46
Taylor	23,241	54	279	53	1,319	53	1,055	53	9,597	54	278	53	953	56	9,036	54
Union	16,009	59	174	59	778	62	628	62	8,114	57	178	59	701	59	5,267	62
Volusia	509,272	11	5,207	11	24,841	12	19,867	12	178,015	12	5,312	12	24,294	11	253,076	11
Wakulla	30,873	49	327	52	1,650	52	1,356	51	12,459	51	317	52	1,453	51	15,678	48
Walton	57,745	41	670	42	3,055	43	2,435	43	20,926	42	697	42	2,270	44	31,208	41
Washington	24,816	53	275	54	1,215	54	980	54	10,195	53	277	54	1,157	53	9,838	53
Florida	**18,787,480**		**231,002**		**1,117,626**		**899,617**		**7,199,402**		**235,815**		**919,803**		**9,160,921**	

13. Required Indicators for Needs Assessment

County		1.a. Premature Births – Average 2006-08				1.b. Low Birth Weight Infants – Average 2006-08				1.c. Infant Mortality – Average 2006-08				2. Poverty – Estimate 0-4 Years Average 2006-08				3. Crime – Index Crime Average 2007-09				4. Domestic Violence – Offenses Average 2007-09			
		Counts		Rates		Counts		Rates		Counts		Rates		Counts		Rates		Counts		Rates		Counts		Rates	
	Rank	#	Rank	%	Rank	#	Rank	%	Rank	#	Rank	per 1,000	Rank	#	Rank	%	Rank	#	Rank	per 100,000	Rank	#	Rank	per 1,000	Rank
Alachua	22	393	22	13.6%	38	263	22	9.1%	21	24	22	8.3	17	3,073	23	22.4%	46	12,807	18	5,082	8	1,722	20	6.8	23
Baker	51	57	50	14.0%	24	36	48	8.8%	25	3	48	8.2	20	413	53	22.2%	47	406	56	1,570	61	66	58	2.5	60
Bay	27	320	24	13.6%	36	193	25	8.2%	41	19	24	8.0	23	2,533	24	24.6%	37	7,928	23	4,688	12	1,364	23	8.1	11
Bradford	50	48	51	13.4%	43	34	49	9.5%	13	3	48	9.3	13	437	52	26.0%	35	786	51	2,701	48	204	49	7.0	21
Brevard	10	831	10	14.8%	13	482	10	8.6%	29	39	11	7.0	37	5,251	14	19.7%	60	22,068	10	3,974	24	3,919	9	7.1	20
Broward	2	3,407	2	14.9%	12	2,134	2	9.3%	16	136	4	5.9	51	22,541	2	20.3%	58	80,452	2	4,578	14	7,438	5	4.2	53
Calhoun	60	24	61	13.6%	37	13	63	7.7%	52	2	55	13.4	2	258	60	32.2%	20	148	65	1,027	65	42	62	2.9	58
Charlotte	29	154	33	12.8%	54	93	33	7.7%	50	6	38	4.7	62	1,312	35	22.7%	44	5,188	29	3,131	42	483	36	2.9	59
Citrus	33	133	35	11.6%	63	88	35	7.7%	51	6	37	5.5	55	1,797	29	36.0%	10	3,440	34	2,417	52	992	28	7.0	22
Clay	25	306	26	13.0%	50	178	26	7.6%	56	14	25	6.0	50	1,699	30	15.4%	66	5,753	28	3,100	44	1,217	25	6.6	28
Collier	15	552	16	13.7%	33	277	20	6.8%	65	25	20	6.3	44	4,108	16	21.6%	49	7,241	24	2,172	56	1,812	19	5.4	35
Columbia	39	123	36	13.9%	27	78	38	8.8%	26	11	28	12.8	5	1,315	34	32.4%	19	2,904	36	4,375	16	491	35	7.4	18
Miami-Dade	1	5,273	1	15.6%	9	3,008	1	8.9%	24	202	1	6.0	49	37,165	1	22.2%	48	150,255	1	6,074	3	11,029	1	4.5	51
Desoto	49	63	48	13.2%	47	32	51	6.7%	67	3	51	6.2	45	867	42	38.8%	6	1,386	46	4,014	23	277	45	8.0	13
Dixie	61	23	62	12.7%	55	14	62	7.9%	46	1	59	5.5	56	309	58	35.1%	13	679	54	4,253	18	74	57	4.6	50
Duval	7	2,004	6	14.7%	15	1,293	6	9.5%	14	128	5	9.4	12	13,159	6	20.3%	59	56,054	5	6,195	2	7,400	6	8.2	9
Escambia	18	722	11	16.7%	3	460	11	10.7%	6	37	12	8.6	15	5,797	12	28.6%	26	15,286	15	4,877	9	2,640	15	8.4	5
Flagler	38	114	39	12.1%	59	78	37	8.3%	39	5	39	5.7	54	945	40	25.7%	36	2,590	37	2,727	47	598	34	6.3	32
Franklin	63	18	64	14.4%	18	9	66	7.3%	60	1	62	5.4	57	222	61	37.0%	7	274	63	2,216	55	44	61	3.6	57
Gadsden	43	114	40	15.2%	11	89	34	11.9%	1	10	31	12.9	4	1,417	33	39.4%	4	1,634	41	3,228	39	446	38	8.8	2
Gilchrist	56	25	60	12.8%	53	16	59	8.3%	36	0	65	1.7	67	285	59	29.7%	24	280	62	1,616	59	80	56	4.6	49
Glades	65	14	66	14.5%	17	9	65	9.9%	10	0	65	3.5	65	171	65	32.6%	17	336	58	2,964	45	88	54	7.8	14
Gulf	59	22	63	15.7%	8	16	59	11.6%	3	1	59	7.2	32	205	63	29.9%	23	320	59	1,894	57	22	64	1.3	66
Hamilton	64	29	56	16.8%	2	20	56	11.6%	2	3	48	19.0	1	329	57	39.7%	3	416	55	2,819	46	56	60	3.8	54
Hardee	52	76	46	14.6%	16	43	46	8.2%	40	5	39	10.2	8	845	44	36.8%	8	983	49	3,511	30	188	50	6.7	26
Hendry	45	118	37	16.1%	6	65	39	8.9%	23	5	39	7.3	31	1,147	38	31.8%	21	1,736	40	4,225	19	210	48	5.1	38
Hernando	31	201	28	12.5%	57	122	29	7.6%	55	11	29	6.6	40	1,895	26	26.9%	32	6,281	25	3,807	26	1,100	26	6.7	27
Highlands	35	156	31	14.2%	22	84	36	7.6%	53	7	34	6.4	41	1,696	31	33.7%	15	3,239	35	3,238	37	475	37	4.8	44
Hillsborough	5	2,476	4	14.0%	23	1,600	3	9.1%	22	143	2	8.1	22	18,323	3	22.6%	45	54,989	6	4,582	13	8,050	3	6.7	25
Holmes	55	29	57	13.4%	42	16	59	7.4%	58	3	53	12.4	6	375	56	33.1%	16	311	61	1,575	60	87	55	4.4	52
Indian River	32	155	32	11.1%	66	95	32	6.8%	66	10	30	7.1	35	1,514	32	22.9%	43	4,583	30	3,241	35	683	31	4.8	42
Jackson	42	83	43	13.8%	30	60	43	10.0%	9	4	44	7.2	33	808	46	28.2%	27	1,247	47	2,381	53	247	46	4.7	46
Jefferson	58	27	59	16.1%	5	19	57	11.1%	4	0	65	2.0	66	210	62	26.5%	33	337	57	2,305	54	20	66	1.4	65
Lafayette	67	11	67	12.1%	61	7	67	7.8%	49	1	62	7.1	36	165	66	41.6%	1	76	66	891	66	21	65	2.5	61
Lake	21	492	18	14.2%	21	276	21	8.0%	44	27	18	7.9	24	3,490	20	23.4%	41	9,495	22	3,274	34	1,887	18	6.5	29
Lee	8	1,035	9	14.0%	25	624	9	8.4%	33	50	9	6.7	39	7,128	9	20.4%	57	23,499	9	3,780	27	3,057	12	4.9	40
Leon	16	444	21	13.6%	40	312	16	9.6%	12	27	19	8.3	18	3,311	21	21.3%	52	13,307	17	4,848	10	1,298	24	4.7	45
Levy	47	63	48	13.1%	49	33	50	6.9%	63	5	43	9.6	9	803	47	34.7%	14	1,474	43	3,620	29	340	42	8.4	6
Liberty	66	17	65	16.0%	7	11	64	10.2%	7	1	62	6.2	47	132	67	30.7%	22	-	67	-	67	-	67	0.0	67
Madison	57	38	52	14.8%	14	28	53	10.7%	5	2	56	7.7	25	440	51	36.7%	9	735	53	3,650	28	131	52	6.5	30
Manatee	17	510	17	12.6%	56	306	18	7.5%	57	31	16	7.6	28	4,254	15	23.5%	39	17,055	13	5,363	6	2,792	13	8.8	3
Marion	19	471	20	12.9%	52	308	17	8.4%	34	35	13	9.6	11	5,588	13	32.5%	18	10,657	20	3,238	36	2,738	14	8.3	7
Martin	30	175	30	13.2%	46	98	31	7.4%	59	7	34	5.3	60	1,299	36	21.5%	51	4,523	32	3,146	41	690	30	4.8	43
Monroe	34	104	41	13.9%	28	61	42	8.1%	43	4	46	5.3	59	646	49	17.2%	64	4,300	33	5,617	5	388	40	5.1	39
Nassau	36	116	38	14.4%	19	64	40	8.0%	45	4	44	5.4	58	725	48	17.8%	62	2,474	38	3,440	32	399	39	5.6	34
Okaloosa	24	307	25	11.2%	65	215	24	7.8%	48	21	23	7.7	26	2,210	25	17.2%	63	6,110	26	3,100	43	1,041	27	5.3	36
Okeechobee	44	82	44	13.6%	35	57	44	9.5%	15	4	47	6.1	48	938	41	35.9%	11	1,550	42	3,899	25	281	43	7.1	19
Orange	4	2,567	3	15.3%	10	1,554	4	9.2%	18	138	3	8.2	19	14,992	5	18.4%	61	69,047	3	6,202	1	8,952	2	8.0	12
Osceola	20	568	15	13.9%	26	350	15	8.6%	30	35	13	8.6	14	3,753	18	21.1%	55	12,004	19	4,391	15	2,226	17	8.1	10
Palm Beach	3	2,229	5	14.3%	20	1,424	5	9.2%	20	91	6	5.9	52	15,262	4	21.1%	54	62,677	4	4,848	11	6,335	7	4.9	41
Pasco	13	709	12	13.2%	45	444	12	8.3%	38	33	15	6.2	46	5,864	11	26.4%	34	18,165	12	4,151	21	3,354	11	7.7	15
Pinellas	6	1,206	7	12.9%	51	803	7	8.6%	31	79	7	8.4	16	10,190	8	21.6%	50	47,958	7	5,114	7	7,753	4	8.3	8
Polk	9	1,130	8	13.7%	31	674	8	8.2%	42	63	8	7.6	29	10,597	7	27.4%	31	25,314	8	4,329	17	5,024	8	8.6	4
Putnam	37	144	34	13.7%	32	102	30	9.7%	11	8	33	7.6	30	1,826	27	39.3%	5	4,530	31	6,052	4	897	29	12.0	1
St Johns	26	197	29	10.9%	67	123	28	6.9%	64	9	32	4.8	61	1,172	37	13.9%	67	5,862	27	3,234	38	673	33	3.7	55
St Lucie	23	474	19	13.5%	41	294	19	8.4%	35	24	21	6.9	38	3,520	19	22.9%	42	9,612	21	3,497	31	1,658	21	6.0	33
Santa Rosa	28	258	27	13.8%	29	146	27	7.8%	47	13	26	7.1	34	1,806	28	21.2%	53	2,378	39	1,651	58	678	32	4.7	47
Sarasota	14	391	23	12.4%	58	226	23	7.2%	61	12	27	3.7	63	3,081	22	20.6%	56	15,811	14	4,040	22	1,435	22	3.7	56
Seminole	12	621	14	13.1%	48	361	14	7.6%	54	30	17	6.3	42	4,026	17	16.1%	65	13,413	16	3,153	40	2,227	16	5.2	37
Sumter	40	92	42	17.5%	1	49	45	9.3%	17	3	51	5.7	53	987	39	28.1%	28	1,415	45	1,512	62	218	47	2.3	62
Suwannee	46	70	47	13.3%	44	37	47	7.0%	62	7	34	13.3	3	831	45	35.2%	12	1,083	48	2,642	49	278	44	6.8	24
Taylor	54	38	53	13.7%	34	28	52	10.1%	8	3	53	9.6	10	386	54	29.3%	25	791	50	3,402	33	172	51	7.4	17
Union	62	29	58	16.1%	4	16	58	9.2%	19	2	56	11.2	7	184	64	23.7%	38	192	64	1,199	64	31	63	1.9	64
Volusia	11	643	13	12.1%	60	440	13	8.3%	37	43	10	8.2	21	6,960	10	28.0%	29	21,457	11	4,213	20	3,849	10	7.6	16
Wakulla	48	37	55	11.8%	62	27	54	8.4%	32	2	56	6.3	43	386	54	23.4%	40	776	52	2,512	50	65	59	2.1	63
Walton	41	81	45	11.6%	64	61	41	8.8%	27	5	39	7.7	27	852	43	27.9%	30	1,422	44	2,463	51	369	41	6.4	31
Washington	53	38	54	13.6%	39	24	55	8.7%	28	1	59	3.6	64	488	50	40.2%	2	317	60	1,276	63	115	53	4.6	48
Florida		**33,474**		**14.2%**		**20,604**		**8.7%**		**1,689**		**7.2**		**250,713**		**22.4%**		**861,815**		**4,587**		**114,940**		**6.1**	

County	5. High School Dropouts – Grades 9-12 Average 2006-07 - 2008-09				6. Substance Abuse: Service Needs – Ages 15-44, Average 2006-07 - 2008-09				7. Unemployment – Average 2007-09				8. Child Maltreatment: Children with Verified or Some Indication Findings – a. Infants Average 2007-09				8. Child Maltreatment – b. Ages 1-4 Average 2007-09				Composite Rank					
	Counts		Rates		Counts		Rates		Counts		Rates		Counts		Rates		Counts		Rates		Counts		Rates		Counts & Rates	
	#	Rank	%	Rank	#	Rank	%	Rank	#	Rank	%	Rank	#	Rank	%	Rank	#	Rank	%	Rank	Average Rank	Rank	Average Rank	Rank	Average Rank	Rank
Alachua	459	13	4.4%	14	17,415	14	13.1%	2	6,202	23	4.8%	65	310	14	10.8%	6	573	20	5.2%	24	19.2	18	24.0	7	21.6	14
Baker	32	53	2.2%	41	1,140	52	10.3%	28	782	50	6.5%	41	25	48	6.2%	35	76	52	5.2%	22	51.6	51	36.7	43	44.2	56
Bay	148	29	1.7%	49	6,703	26	10.6%	18	5,385	28	6.1%	47	211	22	9.6%	11	533	21	6.5%	6	24.5	25	26.5	14	25.5	19
Bradford	52	45	4.4%	10	1,348	50	10.5%	24	674	52	5.4%	57	20	53	5.7%	42	79	50	5.9%	14	50.0	50	29.1	20	39.5	44
Brevard	182	26	0.7%	65	19,766	9	10.4%	25	18,949	10	7.1%	32	469	9	8.5%	13	1,212	9	5.7%	17	11.5	10	30.5	26	21.0	11
Broward	2,197	2	2.4%	35	71,840	2	10.1%	35	59,739	2	6.0%	51	1,061	1	4.8%	51	2,529	1	2.8%	63	2.3	2	39.9	50	21.1	12
Calhoun	12	62	1.8%	48	659	61	10.3%	29	338	62	5.9%	52	12	56	7.5%	20	47	55	7.3%	5	60.2	60	35.3	39	47.7	59
Charlotte	136	31	2.0%	42	4,136	32	9.9%	47	5,727	25	8.3%	10	69	33	5.8%	40	144	39	3.1%	60	33.1	34	46.4	62	39.7	45
Citrus	137	30	2.3%	37	3,620	33	10.0%	43	4,744	31	8.5%	7	123	29	11.1%	4	336	28	8.4%	4	31.7	31	31.6	32	31.7	28
Clay	224	23	1.8%	47	7,362	25	9.7%	50	5,719	26	6.0%	50	184	26	8.0%	16	482	24	5.4%	18	25.8	26	43.2	55	34.5	33
Collier	365	17	2.4%	36	10,937	17	10.1%	36	10,897	17	7.4%	22	131	27	3.4%	63	335	29	2.2%	66	20.2	21	45.9	61	33.0	32
Columbia	38	51	1.2%	59	2,664	37	10.3%	30	1,926	39	6.1%	45	62	37	7.2%	25	167	34	5.2%	23	36.8	36	26.6	15	31.7	29
Miami-Dade	5,658	1	4.7%	7	108,381	1	10.5%	21	88,844	1	7.3%	24	944	5	2.8%	65	2,074	6	1.5%	67	1.8	1	33.5	36	17.6	6
Desoto	74	42	4.0%	15	1,550	47	10.7%	12	1,056	48	7.2%	28	35	44	7.4%	22	78	51	4.2%	40	46.8	48	28.9	19	37.9	39
Dixie	30	54	4.6%	8	632	62	10.8%	11	427	58	7.7%	14	12	56	6.9%	29	37	57	5.2%	20	58.1	58	29.1	20	43.6	54
Duval	1,864	4	4.4%	11	40,293	6	10.4%	26	30,738	7	6.9%	35	922	6	6.9%	28	2,110	4	4.0%	41	5.5	6	22.9	5	14.2	1
Escambia	512	11	3.2%	25	15,345	15	11.6%	3	9,088	21	6.5%	40	264	17	6.3%	34	524	22	3.2%	58	14.7	13	20.4	3	17.5	5
Flagler	85	38	1.9%	44	2,276	40	8.5%	65	3,284	34	10.3%	2	36	43	4.0%	61	118	41	4.0%	42	38.4	37	43.7	56	41.0	50
Franklin	17	60	4.7%	6	393	66	8.4%	66	249	65	5.1%	59	9	61	7.7%	17	22	62	4.7%	32	62.8	65	39.5	48	51.1	64
Gadsden	66	43	3.6%	21	2,196	42	10.5%	19	1,434	44	6.8%	37	28	46	3.7%	62	91	44	3.1%	59	39.6	38	23.5	6	31.6	26
Gilchrist	7	65	0.8%	64	783	58	11.4%	4	484	57	6.2%	44	11	59	5.4%	46	34	59	4.3%	39	59.9	59	44.1	57	52.0	65
Glades	23	58	7.3%	1	427	64	9.6%	54	332	63	7.2%	31	5	66	4.7%	52	16	65	3.6%	47	62.6	64	32.1	33	47.4	58
Gulf	9	63	1.2%	61	718	60	10.0%	38	413	59	6.5%	39	8	62	5.9%	39	28	61	5.1%	28	61.1	62	35.8	41	48.5	60
Hamilton	27	56	4.4%	13	733	59	10.7%	13	363	61	7.6%	16	5	65	3.0%	64	18	63	2.8%	64	57.8	57	25.3	11	41.5	52
Hardee	82	40	5.4%	2	1,355	49	10.8%	10	859	49	7.3%	23	23	50	4.7%	53	62	54	3.3%	57	46.9	49	24.8	9	35.9	36
Hendry	83	39	3.4%	23	2,065	43	10.5%	20	1,887	41	10.8%	1	20	52	2.7%	66	74	53	2.5%	65	42.6	43	28.5	18	35.5	35
Hernando	224	22	2.9%	29	4,462	29	9.6%	53	5,741	24	9.2%	4	208	23	13.4%	1	508	23	9.0%	3	25.8	26	29.7	24	27.8	22
Highlands	183	25	4.6%	9	2,838	35	10.2%	32	3,083	35	7.6%	15	108	30	10.1%	8	249	30	6.2%	9	32.6	33	25.9	12	29.3	24
Hillsborough	906	7	1.4%	55	51,840	4	10.2%	33	41,812	4	7.0%	34	974	3	5.7%	44	2,234	3	3.4%	53	3.8	4	33.5	37	18.7	7
Holmes	28	55	2.5%	34	877	56	10.7%	14	491	56	5.5%	54	27	47	12.0%	2	88	46	9.5%	1	54.6	56	30.8	27	42.7	53
Indian River	94	37	1.5%	52	4,153	31	9.9%	45	5,506	27	8.8%	5	69	33	5.1%	48	189	33	3.5%	50	31.6	30	44.3	58	38.0	40
Jackson	39	50	1.6%	50	2,259	41	10.4%	27	1,202	46	5.5%	55	65	36	11.0%	5	139	40	6.0%	12	43.8	45	31.5	31	37.7	37
Jefferson	19	59	5.2%	3	605	63	10.5%	23	374	60	5.5%	56	7	63	4.3%	59	18	63	2.9%	62	61.3	63	39.1	47	50.2	62
Lafayette	6	66	1.9%	43	424	65	9.2%	62	151	67	5.1%	60	2	67	1.8%	67	11	67	3.6%	49	65.9	67	50.5	66	58.2	67
Lake	458	14	3.5%	22	8,472	24	9.4%	58	9,754	20	7.2%	27	249	19	7.5%	19	715	17	6.0%	13	19.2	18	30.2	25	24.7	18
Lee	528	9	1.8%	46	18,274	12	9.2%	63	23,666	8	8.3%	9	338	12	4.6%	54	851	13	3.0%	61	10.1	9	41.3	52	25.7	20
Leon	312	19	2.9%	28	19,233	11	13.4%	1	7,126	22	4.9%	64	205	24	6.4%	33	416	26	3.3%	55	20.0	20	32.5	34	26.3	21
Levy	80	41	3.8%	19	1,408	48	10.1%	37	1,271	45	7.6%	17	24	49	5.1%	49	87	47	4.6%	34	45.7	47	29.6	23	37.7	37
Liberty	3	67	0.5%	67	390	67	9.5%	57	163	66	4.3%	67	5	64	5.2%	47	15	66	4.5%	37	65.6	66	44.7	60	55.2	66
Madison	49	47	4.4%	12	970	54	11.0%	6	561	55	8.0%	13	11	58	4.3%	60	36	58	3.7%	44	53.5	55	22.4	4	38.0	40
Manatee	454	15	3.1%	26	10,693	19	10.0%	41	10,852	18	7.4%	20	376	11	9.7%	10	940	10	6.4%	8	15.0	14	26.7	16	20.9	10
Marion	454	16	3.0%	27	10,552	20	9.9%	44	11,460	15	8.4%	8	292	15	8.1%	14	817	14	5.9%	15	16.1	15	24.2	8	20.1	9
Martin	40	49	0.6%	66	4,262	30	10.5%	22	4,711	32	7.4%	21	50	39	4.4%	58	161	35	3.3%	56	34.4	35	47.5	65	41.0	49
Monroe	24	57	0.8%	62	3,003	34	11.3%	5	2,062	38	4.5%	66	53	38	7.1%	27	144	38	5.0%	29	41.5	40	38.8	46	40.1	46
Nassau	127	34	3.3%	24	2,600	38	9.9%	46	2,192	37	6.1%	46	40	42	4.9%	50	117	42	3.5%	51	40.0	39	42.5	54	41.2	51
Okaloosa	176	27	1.5%	53	8,526	23	10.6%	16	4,772	30	4.9%	61	248	20	9.3%	12	620	18	6.0%	11	24.4	24	39.5	48	31.9	30
Okeechobee	124	35	4.8%	5	1,644	46	10.6%	17	1,502	43	8.5%	6	45	40	8.0%	15	112	43	5.4%	19	42.5	42	19.5	2	31.0	25
Orange	810	8	1.4%	56	52,438	3	10.2%	34	40,004	5	6.7%	38	988	2	5.9%	38	2,262	2	3.4%	54	3.6	3	31.0	29	17.3	4
Osceola	508	12	2.7%	31	10,763	18	9.1%	64	9,929	19	7.3%	25	269	16	6.7%	31	757	16	5.2%	21	16.2	17	29.3	22	22.7	17
Palm Beach	2,191	3	3.6%	20	46,368	5	10.2%	31	44,717	3	7.2%	30	857	7	5.7%	43	2,094	5	3.6%	48	4.9	5	33.6	38	19.3	8
Pasco	516	10	2.2%	38	13,483	16	9.5%	55	15,810	12	8.1%	11	327	13	6.4%	32	905	12	5.2%	25	12.4	12	32.7	35	22.5	15
Pinellas	1,076	6	2.5%	33	34,293	7	10.6%	15	31,564	6	7.0%	33	972	4	10.5%	7	1,934	7	5.1%	26	6.4	7	25.2	10	15.8	2
Polk	1,312	5	4.0%	16	21,528	8	10.0%	40	20,421	9	7.5%	18	547	8	6.8%	30	1,485	8	4.8%	31	7.7	8	26.3	13	17.0	3
Putnam	135	32	4.0%	17	2,790	36	11.0%	7	2,563	36	8.0%	12	77	32	7.7%	18	222	32	6.0%	10	32.0	32	13.4	1	22.7	16
St Johns	134	33	1.4%	57	6,189	27	9.3%	60	5,285	29	5.6%	53	82	31	4.5%	55	244	31	3.5%	52	30.6	29	57.2	67	43.9	55
St Lucie	232	21	1.6%	51	8,570	22	9.3%	61	11,453	16	9.3%	3	203	25	6.0%	37	576	19	4.6%	33	20.3	22	36.8	44	28.5	23
Santa Rosa	164	28	1.9%	45	5,802	28	10.0%	42	4,278	33	6.1%	48	130	28	7.1%	26	347	27	5.1%	27	29.4	28	41.5	53	35.4	34
Sarasota	326	18	2.2%	40	10,225	21	9.8%	48	12,675	14	7.5%	19	230	21	7.4%	21	444	25	3.7%	45	20.9	23	44.5	59	32.7	31
Seminole	197	24	0.8%	63	18,194	13	10.0%	39	15,113	13	6.3%	43	260	18	5.4%	45	792	15	3.9%	43	16.1	15	47.2	64	31.6	27
Sumter	61	44	2.6%	32	2,435	39	8.2%	67	1,889	40	6.0%	49	43	41	7.3%	24	147	37	4.9%	30	42.7	44	38.6	45	40.7	48
Suwannee	100	36	5.2%	4	1,709	45	10.9%	8	1,102	47	6.4%	42	23	51	4.4%	57	81	48	4.4%	38	44.7	46	31.2	30	38.0	40
Taylor	37	52	3.9%	18	912	55	9.5%	56	653	54	7.2%	26	17	54	6.1%	36	39	56	3.7%	46	53.1	52	28.1	17	40.6	47
Union	9	63	1.3%	58	786	57	9.7%	51	278	64	5.3%	58	10	60	5.7%	41	29	60	4.6%	35	60.6	61	39.9	50	50.3	63
Volusia	291	20	1.2%	60	19,282	10	10.8%	9	18,204	11	7.2%	29	382	10	7.3%	23	907	11	4.6%	36	11.7	11	30.9	28	21.3	13
Wakulla	41	48	2.8%	30	1,165	51	9.3%	59	766	51	4.9%	62	15	55	4.5%	56	80	49	5.9%	16	53.1	52	46.6	63	49.9	61
Walton	50	46	2.2%	39	2,055	44	9.8%	49	1,522	42	4.9%	63	67	35	10.1%	9	157	36	6.5%	7	41.5	40	36.1	42	38.8	43
Washington	17	60	1.5%	54	984	53	9.7%	52	671	53	6.8%	36	32	45	11.6%	3	90	45	9.2%	2	53.4	54	35.5	40	44.5	57
Florida	**25,059**		**2.7%**		**742,187**		**10.3%**		**637,891**		**7.0%**		**13,926**		**6.0%**		**33,859**		**3.8%**							

