



A REPORT OF HEALTH & HUMAN SERVICES IN PALM BEACH COUNTY- Based on Key Community Indicators 2010



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Note:

Information and data coverages contained within this document are dynamic and in a constant state of maintenance, correction and update.

Corrections or updates to this report will be posted on the Palm Beach County – Community Service Department website <http://pbcgov.com/communityservices/citizenadvisory.htm>

Information contained within this document is intended to be used for planning purposes only. Contact David Rafaidus at (561) 355-4705 or drafaidu@pbcgov.org for further information.

*Click on any Table of Contents entry to navigate to the desired page.
Clicking on the footer on any page will return you to the Table of Contents.*

The **“Report of Health and Human Services in Palm Beach County – Based on Key Community Indicators”** is a “living” document that is intended for use as a guide to making decisions, promoting community participation in government and providing a statement for those involved in health and human services.

This document is a “snapshot” of information that creates a general framework to be used by the Board of County Commissioners (BCC), County Administration and Citizens Advisory Committee on Health & Human Services (CAC) in making decisions about the development of the community’s social services programs. It is advisory in nature and contains text, graphics, quotes and statistics that together form a publication conveying information about 16 Service Categories relating to the “Palm Beach County Comprehensive Plan – Health & Human Services Element.”

The methodology used to prepare this report is multi-faceted. According to Resolution No. R91-2001-0913, the CAC has a mission to: *“Assist the Board of County Commissioners in the assessment of need, planning, implementation and evaluation of a System of Care, as defined within the Health & Human Services Element of the Palm Beach County Comprehensive Plan.”*

Based on this mission statement and the Health & Human Services Element, the CAC elevated the visibility of the project by seeking additional community input. A Lead Agency representative teamed with experts in each Service Category to draft Service Category material with Indicator Committee assistance.

Additionally, the Resolution states that the CAC has the responsibility to: *“Make recommendations on an annual basis during the Financially Assisted Agency (FAA) funding process regarding service and funding priorities, outcomes and contract requirements.”* To accomplish this responsibility, the CAC will utilize information contained in the report as a foundation to assist them with constructing and discussing their FAA funding recommendations to County Administration and the Board of County Commissioners.

Further discussion or debate about Goals is healthy. It is recognized that Palm Beach County cannot be all things to all people and that needs will continue to exceed resources. Additionally, improvement is not always about dollars. You can improve the system of care by people working and coordinating together, by improving efficiency, and by obtaining more citizen input, involvement and support.

And finally, it must be noted that in June, 2011, many of the indicators and information contained within this document will be folded into the Community Health & Human Services Portal project entitled *“Palm Beach County Counts - Good Decisions Begin with Good Data”*. The portal project will consist of a website designed to optimize the use of community health and human service information through Goals and Indicators positioned on data platforms.





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Message From County Administration & Citizens Advisory Committee on Health & Human Services



Jon Van Arnam
Assistant County Administrator

The Community Indicator movement is exploding in the United States. It involves new ideas, concepts, substantial staff involvement and a circle of collaboration with service providers and funders. We are proud that the *Report of Health & Human Services in Palm Beach County – Based on*

Key Community Indicators is a part of this dynamic and ongoing movement.

It was our goal to create an informative, easy to read document of broad scope that would be useful for planners and decision-makers involved in health and human services program delivery and funding. It is also our hope that this document will be regularly accessed by the general public to stay better informed about our community health and welfare.

A special thank you to the dedicated residents that serve on the County's Citizens Advisory Committee on Health and Human Services for their ongoing assistance, to the talented county and agency staff that contributed to this milestone endeavor, to the governing bodies of our community partners, and to the Board of County Commissioners for their direction and support. Your work and the work of hundreds of engaged citizens and community volunteers is strengthening our system of care and helping us achieve our objectives for a safe and healthy community.



Nate G. Nichols Chair,
Citizens Advisory Committee

This *Report of Health & Human Services in Palm Beach County – Based on Key Community Indicators* is submitted to the Palm Beach County Board of County Commissioners as the first Countywide Indicator Report. The information provides a point-in-time snapshot of how Palm Beach

County is reflective of meeting the needs of our residents. It is our hope that the data provides useful information that will assist you in making the decisions that you are entrusted to make for the residents of our county.

Thank you, to the subject matter experts and all others that contributed in collecting and reporting this information. Special acknowledgement must be expressed to the Citizens Advisory Committee on Health and Human Services and the Past Chairs (Barbara Jacobowitz and Dr. Richard Galeta) who initially started the Project. Additional accolades should be extended to Jon Van Arnam (Assistant County Administrator), Channell Wilkins (Department Director) and the Indicator Committee (Thomas Arnedos, Brenda Oakes and David Rafaidus) who remained consistent in keeping all involved.

It has been a pleasure to work with both the members of the Citizens Advisory Committee and staff in completing this outstanding report.

Indicator Summary

Summary Page Synopsis

The Indicator Summary page is intended to provide the reader with a “quick” reference concerning the status of 16 Service Category topics based on an Overall Goal & Key Indicator contained within this document. Please use the Legend and Notes Section listed below for further analysis.

Click on the indicator signal to navigate to the desired page. Clicking on the footer on any page will return you to the Table of Contents.

Legend & Notes

Green is good. The Goal is being met and the Trend is upward.

Yellow is caution. It is used either if the Goal is being met but the Trend is downward or if the Goal is not being met but the Trend is upward.

Red is alarming. Red is used if the Goal is not being met and the Trend is downward.

Trend is defined as six (6) to eight (8) data points.

	(+) Trend	(-) Trend
> Goal	Green	Yellow
< Goal	Yellow	Red



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KEY INDICATOR

The Key Indicator of Access To Care is persons with a usual primary care provider

GOAL

The Access to Care goal is a target of 85% of people with a usual primary care provider



“For a healthy life, there’s no place like a medical home!”

— Alina Alonso, MD
Director, Palm Beach County Health Dept.

Current and Future Planning Efforts

The percent of adults with a personal doctor, or usual primary care provider, is an extremely important metric relating to health access, personal health and overall public health. Better access to care leads to better health behaviors and better health outcomes. This indicator will continue to be a vital and challenging one as the economic downturn continues into 2011 and beyond, with increased unemployment, fewer people with health insurance and limited resources in terms of medical personnel. The recently enacted federal health care bill (Patient Protection and Affordable Care Act) may improve matters relating to health access, but to what extent and what speed is unclear.

Local experts and Palm Beach County Health Department (PBCHD) staff project that access to care will decrease due to budgetary cuts and the current fiscal state of our government. The PBCHD will need more money just to maintain services; however, there are major cuts anticipated in the coming year. There will also be less staff and resources, as well as possible cuts at the Health Care District.

Measures that need to be taken to achieve the overall goal are listed below:

- Expanding current Federally Qualified Health Centers (FQHCs) and pursuing additional FQHCs
- The forthcoming County Health Plan will focus on expanding access to care
- Navigators in the PBCHD Health Centers and other agencies
- Funding from local foundations
- Additional funding from other sources

Table #1

Percent of People With Usual Primary Care Provider

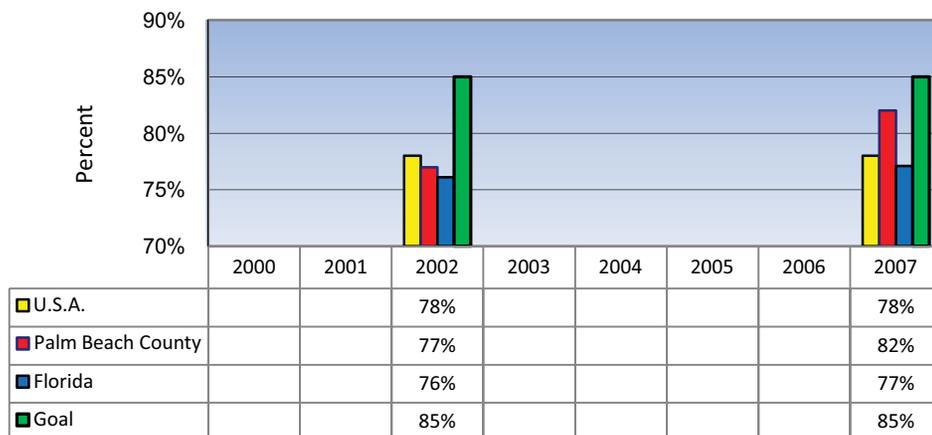
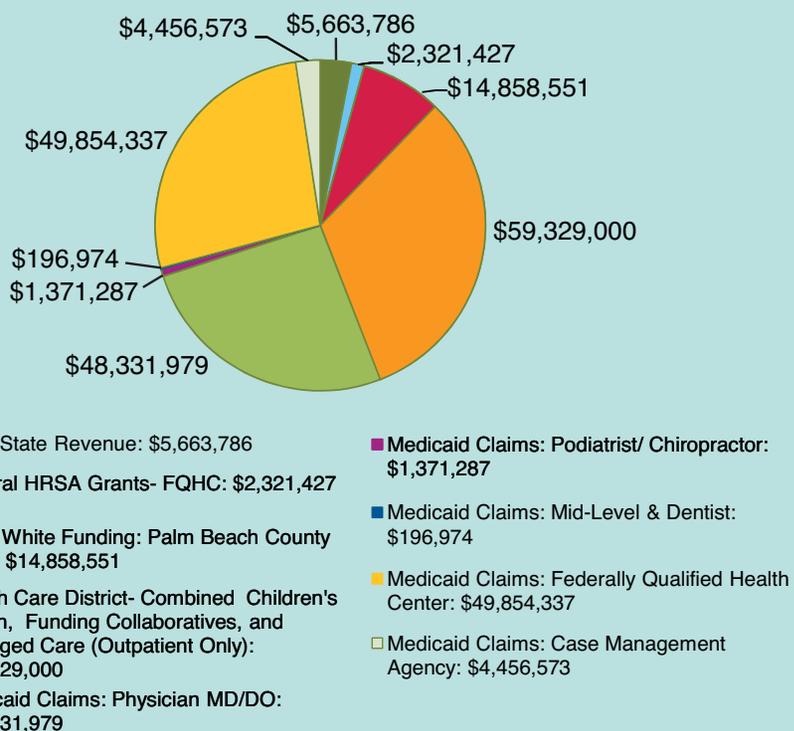


Chart I

Revenue Sources for Outpatient Uninsured/Underinsured Population in Palm Beach County



SOURCE: Health Care District: Comprehensive Annual Financial Report for Fiscal Year ended September 30, 2009, Health Statistics and Assessment- Florida Department of Health, and US Department of Health and Human Services- Centers for Medicare and Medicaid Services Fee-for-Service (FFS) Data

Table #2

Palm Beach County Health Department Revenue Sources For Primary Care at the FQHC Clinics

REVENUE:	Total FY 08 09
HRSA (Section 330 Grant)	\$ 2,321,427
Health Care District - Block Grant	\$ 2,021,094
State Program Revenues Incl. Fed Funds	\$ 910,775
Medicare	\$ 246,856
Medicaid	\$ 4,028,770
Health Insurance - HCD, HPB, Humana, Etc.	\$ 1,745,020
Patient Fees	\$ 503,870
Local Grants or Donations (Ryan White)	\$ 610,595
Transfers From Health Dept. (State GR)	\$ 4,753,011
TOTAL	\$ 17,141,419

SOURCE: PBCHD Finance and Accounting

Major Disparities

Behavioral Risk Factor Surveillance System (BRFSS) data shows disparities between races/ethnic groups among percentages of adults who have a personal doctor. In 2002 in Palm Beach County, while 82.9% of non-Hispanic whites had a personal doctor, only 53% of non-Hispanic blacks and 64.3% of Hispanics had a personal doctor. This disparity continued into the 2007 BRFSS. In 2007 in Palm Beach County, while 86.1% of non-Hispanic whites had a personal doctor, only 75.9% of non-Hispanic blacks and 62.9% of Hispanics had a personal doctor.



