
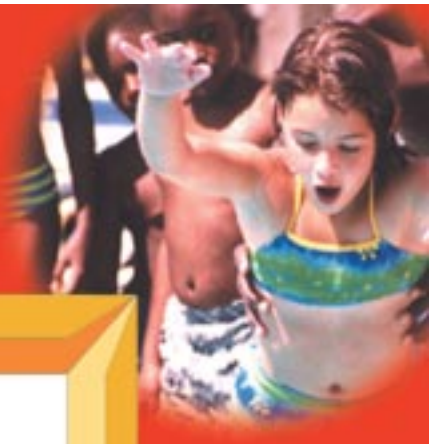



January 2002

Broward County
Children's Strategic Plan

A FRAMEWORK FOR ACTION

BROWARD COUNTY
FLORIDA

Board of County Commissioners

Prepared by
The Broward County
Children's Strategic Planning Committee

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BROWARD COUNTY
FLORIDA

LORI NANCE PARRISH, CHAIR
Board of County Commissioners
(954) 370-3700 • FAX (954) 370-3702
E-mail address: lparrish@broward.org

February 6, 2002

Dear Community Member:

The Broward County Board of County Commissioners, is pleased to support the Broward County Children's Strategic Plan, which charts the course that organizations serving children and families will follow in the coming years. This Strategic Plan will ensure collaborative planning and a commitment to meaningful outcomes. It spells out identifiable problems within our communities and describes our goals, objectives and strategies for achieving results.

This document represents the most comprehensive and far-reaching plan ever prepared in this county for the development of innovative best practices, coordination of planning, and delivery of services. It provides a bold, yet thoughtful and measured vision for how services for children and families should be developed, implemented and then judged. It is sensitive to the fact that ours is a diverse and multi-cultural environment and identifies key areas where unique service delivery partnerships are possible.

We encourage each of us, elected officials, community leaders, funders and individuals who work directly on programs for children and families to read this plan and look for further ways for us to accomplish these ambitious goals.

Congratulations to the many committees, organizations and individuals who worked long and hard to produce this document.

Sincerely,

Lori Parrish

THANK YOU!

Commissioner Lori Nance Parrish, Chair
District 5

CHILDREN'S SERVICES COUNCIL of Broward County

Message from the Chair of The Broward County Children's Strategic Planning Committee

Dear Community Member,

As Chair of the Broward County Children's Strategic Planning Committee, it is my great pleasure to present the first Broward County Children's Strategic Plan – A Framework for Action. The development of this document has been a labor of love on the part of many individuals and organizations over a two-year period of time. Its genesis was the realization on the part of many leaders in children's services that, given the huge challenges facing our children and families and the systems that serve them, we must all work together. We must base our decisions on data, with broad community participation, and an eye on outcomes.

With the support of the Broward County Board of County Commissioners and the Children's Services Board, I was able to take on the leadership of this project. Thanks to the vision and endorsement of the Coordinating Council, the collaborative planning across many service systems became a reality. And finally, the creation of the Children's Services Council (CSC) added new energy, focus and funding to the child-serving community. As the CSC developed its first year goals and objectives, the Council Members were able to draw upon the insight and information contained in this document.

The purpose of this Framework is to weave together the various planning efforts taking place throughout the County. The basic logic of the plan will help the community direct resources, strengthen coordination and eliminate duplication. It will also help direct attention at using technology to work more efficiently and accurately, and to communicate more effectively with those who receive social services.

Performance indicators and benchmarks are included in this plan and using them will hold the stakeholders accountable for results. In doing so, we will demonstrate to taxpayers that their money is being managed wisely in order to achieve excellence in children and family services. This document sets forth our goals for improvement and our plans for meeting them.

My thanks to all the people who put so much work into this product. I personally want to thank members of my staff, both at the County and at the CSC, without whom this project never could have been completed – especially Hal Wiggin, Kevin O'Mara, Shawanda Spencer, Linda Thompson and Sandra Bernard-Bastien.

Now the real challenge of action planning and implementation begins. I look forward to working with all the organizations as they develop more detailed action plans which support the strategies outlined in the Plan. The Committee intends to update the Plan annually in order to report on our progress in meeting these ambitious goals. We welcome comments on the plan and suggestions for future action.

Sincerely,

Cindy J. Arenberg
President / CEO

351 North State Road 7, Suite #200, Plantation, Florida Tel: (954) 377-1000 Fax (954) 377-1683 www.cscbroward.org

The duly authorized signatures below verify their organization's general support of the Children's Strategic Plan. Furthermore, they confirm their organization's pledge to support the further development and implementation of specific strategies where designated.

OFFICIAL SIGNATORIES

Edith S. Lederberg, Executive Director
Area Agency on Aging of Broward County

Stephen Moss, Chair
Broward Child Welfare Initiative

Dr. Willis Holcombe, President
Broward Community College

Lori Nance Parrish, Chair
Broward County Board of County Commissioners

Lynette Beal, Chairperson
Broward County Children's Services Board

Douglas W. Hughes, Chair
Broward County Commission On Substance Abuse

Kevin Cregan, Executive Director
Broward County Housing Authority

David Choate, Chair
Broward County (Circuit 17) Juvenile Justice Board

Kenneth C. Jenne, Sheriff
Broward County Sheriff's Office

Judie Banks, President
Broward Domestic Violence Council

Nancy Becker, Director
Broward Healthy Start Coalition, Inc

John H. Werner, JD, Chief Executive Officer
Broward Regional Health Planning Council

Latha Krishnaiyer, Chair
Broward School Readiness Coalition

Mason C. Jackson, Executive Director
Broward Workforce Development Board

David Rush, Chair
Broward Workshop-Juvenile Justice Committee

Richard Turcotte, Ph. D., Chief Executive Officer
Catholic Charities of the Archdiocese of Miami, Inc.

Julie Radlauer, President
Children's Consortium

Judge Lawrence L. Korda, Chair
Children's Services Council of Broward County

Mary Partin, Executive Director
Dan Marino Foundation

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Jack L. Moss, District Administrator
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Florida Department of Health

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Literacy Coalition of Broward County

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Memorial Healthcare System

Wil Trower, President/CEO
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School Board of Broward County

Kristin D. Jacobs, Chair
South Florida Regional Planning Council

Christopher Wood, President/CEO
The Broward Alliance

Kathy Koch, President
The Coordinating Council of Broward County

Robert MacConnell, President/CEO
United Way of Broward County

Audrey Millsaps, Chair
United Way/Success By 6

Christine M. Thrower, President/CEO
Women In Distress

OVERVIEW

As the title implies, this Strategic Plan is meant to act as a framework to guide funding and service delivery planning for children's services throughout Broward County. It attempts to coordinate the many planning initiatives that have been taking place throughout the County as a result of overlapping responsibilities and devolution. It also provides clear, measurable goals for the community that will be tracked through The Coordinating Council of Broward's (CCB) Quality of Life Committee's report "The Broward Benchmarks" and updates to this plan.

Community Participation in Developing the Plan

This Plan was developed by The Children's Strategic Planning Committee (the "Committee"), a group of dedicated government, non-profit and community stakeholders who spent many months carefully studying data, best practices and existing planning documents in order to build this consensus document to guide the community. The Committee benefited greatly from the many organizations that shared data, strategies and identified needs as well as the many individuals who worked tirelessly to develop new ideas and commitments to cooperatively address the needs of Broward's children and their families.

Key resources, information, and strategies were gathered through the commitment of several funding sources: the Board of County Commissioners through the Children's Services Board (CSB) funded a Gaps Analysis of Children's Needs through the Broward Regional Health Planning Council; the County Commission through the Children's Services Administration Division (CSAD) funded the 2000 Children's Services Priority Study by Professional Research Consultants, Inc. (PRC), and assisted the CCB in funding the Community Resource Inventory; the CCB funded the 2000 Quality of Life Assessment also by PRC; the Broward County Commission on Substance Abuse secured funds from the Department of Children and Families, Alcohol, Drug Abuse and Mental Health to bring Communities That Care consultants to Broward.

Additional information was provided by the Broward School Readiness Coalition (BSRC), the United Way of Broward County's Success By Six, the Broward Child Welfare Initiative (BCWI), the School Board of Broward County, the Workforce One (formerly BETA) Youth Advisory Council, the Department of Health, the North Broward Hospital District, the Memorial Healthcare System, as well as, the Coordinating Council's own Community Resource Inventory and Quality of Life committees.

The participation of representatives from the above groups, as well as numerous individuals from youth serving agencies, policy makers, child advocates, and youth truly make this a collaborative, inclusive, and consolidated children's strategic plan. Individuals participating in the development of this plan are listed in Appendix V: Broward Strategic Plan Participants. A full chronology of events is listed in Appendix IV: Methodology.

Using The Plan

The Plan begins by stating the Committee's Vision and Mission Statements. It then lays out the long-term measurable goals, which if achieved, will demonstrate an improved quality of life for Broward's children by reducing the five most frequently identified youth "problem behaviors": school drop-out, violence, delinquency, alcohol/ substance abuse and teen pregnancy. This is followed by the "supporting goals." These are goals that research and the community agree will result in improved services and the concomitant reduction in risk factors and subsequent problem behaviors.

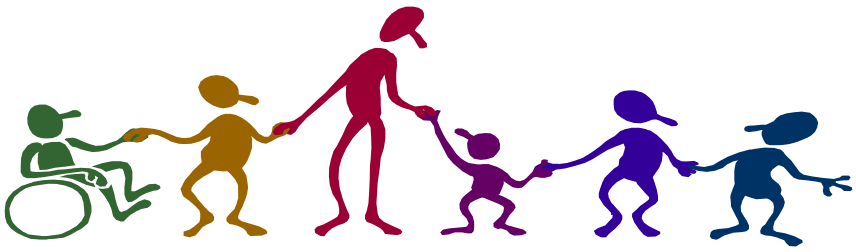
Following the goals is an outline of the demographic changes that have taken place in Broward County over the last ten years. The enormous growths in population and diversity have created additional challenges for families and children and the systems that serve them. Youth and adult perceptions of problems are then presented. This section also provides some data on the problem behaviors and some selected, critical risk factor indicators (e.g., low birth weights, school readiness, abuse/neglect reports, foster care placements, and emotional disturbance).

The plan is then separated into three strategy sections. Each section contains an explanation of the issue(s) addressed, measurable goals with target objectives for the years 2005 and 2010 and strategies to achieve those objectives. The target objectives were developed in conjunction with The Coordinating Council of Broward's Quality of Life Committee in order to ensure consistency and reduce the strain in collecting data and reporting on progress. Primary stakeholders developed the strategies, using existing strategic plans, research on best practices and brainstorming.

The first strategy section is focused on the changes that need to take place across Funders and/or Providers in order to create a truly efficient, high quality, culturally competent system of care for our children and families. Collections of agencies and programs do not constitute a "system" unless there is some effective coordination of those services. While the CCB, it's member agencies and many of the collaboratives currently working have made great strides towards developing a social services "system", a great deal is left to be done both to support their efforts and to begin complementary initiatives.

The second strategy section is focused on prevention strategies. This section draws heavily on the research done by J. David Hawkins, Ph.D., and Richard F. Catalano, Ph.D. and others since the early 1980's. Their research has identified 19 risk factors that statistically correlate to the development of the problem behaviors the community has identified as being of most concern. They have also identified protective or resiliency factors that can mitigate future problems. This research has been captured and developed into a national model called Communities That Care. The Committee chose this model as a tool to identify priority risk factors and develop program strategies aimed at reducing the risk factors that research has proven tend to lead to the adolescent problem behaviors about which the community is most concerned.

The third strategy section is focused on ensuring the existence and efficacy of the rest of the continuum of care – that sufficient intervention services exist to assist the children and families needing treatment and support. It is the hope that over time the need for these intervention strategies should be reduced as the prevention strategies produce positive results. Until that occurs, intervention and treatment services cannot be ignored. It is also important to realize that despite best efforts some mental illnesses, disabilities and other conditions cannot be prevented. However, the system can become more efficient and effective.



THE PLAN SUMMARY

Vision Statement

To make Broward County the best place in the United States to raise children.

Mission Statement

To create and participate in a collaborative planning, funding and service delivery system that is integrated, culturally competent, and focused on creating measurable change in the lives of Broward's children and their families. Efforts will ensure that children are physically and emotionally healthy, ready to enter school, free from abuse and neglect, not using drugs or engaging in delinquent behavior, and prepared for the workforce.

Long Term Goals

Five "Problem Behaviors": School Drop Out, Violence, Delinquency, Teen Pregnancy, and Alcohol and Substance Abuse were most frequently identified as being of concern to all of the stakeholders. These behaviors have also been identified as key indicators of a community's Quality of Life.

The Benchmarks below serve as targets that ultimately will enable the Children's Strategic Planning Steering Committee and the community to gauge the success of the plan and the efficacy of the various strategies contained herein. Success will be evidenced by reductions in the incidence of the Problem Behaviors.

School Drop-out Benchmarks

Problem Behavior*	Year/ Number	2005 Target	2010 Target
% of students who drop out of public schools	2000 2.3%	2.3%	2.3%
% of students who graduate from public schools	2000 63.9%	65.0%	70.0%

***Source information and descriptions for the problem behavior outcomes and the risk factor outcomes that follow can be found in the endnotes section in the appendix.**

Violence and Delinquency Benchmarks

Problem Behavior*	Year/ Number	2005 Target	2010 Target
Violent crime arrest rate per 100,000 youth ages 10-17	1999 676.1	608.5	547.6
Property crime arrest rate per 100,000 youth ages 10-17	1999 4107.6	3696.8	3327.2
Number of juveniles referred for all Crimes per 100,000 youth ages 10-17	1998/99 6161.4	5853.3	5560.7

Substance Abuse Benchmarks

Problem Behavior*	Year/ Number	2005 Target	2010 Target
Percentage of teens currently using Cocaine	1999 2.6%	1.9%	1.0%
Percentage of teens currently using Marijuana	1999 20.9%	10.9%	9.0%
Percentage of teens currently using Alcohol	1999 44.1%	36.8%	32.1%
Percentage of teens currently using Cigarettes	1999 21.9%	11.0%	5.5%

Teen Birth Benchmarks

Problem Behavior*	Year/ Number	2005 Target	2010 Target
Teen birth rate per 1000 girls Ages 15-19.	1999 48.3	48.0	48.0
% of girls ages 15-19 who have had a repeat birth.	1999 21.4%	20.0%	18%

Supporting Goals

The Committee decided that the above problem behaviors could most effectively be reduced by collaboratively focusing on coordination and planning reforms, risk factor prevention, and intervention/ treatment system improvements for children and families already experiencing difficulties. The goals for each of those three strategy areas are:

Section I: System Reform

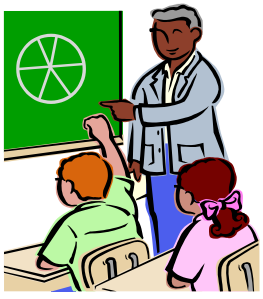
- To create efficient service delivery systems
- To increase the quality of children's programs
- To improve data collection and reporting
- To increase sensitivity to diversity and cultural issues

Section II: Prevention

- To improve the health of children: prenatal through age three
- To ensure that children are ready to enter school
- To help support and preserve families
- To improve the overall health of Broward's children
- To improve the economic status of lower income families
- To prevent young children from developing serious educational/behavioral problems
- To improve academic success in elementary school
- To improve the quality of life in neighborhoods

Section III: Intervention / Treatment

- To ensure that sufficient intervention services exist to support the children and families needing treatment and support.



ENVIRONMENTAL SCAN

Demographics, Trends and Conditions Affecting Broward's Children

Broward County is located in the middle of Florida's southeast coast. It covers approximately 1,196 square miles. With 1,535,468 residents, Broward is the second most populous county in Florida. Miami-Dade County, to the south, has 2,175,634 inhabitants, while Palm Beach County, to the north, is home to 1,049,420 people. This places Broward in the center of a tri-county area that includes 4,760,522 residents which equals almost one-third (31.5%) of the state's total population (15,111,244).

The number of residents in Broward County is becoming larger, younger, and more diverse. Compared to 1990 figures, Broward's population has been increasing faster than the state as a whole.

Areas	1990	1999	Increase	% Change
Florida	13,018,365	15,111,244	2,092,879	16.07%
Broward	1,261,932	1,535,468	273,536	21.67%

Sources: US Bureau of the Census, County Population Estimates (annual data, released March 9, 2000) and 1999 US Census American Community Survey

Based on initial results of the 2000 Census for the states and pre-census estimates for counties, Broward County is larger than 12 states.

In the same time period, the number of children and youth has been increasing even more rapidly than the adult population in Broward. While the total population of Broward increased by 21.67% from 1990 to 1999, the number of residents from birth to 17 years old has gone up 37.77%. This has contributed to serious overcrowding in Broward's schools.

Age Range	1990	1999	Increase	% Change
0 – 4	78,440	96,826	+18,386	23.4%
5 – 9	73,211	101,346	+28,135	38.43%
10 – 14	64,911	97,457	+32,546	50.13%
15 – 17	39,710	57,443	+17,733	44.65%
TOTAL YOUTH	**256,272**	**353,072**	**+96,800**	**37.77%**

Sources: US Bureau of the Census, 1990 Census of Population and Housing and 1999 American Community Survey

In addition, Broward's minority residents are increasing at a greater rate than its White Non-Hispanic population. The combined minority population of almost one-half million (499,824) in 1999 represents a 56.43% increase since 1990, while the White non-Hispanic population jumped only 9.89% in the same period. Individual breakdowns are:

Race/Ethnicity	1990	1999	Increase	%Change
White Non-Hispanic	942,413	1,035,644	+93,231	9.89%
Black Non-Hispanic	189,460	268,635	+79,175	41.78%
American Indian, Eskimo & Aleut	2,432	3,331	899	36.96%
Asian, Pacific Islander	16,770	31,277	+14,507	86.50%
Hispanic Origin	110,857	196,581	+85,724	77.32%
TOTAL	**1,261,932**	**1,535,468**	**+273,536**	**21.67%**

Source: US Bureau of the Census, County Population Estimates (annual data, released August 30, 2000).

The number of residents transplanted from states outside of Florida, and those that are foreign-born add considerable breadth to the county's diversity. According to the Bureau of the Census 1998 American Community Survey, just slightly over one quarter (27.62%), or, 424,191 of Broward's 1,535,468 residents were born in Florida. Almost half (47.88%), or, 735,233 moved to Broward from other states. Another 33,747 representing 2.19% came from Puerto Rico and other US territories. The remaining 342,297 Broward residents or, 22.29% are foreign born. The countries contributing the largest numbers to Broward are: Jamaica (47,368), Haiti (33,121), Canada (26,891), and Cuba (22,662).

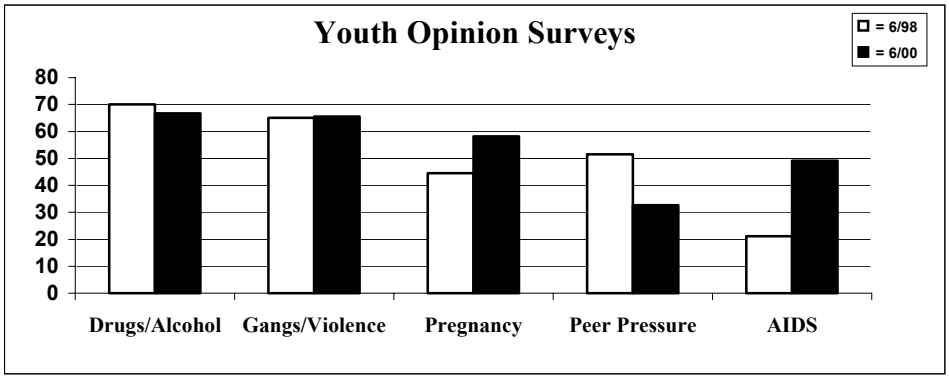
Not surprisingly, this increase in diverse origins coupled with the rise in the number of children has found its way into our public schools. The Diversity and Cultural Outreach Department of the School Board of Broward County reported that the 239,960 students enrolled at the 1999-2000 Twentieth Day Membership Report, represented 157 countries and spoke 57 different languages.

Family income is one acceptable measure of the quality of life, while poverty levels conversely point to the need for social services. According to the US Bureau of the Census, 1998 American Community Survey, 11.82% of persons in Broward are below the poverty level, including 16.91% of Broward's children. These figures show an increase when compared to 10.2% of persons, and 15.0% of children identified in 1990.

Adult and Youth Perceptions of Youth Problems

In order to gain focus we looked at public opinion survey data of both youth and adults, and additional archival trend data. Through the opinion surveys, five problem behaviors showed up as concerns with remarkable consistency.

In June 1998, 914 Broward County middle and high school students were asked to identify the four most serious problems for youth. Drugs and alcohol were identified most often, by 70.0% of the youth. Gangs and violence were the second most frequent concern at 65.1%. The same survey was administered to 165 BETA Summer Youth Employment students in June 2000. They identified the same top two problems: drugs/alcohol (66.7%) and gangs/violence (65.5%). The other 6/98 and 6/00 results were: pregnancy (44.5% and 58.2%); peer pressure (51.5% and 32.7%); and, AIDS (21.1% and 49.1%).



The bar graph shows the five most frequently identified concerns on both surveys. In the first survey, middle school students showed more concern for peer pressure and family problems, while the high school respondents more often named pregnancy and AIDS as problems. So it is not too surprising that, in the survey given to predominately high school aged summer youth workers, concerns about pregnancy and AIDS would go up, while peer pressure went down.

In July 1998, over 1,000 adults were surveyed regarding their opinion as to the most serious problem facing children living in Broward County. The number one response was drugs and alcohol, chosen on 30.0% of the surveys. Crime, violence and gangs were also among their most prevalent responses, but came in fourth, at 10.3%. For the adults, lack of parental guidance and supervision was second (18.5%), and need for a better educational system (13.8%), third. Teen pregnancy (1.5%) also made their top ten.