14. Comparison of Rankings by Counts for All Indicators

	1.a. Premature Births		1.b. Low Birth Weight Infants		1.c. Infant Mortality		2. Poverty		3. Crime		4. Domestic Violence		5. High School Dropouts		6. Substance Abuse: Service Needs		7. Unemployment		8. Child Maltreatment: Verified/Some Indication Findings				
	Average 2006-08		Average 2006-08		Average 2006-08		0-4 Years Average 2006-08		Index Crime Average 2007-09		Offenses Average 2007-09		Average 2006-07 - 2008-09		Ages 15-44, Average 2006-07 - 2008-09		Average 2007-09		a. Infants Average 2007-09		b. Ages 1-4 Average 2007-09		Composite Rank	
County	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	Average Rank	Rank
Miami-Dade	5,273	1	3,008	1	202	1	37,165	1	150,255	1	11,029	1	5,658	1	108,381	1	88,844	1	944	5	2,074	6	1.8	1
Broward	3,407	2	2,134	2	136	4	22,541	2	80,452	2	7,438	5	2,197	2	71,840	2	59,739	2	1,061	1	2,529	1	2.3	2
Orange	2,567	3	1,554	4	138	3	14,992	5	69,047	3	8,952	2	810	8	52,438	3	40,004	5	988	2	2,262	2	3.6	3
Hillsborough	2,476	4	1,600	3	143	2	18,323	3	54,989	6	8,050	3	906	7	51,840	4	41,812	4	974	3	2,234	3	3.8	4
Palm Beach	2,229	5	1,424	5	91	6	15,262	4	62,677	4	6,335	7	2,191	3	46,368	5	44,717	3	857	7	2,094	5	4.9	5
Duval	2,004	6	1,293	6	128	5	13,159	6	56,054	5	7,400	6	1,864	4	40,293	6	30,738	7	922	6	2,110	4	5.5	6
Pinellas	1,206	7	803	7	79	7	10,190	8	47,958	7	7,753	4	1,076	6	34,293	7	31,564	6	972	4	1,934	7	6.4	7
Polk	1,130	8	674	8	63	8	10,597	7	25,314	8	5,024	8	1,312	5	21,528	8	20,421	9	547	8	1,485	8	7.7	8
Lee	1,035	9	624	9	50	9	7,128	9	23,499	9	3,057	12	528	9	18,274	12	23,666	8	338	12	851	13	10.1	9
Brevard	831	10	482	10	39	11	5,251	14	22,068	10	3,919	9	182	26	19,766	9	18,949	10	469	9	1,212	9	11.5	10
Volusia	643	13	440	13	43	10	6,960	10	21,457	11	3,849	10	291	20	19,282	10	18,204	11	382	10	907	11	11.7	11
Pasco	709	12	444	12	33	15	5,864	11	18,165	12	3,354	11	516	10	13,483	16	15,810	12	327	13	905	12	12.4	12
Escambia	722	11	460	11	37	12	5,797	12	15,286	15	2,640	15	512	11	15,345	15	9,088	21	264	17	524	22	14.7	13
Manatee	510	17	306	18	31	16	4,254	15	17,055	13	2,792	13	454	15	10,693	19	10,852	18	376	11	940	10	15.0	14
Marion	471	20	308	17	35	13	5,588	13	10,657	20	2,738	14	454	16	10,552	20	11,460	15	292	15	817	14	16.1	15
Seminole	621	14	361	14	30	17	4,026	17	13,413	16	2,227	16	197	24	18,194	13	15,113	13	260	18	792	15	16.1	15
Osceola	568	15	350	15	35	13	3,753	18	12,004	19	2,226	17	508	12	10,763	18	9,929	19	269	16	757	16	16.2	17
Alachua	393	22	263	22	24	22	3,073	23	12,807	18	1,722	20	459	13	17,415	14	6,202	23	310	14	573	20	19.2	18
Lake	492	18	276	21	27	18	3,490	20	9,495	22	1,887	18	458	14	8,472	24	9,754	20	249	19	715	17	19.2	18
Leon	444	21	312	16	27	19	3,311	21	13,307	17	1,298	24	312	19	19,233	11	7,126	22	205	24	416	26	20.0	20
Collier	552	16	277	20	25	20	4,108	16	7,241	24	1,812	19	365	17	10,937	17	10,897	17	131	27	335	29	20.2	21
St Lucie	474	19	294	19	24	21	3,520	19	9,612	21	1,658	21	232	21	8,570	22	11,453	16	203	25	576	19	20.3	22
Sarasota	391	23	226	23	12	27	3,081	22	15,811	14	1,435	22	326	18	10,225	21	12,675	14	230	21	444	25	20.9	23
Okaloosa	307	25	215	24	21	23	2,210	25	6,110	26	1,041	27	176	27	8,526	23	4,772	30	248	20	620	18	24.4	24
Bay	320	24	193	25	19	24	2,533	24	7,928	23	1,364	23	148	29	6,703	26	5,385	28	211	22	533	21	24.5	25
Clay	306	26	178	26	14	25	1,699	30	5,753	28	1,217	25	224	23	7,362	25	5,719	26	184	26	482	24	25.8	26
Hernando	201	28	122	29	11	29	1,895	26	6,281	25	1,100	26	224	22	4,462	29	5,741	24	208	23	508	23	25.8	26
Santa Rosa	258	27	146	27	13	26	1,806	28	2,378	39	678	32	164	28	5,802	28	4,278	33	130	28	347	27	29.4	28
St Johns	197	29	123	28	9	32	1,172	37	5,862	27	673	33	134	33	6,189	27	5,285	29	82	31	244	31	30.6	29
Indian River	155	32	95	32	10	30	1,514	32	4,583	30	683	31	94	37	4,153	31	5,506	27	69	33	189	33	31.6	30
Citrus	133	35	88	35	6	37	1,797	29	3,440	34	992	28	137	30	3,620	33	4,744	31	123	29	336	28	31.7	31
Putnam	144	34	102	30	8	33	1,826	27	4,530	31	897	29	135	32	2,790	36	2,563	36	77	32	222	32	32.0	32
Highlands	156	31	84	36	7	34	1,696	31	3,239	35	475	37	183	25	2,838	35	3,083	35	108	30	249	30	32.6	33
Charlotte	154	33	93	33	6	38	1,312	35	5,188	29	483	36	136	31	4,136	32	5,727	25	69	33	144	39	33.1	34
Martin	175	30	98	31	7	34	1,299	36	4,523	32	690	30	40	49	4,262	30	4,711	32	50	39	161	35	34.4	35
Columbia	123	36	78	38	11	28	1,315	34	2,904	36	491	35	38	51	2,664	37	1,926	39	62	37	167	34	36.8	36
Flagler	114	39	78	37	5	39	945	40	2,590	37	598	34	85	38	2,276	40	3,284	34	36	43	118	41	38.4	37
Gadsden	114	40	89	34	10	31	1,417	33	1,634	41	446	38	66	43	2,196	42	1,434	44	28	46	91	44	39.6	38
Nassau	116	38	64	40	4	44	725	48	2,474	38	399	39	127	34	2,600	38	2,192	37	40	42	117	42	40.0	39
Monroe	104	41	61	42	4	46	646	49	4,300	33	388	40	24	57	3,003	34	2,062	38	53	38	144	38	41.5	40
Walton	81	45	61	41	5	39	852	43	1,422	44	369	41	50	46	2,055	44	1,522	42	67	35	157	36	41.5	40
Okeechobee	82	44	57	44	4	47	938	41	1,550	42	281	43	124	35	1,644	46	1,502	43	45	40	112	43	42.5	42
Hendry	118	37	65	39	5	39	1,147	38	1,736	40	210	48	83	39	2,065	43	1,887	41	20	52	74	53	42.6	43
Sumter	92	42	49	45	3	51	987	39	1,415	45	218	47	61	44	2,435	39	1,889	40	43	41	147	37	42.7	44
Jackson	83	43	60	43	4	44	808	46	1,247	47	247	46	39	50	2,259	41	1,202	46	65	36	139	40	43.8	45
Suwannee	70	47	37	47	7	34	831	45	1,083	48	278	44	100	36	1,709	45	1,102	47	23	51	81	48	44.7	46
Levy	63	48	33	50	5	43	803	47	1,474	43	340	42	80	41	1,408	48	1,271	45	24	49	87	47	45.7	47
Desoto	63	48	32	51	3	51	867	42	1,386	46	277	45	74	42	1,550	47	1,056	48	35	44	78	51	46.8	48
Hardee	76	46	43	46	5	39	845	44	983	49	188	50	82	40	1,355	49	859	49	23	50	62	54	46.9	49
Bradford	48	51	34	49	3	48	437	52	786	51	204	49	52	45	1,348	50	674	52	20	53	79	50	50.0	50
Baker	57	50	36	48	3	48	413	53	406	56	66	58	32	53	1,140	52	782	50	25	48	76	52	51.6	51
Taylor	38	53	28	52	3	53	386	54	791	50	172	51	37	52	912	55	653	54	17	54	39	56	53.1	52
Wakulla	37	55	27	54	2	56	386	54	776	52	65	59	41	48	1,165	51	766	51	15	55	80	49	53.1	52
Washington	38	54	24	55	1	59	488	50	317	60	115	53	17	60	984	53	671	53	32	45	90	45	53.4	54
Madison	38	52	28	53	2	56	440	51	735	53	131	52	49	47	970	54	561	55	11	58	36	58	53.5	55
Holmes	29	57	16	59	3	53	375	56	311	61	87	55	28	55	877	56	491	56	27	47	88	46	54.6	56
Hamilton	29	56	20	56	3	48	329	57	416	55	56	60	27	56	733	59	363	61	5	65	18	63	57.8	57
Dixie	23	62	14	62	1	59	309	58	679	54	74	57	30	54	632	62	427	58	12	56	37	57	58.1	58
Gilchrist	25	60	16	59	0	65	285	59	280	62	80	56	7	65	783	58	484	57	11	59	34	59	59.9	59
Calhoun	24	61	13	63	2	55	258	60	148	65	42	62	12	62	659	61	338	62	12	56	47	55	60.2	60
Union	29	58	16	58	2	56	184	64	192	64	31	63	9	63	786	57	278	64	10	60	29	60	60.6	61
Gulf	22	63	16	59	1	59	205	63	320	59	22	64	9	63	718	60	413	59	8	62	28	61	61.1	62
Jefferson	27	59	19	57	0	65	210	62	337	57	20	66	19	59	605	63	374	60	7	63	18	63	61.3	63
Glades	14	66	9	65	0	65	171	65	336	58	88	54	23	58	427	64	332	63	5	66	16	65	62.6	64
Franklin	18	64	9	66	1	62	222	61	274	63	44	61	17	60	393	66	249	65	9	61	22	62	62.8	65
Liberty	17	65	11	64	1	62	132	67	-	67	-	67	3	67	390	67	163	66	5	64	15	66	65.6	66
Lafayette	11	67	7	67	1	62	165	66	76	66	21	65	6	66	424	65	151	67	2	67	11	67	65.9	67
Florida	**33,474**		**20,604**		**1,689**		**250,713**		**861,815**		**114,940**		**25,059**		**742,187**		**637,891**		**13,926**		**33,859**			

	15. Comparison of Rankings by Rates for All Indicators																					
	1.a. Premature Births		1.b. Low Birth Weight Infants		1.c. Infant Mortality		2. Poverty		3. Crime		4. Domestic Violence		5. High School Dropouts		6. Substance Abuse: Service Needs		7. Unemployment		8. Child Maltreatment: Verified/Some Indication Findings				
	Average 2006-08		Average 2006-08		Average 2006-08		0-4 Years Average 2006-08		Index Crime Average 2007-09		Offenses Average 2007-09		Average 2006-07 - 2008-09		Ages 15-44, Average 2006-07 - 2008-09		Average 2007-09		a. Infants Average 2007-09		b. Ages 1-4 Average 2007-09		Composite Rank	
County	%	Rank	%	Rank	per 1,000	Rank	%	Rank	per 100,000	Rank	per 1,000	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	Average Rank	Rank
Putnam	13.7%	32	9.7%	11	7.6	30	39.3%	5	6,052	4	12.0	1	4.0%	17	11.0%	7	8.0%	12	7.7%	18	6.0%	10	13.4	1
Okeechobee	13.6%	35	9.5%	15	6.1	48	35.9%	11	3,899	25	7.1	19	4.8%	5	10.6%	17	8.5%	6	8.0%	15	5.4%	19	19.5	2
Escambia	16.7%	3	10.7%	6	8.6	15	28.6%	26	4,877	9	8.4	5	3.2%	25	11.6%	3	6.5%	40	6.3%	34	3.2%	58	20.4	3
Madison	14.8%	14	10.7%	5	7.7	25	36.7%	9	3,650	28	6.5	30	4.4%	12	11.0%	6	8.0%	13	4.3%	60	3.7%	44	22.4	4
Duval	14.7%	15	9.5%	14	9.4	12	20.3%	59	6,195	2	8.2	9	4.4%	11	10.4%	26	6.9%	35	6.9%	28	4.0%	41	22.9	5
Gadsden	15.2%	11	11.9%	1	12.9	4	39.4%	4	3,228	39	8.8	2	3.6%	21	10.5%	19	6.8%	37	3.7%	62	3.1%	59	23.5	6
Alachua	13.6%	38	9.1%	21	8.3	17	22.4%	46	5,082	8	6.8	23	4.4%	14	13.1%	2	4.8%	65	10.8%	6	5.2%	24	24.0	7
Marion	12.9%	52	8.4%	34	9.6	11	32.5%	18	3,238	36	8.3	7	3.0%	27	9.9%	44	8.4%	8	8.1%	14	5.9%	15	24.2	8
Hardee	14.6%	16	8.2%	40	10.2	8	36.8%	8	3,511	30	6.7	26	5.4%	2	10.8%	10	7.3%	23	4.7%	53	3.3%	57	24.8	9
Pinellas	12.9%	51	8.6%	31	8.4	16	21.6%	50	5,114	7	8.3	8	2.5%	33	10.6%	15	7.0%	33	10.5%	7	5.1%	26	25.2	10
Hamilton	16.8%	2	11.6%	2	19.0	1	39.7%	3	2,819	46	3.8	54	4.4%	13	10.7%	13	7.6%	16	3.0%	64	2.8%	64	25.3	11
Highlands	14.2%	22	7.6%	53	6.4	41	33.7%	15	3,238	37	4.8	44	4.6%	9	10.2%	32	7.6%	15	10.1%	8	6.2%	9	25.9	12
Polk	13.7%	31	8.2%	42	7.6	29	27.4%	31	4,329	17	8.6	4	4.0%	16	10.0%	40	7.5%	18	6.8%	30	4.8%	31	26.3	13
Bay	13.6%	36	8.2%	41	8.0	23	24.6%	37	4,688	12	8.1	11	1.7%	49	10.6%	18	6.1%	47	9.6%	11	6.5%	6	26.5	14
Columbia	13.9%	27	8.8%	26	12.8	5	32.4%	19	4,375	16	7.4	18	1.2%	59	10.3%	30	6.1%	45	7.2%	25	5.2%	23	26.6	15
Manatee	12.6%	56	7.5%	57	7.6	28	23.5%	39	5,363	6	8.8	3	3.1%	26	10.0%	41	7.4%	20	9.7%	10	6.4%	8	26.7	16
Taylor	13.7%	34	10.1%	8	9.6	10	29.3%	25	3,402	33	7.4	17	3.9%	18	9.5%	56	7.2%	26	6.1%	36	3.7%	46	28.1	17
Hendry	16.1%	6	8.9%	23	7.3	31	31.8%	21	4,225	19	5.1	38	3.4%	23	10.5%	20	10.8%	1	2.7%	66	2.5%	65	28.5	18
Desoto	13.2%	47	6.7%	67	6.2	45	38.8%	6	4,014	23	8.0	13	4.0%	15	10.7%	12	7.2%	28	7.4%	22	4.2%	40	28.9	19
Bradford	13.4%	43	9.5%	13	9.3	13	26.0%	35	2,701	48	7.0	21	4.4%	10	10.5%	24	5.4%	57	5.7%	42	5.9%	14	29.1	20
Dixie	12.7%	55	7.9%	46	5.5	56	35.1%	13	4,253	18	4.6	50	4.6%	8	10.8%	11	7.7%	14	6.9%	29	5.2%	20	29.1	20
Osceola	13.9%	26	8.6%	30	8.6	14	21.1%	55	4,391	15	8.1	10	2.7%	31	9.1%	64	7.3%	25	6.7%	31	5.2%	21	29.3	22
Levy	13.1%	49	6.9%	63	9.6	9	34.7%	14	3,620	29	8.4	6	3.8%	19	10.1%	37	7.6%	17	5.1%	49	4.6%	34	29.6	23
Hernando	12.5%	57	7.6%	55	6.6	40	26.9%	32	3,807	26	6.7	27	2.9%	29	9.6%	53	9.2%	4	13.4%	1	9.0%	3	29.7	24
Lake	14.2%	21	8.0%	44	7.9	24	23.4%	41	3,274	34	6.5	29	3.5%	22	9.4%	58	7.2%	27	7.5%	19	6.0%	13	30.2	25
Brevard	14.8%	13	8.6%	29	7.0	37	19.7%	60	3,974	24	7.1	20	0.7%	65	10.4%	25	7.1%	32	8.5%	13	5.7%	17	30.5	26
Holmes	13.4%	42	7.4%	58	12.4	6	33.1%	16	1,575	60	4.4	52	2.5%	34	10.7%	14	5.5%	54	12.0%	2	9.5%	1	30.8	27
Volusia	12.1%	60	8.3%	37	8.2	21	28.0%	29	4,213	20	7.6	16	1.2%	60	10.8%	9	7.2%	29	7.3%	23	4.6%	36	30.9	28
Orange	15.3%	10	9.2%	18	8.2	19	18.4%	61	6,202	1	8.0	12	1.4%	56	10.2%	34	6.7%	38	5.9%	38	3.4%	54	31.0	29
Suwannee	13.3%	44	7.0%	62	13.3	3	35.2%	12	2,642	49	6.8	24	5.2%	4	10.9%	8	6.4%	42	4.4%	57	4.4%	38	31.2	30
Jackson	13.8%	30	10.0%	9	7.2	33	28.2%	27	2,381	53	4.7	46	1.6%	50	10.4%	27	5.5%	55	11.0%	5	6.0%	12	31.5	31
Citrus	11.6%	63	7.7%	51	5.5	55	36.0%	10	2,417	52	7.0	22	2.3%	37	10.0%	43	8.5%	7	11.1%	4	8.4%	4	31.6	32
Glades	14.5%	17	9.9%	10	3.5	65	32.6%	17	2,964	45	7.8	14	7.3%	1	9.6%	54	7.2%	31	4.7%	52	3.6%	47	32.1	33
Leon	13.6%	40	9.6%	12	8.3	18	21.3%	52	4,848	10	4.7	45	2.9%	28	13.4%	1	4.9%	64	6.4%	33	3.3%	55	32.5	34
Pasco	13.2%	45	8.3%	38	6.2	46	26.4%	34	4,151	21	7.7	15	2.2%	38	9.5%	55	8.1%	11	6.4%	32	5.2%	25	32.7	35
Miami-Dade	15.6%	9	8.9%	24	6.0	49	22.2%	48	6,074	3	4.5	51	4.7%	7	10.5%	21	7.3%	24	2.8%	65	1.5%	67	33.5	36
Hillsborough	14.0%	23	9.1%	22	8.1	22	22.6%	45	4,582	13	6.7	25	1.4%	55	10.2%	33	7.0%	34	5.7%	44	3.4%	53	33.5	37
Palm Beach	14.3%	20	9.2%	20	5.9	52	21.1%	54	4,848	11	4.9	41	3.6%	20	10.2%	31	7.2%	30	5.7%	43	3.6%	48	33.6	38
Calhoun	13.6%	37	7.7%	52	13.4	2	32.2%	20	1,027	65	2.9	58	1.8%	48	10.3%	29	5.9%	52	7.5%	20	7.3%	5	35.3	39
Washington	13.6%	39	8.7%	28	3.6	64	40.2%	2	1,276	63	4.6	48	1.5%	54	9.7%	52	6.8%	36	11.6%	3	9.2%	2	35.5	40
Gulf	15.7%	8	11.6%	3	7.2	32	29.9%	23	1,894	57	1.3	66	1.2%	61	10.0%	38	6.5%	39	5.9%	39	5.1%	28	35.8	41
Walton	11.6%	64	8.8%	27	7.7	27	27.9%	30	2,463	51	6.4	31	2.2%	39	9.8%	49	4.9%	63	10.1%	9	6.5%	7	36.1	42
Baker	14.0%	24	8.8%	25	8.2	20	22.2%	47	1,570	61	2.5	60	2.2%	41	10.3%	28	6.5%	41	6.2%	35	5.2%	22	36.7	43
St Lucie	13.5%	41	8.4%	35	6.9	38	22.9%	42	3,497	31	6.0	33	1.6%	51	9.3%	61	9.3%	3	6.0%	37	4.6%	33	36.8	44
Sumter	17.5%	1	9.3%	17	5.7	53	28.1%	28	1,512	62	2.3	62	2.6%	32	8.2%	67	6.0%	49	7.3%	24	4.9%	30	38.6	45
Monroe	13.9%	28	8.1%	43	5.3	59	17.2%	64	5,617	5	5.1	39	0.8%	62	11.3%	5	4.5%	66	7.1%	27	5.0%	29	38.8	46
Jefferson	16.1%	5	11.1%	4	2.0	66	26.5%	33	2,305	54	1.4	65	5.2%	3	10.5%	23	5.5%	56	4.3%	59	2.9%	62	39.1	47
Franklin	14.4%	18	7.3%	60	5.4	57	37.0%	7	2,216	55	3.6	57	4.7%	6	8.4%	66	5.1%	59	7.7%	17	4.7%	32	39.5	48
Okaloosa	11.2%	65	7.8%	48	7.7	26	17.2%	63	3,100	43	5.3	36	1.5%	53	10.6%	16	4.9%	61	9.3%	12	6.0%	11	39.5	48
Broward	14.9%	12	9.3%	16	5.9	51	20.3%	58	4,578	14	4.2	53	2.4%	35	10.1%	35	6.0%	51	4.8%	51	2.8%	63	39.9	50
Union	16.1%	4	9.2%	19	11.2	7	23.7%	38	1,199	64	1.9	64	1.3%	58	9.7%	51	5.3%	58	5.7%	41	4.6%	35	39.9	50
Lee	14.0%	25	8.4%	33	6.7	39	20.4%	57	3,780	27	4.9	40	1.8%	46	9.2%	63	8.3%	9	4.6%	54	3.0%	61	41.3	52
Santa Rosa	13.8%	29	7.8%	47	7.1	34	21.2%	53	1,651	58	4.7	47	1.9%	45	10.0%	42	6.1%	48	7.1%	26	5.1%	27	41.5	53
Nassau	14.4%	19	8.0%	45	5.4	58	17.8%	62	3,440	32	5.6	34	3.3%	24	9.9%	46	6.1%	46	4.9%	50	3.5%	51	42.5	54
Clay	13.0%	50	7.6%	56	6.0	50	15.4%	66	3,100	44	6.6	28	1.8%	47	9.7%	50	6.0%	50	8.0%	16	5.4%	18	43.2	55
Flagler	12.1%	59	8.3%	39	5.7	54	25.7%	36	2,727	47	6.3	32	1.9%	44	8.5%	65	10.3%	2	4.0%	61	4.0%	42	43.7	56
Gilchrist	12.8%	53	8.3%	36	1.7	67	29.7%	24	1,616	59	4.6	49	0.8%	64	11.4%	4	6.2%	44	5.4%	46	4.3%	39	44.1	57
Indian River	11.1%	66	6.8%	66	7.1	35	22.9%	43	3,241	35	4.8	42	1.5%	52	9.9%	45	8.8%	5	5.1%	48	3.5%	50	44.3	58
Sarasota	12.4%	58	7.2%	61	3.7	63	20.6%	56	4,040	22	3.7	56	2.2%	40	9.8%	48	7.5%	19	7.4%	21	3.7%	45	44.5	59
Liberty	16.0%	7	10.2%	7	6.2	47	30.7%	22	-	67	0.0	67	0.5%	67	9.5%	57	4.3%	67	5.2%	47	4.5%	37	44.7	60
Collier	13.7%	33	6.8%	65	6.3	44	21.6%	49	2,172	56	5.4	35	2.4%	36	10.1%	36	7.4%	22	3.4%	63	2.2%	66	45.9	61
Charlotte	12.8%	54	7.7%	50	4.7	62	22.7%	44	3,131	42	2.9	59	2.0%	42	9.9%	47	8.3%	10	5.8%	40	3.1%	60	46.4	62
Wakulla	11.8%	62	8.4%	32	6.3	43	23.4%	40	2,512	50	2.1	63	2.8%	30	9.3%	59	4.9%	62	4.5%	56	5.9%	16	46.6	63
Seminole	13.1%	48	7.6%	54	6.3	42	16.1%	65	3,153	40	5.2	37	0.8%	63	10.0%	39	6.3%	43	5.4%	45	3.9%	43	47.2	64
Martin	13.2%	46	7.4%	59	5.3	60	21.5%	51	3,146	41	4.8	43	0.6%	66	10.5%	22	7.4%	21	4.4%	58	3.3%	56	47.5	65
Lafayette	12.1%	61	7.8%	49	7.1	36	41.6%	1	891	66	2.5	61	1.9%	43	9.2%	62	5.1%	60	1.8%	67	3.6%	49	50.5	66
St Johns	10.9%	67	6.9%	64	4.8	61	13.9%	67	3,234	38	3.7	55	1.4%	57	9.3%	60	5.6%	53	4.5%	55	3.5%	52	57.2	67
Florida	**14.2%**		**8.7%**		**7.2**		**22.4%**		**4,587**		**6.1**		**2.7%**		**10.3%**		7.0%		**6.0%**		**3.8%**			

Data Sources:

Population: Community Health Assessment Resource Tool Set (CHARTS), from the Office of Economic and Demographic Research, Florida Legislature

1. Births, Premature Births, Low Birth Weight and Infant Deaths: Florida Department of Health, Bureau of Vital Statistics, CHARTS at http://www.floridacharts.com/charts/Domain2.aspx?Domain='03'

2. Poverty: U.S. Census Bureau, Small Area Estimates Branch, 2006-08 Poverty and Median Income Estimates – Counties

3. Crime: Florida Department of Law Enforcement 2007-09 Uniform Crime Reports

4. Domestic Violence: Florida's County and Jurisdictional Domestic Violence Offenses, Florida Department of Law Enforcement 2007-09 Uniform Crime Report

5. High School Dropouts: Florida Department of Education, 2006-07 - 2008-09 Dropout Rates by District

6. Substance Abuse: Florida Department of Children and Families, Substance Abuse Treatment Needs Estimates for 2006-07 – 2008-09

7. Unemployment: U.S. Bureau of Labor Statistics, Labor Force Summary, 2007-09 Annual Averages

8. Maltreatment: Florida Department of Children and Families, Florida Safe Families Network (FSFN) ad hoc report

NOTE: Counties are ranked from 1-67 for each of the eight indicators, with 1 having the highest concentration and 67 having the lowest concentration. Ranks 1-22 are shown in pink, 23-45 in yellow, and 46-67 in green.