Report Highlights

- The Healthy People 2010 goal of 85% percent people with a usual primary care provider is not being met at the county, state or national level.
- PBCHD provides more efficient care per patient than the state and national totals: PBC-\$437 per patient, State-\$500 per patient, National-\$607 per patient. PBCHD also provides more efficient care per visit than the state and national totals: PBC-\$120.45 per visit, State-\$131.82 per visit, National-\$155.30 per visit. **SOURCE:** PBCHD Clinical Services

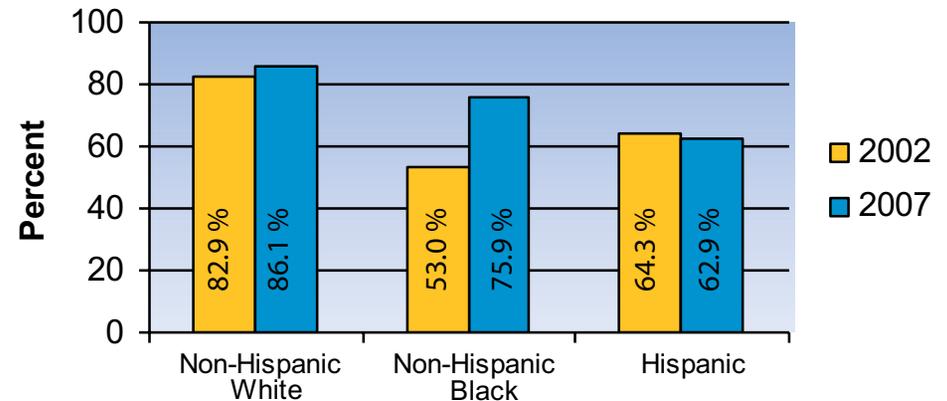
- Palm Beach County has an uninsured adult (adult population under age 65) rate of 28%, greater than the target value of 18% and the Florida average of 24%; the uninsured rate is believed to be higher than 28% in 2011. **SOURCE:** Robert Wood Johnson County Health Rankings
- Palm Beach County ranked 16th of 67 Florida counties in the category of clinical care, and 32nd of 67 Florida counties in the category of social & economic factors. **SOURCE:** Robert Wood Johnson County Health Rankings
- Palm Beach County had a primary care provider rate of 93, lower than the target value of 119 and the Florida average of 100. **SOURCE:** Robert Wood Johnson County Health Rankings

“New 2010 estimates show that the number of Americans without health insurance is growing... About 50 million adults 18–64 years old had no health insurance for at least some of the past 12 months.”

— Source, CDC, accessed 1-12-11:
<http://www.cdc.gov/vitalsigns/HealthcareAccess/>

Table #3

Palm Beach County Adults Who Have a Personal Doctor



Child Care/After-School Care

KEY INDICATOR

The Key Indicator for Child and After School Care is measured by the annual average number of children on the waiting list for subsidized care

GOAL

Reduce the number of children awaiting subsidized child care in Palm Beach County



“Many low-income families on waiting lists are forced to use care that is unreliable or of poor quality because they cannot afford better options without assistance, strain to pay other bills in order to pay for child care, or have difficulty keeping their jobs because they cannot afford care, according to several studies.”

— Source: Schulman & Blank (September 2007). State Child Care Assistance Policies 2007: Some Steps Forward, More Progress Needed, National Women’s Law Center, Issue Brief

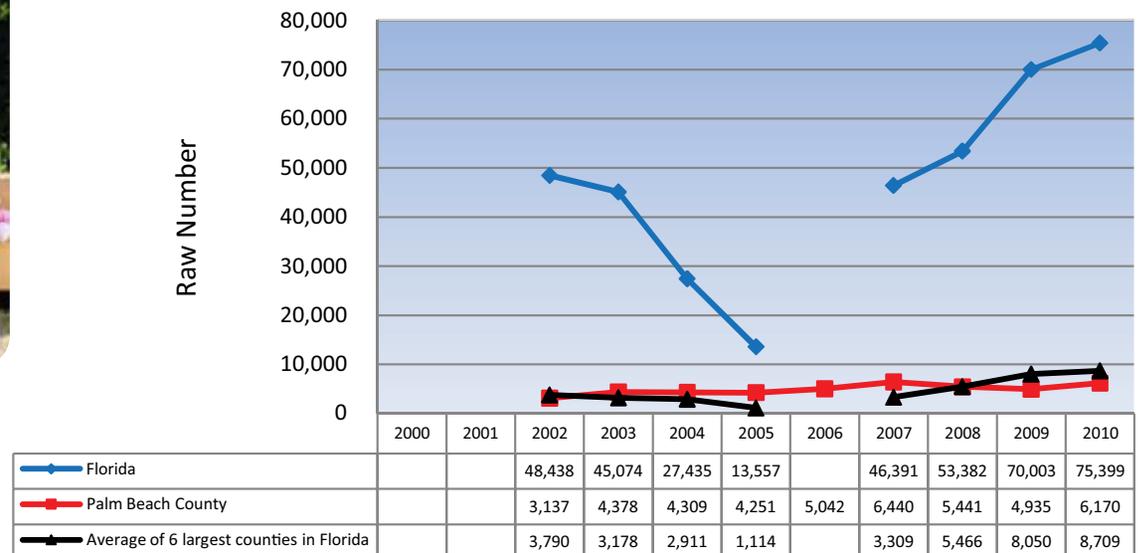
Current Status

The trend is yellow. The number of children on the waitlist continues to be high and is expected to grow with the increase in poverty rates caused by current economic conditions. Stimulus funding temporarily reduced the list, but it is anticipated to increase again when those funds run out September 30, 2011.



Funding from the Children’s Services Council of Palm Beach County is also used by the Early Learning Coalition to leverage additional funds and thus, serve more children.

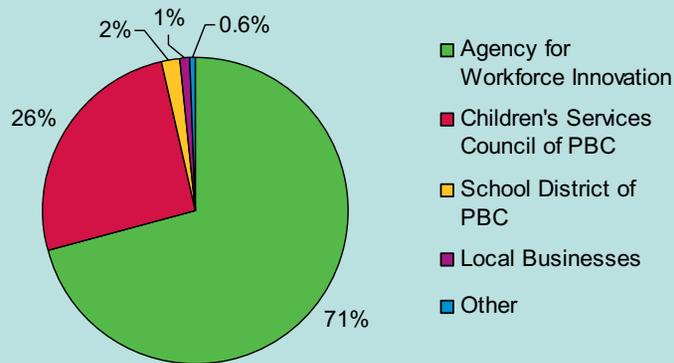
Table #4
Number on Subsidized Care Waiting



Child Care/After-School Care

Chart II

Funding In Palm Beach County - FY 2010



Current and Future Planning Efforts

In 2009 – 2010, child care providers* using subsidies (these are self-reported capacities):

- Child care centers had the capacity to serve 46,852 children in 454 programs.
- Family child care providers had the capacity to serve an average of 1,574 children in 312 family child care homes (includes infants, preschoolers and school-age children).
- The waiting list for subsidized child care services in Palm Beach County as of June 2010 was 6,137.

The Early Learning Coalition intends to continue working with early care and education system partners to develop a centralized waitlist in order to have a more accurate picture of child care needs in Palm Beach County.

The Coalition is also working with the Children's Services Council to determine child care needs in each zip code in Palm Beach County. This will help determine areas of highest need and child care availability in those areas.

**Combines centers that are licensed exempt, licensed, licensed school age only and licensed exempt school age only.*

"Parents who are concerned about their children's after-school care miss an average of five extra days of work per year, which is estimated to cost employers \$496 to \$1,984 per employee per year depending on the employee's annual salary."

— Community, Families and Work Program
at Brandeis University, 2004

Major Disparities

Some of the issues regarding use of waitlist data to describe the need for child care are:

- The waitlist is self reported and may not be an accurate representation of child care need.
- Stimulus dollars will cause a temporary decrease in the waitlist since the funds end September 2011.
- The current waitlist does not include all early care and education partners and therefore does not provide an accurate picture of child care subsidy needs.
- The indicator focuses on need and availability of child care; efforts should also focus on quality to ensure children are adequately prepared for kindergarten.

Report Highlights

- Waitlist data, provides only a piece of the picture of subsidized child care. Future work is needed to address reasons for fluctuations, assess both need and supply, especially in hard-to-reach-and-serve populations and develop a centralized waiting list that is all inclusive.
- The Early Learning Coalition continues to work with the Children's Services Council of Palm Beach County to research and evaluate the delivery of quality child care services in the community.

Domestic Abuse/Sheltering

KEY INDICATOR

The Key Indicator for Domestic Violence is the domestic homicide rate for Palm Beach County

GOAL

Reduce the number of domestic related homicides in Palm Beach County

Note: Ideally the goal would be to have no domestic related homicides; however this may be unrealistic so the goal should be to have the number be at or below the average number of homicides compared to counties of similar size and demographics.



“As of the end of AVDA’s most recent fiscal year, June 30, 2010, Aid to Victims of Domestic Abuse (AVDA) served more people in one year than ever before in almost 25 years of service. The need for AVDA’s service continues at an unprecedented rate, and the support of the entire community is essential.”

— Pam O’Brien, AVDA Executive Director

Current Status

Domestic violence is a pattern of behaviors that adults or adolescents use against their intimate partners or former partners to establish power and control. It may include physical abuse, sexual abuse, emotional abuse and economic abuse. It may also include threats, isolation, pet abuse, using children and a variety of other behaviors used to maintain fear, intimidation and power over one’s partner. Domestic violence knows no boundaries. It occurs in intimate relationships, regardless of race, religion, culture or socioeconomic status. The effects of violence are visible in the burdens placed upon our health care, educational, social service, child welfare and criminal justice systems and in the workplace.

Source: “Circles of Collaboration- Domestic Violence Annual Report, 2008-2009”

Reasons victims stay:

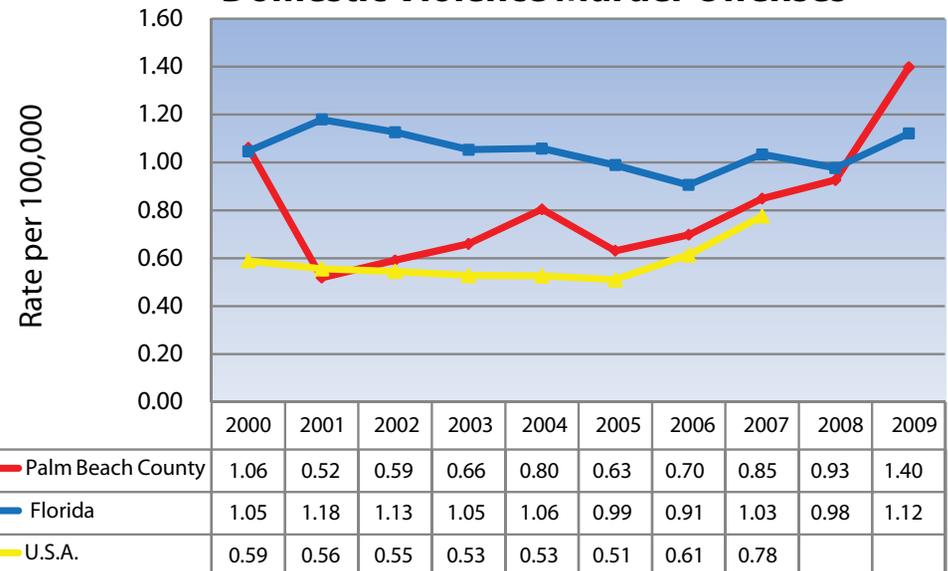
- Fear
- Guilt
- Finances
- Children
- Isolation

Abuse triggers:

- Stress
- Substance abuse
- Financial situation

Table #5

Domestic Violence Murder Offenses



Domestic Abuse/Sheltering

Current and Future Planning Efforts

Currently there are several coalitions and committees devoted to finding new and innovative ways to combat domestic violence including the Domestic Violence Council, Domestic Violence Working Group, Victim's Rights Coalition and the Domestic Fatality Review Team. Members represent Law Enforcement, State Attorney's Office, Attorney General's Office, YWCA/Harmony House, AVDA, faith-based organizations, Legal Aid Society, Department of Children and Families, Coalition for Independent Living Options, Florida Resource Center for Women and Children, PBC Victim Services and other local service providers.