Youth Problem Behavior Supported by Additional Survey and Archival Data
Recognizing the primary concerns of youth and adults in our community, the following survey and archival data was sought both to see if these perceptions could be substantiated by hard facts, and to provide baselines for improvement of those problems that were confirmed:

Substance Abuse

The Center for Disease Control (CDC) administers a bi-annual Youth Risk Behavior Survey to high school students around the nation. Broward County students have been participating since 1993. The following table shows the percent of students admitting to use of alcohol, marijuana, or cocaine at least once within the preceding 30 days.

Use Within Past 30 Days	1993	1995	1997	1999
Alcohol	43.9%	40.1%	44.0%	44.1%
Marijuana	17.9%	19.1%	19.0%	20.9%
Cocaine	1.9%	1.9%	2.8%	2.6%

Source: Center for Disease Control

The percent usage of each type of substance, although relatively flat, has shown slight increases over the past six years. The extent of the problem really comes to light when the percentages are converted to numbers of students. In 1998/99 there were 57,279 high school students. Therefore, 44.1%, or, 25,260 were consuming alcohol; 20.9% or 11,971 smoked marijuana; and, 2.6% means 1,489 used cocaine.

Although still unacceptably high, Broward County's teen substance abuse is less than the 1999 U.S. prevalence for alcohol (50.0%), marijuana (26.7%), and cocaine (4.0%).

Youth Violence and Delinquency

Year	1997	1998	1999
Total Juveniles arrested in Broward Co.	8,972	9,156	8,694

Source: Florida Department of Juvenile Justice.

Although the total number of juveniles arrested has declined in Broward County since 1997, the more than 13,000-recorded offenses, with which they were charged, are still way above community tolerance levels. This number gives rise to an even greater concern when you consider that arrest data are based on the most serious presenting offense. If a youth committed several offenses in the course of an evening, only the most serious was recorded as one of the 13,129 for 1999. Of those, 954 arrests were for violent crimes (homicide, forcible sex offenses, robbery, and aggravated assault), and, 4,842 arrests were for property crimes (burglary, larceny, motor vehicle theft and arson).

Unfortunately, Broward County has very high youth crime rates when compared to the US. Broward's violent crime rate is 676.1 arrests per 1,000 youth ages 10-17, while the US rate is 216.9. The property crime rates are 4107.6 (Broward) and 1126.2 (US).

Teen Births

Year	1997	1998	1999
Birth Rate in Broward for ages 15 – 19	53.0	50.8	48.3

Source: Florida Department of Health / Vital Statistics

Although the number of births per 1,000 females in this age group is declining, the rate of 48.3 in 1999 represents 1,871 births. This is significant because children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting.

Broward County's 1999 birth rate for 15-19 year olds (48.3) is better than the 1998 U.S. rate of 51.1.

School Dropouts

School Year	1997/98	1998/99	1999/00
Percentage of students who drop out	2.3%	2.8%	2.3%

Source: Florida School Indicators Report

For the 1999/00 school year, 2.3% of the 61,519 total enrollments for grades 9 - 12 means 1,415 Broward youth dropped out of high school. The drastic increase from previous years results primarily from a change in how the figure is calculated. Please see the Endnotes, Appendix: II, for a full explanation.

School Graduates

School Year	1997/98	1998/99	1999/00
Percentage of students who graduate	71.1%	53.5%	63.9%

Source: Florida School Indicators Report

The graduation rate identifies the percentage of students who have graduated within four years of entering ninth grade for the first time. For 1999/00, the graduation rate in Broward County was 63.9%. The methodology for calculating the graduation rate also changed in 1998/99, resulting in what appears to be a significant decrease from previous years. Please see the Endnotes, Appendix: II, for a full explanation. **B**roward County is far below the 1997 U.S. rate of 72%.

Selected Youth Risk Factor Data

Broward's children can be described both demographically and according to the above mentioned adolescent problem behaviors. There are also certain risk factors that contribute to and/or exacerbate those behaviors. Selected risk factors follow.

Infant Mortality

Infant mortality is one important measure of how effectively a community provides prenatal and postnatal care for women and infants. The following infant mortality rates per 1,000 live births suggest some definite patterns.

Population	1997	1998	1999
White Babies	4.9	4.8	4.8
Non-White Babies	10.5	10.2	11.2
All Babies	6.9	6.7	7.0

Source: Florida Department of Health/Vital Statistics

A total of 147 infants died in 1999 for a 1.4% increase since 1997. There were 83 Non-White infant deaths (+6.7%) and 64 White infants died (-2.0%). The 1999 rate for all infants is better than both the 1999 Florida rate (7.3) and the 1998 U.S. rate (7.2). For the first half of 2001, Broward's infant mortality for non-white infants was close to 12 per 1,000 live births, nearly three times that of white infants, which is excessively high and at unacceptable levels. Therefore, it is clear that it is necessary to analyze the causes of the increased mortality, in order to determine whether they are genetic, environmental or social, and whether they show a specific locational distribution. The implementation of a thorough and standardized autopsy protocol will be an essential ingredient in the investigation of infant mortality and in the understanding of its causes, so effective preventive measures can be developed.

Readiness for Kindergarten Data

This is a crucial summary indicator of quality of life because of the importance of early brain development to long-term health and welfare of children.

Year	1998	1999	2000
Percentage of children ready For kindergarten in Broward Co.	82.3%	70.1%	84.8%

Source: Florida Department of Education

For the 1999/00 school year, 84.8% or 14,845 of Broward's 17,506 kindergarten students were physically, socially, and intellectually prepared to learn. This represents a 3.0% increase since 1997/98 and Broward's performance is 2.5% higher than Florida's (82.7%). The 1998/99 percentage of 70.1% is much lower because the assessment and reporting methodologies had changed.

Abuse/Neglect

Year	1997/98	1998/99	1999/00
Abuse/neglect reports with some or verified evidence per 1000 children	15.6	16.1	19.2

Source: Florida Department of Children and Families

Broward County had 6,541 children who were officially identified as abused/neglected in 1999/00. This represents a 23.1% increase in the rate since 1997/98 partly because legislative changes (the Kayla Bill) modified reporting criteria and mandated that more persons report suspected abuse. The 1999/00 rate for Florida was 21.7 per 1,000 children.

Broward exceeds the 1998 U.S. rate of 12.9 by 48.8%

Foster Care Data

Year	1997/98	1998/99	1999/00
Foster care, independent living or residential group care placements per 100,000 children.	384.2	441.1	422.4

Source: Florida Department of Children and Families

The Department of Children and Families assigned 1,637 children to some type of placement in 1999/00 because they could not remain with their parents or guardians. This was a 9.9% increase in the rate since 1997/98.

No national comparison figures are available, but Broward's rate is 22.7% higher than the overall rate for Florida (344.3).

Severely Emotionally Disturbed (SED) Youth Data

Year	1996/97	1997/98	1998/99
Average number of days severely emotionally disturbed children spend in the community.	318	333	331

Source: Florida Department of Children and Families/ADM

"Days spent in the community" means that SED children are being maintained in their homes and communities without the need for expensive residential treatment. These children are spending, on average, 13 more days in the community for a 4.1% improvement since 1996/97.

Florida's average is 342 days, so more progress is needed in Broward.

Special Needs Children

Year	1996/97	1997/98	1998/99
Number of Exceptional Student Education (ESE) students in Grades K-12	24,329	25,057	25,573

Source: Florida Department of Education

Exceptional Student Education (ESE) children have been identified as having some type of recognized disability such as autism, specific learning disability, or visual impairment, etc. There were 25,573 such students in 1999/00, which is 10.7% of the K-12 population.

STRATEGY SECTION I: SYSTEMS

This strategy section is focused on the changes that need to take place across Funders and/or Providers in order to create a truly efficient, high quality, culturally competent system of care for our children and families. Collections of agencies and programs do not constitute a "system" unless there is some effective coordination of those services. While the CCB, it's member agencies and many of the collaboratives currently working have made great strides towards developing a social services "system", a great deal is left to be done both to support their efforts and to begin complementary initiatives.

Program Coordination, Collaboration, and Funding

In an environment of multiple funding streams and "less is more" budget allocations, the elimination of duplication throughout the service delivery system is critical. Identification of existing services and, conversely, gaps in service is a major step in that process. Clear delineation of service needs, services provided, client populations and available funding sources will continue to be a high and growing priority for funder agencies.

Clients and families often present complex, multi-faceted problems that are not adequately addressed by any single agency or single program. Existing service delivery system(s) must be of sufficient scope and accessibility to ensure that the range of services needed by clients and families are readily available.

Increasingly, funders are seeking collaborative approaches to maximize and, in essence, leverage the resources available to support the service continuum. Formalized provider partnerships are often an effective way to meet complex service needs, increase numbers that can be served and realize an economy of scale. Partnering agencies with compatible service specialties may provide a more consolidated approach to services with less administrative duplication. Such a unified umbrella approach may also benefit and expedite the provision of case management.

Other factors that can impact efforts to improve service and funding collaborations include:

- Information sharing can be limited by privacy and confidentiality statutes. Barriers to close communication across agencies providing collateral services to shared clients and families.

- ♦Overlapping or concurrent service/strategic planning efforts by social service organizations that can duplicate planning efforts.
- ♦A need for collaboration and partnership in legislative and funding advocacy.
- ♦Delineation of roles for different government funders of children's services.
- ♦Greater consistency in grant applications and RFP processes to eliminate duplication and conflicting requirements.
- ♦Completion and implementation of the Broward Information Network.
- ♦Continued increased participation in the Community Resource Inventory process and funder advocacy and support for that ongoing initiative.

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GOAL 1: TO CREATE EFFICIENT SERVICE DELIVERY SYSTEMS IN BROWARD COUNTY.

Objective: To achieve coordination and collaboration among providers in Broward County by 2005.

Strategies For Program Coordination/Collaboration

Strategies	***Participant Organizations***
1.1 Ensure that there are leaders in each substantive service area.	All Signatories to the plan agree to all of these strategies.
1.2 Develop unified public awareness campaigns in complimentary service areas.	
1.3 Provide additional opportunities for real and virtual co-location of agencies/programs.	
1.4 Simplify points of entry into the children's services system.	
1.5 Use effective case management services to coordinate care across existing systems.	

Strategies For Program Coordination/Collaboration

Strategies	***Participant Organizations***
1.6 Promote coordinated planning and priority setting among the major stakeholders.	All Signatories to the plan agree to all of these strategies.
1.7 Develop more public/private/faith-based partnerships.	
1.8 Engage municipalities and neighborhoods in service planning and implementation.	
1.9 Identify and eliminate waste and duplication to maximize available resources.	
1.10 Increase co-location of agencies/programs to promote efficiencies and economies of scale.	

Objective: To fully implement collaborative funding in Broward County by 2005.

Strategies For Collaborative Funding

Strategies	***Participant Organizations***
1.11 Implement more mechanisms for collaborative funding.	All Signatories to the plan agree to all of these strategies.
1.12 Increase the sharing and blending of funding streams to maximize impact on priority risk and protective factors.	
1.13 Maximize available federal and alternative funding opportunities.	
1.14 Jointly target and apply for more grant opportunities based on assessed needs.	
1.15 Advocate for equity in state funding for Broward County.	
1.16 Simplify grant application processes across funders.	
1.17 Develop/implement processes to fund clients to improve continuity of services.	

"It is always safe to assume, not that the old way is wrong, but that there may be a better way." -Henry F. Harrower

Quality, Monitoring, and Program Evaluation

Accountability has become the new "watch word" for public service and public policy. Although funders and taxpayers have historically supported the need for human services, the current climate demands verification that those services are effective and deliver what was promised. Monitoring program progress and compliance is an effective way to promote integrity and accountability in the accomplishment of stated goals and objectives. There are several reasons to promote achievement of outcome measures. Successful programs will benefit from the attention and expansion may be viable; corrective action may improve others if problems are identified early.

In addition to outcome achievement, funders of children's services have a responsibility to ensure quality service delivery and efficient program management. As a long-term strategy for driving cumulative improvement, the Quality Assurance process is a mechanism to survey the current service delivery system, identify unmet needs, establish service goals, monitor goal achievement and use results in future planning.

Quality Improvement is intended to improve the delivery of client services, to modify or eliminate activities that are not effective, to provide a basis for system accountability so services are designed to best fit the needs of clients, to provide information to the public and stakeholders about the effectiveness of programs, to provide data and information for use in service planning and to ensure that resources are allocated appropriately to meet the needs of the community. Demonstrated support for quality improvement initiatives by funders and providers and a commitment to the provision of resources it requires are cornerstones to improving the service delivery continuum.

For consideration:

- Monitoring is a funder function and most children's services agencies have multiple funding sources; monitoring processes may be duplicative and time consuming for providers.
- Findings are often not shared between different funder agencies.
- Regular reporting requirements may collect non-essential data.

- Agency and program based Quality Improvement programs can be costly, yet despite recognition of its benefits, funders often disallow those costs.
- The social service arena struggles to provide adequate compensation for competent program staff within ranges allowable by funders.
- To be effective, program monitors and evaluators must possess sufficient program knowledge and technical skills to assess quality service delivery.
- Program evaluation may be viewed adversarially rather than collaboratively.

GOAL 2: TO INCREASE THE QUALITY OF CHILDREN'S PROGRAMS IN BROWARD COUNTY.

Objective: To create more effective and collaborative program monitoring and evaluation in Broward County by 2005, and to improve system-wide quality improvement initiatives by 2005.

Strategies For Quality Assurance / Improvement

Strategies	***Participant Organizations***
2.1 Coordinate contract compliance monitoring among funders.	All Signatories to the plan agree to all of these strategies.
2.2 Coordinate a science and outcome-based system of continuous program evaluation that engages all stakeholders in the analysis and reporting of client outcomes.	
2.3 Incorporate results of program evaluations into all program development and implementation efforts.	
2.4 Recognize and support innovative and research-based approaches to service delivery.	
2.5 Expand participation in local, state, and national certification processes.	
2.6 Promote and expand collaborative technical assistance and staff development efforts.	
2.7 Increase the efficiency and effectiveness of quality improvement processes.	

Strategies For Quality Assurance / Improvement

Strategies	***Participant Organizations***
2.8 Encourage organizations to use such accepted and established approaches as the Sterling Criteria and continuous quality improvement initiatives.	All Signatories to the plan agree to all of these strategies.
2.9 Implement a multi-phased plan for hiring and retaining qualified staff.	
2.10 Incorporate more interventions into programs that will enhance protective (resiliency) factors.	
2.11 Create coordinated systems of training that increase knowledge of service availability/ accessibility.	
2.12 Regularly evaluate efforts to improve the cultural competence of organizations.	

Data Sources, Standards, and Information Systems

The need to develop common data sources, standards, and information systems was recognized by Children's Summit participants and continually reinforced throughout this planning process. Service provider organizations, funders and policy makers are becoming more dependent on quality service data to make informed and objective program decisions in an environment of increasing client needs and limited financial resources.

The reality that different funders require collection of different data or different data collection methodologies has made it difficult to obtain unduplicated counts of clients served across agencies. Since many organizations track the same information, but from different sources, it is important to reach agreement on common data collection methods and sources. Agencies who receive funding from multiple sources are currently required to enter data into multiple computer systems, which is a duplication of effort and inefficient use of resources.

Gathering and processing service data for the hundreds of agencies and programs in Broward County is an even greater challenge. The Coordinating Council of Broward (CCB) sponsors three projects that focus on these issues. (1) The Broward Benchmark Report contains statistics and target goals on a common set of quality of life indicators. (2) The Community Resource Inventory is a comprehensive clearinghouse of agency/program data that is compiled, maintained, and promulgated to aid both information and referral and program planning efforts. (3) The Broward Information Network (BIN) is an ambitious undertaking to ultimately link the agencies' client databases so planners and caseworkers can search for needed information.

However, work is needed to address additional information needs.

- Improve compliance with the Community Resource Inventory. For example, although 91.2% of publicly funded organizations (249 of 273) responded, this did not include many cities or private agencies.
- Develop database solutions to expedite the processes for gathering and analyzing information.
- Standardize data calculation for consistent reporting.
- Accurately determine problem prevalence estimates.
- Through use of unique client identifiers and full agency participation in the BIN, conduct a complete unduplicated client count.
- Support agencies in efforts to upgrade information technology capabilities.
- Improve accuracy in the tracking of special populations such as children in foster care, children with disabilities, etc.
- Identify problem behaviors at the neighborhood (zip code) level.

GOAL 3: TO IMPROVE DATA COLLECTION AND REPORTING IN BROWARD COUNTY.

Objective: To improve the availability and quality of data used for education, health, and human services planning by 2005.

Strategies For Data Sources and Standards

Strategies	*Participant Organizations*
3.1 Support the use and maintenance of the Broward Benchmarks.	All Signatories to the plan agree to all of these strategies.
3.2 Support the use and maintenance of the Community Resource Inventory.	
3.3 Identify and standardize the data sources used for children's services planning.	
3.4 Improve and standardize appropriate client data collection, analysis, reporting, and dissemination.	
3.5 Develop and maintain a system for the gathering of data for cost-benefit analyses of services.	
3.6 Determine and use common service need/problem prevalence estimation methodologies.	

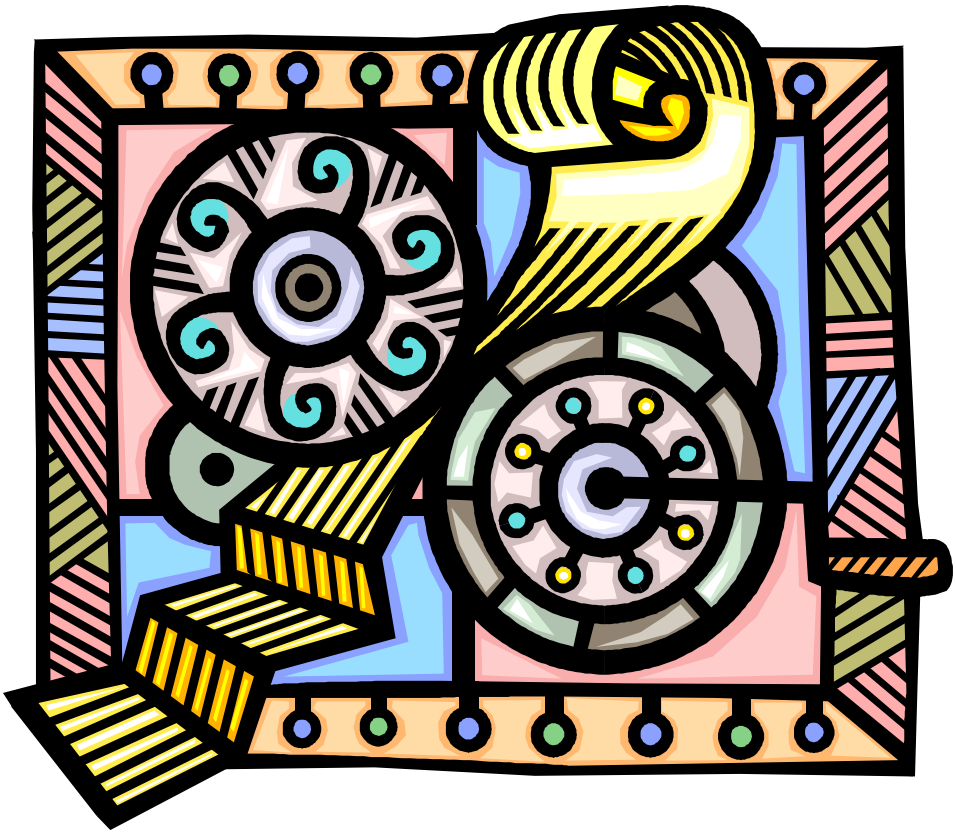
Objective: To improve information technology efforts in Broward County by 2005.

Strategies For Automation

Strategies	*Participant Organizations*
3.7 Implement and maintain the Broward Information Network (BIN).	All Signatories to the plan agree to all of these strategies.
3.8 Implement an automated client case management system.	
3.9 Develop database software that is user friendly and reduces/eliminates duplication of data entry and reporting.	
3.10 Develop software that includes client outcome tracking.	

Strategies For Automation

Strategies	***Participant Organizations***
3.11 Develop a client eligibility application for the BIN.	All Signatories to the plan agree to all of these strategies.
3.12 Develop automated billing applications.	
3.13 Improve the technical capacities of not-for-profit service organizations.	
3.14 Increase the use of automation to improve access to services.	
3.15 Implement the 211 phone information system for human services assistance.	



Diversity and Cultural Competence

Diversity is a broad concept that includes gender, race, ethnicity, socioeconomic level, linguistic differences, variations of ability, disabilities, and other special talents. Broward County is one of the most diverse communities in the United States. According to the 1999 American Community Survey (US Census), approximately 22.3% of Broward residents were born outside the United States, making cultural competence a community imperative.

Cultural competence embodies a range of attitudes, behaviors, structures, and policies that enable individuals and groups to interact and work effectively with a wide variety of people, cultures and communities. Culturally competent organizations value diversity in the workplace and in their customer base. To excel in a diverse environment, successful managers regularly conduct self-assessments, are conscious of and manage the dynamics of difference, strive to institutionalize cultural knowledge and adapt their services to better assist their clients/customers.

Broward County's diverse population has a significant impact on the way education, health and human services are effectively delivered. Each priority risk factor and their associated strategies must include mechanisms to address the following challenges:

- The need for multilingual professional staff to serve non-English or limited English speaking clients;
- Program materials and public service announcements to communicate in non-English languages, including American Sign Language, Braille and TDD/closed captioning;
- Strategies to access client populations that emphasize verbal rather than written forms of communication;
- Provision of appropriate written/visual materials that are correctly translated and culturally adequate;
- Culturally sensitive approaches to all services interventions including parent training;
- Techniques to overcome inherent distrust of organizations and institutions;
- Recognition that services to some special needs client populations may be more costly than others and,
- Recognition of the multiple, complex service needs of families who have children with disabilities.

GOAL 4: TO INCREASE SENSITIVITY TO DIVERSITY AND CULTURAL ISSUES IN BROWARD COUNTY.

Objective: To improve/increase cultural diversity initiatives by 2005.

Strategies For Cultural Diversity

(Note that more strategies for this issue appear in other risk factor sections.)