Appendix D

Juvenile Arrest Data Requested in the Supplemental Information Request

Juvenile Arrests*		
County	*Counts*	*Rates*
Alachua	1,784	3,738
Baker	100	1,492
Bay	1,705	4,548
Bradford	98	1,665
Brevard	5,615	5,084
Broward	10,211	2,466
Calhoun	49	1,563
Charlotte	1,026	4,130
Citrus	542	2,443
Clay	1,266	2,617
Collier	2,418	3,567
Columbia	280	1,833
Dade	9,196	1,540
Desoto	149	1,971
Dixie	44	1,316
Duval	6,010	2,670
Escambia	2,484	3,495
Flagler	302	1,781
Franklin	35	1,643
Gadsden	160	1,297
Gilchrist	48	1,265
Glades	53	2,335
Gulf	64	2,149
Hamilton	98	3,103
Hardee	196	2,630
Hendry	505	4,197
Hernando	978	3,200
Highlands	677	3,602
Hillsborough	11,422	3,805
Holmes	44	1,018
Indian River	923	3,528
Jackson	118	1,132
Jefferson	46	1,600
Lafayette	18	1,165
Lake	1,599	2,770
Lee	4,645	3,671
Leon	1,304	2,369
Levy	222	2,447
Liberty	7	429
Madison	94	2,116
Manatee	2,192	3,338
Marion	1,838	2,755
Martin	1,120	4,458
Monroe	288	2,182
Nassau	295	1,834
Okaloosa	1,387	3,016
Okeechobee	240	2,419
Orange	6,421	2,248
Osceola	1,673	2,268
Palm Beach	7,353	2,667
Pasco	1,909	2,098
Pinellas	6,533	3,711
Polk	4,376	3,118
Putnam	421	2,408
Saint Johns	607	1,589
Saint Lucie	2,020	3,344
Santa Rosa	1,539	4,434
Sarasota	1,167	1,879
Seminole	2,933	2,938
Sumter	321	2,242
Suwannee	136	1,592
Taylor	124	2,507
Union	42	1,304
Volusia	2,825	2,858
Wakulla	124	1,861
Walton	249	2,161
Washington	103	1,954
Florida	**114,773**	**2,751**

Source: Florida Department of Law Enforcement 2007-09 Uniform Crime Reports
***Counts and # crime arrests ages 0-17 per 100,000 juveniles age 0-17, Average 2007-09**

Appendix E

Substance Abuse Prevalence Rates Data Requested in the Supplemental Information Request

	Binge alcohol use in past month*		Marijuana use in past month*		Nonmedical use of prescription drugs in last year*		Use of illicit drugs, excluding marijuana, in past month*	
County	*Count*	*Rate*	*Count*	*Rate*	*Count*	*Rate*	*Count*	*Rate*
Alachua	7,429	5,660	31,514	24,010	5,158	3,930	7,114	5,420
Baker	4,559	5,660	19,341	24,010	3,166	3,930	4,366	5,420
Bay	3,200	5,660	13,576	24,010	2,222	3,930	3,065	5,420
Bradford	1,142	5,660	4,843	24,010	793	3,930	1,093	5,420
Brevard	3,872	6,020	14,036	21,820	2,509	3,900	3,480	5,410
Broward	371	6,020	1,345	21,820	240	3,900	333	5,410
Calhoun	432	6,020	1,568	21,820	280	3,900	389	5,410
Charlotte	482	6,020	1,747	21,820	312	3,900	433	5,410
Citrus	1,267	6,020	4,593	21,820	821	3,900	1,139	5,410
Clay	564	6,020	2,044	21,820	365	3,900	507	5,410
Collier	394	10,400	1,022	26,950	172	4,540	203	5,350
Columbia	2,100	10,400	5,442	26,950	917	4,540	1,080	5,350
Dade	603	10,400	1,563	26,950	263	4,540	310	5,350
Desoto	15,029	10,400	38,946	26,950	6,561	4,540	7,731	5,350
Dixie	401	10,400	1,040	26,950	175	4,540	207	5,350
Duval	1,175	10,400	3,045	26,950	513	4,540	605	5,350
Escambia	9,126	7,020	36,062	27,740	6,292	4,840	7,410	5,700
Flagler	746	7,020	2,946	27,740	514	4,840	605	5,700
Franklin	889	7,020	3,515	27,740	613	4,840	722	5,700
Gadsden	466	7,020	1,843	27,740	322	4,840	379	5,700
Gilchrist	933	7,020	3,688	27,740	643	4,840	758	5,700
Glades	550	7,020	2,174	27,740	379	4,840	447	5,700
Gulf	1,699	7,020	6,713	27,740	1,171	4,840	1,379	5,700
Hamilton	410	7,020	1,619	27,740	283	4,840	333	5,700
Hardee	473	7,020	1,868	27,740	326	4,840	384	5,700
Hendry	283	7,020	1,118	27,740	195	4,840	230	5,700
Hernando	610	7,020	2,410	27,740	421	4,840	495	5,700
Highlands	992	7,020	3,918	27,740	684	4,840	805	5,700
Hillsborough	613	7,020	2,422	27,740	423	4,840	498	5,700
Holmes	4,480	6,290	17,166	24,100	3,205	4,500	4,060	5,700
Indian River	23,982	6,290	91,888	24,100	17,158	4,500	21,580	5,660
Jackson	1,583	6,290	6,065	24,100	1,132	4,500	1,424	5,660
Jefferson	1,447	5,630	6,253	24,330	902	3,510	1,280	4,980
Lafayette	3,348	5,630	14,469	24,330	2,087	3,510	2,962	4,980
Lake	1,290	5,630	5,574	24,330	804	3,510	1,141	4,980
Lee	10,034	5,630	43,360	24,330	6,255	3,510	8,875	4,980
Leon	12,285	6,480	45,499	24,000	6,578	3,470	8,436	4,450
Levy	11,623	6,480	43,050	24,000	6,224	3,470	7,982	4,450
Liberty	26,416	5,360	117,247	23,790	18,974	3,850	20,847	4,230
Madison	5,547	5,360	24,620	23,790	3,984	3,850	4,378	4,230
Manatee	2,300	5,790	9,140	23,010	1,557	3,920	1,966	4,950
Marion	6,187	5,790	24,588	23,010	4,189	3,920	5,289	4,950
Martin	239	5,790	949	23,010	162	3,920	204	4,950
Monroe	1,044	5,790	4,149	23,010	707	3,920	893	4,950
Nassau	10,408	5,790	41,362	23,010	7,046	3,920	8,898	4,950
Okaloosa	32,470	7,180	106,953	23,650	16,235	3,590	18,315	4,050
Okeechobee	34,154	4,780	152,122	21,290	21,436	3,000	24,508	3,430
Orange	41,141	3,950	233,829	22,450	32,913	3,160	33,642	3,230
Osceola	1,193	3,950	6,780	22,450	954	3,160	975	3,230
Palm Beach	1,622	4,650	7,612	21,820	1,266	3,630	1,702	4,880
Pasco	2,015	4,650	9,457	21,820	1,573	3,630	2,115	4,880
Pinellas	3,914	4,650	18,366	21,820	3,055	3,630	4,107	4,880
Polk	4,710	4,650	22,102	21,820	3,677	3,630	4,943	4,880
Putnam	1,131	4,650	5,308	21,820	883	3,630	1,187	4,880
Saint Johns	541	4,460	2,647	21,820	432	3,560	529	4,360
Saint Lucie	1,185	4,460	5,797	21,820	946	3,560	1,158	4,360
Santa Rosa	9,089	4,460	44,469	21,820	7,255	3,560	8,886	4,360
Sarasota	2,133	5,370	8,771	22,080	1,609	4,050	1,831	4,610
Seminole	2,232	5,370	9,176	22,080	1,683	4,050	1,916	4,610
Sumter	808	5,370	3,321	22,080	609	4,050	693	4,610
Suwannee	4,466	5,370	18,362	22,080	3,368	4,050	3,834	4,610
Taylor	29,716	6,030	112,753	22,880	17,642	3,580	21,141	4,290
Union	732	5,310	3,047	22,110	489	3,550	634	4,600
Volusia	5,539	5,310	23,064	22,110	3,703	3,550	4,799	4,600
Wakulla	5,389	5,310	22,440	22,110	3,603	3,550	4,669	4,600
Walton	7,221	5,310	27,577	20,700	4,290	3,220	5,102	3,830
Washington	18,259	5,310	69,735	20,700	10,848	3,220	12,903	3,830
Florida	**390,916**	**5,540**	**1,625,029**	**23,030**	**256,170**	**3,630**	**306,278**	**4,341**

Source: Demographic Estimating Conference Database. (Office of Economic and Demographic Research - Florida Legislature)
***Rate per 100,000 individuals age 15-44**

Appendix F

Maltreatment Indicator Data Requested in the Supplemental Information Request

	Physical Abuse*		Neglect*		Medical Neglect*		Sexual Abuse*		Psychological/ Emotional*		Other*		All Maltreatments*	
County	*Count*	*Rate*	*Count*	*Rate*	*Count*	*Rate*	*Count*	*Rate*	*Count*	*Rate*	*Count*	*Rate*	*Count*	*Rate*
Alachua	220	4.6	1,030	21.6	47	1.0	76	1.6	84	1.8	1,232	25.8	2,689	56.4
Baker	22	3.3	146	21.7	5	0.7	11	1.6	11	1.6	136	20.2	331	49.2
Bay	163	4.3	1,485	39.6	28	0.7	79	2.1	89	2.4	890	23.7	2,734	72.9
Bradford	22	3.7	144	24.5	8	1.4	16	2.7	11	1.9	126	21.4	327	55.5
Brevard	393	3.6	3,179	28.8	111	1.0	114	1.0	265	2.4	2,510	22.7	6,572	59.5
Broward	963	2.3	4,248	10.3	131	0.3	303	0.7	351	0.8	5,734	13.8	11,730	28.3
Calhoun	11	3.5	121	38.9	3	1.0	6	1.9	13	4.2	85	27.3	239	76.8
Charlotte	58	2.3	380	15.3	6	0.2	30	1.2	17	0.7	232	9.3	723	29.1
Citrus	98	4.4	979	44.2	23	1.0	38	1.7	72	3.2	637	28.7	1,847	83.3
Clay	187	3.9	1,107	22.9	34	0.7	67	1.4	92	1.9	1,083	22.4	2,570	53.1
Collier	110	1.6	625	9.2	21	0.3	62	0.9	48	0.7	665	9.8	1,531	22.6
Columbia	66	4.3	386	25.3	13	0.9	29	1.9	40	2.6	360	23.6	894	58.5
Dade	914	1.5	3,154	5.3	113	0.2	409	0.7	330	0.6	4,565	7.6	9,485	15.9
Desoto	24	3.2	189	24.9	2	0.3	9	1.2	14	1.8	143	18.9	381	50.3
Dixie	11	3.3	85	25.6	1	0.3	10	3.0	7	2.1	54	16.3	168	50.6
Duval	755	3.4	3,862	17.2	129	0.6	300	1.3	260	1.2	3,845	17.1	9,151	40.7
Escambia	287	4.0	1,265	17.8	64	0.9	89	1.3	73	1.0	868	12.2	2,646	37.2
Flagler	28	1.7	218	12.9	6	0.4	18	1.1	18	1.1	260	15.3	548	32.3
Franklin	7	3.3	77	35.8	2	0.9	3	1.4	4	1.9	27	12.6	120	55.8
Gadsden	29	2.4	210	17.0	5	0.4	18	1.5	14	1.1	133	10.8	409	33.2
Gilchrist	11	2.9	74	19.4	1	0.3	8	2.1	3	0.8	89	23.3	186	48.7
Glades	3	1.3	33	14.5	1	0.4	3	1.3	3	1.3	39	17.2	82	36.1
Gulf	15	5.1	92	31.1	5	1.7	3	1.0	5	1.7	56	18.9	176	59.4
Hamilton	9	2.9	42	13.3	2	0.6	6	1.9	3	1.0	35	11.1	97	30.7
Hardee	25	3.3	157	21.0	5	0.7	8	1.1	8	1.1	112	15.0	315	42.2
Hendry	28	2.3	134	11.1	4	0.3	16	1.3	12	1.0	122	10.1	316	26.3
Hernando	162	5.3	1,412	46.2	49	1.6	66	2.2	109	3.6	988	32.3	2,786	91.1
Highlands	83	4.4	586	31.2	13	0.7	36	1.9	33	1.8	535	28.5	1,286	68.4
Hillsborough	1,040	3.5	5,492	18.3	187	0.6	351	1.2	375	1.2	3,926	13.1	11,371	37.9
Holmes	36	8.3	208	47.7	3	0.7	14	3.2	14	3.2	150	34.4	425	97.6
Indian River	75	2.9	529	20.2	17	0.7	35	1.3	54	2.1	297	11.4	1,007	38.5
Jackson	74	7.1	426	40.9	9	0.9	31	3.0	35	3.4	308	29.5	883	84.7
Jefferson	7	2.5	43	15.1	2	0.7	6	2.1	3	1.1	41	14.4	102	35.7
Lafayette	3	2.0	12	7.9	0	0.0	5	3.3	2	1.3	13	8.6	35	23.1
Lake	255	4.4	1,419	24.6	34	0.6	87	1.5	106	1.8	1,515	26.3	3,416	59.2
Lee	382	3.0	2,111	16.7	37	0.3	167	1.3	129	1.0	1,549	12.2	4,375	34.6
Leon	154	2.8	838	15.2	34	0.6	62	1.1	63	1.1	890	16.2	2,041	37.1
Levy	34	3.7	253	27.8	8	0.9	19	2.1	21	2.3	159	17.5	494	54.4
Liberty	15	8.8	68	39.7	3	1.8	7	4.1	8	4.7	46	26.9	147	85.9
Madison	14	3.2	87	19.6	1	0.2	8	1.8	5	1.1	66	14.9	181	40.8
Manatee	305	4.6	2,103	32.0	31	0.5	91	1.4	121	1.8	1,737	26.4	4,388	66.8
Marion	291	4.4	1,676	25.1	60	0.9	123	1.8	123	1.8	1,677	25.1	3,950	59.2
Martin	66	2.6	408	16.2	15	0.6	25	1.0	32	1.3	314	12.5	860	34.2
Monroe	50	3.8	392	29.7	8	0.6	8	0.6	24	1.8	312	23.6	794	60.1
Nassau	30	1.9	291	18.1	7	0.4	17	1.1	19	1.2	242	15.0	606	37.6
Okaloosa	165	3.6	1,541	33.5	21	0.5	69	1.5	124	2.7	1,090	23.7	3,010	65.5
Okeechobee	37	3.7	272	27.5	12	1.2	23	2.3	23	2.3	214	21.6	581	58.6
Orange	1,088	3.8	4,036	14.1	231	0.8	337	1.2	391	1.4	4,987	17.5	11,070	38.8
Osceola	289	3.9	1,304	17.7	60	0.8	98	1.3	135	1.8	1,830	24.8	3,716	50.4
Palm Beach	636	2.3	3,485	12.6	112	0.4	225	0.8	238	0.9	4,640	16.8	9,336	33.9
Pasco	270	3.0	2,292	25.2	45	0.5	117	1.3	137	1.5	1,511	16.6	4,372	48.0
Pinellas	777	4.4	5,630	32.0	176	1.0	216	1.2	356	2.0	3,863	21.9	11,018	62.6
Polk	509	3.6	3,474	24.8	97	0.7	218	1.6	203	1.4	2,520	18.0	7,021	50.0
Putnam	65	3.7	439	25.1	12	0.7	38	2.2	26	1.5	429	24.5	1,009	57.7
Saint Johns	93	2.4	583	15.3	15	0.4	43	1.1	40	1.0	502	13.1	1,276	33.4
Saint Lucie	216	3.6	1,374	22.7	65	1.1	76	1.3	116	1.9	1,163	19.3	3,010	49.8
Santa Rosa	91	2.6	987	28.4	21	0.6	46	1.3	92	2.7	870	25.1	2,107	60.7
Sarasota	182	2.9	1,413	22.7	18	0.3	79	1.3	98	1.6	815	13.1	2,605	41.9
Seminole	280	2.8	1,736	17.4	32	0.3	84	0.8	97	1.0	1,665	16.7	3,894	39.0
Sumter	54	3.8	393	27.4	16	1.1	20	1.4	27	1.9	271	18.9	781	54.5
Suwannee	32	3.8	160	18.8	5	0.6	19	2.2	13	1.5	158	18.5	387	45.4
Taylor	13	2.6	85	17.2	3	0.6	12	2.4	9	1.8	67	13.5	189	38.2
Union	13	4.0	87	27.0	2	0.6	8	2.5	7	2.2	63	19.6	180	55.9
Volusia	280	2.8	2,130	21.5	46	0.5	130	1.3	131	1.3	1,694	17.1	4,411	44.6
Wakulla	25	3.8	183	27.5	3	0.5	14	2.1	12	1.8	148	22.3	385	57.9
Walton	52	4.5	463	40.1	6	0.5	25	2.2	35	3.0	325	28.2	906	78.5
Washington	43	8.2	291	55.4	7	1.3	15	2.9	20	3.8	178	33.9	554	105.5
Florida	**12,745**	**3.1**	**74,134**	**17.8**	**2,293**	**0.5**	**4,801**	**1.2**	**5,453**	**1.3**	**67,806**	**16.3**	**167,232**	**40.1**

Source: Florida Safe Families Network (FSFN) Data Mart as of 8/23/2010, The Florida Legislature, Office of Economic and Demographic Research

***Average Annual Number of Maltreatments in Reports and Maltreatment Rate per 1,000 Children Received in Calendar Years 2007, 2008, and 2009 with findings of Verified, Some Indication or Not Substantiated; Maltreatments Grouped according to Florida's NCANDS mapping**

Appendix G

Program Capacity and Quality Worksheet for the Home Visiting Needs Assessment

Program Capacity and Quality Worksheet for the Home Visiting Needs Assessment

June 2010

Program Name: _____Contact Person: _____

Phone: _____ E-mail:_____

Complete as many cells as you can; feel free to add rows as needed. Call or e-mail Bobbi Markiewicz (850-488-9979 or bmarkiew@health.usf.edu) with questions. Phrases in blue are defined in the *Instructions and Definitions for the Program Capacity and Quality Worksheet*

General Program Information:	
Minimum required education level for staff providing home visiting services	
Briefly describe training provided by the program for staff providing home visiting services	
Briefly describe the level of supervision for staff providing home visiting services	
Source of Funding	Local ☐ State ☐ Federal (Check as many as apply)
Number of Florida counties in which this program was offered as of March 23, 2010	
Entitlement program	Yes ☐ No ☐ (check one)

Program Capacity	**Year** (Check the best box) ☐ Calendar year ☐ Florida fiscal year ☐ Federal fiscal year					
Number served/capacity:						
	2007 or FY 2006/2007		2008 or FY 2007/2008		2009 or FY 2008/2009	
	# served	Capacity	# served	Capacity	# served	Capacity
All Services						
Children						
Families/women						
Home visiting services						
Children						
Families/women						
Number of families in need of home visiting service (if easily estimated):						
	2007 or FY 2006/2007		2008 or FY 2007/2008		2009 or FY 2008/2009	
Describe how this number was calculated						

# of FTEs dedicated to providing direct home visiting services (if available):			
	2007 or FY 2006/2007	2008 or FY 2007/2008	2009 or FY 2008/2009
Intensity of home visiting services:			
	2007 or FY 2006/2007	2008 or FY 2007/2008	2009 or FY 2008/2009
Average total number of home visiting hours per client receiving home visiting services			
Average duration of home visiting program (e.g., years, months, weeks)			
Average frequency of home visiting services			

Program Quality		**Year** (Check the best box) ☐ Calendar year ☐ Florida fiscal year ☐ Federal fiscal year		
		Record the value of each outcome measure under the appropriate year		
	Florida value or national value	**2007 or FY 2006/2007**	**2008 or FY 2007/2008**	**2009 or FY 2008/2009**
What short-term outcomes do you measure for your program (include customer satisfaction)				
		2007 or FY 2006/2007	**2008 or FY 2007/2008**	**2009 or FY 2008/2009**
What long-term outcomes do you measure for your program (include timeframe [e.g., five years after program completion])				
Publications Evaluating Program				
Full citation (*If there are no published evaluations, please attach unpublished evaluations*)		Randomized control group or quasi-experimental	Outcomes significantly impacted by intervention	
Program Fidelity				

Program Quality	**Year** (Check the best box) ☐ Calendar year ☐ Florida fiscal year ☐ Federal fiscal year
	Record the value of each outcome measure under the appropriate year
Briefly describe how your program is assessed for fidelity to the model.	
What are the results of the assessment? (certificate or credential can be attached)	
When was fidelity last evaluated? (year)	

Please return to jvazquez@health.usf.edu by close of business June 28, 2010.

Instructions and Definitions for the Program Capacity and Quality Worksheet

Instructions

At this time, the collection of these general data is needed only to identity Florida's need and capacity for home visiting services. As we move into the implementation phase, it may be necessary to request more specific data such as cost per client and services provided in each county, etc.

Please complete and submit this worksheet and any attachments electronically to Javier Vazquez at the Chiles Center (jvazquez@health.usf.edu) by COB June 28. If you have questions you can contact Marianna Tutwiler at 850-487-8871 (Mtutwile@health.usf.edu) or Bobbi Markiewicz at 850-488-9979 (Bmarkiew@health.usf.edu).

Due to the short turnaround time for submission of this Needs Assessment, if you complete the worksheet prior to June 28, please send it in as soon as possible so we can begin analyzing your results. If you do not send it in by June 28, information about your program will not be included in the analysis.

If at all possible, please provide three years of data. Please record the values in the cells as appropriate.

Please complete a separate worksheet for each program that you oversee that has a home visiting component.

Definitions

Educational level – Minimum education level required for the position classification to be hired to provide direct home visiting services to clients. Additionally, include requirements for continuing education for positions.

Home Visiting services – Direct services provided to clients in their home or in a natural environment such as school, day care, etc.

Training – Additional specific in-service training provided to home visiting staff either by the program itself or by other outside specialized counseling, health, or educational entities. How often is it offered?

Level of Supervision – Type and or amount of supervision provided to staff who provide direct home visiting services e.g., weekly case file reviews, accompany on home visits, quality assurance reviews, case staffing.

Entitlement Program – A program in which the recipient is entitled to the services if they meet all the required criteria.

Year - Could be Calendar (January – December); State Fiscal (July – June); or Federal Fiscal (October – September)

Capacity – Maximum number of clients your program could have served during each of the reporting years.

All services – e.g., assessment, case management, community referrals, phone calls.

Outcomes – Measurable indicators of positive change for program participants – e.g., birth outcomes, school readiness, children's safety and health etc. These are **not** process indicators such as number served, number of home visits etc.

Florida value or national – Are the indicator values you are reporting for Florida or for the nation? In other words, are the data you are reporting from your program or are they national figures?

Fidelity – How closely does the actual implementation in your local or statewide program match the developer-defined components of the home visiting program? Can use: National standards, accreditation, Quality Assurance or other Model guidelines

Appendix H

Home Visiting Program Descriptions

Table of Contents

Children's Harbor Family Strengthening Program – Broward County

General Description	Weekly intensive in-home program using the **Nurturing Parent curriculum** designed to stabilize families at **high risk** for abuse and neglect. Families receive one session per week for up to one year provided by Bachelor's level staff.
Number of Florida Counties offered	Broward
Source of Funding	Local
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent(s) with established and/ or developmental conditions that impact their family's functioning
Target Population	The Provider shall provide services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children and their families who reside in Broward County. Children served must be between the ages of 0-18 years.