Through the work of these bodies, several goals have been identified:

- Goal 1: Develop a county-wide protocol for law enforcement to standardize the response to domestic violence investigations to ensure that victims countywide receive the same level of service.
- Goal 2: To continue to identify new avenues for public awareness campaigns given the current economic situation.
- Goal 3: To obtain county funding and resources to collect, analyze and report statistical data on domestic violence that would assist in current and future response to domestic violence.
- Goal 4: Collaborate with the PBC Domestic Fatality Review Team and provide funding so that accurate data collection tools could be used county-wide to assist in the review of domestic homicides and the prevention of future homicides.
- Goal 5: Collaborate with the two certified shelters within Palm Beach County to assess the current needs to include the potential of increasing the number of beds available to victims and expanding existing shelters to allow pets which has been identified as a hurdle in providing services to victims.

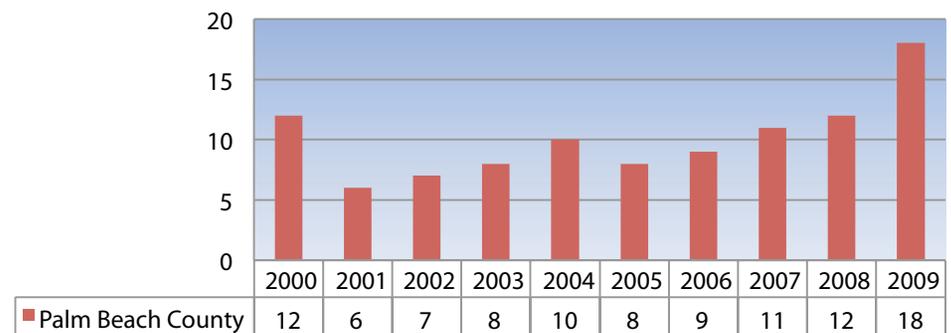
"There are only three possible outcomes in an abusive relationship: Either the batterer is going to STOP the abuse, or the victim is going to LEAVE that relationship, or someone is going to DIE."

— Detective Deirdri Fishel,
State College (PA) Police Department.



Table #6

Palm Beach County Domestic Violence Murders Data Source: UCR 2000-2009

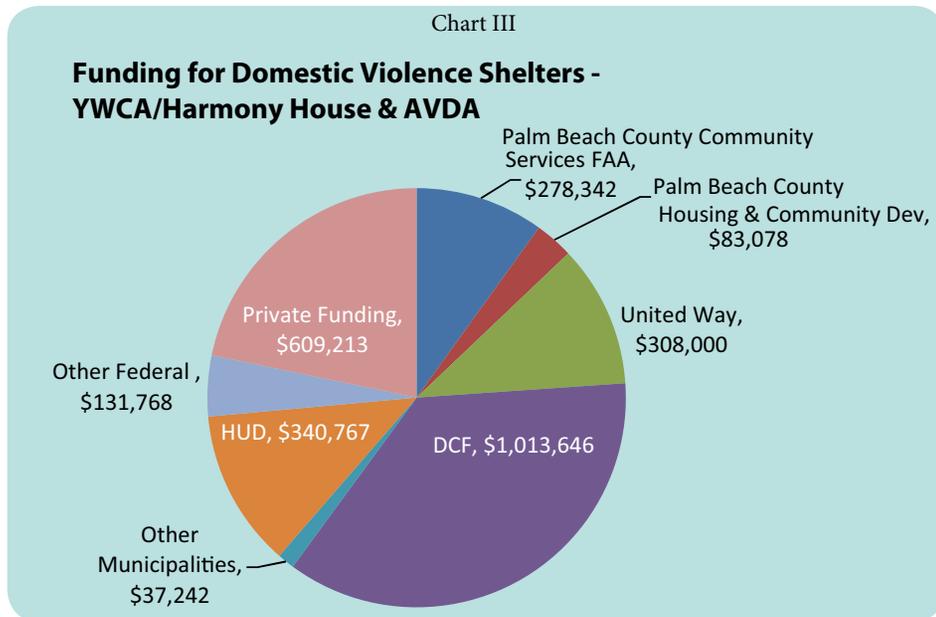


Domestic Abuse/Sheltering

Major Disparities

In 70 to 80% of intimate partner homicides, no matter which partner was killed, the man physically abused the woman before the murder.

Of females killed with a firearm, almost two-thirds were killed by their intimate partners. The number of females shot and killed by their husband or intimate partner was more than three times higher than the total number murdered by male strangers using all weapons combined in single victim/single offender incidents in 2002.



Report Highlights

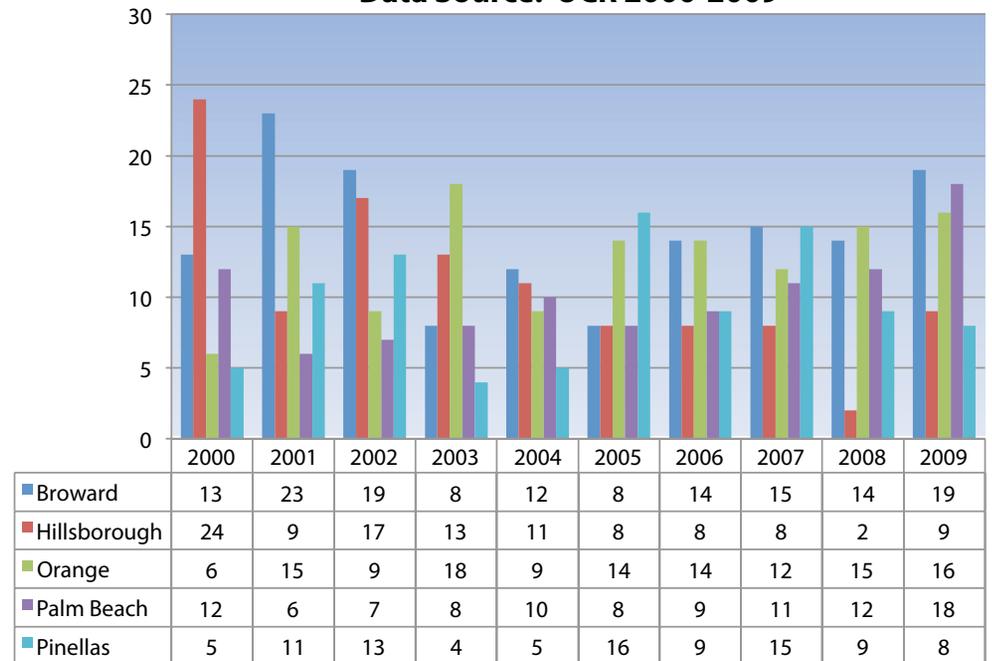
- A current cost estimate for a domestic violence investigation from a law enforcement agency averages \$300 for direct expenses of the responding officers only. *
- From January 1st, 2010 to December 31st, 2010, the Palm Beach County Sheriff's Office investigated 17,491 domestic disturbances and 3,020 domestic crimes.
- In 2010, Attorney General Bill McCollum, in collaboration with the Florida Coalition Against Domestic Violence, established a statewide domestic fatality review team in response to the increase in domestic violence and domestic homicides.
- There are currently no shelters in Palm Beach County that can house family pets which is an identified obstacle in assisting many victims of domestic violence.
- The number of temporary restraining orders issued in 2010 are projected to reach 3,576 up from 1,939 in 2007.

*Approximation based on estimated direct expenses

Table #7

Domestic Violence Murder Offenses Selected Counties

Data Source: UCR 2000-2009



KEY INDICATOR

The Key Indicator for Health Care is Years of Potential Life Lost (YPLL)

GOAL

The Health Care Goal is to have a Years of Potential Life Lost (YPLL) rate of 6,978 per 100,000 population



“... quantifying YPLL for individual causes of mortality or for behavioral risk factors associated with a range of mortality consequences (e.g. tobacco or alcohol use) can provide a simple method to target health education efforts to sections of the general population most in need of public health interventions.”

Source: Center for Disease Control

Current Status

In Palm Beach County, the YPLL rate of all causes of death is lower than that of the state overall, yet above that of the national average. The trend of the past ten years is down slightly, (i.e., the overall YPLL rate is decreasing).

In the YPLL rate, every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost (75-25=50 years of potential life). YPLL is used to represent the frequency and distribution of premature deaths. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of death. Reduction in YPLL is an important public health goal because it reflects a reduction in premature death.

Source: County Health Rankings - <http://www.countyhealthrankings.org>

The national goal of 6,978 per 100,000 deaths before age 75 was identified on the County Health Rankings website. The County Health Rankings project is a collaboration between the University of Wisconsin’s Population Health Institute and the Robert Wood Johnson Foundation, and ranks the counties within each state on a variety of health-related data. **Source:** “Palm Beach Post” on February 17, 2010: <http://www.palmbeachpost.com/health/report-palm-beach-county-among-the-states-healthiest-246578.html?printArticle=y>

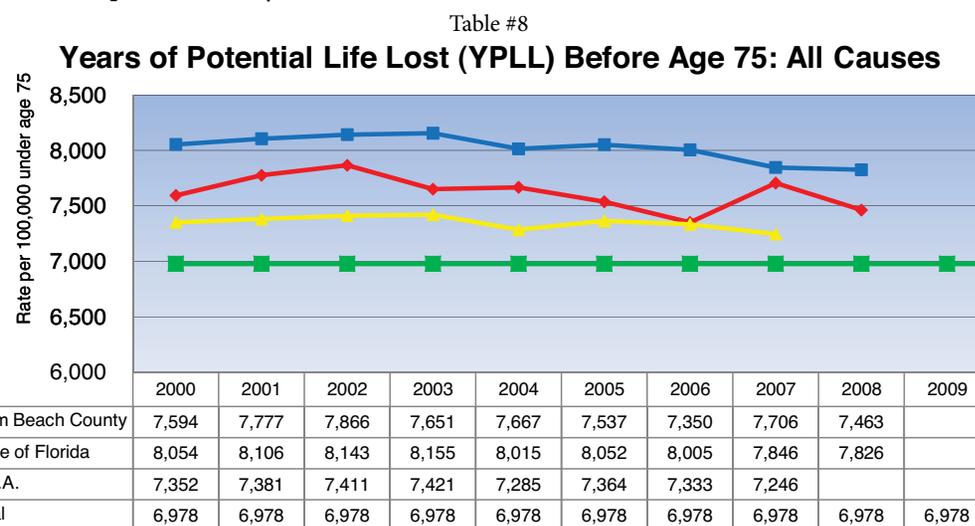
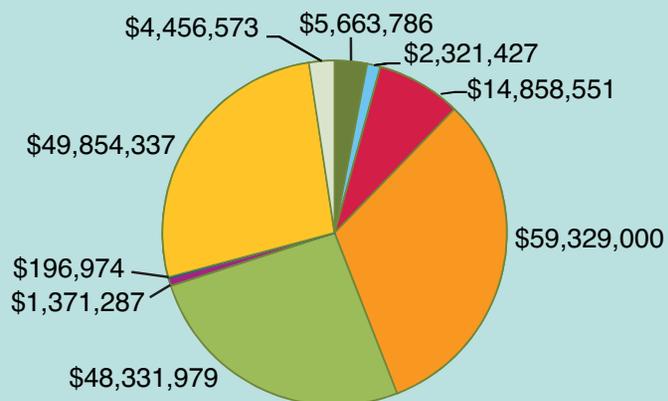


Chart IV

Revenue Sources for Outpatient Uninsured/Underinsured Population in Palm Beach County