Strategies	***Participant Organizations***
4.1 Promote and ensure diversity and cultural competence in the planning and delivery of all services throughout Broward County.	All Signatories to the plan agree to all of these strategies.
4.2 Develop a community-wide, accepted definition of diversity and establish standards for cultural competence.	
4.3 Develop cultural competence training that could result in individual and organizational certification.	
4.4 Ensure County-wide compliance with all relevant Federal, State and Local Statutes including ADA, IDEA, etc.	
4.5 Increase communications among agencies to improve appropriate standardization of practices and services.	
4.6 Increase the capacity of the service delivery system to meet the needs of diverse populations.	
4.7 Increase the capacity of the service delivery system to meet the needs of children with disabilities and their families.	
4.8 Increase the ability of diverse populations to understand, navigate, and use available services and systems.	
4.9 Increase and ensure the cultural competence of all children in Broward County.	
4.10 Increase outreach efforts to reach "hidden" populations.	

STRATEGY SECTION II: PREVENTION

This section focuses on prevention strategies that draw heavily on the research done by J. David Hawkins, Ph.D., and Richard F. Catalano, Ph.D. and others since the early 1980's. Their research has identified 19 risk factors that statistically correlate to the development of the problem behaviors the community has identified as being of most concern. They have also identified protective or resiliency factors that can mitigate future problems. This research has been captured and developed into a national model called Communities That Care (CTC).

Communities That Care

Doctors Hawkins and Catalano founded Developmental Research and Programs, Inc. (DRP) and developed the Communities That Care model as "an operating system that provides research-based tools to help communities promote the positive development of children and youth and prevent adolescent substance abuse, delinquency, teen pregnancy, school dropout and violence". Precisely the behaviors identified as the community's primary concerns.

The choice of CTC was made easier by the fact that it is so widely respected. CTC has been implemented in over 500 communities across the United States. DRP's researched-based programs have been recognized by several federal agencies, including the National Institute on Drug Abuse (NIDA), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The CTC model is currently being tested in a five-year study funded by NIDA, OJJDP, the Center for Substance Abuse Prevention, and the U.S. Department of Education.

CTC research has identified19 risk factors or conditions that increase the likelihood that a child will develop one or more health and/or behavior problems in adolescence and protective factors that can help shield children from these problems. The protective factors, which include clear beliefs and healthy standards, and bonding, can be addressed through prevention strategies.

To know which prevention strategies are likely to be most effective, CTC takes a closer look at the risk factors. These are listed below in the matrix of risk factors/problem behaviors, separated into the four domains, or social interaction groups, including: community, family, school, and individual/peer.

Risk Factors/Problem Behavior Matrix

Each "X" identifies which of the problem behaviors are likely to occur when evidence of the risk factor is found. For example, research has determined that the availability of drugs is a predictor of adolescent substance abuse and youth violence. Definitions for each risk factor are located in Appendix III.

Risk Factors	*Substance Abuse*	*Delinquency*	*Pregnancy*	*Drop Outs*	*Violence*
		Community			
Availability of Drugs	X				X
Availability of Firearms		X			X
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	X	X			X
Media Portrayals of Violence					X
Transitions and Mobility	X	X		X	
Low Neighborhood Attachment and Community Disorganization	X	X			X
Extreme Economic Deprivation	X	X	X	X	X
		Family			
Family History of the Problem Behavior	X	X	X	X	X
Family Management Problems	X	X	X	X	X
Family Conflict	X	X	X	X	X
Favorable Parental Attitudes and Involvement in the Problem Behavior	X	X			X
		School			
Early and Persistent Antisocial Behavior	X	X	X	X	X
Academic Failure Beginning in Late Elementary School	X	X	X	X	X
Lack of Commitment to School	X	X	X	X	X
		Individual/Peer			
Alienation and Rebelliousness	X	X		X	
Friends Who Engage in the Problem Behavior	X	X	X	X	X
Favorable Attitudes Toward the Problem Behavior	X	X	X	X	
Early Initiation of the Problem Behavior	X	X	X	X	X
Constitutional Factors	X	X			X

Priority Risk Factors

The DRP consultant assisted the Committee in examining several data sources in order to identify which risk factors are most prevalent in Broward and then in determining an order of priority for addressing them. Four data sources were used: 1) Youth Surveys, surveys of Broward County students conducted by DRP (the CTC Youth Survey) and the Youth Risk Behavior Surveillance survey from the Center for Disease Control (CDC); 2) a Public Survey, the 2000 Children's Services Priority Study which was a phone survey of 400 Broward County residents conducted by Professional Research Consultants, Inc.; 3) Key Informant data taken from material produced from the December '99 Children's Summit and from the issue presentations at Committee meetings; and, 4) Archival Data from sources such as the Florida Departments of Law Enforcement, Juvenile Justice, Education, and Health; and the U.S. Census Bureau.

Factor Data: Summary of Elevations for Broward County

RISK FACTORS	*YOUTH SURVEY*	*PUBLIC SURVEY*	*KEY INFORMATION*	*ARCHIVAL DATA*
		COMMUNITY		
Availability of Drugs		**X**		
Availability of Firearms		**X**		
Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime		**X**		
Transitions and Mobility	**X**		**X**	**X**
Low Neighborhood Attachment & Community Disorganization	**X**			
Extreme Economic Deprivation		**X**	**X**	**X**
		FAMILY		
Family History of the Problem Behavior				
Family Management Problems	**X**	**X**	**X**	**X**
Family Conflict			**X**	**X**
Favorable Parental Attitudes & Involvement in the Problem Behavior		**X**	**X**	**X**
		SCHOOL		
Early and Persistent Antisocial Behavior		**X**	**X**	
Academic Failure Beginning in Late Elementary School	**X**		**X**	**X**
Lack of Commitment to School				**X**
		INDIVIDUAL/PEER		
Alienation and Rebelliousness		**X**		
Friends Who Engage in the Problem Behavior	**X**			**X**
Favorable Attitudes Toward the Problem Behavior				
Early Initiation of the Problem Behavior	**X**	**X**	**X**	**X**
Constitutional Factors	**X**	**X**	**X**	**X**

The DRP consultant advised that in order to indicate a risk factor, the data should be supported by at least two different measures with three years of data. Three risk factors were supported by all four data sources, while some were not supported by any of the data. It should be noted that the Committee considered only 18 of the 19 risk factors. Media portrayal of violence was eliminated because no local data exists and because DRP has not yet developed strategies to address it.

The consultant also suggested that the ranking should be based on the available research, and whether the factor can be impacted within 6 months to three years, and further recommended that the top six priorities should include at least one from each of the four domains. The following matrix reflects the Committee's selection of Priority Risk Factors in Broward, in order of importance, along with the adolescent problem behaviors they predict.

Priority Risk Factors In Broward County
As Determined at the Priority Setting Workshop on 7-31-00

RISK FACTORS	*SUBSTANCE ABUSE*	*DELINQUENCY*	*TEEN PREGNANCY*	*DROP OUTS*	*VIOLENCE*
Family Management Problems/Family Conflict	X	X	X	X	X
Extreme Economic Deprivation	X	X	X	X	X
Early and Persistent Antisocial Behavior/ Early Initiation of the Problem Behavior	X	X	X	X	X
Academic Failure Beginning in Late Elementary School	X	X	X	X	X
Low Neighborhood Attachment and Community Disorganization	X	X		X	X

***Note that some factors were combined because they were so interrelated.**

The group actually chose seven risk factors as priorities, but combined two of them with other priority factors because they were interrelated and could be addressed with similar strategies. The group chose the combination of Family Management Problems and Family Conflict as their top priority. They also joined Early Initiation of Problem Behavior with Early and Persistent Antisocial Behavior, creating the third priority.

The five priorities do address at least one risk factor from each domain. If strategies designed to reduce these priority risk factors are implemented, then the corresponding problem behaviors, that usually begin to appear in adolescence, should be reduced. Preventing Family Management Problems and Family Conflict, or any of the four highest priorities, will have a positive impact on each of the five problem behaviors.

It should be noted that Constitutional Factors, the existence of which is supported by all four data sources, was initially included as a priority. However, it was later removed because: a) the only CTC recommended strategy to address Constitutional Factors is Prenatal/Infancy programs and these are also included as strategies for three other priorities; and, b) Constitutional Factors are being addressed by diversity and disability components throughout the System Strategies (Section III of the plan). Transitions and Mobility was also highly rated because of the population increases, but the best way to address that factor is to increase the availability of all needed services.

After choosing priorities, the strategic planning process continued with the group reviewing the CTC recommended Program Strategies for addressing each of their Priority Risk Factors. Most program strategies have a positive impact on more than one risk factor. For example, effective Parent Training programs reduce Family Management Problems, Early Initiation of Problem Behaviors, and Academic Failure.

The group then considered the availability of existing resources and set about the task of identifying more specific prevention strategies within each program area that should be implemented to more completely address each risk factor. These prevention strategies are listed in Section II of the plan.

In order to assess whether the strategies are, in fact, producing their desired effect, at least two outcome measures were identified for each priority risk factor. The measures were chosen based on the reliability of the data source, availability of trend information, community-wide recognition of the importance of the measure, and national benchmarks available for comparison. The outcome measures are also included in Section II under each priority risk factor. In some instances, however, outcome measures will need to be developed.

Family Management/Family Conflict Risk Factors

It has been well documented that children raised in abusive and/or neglectful families are more likely to perpetuate these negative behaviors. According to the National Institute of Justice, childhood maltreatment increases the likelihood for juvenile arrest by 53% and the likelihood of an adult arrest by 38%. For girls, the potential for delinquency is even higher. They are 77% more likely to be arrested. Family dysfunction and family violence are also known to increase the risk of drug abuse, teen pregnancy, school failure and violence. Based on this interrelationship, the risk factors for family management and family conflict have been combined.

Poor family management practices encompass a range of inconsistent parenting behavior including a lack of clear parental expectations, failure to adequately supervise and monitor the behaviors of children, limited problem-solving skills, low levels of expressed affection, minimal positive reinforcement and frequent use of harsh or erratic discipline. Children exposed to domestic violence learn use of force as an acceptable way to resolve conflict and often develop poor anger control skills as a result. As adults, they may have difficulty establishing caring relationships with others.

Often, at very early ages, children learn and adopt coercive behaviors to offset the dissonance that plagues the home environment. These coping mechanisms begin as temper tantrums, whining, lying, threats and other negative behaviors that succeed in ending family conflict, at least in the short-term. However, when transferred to other settings such as school, these behaviors can lead to rejection by teachers, caregivers and peers. This "deviancy training" that began in the home is perpetuated during the school years and is later reinforced and sustained in adolescence by interactions with deviant peer groups.

Parental problems such as substance abuse, depression, physical health impairments and marital or family conflict also interfere with effective parenting. Parents of children with special needs, single parents, blended families and homeless parents face unique challenges in childrearing as well.

Characteristics of families with poor management and/or conflict skills may include:

- ♦Unrealistic expectations about children's behavior and capabilities;
- ♦Frequent family crises;
- ♦Problems with drug or alcohol abuse;
- ♦Inattention to preventive health care;

- Excessive use of television for babysitting and failure to monitor program content;
- Inadequate family/child interactions;
- Minimal interest or involvement with school or homework activities; and
- Little or no after school supervision.

GOAL 5: TO IMPROVE THE HEALTH OF CHILDREN, PRENATAL THROUGH AGE THREE.

Objective: **To increase the percentage of women who receive prenatal care beginning in the 1st trimester of their pregnancy.**

Benchmark:

1999	2005 Target	2010 Target
82.5%	86.0%	90.0%

Objective: **To decrease the fetal death rate per 1,000 live births.**

Benchmark:

Population	1999	2005 Target	2010 Target
White Babies	7.1	5.5	4.5
Non-White Babies	11.4	8.5	6.5
All Babies	8.7	6.5	5.5

Objective: **To decrease the infant mortality rate per 1,000 births.**

Benchmark:

Population	1999	2005 Target	2010 Target
White Babies	4.8	4.4	4.2
Non-White Babies	11.2	9.0	8.0
All Babies	7.0	6.4	6.1

Objective: **To decrease the percentage of babies who weigh less than 2,500 grams at birth.**

Benchmark:

1999	2005 Target	2010 Target
8.4%	8.0%	7.5%

Objective: **To maintain the percentage of 2 year olds who are adequately immunized according to schedule.**

Benchmark:

1999	2005* Target	2010* Target
90.4%	90.0%	90.0%

***These are national targets.**

Strategies To Improve Prenatal / Infant Programs

Strategies	*Participant Organizations*
5.1 Improve access (insurance, transportation, staff languages, and home visitation, etc.) to health care for pregnant women and infants.	Department of Health Healthy Start Coalition Children's Services Council
5.2 Ensure access to case management, parenting support, and educational services to all at-risk pregnant women and their infants, especially targeting pregnant/ parenting teens.	Healthy Start Coalition NBHD/Children's Diagnostic & Treatment Center Children's Services Council
5.3 Increase the number of infants and children who receive routine health assessments including: preventive care/ wellness visits; immunizations; screenings for vision, hearing, and speech; dental; and, developmental status.	School Readiness Coalition Healthy Start Coalition NBHD/Children's Diagnostic & Treatment Center Children's Services Council
5.4 Increase the availability/accessibility of services for medically at-risk, developmentally delayed infants and young children.	Dept. of Children & Families Department of Health Healthy Start Coalition NBHD/Children's Diagnostic & Treatment Center Children's Services Council
5.5 Expand home visiting services to all risk families with infants and toddlers.	Healthy Start Coalition high- BRHPC/Healthy Families NBHD/Children's Diagnostic & Treatment Center Children's Services Council
5.6 Provide a continuum of services that includes intensive counseling and treatment to ensure that pregnant women abstain from tobacco, alcohol and other non-prescribed drugs.	Healthy Start Coalition BC Human Services Dept. Nova Southeastern Univ. Children's Services Council

GOAL 6: TO ENSURE THAT CHILDREN ARE READY TO ENTER SCHOOL.

Objective: **To increase the percentage of children who are ready for kindergarten.**

Benchmark:

2000	2005 Target	2010 Target
84.8%	86.0%	88.0%

Strategies For Early Childhood Education Programs

Strategies		*Participant Organizations*
6.1	Improve the quality and comprehensiveness of services in all childcare programs.	Dept. of Children & Families BC Human Services Dept. School Readiness Coalition Children's Consortium Family Central Nova Southeastern Univ.
6.2	Develop and implement a rated licensing program to improve childcare.	BC Human Services Dept. School Readiness Coalition Children's Services Council
6.3	Provide enhancement funding for higher rated childcare centers and homes.	Children's Services Council
6.4	Improve and increase training for all childcare providers.	Family Central Children's Consortium Nova Southeastern Univ. Children's Services Council
6.5	Support the equalization of funding levels per child for childcare across programs.	Dept of Children & Families School Readiness Coalition Family Central Children's Services Council
6.6	Increase funding to provide more affordable pre-school childcare.	BC Human Services Dept School Readiness Coalition Children's Services Council
6.7	Increase availability/accessibility to pre-school childcare for special populations including homeless families, sick children and those with special needs.	Dept of Children & Families School Readiness Coalition Broward Homeless Initiative Partnership Family Central

Strategies For Early Childhood Education Programs

Strategies	*Participant Organizations*
6.8 Incorporate developmentally appropriate character traits in school readiness curricula.	Dept of Children & Families School Board of Broward Co. School Readiness Coalition Family Central
6.9 Implement an awareness/education campaign for the public and business community concerning the needs of children and families.	Dept of Children & Families School Readiness Coalition Children's Consortium Family Central
6.10 Increase the availability of employer supported childcare programs.	Dept of Children & Families Broward Alliance School Readiness Coalition BC Human Services Dept Family Central
6.11 Promote intergenerational day care centers to service young children and the elderly.	Catholic Charities Area Agency on Aging School Board of Broward Co. Jewish Fed. of Broward Co.
6.12 Promote the availability/accessibility of programs that increase and improve the involvement of fathers.	Dept of Children & Families United Way/Success By 6 Children's Consortium

Strategies For Family Literacy Programs

6.13 Implement more initiatives for the early detection and treatment of developmental and learning disabilities.	NBHD/Children's Diagnostic & Treatment Center Nova Southeastern Univ.
6.14 Increase the availability/coordination of programs that encourage families and caregivers to read to their children.	School Readiness Coalition United Way/Success By 6 Literacy Coal. of Broward Co School Board of Broward Co. Jewish Fed. of Broward Co.
6.15 Capitalize on national literacy campaigns to create a Broward initiative to promote family literacy.	United Way/Success By 6 Literacy Coal. of Broward Co School Board of Broward Co.

GOAL 7: TO SUPPORT AND PRESERVE FAMILIES.

Objective: **To reduce the rate of child abuse/neglect reports per 1,000 children with some or verified evidence of maltreatment.**

Benchmark:	1999/00	2005 Target	2010 Target
	19.2	19.2	17.3

Objective: **To decrease the number of domestic violence offenses per 100,000 persons.**

Benchmark:	1999	2005 Target	2010 Target
	549.5	522.0	496.0

Objective: **To decrease the number of children living in foster, independent living or residential group care per 100,000 children.**

Benchmark:	1998/99	2005 Target	2010 Target
	422.4	412.8	403.2

Objective: **To increase the average number of days per year that severely emotionally disturbed children spend in the community.**

Benchmark:	1999	2005 Target	2010 Target
	331	333	333

Objective: **To increase the average number of days per year that emotionally disturbed children spend in the community.**

Benchmark:	1999	2005 Target	2010 Target
	354	358	358

Strategies For Parent Training Programs

Strategies	*Participant Organizations*
7.1 Increase the availability/accessibility of parent education and support for families with pre-school aged children including those with special needs.	Dept of Children & Families School Readiness Coalition United Way/Success By 6 Children's Consortium School Board of Broward Co. Nova Southeastern Univ. Children's Services Council
7.2 Increase the availability/accessibility of parent education programs for school age children that focus on behavior management and conflict resolution.	Nova Southeastern Univ. Children's Services Council

Strategies For Family Therapy Programs

7.3 Increase the availability/accessibility of family counseling programs.	Dept of Children & Families BC Human Services Dept. Children's Consortium Family Central Nova Southeastern Univ. Catholic Charities Children's Services Council
7.4 Increase the availability of in-home and wrap-around services.	Dept of Children & Families BC Human Services Dept. Children's Consortium Family Central Children's Services Council

Strategies For Marital Therapy

7.5 Increase the availability/accessibility of programs for couples who want to improve their communication and problem solving skills.	Jewish Fed. of Broward Co. Nova Southeastern Univ. Catholic Charities

Strategies For Domestic Violence Programs

7.6 Expand efforts that are currently predominantly crisis-oriented to include preventive measures.	Broward Dom. Viol. Council /Women In Distress Children's Consortium Jewish Fed. of Broward Co. Nova Southeastern Univ.

Strategies For Domestic Violence Programs

Strategies	*Participant Organizations*
7.7 Implement school-based curriculum at every grade level that is designed to raise awareness and prevent domestic violence. Ensure continuity and consistency of instruction.	Broward Dom. Viol. Council /Women In Distress
7.8 Increase the amount of shelter space available for both male and female victims of domestic violence, and their children.	Broward Dom. Viol. Council /Women In Distress
7.9 Provide in-home services to all victims of domestic violence involved in Dependency proceedings and provide due consideration thereto prior to taking the child(ren) away from the victim/parent.	Broward Dom. Viol. Council /Women In Distress Children's Consortium
7.10 Provide in-depth training for law enforcement and state investigators on the dynamics of domestic violence and its effect on children.	Broward Dom. Viol. Council /Women In Distress Children's Consortium Nova Southeastern Univ.

GOAL 8: TO IMPROVE THE OVERALL HEALTH OF CHILDREN.

Objective: **To reduce the percentage of uninsured children in Broward.**

Benchmark:

2000	2005 Target	2010 Target
10.0%	9.0%	8.1%

Objective: **To reduce the unintentional injury death rate per 100,000 children ages 0-19.**

Benchmark:

1999	2005 Target	2010 Target
14.5	14.3	14.1

Objective: **To reduce the number of pediatric hospital admissions for asthma per 100,000 children.**

Benchmark:

None Exist	2005 Target	2010 Target
No Benchmark Data Available Now		

Objective: **To reduce the number of pediatric hospital admissions for diabetes per 100,000 children.**

Benchmark:

None Exist	2005 Target	2010 Target
No Benchmark Data Available Now		

Objective: **To increase the percentage of children ages 1-17 who receive dental care within a year.**

Benchmark:

2000	2005 Target	2010 Target
71.4%	80.0%	90.0%

Strategies For Health Programs

Strategies	*Participant Organizations*
8.1 Expand outreach and other efforts to increase Medicaid and Kid Care enrollments and utilization.	Healthcare Access Comm.* School Board of Broward Co. NBHD/Children's Diagnostic & Treatment Center Family Central
8.2 Simplify and improve the efficiency of the Kid Care public insurance enrollment processes.	Health Access Committee School Board of Broward Co.
8.3 Increase the number of children and youth who receive routine age appropriate health assessments including: preventive care/wellness visits; immunizations; and, screenings for vision, hearing, speech, dental, and developmental status.	NBHD/Children's Diagnostic & Treatment Center Nova Southeastern Univ.
8.4 Develop and implement programs to increase parent/caregiver knowledge of child health and development issues.	Health Access Committee Children's Consortium School Board of Broward Co. NBHD/Children's Diagnostic & Treatment Center Nova Southeastern Univ.
8.5 Increase parent/caregiver awareness of existing health and dental programs.	Health Access Committee Children's Consortium School Board of Broward Co. NBHD/Children's Diagnostic & Treatment Center

Strategies For Health Programs

Strategies	***Participant Organizations***
8.6 Increase dental health education efforts for children in schools.	Health Access Committee School Board of Broward Co. NBHD/Children's Diagnostic & Treatment Center
8.7 Increase the availability of mobile dental screening units.	Health Access Committee School Board of Broward Co.
8.8 Expand "open airways" programs in schools for children with asthma.	Health Access Committee School Board of Broward Co.
8.9 Increase the availability/accessibility of case management for children with chronic diseases.	Health Access Committee School Board of Broward Co. NBHD/Children's Diagnostic & Treatment Center
8.10 Increase efforts to prevent unintentional deaths.	Health Access Committee School Board of Broward Co. NBHD/Children's Diagnostic & Treatment Center
8.11 Place a school nurse in every school.	School Board of Broward Co. Children's Services Council

***Broward Regional Health Planning Council, Florida Department of Health, Florida Agency for Health Care Administration, Florida Department of Children and Families, BC Substance Abuse and Health Care Services Division, North Broward Hospital District, Memorial Healthcare System, the Broward Commission on Substance Abuse, and the Broward Healthy Start Coalition.**

Severe Economic Deprivation

Children who live in deteriorating and high crime neighborhoods characterized by extreme poverty are at increased risk for delinquency, teen pregnancy, academic failure and violence. Children in these communities who experience behavioral and adjustment problems early in life are also more likely to engage in substance use/abuse when they reach adolescence and early adulthood.