<table>
<tr><td rowspan="11">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
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<tr><td>Activities</td><td colspan="15">Assessment, treatment planning, crisis counseling, case management, delivery of the Nurturing Skills Program parent education curriculum (a component of the Nurturing Parenting Program), community referrals, phone calls, linkage, advocacy, assistance with meeting emergency needs.</td></tr>
<tr><td>Core Components</td><td colspan="15">All home visitation activities listed above are considered to be core components of the program. Additionally, flex funds to be utilized to assist families in crisis situations (e.g. eviction, utility loss) are considered a core component to program success, as failure to address basic needs can impact the family’s ability to successfully engage in and benefit from services.</td></tr>
<tr><td>Minimum required education level for staff</td><td colspan="15">Bachelor’s degree, Master’s preferred</td></tr>
<tr><td>Training Required</td><td colspan="15">Upon hire, staff receives a full week of orientation and in-service training, which includes, but is not limited to, topics such as: Safety tips during home visits; Child Abuse/Neglect; Mandatory Reporting/Duty to Warn; Domestic Violence and its impact on families; Substance Abuse and its impact on families; Nurturing Parenting program; Case Management services and Community Resources; Cultural Competence and Diversity; Assessing Needs of Families in Crisis; Establishing Rapport; and Proper Documentation and Legal Records. During orientation, staff also shadows at least 2-3 different counselors during home visits to observe intake sessions, assessments, and presentation of the Nurturing Parent lessons.
On a monthly basis, all staff attend and present (on a rotating basis) a one-hour in-service training on a relevant counseling topic. Domestic violence training is presented annually, and guest speakers are invited throughout the year to present in-service trainings when available, such as from the Department of Juvenile Justice; Legal Aid; and BSO Fire Rescue on Water Safety. The program supervisor attends Broward County Children's Systems Meetings on a monthly basis, where trainings are often incorporated into</td></tr>
</table>

	those meetings, and shares relevant information with staff during bi-weekly staff meetings.
Number of FTEs	7
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010

Children's Home Society Family Strengthening Program – Broward County

General Description	Weekly Intensive Brief Therapy, an in-home therapeutic program provided by highly trained Master's level clinicians. Families receive up to three sessions per week for up to eight weeks and extended as therapeutically indicated. Additionally, there are System Facilitators that can be attached to the case to assist families in managing the children's services system. Transfers to the Nurturing Parenting program (12 week, in-home parenting instruction) made as needed.
Number of Florida Counties offered	Broward
Source of Funding	Local
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision, and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent of child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent(s) with established and/or developmental conditions that impact their family's functioning

<table>
<tr><td>Target Population</td><td colspan="15">This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children ages 0-17 at time of admission and their families who reside in Broward County</td></tr>
<tr><td rowspan="11">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
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<tr><td>Activities</td><td colspan="15">Assessment, treatment planning, case management, delivery of the Nurturing Parenting Program parent education curriculum , intensive brief therapy based upon Brief Therapy and Solution Focused models, system facilitation focusing on systems issues that are identified as barriers to the child’s safety (i.e. navigating the court system), community referrals, phone calls, linkage, advocacy, assistance with meeting emergency needs.</td></tr>
<tr><td>Core Components</td><td colspan="15">Assessment, treatment planning, case management, delivery of the Nurturing Parenting Program parent education curriculum , intensive brief therapy based upon Brief Therapy and Solution Focused models, system facilitation focusing on systems issues that are identified as barriers to the child’s safety (i.e. navigating the court system), community referrals, phone calls, linkage, advocacy, assistance with meeting emergency needs.</td></tr>
<tr><td>Minimum required education level for staff</td><td colspan="15">Bachelor’s for staff providing parent education component, Master’s for staff providing crisis counseling and systems facilitation components</td></tr>
<tr><td>Training Required</td><td colspan="15">New Staff receive 40 hours of in-service training prior to receiving a caseload. Training includes but is not limited to child abuse reporting, home visit safety, HIPPA, security awareness, cultural diversity, disaster planning, risk management, crisis intervention, incident and accident reporting, program specific training, and shadowing with a mentor. Each staff has to complete 40 additional training hours annually. Training topics include but are not limited to solution focused therapy, brief therapy, substance abuse,</td></tr>
</table>

	domestic violence, sexual abuse training, play therapy, sexual harassment, court reporting, documentation training, sexual harassment, ADA, legal aid, drowning prevention, etc. Trainings are offered quarterly.
Number of FTEs	21
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010

Early Head Start

General Description	Early Head Start (EHS) is a federally funded community-based program for low-income families with infants and toddlers and pregnant women. Its mission is simple: • to promote healthy prenatal outcomes for pregnant women, • to enhance the development of very young children, and • to promote healthy family functioning. EHS evolved out of Head Start's long history of providing services to infants and toddlers through Parent Child Centers, Comprehensive Child Development Centers (CCDPs) and Migrant Head Start programs. Recent advances in the field of infant development make this an especially exciting time to have Head Start formally expand its family to include the provision of Early Head Start services. In 1994, the Secretary of Health and Human Services formed an Advisory Committee on Services for Families with Infants and Toddlers to design EHS. EHS evolved out of Head Start's long history of providing services to infants and toddlers through Parent and Child Centers, Comprehensive Child Development Centers (CCDPs), Migrant and Seasonal Head Start programs, and other early child development and family support efforts serving families with very young children. Recent advances in the field of infant development make EHS services so important.
Number of Florida Counties offered	53 counties; Alachua, Baker, Bay, Brevard, Broward, Calhoun, Charlotte, Citrus, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Indian River, Hillsborough, Holmes, Jackson, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Miami-Dade, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, St. Lucie, Seminole, Suwannee, Volusia, Wakulla
Source of Funding	Federal
Desired/Intended Outcome	• to promote healthy prenatal outcomes for pregnant women, • to enhance the development of very young children, and • to promote healthy family functioning.
Eligibility Criteria	Early Head Start is a child development program for low-income families. Each Early Head Start program is responsible for determining its' own eligibility criteria. Family income is one key factor in determining eligibility. The federal poverty guidelines are used to evaluate family income. Early Head Start programs may elect to target their services to a particular population to best meet the unique needs of families and children in their community. Please contact the EHS program in your area for specific information about how to enroll in your local Early Head Start.
Target Population	low-income families with infants and toddlers and pregnant women
Activities	The community-based Early Head Start programs are based on a foundation of nine principles: 1. ***High Quality:*** A commitment to high quality means that programs will develop policies and practices that are founded in the knowledge, skills, and professional ethics embraced by the fields of child development, family development, and community building. Of particular importance is an understanding of the unique nature of infant and toddler development. Program

	practices must spring from an awareness of both the opportunities for intervention and the fact that young children are particularly vulnerable to the effects of a negative care giving environment. The commitment on the part of the Federal government to ensure program quality includes the training and technical assistance network, the program performance standards, and research and evaluation activities. 2. ***Prevention and Promotion:*** The proactive promotion of healthy child development and family functioning begins before conception, and continues prenatally, upon birth, and through the early years. With an emphasis on promoting healthy development, the prevention and detection of developmental concerns should occur at the earliest possible time. 3. ***Positive Relationships and Continuity:*** Strong positive relationships that continue over time are key elements in a high quality program. These relationships include the child, family, and staff, and recognize the parent-child bond as the child's most significant relationship. Infant and toddler care giving practices must support child attachment by minimizing the number of different caregivers and supporting long-term care giving relationships. The relationship between staff and family is based on respect for the child and family's home culture. 4. ***Parent Involvement:*** The Early Head Start initiative supports the highest level of parent involvement and partnership. Programs will make a special effort to support the role of fathers in parenting activities. Programs will recognize the parents as the child's primary nurturers and advocates. Parents will also be active participants in policy and decision-making roles. 5. ***Inclusion:*** Programs will welcome and fully include children with disabilities. The individual needs of each child will be evaluated and responded to in a way that builds upon individual strengths. Programs will also support the child and family's full participation in community activities. 6. ***Culture:*** The home culture and language of each family will be supported as an important aspect of early identity formation. Programs will also explore the role of culture and language in child and family development, and community values and attitudes. 7. ***Comprehensiveness, Flexibility, Responsiveness, and Intensity:*** Program services are grounded in the belief that all families can identify their own needs and strengths, set their own goals, and are capable of growth. Thus, programs must maintain the flexibility to respond with varying levels of intensity based on families' needs and resources. 8. ***Transitions:*** Programs are responsible for facilitating a smooth transition from Early Head Start into Head Start or other high quality programs and support services. A smooth transition is important to ensure each child continues to receive enriching early child development services and each family continues to receive the support services necessary to healthy family development. 9. ***Collaboration:*** Collaboration with local community agencies and service providers will maximize the resources available to families with young children in a cost-efficient and comprehensive manner. Early Head Start programs, with the recognition that no one program can meet all of a child and family's needs, will seek to build strong alliances within the communities in which they operate
Core Components	The framework of the Early Head Start program includes four cornerstones, plus three other areas of importance - Administration/Management, Continuous Improvement, and Children with Disabilities:

	1. ***Child Development:*** Programs must support the physical, social, emotional, cognitive, and language development of each child. Parenting education and the support of a positive parent-child relationship are critical to this cornerstone. The services that programs must provide directly or through referral include: o Early education services in a range of developmentally appropriate settings; o Home-visits, especially for families with newborns; o Parent education and parent-child activities; o Comprehensive health and mental health services; and o High quality child care services provided directly or in collaboration with community child care providers. 2. ***Family Development:*** Programs must seek to empower families by developing goals for themselves and their children. Staff and parents develop individualized family development plans that focus on the child's developmental needs and the family's social and economic needs. Families that are involved in other programs requiring a family service plan will receive a single coordinated plan so that they experience a seamless system of services. The services that programs must provide directly or through referral include: o Child development information; o Comprehensive health and mental health services, including smoking cessation and substance abuse treatment; o Adult education, literacy, and job skills training to facilitate family self-sufficiency; o Assistance in obtaining income support, safe housing, or emergency cash; and o Transportation to program services. 3. ***Community Building:*** Programs are expected to conduct an assessment of community resources so that they may build a comprehensive network of services and supports for pregnant women and families with young children. The goal of these collaborative relationships is to increase family access to community supports, make the most efficient use of limited resources, and effect system-wide changes to improve the service delivery system for all families in the community. 4. ***Staff Development:*** The success of the Early Head Start program rests largely on the quality of the staff. Staff members must have the capacity to develop caring, supportive relationships with both children and families. On-going training, supervision, and mentoring will encompass an inter-disciplinary approach and emphasize relationship-building. Staff development will be grounded in established "best practices" in the areas of child development, family development, and community building. 5. ***Administration/Management:*** Early Head Start programs will utilize administration and management practices which uphold the nine principles and four cornerstones set forth in the Early Head Start initiative. An interdisciplinary approach will ensure that all staff are cross-trained in the areas of child development, family development, and community building. Staff supervision, with opportunities for feedback and reflection, will emphasize relationship-building as the foundation for interactions between children, families, and staff members. 6. ***Continuous Improvement:*** Training, monitoring, research, and evaluation enable Early Head Start programs to better meet the needs of young children and families. On-going training and technical assistance is provided by the Infant/Family Network and the EHS NRC.

	7. ***Children with Disabilities:*** Early Head Start programs will have the responsibility to coordinate with programs providing services in accordance with Part C of the Individuals with Disabilities Education Act. Children with disabilities will be fully included in program activities
Minimum required education level for staff	Minimum requirement for home visiting staff is a high school diploma. Some home visiting staff may have certification or degrees in fields such as education, nursing, psychology, or social work.
Training Required	Staff received locally-designed training, through partnerships with other home visiting programs and/or through the Head Start Training and Technical Assistance Network. Training consists of child development, home-visiting practices, health and safety, and parent education and is offered annually or on an as-needed basis.
Number of FTEs	
How is fidelity measured	Early Head Start program outcomes are measured annually using National Head Start Performance Standards.
Results of assessment	Annual Program Information Report data; local program data; triennial onsite review

Early Steps

General Description	Early Steps is Florida's early intervention system that offers services to infants and toddlers (birth to thirty-six months) with significant delays or a condition likely to result in a developmental delay. The program provides multidisciplinary team supports, services, and service coordination to families of eligible infants and toddlers in accordance with the Individuals with Disabilities Education Act (IDEA), Part C. Services and supports are provided in accordance with each child's Individualized Family Support Plan (IFSP) which is developed by a multidisciplinary team and includes the parent/caregiver. To the maximum extent appropriate to meet the needs of the child, early intervention services and support must be provided in natural environments and within the context of everyday routines, activities and places. While the natural environment is often the home environment, it can also include such locations as the child's day care center, a community park, or other location that is a part of the child and family's everyday life. In Early Steps, home visiting is comprised of early intervention services provided in this broader context of natural environments.
Number of Florida Counties offered	67
Source of Funding	Local, state, and federal funding
Desired/Intended Outcome	• Brings services into the child's life rather than fitting the child into services • Maximizes each child's everyday natural learning opportunities • Enhances each child's development and participation in community life • Provides each child with a consistent team for evaluation and services • Gives families options in service decisions and encourages active partnerships
Eligibility Criteria	Effective July 1, 2010, eligibility criteria for Early Steps is: Child is birth to 36 months of age The child has an established condition in one of the following areas: • Genetic and metabolic disorders • Neurological disorder • Autism spectrum disorder • Severe attachment disorder • Significant sensory impairment (vision/hearing) • Weight less than 1,200 grams at birth OR The child has a developmental delay that meets or exceeds 1.5 standard deviations below the mean in two or more developmental domains or 2.0 standard deviations below the mean in one or more of the following developmental domains: • Cognitive • Physical (including vision and hearing)

<table>
<tr><td></td><td colspan="14">• Communication
• Social or Emotional
• Adaptive</td></tr>
<tr><td>Target Population</td><td colspan="14">The target population for home visiting services within Early Steps is all eligible children unless the IFSP team has determined that outcomes cannot be achieved satisfactorily for the infant or toddler in a natural environment.</td></tr>
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<tr><td colspan="5">By Gender</td><td colspan="5">By Gender</td><td colspan="5">By Gender</td></tr>
<tr><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td></tr>
<tr><td colspan="2">10328</td><td colspan="3">6066</td><td colspan="2">8964</td><td colspan="3">5264</td><td colspan="2">10081</td><td colspan="3">5670</td></tr>
<tr><td colspan="5">By Age</td><td colspan="5">By Age</td><td colspan="5">By Age</td></tr>
<tr><td><u>≤</u>19</td><td>20-25</td><td colspan="2">26-35</td><td>36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td colspan="2">26-35</td><td>36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td colspan="2">26-35</td><td>36<u>≤</u></td></tr>
<tr><td>16394</td><td></td><td colspan="2"></td><td></td><td>14228</td><td></td><td colspan="2"></td><td></td><td>15751</td><td></td><td colspan="2"></td><td></td></tr>
<tr><td>Activities</td><td colspan="14">Early Steps services and supports are provided in a way that enhances parent/caregiver competence, confidence and capacity to meet their child's developmental needs and desired outcomes. The developmental needs of the child may be in one or more of the following domains:
• Physical development
• Cognitive development
• Social or emotional development
• Adaptive development
The types of early intervention services which may be provided in the home are:
• Family training
• Special instruction
• Speech Therapy
• Occupational Therapy
• Physical Therapy
• Vision services</td></tr>
</table>

	• Hearing services • Assistive technology devices & services In Early Steps, a team-based primary service approach to service delivery is utilized. The identified primary service provider is the identified lead professional on the Individualized Family Support Plan (IFSP) team that works with the parent/caregiver on a regular basis and with other members of the IFSP team providing services directly, through consultation/coaching and or joint visits. The primary service provider is often the professional who has the greatest frequency of contact with the family and child in the home. This primary service provider may be an Infant Toddler Developmental Specialist (ITDS), Physical Therapist, Occupational Therapist, Speech Language Pathologist or other professional.
Core Components	Early Steps is Florida's early intervention system provided in accordance with IDEA, Part C entitlement. Therefore, all provisions of IDEA, Part C must be met by Early Steps.
Minimum required education level for staff	Bachelors degree or higher in early childhood or early childhood/special education, child and family development, family life specialist, communication sciences, psychology or social work All other providers are licensed healing arts professionals
Training Required	Infant Toddler Development Specialists (ITDS) – certification specific to Early Steps which requires training in specified competency areas.
Number of FTEs	
How is fidelity measured	The Office of Special Education Program (OSEP), the IDEA Part C granting agency, utilizes the state level of compliance with OSEP indicators (from above) and gives each state a determination of either: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. OSEP indicators 1, 7, 8, and 9 are required to be 100% in compliance.
Results of assessment	For fiscal year 2008-09, Florida Early Steps' OSEP determination was Needs Assistance

Exchange Club Castle Safe Families

General Description	Professional staff goes into homes to provide parent education and supportive counseling to families at risk of abusing or neglecting their children. Relationship building is the crux of the Safe Families Program. Believing that all families deserve and inherently have the ability to make changes, the program works with parents to create these changes.
Number of Florida Counties offered	4-Martin, St. Lucie, Okeechobee, Indian River
Source of Funding	Local, state
Desired/Intended Outcome	
Eligibility Criteria	
Target Population	
Activities	
Core Components	
Minimum required education level for staff	BA or 4 years experience in the field
Training Required	40 hours per year
Number of FTEs	
How is fidelity measured	
Results of assessment	

Family Central ESAHP Family Strengthening Program - Broward County

General Description	**In-home parent education** program using the Parents As Teachers (PAT) program for children ages 0-2; and the HIPPY program for children ages 3-5. Provided by Para-professional staff.														
Number of Florida Counties offered	Broward														
Source of Funding	Local														
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.														
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household														
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children between the ages of birth-5 and their families who reside throughout Broward County.														
Demographics of Population Served	**2007 or FY 2006/07**					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
	By Race					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native*	*Other*	*White*	*Black*	*Asian*	*Native*	*Other*	*White*	*Black*	*Asian*	*Native*	*Other*

				American					*American*					*American*	
						97	113	0	0	8	107	131	0	1	8
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic			*Other*		*Hispanic*			*Other*		*Hispanic*			*Other*	
	By Gender					**By Gender**					**By Gender**				
	Male			*Female*		*Male*			*Female*		*Male*			*Female*	
						7			211		7			240	
	By Age					**By Age**					**By Age**				
	<u>≤</u>19	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*	
						14	40	96	68		8	55	105	79	
Activities	Needs assessments, community referrals, developmental screenings, group meetings, delivery of Parents as Teachers (PAT's) *Born to Learn* curriculum for children ages birth through 36 months, delivery of *Home Instruction for Parents of Preschool Youngsters* Program (HIPPY) for children ages 3-5, outcome assessment, phone calls, linkage.														
Core Components	All home visitation activities listed above are considered to be core components of the program.														
Minimum required education level for staff	High school diploma or equivalent														
Training Required	Staff receives a week-long pre-service training at the outset of employment, and 40 hours of training annually related to the program model and family support. Trainings have included, but are not limited to, topics such as trauma and children, preschool behavior, infant mental health, child abuse and child safety, and disability etiquette and awareness.														
Number of FTEs	6														
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.														
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2009														

Family Central Nurturing Parenting Program Family Strengthening Program – Broward County

General Description	Weekly **in-home parent education** program for younger children and group based program for school-aged children using the **Nurturing Parent curriculum.** Bachelor's level staff provides weekly two-hour sessions for the in-home parent education program.
Number of Florida Counties offered	Broward
Source of Funding	Local
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children between birth through 11 years old and their families who reside in Broward County.

Demographics of Population Served	2007 or FY 2006/07					2008 or FY 2007/08					2009 or FY 2008/09				
	By Race					By Race					By Race				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
						42	69	2	0	91	56	72	2	0	59
	By Ethnicity					By Ethnicity					By Ethnicity				
	Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
	By Gender					By Gender					By Gender				
	Male		*Female*			*Male*		*Female*			*Male*		*Female*		
						15		189			20		169		
	By Age					By Age					By Age				
	≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	
						18	47	88	51		11	44	76	58	
Activities	Assessment, service planning, delivery of Nurturing Parenting curriculum, case management, community referrals, phone calls, linkage, advocacy.														
Core Components	All home visitation activities listed above are considered to be core components of the program.														
Minimum required education level for staff	Bachelor's degree for staff delivering curriculum, high school diploma for staff assisting.														
Training Required	The Program Manager is a National Training Consultant for the Nurturing Parenting Program. Training is offered to seasoned staff every other month, and as often as weekly for new staff. All new employees receive training in basic home visitation skills, and a three-day training in nurturing facilitation. Annual update training is presented by Dr. Stephen Bavolek, the developer of the Nurturing Parenting model. The 40 hours of additional annual training has included, but has not been limited to, topics such as trauma and children, diversity, conscious discipline, infant mental health, child abuse and safety, positive behavior support, maternal child health, and strength based case management.														
Number of FTEs	7														
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.														
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010														

Family Reunification Services

General Description	
Number of Florida Counties offered	
Source of Funding	Local
Desired/Intended Outcome	
Eligibility Criteria	
Target Population	
Activities	
Core Components	
Minimum required education level for staff	Case Manager's Bachelor Degree required Therapist Master's Degree required. 40 hours of annual training is required for all staff
Training Required	40 hour of intensive training is required prior to providing direct services to families and annual 40 hours in service training required yearly. Pre-service training topics include, but not be limited to, solution focused training, client safety and risk prevention, incident reporting, and mandatory reporting of adult and child abuse, neglect, or exploitation.
Number of FTEs	
How is fidelity measured	The programs are monitored by Quality Advisors and Contract Specialist.
Results of assessment	Contract Monitoring Report indicates that all providers monitored scored well. Last assessed 2010

Father Flanigan's Boys Town Family Strengthening Program - Broward County

General Description	Weekly **intensive in-home therapeutic program** designed to stabilize families at **high risk** for abuse and neglect. Bachelor's level staff provide families services 3-5 times per week for up to 8 weeks.														
Number of Florida Counties offered	Broward														
Source of Funding	Local														
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.														
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County staff (i.e. guidance counselors, social workers, etc.), community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions														
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children ages 0-17 and their families who reside in the northern cities of Broward County, with the focus primarily in Pompano Beach, Deerfield Beach, and Coral Springs.														
Demographics of Population Served	**2007 or FY 2006/07**					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
	By Race					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*

						22	33	0	0	28	36	27	0	1	31	
	By Ethnicity					**By Ethnicity**					**By Ethnicity**					
	Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*			
	By Gender					**By Gender**					**By Gender**					
	Male		*Female*			*Male*		*Female*			*Male*		*Female*			
						52		31			72		23			
	By Age					**By Age**					**By Age**					
	<u>≤</u>19	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*		
						72	0	5	6		90	0	2	3		
Activities	Parenting skills, role modeling, referrals, case management, assessments															
Core Components	In-home parenting skill development, case management, crisis management, flex funds															
Minimum required education level for staff	Bachelor's Degree															
Training Required	All direct service staff are trained to identify and address issues of substance abuse and domestic violence using the following methods: 1. BoyTown provides staff with pre-service training in areas that include identifying and assessing issues of substance abuse and domestic violence. 2. Staff further attend trainings which address other as related to their work with families, including issues affecting youth and/or families, such as bullying, internet safety and cultural sensitivity.															
Number of FTEs	3															
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.															
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010															

Federal Healthy Start – Gadsden County

General Description	
Number of Florida Counties offered	Gadsden
Source of Funding	Federal
Desired/Intended Outcome	
Eligibility Criteria	
Target Population	
Activities	
Core Components	
Minimum required education level for staff	BSW social workers ; RN nurse; BS nutrition educator; LCSW supervision/mental health counseling
Training Required	Gadsden Federal Healthy Start Project provides initial orientation to new employees to familiarize them with Federal Healthy Start Project's philosophies, objectives, programs, services, and populations served. Additionally, Gadsden Federal Healthy Start Project makes a good faith effort to provide all staff with the necessary training in order to perform their job duties. Gadsden Federal Healthy Start Project has listed below required trainings that must be completed before services can be offered. • Confidentiality • Reporting Abuse & Neglect • Boundaries • Documentation • Case Planning • Consumer Rights • Training on screening tools On-going training is required to ensure that the employee's skills are renewed on a periodic basis to provide the best possible care to the consumers. All staff is required to get 20 hours of continuous education annually. Trainings can include but are not limited to: Domestic Violence, Motivational Interviewing, Signs and Symptoms of Depression, Diabetes Education, Infant Mental Health, Health Literacy, etc.