- DOH State Revenue: \$5,663,786
- Medicaid Claims: Podiatrist/ Chiropractor: \$1,371,287
- Federal HRSA Grants- FQHC: \$2,321,427
- Medicaid Claims: Mid-Level & Dentist: \$196,974
- Ryan White Funding: Palm Beach County Total: \$14,858,551
- Medicaid Claims: Federally Qualified Health Center: \$49,854,337
- Health Care District- Combined Children's Health, Funding Collaboratives, and Managed Care (Outpatient Only): \$59,329,000
- Medicaid Claims: Case Management Agency: \$4,456,573
- Medicaid Claims: Physician MD/DO: \$48,331,979

SOURCE: Health Care District: Comprehensive Annual Financial Report for Fiscal Year ended September 30, 2009, Health Statistics and Assessment- Florida Department of Health, and US Department of Health and Human Services- Centers for Medicare and Medicaid Services Fee-for-Service (FFS) Data

Report Highlights

- The goal of 6,978 YPLL per 100,000 of the population less than 75 years of age is not being achieved in Palm Beach County, which has a 2008 YPLL of 7,463 per 100,000. **Source:** Florida CHARTS and County Health Rankings
- In 2008, Cancer was the 2nd leading cause of death in Palm Beach County but the highest YPLL (1,613) **Source:** Florida CHARTS
- Palm Beach County ranked only 32nd of 67 Florida counties in the category of social & economic factors, (e.g., children in poverty; income inequality), which have an impact on YPLL: **Source:** County Health Rankings
- Unintentional injuries was the 4th leading cause of unintentional death but the 2nd highest YPLL (1,493). **Source:** Florida CHARTS



KEY INDICATOR

The Key Indicator of HIV/AIDS is the HIV case rate per 100,000 population

GOAL

Decrease the HIV case rate by 2% per year



“Florida is committed to having as many people know their HIV status as early in their infection as possible through an innovative and aggressive testing program which then links patients to long-term care and treatment programs.”

— Thomas Liberti, Chief Bureau of HIV/AIDS,
Florida Department of Health

Current Status

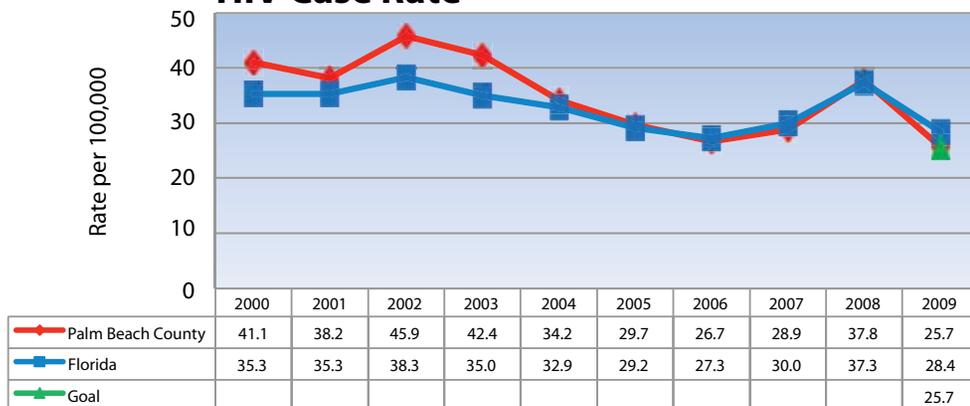
The number of HIV cases reported in the diagram to the left, represents the number of newly reported HIV infections for individuals residing in Palm Beach County who were newly identified as having HIV, regardless of when the individuals acquired their infections. This number may include cases that previously tested anonymously but were never reported.

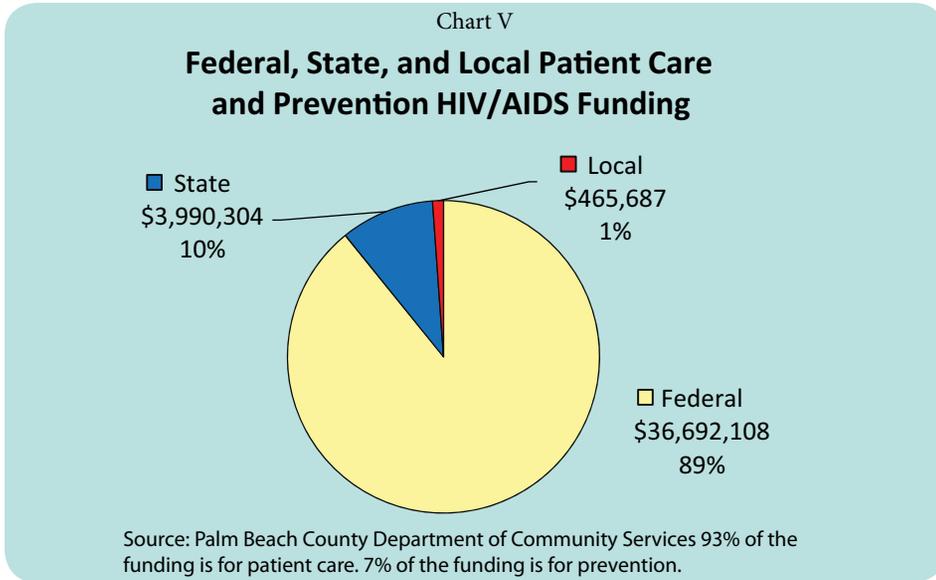
HIV cases tend to reflect more recent transmission than AIDS cases, and thus represent a more current picture of the epidemic. Recent trends in HIV transmission are best described by the HIV case data. AIDS cases tend to represent HIV transmission that occurred many years ago.

HIV/AIDS data helps monitor the epidemic if it is collected and reported the same way each year. In 2007, 2008 and 2009, HIV and AIDS case data were collected in somewhat different ways which complicated interpretation of trends that fluctuated erratically. The influence of these collection and reporting changes created artificial increases or decreases in the reporting of HIV cases. In fact, it is anticipated that the early months of 2010 will have much higher number of cases compared with the same months of 2009. This could mask an actual decrease in HIV trends or exaggerate an increase in trend. Since no further changes in HIV reporting are expected in 2010 and beyond, reliable interpretation of trends should resume.

Table #9

HIV Case Rate





Current Status (continued)

After several years of declining HIV case rates, Palm Beach County also reflected a statewide trend of increasing HIV case rates in 2008 as a result of changes to reporting laws. However, rates declined in 2009 to the lowest rate in the new millennium. No further changes in HIV/AIDS data collection reporting are expected in 2010 and beyond; therefore, reliable interpretation of trends should resume, leading to the accomplishment of our goal. In the near future, since national HIV reporting has been implemented, there may be a federal goal of reducing the annual number of reported HIV cases.

The Planning Committee of the PBC HIV CARE Council and the Community Prevention Partnership will be monitoring the case rate and the collaborative activities to ensure that we are meeting our goal. These efforts will also provide feedback and recommendations as needed.

As of June 30, 2010, the Florida Department of Health, Bureau of HIV/AIDS, reports 7,779 persons living with HIV/AIDS in Palm Beach County. The data below is based on cases reported in 2009 and frozen as of December 31, 2009.

Table #10



Number of HIV cases reported				
	2009	2010	2011	2012
Current Indicator	Results	Goal	Goal	Goal
HIV Reported Cases	340	333	327	320
HIV Reported Cases per 100,000	26.4	25.9	25.4	24.9

Current and Future Planning Efforts

Efforts continue to be made to lower the HIV case rate through support of testing, prevention, outreach and collaboration efforts throughout the county.

HIV Testing

Palm Beach County will continue to support its extensive and robust HIV testing program including the inmate testing program, HIV Testing Day initiatives and Opt-Out Program for pregnant women.

Palm Beach County Health Department (PBCHD) implemented an exciting new initiative beginning in 2010, the Post Test Counseling Follow-Up Initiative. This is a collaborative effort between the Ryan White program and the Early Intervention Services and STD/Hepatitis program of the PBCHD. The purpose of this pilot is to link persons who recently test positive for HIV (in the public health sector) to medical care.

The African-American Testing initiative has been implemented whereby specified health centers, all located in high risk areas, conduct a mandated number of HIV tests quarterly. The mission of this program is to expand HIV testing to clinical settings as well as increasing HIV testing among the Black community. This program has proven so successful that in 2010, the program was expanded to include the following populations: Hispanic, men who have sex with men (MSM) and Injecting Drug Users (IDUs).

HIV Testing (continued)

A local gay, lesbian, bisexual and transgender community-based organization has successfully implemented the Social Networking Strategy initiative which targets HIV-positive and high-risk negative persons. These persons are enlisted to identify and recruit persons from their social, sexual, or drug-using networks who may be at risk for HIV infection. This program has yielded one of the highest rates of positive cases compared to other testing initiatives, and is one of the most successful modes of finding new HIV cases in the county.

Prevention

There are several other prevention outreach efforts throughout the county. These programs include several Centers for Disease Control and Prevention's (CDC) Diffusion of Effective Behavioral Interventions (DEBIs) like VOICES, SISTA, Community Promise, Street Smart (for youth) and Healthy Relationships.

Palm Beach County hosts both the Ujima Conference, to empower Black men to know their HIV status and learn to combat homophobia, bigotry, racism, sexism, ageism, stigma, and alienation, as well as the SOS (Sistas Organizing to Survive) Conference to promote empowerment, HIV education and testing.

Outreach

The Ryan White Part A program, federal funding for HIV/AIDS medical and support services, will continue to fund outreach services. Currently there is one provider. The primary efforts of the outreach workers are to contact persons who may either be lost to medical care and/or who may not be aware of their HIV status. The goal is to have these persons linked to HIV healthcare providers.

Collaboration within the HIV/AIDS Community

There will be a continued collaboration between the Community Prevention Partnership (CPP), the local prevention and testing planning group and the Palm Beach County HIV CARE Council, the planning body for HIV services.

“When we can all just talk about HIV/AIDS for real and not continue to think it is about them and not us then we can stop the spread of HIV. We need the help of everyone in the community.”

— Lorenzo C. Robertson,
Regional Minority AIDS Coordinator,
Statewide Black MSM Coordinator,
Palm Beach County Health Department

Major Disparities

HIV has a significant disproportionate impact in Palm Beach County by race/ethnicity and gender, as indicated by the following findings reported by the Florida Department of Health, Bureau of HIV/AIDS in 2009:

1. In 2009, blacks were over—represented among the HIV cases, accounting for 63% of adult cases but only 15% of the adult population.
2. In 2009, 65% of the reported HIV cases were male. However, the adult population of PBC is 48% male and 52% female. Therefore, male cases are disproportionately impacted.
3. **Males:** Among black males, the HIV case rate is nine (9) times higher than among white males. Among black females, the AIDS rate is 19-fold greater than among white females. Hispanic male rates are two (2) times higher and Hispanic female rates are two (2) times higher than the rates among their white counterparts.
4. **Females:** Among black females, the AIDS rate is 19-fold greater than among white females. Hispanic male rates are two (2) times higher and Hispanic female rates are two (2) times higher than the rates among their white counterparts.
5. The relative increases in male HIV cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM) which may influence future AIDS trends.

KEY INDICATOR

A Key Indicator of Homelessness is the Point-In-Time Count

GOAL

Reduce the homeless population in Palm Beach County by 2%



“As long as one person is homeless in Palm Beach County, we still have work to do.”

— Homeless Advisory Board

Current Status

Homelessness does not discriminate. It does not occur only to a unique group, class or type of individual or family. It is rare that a single factor can be attributed to an individual’s condition of homelessness and is most often the result of a complex set of circumstances, a tragic consequence for those who are unable to resolve a wide range of life challenges. Homelessness is, unfortunately, a growing element of our local and national landscape.