According to the 1999 US Census American Community Survey, an estimated 37,691 Broward families (almost 10%) live below the federal poverty level. These families in impoverished communities face significant barriers to healthy child rearing practices. Monetary and material advantages available to more economically stable children are lacking and exposure to unemployed or underemployed adults impedes goal-setting and the development of important work ethics. Peer pressure and minimal parental involvement have a direct impact on maladaptive school behavior and poor academic performance. School drop-out rates are high. The realities of single parent households, low paying and physically demanding jobs, lack of adequate support systems and the prevalence of crime significantly detract from quality family interaction.

Despite diligent efforts to improve the circumstances of economically disadvantaged and disenfranchised communities, hardships and perpetuating conditions remain:

- Housing costs require a disproportionate amount of available family income.
- Barriers to dependable transportation and affordable child care often obstruct sustained, gainful employment.
- The majority of available jobs in service and retail sectors are low paying and lack benefits.
- A disproportionate number of low income students do not succeed in school and lack the academic preparation required for upward mobility.
- The technology gap between economic classes continues to widen.
- Welfare reform has contributed to an increase in the number of working poor families.

Since the ability of parents to obtain and retain adequate employment greatly impacts the socioeconomic levels of children, the following benchmarks include measures that address adult circumstances such as unemployment and prose literacy.

GOAL 9: TO IMPROVE THE ECONOMIC STATUS OF LOWER INCOME FAMILIES.

Objective: **To reduce the percentage of children living below the poverty level.**

Benchmark:	**1999**	**2005 Target**	**2010 Target**
	18.5%	16.6%	16.3%

Objective: **To reduce the number of persons per 100,000 receiving TANF cash assistance.**

Benchmark:	**7/00**	**2005 Target**	**2010 Target**
	645	637	606

Objective: **To maintain "full" employment" at the average annual unemployment rate.**

Benchmark:	**1999**	**2005 Target**	**2010 Target**
	4.0%	4.0%	4.0%

Objective: **To reduce the percentage of elementary school children needing free/reduced lunch.**

Benchmark:	**1999/00**	**2005 Target**	**2010 Target**
	43.7%	43.4%	43.1%

Objective: **To reduce the number of homeless families without shelter.**

Benchmark:	**2000**	**2005 Target**	**2010 Target**
	162	81	0

Objective: **To increase the prose literacy of young adults ages 19-24.**

Benchmark:	**1998**	**2005 Target**	**2010 Target**
	72%	76%	80%

Objective: **To increase the prose literacy of adults ages 25-64.**

Benchmark:

1998	2005 Target	2010 Target
63%	66%	69%

Strategies For Youth Employment With Education

Strategies		*Participant Organizations*
9.1	Increase employment-related training opportunities for youth.	Workforce One School Board of Broward Co. Nova Southeastern Univ.
9.2	Ensure that youth exit high school with the basic academic and other skills (Secretary's Commission on Achieving Necessary Skills/SCANS) necessary to succeed in the workplace.	Workforce One School Board of Broward Co.
9.3	Increase the availability/ accessibility of employment and training services for delinquents and youthful offenders.	Workforce One School Board of Broward Co.

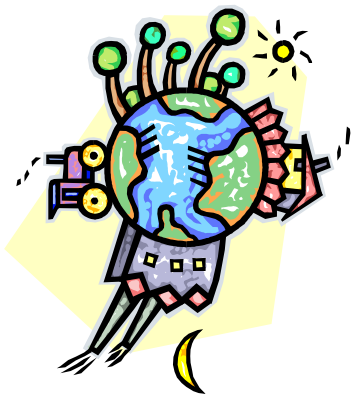
Strategies For Other Economic Needs

9.4	Increase the availability/ accessibility of affordable housing.	BC Human Services Dept. BC Housing Authority Jewish Fed. of Broward Co.
9.5	Increase the availability/ accessibility of emergency assistance such as food, shelter, clothing, and transportation.	Dept of Children & Families BC Human Services Dept. Jewish Fed. of Broward Co. Catholic Charities Children's Services Council
9.6	Increase the availability of housing units for the special needs populations.	BC Human Services Dept. Broward Homeless Initiative Partnership Jewish Fed. of Broward Co.

Strategies For Other Economic Needs

Strategies	*Participant Organizations*
9.7 Increase the development and success of new businesses.	Broward Alliance
9.8 Increase the availability of jobs in Broward County that pay a "living wage" and provide benefits.	Workforce One
9.9 Increase the availability of entry level jobs that provide benefit packages.	Workforce One
9.10 Help more welfare recipients and the working poor become self-sufficient.	Workforce One
9.11 Improve/expand the continuum of services for the homeless.	Broward Homeless Initiative Partnership Nova Southeastern Univ. Catholic Charities
9.12 Increase the availability/ accessibility of adult literacy programs.	Broward Alliance Literacy Coal of Broward Co.
9.13 Develop and coordinate more effective transportation resources for consumers.	CCB Transportation Comm.
9.14 Increase and improve access to occupational skills training, job placement assistance, and other services for all special populations.	Workforce One Broward Community College Children's Services Council

NOTE: Prenatal/Infant Care Programs are also applicable here. (p.31)
Health Programs are also applicable here. (p.36)



Early Initiation of Problem Behaviors and Early and Persistent Antisocial Behavior

Young boys who demonstrate early aggressive behavior as toddlers through grade 3 may be identified as at risk for substance abuse and juvenile delinquency, even at these early ages. When aggressive behavior in the early grades is combined with patterns of social isolation or withdrawal, the potential for maladaptive and violent behavior during adolescence increases. These precursors also apply to aggressive behavior that is combined with diagnoses of hyperactivity or attention deficit disorder.

This Early Behavior risk factor also encompasses persistent antisocial behavior in early adolescence, often seen in middle school in the form of detention referrals, truancy and physical altercations with other youth. Youth, either male or female, who engage in these aggressive or acting out behaviors during early adolescence present an increased risk for engaging in substance abuse, juvenile crime, domestic violence, school failure and teen pregnancy.

The potential for problems to persist into adulthood increases when the onset of maladaptive behavior begins early in childhood. Research has demonstrated that youth who initiate drug use before the age of fifteen are twice as likely to experience problems with drug addictions than youth who delay substance experimentation until after age nineteen. When delinquent behavior begins prior to age twelve, youth are two to three times more likely to become chronic offenders than youth who engage in delinquent behavior later in adolescence.1 The lasting impact of very early problem behavior supports the need for prevention and early intervention programs and services.

Other factors to be considered when developing approaches to reduce the incidence of early aggressive and antisocial behavior include:

- ♦ Earlier onset of behavior problems increases the likelihood that those behaviors will become habitual, making treatment more difficult.
- ♦ Younger children are more susceptible to pressures from older youth and adults.

1 US Department of Health and Human Services, "Mental Health: A Report of the Surgeon General", 1999.

2 Richard Mendel, Less Hype, More Help: Reducing Juvenile Crime, What Works and What Doesn't, 2000.

- ♦School settings present excellent opportunities to identify early disorders in children and adolescents, yet trained staff are extremely limited.
- ♦The current service delivery system is least equipped to intervene with younger children who are exhibiting serious problems.
- ♦Future delinquent behavior can be reduced by 70-90% through early intervention with families of young children with conduct disorders.

GOAL 10: TO PREVENT YOUNGER CHILDREN FROM DEVELOPING SERIOUS EDUCATIONAL AND/OR BEHAVIORAL PROBLEMS.

Objectives: **To develop a measure for behavioral problems in elementary school.**

	2005 Target	2010 Target
Benchmark:	No Benchmark Data Available Now	

Objective: **To decrease the percentage of middle school students receiving in school suspensions.**

	1999/00	2005 Target	2010 Target
Benchmark:	8.3%	8.0%	6.0%

Objective: **To decrease the percentage of middle school students receiving out of-school suspensions.**

	1999/00	2005 Target	2010 Target
Benchmark:	8.2%	8.0%	6.0%

Objective: **To decrease the percentage of students who had their first drink of alcohol before age 13.**

	1999	2005 Target	2010 Target
Benchmark:	30.8%	29.4%	28.6%

Objective: **To decrease the percentage of students who tried marijuana before age 13.**

Benchmark:

1999	2005 Target	2010 Target
9.8%	8.1%	7.1%

Objective: **To decrease the number of delinquent offenses per 100,000 youth ages 10-14.**

Benchmark:

1999	2005 Target	2010 Target
1097.0	1042.2	990.0

Objective: **To decrease the number of births per 1,000 girls ages 10-14.**

Benchmark:

1999	2005 Target	2010 Target
.83	.75	.50

Strategies For After-School Recreation Programs

Strategies	*Participant Organizations*
10.1 Increase the availability/ accessibility of supervised after school recreation programs.	Children's Consortium School Board of Broward Co. BC Human Services Dept. Children's Services Council
10.2 Increase the availability/ accessibility of supervised after school recreation programs for children with special needs.	Dept of Children & Families Children's Consortium School Board of Broward Co. BC Human Services Dept. Children's Services Council

Strategies For Mentoring with Contingency Reinforcement

10.3 Increase the availability/ accessibility of sustainable mentoring programs.	Children's Consortium School Board of Broward Co. Nova Southeastern Univ.
10.4 Increase the availability/ accessibility of sustainable mentoring programs for children with disabilities.	Dept of Children & Families Children's Consortium School Board of Broward Co.
10.5 Enhance D-FY-IT type interventions (peer mentoring) for youth in Broward.	BC Commis. on Sub. Abuse School Board of Broward Co.

Strategies For Other Interventions

Strategies	***Participant Organizations***
10.6 Increase the availability/ accessibility of teen pregnancy prevention programs.	Department of Health BC Human Services Dept Workforce One Children's Consortium School Board of Broward Co.
10.7 Develop early first use programs in all elementary schools for substance abuse prevention.	BC Commis. on Sub. Abuse School Board of Broward Co.

NOTE: Strategies for the following, listed elsewhere in this Plan, also address the goal:
Early Childhood Education Programs (p.32)
Parent Training Programs (p.34)
Family Therapy Programs (p.34)
Classroom Organizational Management and Instructional Strategies (p.45)
Classroom Curricula for Social Competence Promotion (p.46)
School Behavior Management Strategies (p.47)
Health Programs (p.36)

Academic Failure Beginning in Late Elementary School

School failure can result from a variety of causal factors including physical, language, attention deficit or learning disorders; emotional or psychosocial problems; socio-cultural deprivation; and other related circumstances. The consequences can be serious and long-term for the student and family as failing students are more likely to drop out of school, engage in drug use and sexual behavior and fail to acquire employability skills. The shift to increased academic expectations, onset of puberty and increasing influence of peers make the late elementary and early middle schools years pivotal in determining future school success.

Academic failure follows a recognizable cycle in that the "... failing student loses self-confidence, becomes discouraged, decreases effort and fails further, continuing a downward spiral..."1 Educational practices that place socially marginal or academically failing students in lower-ability classes/tracks establish low expectations that have proven detrimental to subsequent school performance. With few opportunities for positive reinforcement, negative behaviors increase, making academic failure one of the strongest predictors of juvenile delinquency, independent of socio-economic status.

Research also documents that minority children are at disproportionate risk for placement in alternative education programs and academic failure. A study of ethnic representation in special education programs found that African American students were 2.4 times more likely to be identified as mildly mentally retarded and 1.5 times more likely to be identified as severely emotionally disturbed than their non-African American peers. Although African Americans represent 16% of the total elementary and secondary enrollment, they comprise 21% of special education enrollment.

Minority drop out rates are of particular concern. More than 50% of minority youth quit school, a rate 68% higher than that of white youth.2 Racial and ethnic diversity is increasing. US estimates indicate that, this year, 1 in 3 residents will be African American, Hispanic, Asian American or American Indian. Strategies to address this disproportionate representation and engage youth academically must consider the following:

1 School Failure in Children, Journal of Pediatrics and Adolescent Medicine, October 15, 2000.
2 Ethnic Representation in Special Education: The Influence of School-Related Economic and Demographic Variables, Journal of Special Education, Winter, 1999.

- Students fall farther behind when they lack prerequisites for advanced instruction.
- When grouped together, poor performing students experience low expectations.
- Without legitimate praise for academic success, youth develop negative behaviors.
- Minority youth experience academic failure at alarmingly disproportionate rates.

GOAL 11: TO IMPROVE THE ACADEMIC SUCCESS OF STUDENTS BEGINNING IN ELEMENTARY SCHOOL.

Objective: **To improve Florida Comprehensive Assessment Test total reading scores for grade 4.**

Benchmark:	1999/00	2005 Target	2010 Target
	292	310	325

Objective: **To improve Florida Comprehensive Assessment Test total math scores for grade 5.**

Benchmark:	1999/00	2005 Target	2010 Target
	315	335	345

Objective: **To increase the percentage of grade 4 students scoring 3.0 or above on FCAT Writing Assessment test.**

Benchmark:	1999/00	2005 Target	2010 Target
	78%	81%	86%

Strategies For Classroom Organizational Management & Instructional Strategies

Strategies	*Participant Organizations*
11.1 Develop and implement a coordinated district-wide plan to ensure systemic implementation of quality comprehensive, research-based reading instruction.	School Board of Broward Co.
11.2 Establish a system of reading diagnosis and assessment for all students with an emphasis on Pre K-4 students.	School Board of Broward Co. Nova Southeastern Univ.

Strategies For Classroom Organizational Management & Instructional Strategies

Strategies	***Participant Organizations***
11.3 Expand students' access to quality academic instruction beyond the regular school day.	School Board of Broward Co. Nova Southeastern Univ.
11.4 Use technology to provide and expand educational opportunities to all students.	School Board of Broward Co. Broward Community College Nova Southeastern Univ.
11.5 Establish a process for the effective and appropriate use of instructional technology to improve students' reading skills.	School Board of Broward Co. Broward Community College
11.6 Support the effective implementation of reading critical content, grade-level expectations, and essential teacher knowledge through intensive staff development, coaching, mentoring, and learning communities.	School Board of Broward Co.
11.7 Provide staff development based on instructional and leadership practices to support student learning.	School Board of Broward Co. Nova Southeastern Univ.
11.8 Deliver reports of academic indicators directly to teachers and administrators to improve instruction to better meet students' needs.	School Board of Broward Co.
11.9 Develop data-based standards for school safety, security, student health, and student well-being, and require that each school report annually on its performance.	School Board of Broward Co.

Strategies For Classroom Curricula for Social Competence Promotion

Strategies	*Participant Organizations*
11.10 Integrate effective principles and programs into the curriculum and facilities that are designed to promote responsibility, citizenship, kindness, respect, honesty, self-control, tolerance and cooperation.	School Board of Broward Co.

Strategies For Organizational Change In Schools

11.11 Research and identify various grouping designs that have successfully reconfigured staffing for the purpose of class size reduction for adoption and/or replication.	School Board of Broward Co.
11.12 Develop a comprehensive plan to achieve class size reductions at all grade levels beginning with the primary grades.	School Board of Broward Co. Nova Southeastern Univ.
11.13 Identify facilities' issues and explore alternative facilities for additional classroom space.	School Board of Broward Co. Nova Southeastern Univ.
11.14 Involve the community-at-large as active participants to support classroom teachers.	School Board of Broward Co. Nova Southeastern Univ.
11.15 Explore, establish, and maximize community partnerships to further enhance and expand the delivery of education, training, and direct services to students, principals, teachers, staff, and families in the areas of safety, security, health, and well-being.	School Board of Broward Co. Broward Community College Nova Southeastern Univ.
11.16 Review existing resources in terms of alignment with student needs and timeliness and revise and reallocate accordingly to maximize efficiency.	School Board of Broward Co.

Strategies For School Behavior Management

Strategies	***Participant Organizations***
11.17 Develop recognition programs to motivate and reward students and schools who show improvement on the FCAT regardless of Florida School Performance designation.	School Board of Broward Co.
11.18 Develop and implement an effective and sustainable school-wide focus on student well-being to ensure that every student attends a school with a safe and caring environment.	School Board of Broward Co.
11.19 Develop data-based standards for school safety, security, student health, and student well-being, and require that each school report annually on its performance.	School Board of Broward Co.
11.20 Develop more alternative to suspension programs.	BC Commis. on Sub. Abuse School Board of Broward Co.
11.21 Increase truancy reduction efforts.	School Board of Broward Co. Broward Co. Juv. Justice Brd Children's Services Council

NOTE: Strategies for the following also address academic success:
Prenatal/Infant Programs (p.31)
Early Childhood Education Programs (p.32)
Parent Training Programs (p.34)
Health Programs (p.36)

Low Neighborhood Attachment and Community Disorganization

Higher rates of juvenile delinquency, substance use and abuse, and violence occur in neighborhoods where residents have little attachment to the community, where the rates of vandalism are high and where surveillance of public places is low. Highly mobile resident populations contribute to that sense of isolation. These conditions are not limited to low-income neighborhoods and can cross socio-economic and geographic boundaries.

The less homogeneous a community in terms of race, class, religion and even the mix of commercial/industrial and residential areas, the less connected its residents may feel to the overall neighborhood. A lack of grassroots ownership makes it difficult to establish clear community goals and, in essence, an identity for that neighborhood. The challenge is to (re)create those feelings of attachment and encourage participation in some level of organizational structure, which acts as a vehicle for neighborhood advocacy and improvement.

Too many of our communities face the following challenges:

- Minimal communication and socialization between neighbors and a general lack of neighbor support;
- Minimal attention and maintenance of "common" areas which contributes to a sense of deterioration or detachment;
- Minimal volunteerism by youth or adults in community projects, advocacy efforts or involvement in existing neighborhood associations;
- Poor voter turnout (although higher in the latest national election) especially for non-presidential and local elections;
- Loss of neighborhood schools that result in decreased parental and community involvement with local youth;
- Few organized sports or other recreational activities for both youth and adults to promote positive after-school, evening and weekend activities;
- Minimal opportunities for theme/topic recreational or leisure events that cross generational lines and often serve to bring residents together; and,
- Children at greater risk for academic failure, lack of viable job skills, delinquency and other problem behaviors of adolescence and early adulthood.

GOAL 12: TO IMPROVE THE QUALITY OF LIFE IN NEIGHBORHOODS.

Objective: **To reduce the rate of juvenile vandalism per 100,000 children.**

Benchmark:

1998/99	2005 Target	2010 Target
62.9	59.8	56.8

Objective: **To increase the percentage of adults who feel that the problem of crime is getting better in their neighborhoods.**

Benchmark:

2000	2005 Target	2010 Target
22.0%		

Objective: **Develop a measure for youth perceptions of safety and security in their neighborhoods.**

Benchmark:

2005 Target	2010 Target
No Benchmark Data Available Now	

Objective: **Develop a measure for increasing adult volunteerism in neighborhoods.**

Benchmark:

2005 Target	2010 Target
No Benchmark Data Available Now	

Objective: **Develop a measure for youth volunteerism in neighborhoods.**

Benchmark:

2005 Target	2010 Target
No Benchmark Data Available Now	

Strategies For Community Mobilization

Strategies	***Participant Organizations***
12.1 Increase youth volunteerism and community service in neighborhood projects/activities.	BC Human Services Dept. Memorial Healthcare System CCB Neighborhood Projects Committee School Board of Broward Co.

Strategies For Community Mobilization

Strategies	*Participant Organizations*
12.2 Increase adult volunteerism in neighborhoods.	BC Human Services Dept. Memorial Healthcare System CCB Neighborhood Projects Committee
12.3 Provide more opportunities for diverted juveniles to engage in community work and service.	Broward Co. Juv. Justice Brd Broward Sheriff's Office
12.4 Use Communities That Care (CTC) materials to design mobilization strategies for families across the county.	BC Comm. on Sub. Abuse BC Human Services Dept. Memorial Healthcare System CCB Neighborhood Projects Committee

Strategies For Community Policing

12.5 Incorporate and link community-policing initiatives with community mobilization strategies.	Broward Sheriff's Office CCB Neighborhood Projects Committee
12.6 Provide opportunities for youth to increase interest in law enforcement careers.	Broward Sheriff's Office

Strategies For Neighborhood Revitalization

12.7 Implement more community development strategies.	BC Human Services Dept. South Florida Regional Planning Council
12.8 Promote improvements in neighborhood appearance and safety.	BC Human Services Dept. South Florida Regional Planning Council
12.9 Target more children's programs to neighborhoods.	Dept of Children & Families Children's Consortium CCB Neighborhood Projects Committee

Strategies For Neighborhood Revitalization

Strategies	***Participant Organizations***
12.10 Increase the availability of recreation programs for at-risk youth, especially after school, on weekends, and during the summer.	Broward Sheriff's Office
12.11 Implement neighborhood-based middle school after school tutorial programs for youth ages 11-15.	Children's Services Council
12.12 Promote more opportunities for home ownership.	BC Human Services Dept. South Florida Regional Planning Council

STRATEGY SECTION III: INTERVENTION & TREATMENT SERVICES

This strategy section is focused on ensuring the existence and efficacy of the rest of the continuum of care – that sufficient intervention services exist to assist the children and families needing treatment and support. It is hoped that over time the need for these intervention strategies should be reduced as the prevention strategies produce positive results.

Continuum of Care

It is acknowledged that although the cornerstone of the Plan is prevention, there will remain a need for intervention and treatment services delivered to special client populations and in certain circumstances. To be comprehensive and meet the needs of all children and youth in Broward County, the community must address strategies to improve existing service interventions for children who develop functional and behavioral problems and their families. Such service strategies will be designed to prevent or reduce the reoccurrence of problem behaviors and conditions, enhance developmental growth and encourage self-sufficiency.