	In-service training for program-specific needs is offered when a specific need is identified. Trainings are offered both in-house and trough the community.
Number of FTEs	
How is fidelity measured	The Gadsden Federal Healthy Start Project is not a single "evidence" based project but rather includes a number of evidence based strategies in a number of areas described below: • Providing home visiting case management based on need and a leveling system based on the Healthy Families model. • Use of CDC recommended criteria for screening pre-interconceptional risk factors • Use of evidence based tools and prior training on use of tools to assess mental. • Prioritizing health care by ensuring client and child have a medical home and receive primary care visits • Using a Licensed Clinical Social Worker to provide supervision and oversee the work of the home visiting staff who are professionals in the field. • Incorporating social work standards and ethical practices, as well as, adhering to the practice of cultural sensitivity into how staff work with and assist clients with their issues. Process data regarding program implementation components (home visiting, group services, implementation of leveling, screening, referrals, case management, monitoring of goals and objectives, etc.) are maintained in a customized database and client files. Information is assessed routinely via weekly clinical supervision, quarterly reporting procedures, and annual evaluation.
Results of assessment	All program components and associated activities conducted as designed. Program is implemented with fidelity. Last assessed April 2010

Federal Healthy Start – REACHUP, Inc. – Hillsborough County

General Description	The purpose of REACH**UP**/Central Hillsborough Healthy Start Project (CHHS) is to narrow the gap in the existing racial disparities in perinatal outcomes in Tampa neighborhoods where Black infants die in the first year of life at a rate more than twice that of White infants. The federal project currently serves mothers and babies in 4 of Tampa's urban zip codes where over **55.8%** of the births are to Black mothers who are typically young, unmarried, undereducated, and Medicaid eligible. Together program participants, residents, churches, stakeholders, state legislators, schools, health care providers, and project staff are committed to renewing their efforts to reach out, engage, support and guide the emerging families toward a more healthy beginning. We strive to: • Assess our problems • Develop evidence based response strategies and practices • Recruit and train a competent, passionate and compassionate staff in a culturally competent fashion • Raise public awareness by training community leaders to keep health equity at the forefront of the community's consciousness • Promote personal and social responsibility for good health outcomes
Number of Florida Counties offered	Hillsborough
Source of Funding	State, federal
Desired/Intended Outcome	The primary goal of CHHS is to increase the awareness and capacity of the community at-large to enhance the prevention of infant mortality and morbidity with at-risk populations. It is also our goal to improve the over-all well being of all children and their families. The needs to be addressed through this Project include: reducing teen pregnancy rate and the number of repeat pregnancy within a short inter-pregnancy interval, improving education attainment encouraging a healthy familial relationship among men and women and promoting personal and social responsibility for good health outcomes.
Eligibility Criteria	Program participants are identified by community referrals and Health Start Risk Screen scores 6 or more for prenatal women and infants. They are recruited at physician offices and other areas of the community. The risk status of each program participant is reviewed at each visit and at important milestones to include any needs of the program participants.
Target Population	Our service area is defined locally as East Tampa, a vibrant and culturally rich community which continually sustains itself despite the disproportionate economic, health and social challenges presented year after year. Within the project area there are numerous churches, schools, revitalized housing units, a community college and a library. An analysis of health status indicators within the service population within the four (4) zip codes that contain the 17 project census tracts clearly shows the persistent disparities between Black mothers and infants living in the CHHS project area as compared to their White counterparts within an outside the service community. Black CHHS infants' mothers are more likely to be teens, have a repeat pregnancy with a short inter-pregnancy interval, be unwed and have less than a high school education. Significant disparities in key indicators within the project area are even more pronounced when compared to those of the White population outside the project area. Compared to

	the rest of the county, families in the project area tend to be poorer with half the median income, double the unemployment rate, four times more households headed by single women; and twice the number of women over the age 25 with no high school diploma. Black households fare worse than whites in the CHHS project area except in the proportion of women over the age of 25 with no high school diploma and median incomes where Blacks and Whites experienced the same poor rankings compared to their counterparts countywide. Some major health risk factors for general target populations include: HIV/AIDS, Depression /Stress, Birth Defects, and Chronic Health Problems.
Activities	Utilization of the Florida State University Center for Prevention & Early Interventions policy, home visiting curriculum (available upon request). Home Visiting sessions include but are not limited to: smoking cessation, breastfeeding, maternal nutrition, SIDS/Safety, family planning, baby spacing, maternal and periodontal infections. Care coordination/case management services include risk assessments screens using statewide leveling system addressing health/medical needs, anticipatory guidance, and connection with available community resources. Additional activities include: 1) Family Support Planning 2) Immunization and well child visit checks 3) Preventative care.
Core Components	The core service interventions: 1. Outreach and Recruitment, 2. Case Management, 3. Health /Education, 4. Interconception care, and 5. Screening for Depression. In addition to the core services, four core system efforts activities are required: 1. Development of Local Health Systems Action Plan (LHSAP) 2. *Community Consortium* 3. Collaboration with the State Title V Program and 4. Sustainability Plan. Community Consortium is a hallmark of federal Healthy Start and provides a venue by which CHHS Service Community can place community engagement and mobilization at the center of all thought and action. This increases civic engagement, utilizes social capital and fosters resiliency in communities by building on strengths and assets of caring citizens who take responsibility for themselves, their families sand their communities. The Community Consortium provides the mechanism by which CHHS Project Area program participants, providers, and residents actively participate in the process of building community capacity for supporting and nurturing pregnant women and infants. It is the conduit for input and feedback on critical issues and is vital in the sustainability of Project services. The Consortium was created to have a venue whereby consumers and community residents could take leadership roles in assessing the community's ongoing needs. The Consortium has built strong ties between consumers and Healthy Start service providers. The Co-Chair is a consumer (recipient of services). The Consortium is comprised of 146 members inclusive of state or local government, program participants, community participants, community-based organizations, private agencies or organizations (not community-based), along with providers contracting with the federal Healthy Start program.
Minimum required education level for staff	Paraprofessional – High School; Professional – Bachelors degree

Training Required	Provided by program for staff utilizing Healthy Start Standards and Guidelines, FSU Curriculum and other relevant materials
Number of FTEs	6
How is fidelity measured	Annual External Audit by Hillsborough County Healthy Start Coalition for adherence to Healthy Start Standards and Guidelines Annual Internal Audit – Continuous Quality Improvement/PDSA (Plan-Do-Study-Act) Cycle
Results of assessment	External – Overall positive results; 8/10 core performance measures and 5/7 local outcome and performance measures are being met or exceeded Internal – Plan approved by HRSA; Overall positive results. Last assessed: External – 6/17/2010 Internal – 03/30/2010

Federal Healthy Start – St. Petersburg

General Description															
Number of Florida Counties offered	1 – Pinellas														
Source of Funding	Federal														
Desired/Intended Outcome															
Eligibility Criteria															
Target Population															
Demographics of Population Served	**2007 or FY 2006/07**					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
	By Race					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
		769					714					766			
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
	5					5					6				
	By Gender					**By Gender**					**By Gender**				
	Male		*Female*			*Male*		*Female*			*Male*		*Female*		
	50		769			33		714			54		766		
	By Age					**By Age**					**By Age**				
	≤19	*20-23*	*24-34*	*35 or older*		*≤19*	*20-23*	*24-34*	*35 or older*		*≤19*	*20-23*	*24-34*	*35 or older*	
	177	287	296	59		135	270	294	48		231	269	265	55	
Activities															
Core															

Components	
Minimum required education level for staff	
Training Required	
Number of FTEs	
How is fidelity measured	
Results of assessment	

First Step to Success – Palm Beach County

<table>
<tr><td>General Description</td><td colspan="15">The First Step to Success Program will provide developmental interventions to children developmentally off their trajectory (Children who are between - 1.5 standard deviation and the mean), birth to 6 years of age, using Promoting First Relationships Program as a model and HELP (Hawaii Early Learning Profile) as the curriculum-based assessment and intervention process as part of the system of care.</td></tr>
<tr><td>Number of Florida Counties offered</td><td colspan="15">1 – Palm Beach County</td></tr>
<tr><td>Source of Funding</td><td colspan="15">Local</td></tr>
<tr><td>Desired/Intended Outcome</td><td colspan="15">Increased opportunities for infants and toddlers with mild delays to receive services and to integrate into the community.</td></tr>
<tr><td>Eligibility Criteria</td><td colspan="15">Children referred through the entry agency Home Safe, who are : between -1.5 standard deviation and the mean.</td></tr>
<tr><td>Target Population</td><td colspan="15">Birth to 72 months
Mild developmental delays, atypical behavior, growth or development, but not eligible for Early Steps or Child Find.</td></tr>
<tr><td rowspan="12">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
<tr><td colspan="5">By Race</td><td colspan="5">By Race</td><td colspan="5">By Race</td></tr>
<tr><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>14</td><td>33</td><td>1</td><td>0</td><td>59</td></tr>
<tr><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td></tr>
<tr><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td><td colspan="2">28</td><td colspan="3">79</td></tr>
<tr><td colspan="5">By Gender</td><td colspan="5">By Gender</td><td colspan="5">By Gender</td></tr>
<tr><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td><td colspan="2">52</td><td colspan="3">55</td></tr>
<tr><td colspan="5">By Age</td><td colspan="5">By Age</td><td colspan="5">By Age</td></tr>
<tr><td>≤19</td><td>20-25</td><td colspan="2">26-35</td><td>36≤</td><td>≤19</td><td>20-25</td><td colspan="2">26-35</td><td>36≤</td><td>≤19</td><td>20-25</td><td colspan="2">26-35</td><td>36≤</td></tr>
<tr><td></td><td></td><td colspan="2"></td><td></td><td></td><td></td><td colspan="2"></td><td></td><td>107</td><td></td><td colspan="2"></td><td></td></tr>
<tr><td>Activities</td><td colspan="15">Service frequency and dosage will be determined by Developmental Specialist based on the needs of the family and child. Services are delivered until child completes intervention plan or reaches the age of 72 months.</td></tr>
<tr><td>Core Components</td><td colspan="15">Promoting First Relationships and Hawaii Early Learning Profile
• Theoretical foundations of social and emotional development in early childhood
• Consultation strategies for working with parents and other caregivers</td></tr>
</table>

	• Promoting the development of trust and security in infancy • Promoting healthy development of self during toddlerhood • Understanding and intervening with children's challenging behaviors • Developing and implementing developmental intervention plans for children and caregivers • Support sensitive parent-infant interactions and relationships. • Support safe environments. • Provide assessment and interventions in the real word of everyday experiences and interactions with familiar people in familiar contexts. • Encourage and support parents in decision-making at every step of the early intervention process. • Include information and activities that are based upon research, and, integrated with expert opinion, experiences and professional wisdom about what makes sense. • Address the "quality" of the child's skills and behaviors, not just skills and behaviors.
Minimum required education level for staff	Bachelor's Degree (Masters preferred) in early childhood, special education, psychology or related field.
Training Required	The Program Director and Developmental Specialists received training in Promoting First Relationships and Touchpoints. Staff were also trained in the usage of the Hawaii Early Learning Profile (HELP) curriculum based assessment.
Number of FTEs	
How is fidelity measured	Quarterly reports and process evaluation
Results of assessment	No results yielded to data because program is in its baseline year

Florida Healthy Start

General Description	The Florida Healthy Start program provides universal screening of pregnant women and newborns to identify those at-risk of a poor birth outcome or developmental delays. At-risk pregnant women and newborns receive a face-to-face assessment, case management and related risk reduction services based on their needs. Services are delivered by nurses, social workers and trained paraprofessional staff based on Healthy Start Standards and Guidelines. Home visiting is a primary method of service delivery used in the program.
Number of Florida Counties offered	67
Source of Funding	Local, state, federal
Desired/Intended Outcome	The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. Healthy Start Coalitions are a central component of this initiative. The major goals of Healthy Start Coalitions are to establish and implement a system of care for pregnant women and infant's birth to age three.
Eligibility Criteria	All pregnant women and newborns are eligible to be screened for Healthy Start. Pregnant women scoring 6 or more and infants scoring 4 or more on risk screens are eligible for services. Participants may also be referred to the program based on factors other than score. Participation in Healthy Start screening and services is voluntary.
Target Population	Pregnant women and newborns up to age three who screen into the program based on the Healthy Start Prenatal or Infant Screen or who are referred for factors other than score.

Demographics of Population Served

2007 or FY 2006/07					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
By Race					**By Race**					**By Race**				
White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
30638	23741	357	73	13153	32184	25709	347	63	13891	30050	27011	473	82	12577
By Ethnicity					**By Ethnicity**					**By Ethnicity**				
Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
11156		56806			10041		62153			13047		57146		
By Gender					**By Gender**					**By Gender**				
Male		*Female*			*Male*		*Female*			*Male*		*Female*		
13799		54127			15111		57026			14604		55513		
By Age					**By Age**					**By Age**				
Below 20	*20-25*	*26-35*	*36 or older*		*Below 20*	*20-25*	*26-35*	*36 or older*		*Below 20*	*20-25*	*26-35*	*36 or older*	
38103	15450	11847	2562		40789	15703	12930	2771		38578	15359	13489	2765	

Activities	Key Healthy Start activities include: screening, initial contact, risk assessment, on-going case management based on level of need, and provision of psycho-social support and other risk-reduction services to mediate individual behavior or conditions. Frequency of contact with program participants is based on four levels: E (once), 1 (1 contact per 60 days), 2 (1 contact per 30 days) and 3 (2 contacts per 30 days). All Level 3 participants complete a Family Support Plan. Community-level activities undertaken by local Healthy Start Coalitions include: planning, funding and oversight of service providers, community engagement, education and awareness, and outreach.
Core Components	• Universal screening of pregnant women and infants at birth. • Individual assessment of participant needs. • Delivery of risk appropriate case management with frequency of contact determined by participant needs and risks. • Delivery of psycho-social support and specific wrap-around services to address individual behavioral risks. Additionally, a core component of the Healthy Start program is the development, funding and oversight of a locally-determined service delivery system.
Minimum required education level for staff	Varied, minimum high school diploma with supervision by college degreed supervisor
Training Required	Pre-service training and ongoing in-service education in MCH topics
Number of FTEs	1503.32
How is fidelity measured	Annual assessment by DOH contract managers for compliance with Healthy Start Standards and Guidelines. Local quality assurance occurs routinely to ensure compliance with Standards and Guidelines and best practices.
Results of assessment	Corrective action plans are required for non compliance but there are no certificates or credentials involved Each program is evaluated annually for fidelity by DOH. Fidelity is continuously reviewed by local Healthy Start Coalitions also.

Friends of Children Family Strengthening Program - Broward County

General Description	Weekly **in-home parent education** program provides stabilization and support for at-risk families using the **Effective Black Parenting National Best Practice Model**. Services are provided by paraprofessional staff.		
Number of Florida Counties offered	Broward		
Source of Funding	Local		
Desired/Intended Outcome	• Parents who reported attitudes and behaviors consistent with decreased risk of child maltreatment • Families will improve family environment and interactions. • Parents will report healthy levels of stress		
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision, and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent of child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent(s) with established and/or developmental conditions that impact their family's functioning		
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children between the ages of 0-17 at time of enrollment and their families living in North Broward County, who reside primarily in Deerfield Beach and adjacent areas including parts of unincorporated Broward County and north Pompano Beach.		
Demographics of Population Served	**2007 or FY 2006/07**	**2008 or FY 2007/08**	**2009 or FY 2008/09**
	By Race	**By Race**	**By Race**

	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
						29	43	1	0	5	22	46	0	1	3
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic			*Other*		*Hispanic*			*Other*		*Hispanic*			*Other*	
	By Gender					**By Gender**					**By Gender**				
	Male			*Female*		*Male*			*Female*		*Male*			*Female*	
						43			35		40			32	
	By Age					**By Age**					**By Age**				
	<u>≤</u>19	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*	
						75	2	0	1		68	0	3	1	
Activities	Assessment, treatment planning, case management, referral and linkage, parent training through delivery of the "Effective Black Parenting Program" curriculum, provision of counseling and guidance in targeted areas, phone calls, advocacy, assistance with meeting emergency needs.														
Core Components	All home visitation activities listed above are considered to be core components of the program. Additionally, flex funds to be utilized to assist families in crisis situations (e.g. eviction, utility loss) are considered a core component to program success, as failure to address basic needs can impact the family's ability to successfully engage in and benefit from services.														
Minimum required education level for staff	High school diploma or G.E.D.														
Training Required	Friends of Children provides a structured orientation and training program that uses a variety of methods in order to train staff, i.e. through direct supervision, workshops and quality improvement activities. All staff receives in excess of 60 hours of training within their first year of employment and an average of 24 hours of on-going job-related training annually. In addition all staff is required to have CPR and First Aid training within the first 6 days of commencement of employment. Orientation in-service training which is conducted within the first week of employment includes agency policies, funder's contract scope of work, quality assurance process, documentation and file maintenance, child abuse and incident reporting, cultural competency, and case management. On-going training throughout the year include but are not limited to topics such as domestic violence, substance abuse, effective strategies and safety tips for home visitation, outcome measurement, cultural competency, HIV/AIDS, fire safety, and depression and treatment.														
Number of FTEs	3														

How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010

Gulf Coast Community Care - Family Strengthening - Family Skill Builder's Program - Broward County

General Description	This program provides weekly **intensive in-home therapeutic** program provided by Master's level clinicians using the **Family Skill Buildings model** designed to stabilize families at high risk for abuse and neglect. Services include crisis intervention, case management, community linkage, and parenting for up to 14 weeks.		
Number of Florida Counties offered	Broward		
Source of Funding	Local		
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.		
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/CPI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. All families served shall meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning		
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children and their families who reside in Broward County with children birth through age 17.		
Demographics of	**2007 or FY 2006/07**	**2008 or FY 2007/08**	**2009 or FY 2008/09**

Population Served	**By Race**					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
						60	50	0	0	20	61	49	0	0	9
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic			*Other*		*Hispanic*			*Other*		*Hispanic*			*Other*	
	By Gender					**By Gender**					**By Gender**				
	Male			*Female*		*Male*			*Female*		*Male*			*Female*	
						52			78		56			63	
	By Age					**By Age**					**By Age**				
	≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	
						123	0	2	5		112	1	3	3	

Activities	Family Preservation Intervention Services: Intensive wraparound therapeutic services based on the Homebuilders Model to families with children at imminent risk of removal and/or at high risk for abuse and neglect. Activities include; Family Centered Psychosocial Assessment (FAF, PSI, SIPA, AAPI-II), treatment plan tailored to the strengths and needs of each family, individual and family therapy, and 24/7 crisis intervention. Case Management Services: Include any contact by phone, mail or face to face with a client (child or parent) and /or any collateral contact on behalf of the family. This service also includes direct contacts needed for linking families to services during the intervention and follow-up phase and attending meetings with outside community professionals on behalf of a specific family.
Core Components	In-home counseling, crisis intervention and case management are essential components to the program.
Minimum required education level for staff	The minimum education required is a Masters Degree in Mental Health, Marriage and Family Therapy, Social Work or any other Human Services field.
Training Required	Gulf Coast provides training monthly on an ongoing basis for the program staff. Trainings include; Co-occurrence disorders, Ethics and Boundaries, Cultural Diversity, Drug free workplace, webinars on Effective Communication, Time Management, also training as needed on CPR, and HIV/AIDS. Outside trainings include Domestic Violence, Anger Management, Substance Abuse, Victims of Sexual Abuse, Parenting, Infant Mental Health, and Drowning Prevention.
Number of FTEs	
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.

Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed January 2010

Healthy Beginnings Nurses - Palm Beach County

General Description	The Healthy Beginnings Nurses will provide a wide range of services prenatally and postnatally as part of the system of care. This is an intensive nursing home visitation model that will be available to clients who miss the "window" for services with Nurse Family Partnership or reside outside of the Healthy Families zip codes. The Support Plus Mother model is intended for families who need extra support with obtaining health information and transitioning through the process of pregnancy and parenting; whereas, the Infant model provides extra support with obtaining health information and transitioning through the parenting process.
Number of Florida Counties offered	1 – Palm Beach County
Source of Funding	Local, state, federal
Desired/Intended Outcome	• Improved Prenatal Health • Increase the number of healthy births • Improve parent-child interaction • Increases in children's school readiness • Increase healthy literacy
Eligibility Criteria	Clients will typically screen in on the HS Risk screen and postnatal addendum for risk of child maltreatment. All teens are eligible for intensive home visiting services. Typical clients may be outside of the Healthy Families zip codes and are: Teens who enter prenatal care after 28 weeks. Teens/clients for whom this is a subsequent birth. Or women with an infant more than 3 months of age (ineligible both for NFP and Healthy Families).
Target Population	Prenatal to 3 years
Activities	Intensive nursing home visitation with services initiated for clients either prenatally or after the infant is born and continuing until the child is up to 3 years of age. Evaluation will be completed after one year of birth to evaluate if Program is still needed and/or what other Healthy Beginning services may be appropriate. Prenatally until the child is up to 3 years old as needed. Evaluation will be completed after one year of birth to evaluate if Program is still needed and/or what other Healthy Beginning services may be appropriate.
Core Components	Baby Basics curriculum will be used prenatally and Promoting First Relationships and Triple P will be used postnatal. • To promote healthier pregnancies and safer deliveries. • To foster effective communication and partnership between providers and their patients within the prenatal health care community. • To empower pregnant women to engage and act upon health information, thus learning to care for themselves and their infant. • Theoretical foundations of social and emotional development in early childhood (birth to 3 yrs) • Consultation strategies for working with parents and other caregivers • Elements of a healthy relationship

	• Promoting the development of trust and security in infancy • Promoting healthy development of self during toddlerhood • Understanding and intervening with children's challenging behavior • Developing intervention plans for children and caregivers
Minimum required education level for staff	Licensure as a Registered Professional Nurse or eligible to practice nursing and three years of professional nursing experience, including one year professional experience in a specialty field as determined by the employing agency.
Training Required	Nurses receive training in Baby Basics, Promoting Maternal Mental Health During Pregnancy, Promoting First Relationships, Triple P Level 3 (Primary Care), Touchpoints
Number of FTEs	23.5
How is fidelity measured	Quality assurance, reports, home visit observations, reflective supervision and process monitoring
Results of assessment	CSC Contract Manager completes chart reviews, field observations and monitor performance through quarterly reports. No major concerns were noted in any of the reports. Last assessed - March 2010

Healthy Families Florida

General Description	Healthy Families Florida (HFF) is a nationally accredited, community based, voluntary, intensive home visitation program that prevents child abuse and neglect and other poor childhood outcomes by promoting positive parent-child relationships and child health and development.
Number of Florida Counties offered	All 67 counties offered HFF services (targeted zip codes in 22).
Source of Funding	Local, state, federal
Desired/Intended Outcome	• Prevention of child abuse and neglect during services • Prevention of child abuse and neglect within 12 months following completion of the program • Target children are up-to-date with well-child checks by 24 months old • Target children are up-to-date with immunizations by 24 months old • Primary participants and target children enrolled six months or longer have a medical provider • Mothers of target children will not have a subsequent pregnancy within two years of target child's birth • Primary participants will have improved or maintained self-sufficiency while enrolled in the program
Eligibility Criteria	Services are offered to expectant families and families of newborns who have multiple risk factors that place them at risk of child maltreatment and other adverse outcomes. These families are identified through a conversational, family-focused, voluntary assessment process using a validated tool that identifies a combination of factors. This unique assessment process enables Healthy Families to identify services a family may need. If the family scores a 13 or above, they are eligible for Healthy Families. Families who have an open child protection services (CPS) case at the time of assessment are not eligible for Healthy Families Florida. However, they are eligible if there is an open CPS investigation or if they have a closed CPS case. Services are available in all of Florida's 67 counties (available county-wide in 45 counties and in targeted high-risk zip code areas for 22 counties).
Target Population	HFF targets expectant families and families of newborns up to three months of age that are at high risk for child abuse and neglect.

Demographics of Population Served

2007 or FY 2006/07					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
By Race					**By Race**					**By Race**				
White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
3613	5147	69	40	347	3786	5013	75	44	375	3610	4849	65	40	363
By Ethnicity					**By Ethnicity**					**By Ethnicity**				
Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
4181					4167					3976				
By Gender					**By Gender**					**By Gender**				
Male		*Female*			*Male*		*Female*			*Male*		*Female*		

<table>
<tr><td rowspan="4"></td><td colspan="4">22</td><td colspan="4">13376</td><td colspan="4">18</td><td colspan="4">13442</td><td colspan="4">17</td><td colspan="4">12885</td></tr>
<tr><td colspan="4">By Age</td><td colspan="4">By Age</td><td colspan="4">By Age</td><td colspan="4">By Age</td></tr>
<tr><td><u>≤</u>19</td><td>20-24</td><td>26-34</td><td>35<u>≤</u></td><td><u>≤</u>19</td><td>20-24</td><td>25-34</td><td>35<u>≤</u></td><td><u>≤</u>19</td><td>20-24</td><td>25-34</td><td>35<u>≤</u></td></tr>
<tr><td>2140</td><td>5036</td><td>5001</td><td>1221</td><td>2096</td><td>4975</td><td>5097</td><td>1292</td><td>1875</td><td>4649</td><td>5069</td><td>1311</td></tr>
<tr><td>Activities</td><td colspan="16">Healthy Families provides strength-based home visiting services for up to five years, based on the unique needs of each family. Families start out with weekly visits until the baby is at least six months old, then less often as the family's stability increases. Home visitors establish trusting relationships and build upon the strengths of the family to overcome the risk factors that place their children at high risk of abuse and neglect.
Activities of home visitors include:
• modeling positive parent-child interaction, including positive behavior management and discipline, using the Growing Great Kids curriculum as a guide
• educating families on maternal and child health and child development, connecting families with medical providers for prenatal care, immunizations and well-child check-ups
• using motivational interviewing techniques to address sensitive issues and difficult topics
• teaching parents about infant safe sleep, coping with crying, drowning prevention and other prevention topics
• conducting home safety checks with families to recognize and address child safety hazards
• working with parents to achieve family self-sufficiency by helping them set and achieve goals for themselves and for their families
• connecting families with community resources such as financial, food, and housing assistance programs, school readiness, quality child care and job training
helping parents to develop appropriate problem-solving skills and identify positive ways to manage stress</td></tr>
<tr><td>Core Components</td><td colspan="16">Maintaining the fidelity to the model is critical. All HFF projects must adhere to the following Healthy Families America (HFA) research-based critical elements, standards and HFF policies:
1. Services are initiated during pregnancy or shortly after the birth of the baby
- Screen at least 75% of the families in the target population
- At least 80% of assessments occur either prenatally or within two weeks of the birth of the baby
- The first home visit occurs within thirty days from the assessment
• Staff must use the validated HFF Assessment Tool to determine eligibility
• Offer services voluntarily and use respectful, creative outreach to engage a family for a minimum of three months
• Services are intensive and are offered for up to five years after the birth of the baby
- A leveling system is used to determine the frequency of home visits based on the family's needs
- Families start out with weekly visits until the baby is at least six months old, then less often as the family's stability increases;
- Families receive a minimum of 75% of the home visits required for their assigned level</td></tr>
</table>

	- Home visits should last approximately one hour at a time that is convenient for families • Services are culturally sensitive in all aspects of delivery - Staff receive annual training on the unique characteristics of the population they serve - Program must complete a Cultural Sensitivity Review biannually which includes family and staff input • Services focus on supporting parents and the whole family, as well as parent-child interaction and child development (See Social-Emotional Wellness Component and Activities) • Families are linked to a medical provider and additional services (See Social-Emotional Wellness Component) • Caseloads are limited to allow an adequate amount of time to spend with each family to meet their individual needs and plan for future activities - Each home visitor serves no more than 15 families on the most intensive level and no more than 25 at any given time, with a maximum case weight of 30 • Staff must meet a set of minimum hiring requirements (See Qualifications of Staff) • All staff must receive intensive pre-service training and ongoing in-service training (See Training Required) • All staff must receive ongoing, effective supervision - Direct service workers (home visitors and assessment workers) must receive weekly individual supervision lasting a minimum of 1.5 to 2 hours - The supervisor to direct service staff ratio cannot exceed 1:6 with 1:5 as best-practice - Supervision must include skill development and professional support for each family they are serving - Program supervisors and program managers must also receive regular and on-going supervision to hold them accountable for their work and to improve the quality of their performance • The program is governed and administered in accordance with principles of effective management and of ethical practice
Minimum required education level for staff	Healthy Families Florida utilizes a mixed model of paraprofessional and professionals delivering home visiting services. The minimum qualification for the home visitor (Family Support Worker [FSW]) is a H.S. diploma or GED and one year of experience working with diverse families and children. The family support workers must also have the following skills, experiences and abilities: • experience working with or providing services to children and families, • a willingness to work with culturally diverse populations that are among the target population, • the ability to establish trusting relationships and accept individual differences, and • be knowledgeable about infant and child development. Thirteen percent of HFF FSWs have a four year degree or higher, 15 percent have a two year degree and 64 percent have their H.S. diploma or GED. The remaining eight percent have some college or technical training beyond high school.
Training Required	Intensive training is one of the critical elements of the Healthy Families America model and included in the national standards. All home visiting staff are required to receive intensive pre-service training prior to providing services to families. In addition to pre-service training, home visitors are also required to receive a combination of instructor-led and web-based trainings within 3, 6 and