Root causes include:

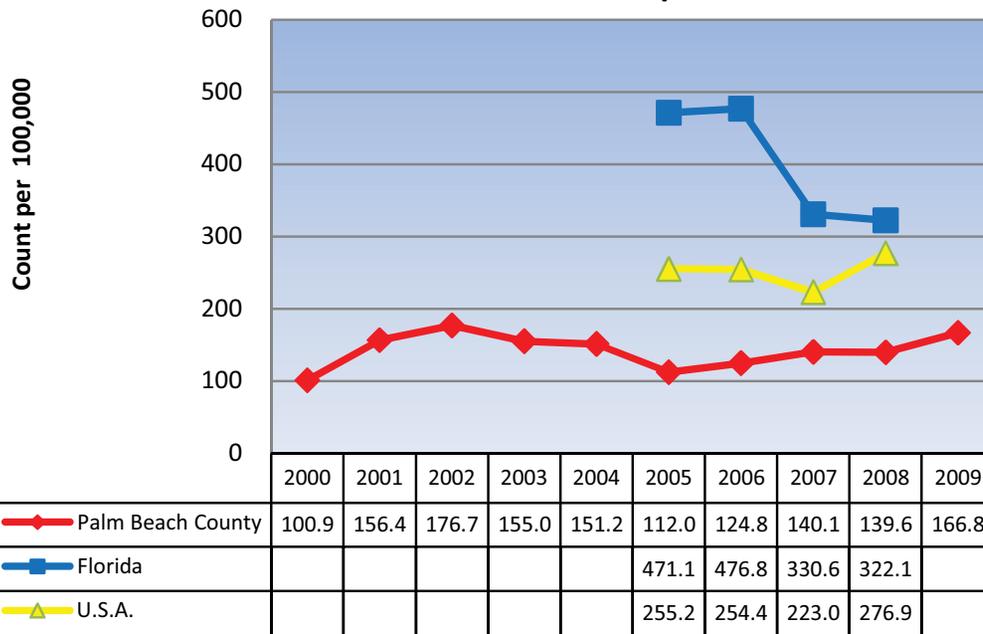
- Lack of affordable housing
- Increase in poverty
- Increase in the unemployment rate

Contributing factors include:

- Substance abuse
- Mental Illness
- Domestic violence

Table #11

Homeless Count Rate Comparison



Current and Future Planning Efforts

The Palm Beach County Homeless Advisory Board was formed by a Board of County Commissioner Resolution and was established on May 1, 2007. Members include 36 representatives from the public sector (local and state government including six (6) municipalities); School District; homeless/formerly homeless individuals; faith-based organizations; advocates; business interests and funders. The Homeless Advisory Board adopted the Ten-Year Plan to End Homelessness in PBC on July 16, 2008 and the Board of County Commissioners adopted the Plan on September 23, 2008.

The plan outlines seven goals with related actions steps to accomplish them:

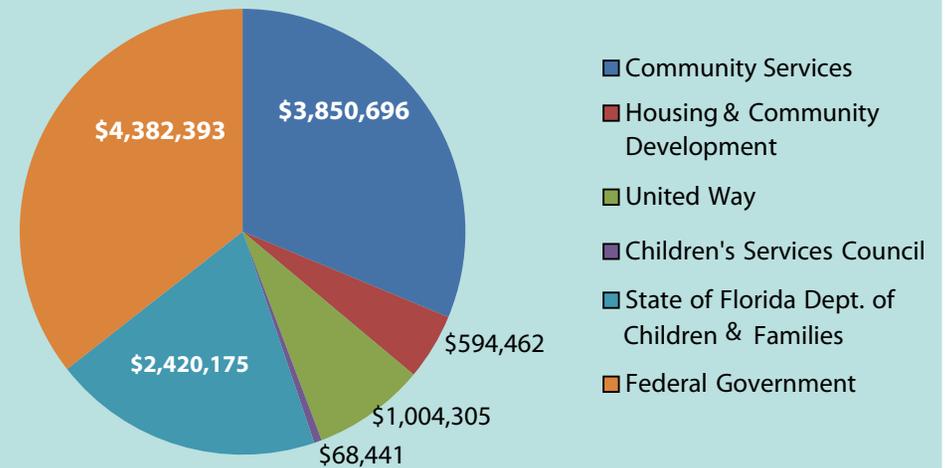
1. Develop a universal system for intake assessment and enhance client information management system
2. Provide interim housing services for homeless individuals/families
3. Coordinate partnerships and resources for homeless services
4. Improve access to homeless services with outreach and education
5. Prevent individuals and families from becoming homeless
6. Secure a stable stock of affordable/accessible housing
7. Provide system oversight and evaluation of the Ten-Year Plan

Implementation of the plan is currently overseen by committees made up of Homeless Advisory Board members and members of the service provider community along with other interested parties. Some of the committees are as follows:

- Community Outreach and Public Awareness Committee
- Facilities Committee
- Funding Committee
- Housing Committee
- Policy and Legislation Committee
- Strategic Planning Committee
- Program Planning

Chart VI

Homeless Funding in Palm Beach County FY2010



Major Disparities

The results of the 2009 Point-In-Time Survey, conducted between noon on January 28th and noon on January 29th, demonstrated a marked increase in the number of homeless counted in Palm Beach County. It is unclear whether this increase is a direct correlation to the economic climate or a result of a higher number of volunteers implementing a more efficient and comprehensive survey process.

There are different definitions of homelessness used in reporting numbers. It is important to clarify this when comparing numbers. Some advocates believe the federal definition of homeless, which is used in this document, should be expanded to include families and children who are “doubled up” with families of friends or living in motels. The latter is included in the homeless definition used in the education field when reporting the number of homeless children.

Report Highlights

- A donor advised fund, entitled “Community Fund to End Homelessness in Palm Beach County,” has been established at the Community Foundation for Palm Beach and Martin Counties.
- The Community Outreach and Public Awareness Committee introduced a new logo for the Ten-Year Plan and launched a new Ten-Year Plan website with links to volunteer and contribution opportunities – www.thehomelessplan.org
- The Board of County Commissioners purchased property in 2010 and is currently renovating the buildings for the first Homeless Resource Center for the Central Communities (West Palm Beach) with a portion of the County’s Neighborhood Stabilization Program (NSP) funds.
- Two grants were awarded to fund a planner position in the Human Services Division with the sole responsibility of staffing the Homeless Advisory Board and the Ten-Year Plan.
- Successful partnership with the Palm Beach County Sheriff’s Office and the “Better Way to Help” campaign was established to curtail panhandling.
- Public/private partnerships were established starting with The Breakers and their donation of seven floors of furniture and artwork.

“The fact is, we have now proven that we can house anyone. Our job now is to house everyone - to prevent and end homelessness.”

— Secretary of Housing and Urban Development
July 30, 2009



Hunger/Food Security

KEY INDICATOR

The Key Indicator for Food Security is the percentage of potentially food insecure households in PBC

GOAL

Reduce the number of potential food insecure households in PBC to less than its lowest recorded historical rate of 6.7%



“In this country that grows more food than any other nation on this earth, it is unthinkable that any child should go hungry.”

— Sela Ward

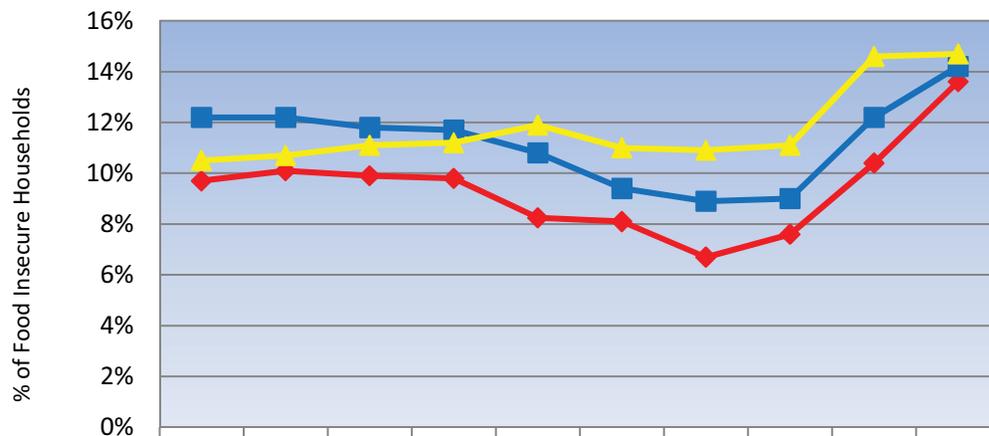
Current Status

The majority of households in the United States have reliable and steady access to food. However, a definite percentage of our population is considered to be “food insecure”. Many individuals and families across the United States confront a diverse and extensive range of obstacles in their procurement of adequate food such as financial constraints associated with income and job loss, the high cost of nutritious food, and limited access to larger supermarkets with more variety and lower prices. These challenges are reflected in the recent report released by USDA entitled “Household Food Security in the United States, 2008” and reveals that the number of Americans who lived in households lacking consistent access to adequate food soared to 49 million, the highest since the government began tracking what it calls “food insecurity” 14 years ago. The existence of large numbers of people without secure access to adequate nutritious food represents not only a serious threat to our nation, but to Palm Beach County as well. The current status signal for Palm Beach County is “Red”, with 10.4 % of the population determined as potentially food insecure.

Source: USDA-Economic Research Service, “Definitions of Hunger and Food Security”

Table #12

Food Insecurity Rate Comparison



—◆— Palm Beach County	9.7%	10.1%	9.9%	9.8%	8.3%	8.1%	6.7%	7.6%	10.4%	13.6%
—■— Florida	12.2%	12.2%	11.8%	11.7%	10.8%	9.4%	8.9%	9.0%	12.2%	14.2%
—▲— U.S.A.	10.5%	10.7%	11.1%	11.2%	11.9%	11.0%	10.9%	11.1%	14.6%	14.7%

Hunger/Food Security

Current and Future Planning Efforts

The mission of the Palm Beach County Community Food Alliance (CFA) is to assure that all PBC residents have access to and obtain safe, sufficient, culturally acceptable nutritious food through a sustainable system that maximizes self-reliance, social justice and health. This mission will be pursued through the following strategic priorities:

- Provide and maintain ongoing assessment on the status of food security in PBC.
- Seek proactive strategies for increasing the capacity of the food recovery and distribution system in PBC to meet the needs of the food insecure population.
- Support advocacy and development of community resources for issues related to food security in PBC, and continue to promote health and wellness to its residents.

The following Committee objectives with related action steps were adopted by the Community Food Alliance on July 30, 2009.

Recovery & Distribution Committee

Objective 1: To improve the year-round supply of affordable, nutritious and culturally appropriate food for PBC.

Objective 2: To maintain relationships with PBC service providers and interested parties to promote information exchange and open dialogue related to current needs and future trends.

CFA Resource Development Committee

Objective 1: To reinforce CFA's brand and role in building PBC food security

Objective 2: To develop resources in support of CFA's mission

Community Assessment & Education Committee

Objective 1: To understand the food gap and the barriers to food access within PBC

Objective 2: To promote individual responsibility and enable self-sufficiency for the food insecure population

Objective 3: To foster nutrition education for the food insecure population and ensure safe food handling by agencies within the CFA's network.



Table #13

USDA's revised labels describe ranges of food security			
General categories (old and new labels are the same)	Detailed Categories		
	Old label	New label	Description of conditions in the household
Food security	Food security	High food security	No reported indications of food-access problems or limitations
		Marginal food security	One or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake
Food insecurity	Food insecurity without hunger	Low food security	Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake
	Food insecurity with hunger	Very low food security	Reports of multiple indications of disrupted eating patterns and reduced food intake

Source: USDA-Economic Research Service, "Definitions of Hunger and Food Security"

Hunger/Food Security

Major Disparities

The USDA’s “Household Food Security in the United States” report provides annual national statistics along with three (3) year averages for states on the prevalence of food insecurity within that geographic area. It would not be feasible to conduct an annual report at the county level due to financial and logistical challenges. Of the predictors to determine food insecurity, household income, measured as a percentage of the poverty level, is the single most useful characteristic for predicting whether a household would be food insecure or not. This report uses poverty as a predictor of food insecurity for county residents, calculating Florida’s reported ratio of food insecurity to its statewide poverty rate to get a statewide food insecurity factor. This food insecurity factor is then multiplied by PBC annual poverty rate to determine the percent of all households potentially food insecure in the county.