Intervention and treatment strategies for children, which were identified as priority areas, have been organized into five primary service categories. Strategies to ameliorate the occurrence of Child Abuse and Neglect, and its resulting damage, focus on in-home support services for high risk families, parent training to increase appropriate coping skills and medical and therapeutic treatment for child victims. This section incorporates relevant parts of the Broward Child Welfare Initiative report. Behavioral Health interventions encompass diagnosis, treatment, coordinated case management and follow-up for children and youth exhibiting serious mental health and/or substance abuse problems. This section includes state legislative changes. In the area of juvenile Delinquency, programs focus on the reduction of recidivism rates for youth with prior law violations. Health services are designed to increase access to primary health care for children and to improve coordination of medical services for children with special health needs. Special Needs services assist children with developmental, communications, and/or physical disabilities and chronic health problems through improving functioning, adaptive behavior, and self-help skills, etc.

Education issues and strategies have been comprehensively addressed in the priority risk factor sections of the Plan and, therefore, are not included here as Intervention and Treatment services.

GOAL 13: TO ENSURE THAT SUFFICIENT INTERVENTION SERVICES EXIST TO ASSIST CHILDREN AND FAMILIES NEEDING TREATMENT AND SUPPORT.

Objective: **To reduce the rate of child abuse/neglect reports per 1,000 children with some or verified evidence of maltreatment.**

Benchmark:	1999/00	2005 Target	2010 Target
	19.2	19.2	17.3

Objective: **To increase the percentage of children who do not experience confirmed abuse/neglect within 12 months after reintegration with their families.**

Benchmark:	2000/01	2005 Target	2010 Target
		90.0%	95.0%

Objective: **To increase the percentage of children referred after the implementation dates who are placed within District 10.**

Benchmark:	2000/01	2005 Target	2010 Target
		80.0%	85.0%

Objective: **To increase the percentage of children placed in out-of-home care whose permanency plan is family reunification who are returned to the family within 12 months of referral to contractor.**

Benchmark:	2000/01	2005 Target	2010 Target
		85.0%	90.0%

Objective: **To increase the percentage of children under the age of 12 who will be placed in foster family care.**

Benchmark:	2000/01	2005 Target	2010 Target
		80.0%	85.0%

Objective: **To decrease the number of children living in foster, independent living or residential group care per 100,000 children.**

Benchmark:

1998/99	2005 Target	2010 Target
422.4	412.8	403.2

Strategies For Abuse and Neglect

Strategies	*Participant Organizations*
13.1 Promote a crisis intervention system that effectively responds to children and families at risk.	Dept. of Children & Families Children's Consortium
13.2 Increase the availability/ accessibility of support services for children and families after crisis.	Dept of Children & Families BC Comm. on Sub. Abuse Children's Consortium BC Human Services Dept. Nova Southeastern Univ. Children's Services Council
13.3 Increase the availability/ accessibility of family support and preservation services.	Dept of Children & Families Children's Consortium Family Central Nova Southeastern Univ. Children's Services Council
13.4 Expand services for families ineligible for court-mandated programs.	Broward Child Welfare Init. Children's Consortium Nova Southeastern Univ.
13.5 Create a child advocacy center for abused children.	BC Human Services Dept.
13.6 Support privatization of the child welfare system.	Broward Child Welfare Init. Children's Consortium Children's Services Council
13.7 Encourage selection of a lead agency.	Broward Child Welfare Init.
13.8 Develop an oversight board for the lead agency.	Broward Child Welfare Init.
13.9 Reduce caseworker turnover.	Broward Child Welfare Init.

Strategies For Abuse and Neglect

Strategies	*Participant Organizations*
13.10 Increase permanency placement as opposed to "warehousing" of children.	Broward Child Welfare Init. Children's Services Council
13.11 Provide more legal services RE: guardianship for HIV/AIDS infected women with dependent children.	NBHD/Children's Diagnostic & Treatment Center Nova Southeastern Univ Children's Services Council
13.12 Increase emphasis on health issues in all phases of case management	NBHD/Children's Diagnostic & Treatment Center
13.13 Develop and implement more programs to prevent the abuse of children with disabilities.	Children's Services Council

Objective: **To increase the average number of days per year that severely emotionally disturbed children spend in the community.**

	1999	2005 Target	2010 Target
Benchmark:	331	333	333

Objective: **To increase the average number of days per year that emotionally disturbed children spend in the community.**

	1999	2005 Target	2010 Target
Benchmark:	354	358	358

Objective: **To reduce the percentage of students in grades 9-12 who have attempted suicide.**

	1999	2005 Target	2010 Target
Benchmark:	7.9%		

Objective: **To reduce the number of suicide deaths per 100,000 youth ages 15-19.**

Benchmark:	**1999**	**2005 Target**	**2010 Target**
	3.8		

Objective: **To reduce the percentage of youth who currently use cocaine.**

Benchmark:	**1999**	**2005 Target**	**2010 Target**
	2.6%	1.9%	1.0%

Objective: **To reduce the percentage of youth who currently use marijuana.**

Benchmark:	**1999**	**2005 Target**	**2010 Target**
	20.9%	10.9%	9.0%

Objective: **To reduce the percentage of youth who are currently drinking alcohol.**

Benchmark:	**1999**	**2005 Target**	**2010 Target**
	44.1%	36.8%	32.1%

Strategies For Behavioral Health

Strategies	***Participant Organizations***
13.14 Develop a dependency drug court.	SEDNET
13.15 Develop the array of services mandated by the Comprehensive Child and Adolescent Mental Health Services Act (Florida Statutes Chapter 394, Part III).	Dept of Children & Families Children's Consortium SEDNET Children's Services Council
13.16 Provide a comprehensive and integrated screening and assessment process that relies on strength-based, non-duplicative evaluations and seeks the earliest possible identification of children needing behavioral health services.	Dept. of Children & Families Children's Consortium Family Central SEDNET

Strategies For Behavioral Health

Strategies	*Participant Organizations*
13.17 Provide a single plan of care for identified children that is outcome driven and directly tied to the child's assessment.	Dept. of Children & Families BC Human Services Dept. Children's Consortium SEDNET
13.18 Increase the availability/accessibility of behavioral health services (including substance abuse) based on established needs of the child/family.	BC Comm. on Sub. Abuse Children's Consortium Family Central SEDNET Nova Southeastern Univ. Children's Services Council
13.19 Expand access to bereavement and grief counseling for children affected by death, violence and extreme loss.	NBHD/Children's Diagnostic & Treatment Center Nova Southeastern Univ.
13.20 Increase the availability and accessibility of support services, including respite care.	BC Human Services Dept. Children's Consortium Family Central SEDNET Children's Services Council
13.21 Ensure that services are provided within the least restrictive and most normal environment that is clinically appropriate.	Dept. of Children & Families BC Human Services Dept. Children's Consortium SEDNET Children's Services Council
13.22 Increase the availability of school-based counseling services.	Catholic Charities Children's Consortium School Board of Broward Co. Family Central SEDNET
13.23 Improve the diagnosis and treatment of children and adolescents by increasing the use of clinically and culturally sensitive interventions.	Dept. of Children & Families Children's Consortium SEDNET Children's Services Council

Objective: **To reduce the violent crime arrest rate per 100,000 youth ages 10-17.**

Benchmark:	1999	2005 Target	2010 Target
	676.1	608.5	547.6

Objective: **To reduce the property crime arrest rate per 100,000 youth ages 0-17.**

	1999	2005 Target	2010 Target
Benchmark:	4107.6	3696.8	3327.2

Objective: **To reduce the number of juveniles referred for all crimes per 100,000 youth ages 10-17.**

Benchmark:	1999	2005 Target	2010 Target
	6161.4	5853.3	5560.7

Strategies For Delinquency

Strategies	*Participant Organizations*
13.24 Increase the number of Juvenile Probation Officers in the 17th Judicial Circuit to meet the growing number of delinquency referrals and concurrent increase in caseload size.	Dept. of Juvenile Justice Juvenile Justice Board
13.25 Increase the number of Home Detention positions in the 17th Judicial Circuit to provide appropriate supervision of youth on home detention status while waiting for judicial action or residential placement.	Dept. of Juvenile Justice
13.26 Restore and increase the availability of non-secure detention shelter for youth ineligible for secure detention who are in need of short-term placement.	Dept. of Juvenile Justice
13.27 Create a non-secure detention shelter program to serve female youth, a critical unmet need.	Dept. of Juvenile Justice
13.28 Create an intensive residential program to meet the specialized needs of very young offenders.	Dept. of Juvenile Justice

Strategies For Delinquency

Strategies	*Participant Organizations*
13.29 Increase the availability and accessibility of intensive supervision in the north and south areas of Broward County.	Dept. of Juvenile Justice Children's Consortium
13.30 Increase resources for substance abuse treatment services for offenders participating in the 17th Judicial Circuit Drug Court.	Dept. of Juvenile Justice
13.31 Increase resources for case management and other service programs at the Juvenile Intervention Facility (JIF).	BC Comm. on Sub. Abuse 17th Cir. Juvenile Justice Brd Children's services Council
13.32 Fund a collaborative partnership with the Broward County School System to increase vocational training opportunities for delinquent youth through utilization of available classroom space during non-traditional school hours.	Dept. of Juvenile Justice School Board of Broward Co.
13.33 Increase services for youth diverted from the system.	Broward Co. Juv. Justice Brd Children's Services Council
13.34 Assure continuity and increase availability (24/7) of services provided by the Juvenile Intervention Facility (JIF).	Broward Co. Juv. Justice Brd Children's Services Council
13.35 Develop more gang prevention and intervention programs.	Broward Co. Juv. Justice Brd Children's Services Council
13.36 Oversee the implementation of the Grand Jury recommendations on youth gangs.	Broward Co. Juv. Justice Brd
13.37 Use the Communities That Care (CTC) model to develop a comprehensive strategy to reduce serious, violent, and chronic juvenile offending.	Broward Sheriff's Office
13.38 Develop a system of graduated sanctions for youth on community supervision.	Dept of Juvenile Justice Broward Sheriff's Office
13.39 Advocate for appropriate funding for prevention and intervention programs.	Broward Co. Juv. Justice Brd

Objective: **To increase appropriate use of the emergency room by primary care children.**

Benchmark:	**2000**	**2005 Target**	**2010 Target**
	No Benchmark Data Available Now		

Strategies For Health

Strategies	***Participant Organizations***
13.40 Increase availability of and accessibility to well-child check-ups.	Healthcare Access Comm.* Nova Southeastern Univ.
13.41 Increase availability of and accessibility to primary healthcare.	Healthcare Access Comm. Nova Southeastern Univ. NBHD
13.42 Increase the public's knowledge of existing primary care and other health resources.	Healthcare Access Comm. Family Central NBHD
13.43 Develop the "medical home" model to increase health access and continuity of care.	Healthcare Access Comm. NBHD/Children's Diagnostic Treatment Center
13.44 Develop more programs to reduce child and youth obesity.	Healthcare Access Comm.*
13.45 Increase educational outreach regarding HIV and other STDs.	NBHD/Children's Diagnostic Treatment Center Memorial Healthcare System
13.46 Increase HIV screening and early intervention services.	NBHD/Children's Diagnostic Treatment Center Memorial Healthcare System
13.47 Expand access to developmental therapies and other habilitation/ rehabilitation services.	NBHD/Children's Diagnostic Treatment Center

***Broward Regional Health Planning Council, Florida Department of Health, Florida Agency for Health Care Administration, Florida Department of Children and Families, BC Substance Abuse and Health Care Services Division, North Broward Hospital District, Memorial Healthcare System, the Broward Commission on Substance Abuse, and the Broward Healthy Start Coalition.**

Objective: **To develop a measure for increasing access to services for special needs children.**

Benchmark:	**2005 Target**	**2010 Target**
	No Benchmark Data Available Now	

Objective: **To develop a measure for increasing the number of special needs children who maintain independence.**

Benchmark:	**2000**	**2005 Target**	**2010 Target**
		No Benchmark Data Available Now	

Strategies For Special Needs

Strategies	***Participant Organizations***
13.48 Increase the availability and knowledge of information and referral services for families who have children with disabilities.	Nova Southeastern Univ.
13.49 Increase the availability/accessibility of services for children with developmental disabilities.	Dan Marino Foundation
13.50 Increase the availability of respite services for families with special needs children.	Children's Services Council
13.51 Increase the availability/accessibility of services for children with communications disabilities.	Nova Southeastern Univ.
13.52 Increase the availability/accessibility of services for children with physical disabilities.	Children's Services Council
13.53 Increase the availability/accessibility of support services for middle school age and older youth with disabilities.	Children's Services Council

Strategies For Special Needs

Strategies	***Participant Organizations***
13.54 Increase the availability/accessibility of recreational opportunities for children with disabilities.	Children's Services Council
13.55 Increase the availability of in-home therapy services for special needs children.	
13.56 Increase the availability of group home placements for children with disabilities.	

APPENDIX I: OUTCOME TREND DATA
PROBLEM BEHAVIOR

Risk Factor Outcomes	Broward Year/Measure	Broward Year/Measure	Broward Year/Measure	Florida Year/Measure	US Year/Measure	Broward Trends Change / # Comparison Year
DRUG AND ALCOHOL						
Percentage of teens currently smoking cigarettes	1995 23.0%	1997 25.0%	1999 21.9%	1999 27.4%	1999 34.8%	-4.8% since 1995
Percentage of teens currently using alcohol	1995 40.1%	1997 44.0%	1999 44.1%	1999 48.1%	1999 50.0%	+10.0% since 1995
Percentage of teens currently using marijuana	1995 19.1%	1997 19.0%	1999 20.9%	1999 23.1%	1999 26.7%	+9.4% since 1995
Percentage of teens currently using cocaine		1997 2.8%	1999 2.6%	1999 5.4%	1999 4.0%	+36.8% since 1995
VIOLENCE AND DELINQUENCY						
Number of juvenile arrests for violent crimes per 100,000 youth ages 10-17		1998 734.7	1999 676.1	1999 697.4	1998 216.9	-22.0% since 1998
Number of juvenile arrests for property crimes per 100,000 youth ages 10-17		1998 3847.6	1999 4107.6	1999 2838.5	1998 1126.2	+6.8% since 1998
Number of juveniles referred for all crimes per 100,000 ages 10-17	1996/97 6868.0	1997/98 6726.8	1999 6161.4	1998/99 6670.2		-10.3% since 1996/97
TEEN PREGNANCY						
Number of births per 1,000 women ages 15-19	1997 53.0	1998 50.8	1999 48.3%	1999 54.7	1998 51.1	-8.9% since 1997
SCHOOL DROP OUTS						
Percentage of teen mothers ages 15-19 giving birth who already had a child	1997 23.5%	1998 21.2%	1999/00 21.4%	1999 21.6%		-8.9% since 1997
Percentage of students who drop out of public school	1997 2.3%	1998 2.8%	1999/00 2.3%	1999/00 4.6%		0% since 1997/98 calculation method changed in '98/99
Percentage of students who graduate from public school	1997/98 71.1%	1998/99 53.5%	1999/00 63.9	1999/00 62.3%		-10.1% since 1997/98 calculation method changed in '98/99

APPENDIX I: OUTCOME TREND DATA
PRIORITY FACTOR: FAMILY MANAGEMENT/FAMILY CONFLICT

Risk Factor Outcomes	Broward Year/Measure	Broward Year/Measure	Broward Year/Measure	Florida Year/Measure	US Year/Measure	Broward Trends Change / # Comparison Year
Percentage of pregnant women receiving prenatal care in the 1st trimester	1997 85.5%	1998 83.5%	1999 82.5%	1999 83.2%	1998 82.8%	-3.5% since 1997
Fetal deaths per 1,000 live births - Total	1997 8.8	1998 8.3	1999 8.7	1999 8.0	1997 6.8	-1.1% since 1997
White	1997 6.8	1998 6.3	1999 7.1	1999 6.5		+4.4% since 1997
Non-White	1997 12.5	1998 11.6	1999 11.4	1999 12.3		-8.8% since 1997
Infant mortality rate per 1,000 births - Total	1997 6.9	1997 6.7	1999 7.0	1999 7.3	1998 7.2	+1.4% since 1997
White	1997 4.9	1998 4.8	1999 4.8	1999 5.6		-2.0% since 1997
Non-White	1997 10.5	1998 10.2	1999 11.2	1999 12.4		+6.7% since 1997
Percentage of babies who weighed less than 2500 grams at birth	1997 8.2%	1998 8.2%	1999 8.4%	1999 8.2%	1998 7.6%	+2.4% since 1997
Percentage of 2 year olds who were adequately immunized	1997 88.0%	1998 81.7%	1999 90.4%	1998 84.5%		+2.7% since 1997
Percentage of children ages 0-19 without health insurance		1997 25%	2000 10%		1997 15%	-60.0% since 1997
Percentage of children ages 1-17 who received dental care within the past year		1997 70.4%	2000 71.4%			+1.4% since 1997
Unintentional death rate per 100,000 youth ages 0-19	1997 15.8	1998 17.5	1999 14.5	1999 18.6		-8.2% since 1997
Percentage of children ready for kindergarten	1998 82.3%	1999 70.1%	2000 84.8%	2000 82.7%		+3.0% since 1998
Number of child abuse reports per 1,000 children that were verified or have evidence	1997/98 15.6	1998/99 16.1	1999/00 19.2	1999/00 21.7	1998 12.9	+23.1% since 1997/98
Number of domestic violence offenses per 100,000 inhabitants	1997 588.7	1998 570.5	1999 549.5	1999 822.6		-6.7% since 1997
Number of children living in foster care, independent living or residential group care per 100,000 (0-17)	1997/98 384.2	1998/99 441.1	1999/00 422.4	1999/00 344.3		+9.9 since 1997/98
Average number of days per year severely emotionally disturbed (SED) children spend in the community	1997 318	1998 333	1999 331	1998 342		+4.1% since 1997
Average number of days per year emotionally disturbed (ED) children spend in the community	1997 343	1998 358	1999 354	1998 355		+3.2% since 1997

APPENDIX I: OUTCOME TREND DATA
PRIORITY FACTOR: EXTREME ECONOMIC DEPRIVATION

Risk Factor Outcomes	Broward Year/Measure	Broward Year/Measure	Broward Year/Measure	Florida Year/Measure	US Year/Measure	Broward Trends Change / # Comparison Year
% of child population living below the poverty level	1990 15.0%	1998 16.9%	1999 18.5%	1998 21.9%	1999 16.9%	+23.3% since 1990
Number of persons per 100,000 receiving TANF cash assistance	7/98 938	7/99 695	7/00 645	7/00 896		-31.2% since 7/1/98
Annual Unemployment Rate	1997 4.9%	1998 4.5%	1999 4.0%	1999 3.9%	1999 4.2%	-18.4% since 1997
Percentage of elementary school students on free/reduced lunch	1997/98 43.5%	1998/99 44.1%	1999/00 43.7%	1999/00 53.2%		+.46% since 1997/98
Number of homeless families without shelter	1998 178	1999 165	2000 162			-9.0% since 1998
Percentage of prose literate young adults ages 19-24	1996 74%	1997 68%	1998 72%			-2.7% since 1996
Percentage of prose literate adults ages 25-64	1996 74%	1997 77%	1998 63%			-14.9% since 1996

APPENDIX I: OUTCOME TREND DATA

PRIORITY RISK FACTOR: EARLY AND PERSISTENT ANTI-SOCIAL BEHAVIOR/EARLY INITIATION OF THE PROBLEM BEHAVIOR

Risk Factor Outcomes	Broward Year/Measure	Broward Year/Measure	Broward Year/Measure	Florida Year/Measure	US Year/Measure	Broward Trends Change / # Comparison Year
Percentage of middle school students who served in-school suspensions	1997/98 10.8%	1998/99 12.0%	1999/00 8.3%	1999/00 16.8%		-23.1% since 1997/98
Percentage of middle school students who served out-of-school suspensions	1997/98 11.6%	1998/99 10.4%	1999/00 8.2%	1999/00 14.3%		-29.3% since 1997/98
Percentage of students who had their first drink of alcohol before age 13	1995 32.2%	1997 32.3%	1999 30.8%	1999 33.0%	1999 32.2%	-4.3% since 1995
Percentage of students who tried marijuana for the first time before age 13	1995 6.8%	1997 8.1%	1999 9.8%	1999 11.8%	1999 11.3%	+44.1% since 1995
Number of youth, ages 0-14, referred for delinquency per 100,000 youth ages 0-14	1996/97 1198.0	1997/98 1163.5	1998/99 1097.0	1998/99 1234.0		-8.4% since 1996/97
Number of births per 1,000 women ages 10-14	1997 1.1	1998 1.2	1999 .83	1999 1.2	1998 1.0	-24.5 since 1997

APPENDIX I: OUTCOME TREND DATA
PRIORITY RISK FACTOR: ACADEMIC FAILURE BEGINNING IN LATE ELEMENTARY SCHOOL

Risk Factor Outcomes	Broward Year/Measure	Broward Year/Measure	Broward Year/Measure	Florida Year/Measure	US Year/Measure	Broward Trends Change / # Comparison Year
Florida Comprehensive Achievement Test total total reading scores for grade 4	1997/98 292	1998/99 290	1999/00 292	1999/00 293		0% since 1997/98
Florida Comprehensive Achievement Test total mathematics scores for grade 5	1997/98 299	1998/99 311	1999/00 315	1999/00 314		+5.4 since 1997/98
Percentage of grade 4 students who scored a 3 or above on Florida Writes	1997/98 73%	1998/99 68%	1999/00 78%	1999/00 77%		+6.8% since 1997/98

APPENDIX I: OUTCOME TREND DATA
PRIORITY RISK FACTOR: LOW NEIGHBORHOOD ATTACHMENT AND COMMUNITY DISORGANIZATION

Risk Factor Outcomes	Broward Year/Measure	Broward Year/Measure	Broward Year/Measure	Florida Year/Measure	US Year/Measure	Broward Trends Change / # Comparison Year
Number of vandalism arrests for per 100,000 youth ages 0-17	1996/97 72.9	1997/98 76.5	1998/99 62.9	1998/99 104.7	1999 108.7	-13.7% since 1996/97
% of adults who do not feel safe and secure in their neighborhoods			1997 12.0%	2000 22.0%		+83.3% since 1997