	12 months of employment. • *Pre-service*: Orientation and role-specific that includes an overview of the philosophy of home visiting/family support and the HFF statewide system as well as but not limited to the lead agency's relationship with other community resources, culturally competent practices, issues of confidentiality and boundaries. • *Within 3 months*: Growing Great Kids (GGK) curriculum and all tools used by the program (i.e., developmental screenings, Home Safety Tools, Parenting Stress Index and the Edinburgh Postnatal Depression Screen). • *Within 6 months*: Child abuse and neglect, domestic violence, infant care, child health and safety, maternal and family health, infant and child development, the role of culture in parenting, supporting the parent-child relationship, and substance exposed newborns. • *Within 12 months*: Child abuse and neglect subtopics, family violence, substance abuse, mental health, family issues, and staff related issues (e.g., time management, burnout prevention). *Specialized*: Ongoing raining on various topics based on needs identified by the statewide evaluation, technical assistance and quality assurance visits that include but not limited to family support planning, constructive conversations, strategies for effectively engaging families and motivational interviewing.
Number of FTEs	508 FSW (family support worker)
How is fidelity measured	The Healthy Families Florida program adheres to a set of research-based critical elements field-tested for effective home visitation and national accreditation standards. The program maintains a Web-based information management system that maintains detailed participant and service data. This data is used to track program progress towards goals and participant achievement of measurable outcomes. Projects receive ongoing technical assistance visits to help sites overcome challenges and annual quality assurance visits to evaluate the quality of services provided to families and adherence to the national accreditation standards of the Healthy Families America model. Every four years, the central office and its Healthy Families projects must undergo an external accreditation process.
Results of assessment	This accreditation demonstrates Healthy Families Florida is adhering to national standards for providing high quality home visiting services. Healthy Families Florida was accredited in December 2008. This accreditation is effective through December 31, 2012. (see attached)

Healthy Homes

General Description	The Florida Healthy Homes Program (FHHP) seeks to promote and create healthy and safe homes for Floridians by raising awareness, coordinating services, and conducting needs assessments and evaluation. The Division of Environmental Health and the Division of Family Health Services at the Florida Department of Health work collaboratively with the county health departments to implement the program. Primary funding is received from the Centers for Disease Control and Prevention. Local Healthy Homes Coaches are the backbone of the FHHP. Healthy Homes Coaches have technical training and experience working on health and housing issues. Their background enables them to lead group trainings as well as provide personalized, one-on-one support to families working to create healthier homes. Many of the FHHP's Healthy Homes Coaches are certified by the National Environmental Health Association as Healthy Homes Specialists
Number of Florida Counties offered	6
Source of Funding	Local, federal
Desired/Intended Outcome	
Eligibility Criteria	
Target Population	

Demographics of Population Served

2007 or FY 2006/07					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
By Race					**By Race**					**By Race**				
White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
0	0	0	0	0	0	0	0	0	0	91	307	1	0	66
By Ethnicity					**By Ethnicity**					**By Ethnicity**				
Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
0		0			0		0			114		351		
By Gender					**By Gender**					**By Gender**				
Male		*Female*			*Male*		*Female*			*Male*		*Female*		
0		0			0		0			unknown		unknown		
By Age					**By Age**					**By Age**				
≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*0-3*	*4-6*	*7-18*		
0	0	0	0		0	0	0	0		316	222	282		

Activities	***Raising Awareness:*** The FHHP works to increase understanding of environmental health risks in homes (e.g., lead-based paint, mold, carbon monoxide, pesticides and hazardous household products) by hosting trainings for health and housing professionals,

	providing group and one-on-one family-centered education, and conducting outreach to realtors and landlords. • **Essentials for Healthy Homes Practitioners Course:** This is a two-day course for health, housing and social service personnel who work in housing. It explains how housing hazards impact health, and details simple steps to creating and maintaining healthier homes. Following the training, individuals may sit for the Healthy Homes Specialist credential exam through the National Environmental Health Association. • **Home Visitor Training:** This two-hour course teaches home visitors (i.e. Head Start and Healthy Start) how to complete the one-page FHHP Home Assessment Tool. Participants also learn how to deliver general healthy homes education and support to families during routine home visits. • **Group and One-on-One Family and Community Education:** Our local FHHP Healthy Homes Coaches work to ensure their health education materials and topics are presented in a way that meets the individual needs of their communities. Coaches use their familiarity with the community to provide culturally appropriate messages and materials in one-on-one and group settings. ***Service Coordination:*** The FHHP coordinates services and referrals for families enrolled in the FHHP Home Visitor Project. The goal of this project is to educate families with young children living in pre-1978 homes, about healthy homes topics and connect them to local health and housing programs that can help reduce or eliminate hazards in the home before someone gets sick or hurt. The project is implemented in partnership with existing home visiting programs, such as Healthy Start and Head Start. Home visitors assess housing during routine home visits using the FHHP Home Assessment Tool, and then they make referrals to the local FHHP Healthy Homes Coaches for follow-up. Home Visitor Projects are currently operating in Palm Beach, Miami-Dade, Hillsborough, Duval, Gadsden and Leon Counties.
Core Components	A healthy home is accomplished by following these design and maintenance principles: 1. Keep it **Clean** 2. Keep it **Dry** 3. Keep it **Ventilated** 4. Keep it **Contaminant-Free** 5. Keep it **Pest-Free** 6. Keep it **Safe** 7. Keep it **Maintained** 8. Keep it **Ready**
Minimum required education level for staff	High School, but higher education is recommended.
Training Required	The Essentials for Healthy Homes Practitioners course is a 2 day course that provides information on how to identify and educate clients on in-home Environmental Hazards. In addition, shorter two hour training is available for home visitors who only do initial home assessments.
Number of FTEs	8
How is fidelity measured	The process for implementing the program is assessed by DOH staff during annual site visits

Results of assessment	Technical assistance is provided if any variations from the protocol are identified. Last assessed in 2009

Healthy Mothers, Healthy Babies - Family Strengthening Prenatal / Infant Home Visiting Program - Broward County

General Description	**Bi-weekly In-home parent education** program designed to stabilize families at high risk for abuse and neglect. Bachelor's level staff provide teen mothers-to-be with child birth education, case management and parenting education using the Nurturing Parenting Curriculum. Teen mothers with a child under the age of two receive case management and parenting education. **Serves pregnant and parenting teen mothers**.
Number of Florida Counties offered	Broward
Source of Funding	Local
Desired/Intended Outcome	% of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who reduced their recidivism rate for further abuse. % of families who improved family functioning.
Eligibility Criteria	The families receiving family strengthening program services shall be referred by the Broward Healthy Start Coalition, Broward County Health Department, Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, self-referrals, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning
Target Population	This program provides` both prenatal and postnatal services to at-risk teens who have children age 2 years or younger. The teen client must reside south of State Road 84 and/or in central Broward County within the following high risk zip codes: 33311 and

<table>
<tr><td></td><td colspan="14">33313. The teen client must have her child(ren) living within the family.
Eligible at-risk teen clients who reside north of State Road 84 are served by Henderson Mental Health Center's Healthy Start Program. In the event that the Henderson Mental Health Center's Healthy Start Program cannot service a central/north county referral due to language barriers, the Healthy Mothers/Healthy Babies Prenatal-Infant Home Visiting Program may serve the client, with CSC Program Specialist approval.</td></tr>
<tr><td rowspan="12">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
<tr><td colspan="5">By Race</td><td colspan="5">By Race</td><td colspan="5">By Race</td></tr>
<tr><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>28</td><td>156</td><td>0</td><td>1</td><td>78</td><td>21</td><td>199</td><td>0</td><td>1</td><td>72</td></tr>
<tr><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td></tr>
<tr><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td></tr>
<tr><td colspan="5">By Gender</td><td colspan="5">By Gender</td><td colspan="5">By Gender</td></tr>
<tr><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2">0</td><td colspan="3">236</td><td colspan="2">0</td><td colspan="3">293</td></tr>
<tr><td colspan="5">By Age</td><td colspan="5">By Age</td><td colspan="5">By Age</td></tr>
<tr><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td colspan="2">36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td><td></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td><td>263</td><td>0</td><td>0</td><td>0</td><td></td><td>290</td><td>3</td><td>0</td><td>0</td></tr>
<tr><td>Activities</td><td colspan="14">Nurturing Parenting Program Curriculum, child birth education, breastfeeding education, smoking cessation, case management (resource and referral), crisis counseling.</td></tr>
<tr><td>Core Components</td><td colspan="14">All core components listed above are integral to the program.</td></tr>
<tr><td>Minimum required education level for staff</td><td colspan="14">High School Diploma</td></tr>
<tr><td>Training Required</td><td colspan="14">Child Birth and Breastfeeding Education; Smoking Cessation Education, Nurturing Parenting Program (NPP); CPR/First Aid, Drowning Prevention, Child Abuse Identification and Prevention</td></tr>
<tr><td>Number of FTEs</td><td colspan="14">6</td></tr>
<tr><td>How is fidelity measured</td><td colspan="14">Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.</td></tr>
<tr><td>Results of assessment</td><td colspan="14">Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2009</td></tr>
</table>

Healthy Mothers, Healthy Babies - Mothers Overcoming Maternal Stress (M.O.M.S) Maternal Nurturing Program - Broward County

General Description	These programs provide in-home support to promote mother/child bonding and address risk factors associated with maternal depression, which include: • Services to mothers and mothers-to-be that enhance bonding and attachment between the mother and child, thereby increasing positive parenting behaviors and preventing the development and escalation of maternal depression; and, • Services that improve children and family functioning through an accessible service delivery system that is flexible, culturally competent, and responsive to family-identified needs.
Number of Florida Counties offered	Broward
Source of Funding	Local
Desired/Intended Outcome	% of mothers who participated in the program and reported fewer symptoms of depression. % of infants and children that scored within range for developmental milestones. % of families who demonstrated improvements in family functioning (e.g., parenting skills, family interactions, and decrease in family conflicts).
Eligibility Criteria	**The target participant must meet a minimum of four (4) risk factors:** **All target participants must exhibit symptoms of depression** which have been present for more than two (2) weeks, such as frequent episodes of crying or weeping; sleep disturbances unrelated to baby's night awakenings; appetite disturbance; persistent sadness and flat affect; mood instability; difficulty concentrating or making decisions; lack of interest in the baby, family, or activities; poor bonding with baby; and/or thoughts of death or suicide. **AND** **Must also meet three (3) risk factors from the list below:** • Low-income and/or single-parent household • Early (adolescent) and/or unplanned pregnancy of mother • Premature birth, low birth weight, or other serious birth/medical complications • Documented parental substance use/abuse • Documented history of inadequate behavior management, poor parental supervision, and/or inappropriate or severe discipline practices • Caregiver's lack of knowledge regarding appropriate child developmental norms, leading to unrealistic expectations of the child • Documented domestic violence • Documented history of abuse/neglect with either the parent or child(ren) • Documented parent mental or behavioral condition(s), other than perinatal and post-partum depression • Negative life event(s) within the past year, the severity indicated by an appropriate life events scale
Target Population	The target populations for this program are pregnant women or women with children less than two years of age at the time of program enrollment who have been identified as experiencing perinatal or post-partum depression. 85% of the clients served in

<table>
<tr><td></td><td colspan="14">this program shall reside in Central or North Broward County (North of State Road 84).

The primary referral sources are the Broward Healthy Start Coalition, Healthy Families Broward, Henderson Mental Health Center, Broward County Health Department, obstetricians and pediatricians.</td></tr>
<tr><td rowspan="12">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
<tr><td colspan="5">By Race</td><td colspan="5">By Race</td><td colspan="5">By Race</td></tr>
<tr><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>46</td><td>48</td><td>2</td><td>0</td><td>25</td></tr>
<tr><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td></tr>
<tr><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td></tr>
<tr><td colspan="5">By Gender</td><td colspan="5">By Gender</td><td colspan="5">By Gender</td></tr>
<tr><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td><td colspan="2">0</td><td colspan="3">121</td></tr>
<tr><td colspan="4">By Age</td><td colspan="4">By Age</td><td colspan="4">By Age</td></tr>
<tr><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>13</td><td>48</td><td>43</td><td>17</td></tr>
<tr><td>Activities</td><td colspan="14">Screening and assessment, cognitive behavioral therapy, wrap around case management, nurturing parenting program curriculum.</td></tr>
<tr><td>Core Components</td><td colspan="14">All core components listed above are integral to the program.</td></tr>
<tr><td>Minimum required education level for staff</td><td colspan="14">Masters Degree</td></tr>
<tr><td>Training Required</td><td colspan="14">Adult and Infant CPR; Bereavement; Nurturing Parenting Curriculum; Home visitation safety, Drowning Prevention, Cognitive Behavioral Therapy</td></tr>
<tr><td>Number of FTEs</td><td colspan="14">3</td></tr>
<tr><td>How is fidelity measured</td><td colspan="14">Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.</td></tr>
<tr><td>Results of assessment</td><td colspan="14">Children’s Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations.</td></tr>
</table>

Helping People Succeed Building Readiness Among Infants Now – Martin County

General Description	
Number of Florida Counties offered	
Source of Funding	Local
Desired/Intended Outcome	
Eligibility Criteria	
Target Population	
Activities	
Core Components	
Minimum required education level for staff	Bachelor's degree in related field for home visitor and Registered Nurse(RN) for visiting nurse
Training Required	30 hours of C.E.U.'s required per year
Number of FTEs	1.5-2.0 RN's and 4 part-time infant resource specialists
How is fidelity measured	
Results of assessment	

Helping People Succeed Development Intervention Program – Martin County

General Description	
Number of Florida Counties offered	
Source of Funding	Local, state
Desired/Intended Outcome	
Eligibility Criteria	
Target Population	
Activities	
Core Components	
Minimum required education level for staff	Early Intervention Specialist – Bachelor's degree in related field (Experience may be substituted for some education)
Training Required	30 hours of CEUs
Number of FTEs	2.25 FTE (1 FTE Early intervention specialist, .75 FTE Early Intervention specialist and .5 Developmental specialist)
Duration of HV program	Up to 3 years
How is fidelity measured	
Results of assessment	

Henderson Mental Health Center, Family Strengthening, Family Resource Team - Broward County

General Description	Program provides comprehensive assessments and follow-up designed to respond within 48 hours of referral from BSO Protective Investigations.														
Number of Florida Counties offered	Broward														
Source of Funding	Local														
Desired/Intended Outcome	% of parents who reported satisfaction with the program's services.														
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning														
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Referrals to the Family Resource Team must come through the BSO Child Protective Investigator. Services are provided to children (birth to age 17) and their families who reside in Broward County.														
Demographics of Population Served	**2007 or FY 2006/07**					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
	By Race					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native*	*Other*	*White*	*Black*	*Asian*	*Native*	*Other*	*White*	*Black*	*Asian*	*Native*	*Other*

				American					*American*					*American*	
						121	178	1	0	52	227	241	5	0	38
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic			*Other*		*Hispanic*			*Other*		*Hispanic*			*Other*	
	By Gender					**By Gender**					**By Gender**				
	Male			*Female*		*Male*			*Female*		*Male*			*Female*	
						192			160		269			242	
	By Age					**By Age**					**By Age**				
	≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	
						352	0	0	0		511	0	0	0	

Activities	Assessment, referral and linkage to longer term service provider, supportive counseling
Core Components	All core components listed above are integral to the program.
Minimum required education level for staff	High School Diploma
Training Required	20 hours of training each year on topics such as engagement, strength based case management, HIV, Domestic Violence, substance abuse, working with difficult families, child abuse and neglect, drowning prevention and other pertinent subjects to assist in preventing child abuse and neglect.
Number of FTEs	5
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010

Henderson Mental Health Clinic Family Strengthening Multisystemic Therapy Program - Broward County

General Description	Intensive **in-home therapeutic program** provided by highly trained **MST** Master's level clinicians. Families receive up to ten hours of services per week for up to six months. Program is designed to serve high risk families and children with a history of **delinquency**.		
Number of Florida Counties offered	Broward		
Source of Funding	Local		
Desired/Intended Outcome	% of youth who demonstrated reduction in aggressive behavior. % of families who improved family functioning. % of youth who maintained/improved school attendance or maintained employment for 12 months.		
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. • Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning		
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children (between **10-18 years of age** at admission) and their families who reside in Broward County**.**		
Demographics of	**2007 or FY 2006/07**	**2008 or FY 2007/08**	**2009 or FY 2008/09**

Population Served	**By Race**					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
						21	42	0	1	14	23	54	0	0	8
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
	By Gender					**By Gender**					**By Gender**				
	Male		*Female*			*Male*		*Female*			*Male*		*Female*		
						59		19			58		27		
	By Age					**By Age**					**By Age**				
	≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	
						78	0	0	0		85	0	0	0	
Activities	Individual and Family Therapy utilizing the Multisystemic Therapy model; psychosocial assessments, treatment planning, parenting skills, referrals.														
Core Components	In-home MST therapy, case management, flex funds														
Minimum required education level for staff	Master's Degree														
Training Required	Nonviolent Crisis Intervention is provided during our initial orientation for all new employees to Henderson Mental Health Center. In addition, employees are encouraged to attend this course yearly as offered through Henderson or through an outside provider, such as CSC. MST employees also attend a 5-day training provided by MST Institute to review the model and prepare for implementation in home settings. Guidelines for safely providing services in a home setting are also reviewed during this orientation.														
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.														
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Assessed 2009														

Home Instruction for Parents of Preschool Youngsters (HIPPY)

General Description	The HIPPY (Home Instruction for Parents of Preschool Youngsters) program is a home visitation program that focuses on parent involvement and school readiness. It is research-based and supports parents in their critical role as the first and most influential teachers of their three, four, and five year old children. HIPPY believes that all parents want what is best for their children and, with support, can overcome obstacles to learning and strengthen their bond with their children. Therefore, HIPPY plays a vital role in fostering parent involvement in school and community life to maximize the chances of successful early school experiences. Many young children enter kindergarten in the United States without the necessary early literacy, cognitive, and social skills to be successful in school. Of particular concern are early literacy skills like print knowledge (a child's understanding of books, printed letters, and words) and linguistic awareness (a child's understanding of how language works). The HIPPY program helps children acquire these and other school-readiness skills. All HIPPY programs follow the basic program model, although each program adjusts to the needs and resources of the specific community and each family served. HIPPY is effective in different communities and with families that have very different needs. The four essential features of the HIPPY model are as follows: (1) Three developmentally appropriate home-based curricula (HIPPY 3, HIPPY 4, and HIPPY 5) of pre-academic activities that parents use with their children; (2) Role playing as the instructional technique for parents; (3) Professional coordinator and staff of paraprofessional home visitors to provide services; and (4) Home visits and group meetings as the method of service delivery. HIPPY's unique program design puts the parent at the center of the child's early learning. The curriculum is available in both English and Spanish and includes weekly activity packets, storybooks, and a set of manipulative shapes for each curriculum year. After spending one hour each week reviewing selected activities with the home visitor, parents spend approximately 15 to 20 minutes per day, five days a week working with their child on HIPPY activities. The systematic practice of role playing during home visits and group meetings is designed to engage parents in learning activities with their children and to promote the view that they are active agents in their children's education. Parents are supported by home visitors from the community, by structured networking with other program parents, and by additional services from the implementing agency.
Number of Florida Counties offered	HIPPY serves families in the following 18 counties: Alachua County (serving Union County), Bradford County, Broward County, Collier County, DeSoto County, Gadsden County, Glades County, Hendry County, Hillsborough County (serving Polk and Pasco Counties), Manatee County, Marion County, Miami-Dade County, Pinellas County, Sarasota County, and West Palm Beach County.
Source of Funding	Local, state, federal
Desired/Intended Outcome	o Increased child pre-academic skills, school readiness, and school success. o Empower parents to become primary educators of their children o Parent involvement in home literacy and community educational activities with their child. o Enhanced home learning and home educational environment.

	o Increased parent advocacy, communication and participation in child's education and school
Eligibility Criteria	In order to be eligible for participation in the HIPPY program, parent must have children ages three, four, or five.
Target Population	Families with preschool age children within targeted communities. HIPPY programs serve ethnically and culturally diverse populations. Nationally, Latino/Hispanic children are the largest population being served. In 2008-09, there were 17 HIPPY programs in Florida serving 2,180 families. Forty-eight percent (48%) of these families were African-American and 48% were Hispanic; approximately 54% reported English as their primary language and 40% reported Spanish as their primary language. Ninety-two persent of the parents are female and reside in urban, rural, and migrant communities.
Activities	The HIPPY program is delivered by HIPPY home visitors who live in the same targeted, high-need communities as the families they serve which helps them build trusting collaborative relationships with families. <u>Home Visit</u> The focus of the home visit is the parent, who learns from the home visitor how to later use the HIPPY curriculum with his/her child in the home; the child may, or may not, be present. • The primary purpose of the home visit is for the home visitor to role play the HIPPY curriculum each week with each parent. • Parents are visited in their home weekly for approximately one hour. • The intimacy of the home setting ensures that home visitors build rapport with even the most isolated parents. • The home visit allows parents to receive training and support that is convenient, comfortable and one on one; thereby allowing home visitors to meet the diverse needs of parents. • Program coordinators periodically visit the homes of participating families for purposes of building rapport with families and providing supervision and support to home visitors.
Core Components	The foundation of HIPPY is a home based, preschool readiness, curriculum provided to parents over a 30 week period annually, for a maximum of three years. The curriculum is designed to: • promote positive educational interactions between parents and their children • support the average 3, 4 and 5 year old child to be successful in acquiring school readiness skills in all key domains • allow parents to be successful as their child's first and most influential teacher, regardless of their education or resources • promote parent's knowledge of how children learn • increase active parental involvement The core curriculum delivered by home visitors, and available in English and Spanish, consists of: • 30 activity packets per year for ages 3 and 4; 15 annually for age 5 • 9 trade storybooks per year for age 3; 9 HIPPY storybooks per year for age 4; 8 HIPPY storybooks per year for age 5 • Sets of 20 geometric shapes (circle, square, triangle, star and rectangle in red, yellow, blue and green)

	• Daily Skill Boxes to promote the parent's understanding of learning objectives for each activity • Extension activities • *Creative Games* • Home Visitor Guides to provide weekly instruction for staff The step-by-step, structured approach: • includes a careful sequencing of activities to foster success (parent and child) • facilitate the learning of new concepts • offers immediate gratification for teaching efforts • builds the parent's confidence to take on increasing responsibility in their roles as educators • leaves room for creativity and joint exploration (parent and child) • supports general learning in children's play and everyday life The HIPPY Curriculum supports school readiness with learning and play throughout. Activities can be performed in the home using common household items or other easy to find materials. Skills and concepts are developed through a variety of activities including: • Perceptual and sensory discrimination • Memory development • Language development • Concept development • Problem solving / logical thinking • Creativity Role Play is the method utilized to train home visitors and parents in the execution of the curriculum. Role play during staff meetings ensures that home visitors will be effective at instructing their assigned parents. Role play during home visits provides parents with an opportunity for experiential and interactive learning to increase their confidence and proficiency, as they initiate, monitor and direct their child's educational activities. Additionally, role play promotes parental empathy for the developmental capabilities of young children.
Minimum required education level for staff	Each HIPPY program is staffed by a full-time coordinator and a staff of home visitors who may work either part or full time. The coordinator has primary responsibility for supervising the implementation of the HIPPY model. Home visitors deliver home visiting services to parents in their homes or in a group meeting setting. Coordinator Qualifications • Bachelor's Degree

	• Minimum 4 years experience in program management experience in early childhood education, family or adult education, social work, or a related field. Home Visitor Qualifications • High school diploma or GED Reside in the same targeted, high-need communities as the families they serve or have similar demographic and cultural backgrounds as the parents they serve.
Training Required	Home visitors receive two days of pre-service training from their local program coordinator prior to conducting home visits with families. They have one full day per week of in-service training to role play the HIPPY curriculum before delivering it to parents the following week. In addition to role playing the curriculum, the weekly agenda includes a review of the background material in the Home Visitor Curriculum Guide and a discussion of the developmental skills and early childhood education concepts for each activity that is role played. Home Visitor Orientation Training All HIPPY home visitors participate in a one-day training each year to review the components of the HIPPY model and role play the curriculum. These training workshops are offered in North, Central and South Florida. Staff development workshops are offered so home visitors can enhance their home visiting skills. Past topics include "Home Visitor Safety" and "Managing Your Time." Beginning Fall 2009, home visitors reviewed the HIPPY model by completing a newly developed on-line training module. Staff Development Trainings Once a year coordinators and home visitors attend a one-day staff development training either in North, Central, or South Florida. Topics include "Communicating with Parents in a Non-judgmental way" and "Self-Expression: The Work/Life Balance." HIPPY National Conference Training Every two years all HIPPY Coordinators are expected to participate in the National HIPPY Conference to receive updates, attend professional development workshops and share issues and concerns.
Number of FTEs	HIPPY does not calculate FTEs, but it tracks the number of home visitors providing direct home visiting services to families. During fiscal year 2006/2007 there was 115 full-time and part-time home visitors. During fiscal year 2007/2008 there was 125 full-time and part-time home visitors. During fiscal year 2008/2009 there was 111 full-time and part-time home visitors.
How is fidelity measured	HIPPY USA employs a team of HIPPY USA National Trainers to conduct annual site visit reviews to assess each site and provide necessary technical assistance and/or training to local HIPPY program sites. The HIPPY Self Assessment and Validation Instrument (or SAVI) is the tool which HIPPY USA national trainers use to conduct annual reviews of program implementation practices. This tool lists the required and recommended practices and outlines the guidelines of program operations and was recently updated to the HIPPY SAFE (Self Assessment for Excellence). HIPPY sites conduct a self-review prior to a National HIPPY Trainer conducting the site visit to validate the site's findings. The HIPPY SAVI and SAFE contain indicators for practices in the program areas of Home

	Visiting, Group Meetings, Role Playing, Curriculum, Staffing/Training/Supervision, Administration, Outreach and Collaboration and Documentation. This tool is also used to determine which HIPPY sites have achieved STELLAR certification. STELLAR certification indicates that the site has met and exceeded the HIPPY USA standards of required and recommended practices. Once certification is achieved, sites may then be assessed every 3 years (or less in some states). Florida HIPPY assesses all program sites annually.
Results of assessment	Since the implementation of the HIPPY SAVI and SAFE and the introduction of STELLAR certification, fourteen (14) of the existing seventeen (17) Florida HIPPY sites have achieved STELLAR certification. Fidelity to the model is evaluated on an annual basis. The last evaluation was in 2009-10.