The USDA “Household Food Security in the United States, 2008” report also indicates that the impact of the current economic situation is even harder on households with children, with nearly 17 million children, or 22.5%, living in households in which food at times was scarce, compared to 14.6 % overall.

With 32.9% in Belle Glade, 32.0% in Pahokee and 36.7% in South Bay living below the federal poverty level, Western Palm Beach County has a significantly higher rate of potential food insecurity.

Report Highlights

- There are at least 105 food pantries and soup kitchens in Palm Beach County
- During 2009-2010 there were over 10,000 calls seeking emergency food assistance in Palm Beach County
- Over 51% of students in Palm Beach County School are eligible to receive free and reduced meal

Chart VII

Hunger Food Security Funding

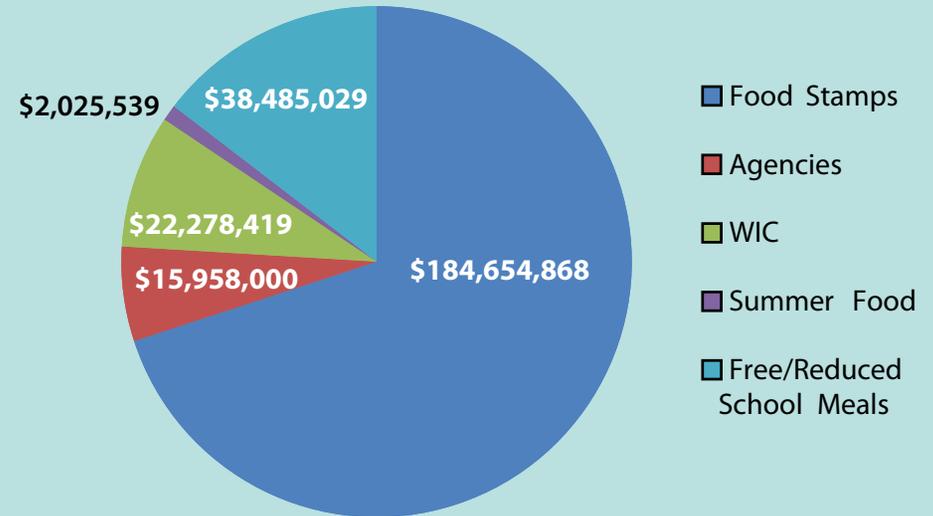


Table #14

Hunger/Food Security

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Palm Beach County	9.70%	10.10%	9.90%	9.80%	8.25%	8.10%	6.70%	7.60%	10.40%	13.60%
State of Florida	12.20%	12.20%	11.80%	11.70%	10.80%	9.40%	8.90%	9.00%	12.20%	14.20%
National	10.50%	10.70%	11.10%	11.20%	11.90%	11.00%	10.90%	11.10%	14.60%	14.70%

Source: National and State data obtained from USDA Economic Research Service 2002-08 “Household Food Security in the United States” report.
 Source: County potential food security rate determined by formula established by Florida Impact “Feeding Florida-Responses to Hunger in the Sunshine State” report

KEY INDICATOR

The Key Indicator for Maternal and Child Health is infant mortality

GOAL

Reduce the infant mortality rate in PBC below the Healthy People 2010 objective of 4.5 per 1,000 live births



Current Status

The trend is yellow – Palm Beach County has made excellent strides in reducing infant mortality, particularly among African-Americans whose infant mortality rate dropped from 15.8 to 9.1 since 2002. However, Palm Beach County has not reached the Healthy People 2010 objective.

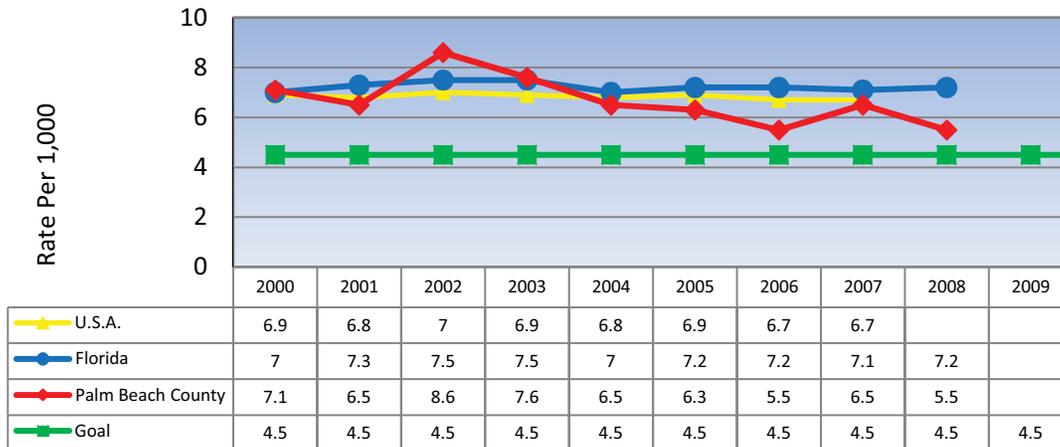


Children and families are affected - positively or negatively - by a wide range of personal, social and environmental factors. Demographic and economic factor issues can be some of the strongest factors affecting the health, well-being and future success of children, their families, and ultimately our communities. These indicators can help policy makers, service organizations, businesses and individual community members gauge large-scale trends in our community and assess what the next steps for PBC should be. In addition, this data can help provide context and depth to other health and child well-being indicators.

Health care from preconception throughout development has enormous long-term effects on the life of a child. In addition, environmental factors and stress can have profound effects on pregnancy and fetal development, and conversely, if a mother receives proper care during pregnancy, her chances of giving birth to a healthy child increase. The importance of the early relationship between mother and child (bonding and attachment) is also very important and significantly impacts an infant's ability to grow and thrive.

Table #15

Infant Mortality Rate



Current Status (continued)

“Infant mortality has long been considered a key indicator of a population’s well-being,” and many factors are understood to be causally related to mortality rates, such as lack of or late entry into prenatal care, genetics or other health-related problems, smoking and using other substances, multiple births, low-weight birth or preterm delivery. In addition to direct causal factors, there are also conditions that are associated with risks of infant mortality. These include low socio-economic status, single parenthood and giving birth to a male child.

In the United States, low birthweight and preterm birth are leading causes of infant mortality. Preterm births alone contribute to more than one-third of all infant deaths. In addition, the rates of both have increased steadily since the mid-1980s. The rise in multiple births from the increased use of assisted reproductive technology and increases in cesarean sections and inductions of labor for preterm infants have contributed to this increase. National data indicates that male infants are at a much higher risk for mortality.



Compared to other industrialized nations, the U.S. continues to rank poorly with regard to infant mortality, yet spends more on health care than any other country (“Health at a Glance, 2003”). According to the “2009 World Factbook” produced by the Central Intelligence Agency, the U.S. is ranked 180 out of 224 countries and is ranked worse than Cuba for infant mortality (6.14 versus 5.72 respectively). Furthermore, according to a “New York Times” article, American mothers are 70% more likely to die during childbirth than those in Europe (Kristof, 2005).

Women born in the U.S. are more likely to experience an infant death than women from other countries. Infant mortality rates are also impacted by the age of the mother. Teens and mothers over age 40 are most likely to experience an infant death (Matthews, Menacker, and MacDorman (2004).



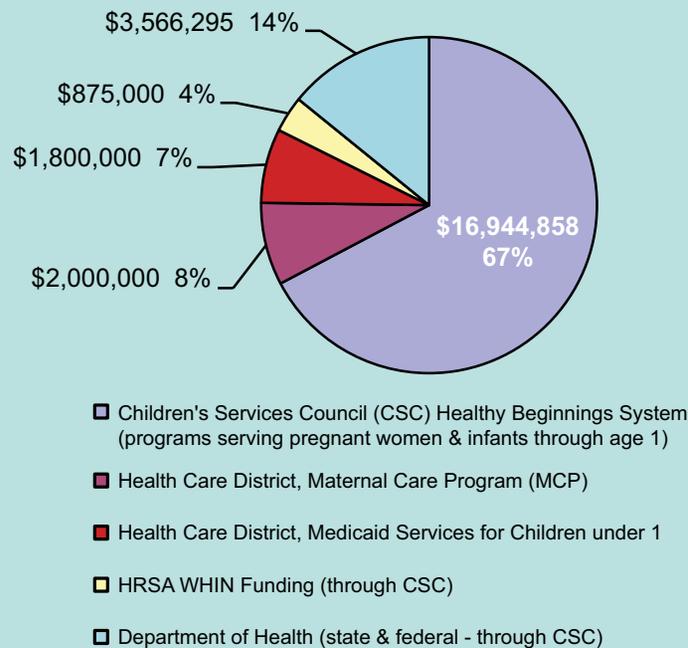
Infant deaths in Palm Beach County have fluctuated significantly since 1999, but have ultimately decreased - moving from a rate of 6.2 in 1999 to a high of 8.6 in 2002 and back to a low of 5.5 in 2008. Comparatively, Florida’s infant death rate has been fairly steady – hovering close to 7 for the last decade. At the national level, the rate has decreased slightly from a rate of 7.1 in 1999 to 6.7 in 2007 (latest data available).

For the second year in a row, fetal deaths (those that occur after 20 weeks of pregnancy) in Palm Beach County decreased and are now lower than Florida’s. The fetal death rate dropped from 8.7 to 6.9. At the same time, local infant mortality (deaths that occur within the first year of life) rates decreased back to their all time low of 5.5 (in 2007 the rates climbed to 6.5). Palm Beach County’s infant mortality rate also remains well below the state average of 7.2 and decreased at a time when Florida’s rate has remained fairly stagnant.

Maternal and Child Health

Chart VIII

Palm Beach County Maternal & Child Health Funding Distribution



Current and Future Planning Efforts

Healthy birth outcomes depend on a multitude of factors, and therefore, women and families must have access to the best possible services to help them obtain better outcomes. Toward this end, solid investment in data driven and evidence-based processes is essential.

Over the past fifteen years, the Children's Services Council (CSC) of Palm Beach County, an organization dedicated to promoting healthy births, has transformed its funding to focus on a comprehensive system of care. In simple terms, Children's Services Council is working to create a countywide system of service providers

"Infant Mortality is one of the leading indicators of child health for a community. Compared to other industrialized nations, the U.S. continues to rank poorly in regard to infant mortality yet spends more on health care than any other country."

— Source: Health at a Glance, 2003

who operate cooperatively and collaboratively. This CSC Healthy Beginnings System focuses on healthy births, ensuring children are not abused or neglected, that children enter school eager and ready to learn, and ultimately are successful in school. The System has expanded to meet the needs of the Palm Beach County community and currently includes 19 funded system member agencies, community funding partner organizations and multiple collaborative partners.

The CSC and its partners further prioritize that 100% of pregnant women in Palm Beach County obtain and utilize a prenatal risk screen. Infant risk screens that are administered by the hospital liaisons in the birthing hospitals are also critically important. Both the prenatal risk screens and the infant risk screens are vital tools in early identification of risks for both pregnant women and infants. These screens help ensure that pregnant women and infants are linked to services .

Through these activities and a continued focus of both human and financial resources on primary prevention and early intervention, Palm Beach County's community partners work towards ensuring that all children in Palm Beach County are born healthy and start life with a strong foundation for success.

Ultimately these actions will result in continued improvement to birth outcomes in Palm Beach County, decreased infant mortality and reductions in disparities.

Major Disparities

- Infant mortality is at the forefront of racial and ethnic disparities. The national infant mortality rate for African-American infants was more than twice the rate for non-Hispanic white infants, meaning a black child is more than twice as likely to die within the first 12 months. (U.S. DHHS, Office of Minority Health)
- In addition, African-Americans have 2.4 times the infant mortality rate as non-Hispanic whites. They are four times as likely to die as infants due to complications related to low birthweight as compared to non-Hispanic white infants (U.S. DHHS, Office of Minority Health)
- The black infant death rate of 9.1 remains well above that of white babies whose infant death rate is just 4.4. These infant deaths are also oftentimes preventable.
- Among fetal deaths, the discrepancy is even worse with a black fetal death rate of 13.9 vs. a white rate of 4.1.