APPENDIX I: OUTCOME TREND DATA
TREATMENT AND INTERVENTION

Risk Factor Outcomes	Broward Year/Measure	Broward Year/Measure	Broward Year/Measure	Florida Year/Measure	US Year/Measure	Broward Trends Change / # Comparison Year
ABUSE AND NEGLECT						
Number of child abuse reports per 1,000 children that were verified or have evidence	1997/98 15.6	1998/99 16.1	1999/00 19.2	1999/00 21.7	1998 12.9	+23.1% since 1997/98
Percentage of children who do not experience confirmed abuse 12 months after reintegration	Waiting for data					
Percentage of referred youth who are placed in District 10	Waiting for data					
Percentage of children placed in out-of-home care whose permanency plan is family reunification who are returned to the family within 12 months of referral to contractor	Waiting for data					
Percentage of children under the age of 12 who will be placed in foster family care	Waiting for data					
Number of children living in foster, independent living or residential group care per 100,000 children	Waiting for data					
BEHAVIORAL HEALTH						
Average number of days per year that severely emotionally disturbed children spend in the community	1997 318	1998 333	1999 331	1998 342		+4.1% since 1997
Average number of days per year emotionally disturbed (ED) children spend in the community	1997 343	1998 358	1999 354	1998 355		+3.2% since 1997
Percentage of students in grades 9-12 who have attempted suicide	1995 8.6%	1997 8.7%	1999 7.9%		1999 8.3%	-8.1% since 1995

APPENDIX I: OUTCOME TREND DATA
TREATMENT AND INTERVENTION

Number of suicide deaths per 100,000 youth ages 15-19	1997 8.4	1998 6.6	1999 3.8			-54.8% since 1997
Percentage of teens currently using cocaine		1997 2.8%	1999 2.6%	1999 5.4%	1999 4.0%	+36.8% since 1995
Percentage of teens currently using marijuana	1995 19.1%	1997 19.0%	1999 20.9%	1999 23.1%	1999 26.7%	+9.4% since 1995
Percentage of teens currently using alcohol	1995 40.1%	1997 44.0%	1999 44.1%	1999 48.1%	1999 50.0%	+10.0% since 1995
DELINQUENCY						
Number of juvenile arrests for violent crimes per 100,000 youth ages 10-17		1998 734.7	1999 676.1	1999 697.4	1998 216.9	-22.0% since 1998
Number of juvenile arrests for property crimes per 100,000 youth ages 10-17		1998 3847.6	1999 4107.6	1999 2838.5	1998 1126.2	+6.8% since 1998
Number of juveniles referred for all crimes per 100,000 ages 10-17	1996/97 6868.0	1997/98 6726.8	1999 6161.4	1998/99 6670.2		-10.3% since 1996/97
HEALTH						
Will obtain emergency room data						
SPECIAL NEEDS						
Will obtain service access data for special needs						
Will obtain data for special needs youth who maintain independence						

Appendix II: Endnotes

Where possible, this strategic plan incorporated outcome measures (benchmarks) that were already included in the CCB's "The Broward Benchmark's" report. Accordingly, those endnote descriptions were also used in this section for continuity. New endnotes are provided for any new outcomes. U.S. data was included if it was available and comparable. Most of the health indicator sources included rate information. If not provided, then state and county rates were calculated from single year of age 1990 based census population estimates and projections prepared by the Florida Legislature, Office of Economic and Demographic Research. The U.S. rates were based on census data at: ***http://www.census.gov/population/estimates/state/stats/st-99-10.txt***

PROBLEM BEHAVIOR ENDNOTES

Percentage of Students Who Drop Out of Public School

Measurement: A dropout is "a student over the age of compulsory school attendance who: (1) has voluntarily removed him (or herself) from the school system before graduation because of marriage, entrance into the military or failure on the statewide student assessment test required for a certificate of completion; (2) has not met attendance requirements specified by the School Board; (3) did not enter school as expected for unknown reasons; (4) has withdrawn from school without transferring to another school or vocational, adult or alternative education program; (5) has withdrawn from school due to hardship, court action, expulsion, medical reasons, or pregnancy; or (6) has reached the maximum age set by the school district for an exceptional student program" (Section 228.041(29), Florida Statutes). Prior to the 1998-1999 school year, the number of dropouts was calculated based upon the number of students during the school year who were 16 or over and withdrew for one of the above mentioned reasons. The rate is calculated based upon the district's population in enrollment for grades 9-12 as of October of the school year being reported. The number of students who dropped out is divided by the number of students enrolled in grades 9-12 and then multiplied by 100. Beginning with the 1998-1999 school year, the reported dropout rate is for all dropouts in grades 9-12. Prior years' statistics showed a rate only for dropouts 16 or over.

Explanation: The lack of a high school diploma can severely limit a person's employability and wage-earning potential.

Data source: Education Information and Accountability Services, Division of Administration, Florida Department of Education, Tallahassee, FL. This data can be found at: ***http://www.firn.edu/doe/bin00050/eiaspubs/drop.htm***

Percentage of Students Who Graduate From Public School

Measurement: High school graduates are students who receive a regular diploma, special diploma, regular certificate of completion, special certificate of completion, or general equivalency diploma (GED) awarded to students ages 16-19. Currently, state law defines the high school

graduation rate as the number of students who graduated from public schools divided by the number of first-time ninth graders four years earlier (Section 232.2468, Florida Statutes). This rate did not track the same group of students from start to finish. As a result, it was inflated by the movement of high-school-aged students into Florida who were counted as graduates but not as entering ninth graders. Beginning with the 1998-99 school year, the method of calculating the graduation rate for Florida's public high schools was revised to track individuals by student ID numbers, beginning with their first-time enrollment in ninth grade. The new rate calculation accounts for incoming transfer students and removed outgoing transfer students from the tracked population.

Explanation: As skill demands increase in the workforce, people without a high school diploma will have a more difficult time finding employment or advancing beyond low wage jobs.

Data Source: Education Information and Accountability Services, Division of Administration, Florida Department of Education, Tallahassee, FL. This data is at:
http://www.firn.edu/doe/bin00050 /eiaspubs/grad.htm

Number of Juvenile Arrests for Violent Crimes Per 100,000 Youth Ages 10-17

Measurement: The violent crime rate reported by all states is the number of violent index crimes per 100,000 resident population. Violent index crimes are murder, forcible sex offenses, robbery and aggravated assault. These are mostly felony offenses. Numbers reflect only those crimes reported to law enforcement agencies. The FBI's Uniform Crime Reports (UCR) data for juveniles was used because it allows for national comparisons. This UCR data was not available for Florida juveniles in 1997.

Explanation: Because violent crimes involve personal confrontation between perpetrator and victim, they are considered more serious than other index crimes.

Data source: Division of Criminal Justice Information Systems, Florida Department of Law Enforcement, Tallahassee, FL. Their phone number is (850) 410-7140. The US data was obtained at:
http://www.fbi.gov/ucr/Cius_99/99crime/99cius.pdf

Number of Juvenile Arrests for Property Crimes Per 100,000 Youth Ages 10-17

Measurement: The non-violent crime rate is reported by all states as the number of non-violent index crimes per 100,000 resident population. Non-violent index crimes are burglary, larceny/theft, motor vehicle theft, and arson. These include both felony and some misdemeanor offenses. Numbers reflect only those crimes reported to law enforcement agencies. Larceny includes grand and petty larceny. Once again, the FBI's Uniform Crime Reports (UCR) data for juveniles was used because it allows for national comparisons. This UCR data was not available for Florida juveniles in 1997.

Explanation: Non-violent crimes can impose significant losses in personal property and violate our sense of security in our own homes and communities.

Data Source**:** Division of Criminal Justice Information Systems, Florida Department of Law Enforcement, Tallahassee, FL Their phone number is (850) 410-7140. The US data was obtained at: ***http://www.fbi.gov/ucr/Cius_99/99crime/99cius.pdf***

Number of Juveniles Referred For All Crimes Per 100,000 Ages 10-17

Measurement: The delinquency referral rates include all youth arrested for felony and misdemeanor crimes reported by law enforcement agencies to the Florida Department of Juvenile Justice (FDJJ). Numbers reflect only those crimes reported to law enforcement agencies and, therefore, are an undercount of the number of crimes actually committed. According to a national crime victimization survey conducted by the U.S. Department of Justice, only 40% of crimes committed in the United States are reported. This is especially the case for misdemeanor offenses. Of the 8,694 youth referred in 1998/99, 97.2% or 8,451 were 10-17 years of age. There were 125 youth ages 0-9 and 118 were 18+. The FDJJ data was used for this indicator because it is more inclusive than the UCR method mentioned above, and it is available online for zip codes.

Explanation: Crime violates our sense of right and wrong, imposes grave personal losses, and causes people to fear for their safety in our own communities.

Data Source: Florida Department of Juvenile Justice, Tallahassee, FL This data can be found at: ***http://www.djj.state.fl.us/RnD/profile/origpage.htm***

Percent of Teens Currently Using Drugs, Alcohol or Cigarettes

Measurement: Youth drug use is obtained from the biennial Youth Risk Behavior Surveillance surveys conducted among a sample of Broward high school children in grades 9 through 12. Current drug use is defined as having used cigarettes, alcohol or marijuana on one or more occasions in the 30 days preceding the study.

Explanation: Cigarette use can cause health problems. Alcohol and drug use can lead to health, family, crime, and employment problems. The younger a person starts using drugs, the greater the chance of serious drug problems and addiction in later life. In most instances, drug use among youth begins with either alcohol or marijuana. The prevention or delaying of first use of drugs by youth prevents serious drug problems from occurring in adulthood.

Data Source: 1995, 1997, and 1999 Center for Disease Control, Youth Risk Behavioral Surveillance Study. This data can be obtained at: ***http://www.cdc.gov/nccdphp/dash/yrbs/index.htm***

Number of Births Per 1,000 Women Ages 15-19

Measurement: Births to teenagers are counted as babies born to mothers ages15-19. The mother's age is self-reported on the child's birth certificate. These teen birth rates are the number of births to teenagers ages15-19 for every 1,000 teenage girls ages 15-19 in Broward County. Over time, this rate indicates whether the number of teenage girls having babies is increasing or decreasing, taking population growth into account.

Explanation: Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen parents often lack the education and economic means needed to raise their children. The younger the teen mother, the more difficulties she and her baby will probably experience.

Data Source: Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us*** The US data was obtained at: ***http://aspe.hhs.gov/hsp/teenp/ann-rpt00/nvs48_6.pdf***

Repeat Births to Teenagers

Measurement: Repeat births to teenagers are measured by counting the number of babies born to mothers ages 15-19 who have already had one or more children. Information on prior births and the mother's age is self-reported on the child's birth certificate. Prior births include any previous live births, stillbirths, miscarriages or abortions. The percentage of repeat teen births is (1) the number of babies born to mothers ages 15-19 who already have one or more children divided by (2) the number of live births to mothers ages 15-19, multiplied by (3) 100.

Explanation: Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen-age mothers with repeat births are most at-risk of not completing their high school education.

Data Source: Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us***

PRIORITY RISK FACTOR: FAMILY MANAGEMENT / FAMILY CONFLICT ENDNOTES

Percentage of Pregnant Women Receiving Prenatal Care in the 1st Trimester

Measurement: This data, collected on all women either during their pregnancy or when they give birth, is collected by the Department of Health and captured from two sources. Physicians report on the Healthy Start prenatal instrument and information is also reported on all birth certificates.

Explanation: Prenatal care is very important for the health of babies and mothers. Optimally, women begin with this care in the 1st trimester of pregnancy. Prenatal care includes three major components: risk assessment, treatment for medical conditions or risk reduction, and education. Each component can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use, that contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.

Data Source: Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us*** US data is at: ***http://www.cdc.gov/nchs/fastats/pdf/nvs48_3t34.pdf***

Fetal Death Rate Per 1,000 Live Births

Measurement: Fetal death or stillbirth refers to the death of an unborn child of 20 weeks or more gestation. Abortions are excluded unless it was known before the procedure that the fetus was already dead. Fetal death rates are presented for whites, non-whites and all infants regardless of race. The fetal death rate is calculated by dividing the total number of fetal deaths by the total number of live births and multiplying by 1,000.

Explanation: The fetal death rate is a worldwide health indicator that reflects the importance of early prenatal care. In Florida, non-white fetuses are almost twice as likely to die before birth as white fetuses.

Data Source: County, state, and U.S. data was obtained from the Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us***

Infant Mortality Rate Per 1,000 Live Births

Measurement: Infant mortality refers to the death of a baby before his or her first birthday. Still births, miscarriages and abortions are excluded. Infant mortality rates are presented for whites, non-whites and all infants regardless of race. The infant mortality rate is calculated by dividing the total number of infant deaths by the total number of live births and multiplying by 1,000.

Explanation: The infant mortality rate is a worldwide health indicator. In Florida, non-white babies are twice as likely to die in the first year of life as white babies.

Data Source: County, state, and U.S. data was obtained from the Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us***

Percentage of Babies Who Weighed Less Than 2,500 Grams at Birth

Measurement: Low birth weight babies weigh less than 2,500 grams or 5 lbs. 9 oz. at birth, regardless of whether they are born full-term or prematurely. The baby's weight is recorded by hospital staff on the birth certificate. Births include only live births; stillbirths are excluded.

Explanation: Low birth weight babies are more likely than normal weight babies to have health problems, develop disabilities and die in the first month after birth.

Data Source: Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us***
US data is at: ***http://www.cdc.gov/nchs/fastats/pdf/nvs48_3t43.pdf***

Percentage of Two Year Olds Who Were Adequately Immunized

Measurement: A two-year-old is adequately immunized if he or she has received the required vaccines for the following diseases: diphtheria, tetanus, whooping cough, polio, Hepatitis B, measles, mumps, rubella and HIB (a major cause of meningitis). The percentage of children who have completed these immunizations is determined from a statistically valid sample of children's medical records.

Explanation: Children need to be immunized during the first two years of life when they are most susceptible to vaccine-preventable diseases that can result in death or disability.

Data Source: Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us***

Percentage of Children Without Health Insurance

Measurement: In Broward County, the percentage of children without health insurance is measured by telephone survey of a statistically valid sample of 2,400 county residents age 18 and older. Specifically, the survey asked "Do you have any kind of health care coverage for your children including health insurance, prepaid plans such as HMO's (Health Maintenance Organizations) or government plans such as Medicaid?" Florida data are also collected by telephone survey of a statistically valid sample of Floridians.

Explanation: Health insurance allows people to get the treatment and care they need to maintain good health, seek early treatment for medical problems, and reduce the financial hardship of long-term or catastrophic illnesses.

Data Source: 1997 PRC Community Health Survey and 2000 PRC Quality of Life Assessment, Broward County, Florida; Professional Research Consultants, Inc., Omaha, NE.

Percentage of Children Who Received Dental Care Within The Past Year

Measurement: In Broward County, the percentage of children who received dental care within the last year was measured by telephone survey of a statistically valid sample of 2,400 county residents age 18 and older. Specifically, the survey asked adults "How long has it been since your child/children last saw a dentist?"

Explanation: Dental care is a very important component of preventive health care for children that are too often neglected.

Data Source: 1997 PRC Community Health Survey and 2000 PRC Quality of Life Assessment, Broward County, Florida; Professional Research Consultants, Inc., Omaha, NE.

Unintentional Death Rate Per 100,000 Youth Ages 0-19

Measurement: Unintentional deaths can be caused by car accidents, drownings, falls, or poisoning, etc. Cause of death is determined by a private physician or medical examiner and recorded on the death certificate. Deaths include all county or state residents who die in any state or U.S. territory. According to Injuries in Florida: 1993 Mortality Facts, for every injury death in the United States, there are 16 hospitalizations and 381 emergency room visits that occur as a result of injuries. The unintentional death rate is calculated by dividing the total number of unintentional deaths by the total 0-19 population and multiplying by 100,000.

Explanation: Unintentional injuries are one of the leading causes of death in Florida. They are especially prevalent for children and adolescents. Injury prevention can reduce pain and loss as well as medical costs.

Data Source: Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us***

Percentage of Children Ready for Kindergarten

Measurement: The percentage of students meeting the expectations of the State of Florida for school readiness as determined by a formal observation of each kindergarten student using a checklist developed by the Department of Education. A new, replacement instrument will soon be used.

Explanation: At entrance to Florida public schools, children should be at a developmental level of physical, social, and intellectual readiness necessary to insure success as a learner.

Data Source: Florida Department of Education, Tallahassee, FL.

Number of Abuse/Neglect Reports Per 100,000 Children That Were Verified, or Have Evidence

Measurement: Child abuse or neglect is defined as harm or threatened harm to a child's physical or mental health by the acts or omissions of a parent or other person responsible for the child's welfare (Section 415.503(1), Florida Statutes). A child is any person under the age of 18 years. Report data had been categorized as follows: (a) unfounded report - a report in which the investigation determines that no indication of abuse or neglect exists, (b) an indicated report - a report in which the investigation determines that some indication of abuse or neglect exists, or the protective investigator determines that abuse or neglect has occurred but is not able to identify the perpetrator. No perpetrator is named in reports closed with an indicated classification, or (c) confirmed report – a

report in which the investigation determines that abuse or neglect has occurred and the perpetrator is identified. A preponderance of credible evidence is required in order to classify a report as confirmed. Within the Family Services Response System (FSRS), category reports can be closed as no indication, some indication, or verified. The numbers of maltreatments represent counts of abuse, neglect, or threatened harm. A maltreatment is counted each time it occurs in a category and a victim may have several maltreatments per report and a report may contain several victims. An alleged maltreatment is used in reference to an unconfirmed statement made by a reporter to the Florida Abuse Hotline of suspected abuse, neglect, or threatened harm to a child. A confirmed report is a proposed confirmed report that has been determined to be valid after a hearing for which the alleged perpetrator had failed to request amendment or expunction within the time allotted for such request. There may be more than one report per victim per year.

Explanation: Abuse and neglect threatens the lives, health, and safety of children and teaches violence and poor parenting to future generations.

Data Source: Child Protective Services, Office of Family Safety and Preservation, Florida Department of Children and Families, Tallahassee, FL, from the "Children Identified As Victims In Reports Locked" reports. US data was obtained at:
http://www.acf.dhhs.gov/programs/cb/ stats/ncands98/98ndsrpt/cpt4.htm

Number of Domestic Violence Offenses Per 100,000 Inhabitants

Measurement: Domestic violence is any assault, battery or other criminal offense committed by a household or family member that causes injury or death to another household or family member. Crimes of domestic violence can involve (a) people related by blood or marriage, (b) people who have a child in common, or (c) people who have lived together under the same roof, regardless of whether they were ever married or related (Section 741.30(1)(b), Florida Statutes). The crime is defined by the relationship between the perpetrator and the victim, not the place where the crime occurs. The domestic violence crime rate is: the number of offenses involving domestic violence that are reported to state or local law enforcement agencies divided by the county population, multiplied by 100,000. Because many domestic violence crimes are unreported, this rate should be considered an underestimate of the actual occurrence of domestic violence in Broward County.

Explanation: In Florida, domestic violence accounts for about 25% of murders, manslaughter offenses, forcible sex offenses and aggravated assaults. It also is the single major cause of injury to women occurring more frequently than auto accidents, rapes and muggings combined.

Data Source: Division of Criminal Justice Information Systems, Florida Department of Law Enforcement, Tallahassee, FL. This data is at:
http://www.fdle.state.fl.us/FSAC/Crime_Trends/domestic_violence/index.asp

Number of Children Living in Foster Care, Independent Living or Residential Group Care

Measurement: The number of children in foster care placement and residential group care is an unduplicated count as of June 30 each year for the State Fiscal Years 1989/90 through 1998/99.

Foster care is defined as temporary care provided to children who are removed from their families and placed in state custody because of dangerous or harmful home situations. The most common reasons for foster and residential group care placement are neglect, abuse, or inability to control teenagers. Care is provided in licensed foster families or boarding homes, group homes, agency boarding homes, childcare institutions or any combination of these arrangements (Section 39.01(24), Florida Statutes).

Explanation: A stable family life is critical to children's mental, social and emotional development.

Data Source: Management Plan Summary, Family Safety and Preservation, Florida Department of Children and Families, Tallahassee, FL.

Average Annual Number of Days Seriously Emotionally Disturbed and Emotionally Disturbed Children Spend in the Community

Measurement: Average number of days a child with mental illness spent in the community on a annual basis. Statewide this is measured through the Department of Children and Families based on services paid with state funds (Alcohol, Drug Abuse and Mental Heath and/ or Medicaid). The contracted provider reports this information on admission, every three (3) months, and at discharge. The data is maintained in the state's data warehouse. The measure is an average. The numerator is the sum of average number of days out of thirty each client spends in the community determined at the time of post-admission assessments during the fiscal year. The denominator is an unduplicated count of the total number of clients for whom the average has been recorded. This is converted to an annual average by multiplying by 12.1667.

Explanation: This is an indicator of the person's ability to function in the community (not in crisis stabilization unit, short term residential treatment unit, state treatment facility, inpatient unit, jail, homeless, or Department of Juvenile Justice commitment program). The reliability of this measure is dependent on the provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Data Source: Department of Children and Families, Alcohol, Drug Abuse and Mental Heath Data Warehouse (ADMDW), Tallahassee, FL.

PRIORITY RISK FACTOR: SEVERE ECONOMIC DEPRIVATION ENDNOTES

Percentage of Child Population Living Below the Poverty Level

Measurement: Children in poverty are defined as children living in families with an income below 100% of the federal poverty level. For calendar year 1990, a family of four was at poverty

level if its household income was $16,700 or less. The U.S. Bureau of the Census defines children as people under the age of 18 who are related to the head of household by birth, marriage or adoption. Specifically, these children would include sons and daughters, stepchildren, adopted children and all other children related to the householder, except a spouse. Foster children are excluded. Information is collected by the decennial Census and in Broward from the annual American Community Survey. It applies only to the non-institutionalized, civilian population.