Inspiring Family Foundations – Palm Beach County

General Description	Model under development
Number of Florida Counties offered	Palm Beach County
Source of Funding	Local, state
Desired/Intended Outcome	Model under development
Eligibility Criteria	Clients will typically screen in on the HS Risk screen and postnatal addendum of be referred based on other factors (BOOFs). All teens are eligible for intensive home visiting services. Prenatal to 3 years
Target Population	Model under development
Activities	Baby Basics curriculum will be used prenatally. Triple P and Promoting First Relationships will be used postnatally.
Core Components	• To promote healthier pregnancies and safer deliveries. • To foster effective communication and partnership between providers and their patients within the prenatal health care community. • To empower pregnant women to engage and act upon health information, thus learning to care for themselves and their infant. • Theoretical foundations of social and emotional development in early childhood (birth to 3 yrs) • Consultation strategies for working with parents and other caregivers • Elements of a healthy relationship • Promoting the development of trust and security in infancy • Promoting healthy development of self during toddlerhood • Understanding and intervening with children's challenging behavior Developing intervention plans for children and caregivers
Minimum required education level for staff	Masters or Bachelor's Degree in social work or related, post graduate experience in a field of practice related to case management with families and children, minimum of 1 year experience with comprehensive case management. general knowledge of developmental milestones in children
Training Required	Early Intervention Specialists receive training in Baby Basics, Promoting First Relationships, Triple P Level 3 (Primary Care), Touchpoints

Number of FTEs	15
How is fidelity measured	Quarterly reports and process evaluation
Results of assessment	

Institute for Family Centered Services Family Strengthening Project BRIDGE Program - Broward County

General Description	Weekly **in-home therapeutic program** designed to stabilize families at highest risk for abuse and neglect provided by highly trained Master's level clinicians. Families receive up to three sessions per week for up to six months.		
Number of Florida Counties offered	Broward		
Source of Funding	Local		
Desired/Intended Outcome	• Families will improve family environment and interactions. • Parents will report healthy levels of stress associated with parenting. • Parents will report parenting attitudes and behaviors consistent with decreased risk of child abuse and neglect.		
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning		
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children between the ages of **0-17** years of age**,** at admission, and their families who reside in Broward County.		
Demographics of	**2007 or FY 2006/07**	**2008 or FY 2007/08**	**2009 or FY 2008/09**

Population Served															
	By Race					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
						37	22	1	1	9	27	34	0	0	9
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
	By Gender					**By Gender**					**By Gender**				
	Male		*Female*			*Male*		*Female*			*Male*		*Female*		
						40		30			43		27		
	By Age					**By Age**					**By Age**				
	<u>≤</u>19	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*	
						70	0	0	0		70	0	0	0	

Activities	Family Therapy, case management, assessments, treatment planning, referrals.
Core Components	In-home services, case management.
Minimum required education level for staff	Master's Degree
Training Required	All Family Centered Treatment Staff receives the Wheels of Change Training. The WOC training is an intensive 3 month, 12 modules online training on our model FCT (Family Centered Treatment). This training also includes field and on-site supervision. The modules of FCT include but are not limited to Family Centered Assessments (Ecomaps, Structured Family Assessments, and Family Life Cycles) and Family Enactments. IFCS also offers other trainings on a wide variety of topics. FCSs (Family Centered Specialists) receive training on HIV/AIDS every 2 years, de-escalation techniques, cultural competency and drowning prevention every year. All new employees receive training on Substance Abuse, Clinical competency and trauma assessment. In addition all new employees have training on HIPPA regulations, Blood borne pathogens, and security awareness.
Number of FTEs	4
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010

Jewish Adoption and Foster Care Options (JAFCO) Family Strengthening Multisystemic Therapy Program - Broward County

General Description	Intensive **in-home therapeutic program** provided by highly trained **MST** Master's level clinicians. Families receive up to ten hours of services per week for up to six months. Program is designed to serve high risk families and children with a history of **delinquency**.		
Number of Florida Counties offered	Broward		
Source of Funding	Local		
Desired/Intended Outcome	% of youth who demonstrated reduction in aggressive behavior. % of families who improved family functioning. % of youth who maintained/improved school attendance or maintained employment for 12 months.		
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning		
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children and their families who reside in Broward County between the ages of **10-18 years** of age.		
Demographics of	**2007 or FY 2006/07**	**2008 or FY 2007/08**	**2009 or FY 2008/09**

Population Served	**By Race**					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
						34	48	0	0	4	39	39	1	0	11
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
	By Gender					**By Gender**					**By Gender**				
	Male		*Female*			*Male*		*Female*			*Male*		*Female*		
						51		35			49		41		
	By Age					**By Age**					**By Age**				
	≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	
						86	0	0	0		90	0	0	0	

Activities	Individual and Family Therapy utilizing the Multisystemic Therapy model; psychosocial assessments, treatment planning, parenting skills, referrals.
Core Components	In-home MST therapy, case management, flex funds
Minimum required education level for staff	Master's Degree
Training Required	MST 5 day initial training, quarterly MST booster trainings, monthly clinical trainings, individual trainings, weekly consult with MST consultant Dr. Jeff Randall, weekly MST group therapy.
Number of FTEs	4
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2009

Kids in Distress: Family Strengthening - KID First Program - Broward County

General Description	Weekly **in-home parenting education, stabilization, and support** for families at **moderate-to-high risk** for child abuse and neglect. Services are provided for up to 4 months by Bachelor's level staff and include extensive community advocacy, crisis intervention, and case management. The intensity of services is based on the family's assessed level of need. Program also provides supervised visitation, family, and safe custody exchange services to families ordered by the family court to have supervised visitation
Number of Florida Counties offered	Broward
Source of Funding	Local
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served in the **KID FIRST** program should meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or children. • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/or developmental conditions that • Impact the family's functioning.

<table>
<tr><td>Target Population</td><td colspan="15">This program provides KID FIRST services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children and their families who reside in Broward County between the ages of birth – 18 years.</td></tr>
<tr><td rowspan="11">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
<tr><td colspan="5">By Race</td><td colspan="5">By Race</td><td colspan="5">By Race</td></tr>
<tr><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>156</td><td>217</td><td>2</td><td>2</td><td>193</td><td>217</td><td>301</td><td>9</td><td>4</td><td>151</td></tr>
<tr><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td><td colspan="5">By Ethnicity</td></tr>
<tr><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td><td colspan="2">Hispanic</td><td colspan="3">Other</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td></tr>
<tr><td colspan="5">By Gender</td><td colspan="5">By Gender</td><td colspan="5">By Gender</td></tr>
<tr><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td></tr>
<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2">284</td><td colspan="3">286</td><td colspan="2">342</td><td colspan="3">340</td></tr>
<tr><td colspan="5">By Age</td><td colspan="5">By Age</td><td colspan="5">By Age</td></tr>
<tr><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td colspan="2">36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td><td></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td><td>550</td><td>1</td><td>9</td><td>10</td><td></td><td>671</td><td>4</td><td>3</td><td>4</td></tr>
<tr><td>Activities</td><td colspan="15">In-home Family Preservation Services - Include, but shall not be limited to: assessment, crisis intervention, conflict resolution and communication skills enhancement; parenting skills building; stress management; budgeting; collateral contacts, and supportive counseling.
Comprehensive (wrap-around) social work services -Include but are not limited to: case management; service referrals; collateral contacts; linkages to community resources; advocacy and coordination with community resources; on-call (24/7) crisis intervention; and administration of flex fund benefits to families, as needed.

Individual Parent Skills Training/Teaching GRACE – Staff are cross-trained as parent educators in a three-day training developed and delivered by the Glass House. Social Workers determine which modules to deliver based on the family's assessment.</td></tr>
<tr><td>Core Components</td><td colspan="15">In-home family preservation services and case management.</td></tr>
<tr><td>Minimum required education level for staff</td><td colspan="15">Bachelor degree in Social Work or related field is required.</td></tr>
<tr><td>Training Required</td><td colspan="15">All staff members review agency and program policies and procedures.
All staff members are trained hands on by their direct Supervisor. The supervisor shadows their staff out in the field to observe intakes and on-going field visits. Staff is trained to complete all documentation that is required within a clients file such as,</td></tr>
</table>

	assessments, individualized case plans, closing reports, and daily progress notes. Once a new staff member joins a team, Supervisors review the following topic with staff: • Mandatory Reporting • Working As a Team • Parent Training • Documentation • Crisis Intervention • Safety Issues • Community Resources • Child Development • Engaging Difficult Families • Family Focused Approached • Advocacy and Empowerment All the staff is required to obtain an additional 40 hours of training per year such as Cultural Diversity, Substance Abuse, Domestic Violence, First Aid, HIPPA and Security Awareness etc. All of these training are provided through Kids In Distress or another service provider on a yearly basis
Number of FTEs	
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed April 2010

Magnolia Project - Duval County

General Description	
Number of Florida Counties offered	Duval
Source of Funding	Federal
Desired/Intended Outcome	
Eligibility Criteria	
Target Population	
Activities	
Core Components	
Minimum required education level for staff	BS or BA; HS with home visiting experience will be considered
Training Required	Healthy Families Training Institute is used to provide training on Motivational Interviewing and Structuring the Home Visit. Also participate in annual case management training for state HS program staff.
Number of FTEs	4
How is fidelity measured	
Results of assessment	

Memorial Healthcare System Family Strengthening Family TIES Program – Broward County

General Description	Weekly **in-home intervention program** which utilizes **Solutions Focused Brief Therapy**, a best practice model provided by Master's level clinicians. Services include case management, community linkages, and life skill training for up to six months.		
Number of Florida Counties offered	Broward		
Source of Funding	Local		
Desired/Intended Outcome	% of parents who maintained and/or decreased their experienced level of parenting stress. % of parents who reported parenting attitudes/behaviors consistent with decreased risk of child abuse and neglect. % of families who improved family functioning.		
Eligibility Criteria	The families receiving family strengthening program services shall be self-referred or referred by the Broward County Family Court and Dependency Court systems, the Department of Children and Families, ChildNet, the Broward Sheriff's Office Protective Investigations Section (BSO/ PI), School Board of Broward County guidance counselors, community agencies involved in the child and family preservation service delivery network, and/or other social service agencies. Case record documentation shall verify that all families served meet at least **three (3)** of the following **Risk Factors:** • Documented prior history of child abuse or neglect with either the parent or child(ren) • Disruptions in bonding and attachment between parent and child • Persistent, serious family conflict or domestic violence requiring intervention by law enforcement • Persistent, serious family stress which significantly impacts family functioning • Family history of substance abuse • Caregiver's negative attitude and lack of knowledge regarding appropriate child developmental norms that leads to unrealistic expectations of the child • Documented history of family management problems, poor parental supervision and/or inappropriate or severe discipline practices • Involvement with the juvenile justice system • Parent or child depression or other mental or behavioral conditions • Low income family • Single parent household • Teen pregnancy • Child(ren) or parent (s) with established and/ or developmental conditions that impact their family's functioning		
Target Population	This program provides services to families at risk for child abuse and neglect and families in crisis that have their children living within the family. Services are provided to children and their families who reside in Broward County between the ages of **0-17** at admission**.**		
Demographics of Population Served	**2007 or FY 2006/07**	**2008 or FY 2007/08**	**2009 or FY 2008/09**
	By Race	**By Race**	**By Race**

	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
						94	39	2	0	16	117	38	2	0	16
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic			*Other*		*Hispanic*			*Other*		*Hispanic*			*Other*	
	By Gender					**By Gender**					**By Gender**				
	Male			*Female*		*Male*			*Female*		*Male*			*Female*	
						91			60		96			77	
	By Age					**By Age**					**By Age**				
	<u>≤</u>19	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*		*<u>≤</u>19*	*20-25*	*26-35*	*36<u>≤</u>*	
						151	0	0	0		173	0	0	0	
Activities	Family counseling utilizing the Solution Focused Brief Therapy, psychosocial assessments, case management activities, referrals, treatment/goal planning and reviews.														
Core Components	In-home family Counseling, case management, flex funds														
Minimum required education level for staff	Bachelor's Degree														
Training Required	The following trainings are provided at least annually to program staff: Home Visiting Safety, Self-Defense, Domestic Violence, Suicide Assessment and SFBT.														
Number of FTEs	7														
How is fidelity measured	Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.														
Results of assessment	Children's Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations. Last assessed 2010														

Memorial Healthcare System, Mothers Overcoming Maternal Stress (M.O.M.S) - Broward County

General Description	These programs provide in-home support to promote mother/child bonding and address risk factors associated with maternal depression, which include: • Services to mothers and mothers-to-be that enhance bonding and attachment between the mother and child, thereby increasing positive parenting behaviors and preventing the development and escalation of maternal depression; and, • Services that improve children and family functioning through an accessible service delivery system that is flexible, culturally competent, and responsive to family-identified needs.
Number of Florida Counties offered	Broward
Source of Funding	Local
Desired/Intended Outcome	% of mothers who participated in the program and reported fewer symptoms of depression. % of infants and children that scored within range for developmental milestones. % of families who demonstrated improvements in family functioning (e.g., parenting skills, family interactions, and decrease in family conflicts).
Eligibility Criteria	All target participants must exhibit symptoms of depression which have been present for more than two (2) weeks, such as frequent episodes of crying or weeping; sleep disturbances unrelated to baby's night awakenings; appetite disturbance; persistent sadness and flat affect; mood instability; difficulty concentrating or making decisions; lack of interest in the baby, family, or activities; poor bonding with baby; and/or thoughts of death or suicide. AND Participants must also meet three (3) risk factors from the list below: • Low-income and/or single-parent household • Early (adolescent) and/or unplanned pregnancy of mother • Premature birth, low birth weight, or other serious birth/medical complications • Documented parental substance use/abuse • Documented history of inadequate behavior management, poor parental supervision, and/or inappropriate or severe discipline practices • Caregiver's lack of knowledge regarding appropriate child developmental norms, leading to unrealistic expectations of the child • Documented domestic violence • Documented history of abuse/neglect with either the parent or child(ren) • Documented parent mental or behavioral condition(s), other than perinatal and post-partum depression • Negative life event(s) within the past year, the severity indicated by an appropriate life events scale
Target Population	The target populations for this program is pregnant women or women with children less than two years of age at the time of program enrollment who have been identified as experiencing perinatal or post-partum depression. 100% of the clients served by this program shall reside South of State Road 84 in conjunction with South Broward Hospital District's service area. In the event

<table>
<tr><td></td><td colspan="14">that the central/north county MOMS provider has a wait list for services the Memorial MOMS program can accept central/north county referrals, with CSC Program Specialist approval.

The primary referral sources are the Broward Healthy Start Coalition, Healthy Families Broward, Henderson Mental Health Center, HUGS for Kids, Broward County Health Department, obstetricians and pediatricians.</td></tr>
<tr><td rowspan="14">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
<tr><td colspan="5">By Race</td><td colspan="5">By Race</td><td colspan="5">By Race</td></tr>
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<tr><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td><td colspan="2"></td><td colspan="3"></td></tr>
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<tr><td colspan="4">By Age</td><td colspan="4">By Age</td><td colspan="4">By Age</td></tr>
<tr><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td>36<u>≤</u></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>11</td><td>29</td><td>43</td><td>12</td></tr>
<tr><td>Activities</td><td colspan="14">Screening and assessment, cognitive behavioral therapy, wrap around case management, nurturing parenting program curriculum.</td></tr>
<tr><td>Core Components</td><td colspan="14">All core components listed above are integral to the program.</td></tr>
<tr><td>Minimum required education level for staff</td><td colspan="14">Bachelor’s degree for Case Manager and Master’s degree for therapist</td></tr>
<tr><td>Training Required</td><td colspan="14">Intro to Cognitive Behavior Therapy, intro to pharmacology, Nurturing Parenting Program, home visitor safety, & Wrap Around Services</td></tr>
<tr><td>Number of FTEs</td><td colspan="14">3</td></tr>
<tr><td>How is fidelity measured</td><td colspan="14">Yearly Programmatic monitoring which includes record review, client satisfaction survey administration and observation of program activities.</td></tr>
<tr><td>Results of assessment</td><td colspan="14">Children’s Services Council of Broward (funder of program) completes a programmatic monitoring report which details findings, program strengths, opportunities for improvements and recommendations.
Last assessed 2010</td></tr>
</table>

Nurse-Family Partnership – Palm Beach County

General Description	To improve pregnancy outcomes, child health and development, and self sufficiency for eligible, first-time parents- benefiting multiple generations
Number of Florida Counties offered	1 – Palm Beach County
Source of Funding	Local, state
Desired/Intended Outcome	*Improved Prenatal Health *Fewer Childhood injuries *Fewer subsequent pregnancies *Increased intervals between births *Increased maternal employment *Increases in father involvement *Increases in Children's school readiness
Eligibility Criteria	First time mothers. The mother's must begin the program prior to the 28th week of pregnancy.
Target Population	Prenatal to 2 years Low income, teen mothers, low educational status, unmarried, socially isolated
Activities	Weekly home visits during the first month of enrollment; Bi-weekly home visits up until the birth of the child; Weekly home visits during the postpartum period; Bi-weekly home visits up until 21 months; Monthly home visits until the child is 2-years-old
Core Components	NFP designed Weekly Visit Guidelines which incorporates the Partners in Parenting Education (PIPE) curriculum, reflective practice and the development of therapeutic relationships. *Preventive health and prenatal practices for the mother *Health and development education and care for both the mother and child *Life coaching of the mother and her family *NFP training
Minimum required education level for staff	Licensure as a Registered Professional Nurse or be eligible to practice nursing and three years of professional nursing experience
Training Required	Nurses receive training through the Nurse Family Partnership National office on the Evidence Based Model which includes: PIPE and Promoting Maternal Mental Health. Touchpoints

Number of FTEs	6 in 2009, 10 in 2010
How is fidelity measured	Quarterly reports from National Office, Home Visit Observations, Chart reviews, reflective supervision, team meetings, case conferences, performance monitoring.
Results of assessment	CSC Contract Manager reviews reports prepared by NFP National Office quarterly. Contract Manager also completes chart reviews, field observations and monitor performance through quarterly reports. No major concerns were noted in any of the reports. Last assessed March 2010

Parent-Child Home Program of Hardee, Jefferson, and Palm Beach Counties

<table>
<tr><td>General Description</td><td colspan="15">The Parent-Child Home Program is an early childhood literacy and school readiness program. The Program strengthens families and prepares children for academic success through intensive home visiting. This program emphasizes the importance of quality parent-child verbal interaction to promote the cognitive and social-emotional development that children need in order to enter school with the tools they need to become successful students.</td></tr>
<tr><td>Number of Florida Counties offered</td><td colspan="15">3 (Hardee, Jefferson County and Palm Beach County)</td></tr>
<tr><td>Source of Funding</td><td colspan="15">Local</td></tr>
<tr><td>Desired/Intended Outcome</td><td colspan="15">The program seeks to increase the verbal and language skills of 1 to 3 year-olds. The program attempts to increase parent-toddler verbal interaction through home-based reading and playing, specifically:
1) Increasing the cognitive and emotional development and, thus, the school readiness of at-risk toddlers; and 2) promoting parent-child verbal interaction and other parenting skills that are embedded in the attachment between parent and child.</td></tr>
<tr><td>Eligibility Criteria</td><td colspan="15">A home visitation model that benefits families living at or below the poverty level: rural families and those isolated by culture or language that does not routinely access center-based services: single or teen parents or families with other children defined as "special needs."</td></tr>
<tr><td>Target Population</td><td colspan="15">PCHP focuses on children, 1 year to 3 years old, who are deemed to be at the greatest risk of failure in school – those with low-income parents who have a limited education. Children have entered as young as 16 months and stay until 4 years-old.</td></tr>
<tr><td rowspan="11">Demographics of Population Served</td><td colspan="5">2007 or FY 2006/07</td><td colspan="5">2008 or FY 2007/08</td><td colspan="5">2009 or FY 2008/09</td></tr>
<tr><td colspan="5">By Race</td><td colspan="5">By Race</td><td colspan="5">By Race</td></tr>
<tr><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td><td>White</td><td>Black</td><td>Asian</td><td>Native American</td><td>Other</td></tr>
<tr><td>3</td><td>8</td><td></td><td></td><td></td><td>4</td><td>8</td><td></td><td></td><td></td><td>8</td><td>10</td><td></td><td></td><td></td></tr>
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<tr><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td><td colspan="2">Male</td><td colspan="3">Female</td></tr>
<tr><td colspan="2">4</td><td colspan="3">7</td><td colspan="2">2</td><td colspan="3">10</td><td colspan="2">7</td><td colspan="3">11</td></tr>
<tr><td colspan="5">By Age</td><td colspan="5">By Age</td><td colspan="5">By Age</td></tr>
<tr><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td colspan="2">36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td colspan="2">36<u>≤</u></td><td><u>≤</u>19</td><td>20-25</td><td>26-35</td><td colspan="2">36<u>≤</u></td></tr>
<tr><td>11</td><td></td><td></td><td colspan="2"></td><td>12</td><td></td><td></td><td colspan="2"></td><td>18</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>Activities</td><td colspan="15">A Home Visitor is assigned to the participating family and visits them for half-an-hour, twice-a-week on a schedule that is convenient for the parents. On the first visit of each week, the Home Visitor brings a carefully-selected book or educational toy as a</td></tr>
</table>

	gift to the family. In the twice-weekly home sessions with the parent (or other primary caregiver) and the child, the Home Visitor models verbal interaction and reading and play activities, demonstrating how to use the books and toys to cultivate language and emergent literacy skills and promote school readiness. Over the course of the two years in the Program, families acquire a library of children's books and a large collection of educational and stimulating toys. A Program Year consists of a minimum of 23 weeks of home visits (or 46 biweekly, half hour home sessions over a two year period).
Core Components	Parent participation, Training in multicultural awareness and the ethics of home visiting are important components of the Parent-Child Home Program training curriculum for Site Coordinators and Home Visitors. Respect and understanding are critical for successful home visiting relationships. THE APPROACH: MODELING VS. TEACHING The Parent-Child Home Program utilizes a non-directive approach by modeling behaviors for parents that enhance children's development rather than teaching behaviors. Parents are never given homework or assignments to complete but are encouraged to continue quality play and reading between visits with the books and toys they receive each week. The "light touch" employed by Parent-Child Home Program Home Visitors is non-intimidating and empowers parents, allowing them to become their child's
Minimum required education level for staff	No minimum educational requirement for Home Visitors (unless it is required by the implementing agency or funding stream – in which case typically HS Diploma/AA degree). Site Coordinators who oversee all Home Visitors must have at least a BA and typically have a background in social work and/or early childhood.
Training Required	The Parent-Child Home Program National Center requires that all Coordinators (supervisors of Home Visitors) attend and complete a 3-day initial training institute, and then a one-day follow-up training within 3-6 months of implementing the Program and/or completing the initial training institute. After completing the initial three days of training, each Coordinator is certified to implement the Program at the local level, including hiring and training Home Visitors; choosing and ordering curricular materials; recruiting/enrolling families, and reaching out to other community agencies. The follow-up training reinforces the initial training, along with focusing on more specific issues regarding supervision, multi-cultural issues, and reflective practice. Beyond the key elements, Coordinators are expected to have a complete grasp of the basic theories that are the foundation of the Program, and to have a full understanding of the Program's goals. In addition, the training is designed for new Coordinators to understand what constitutes best practice within the context of a Parent-Child Home Program home visit, including techniques and strategies to support the parent-child bond, increase parent-child positive verbal interaction, increase the child's pro-social behaviors, be culturally and linguistically sensitive, build trusting relationships, and create/support early literacy activities within the home.
Number of FTEs	1 for Hardee county 1 for Jefferson county 1 for Palm Beach county

How is fidelity measured	• All Parent-Child Home Program sites are required to input data into the Program's Management Information System (MIS) on a regular basis. This data is checked for adherence to our national standards, and program support is offered to correct implementation issues within local contexts when the MIS data warrants. An annual report is generated at the close of each Program year. • Every Site Coordinator is contacted by phone quarterly to check on adherence to key elements of the program, assess goals, and offer program support. • Program sites are required to fill out a form called the KEEP (Key Elements to Establishing Program) on an annual basis, to verify that the Program is being conducted in accordance with national standards.
Results of assessment	• Each local site goes through a certification process after having implemented the Program for two years. • The site certification process includes a series of conference calls or site visit by a National Center staff member, who reviews all the MIS data, inspects program files, observes a weekly supervisory staff meeting, interviews the Site Coordinator, and interviews the Site Coordinator's supervisor. In addition, two videos of home visits are required to be submitted, and are reviewed and rated according to standards of best practice. • Sites who do not meet standards to be certified are offered additional supports and training opportunities, and go through the initial site certification process again. Sites are evaluated after their first complete two years; and then must submit paperwork annually to confirm certification status. Recertification occurs at least every five years, but certain triggers will prompt recertification at an earlier date – significant staffing changes, local partner agency changes, significant change in the number of families being served.