Report Highlights

- Infant deaths in Palm Beach County have fluctuated significantly since 1999, but have ultimately decreased - moving from a rate of 6.2 in 1999 to a high of 8.6 in 2002 and back to a low of 5.5 in 2008.
- Palm Beach County's infant mortality rate also remains well below the state average of 7.2 and decreased at a time when Florida's rate has remained fairly stagnant.



KEY INDICATOR

The Key Indicator for Mental Health is suicide rate

GOAL

Reduce the suicide rate from its current rate of 4.8 persons per 100,000 population



“Suicide is a lead indicator of the prevalence of mental health problems.”

— Source: <http://www.doh.state.fl.us/family/childhealth/childreport/hi/hi9/cuicide.html>

Current Status

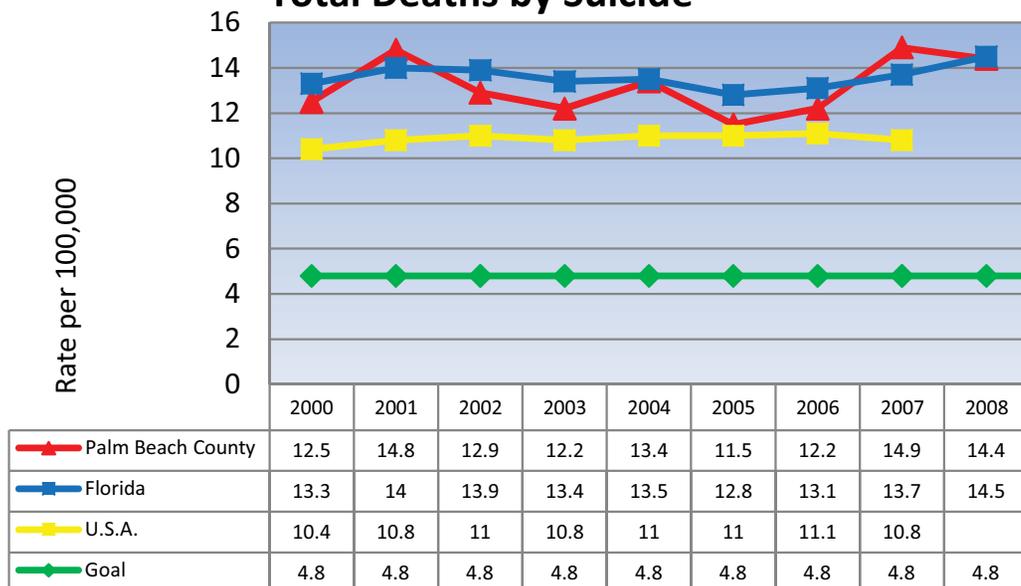
There are approximately three (3) suicidal deaths per week among residents in Palm Beach County. In 2009 there were 189 deaths, which is 15.75 deaths per 100,000 residents. The previous year there were 188. This is higher than the state average of 14.5 individuals per 100,000.

Of importance to consider when discussing mental health services is the distinction between mental illness and mental health. An individual may have mental health issues without being mentally ill. The inability to live life to the fullest because of stress resulting from illness, economic concerns, caring for ageing parents or ill children and relationship conflicts does not make a person mentally ill. Mental health and mental illness are often used interchangeably but really refer to two different states of wellness. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity. Mental illness refers collectively to all diagnosable mental disorders. (Surgeon General)

In Palm Beach County, as is true nationally, more than one (1) in four (4) people (26%) have some form of mental illness, cutting across socio-economic boundaries. As Table #16 indicates, one (1) in four (4) adults in Palm Beach County suffers from a diagnosable mental disorder in a given year (more than 261,000 people). Nearly half of those suffer from two (2) or more disorders simultaneously.

Table #16

Total Deaths by Suicide



Current Status (Continued)

While serious mental illness strikes a smaller percent of people (6%), we still have close to 60,000 people in Palm Beach County with disorder such as schizophrenia, bipolar disorder, and major depressive disorder.

Current public funding (state and county) supports services for youth and adults with diagnosable mental health/illness issues. Persons accessing these services usually are required to pass a means test, and services are provided on a sliding scale. When a person has a diagnosable mental illness and lacks the ability to pay services, may be provided. Public funding is also used to provide mental health services for those in the correctional system.

On the other hand, quality of life issues are either covered by private insurance or self-pay. Public dollars allocated to these services are limited and while mental health services are supposed to be provided by private insurers in an equitable reimbursement with medical services, it will not be until 2014 that insurers will be prohibited from providing such coverage for previously existing conditions.

Mental health services are geographically dispersed throughout the county (central/north, central/south and western communities). Oakwood Center of the Palm Beaches and South County Mental Health Center have been the only two public Baker Act facilities in the county; however, St. Mary's Hospital and Columbia hospital have been added to the system.

Palm Beach County has the second largest number of returning veterans in the state. Through community and agency collaboration, services are being identified to support the needs of the veterans and their families, to address post traumatic stress disorder (PTSD) and other stress issues experienced.



Given the current economic situation, all service providers are experiencing an increase in requests for services to address multiple issues. A new program has been developed for residents who are experiencing economic crisis.

As with all services, there are more demands for service than the system can provide, especially to deal with mental health issues. Community awareness and support for the prevention of mental health issues and co-occurring disorders is a continuing focus for all components of the system of care.

The statistics for suicide indicate that:

- In 2008, Palm Beach County had a suicide rate of 14.4 individuals per 100,000 population.
- In 2008, the State of Florida had a suicide rate of 14.5 individuals per 100,000 population.
- Total yearly deaths from suicide in Palm Beach County increased from 12.5 in 2000 to 14.4 in 2008 (per 100,000 population). An increase of one tenth of a percent (.1) (per 100,000 populations).
- Total yearly deaths from suicide in the State of Florida increased from 13.3 in 2000 to 14.5 in 2008 (per 100,000 population). An increase of 1.2 (per 100,000 population).
- Total yearly deaths from suicide in the nation increased from 10.4 in 2000 to 10.5 in 2007 (per 100,000 population). An increase of one tenth of a percent (.1) (per 100,000 population).
- Palm Beach County has the second largest population of returning veterans in the State of Florida, and returning veterans have a suicide rate higher than the population at large.
- Based on 2008 suicide data, Palm Beach County is below the State of Florida suicide rate by one tenth of a percent (.1) (per 100,000 population)

Current and Future Planning Efforts

The public funders are collaborating to expand the expertise of the provider agencies to address the complex issues in the service delivery system. Providers are being trained in co-occurring disorders, trauma informed care, client-directed outcome informed practice and evidence based practice. In addition, the system of care is expanding services to address the unique needs of the homeless population and the returning veterans from Iraq and Afghanistan. The service providers, education and law enforcement are collaborating to develop a matrix of services that include prevention and intervention services for youth to reduce the impact of mental health issues on the adult population.

While not included in this category the needs of the aging population and those who serve as caretakers are an increasingly growing underserved population.

- The Circuit 15 Substance Abuse and Mental Health Program (SABMH) office supports planning and funding efforts for community providers and partners to address the needs of both youth and adults.
- The Circuit 15 SAMH office collaborates with the Department of Juvenile Justice and the Palm beach Sheriff's Office to provide services to both youth and adults involved with either system.
- The Criminal Justice Commission is spearheading an interagency planning group to develop strategies to increase the outcomes for youth and adults touched by the criminal justice system.
- Community providers conduct community awareness meetings and distribute information on signs, symptoms and resources to address mental health issues.
- Palm Beach County provides support to 211 to provide information and referral for all country residents.
- Strengthen the capacity of the community to plan strategically for the current and future needs of an integrated health and behavioral health system.
- Build toward a system that provides access to needed services as close to where they are needed as possible.

- De-stigmatize services for mental and behavioral health by integrating them into normalized settings such as primary care healthcare settings.
- Take advantage of increasingly evidence-based interventions such as peer mentoring and other supports that increase resilience and adherence to treatment interventions.
- Increase the number of people who are diverted from the criminal justice system into appropriate mental health treatment and support systems.



Current and Future Planning Efforts (continued)

Mental health is an integral part of the total health and well-being of Palm Beach County residents. The suicide rate is not an indicator of the effectiveness of mental health treatment, because thankfully, suicide occurs too infrequently in the population to be a meaningful measure of system success. All providers already have a goal of zero suicides in the populations they treat. Most people with mental illness are not suicidal.

Other more meaningful indicators of the effectiveness of mental health would include improved health and well-being as reported by people in treatment, reduced use of hospitals by people in treatment, and improved overall health status of people in the community. Our community should begin to collect data to measure these and other indicators of well-being.

The suicide rate is highlighted here because it can be tracked over time and can demonstrate whether people are receiving the kinds of care that will prevent the worst mental health crisis: an untimely death. Suicide can be averted with the right kinds of mental health services and care.

Suicide is most frequently a direct result of major depression, which is a treatable disease of the brain. Depression is just one of the many serious mental health disorders caused by organic brain diseases including schizophrenia, bipolar disorder, anxiety and many more. These diseases are sometimes genetic and sometimes situational. Some are chronic and need treatment and medication while other mental health disorders are situational and are related to something that has occurred in the environment. Some examples of situational mental health disorders are depression or anxiety related to the grief of losing a loved one, a divorce, a job or other catastrophic occurrence. Situational mental health problems can be very serious but with the proper care, they can be controlled.

Without the proper care, many with mental health disorders can end up in the hospital, in jail or worse. In order to avoid the high cost to our community for these institutions, our public funding goes to treatment and preventative services. With the appropriate supports in place, people with mental illness can lead productive and rewarding lives.



Table #17

	Percent	Number of people 18 and older
Mental Disorder	26.20%	261,000
2 or more disorders	45% of above	117,454
Serious Mental Illness	6%	59,773
Mood Disorder	9.50%	94,640
Bipolar	2.60%	25,902
Schizophrenia	1.10%	10,958

Source: NIMH and U.S. Census

Funding of Mental Health Services

The charts below indicate the level of funding by Palm Beach County and the District IX Substance Abuse and Mental Health Office of the State of Florida. Included in the category “Treatment” are services including: inpatient treatment, outpatient treatment, psychiatric and medical services and individual and group counseling for children, adolescents and adults.

The category “Baker Act/Crisis Stabilization” includes services for those in crisis (danger to self and others) and the immediate services required to address the crisis. The mobile crisis team staff sees a crisis individual in the home, school or community.

Major Disparities

- A review of the data reveals that Palm Beach County’s suicide rate is above the state and national average.
- More resources are committed to treatment of mental health and mental illness than to prevention for youth and adults.
- The issues of returning veterans need special levels of funding for both the them and their families, including children.
- Holistic planning and program implementation needs to be expanded to include all components of the system of care.

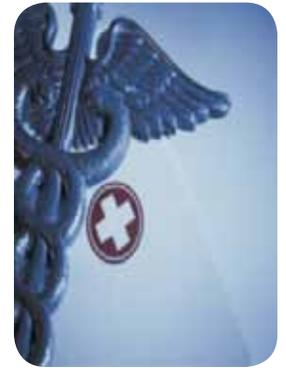
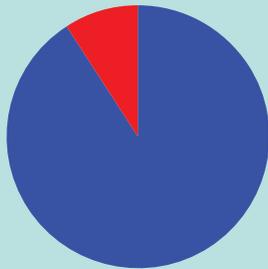


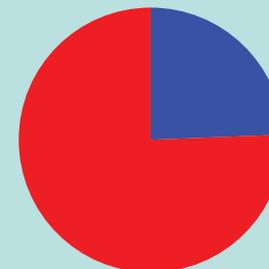
Chart IX

Treatment (Inpatient and Outpatient)



■ State
■ County

Baker Act/Crisis Stabilization



■ State
■ County

	State	County	Total
Treatment (Inpatient and Outpatient)	\$14,378,546	\$1,452,553	\$15,831,099
Baker Act/Crisis/Emergency Stabilization	\$4,379,670	\$1,770,036	\$6,149,707

Public Safety/Violent Crime

KEY INDICATOR

The Key Indicator for Public Safety is the prevalence of violent crime

GOAL

Maintain an average violent crime rate for PBC of no more than 624.9 crimes per 100,000 population

Note: This goal mirrors PBC's 2009 violent crime rate, the lowest rate during the past decade. Although Palm Beach County's goal of 624.9 is slightly higher than that of the State's rate of 604.9 for 2009, County and State averages over the past ten years indicate that the goal represents a 1.9% reduction in violent crime over the State average.