Explanation: Poverty is linked to low educational attainment, health problems, crime, and other conditions that weaken families and communities.

Data Source: 1990 Census of Population, Social and Economic Characteristics: Florida, Section 1 of 3, Table 149. The 1998 Broward data is from the American Community Survey as is the 1999 Broward data at: ***http://factfinder.census.gov/servlet/DTTable?_lang=en&geo_id=A4000US005*** The US data was obtained at: ***http://www.census.gov/prod/2000pubs/p60-210.pdf***

Number of Persons Per 100,000 Receiving TANF Cash Assistance

Measurement: The Temporary Assistance to Needy Families (TANF) block grant program replaced the AFDC program in Florida. This data includes the total number of eligible persons (adults and children) in families receiving cash assistance to help these low income families meet some of their basic needs. The program is designed to help families care for children in their homes and to end dependence on welfare.

Explanation: Poverty has a negative impact on families and the communities in which they live. Public assistance has been provided for years in one form or another, but welfare reform is greatly reducing the number of persons receiving this aid.

Data Source: Economic Self-Sufficiency Program, Florida Department of Children and Families, Tallahassee, FL. US data was obtained at: ***http://www.acf.dhhs.gov/news/stats/caseload.htm***

Annual Unemployment Rate

Measurement: The unemployment rate is the number of unemployed people age 16 and older divided by the number of people in the civilian labor force. The number of unemployed people is estimated from the Current Population Survey, a household survey of the civilian, non-institutional population conducted by the U.S. Bureau of the Census for the U.S. Bureau of Labor Statistics. People are counted as unemployed if they (1) have not worked during the survey week, (2) are available for work, and (3) have looked for work during the preceding four weeks. Because of changes in the unemployment survey, the rates reported for 1990 forward are not comparable to rates reported for prior years. Being in school does not exclude people from being considered unemployed as long they are actively seeking but unable to find work.

Explanation: Job loss can have a devastating impact on people's lives as well as state and local economies.

Broward Data Source: Region VI Office, Florida Department of Employment and Labor Security, Boynton Beach, FL.

Florida Data Source: Bureau of Labor Market and Performance Information, Division of Jobs and Benefits, Florida Department of Labor and Employment Security, Tallahassee, FL. US data found at: ***http://stats.bls.gov/laus/laustdem.pdf***

Percentage of Elementary Students on Free/Reduced Lunch

Measurement: This percentage is arrived at by dividing the number of students eligible for free or reduced lunch, as determined in October, by the student membership in October. Eligibility is based on the Federal guidelines for household size and income.

Explanation: Child poverty correlates with many other problems youth must contend with and it definitely contributes to difficulties in school.

Data Source The Florida Department of Education, School Indicators Report, Tallahassee, FL. This data is at: ***http://info.doe.state.fl.us/fsir/***

Number of Homeless Families Without Shelter

Measurement: Data comes from a survey of the number of homeless persons and a needs assessment. A survey instrument, previously used by Broward Coalition for the Homeless (BCH) to count homeless individuals and families with children and assess their needs, was revised and updated by the BCH Continuum of Care Committee in FY2000. A list of all known homeless shelters, feeding programs and labor pools was developed based on the Homeless Services Directory, information provided by a survey of all law enforcement agencies in Broward County and other key informants. Twenty-five (25) volunteers were trained on February 14, 2000 and assigned to specific sites in North, Central and South regions, according to this list. Volunteers and shelter staff administered the survey instrument and assessed all homeless persons located during the point-in-time survey week utilizing a discreet numeric identifier to avoid duplication. Both sheltered and unsheltered homeless persons were counted. Under advisement of the Barry University School of Social Work, the data was used to estimate the number of unsheltered homeless persons, assuming all were not located during the street count. Finally, survey response data was entered and analyzed under the supervision of Florida Atlantic University. Percentages of need were compared to recent state and national reports, including the 1997-98 "Annual Report on Homeless Conditions in Florida" and the December 1999 HUD study, "The Forgotten Americans – Homelessness: Programs and the People They Serve" to validate the accuracy of the findings. Conclusions were discussed and agreed upon by consensus at the two planning workshops. Date of Data Collection: Week of February 20 - 26, 2000

Explanation: "Homeless families without shelter" is a powerful indicator of how well our community cares for some of its most needy residents. These people are particularly vulnerable out on the streets and their children are often not in school.

Data Source: The Homeless Initiative Partnership Advisory Board.

Percentage of Prose Literate Young Adults Ages 19-24 And Other Adults Ages 25-64

Measurement: Statewide, adult literacy is measured by the Adult Literacy Survey, a test which measures actual performance on tasks related to everyday living (e.g., reading a newspaper article, filling out a job application or balancing a checkbook). The test was administered to statistically valid samples of U.S. and Florida residents age 16 and older. Literacy is assessed in three areas: prose, quantitative and document literacy. Performance in each area is scored at a level ranging from 1 to 5. People with middle and high literacy levels are those scoring at levels 3, 4, or 5. Results are reported by the Educational Testing Service to state departments of education. Data are reported for the test administration year, not the reporting year. These tests are norm-referenced and designed to measure achievement in reading, mathematics, language, and spelling—the subject areas commonly found in adult basic education curricula. The TABE focuses on basic skills that are required to function in society. Because the tests combine the most useful characteristics of norm-referenced and criterion-referenced tests, they provide information about the relative ranking of examinees against a norm group as well as specific information about the instructional needs of examinees. The tests enable teachers and administrators to diagnose, evaluate, and successfully place examinees in adult education programs. Students are placed in instructional programs, based upon their performance on the tests. The levels and estimated grade ranges are as follows:

Level	Grade Level
L (Literacy)	0 – 1.9
E (Easy)	1.6 – 3.9
M (Medium)	3.6 – 6.9
D (Difficult)	6.6 – 8.9
A (Advanced)	8.6 – 12.9

Functional Level Placement

Level	Grade Level
Beginning Literacy	0 - 1.9
Beginning Adult Basic Education	2.0 - 5.9
Intermediate Adult Basic Education	6.0 - 8.9
Adult Secondary Education	9.0 - 12.9

Explanation: People with middle or high literacy levels are more likely to vote, be employed, and avoid dependence on public assistance.

Data Source: Bureau of Adult and Community Education, Florida Department of Education, Division of Workforce Development, Florida Department of Education, Tallahassee, FL.

PRIORITY RISK FACTOR: EARLY INITIATION OF PROBLEM BEHAVIOR/EARLY & PERSISTENT ANTI-SOCIAL BEHAVIOR ENDNOTES

Percentage of Middle School Students Receiving In-School or Out-of-School Suspensions

Measurement: Suspension is "the temporary removal of a student from his regular school program for a period not to exceed 10 days" (Section 228.041, Florida Statutes). Only school principals have the authority to suspend students. If suspended in-school, students continue attending school usually in a setting outside their regular classroom. If suspended out-of-school, students do not attend school for the duration of their suspension. Administrators in local school districts report suspensions. For the purposes of this indicator, data are presented for public school students in grades 6-8 only. The percentage of students suspended is calculated as the unduplicated count of students in grades 6-12 who were suspended, divided by the total number of students in grades 6-12 multiplied by 100. (Note: Florida DOE calculates suspensions on an unduplicated count; Broward County uses a duplicated count.)

Explanation: Suspensions indicate behavior that disrupts learning.

Data Source: Education Information and Accountability Services, Division of Administration, Florida Department of Education, Tallahassee, FL. This data is at: ***http://info.doe.state.fl.us/fsir***

Percentage of Students Who Tried Alcohol or Marijuana Before Age 13

Measurement: Youth drug use is obtained from biennial Youth Risk Behavior Surveillance surveys conducted among a sample of Broward high school children in grades 9 through 12. Drug use before the age of 13 is determined by those students who select a response of: a) 8 years old or younger; b)9 or 10 years old; or c) 11 or 12 years old the question: how old were you when you tried (specific drug) for the first time.

Explanation: Alcohol and drug use can lead to heath, family, crime, and employment problems. The younger a person starts using drugs, the greater the chance of serious drug problems and addiction in the later life. In most instances, drug use among youth begins with either alcohol or marijuana. The prevention or delaying of first use of drugs by youth prevents serious drug problems from occurring in adulthood.

Data Source: 1995, 1997, and 1999 Center for Disease Control, Youth Risk Behavioral Surveillance Study. This data can be obtained at: ***http://www.cdc.gov/nccdphp/dash/yrbs/index.htm***

Number of Youth, Ages 10-14, Referred for Delinquency Per 100,000 Youth Ages 10-14

Measurement: The delinquency referral rates include all felony and misdemeanor crimes reported by law enforcement agencies to the Florida Department of Juvenile Justice (FDJJ). Numbers

reflect only those crimes reported to law enforcement agencies and, therefore, are an undercount of the number of crimes actually committed. According to a national crime victimization survey conducted by the U.S. Department of Justice, only 40% of crimes committed in the United States are reported. This is especially the case for misdemeanor offenses. The FDJJ data was used for this indicator because it is more inclusive than the UCR method mentioned above, and it is available online for zip codes.

Explanation: Crime violates our sense of right and wrong, imposes grave personal losses, and causes people to fear for their safety in our own communities.

Data Source: Florida Department of Juvenile Justice, Tallahassee, FL. Their data is at: ***http://www.djj.state.fl.us/RnD/profile/origpage.htm*** The US data was obtained at: ***http://www.fbi.gov/ucr/Cius_99/99crime/99cius.pdf***

Number of Births Per 1,000 Women Ages 10-14

Measurement: Births to teenagers are counted as babies born to mothers ages 10-14. The mother's age is self-reported on the child's birth certificate. These teen birth rates are the number of births to teenagers ages 10-14 for every 1,000 teenage girls ages 10-14 in Broward County. Vital Statistics in Florida reports this data in the ages of <13, 13, and 14. Over time, this rate indicates whether the number of teenage girls having babies is increasing or decreasing, taking population growth into account.

Explanation: Children born to teenage parents are more likely to have health problems, live in poverty, and receive poor parenting. Also, teen parents often lack the education and economic means needed to raise their children. The younger the teen mother, the more difficulties she and her baby will probably experience.

Data Source: Office of Planning, Evaluation and Data Analysis; Florida Department of Health; Tallahassee, FL. This data can be found in Vital Statistics at: ***http://www.doh.state.fl.us*** The US data is at: ***http://aspe.hhs.gov/hsp/teenp/ann-rpt00/nvs48_6.pdf***

PRIORITY RISK FACTOR: ACADEMIC FAILURE BEGINNING IN LATE ELEMENTARY SCHOOL ENDNOTES

Florida Comprehensive Assessment Test Total Reading Scores for Grade 4 and Math Scores for Grade 5

Measurement: The Florida Comprehensive Assessment Test (FCAT) was designed to measure the first four standards of Goal 3 of Florida's System of School Improvement and Accountability, with an emphasis on reading and mathematics as defined by the Sunshine State Standards. The FCAT was administered for the first time at the following grade levels in January, 1998. The total score that students can achieve ranges from 100 to 500:

- ♦Grade 4 Reading
- ♦Grade 5 Mathematics
- ♦Grade 8 Reading and Mathematics
- ♦Grade 10 Reading and Mathematics

The FCAT was expanded to other grade levels in the year 2000. Additionally, a norm-referenced test component was added to grades 3-10 to permit comparison of the performance of Florida students with students throughout the nation. Students entering grade nine in the 1999-2000 school year will be required to pass the FCAT as a graduation requirements in 2003.

Explanation: The FCAT will provide a comprehensive listing of what students know and are able to do as they progress through school.

Data Source Department of Research and Evaluation, Broward County Public Schools; Florida Department of Education, Tallahassee, FL. This data is at: ***http://info.doe.state.fl.us/fsir/***

Percentage of Grade 4 Students Scoring 3.0 or Above on Florida Writing Assessment

Measurement: Administered in grades 4, 8, and 10, the Florida Writes test requires students to write about a randomly assigned topic for 45 minutes. Written responses are scored on a 1.0 to 6.0 scale with 6.0 being the highest score. Locally an expectation has been set that an average score of 3.0 represents a fixed standard of performance that is desired for Broward County Public School students. Changes over time, in part, may reflect changes in the topics, which may not be the same level of difficulty from one year to the next. Students must meet more challenging writing standards in grade 10 than grades 4 or 8. In the year 2000, the test name was changed from Florida Writing Assessment to FCAT Writing Assessment. National norms are not available.

Explanation: Good writing skills are needed for employment in higher wage occupations and for post secondary education which is becoming more important in an increasingly competitive job market.

Data Source: Statewide Assessment Program; Bureau of Curriculum, Instruction and Assessment; Florida Department of Education, Tallahassee, FL. This data is at: ***http://info.doe.state.fl.us/fsir/***

PRIORITY RISK FACTOR: LOW NEIGHBORHOOD ATTACHMENT AND COMMUNITY DISORGANIZATION ENDNOTES

Number of Vandalism Arrests Per 100,000 Youth Ages 10-17

Measurement: Vandalism is a misdemeanor offense that youth often commit The offense includes destruction of public and private property and graffiti can be a common form. The

vandalism referral rate includes only crimes reported by law enforcement agencies to the Florida Department of Juvenile Justice (FDJJ). Numbers also only reflect those crimes reported to law enforcement agencies and, therefore, are an undercount of the number of crimes actually committed.

Explanation: Vandalism can often be just a minor youth prank but if it is common in a community, or in the case of graffiti, if it is not removed, it will contribute to neighborhood deterioration.

Data Source: Florida Department of Juvenile Justice, Tallahassee, FL. This data is at: ***http://www.djj.state.fl.us/RnD/profile/origpage.htm***. The US data is at: ***http://www.fbi.gov/ucr/Cius_99/99crime/99cius.pdf***

Percentage of Adults Who Feel That Crime is Getting Better in Their Neighborhood

Measurement: People's perception of their safety under various circumstances was measured by a telephone survey of a statistically valid sample of 2,400 Broward adults ages 18 and older. Specifically, respondents were asked "Within the past year or two, do you think that the problem of crime in your neighborhood has been getting better, getting worse, or has it strayed about the same?" Possible responses are getting better, getting worse, stayed about the same, or don't know. The margin of error for the survey was ±2.2%.

Explanation: People's concern about crime often is based on their perception of its frequency rather than on actual crime rates.

Data Source: Quality of Life Assessment: 2000 PRC Quality of Life Survey, Broward County, Florida, Professional Research Consultants Inc., Omaha, NE

INTERVENTION AND TREATMENT SERVICES: ABUSE/NEGLECT ENDNOTES

Number of Abuse/Neglect Reports Per 100,000 Children That Were Verified, or Have Evidence

Measurement: Child abuse or neglect is defined as harm or threatened harm to a child's physical or mental health by the acts or omissions of a parent or other person responsible for the child's welfare (Section 415.503(1), Florida Statutes). A child is any person under the age of 18 years. Report data had been categorized as follows: (a) unfounded report - a report in which the investigation determines that no indication of abuse or neglect exists, (b) an indicated report - a report in which the investigation determines that some indication of abuse or neglect exists, or the protective

investigator determines that abuse or neglect has occurred but is not able to identify the perpetrator. No perpetrator is named in reports closed with an indicated classification, or (c) confirmed report - a report in which the investigation determines that abuse or neglect has occurred and the perpetrator is identified. A preponderance of credible evidence is required in order to classify a report as confirmed. Within the Family Services Response System (FSRS), category reports can be closed as no indication, some indication, or verified. The numbers of maltreatments represent counts of abuse, neglect, or threatened harm. A maltreatment is counted each time it occurs in a category and a victim may have several maltreatments per report and a report may contain several victims. An alleged maltreatment is used in reference to an unconfirmed statement made by a reporter to the Florida Abuse Hotline of suspected abuse, neglect, or threatened harm to a child. A confirmed report is a proposed confirmed report that has been determined to be valid after a hearing for which the alleged perpetrator had failed to request amendment or expunction within the time allotted for such request. There may be more than one report per victim per year.

Explanation: Abuse and neglect threatens the lives, health, and safety of children and teaches violence and poor parenting to future generations.

Data Source: Child Protective Services, Office of Family Safety and Preservation, Florida Department of Children and Families, Tallahassee, FL., from the "Children Identified As Victims In Reports Locked" reports. US data was obtained at:
http://www.acf.dhhs.gov/programs/cb/stats/ncands98/98ndsrpt/ cpt4.htm.

INTERVENTION AND TREATMENT SERVICES: BEHAVIORAL HEALTH ENDNOTES

Average Annual Number of Days Seriously Emotionally Disturbed and Emotionally Disturbed Children Spend in The Community

Measurement: Average number of days a child with mental illness spent in the community on a annual basis. Statewide this is measured through the Department of Children and Families based on services paid with state funds (Alcohol, Drug Abuse and Mental Heath and/ or Medicaid). The contracted provider reports this information on admission, every three (3) months, and at discharge. The data is maintained in the state's data warehouse. The measure is an average. The numerator is the sum of average number of days out of thirty each client spends in the community determined at the time of post-admission assessments during the fiscal year. The denominator is an unduplicated count of the total number of clients for whom the average has been recorded. This is converted to an annual average by multiplying by 12.1667.

Explanation: This is an indicator of the person's ability to function in the community (not in crisis stabilization unit, short term residential treatment unit, state treatment facility, inpatient unit, jail, homeless, or Department of Juvenile Justice commitment program).The reliability of this measure is dependent on the provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Data Source: Department of Children and Families, Alcohol, Drug Abuse and Mental Heath Data Warehouse (ADMDW), Tallahassee, FL.

Percent of Teens Who Attempted Suicide

Measurement: Youth suicide behavior information is obtained from the biennial Youth Risk Behavior Surveillance surveys conducted among a sample of Broward high school children in grades 9 through 12. Attempted suicide is defined as youth who made 1or more suicide attempts within the previous 12 months of the survey.

Explanation: Suicide attempts by youth are serious indications of depression and a sense of isolation. This problem is exacerbated by the natural impulsivity of many young people.

Data Source: 1995, 1997, and 1999 Center for Disease Control, Youth Risk Behavioral Surveillance Study. This data can be obtained at: ***http://www.cdc.gov/nccdphp/dash/yrbs/index.htm***

Suicide Deaths Per 100,000 Youth Ages 15-19

Measurement: A death is attributed to suicide if a private physician or medical examiner lists suicide as the underlying cause of death on the death certificate. Numbers include all suicide deaths regardless of whether they occurred in the area, another state, or an US territory.

Explanation: Suicides indicate that people are having difficulty coping with personal crises, serious health problems, or other life stresses.

Data Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Tallahassee, FL, available online at: ***http://www.doh.state.fl.us/Planning_eval/phstats/***

INTERVENTION AND TREATMENT SERVICES: DELINQUENCY ENDNOTES

Number of Juvenile Arrests for Violent Crimes Per 100,000 Youth Ages 10-17

Measurement: The violent crime rate reported by all states is the number of violent index crimes per 100,000 resident population. Violent index crimes are murder, forcible sex offenses, robbery and aggravated assault. These are mostly felony offenses. Numbers reflect only those crimes reported to law enforcement agencies. The FBI's Uniform Crime Reports (UCR) data for juveniles was used because it allows for national comparisons. This UCR data was not available for Florida juveniles in 1997.

Explanation: Because violent crimes involve personal confrontation between perpetrator and victim, they are considered more serious than other index crimes.

Data Source: Division of Criminal Justice Information Systems, Florida Department of Law Enforcement, Tallahassee, FL. Their phone number is 850-410-7140. The US data was obtained at: ***http://www.fbi.gov/ucr/Cius_99/99crime/99cius.pdf***

Number of Juvenile Arrests For Property Crimes Per 100,000 Youth Ages 10-17

Measurement: The non-violent crime rate is reported by all states as the number of non-violent index crimes per 100,000 resident population. Non-violent index crimes are burglary, larceny/theft, motor vehicle theft, and arson. These include both felony and some misdemeanor offenses. Numbers reflect only those crimes reported to law enforcement agencies. Larceny includes grand and petty larceny. Once again, the FBI's Uniform Crime Reports (UCR) data for juveniles was used because it allows for national comparisons. This UCR data was not available for Florida juveniles in 1997.

Explanation: Non-violent crimes can impose significant losses in personal property and violate our sense of security in our own homes and communities.

Data Source: Division of Criminal Justice Information Systems, Florida Department of Law Enforcement, Tallahassee, FL. Their phone number is 850-410-7140. The US data was obtained at: ***http://www.fbi.gov/ucr/Cius_99/99crime/99cius.pdf***

Number of Juveniles Referred For All Crimes Per 100,000 Ages 10-17

Measurement: The delinquency referral rates include all youth arrested for felony and misdemeanor crimes reported by law enforcement agencies to the Florida Department of Juvenile Justice (FDJJ). Numbers reflect only those crimes reported to law enforcement agencies and, therefore, are an undercount of the number of crimes actually committed. According to a national crime victimization survey conducted by the U.S. Department of Justice, only 40% of crimes committed in the United States are reported. This is especially the case for misdemeanor offenses. Of the 8,694 youth referred in 1998/99, 97.2% or 8,451 were 10-17 years of age. There were 125 youth ages 0-9 and 118 were 18+. The FDJJ data was used for this indicator because it is more inclusive than the UCR method mentioned above, and it is available online for zip codes.

Explanation: Crime violates our sense of right and wrong, imposes grave personal losses, and causes people to fear for their safety in our own communities.

Data Source: Florida Department of Juvenile Justice, Tallahassee, FL. This data can be found at: ***http://www.djj.state.fl.us/RnD/profile/origpage.htm***

Appendix III: Risk Factors Definitions*
Community Risk Factors

Availability of Drugs

The more available drugs are in a community, the higher the risk that young people will abuse drugs in that community. Perceived availability or drugs is also associated with risk. For example, in schools where children just think that drugs are more available, a higher rate of drug use occurs.

Availability of Firearms

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in a home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

Community Laws & Norms Favorable Toward Drugs Use, Firearms & Crime

Community norms- the attitudes and policies a community holds about drug use and crime- are communicated in a variety of ways: through laws and written policies; through informal social practices; and, through the expectations parents and the other members of the community have of young people.