Parenting Smart Babies

General Description	Providing support, education and resources to help parents strengthen great families														
Number of Florida Counties offered	1 – Palm Beach County														
Source of Funding	Local														
Desired/Intended Outcome	1. Optimize child development of infants and toddlers, aged birth – 3; 2. Empower parents as primary educators of their children; and, 3. Provide support and linkage to community resources for parents.														
Eligibility Criteria	PSB focuses on families with a stay-at-home parent who are determined by the referring agency to be likely to benefit from the program. Child cannot be in a child care program. Parents must be available for weekly Home Visits that are scheduled at their convenience. Curriculum is offered in their native language. English or Spanish speaking families will agree to a 6 month (at least) commitment. Pregnant women who are in their 2nd trimester.														
Target Population	Birth to 36 months Poverty, social isolation, literacy or lack of education														
Demographics of Population Served	**2007 or FY 2006/07**					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
	By Race					**By Race**					**By Race**				
	White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
		2			118		2			80					95
	By Ethnicity					**By Ethnicity**					**By Ethnicity**				
	Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
	118		2			80		2			95				
	By Gender					**By Gender**					**By Gender**				
	Male		*Female*			*Male*		*Female*			*Male*		*Female*		
	53		67			35		47			41		54		
	By Age					**By Age**					**By Age**				
	≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	
Activities	Weekly home visits and a monthly parent group meeting and/or activity Prenatal from second Trimester. Child up to 3 years old. PSB services are provided in-home and group meetings are held at the local offices of The Center for Family Services in Lake Worth.														
Core Components	PSB uses the Growing Great Kids©curriculum which is family centered, strength based and solution focused as well as the Growing														

	Great Families© curriculum. Triple P Level 3, Level 4 Group, Level 4 Standard Regular developmental screening with ASQ/Piccolo/ Risk Assessments Early Steps /Easter Seals Home Visitor works with Part C eligible children Weekly home visits All supplies provided to families Translation services Board Books provided to encourage early literacy Culturally appropriate activities Monthly parent meetings provide instruction on marketable skills Platinum ACCESS (DCF Applications) /Referrals to community services Transportation through Vital Transportation and bus passes Monthly parent group meetings and/or family activities Monthly home visits from Program Director
Minimum required education level for staff	Home Visitors are paraprofessionals, with the position requiring a High School Diploma or equivalent. Staff must be bilingual.
Training Required	Staff are trained in the Growing Great Kids and Growing Great Families curricula, and Touchpoints
Number of FTEs	4 in 2008 5 in 2009 5 in 2010
How is fidelity measured	The CSC Contract Manager conducts semi-annual site visits.
Results of assessment	CSC Contract Manager issues a report. No issues or areas of concern were noted. Last evaluated March 2010

Parents as Teachers

General Description	Parents as Teachers are the overarching program philosophy of providing parents with child development knowledge and parenting support. The program strives to increase parent knowledge of early childhood development and improve parenting practices, Provide early detection of developmental delays and health issues, Prevent child abuse and neglect, Increase children's school readiness and school success.
Number of Florida Counties offered	18 counties plus Redlands Christian Migrant Association whose services cover multiple counties
Source of Funding	Local, state, federal
Desired/Intended Outcome	*Increased parental knowledge of child development and how to foster growth and learning. *Solid foundation for school success *Prevention of child abuse and neglect *Increase parental confidence and competence *Development of a home-school-community partnership *Early detection of developmental delays and health concerns
Eligibility Criteria	The PAT program does not place restrictions on eligibility criteria. All families who are either expecting a child (prenatal) or have a child under age 5 are able to participate.
Target Population	PAT focuses on families and children prenatal through age 5.

Demographics of Population Served

2007 or FY 2006/07					2008 or FY 2007/08					2009 or FY 2008/09				
By Race					**By Race**					**By Race**				
White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
223	333	6	0	156	566	805	26	0	268	609	1028	56	0	212
By Ethnicity					**By Ethnicity**					**By Ethnicity**				
Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
438					661					967				
By Gender					**By Gender**					**By Gender**				
Male		*Female*			*Male*		*Female*			*Male*		*Female*		
By Age					**By Age**					**By Age**				
≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	
266					178					272				

Activities	Personal Visits - Parent educators conduct at least monthly meetings to share age-appropriate developmental information with parents. They help parents learn to observe their own child, address parenting concerns, and engage in activities that provide

	meaningful parent-child interaction. Group Meetings - Provides opportunities to share information about parenting issues, child development and practice parenting skills. Screening - Annual developmental, health, vision, and hearing screenings. Resource Network - Parent educators help families identify and connect with needed resources.
Core Components	Parent participation, culture competency; Born to Learn curriculum
Minimum required education level for staff	The national office recommends that parent educators have at least a Bachelor's/4-year degree in early childhood or a related field. However, it is also acceptable for parent educators to have a 2-year degree or 60 college hours in early childhood or a related field. Supervised experience working with young children and/or parents is also recommended. If a program hires parent educators with a high school diploma or GED, they must have a minimum of 2 years previous supervised work experience in early childhood. Individual programs may require additional educational or work history requirements that they find appropriate.
Training Required	To provide Parents as Teachers services, each staff person must fully attend the Parents as Teachers training, successfully complete all assessments, and be certified as a Parents as Teachers parent educator. The training and curriculum include information on the Parents as Teachers philosophy and strengths-based approach, the four components of Parents as Teachers (personal visits, group meetings, screenings, and connection to a resource network), strategies for engaging and successfully working with families, child development, supporting parent-child interaction, human diversity, and utilizing the research based curriculum.
Number of FTEs	76 40 in 2007 82 in 2008 106 in 2009
How is fidelity measured	Parents as Teachers programs submit data annually to their state offices and national center on key service implementation. Beginning next year, this Annual Program Report will also serve as a more focused program fidelity check. In addition, supervisors are expected to assess process fidelity at least annually using observations of home visits for each home visitor and providing feedback. Parent educators also self-assess their own skills in delivering personal visits and engage in continuous improvement. Record reviews of each parent educator should be conducted quarterly by the supervisor. In addition, after three years of implementation, and every fourth year thereafter, organizations implementing the Parents as Teachers model are expected to engage in a comprehensive self-assessment that reviews both service delivery and program operations; the results of this self-assessment are posted on-line. Site visits by state offices and the national center are available at additional cost.
Results of assessment	Programs that go through self-assessment and reach a level of Quality or Excellence on the benchmark report are eligible to apply for a program quality visit at additional cost. This visit is intended to confirm the quality of the program based on a visit by

	representatives from the national center, in collaboration with the state office. If program quality is confirmed, programs receive commendation as a program of excellence, a program of quality, or a program of merit. No Florida programs have completed the self-assessment at the current time.

School and Family Support Services

General Description	Through in-school and in-home services in targeted elementary schools, SFSS works to improve identified children's ability to be successful in school and reduce the risk of abuse and neglect
Number of Florida Counties offered	59 elementary schools in Palm Beach County
Source of Funding	Local
Desired/Intended Outcome	Increased family involvement in child's education. Improve behavioral and emotional functioning in internalizing and externalizing domains. Families demonstrate measurable improvement in goal attainment. Increased knowledge and awareness of community resources, ability for school to meet needs of non-eligible children. Families will increase their ability to help the child be successful in school and in the community. Improve school behavior: decreased disciplinary referrals; decreased absences. Parents/guardians will utilize formal and informal support systems to ensure the well being of their children and families.
Eligibility Criteria	Attendance at 1 of the 57 targeted elementary schools where SFSS is implemented. Scoring at risk on the Scale to Assess Emotional Disturbance Screener- SAED 2
Target Population	Kindergarten and 1st Grade students Children that score most at risk on the Scale to Assess Emotional Disturbance Screener- SAED 2 (e.g., behavior, peer/social, self-esteem, task orientation, anxiety)

Demographics of Population Served

2007 or FY 2006/07					**2008 or FY 2007/08**					**2009 or FY 2008/09**				
By Race					**By Race**					**By Race**				
White	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*	*White*	*Black*	*Asian*	*Native American*	*Other*
										80	454			215
By Ethnicity					**By Ethnicity**					**By Ethnicity**				
Hispanic		*Other*			*Hispanic*		*Other*			*Hispanic*		*Other*		
										179		570		
By Gender					**By Gender**					**By Gender**				
Male		*Female*			*Male*		*Female*			*Male*		*Female*		
										509		239		
By Age					**By Age**					**By Age**				
≤19	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*		*≤19*	*20-25*	*26-35*	*36≤*	

Activities	Direct services are provided to children and their families identified by the screening criteria and admitted into the SFSS program.

	Consultants visit the family in their homes and/or in the community on a frequent basis to provide ongoing assessment and/or interventions. Consultant provides individualized intervention with a child and/or teacher in the school setting as needed. Consultant attends scheduled meetings with parent/guardian, and school personnel (e.g. guidance counselor, principal, teacher) in school setting. Consultant provides intervention to a parent/guardian over the phone on an as needed basis.
Core Components	Direct services are provided to children and their families identified by the screening criteria and admitted into the SFSS program. Consultants visit the family in their homes and/or in the community on a frequent basis to provide ongoing assessment and/or interventions. Consultant provides individualized intervention with a child and/or teacher in the school setting as needed. Consultant attends scheduled meetings with parent/guardian, and school personnel (e.g. guidance counselor, principal, teacher) in school setting. Consultant provides intervention to a parent/guardian over the phone on an as needed basis. Boys Town has their own curriculum which is strength based and researched. Home Visit and parent engagement
Minimum required education level for staff	Master's degree in Counseling, Social Work or Human Services field preferred; B.S. degree in the Human Services field and two years experience in Human Services.
Training Required	Family Consultants are trained in the Boystown In-Home Family Services Model.
Number of FTEs	48
How is fidelity measured	Contract Manager conducts semi-annual site visits
Results of assessment	Program was found to be in compliance with expectations Last evaluated March 2010

Source: Program Capacity and Quality Worksheet for the Home Visiting Needs Assessment, Request for Demographic Information for the Home Visiting Needs Assessment Worksheet

Appendix I

Home Visiting Quality: Short- and Long-term Outcomes

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
CSC Children's Harbor Family Strengthening Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	94%	93%	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	84%	87%				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	100%	89%				
CSC Children's Home Society Family Strengthening Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	94	93	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	84	68				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	100	93				
CSC Family Central ESAHP Family Strengthening Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	80	94	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	40	70				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	100	100				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
CSC Father Flannigan's Boys Town Family Strengthening Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	97	96	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	42	60				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	93	95				
CSC Friends of Children Family Strengthening Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	100	98	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	100	93				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	98	100				
CSC- Gulf Coast Community Care- Family Strengthening - Family Skill Builder's Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	94	100	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	45	71				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	100	98				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
CSC Healthy Mothers, Healthy Babies – Family Strengthening Prenatal / Infant Home Visiting Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	NA	NA	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	65	77				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	95	89				
CSC Healthy Mothers, Healthy Babies – Mothers Overcoming Maternal Stress (M.O.M.S.) - Maternal Nurturing Program	Percentage of mothers who participated in the program and reported fewer symptoms of depression. Council Goal:60%	NA	NA	93	NP	NP	NP	NP
	Percentage of infants and children that scored within range for developmental milestones (Communications, Gross Motor, Fine Motor, Problem Solving, and Personal social). Council Goal: 80%	NA	NA	96				
	Percentage of families who demonstrated improvements in family functioning (e.g., parenting skills, family interactions, and decrease in family conflicts). Council Goal: 80%	NA	NA	98				
CSC Henderson Mental Health Center, Family Strengthening , Family Resource Team	Percentage of parents who completed the program reported satisfaction with program intervention. Council Goal: 85%	NA	99	99	NP	NP	NP	NP
CSC Henderson Mental Health	Percentage of youth who demonstrated reduction in aggressive behavior. Council Goal: 70%	NA	61	73	NP	NP	NP	NP

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
Clinic Family Strengthening Multisystemic Therapy Program	Percentages of youth maintain/improved school attendance or employment 12 months. Council Goal: 80%	NA	80	90				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	78	88				
CSC Institute for Family Centered Services Family Strengthening Project BRIDGE Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	95	91	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	64	66				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	100	97				
CSC Jewish Adoption and Foster Care Options (JAFCO) Family Strengthening Multisystemic Therapy Program	Percentage of youth who demonstrated reduction in aggressive behavior. Council Goal: 70%	NA	65	77	NP	NP	NP	NP
	Percentages of youth maintain/improved school attendance or employment 12 months. Council Goal: 80%	NA	83	88				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	100	100				
CSC- Kids In Distress: Family Strengthening - KID First Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	92	96	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect.	NA	57	71				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	Council Goal: 65%							
	Percentage of families who improved family functioning. Council Goal: 80%	NA	98	99				
CSC Memorial Healthcare System Family Strengthening Family TIES Program	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	92	96	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child abuse and neglect. Council Goal: 65%	NA	57	77				
	Percentage of families who improved family functioning. Council Goal: 80%	NA	98	95				
CSC Memorial Healthcare System, Mothers Overcoming Maternal Stress (M.O.M.S)	Percentage of mothers who participated in the program and reported fewer symptoms of depression. Council Goal:60%	NA	NA	91	NP	NP	NP	NP
	Percentage of infants and children that scored within range for developmental milestones (Communications, Gross Motor, Fine Motor, Problem Solving, and Personal social). Council Goal: 80%	NA	NA	98				
	Percentage of families who demonstrated improvements in family functioning (e.g., parenting skills, family interactions, and decrease in family conflicts). Council Goal: 80%	NA	NA	92				
Early Head Start	Up to date on EPSDT schedule	NA	NA	93.64	NP	NP	NP	NP
	Children diagnosed as needing medical treatment	NA	NA	9.57				
	Children receiving medical treatment	NA	NA	95.48				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	Children with Health Insurance	NA	NA	89.97				
	Children with a Medical Home	NA	NA	92.56				
	Children with up-to-date immunizations	NA	NA	101.71				
	Children with a dental home	NA	NA	61.04				
	Families who receive family services	NA	NA	79.74				
	Children and pregnant women who left the program and did not re-enroll	NA	NA	21.96				
	Number of home-based option children per home visitor	NA	NA	9.76				
Early Steps	Office of Special Education Programs (OSEP) INDICATORS	NP	NP	NP	NP	NP	NP	NP
	Indicator 1: Timely Service Delivery	60	70	72				
	Indicator 2: Natural environments	72	75	77				
	Indicator 3: Child Outcomes	NA	NA	NA				
	Indicator 4: Family Outcomes (See Family Out comes Survey Below	NP	NP	NP				
	Indicator 5: Child Find – birth to age one served	.60%	.58%	.59%				
	Indicator 6: Child Find – birth to age three served	1.68%	1.66%	1.91%				
	Indicator 7: 45 Day Timeline from Referral to Initial IFSP	86%	80%	91%				
	Indicator 8A: Transition plans include steps and services	79%	79%	92%				
	Indicator 8B: The local education agency is notified	82	86	95				
	Indicator 8C: 90 day transition conference	78	80	80				
	Indicator 9: Correction of non-compliance within 12 months of identification	67	73	61				
	Family Outcomes Survey Early Steps uses the National Center for Special Education Accountability Monitoring (NCSEAM) survey to measure family satisfaction							
	Indicator 4A: Families report that early intervention services have helped	54	65	67				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	their family know their rights							
	Indicator 4B: Families reports that early intervention services have helped their family effectively communicate their children's needs.	50	61	64				
	Indicator 4C: Families report that early intervention services have helped their family help their child grow.	64	75	78				
Exchange Club Castle Safe Families	95% of the families who have been enrolled in the program for at least 3 months will experience a reduction in risk factors associated with child abuse by at least one.	93	100	100	NP	NP	NP	NP
	95% of families who have been enrolled in the program for at least 3 months will increase protective factors associated with a reduction in risk for child abuse by at least one.	93	100	100				
	94% of families who successfully complete the program will have no confirmed reports or re-reports of abuse for up to one year following completion.	100	99	99				
	96% of families that successfully complete the program will show improvement on the Adult/Adolescent Parenting Inventory.	100	100	100				
	95% of parents participating in parenting education services (groups) will demonstrate improved knowledge of parenting issues.	100	100	100				
CSC Broward Family Central Nurturing Parenting Program Family Strengthening	Percentage of parents who maintained and/or decreased their experienced level of parenting stress. Council Goal: 80%	NA	98	98	NP	NP	NP	NP
	Percentage of parents who reported parenting attitudes/behavior consistent with decreased risk of child	NA	74	83				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
Program	abuse and neglect. Council Goal: 65%							
	Percentage of families who improved family functioning. Council Goal: 80%	NA	99	98				
Gadsden Federal Healthy Start Project	Baby Spacing (percent of participants enrolled in program for 6 months or more delaying a subsequent pregnancy by at least 9 months)	NP	NP	83%	Infant Mortality	12.9	9.6	8.7
	Medical Home (percentage reported for children (c) and mothers (m))	98.1% (c) 71.9% (m)	97% (c) 94.7% (m)	95.6% (c) 82.7% (m)	Neonatal Mortality	12.9	4.8	0
					Post neonatal	0	4.8	8.7
					LBW	23.2	9.1	11.7
	Consumer Satisfaction w case management, education, & counseling (percent very satisfied or satisfied with services)	NP	NP	> 90%	VLBW	3.9	1	2.6
REACHUP, Inc./Central Hillsborough Healthy Start	Reduction in the percent of the Black women receiving prenatal CHHS services who deliver low birth weight infants (National figure)	14.9	12.1	NA	NP	NP	NP	NP
	Reduction in the percent of the Black women receiving prenatal CHHS services who deliver very low birth weight infants (National figure)	2.8	3.1	3.4				
	Reduction in the percent of the Black women receiving prenatal CHHS services who deliver preterm infants (National figure)	14.5	14.5	9.6				
	Decrease infant mortality rate for CHHS zip codes (National figure)	9.5	8.5	11.7				
	Reduction in the percent of repeat births among mothers equal to or less than 19 years old (National figure)	5.6	3.7	NA				
	Increase in the percent of women participating in CHHS who have an ongoing source of primary preventive care (National figure)	95.9	97.1	98				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	Increase in the percent of children from birth to age 18 participating in CHHS who have a medical home (National figure)	91.8	94.1	95				
	Increase consumer satisfaction with case management/care coordination services (Local figure)	95	96	96.5				
St. Petersburg Healthy Start Federal Project	% of Very Low Birth weight infants born to program participants	2.2	2.9	6.8	NP	NP	NP	NP
	% of Low Birth weight infants born to program participants	15.2	13..5	20				
	Infant mortality rate among program participants	16.3	9.7	25.9				
	Neonatal mortality rate	0	0	20.7				
	Perinatal mortality rate	16.3	9.7	5.2				
	% of program participants with 1st trimester entry into prenatal care	70.2	64	60.7				
	% of infant program participants with a medical home	99.2	98	98.7				
	% of women program participants with a medical home	94.9	85.7	90.9				
	% of women program participants with a completed referral	92.4	87.5	91.6				
First Step to Success	Improvement in overall skills for age	NP	NP	NP	Increase social competence with fewer behavioral problems	NP	NP	NP
	Increased ability to cooperate with others	NP	NP	NP				
					Increase healthy development of self in toddlerhood	NP	NP	NP
	Increased fine and gross motor skills	NP	NP	NP				
Florida Healthy Start (outcomes are population based and not calculated for program participants only)	Actual infant deaths will not significantly exceed the expected infant deaths (calculated for each Coalition area)	7.06 per 1,000	7.21%	NA	NP	NP	NP	NP
	Actual low birth weight percentage will not significantly exceed the expected percentage	8.68%	8.80%	NA				
	Percentage of late or no prenatal care for each coalition catchment area will not exceed__%*	6%	5.8%	NA				
	First trimester entry into prenatal care for each coalition catchment are a will not exceed __%*	75.9	76.9	NA				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	Prenatal screening offer rate will increase to __%*	88.63	92.8	94.64				
	Infant screening rate will increase to 97%*	81.82	86.84	87.95				
	There are also 9 separate core performance measures for each coalition catchment area that measure process objectives annually (Each of the 30 Coalition areas calculate separately. Not available statewide)	NP	NP	NP				
	Customer satisfaction (Each of the 30 Coalition areas calculate separately. Not available statewide)	NP	NP	NP				
	Healthy Start drug abusing pregnant women receiving care coordination	2071	2030	1989				
Healthy Beginnings Nurses (Support Plus, Medically Complex, Women's Health Initiative)	Decrease percentage of low birth weight babies	NP	NP	Baseline	Reduce the percentage of children with developmental delays	NP	NP	Baseline
	Decrease the percentage of babies born pre-term	NP	NP	Baseline				
					Reduce child abuse and neglect	NP	NP	Baseline
	Decrease infant mortality	NP	NP	Baseline				
	Increase percentage of mothers with 2 years between pregnancies	NP	NP	Baseline				
	Increase bonding and attachment	NP	NP	Baseline				
Healthy Families Florida (HFF	Free from "verified" abuse and neglect during services	98	98	98	Free from "verified" abuse and neglect within 12 months of completing the program	98	99	98
	Free from "verified" and "not substantiated" abuse and neglect during services	95	95	95				
					Free from "verified" and "not substantiated" abuse and neglect within 12 months of completing the program	96	96	96
	Participant Satisfaction	99	99	99				
	Immunized by age 2	93	90	91				
	Well-child checks by age 2	91	87	90				
	Well-child checks > age 2	97	96	97				
	Self-sufficiency	78	77	82				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	Participant connected to a medical provider	99	99	99				
	Target child connected to a medical provider	99	99	99				
	No subsequent pregnancy within 2 years after birth of target child	97	98	97				
Healthy Homes Program	Number of clients with an identified healthy homes need met.	NA	NA	NA	Long term statewide indicators have not yet been established.	NA	NA	NA
Helping People Succeed Building Readiness Among Infants Now	(MMMC)100% of parents will report an increase in understanding and knowledge of their infants physical and nutritional needs, immunization, infant sleep position, infant home/fire safety, self-care, dietary intake, referral sources, and follow-up appointment with primary care provide	100	100	100	NP	NP	NP	NP
	(MMMC) 75% of all mothers will be breast-feeding at the time of the first home visit. (Baseline: 75% according to Surgeon General's goal of 75% by year 2010.)	93	94	96				
	(HPS) 100% of all parents will report increased understanding and knowledge of infant development, including brain development, the ASQ developmental monitoring, and enhancement of parent-child interaction.	100	100	100				
	90% of families will report that they are satisfied or very satisfied with the service.	99	98	100				
	60% of Martin County resident deliveries in Palm Beach County will be referred to the BRAIN program.	42	49	56				
Family Reunification Services	Percentage of families having no verified findings of abuse/neglect within 6 months of case closure	NA	NP	NP	Children remaining with their families 12 months following their reunification.	NA	NP	NP
	Percentage of families who were successfully linked and had access to additional services when requested or indicated as a need on a follow up survey.	NA	NP	NP				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
Helping People Succeed Developmental Intervention Program	70% of enrolled at-risk children will achieve age-appropriate developmental functioning.	69	NA	NA	NP	NP	NP	NP
	90% of enrolled families will report enhanced parent-child relationships.	100	100	100				
	90% of enrolled parents will report satisfaction with services.	100	100	100				
	90% of parents will report an increase in knowledge of child development.	100	100	98				
	Enrolled children with developmental delays will meet 50% of the goals on their Child Development Plan.	NA	91	89				
HIPPY (Home Instruction for Parents of Preschool Youngsters)		NP	NP	NP	NP	NP	NP	NP
Inspiring Family Foundations	Parent/Caregiver will demonstrate progress in learning and developing new tools for improved interpersonal, parental and family functioning.	NA	NA	Baseline	Children will demonstrate progress in their developmental milestones.	NA	NA	Baseline
	Children will demonstrate evidence of appropriate Attachment and bonding.	NA	NA	Baseline	Parent/caregiver will demonstrate progress for interpersonal, parental, and family functioning	NA	NA	Baseline
Nurse-Family Partnership Palm Beach County	Decrease pre-term births	NA	NA	10.4	65% of teen participants stay in school and get a diploma or GED	NA	NA	NA
	Decrease low birth weight babies	NA	NA	12.8	80% of infants will be initially breastfeed	NA	NA	NA
	No subsequent unintended pregnancies	NA	NA	95	Increase percentage of infants immunized at 24 months	NA	NA	NA
Parent-Child Home Program – Palm Beach County	Parents participating in the Parent Child Home program will exhibit an increase in positive parent-child verbal interaction	NA	NA	Baseline	Children participate in the program will be eager and ready to learn (one year after program completion, school readiness data will be collected for FY 2013-2014)	NP	NP	Baseline
	Children participating in the Parent Child Home program will exhibit an increase in positive behaviors.	NA	NA	Baseline				
Parenting Smart Babies	Parental recognition of child's basic needs	NA	NA	NA	Children who participate in PSB will be eager and ready to learn (two years after program completion, school readiness data will be collected for FY 2010-2011)	NA	NA	NA
	Early identification of developmental delays	NA	NA	NA				
	Parent identifies needs and goals for their family	NA	NA	NA				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	Parent understands child's early literacy needs	NA	NA	NA				
	Child is responsive to parent's efforts to engage in activities	NA	NA	NA				
	Families have a positive relationship with PSB staff	NA	NA	NA				
	Parents are responsive toward their child's cues	NA	NA	NA				
	Parents encourage their child to explore and play	NA	NA	NA				
	Parents provide learning opportunities for their child	NA	NA	NA				
Parents as Teachers	Number of children who receive health and developmental screenings	1171	2092	2256	NP	NP	NP	NP
	Number of children identified with possible health or developmental problems	433	415	586				
	Number of children who receive follow-up services	NA	NA	443				
	Number of families referred to community resources	799	964	1742				
	Percentage of children fully immunized by age 2	96%	84.89%	94.86%				
School and Family Support Services (SFSS)	Children who score at risk based on the Scale to Assess Emotional Disturbance Screener (SAED-2) will be linked to services as measured by the percentage of children at risk who are linked to services	NA	28%	NA	Participating students will demonstrate an increase in school attendance	NA	NA	NA
					Fewer children will have disciplinary referrals as measured by the percent of children that had disciplinary referral records by the end of the school year	NA	NA	NA
	Families participating in the program will increase their involvement in the child's education as indicated by a consumer survey administered after the last session to families receiving a minimum of eight hours.	NA	NA	NA				
	School personnel will increase their knowledge and awareness of community resources as measured by consumer survey	NA	NA	NA				
	Children participating in the program will improve their social-emotional competence as measured by	NA	NA	NA				

Program	Short-term Outcomes Measured	2007	2008	2009	Long-term Outcomes Measured	2007	2008	2009
	improvement scores on the Achenbach Child Behavior Checklist (CBCL)							
	Children participating in the program will improve their social-emotional competence as measured by improvement scores on the Teacher Rating Form (T-RF)	NA	NA	NA				
The Magnolia Project - NEFHSC	% Completed referrals	96.3 (Years 2005-2009)			% Non-recurring family planning problems	66 (Years 2005-2009)		
	% Completed annual medical exam	76.5 (Years 2005-2009)						
					% Non-recurring STDs	82 (Years 2005-2009)		
	% risk managed resolved at closure	70 (Years 2005-2009)						
	% screened for stress	100 (Years 2005-2009)						
The Parent-Child Home Program of Hardee County School District	Parent-child interaction	NP	NP	NP	NP	NP	NP	NP
	Social-emotional development	NP	NP	NP				
	School readiness	NP	NP	NP				
The Parent-Child Home Program of Healthyways, Inc. – Jefferson County	Parent-child interaction	NP	NP	NP	NP	NP		
	Social-emotional development	NP	NP	NP				
	School readiness	NP	NP	NP				

Source: Program Capacity and Quality Worksheet for the Home Visiting Needs Assessment, Request for Demographic Information For the Home Visiting Needs Assessment Worksheet