One example of a community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use. When laws, tax rates and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is when there are conflicting messages about alcohol/drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use as a social activity within the community. The "Beer Gardens" popular at street fairs and community festivals frequented by young people are in contrast to the "Just Say No" messages that schools are parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had small effects on violent crime that usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reductions in the amount of violent crime, especially involving firearms. A number of studies suggest that the small and diminishing effect is due to two factors – the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access, and community norms which include lack of practice monitoring or enforcement of the law.

Media Portrayal of Violence

This factor was not considered for Broward County Children's Strategic Plan because there is no available data.

Transitions and Mobility

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or middle school to high school, significant increases in the rate of drug use, school misbehavior, and delinquency result.

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities others are less likely to have the resources to deal with the effects of frequent moves, and are more likely to have problems.

Low Neighborhood Attachment & Community Disorganization

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low income neighborhoods: they can also be found in wealthier neighborhoods.

The less homogeneous a community is in terms of race, class, add religion – and even the mix of residential and industrial areas – the less connected its residents may feel to the overall community, and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting neighborhood attachment is whether residents feel they can make a difference in their own lives. If the key players in the neighborhood – such as merchants, teachers, police, human and social services personnel – live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parents involvement also indicate lower attachment to the community.

Extreme Economic Deprivation

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout, and violence. Children who live in these areas-and have behavioral and adjustment problems early in life-are also more likely to have problems with drugs later on.

FAMILY RISK FACTORS

Family History Of The Problem Behavior

If children are born or raised in a family with a history of criminal activity, their risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

Family Management Problems

This risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout and violence. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Family Conflict

Persistent, serious conflict between primary care givers or between care givers and children appear to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary care giver, children raised in families high in conflict appear to be at risk for all of the problem behaviors.

Favorable Parental Attitudes & Involvement In The Problem Behavior

Parental attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person's using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior towards those outside or inside the family, there is an increase in the risk that a child will become violent.

Further, in families where parents involve children in their own drug or alcohol behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator—there is an increased likelihood that their children will become drug abusers in adolescence.

SCHOOL RISK FACTORS

Early and persistent antisocial behavior

Boys who are aggressive in grades K-3 are at higher risk for substance abuse and juvenile delinquency. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys who engage in these behaviors during early adolescence are at increased risk for drug abuse, juvenile delinquency, violence, school dropout and teen pregnancy.

Academic Failure Beginning in Late Elementary School

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, pregnancy and school dropout. Children fail for many reasons. It appears that the experience of failure - not necessarily ability - increases the risk of problem behaviors.

This is particularly troubling because, in many school districts, African-American, Native American, and Hispanic students have disproportionately higher rates of academic failure compared to white students. Consequently, school improvement and reducing academic failure are particularly important prevention strategies for communities of color.

Lack of Commitment to School

Lack of commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for all five problem behaviors.

In many communities of color, education is seen as a "way out," similar to the way early immigrants viewed education. Other groups in the same community may view education and school as a form of negative acculturation. In essence, if you get education, you have "sold out" to the majority culture. Young people who adopt this view are likely to be at higher risk for developing health and behavioral problems.

INDIVIDUAL/PEER RISK FACTOR

Alienation & Rebelliousness

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at high risk of drug abuse, delinquency, violence and school dropout.

Alienation and rebelliousness may be an especially significant risk for young people of color. Children who are consistently discriminated against may respond by removing themselves from the dominant culture and rebelling against it. On the other hand, many communities of color are experiencing significant cultural change due to integration. The conflicting emotions about family and friends working, socializing or marrying outside of the culture may well interfere with a young person's development of a clear and positive racial identity.

Friends Who Engage In The Problem Behavior

Young people who associate with peers who engage in problem behavior - delinquency, substance abuse, violent activity, sexual activity or school dropout - are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in problem behaviors greatly increases the child's risk. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in problem behavior.

Favorable Attitudes Toward The Problem Behavior

During the elementary school years, children usually express anti-drug, anti-crime, pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

Early initiation of the problem behavior

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of fifteen are at twice the risk of having drug problems as those who wait until after the age of nineteen.

Constitutional Factors

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation seeking, low harm-avoidance and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

Appendix IV: Methodology

This comprehensive children's strategic planning process was primarily based upon the Communities That Care (CTC) risk focused prevention model. The project included environmental scanning, risk factor priority setting, problem behavior and risk factor outcome selection and target formulation, existing plan reviews, strategy consolidation and new strategy development. The Broward County Children's Services Administration Division (CSAD) started this project in the Spring of 1998 as part of its planning process to help the Children's Services Board (CSB) develop priorities for its future funding recommendations. By February 4, 2000, the ongoing initiative had been endorsed by The Coordinating Council of Broward (CCB) to become the county-wide strategic plan for children. CSAD was selected to facilitate this endeavor.

Information was gathered from many sources to:

- ♦ identify existing children's services program resources;
- ♦ document the incidence of children's problems;
- ♦ measure youth and public perceptions about those problems;
- ♦ obtain key informant input about needs and recommendations; and,
- ♦ review and consolidate existing plans and other planning processes.

Resource Identification

In 1999, CSAD contracted with the Broward Regional Health Planning Council (BRHPC) to conduct a gaps analysis that measured existing service resources against current problem prevalence estimates in the following nine areas:

Health; Pre-School Child Care; Before and After School Child Care; Delinquency (including gang violence prevention); Teen Pregnancy and STDs; Mental Health; Substance Abuse; and, Special needs programs for cognitively and/or physically challenged children.

The studies addressed accessibility of services and factors such as affordability, location, appointment availability, languages spoken by staff, and ADA compliance. Data was gathered from existing reports such as the CCB Benchmarks, CSAD provider surveys, the CCB Resource Inventory, and focus group summaries.

Problem Incidence Reporting

This mostly archival information came from the official databases of federal (e.g., the U.S. Census and the FBI), state (e.g., the Florida Departments of Education, Health, and Juvenile Justice), and local (e.g., the School Board of Broward County) agencies. Self-reported student data was obtained from the Center for Disease Control and Prevention's (CDC) Youth Risk Surveillance Summary. This national survey has been administered to Broward public high school students four times since 1993. Specific source information and web sites are included in Appendix II: Endnotes.

Youth and Adult Opinion Data

The following surveys were conducted by different organizations to collect this valuable qualitative information:

- In June 1998, a written, staff developed survey with close-ended questions was administered to 914 peer counseling students in each Broward County public middle and high school. This instrument provided student perceptions of the most serious problems facing youth today.
- A second survey was conducted in July of 1998, by Florida Atlantic University's Department of Urban and Regional Planning. This was a proportionate, stratified random phone survey of 1001 Broward adults. Both open and close-ended questions were employed to solicit comments on youth problems.
- The Communities That Care (CTC) Youth Survey was completed in December of 1999, by 2,601 6th-12th grade students in 35 randomly selected public schools in Broward County. This validated instrument asked for personal opinions about the students themselves, their families, the schools they attend, and the communities they live in. It also contained self-report questions on problem behavior frequency.
- The first survey was used again in June of 2000. This time it was administered to 165 BETA Summer Youth Employment students. These subjects came from predominantly low income, minority families.
- Professional Research Consultants (PRC) administered a representative, statistically reliable telephone survey to 400 Broward adults in June, 2000. Respondents were given paired comparison questions to rate the 18 CTC risk factors from the four domains (individual/peer, family, school, and community). The results were used to help determine the risk factor priorities.

Key Informant Data

This important qualitative information was obtained from public officials, professionals who work with children, and other child advocates.

On December 13, 1999, a CSB/CSAD sponsored Children's Summit was attended by 281 key stakeholders. Participants reviewed the above-mentioned resource and archival data that had already been gathered. They offered important suggestions to modify the Broward Benchmarks, set priorities, and improve children's services.

A Children's Strategic Planning Steering Committee was convened on February 24, 2000. Its initial membership included key representatives from the CCB member agencies and other major coordination/planning organizations. Additional persons participated at the next seven meetings that occurred from March 17, 2000 to August 29, 2000. Issue presentations were made on education, health, homelessness, childcare, substance abuse, nutrition, child and domestic abuse, foster care, disabilities, diversity, mental health, delinquency, youth employment, and affordable housing.

Risk Factor Priority Setting

Previous participants and every publicly funded children's services agency in Broward County were invited to a risk factor priority setting workshop on July 31, 2000. Attendees reviewed comprehensive information packets and were directed by the CTC facilitator, Ms. Brenda Taylor-Hines, to base their rankings on the significant findings from the youth and adult public opinion surveys, key informant input, and archival information (See the data summary sheet in Appendix I: Outcome Trend Data). In addition, the participants were asked to:

- ♦ consider trend evidence for at least three years;
- ♦ look for indications that problems are increasing;
- ♦ note if the local situation is more serious than available state or national comparisons;
- ♦ decide if the local problems, even if less severe than the state and national comparisons, are still intolerably high; and,
- ♦ pay particular attention to the youth and public (adult) concerns expressed in the survey responses.

The group chose seven risk factors as priorities, but combined two of them with other priority factors because they were interrelated and could be addressed with similar strategies. For example, family management and family conflict were combined into one priority because they are highly correlated.

The workshop participants also selected three system issue areas for strategy development: diversity and cultural competence (includes disabilities); quality, monitoring, and program evaluation; and, data sources, standards, and information systems. A fourth system area for coordination and funding was added to the report because it was the most logical way to include some of the system issues that were raised.

Strategy Development

Subcommittees were formed after the July 31, 2000 workshop to begin the important strategy formulation process. These groups met before a two-day workshop on August 28 & 29, 2000. Invitations were mailed to 240 people. Participants offered suggestions for system strategies, risk factor based prevention strategies, and other intervention strategies for children who have already developed problems and need treatment. CCB member organizations and other planning/coordination entities were also asked to submit relevant strategies from their existing plans so those ideas could be consolidated into the final document. Meetings were then held in November to review the submitted strategies and revise/consolidate them where necessary. These changes were then sent out as a second draft.

Outcome Selection and Target Formulation

Planning participants selected measures for problem behavior and risk factor outcomes based upon some if not all of the following criteria:

- At least two measures were chosen for each problem behavior or risk factor.
- The measures were realistic and could be impacted by program interventions.
- The measures were reasonably valid and come from stable data sources.
- Trend data was available, or the measure would be used to establish a baseline.
- The measures conform, where possible, to national indicator sets such as "KidsCount" or "America's Children: Key National Indicators of Well-Being".

The 2005 and 2010 targets were taken from either the CCB's Benchmark Report or they were submitted for consideration by the organizations most responsible for the service area. For example, the School Board developed the drop-out and graduation rate goals. Finally, the CCB's Quality of Life Committee reviewed and discussed each selected outcome and will include them in the Benchmark Report.

Review and Formal Adoption

Beginning in October 2000, the strategic plan draft was circulated to policy makers, community stakeholders and every person who participated in its development. This enabled reviewers to begin deciding which strategies they want to work on and give them an opportunity to add more strategies that may have been overlooked. Second and third review periods were conducted to enable organizations to make their final strategy decisions and to obtain policy maker approvals committing their agencies to future activity step development and plan implementation.

During the course of this review process, the Children's Services Council of Broward County was created. The members of the Council used this Plan as the needs assessment required for setting their first year priorities. Their priorities and participation were incorporated as appropriate.

Appendix V: Participants
Broward Children's Strategic Plan Participants

The following individuals participated in one or more meetings of the Children's Strategic Planning Committee or the Children's Summit. While some individuals have changed positions over the course of the Plan development, the organization listed next to their names reflects the organization they primarily represented.

NAME	ORGANIZATION
Pamela Adams	HIP Health Plans of Florida
Miriam Ade	School Board of Broward County
Emperatriz Alaix	School Board of Broward County
Monfort Alexis	Salvation Army
Marjorie Aloni	Jewish Federation
Jillian Altchek	SOS Children's Village
Dr. Richard Ames	Florida Department of Health
Erik Andrews	Planned Parenthood of So. Palm Beach & Broward
Carole Andrews	School Board of Broward County
Susan Aramony	Circuit Court Judge
Cindy J. Arenberg	Broward County Children's Services Administration
Juanita Armbrister	Florida Department of Children & Families
George Atkinson	Broward Sheriff's Office
Rasheed Baaith	Intervention Coordination
Arlene Bacharach	BC Child Care Licensing & Enforcement
Howard Bakalar	Children Services Board
Peter Balitsaris	Liberty Property Trust
Linda Ballard	Planned Parenthood of So. Palm Beach & Broward
Jon Bandes	Memorial Healthcare System
Peggy Bates	Memorial Healthcare System
Lynette Beal	Florida Department of Children & Families
Donna Karen Beam	Florida Department of Health
Nancy Becker	Broward Healthy Start Coalition
Phyllis Bebko	Florida Atlantic University
Maritza Bedoya	Florida Metropolitan University
Beverly Beguesse	Florida Department of Children & Families
Robin Behar	Women in Distress
Deborah Benami-Rahm	Independent Consultant
John Benz	Memorial Healthcare System
Ruben Betancourt	Florida Department of Children & Families
Sandy Betlach	Florida Department of Children & Families
Barbara Bishop	American Association of Critical Care
Gary Bitner	Bitner.com
Gayle Bluebird	Unknown
Nelson Bogren	Covenant House of Florida
Kareen Boutros-Vani	Broward Workshop
James Bowman	National Corporate Partnerships
Andrea Bradley	Sun-Sentinel
Cathy Branch	Covenant House
Nancy Brusher	Stiles Corporation
Margie Bruszer	SOS Children's Village
Kim Burgess	Swim Central
Irene Butcher	YMCA of Broward County.
Dr. Ana Calderon	Children's Diagnostic & Treatment Center
Willie Cameron	BC Child Care Licensing & Enforcement

NAME	ORGANIZATION
Laura Carey	Broward Coalition for the Homeless
Diane Carr	School Board of Broward County
Kathy Carroll	Broward Children's Center
Linda Carter	Community Foundation of Broward
Angelo Castillo	BC Human Services Department
Amber Castonguay	Mason Strategic Communications
David Choate	BC Commission on Substance Abuse
Fay Clark	School Board of Broward County
Suzanne Coleman	H.A.N.D.Y
Robert Collesano	Florida Department of Children & Families
Cindy Collesano	YMCA of Broward County
Sandra Cook	Mount Bethel Human Services Corp.
Betty Crawford	BC Child Care Licensing & Enforcement
Marion Crawford-Kiley	Chrysalis Center
Kevin Cregan	Broward County Housing Authority
Margaret Ann Croxton	Broward Youth Council
Linda Cunnigan	BC Community Development
Marsha Currant	Susan B. Anthony Center
W. Gail Custode	BC Child Care Licensing & Enforcement
Mark Dhooge	Kids in Distress
Carole DeArellano	Marketing & Communications
Carole DeGennaro	Broward County Medical Association
Ann Deibert	Broward County Housing Authority
Carolyn Dekle	South Florida Regional Planning Council
Toni Delaney	Family Central
Michael Delucca	BC Human Services Department
Karen Dickerhoof	Center of Independent Living
Phillip Dickey	Florida Department of Children & Families
Ann Dilgen	School Board of Broward County
Loretta Duvall	BC Children's Services Administration Division
Dianne Eagan	School Board of Broward County
Bill Engell	Chrysalis Center
Rick Englert	Project Teamwork
Barbara Ericksen	Kids Voting Broward
Jerry Esposito	Bitner.com
Deborah Etling	Hallandale Adult Community Center
Shelley Faithe	BC Children's Services Administration Division
Ellen Feiler	Florida Department of Health
Melissa Fellman	Guardian Ad Litem Program
David Ferguson	Alternate Family Care
Jeannie Floyd	School Board of Broward County
Deborah Forshaw	Br. Employment & Training Admin.
Ana Fraga-Pardo	United Cerebral Palsy
Kathie Frahes	North Broward Hospital District
Cindy Friedewald	Memorial Healthcare System
Dr. Judith Friedman	School Board of Broward County
Lilly Gallardo	Providence Place
Kathleen Gent	First Call for Help
Hilda Gianfala	City of Hope
Beryl Glansberg	Planned Parenthood of So. Palm Beach & Broward
Sue Glasscock	Women In Distress
Steven Glassman	BC Cultural Affairs
Rosby Glover	Mt. Bethel Human Services Corporation
Anita Godfrey	Mental Health Association
Jane Goldberg	BC Child Care Licensing & Enforcement

NAME	ORGANIZATION
Michael Goodman	Bitner.com
Kim Gorsuch	Broward Sheriff 's Office
Pauline Grant	North Broward Hospital District
Karen Gray-Bullock	Mount Bethel Human Services Corporation
Linda Green	School Board of Broward County
Sasha Gregory	The Coordinating Council of Broward
Evelyn Grooms	Family Central
Dr. Mark Gross	Family Central
Carol Gross	Family Central
Deborah Guller	Florida Department of Children & Families
Martha Hafer	N.E. Focal Point
Gail Hansen	Agency for Heath Care Administration
Nina Hansen	School Board of Broward County
Kathy Harris	Community Partnership for Homeless
Priscilla Hawk	League of Women Voters
Teresa Herrero	BC Family Success Administration
Israel Hicks	Florida Department of Juvenile Justice
Deborah Hill	Florida Department of Health
Barbara Holt	BC Sexual Assault Treatment Center
Mark Imes	Bank of America
Ron Ishoy	State Attorney's Office
Shirley Jackson	Providence Place
Mason Jackson	Broward Employment & Training Admin.
Commissioner Edwin Jacobson	Broward League of Cities
Ruth Jacobson	Broward League of Cities
Mark Jacoby	Florida Department of Juvenile Justice
Judy Joffe	Bitner.com
Mary Lee Johnson	School Board of Broward County
Charinus Johnson	YMCA of So. Broward County
Brian Johnson	Friends of Children
Skip Johnston	The Coordinating Council of Broward
Daphne Jones	BC County Attorney's Office
Karen Jones	BC Substance Abuse & Health Care Services
Elaine Jordan	Florida Department of Health
Donna Josephson	American Red Cross
Maria Juarez	BC Sexual Assault Treatment Center
Dr. Angel Junquera	Chrysalis Center
Laurie Karamat	Florida Department of Children & Families
Denise Karp	Broward Autism Foundation
Vicki Katz	Jewish Adoption & Foster Care Options
Vicki Kaufmann	Catholic Charities
Marycelis Keiser	Arthritis Foundation
Bob Kelley	Graves Museum
Terry Keter	Florida Department of Children & Families
Susan Kimberlin	Florida Dept. of Children & Families
Gail King	Women in Distress
Commissioner Francine Klauber	City of Sunrise
Dixie Knoebel	Broward County Court Administration
Wanda Kollar	Big Brothers/Big Sisters
Judge Lawrence Korda	Children's Services Board
Gloria Korenman	Florida Department of Health
Patricia Kramer	Florida Department of Children & Families
Carol Kuhney	Specialized Urban Ministries
Francois Laconte	Minority Development & Empowerment

NAME	ORGANIZATION
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Shawn Lamarche	BC Child Care Licensing & Enforcement
Major Al Lamberti	Broward Sheriff's Office
Tiffany Lane	Lighthouse of Broward County
Michael Langley	The Broward Alliance
Karen Langman	Family Central
Dr. Brenda Lyles-LaVar	Florida Department of Children & Families
Natilda Lawson	Cradle Nursery
Denise Lederman	Family Central
Marlene Lee	Broward County Rotary
Ruth LeFrock	BC Child Care Licensing & Enforcement
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Dr. Stephen Levin	Family Central
Monica Lewis	Phyl's Academy
Nancy Lieberman	School Board of Broward County
Commissioner Ilene Lieberman	Broward County
Gulen Lipscomb	School Board of Broward County
Jean Logan	Strategic Planners
Lisa Lugo-Manns	Broward House
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Jodi Lurie	Family Central
Aimee Lurkins	Florida Department of Children & Families
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Robert MacConnell	United Way of Broward
Lisa Magrino	Florida Department of Children & Families
Jerome Majzlin	The Broward Alliance
Madeline Martin	Broward Grandparents
Melissa Martin	United Way of Broward
Debbie Mason	Mason Strategic Communications
Ann May	YMCA of Broward County
Mimi McAndrews	National Safety Council So. Florida Chapter
Marian McCann-Colliee	Mt Bethel Human Services Corp.
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Geneva McCrae	BC Child Care Licensing & Enforcement
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Joy McGraw	Children Services
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Frances McMahon	Swim Central
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Harvey Melzter	Justice for Children and Families
Andrea Mention-Johnson	Memorial Healthcare System
Liz Meyers	Mental Health Association
Derrick Meyers	Mt. Bethel Human Services Corporation
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Virginia Miller	Miller Construction
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Lora Mills	Florida Department of Children & Families
Audrey Millsaps	Children's Services Board

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Tammy Morton	Brookwood East
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Anita Platt	Family Central
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Steven Ronik	Henderson Mental Heath Center
Linda Ross	HIV Planning Council
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Martha Rubio	Children's Harbor

NAME	ORGANIZATION
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Steve Sampier	Memorial Health Care System
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Laly Serraty	Kids In Distress
Shoshanah Setzen	Florida Ocean Services Institute
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Deann Shaver	Memorial Healthcare System
Meryl Sherris	Broward Autism Foundation
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Bette Stark	Town of Davie
Paula Stewart	Renfrew Center
Dixie Sturgeon	Clerk of Court
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Karen Swartzbaugh	Florida Department of Juvenile Justice
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Nancy Tanner	State Attorney's Office
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Elizabeth Thomas	BC Child Care Licensing & Enforcement
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Thomas Tomczyk	Kids in Distress
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Jeanette Wagner	Guardian Ad Litem Program
Aleida Waldman	Children's Services Board
Barbara Walker	School Board of Broward County
Jim Walker	Florida Department of Children & Families

NAME	ORGANIZATION
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Janet Ward	Parent's Information & Resource Center
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Linda Weinman	Florida Sheriff's Youth Ranches
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Ray West	Project Teamwork
Lois Wexler	School Board Member
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Arnetta Whitfield	Family Central
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Glender Williams	Head Start Preschool Program
John Wilson	Broward County Commission on Substance Abuse
Mary Woods	Br. Employment & Training Admin.
Kathryn Young	City of Fort Lauderdale
Margie Zeskind	Central Agency for Jewish Education

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