"Nothing good ever comes of violence."

— Martin Luther



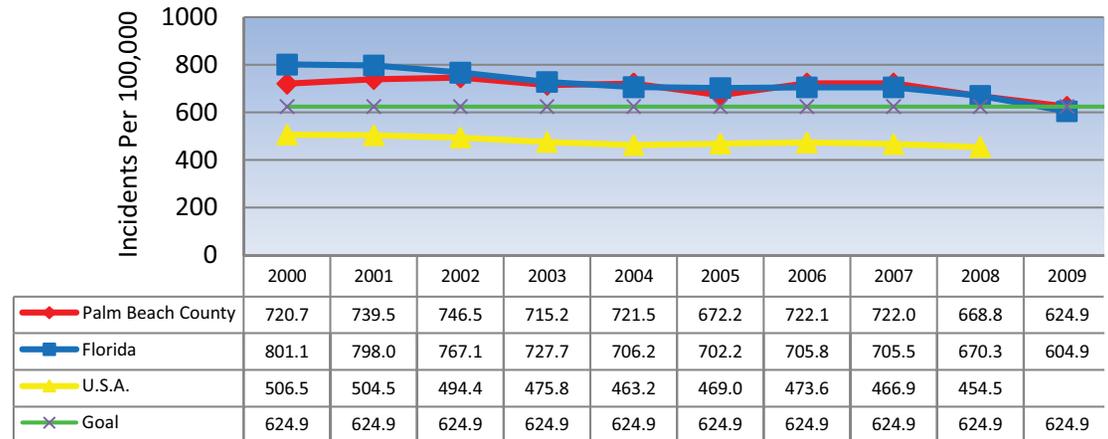
Current Status

The indicator signal suggests that the Goal of maintaining an average violent crime rate for PBC of no more than 624.9 crimes per 100,000 population is good, or Green. This is inferred due to the downward trend in the occurrence of violent crime evidenced in Table #18.

Although national data for 2009 is not available, from the nine year trend line, it may be assumed that 2009 shouldn't prove to deviate significantly, and thus, for comparative purposes, the nation's 2008 low rate (may be underestimated given the trends) of 454.5 was utilized to calculate the national 10 year average. Table #18 compares the current rate per 100,000 with the PBC goal rate of 624.9. The percentage difference from the current rate to the goal rate reflects a significant reduction in the gap between the nation and Palm Beach County.

Table #18

Violent Crime Rate



Public Safety/Violent Crime

Current and Future Planning Efforts

Despite a 13.8% county population increase from 1999 to 2009, the data shows that violent crime has decreased by 1.3% overall and has been trending down since 2006. This fact bodes well in the effort to maintain our goal. In fact, with the exception of two of the past 10 years, violent crime has steadily decreased. Further, the two years that it rose show a rather insignificant increase – 2005 increase of 5.8 violent crimes, and 2006 increase of 4.6 violent crimes. The largest decrease in violent crime has been in the forcible sex offenses category, with a 42.2% decrease. Aggravated assault has also decreased, however murder and robbery have increased by 28.4% and 12.6% respectively over the past decade.

It must be reiterated that PBSO is one of 24 county law enforcement agencies, albeit the largest in both human resources and funding. This agency alone cannot shoulder the entire burden of meeting the target goal.

Threats that may pose hurdles in maintaining the goal of 624.9 crimes per 100,000 population are as follows:

- Increased local gang activity – PBC has approximately 160 gangs with a total of 7,000 gang members
- Poor economy, expected to be on a slow recovery
- Escalation/continuation of illicit and illegal prescription drug use
- Decreased property values resulting in less available funding may affect the following:
 - discontinuance of programs
 - decrease in personnel (both deputies/officers and civilian support staff)
 - lack of latest generation equipment

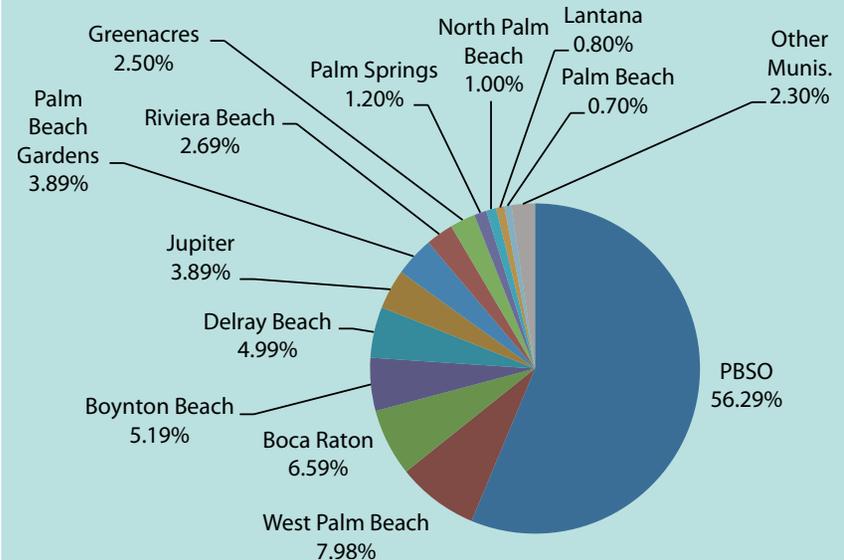
The above threats may be directly correlated to the changing face of violent crime in Palm Beach County. Murder and robbery are the two categories of violent crime that have increased in the past decade, however the fact that both categories decreased in the past year (and robbery for two years), may indicate a continued downward trend.

"I believe violence will only increase the cycle of violence."

— Tenzin Gyatso, the 14th Dalai Lama

Chart X

County Population Broken Down by LE Service Provider



Public Safety/Violent Crime

Chart XI

PBSO FY2010 OFMB Adopted Revenue Budget

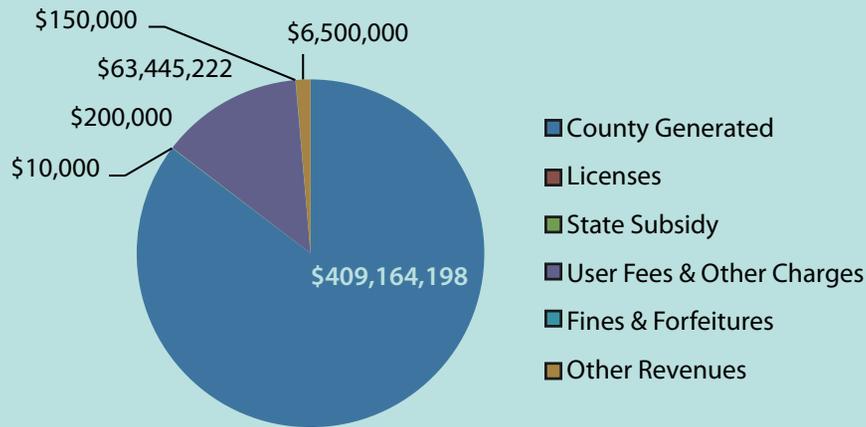


Table #19

Violent Crime Rate PBC & State	
PBC 10 yr avg	705.3
State 10 yr avg	718.9
Difference	-13.6
% PBC < State	-1.9%



“One person dies every 24 hours in Palm Beach County from prescription drug overdose.”

— Capt. James Durr, Narcotics Division,
Palm Beach Sheriff’s Office

Major Disparities

- Within Palm Beach County there are 24 independently managed and funded public safety departments (PBSO and 23 municipalities). PBSO accounts for 56.4% of the county while other agencies make up 43.6%.
- In all data reporting and analysis, disparity exists, and crime reporting is no exception. County and State data are drawn from FDLE UCR statistics. National data is drawn from NIBRS.



Public Transportation

KEY INDICATOR

The Key Indicator for Public Transportation is ridership

GOAL

The overall goal for public transportation is to provide safe, efficient, affordable and reliable public transportation options for the residents and visitors of Palm Beach County



Current Status

Today, American families spend more than 19% of household income on transportation— more than the cost of food and health care combined. For poor households, the burden of transportation costs can amount to 40% of household income, and it costs them one to two hours every day. South Florida is one of the most traffic-congested regions in the country.

While congestion on the region's major roadways is a constant source of frustration for residents, the major north-south corridor (I-95) is already as wide as state law permits throughout most of the County. The growing congestion is the result of two distinct but highly interdependent patterns of land use development. First, new housing has been located in relatively low density developments sprawling out on the western and northern parts of the region. Second, office development has followed a similarly sprawling pattern. It is extremely difficult to provide effective transit to serve such a pattern of sprawl, leaving people little recourse but commuting by car.

According to the 2000 Census, the Palm Beach to Boca Raton commute ranked second in the nation in terms of largest percentage increase in travel time. PBC ranks 27th as the most congested area in the nation.

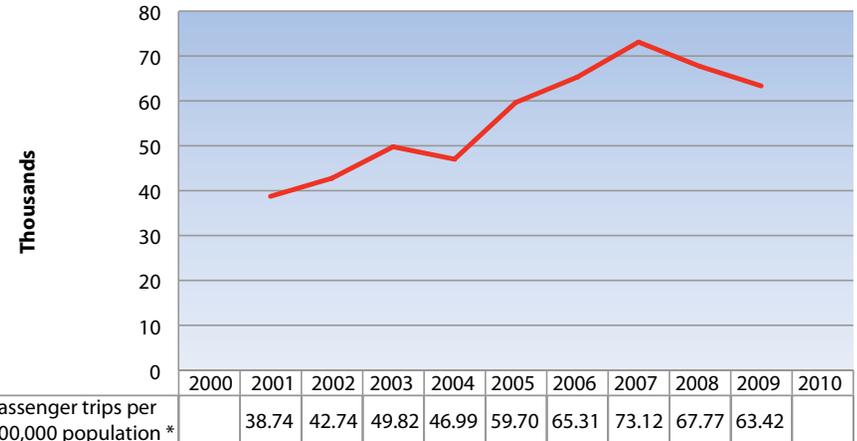
“Transportation is the hinge which upon every door opens. Without a means to get from here to there, we would be nowhere.”

— David Evan

Public Transportation Advocate

Table #20

Passenger trips per 100,000 population *



* Lead Agency provided number of passenger trips and not number of unduplicated passengers taking trips

The expansion west has created a challenge to providing transportation due to the popularity of gated communities. Along Jog Road and 441/Route 7 there are many gated communities which are not accessible to fixed-route busses. Their only public transportation option is paratransit. The fixed-route bus system has made vast improvements in serving areas of greatest need. In the face of rapidly escalating costs for door-to-door paratransit service, the emphasis is being placed on greater use of fixed-route transit for the disabled. Increased usage of the Bus Pass Program is beginning to have a positive impact on fixed-route usage.

Current Status (continued)

Five years ago, Palm Tran fixed-route buses averaged 27,000 passengers per weekday and transported an annual total of 8,195,301 passengers. For Fiscal Year 2010, Palm Tran averaged records of 37,737 weekday passengers and annual ridership of 10,319,218 passenger trips. In a time when the national average for ridership is trending downward, Palm Tran exceeded their previous record by over 300,000 passenger trips.

Available Options in Palm Beach County:

There are three public transportation options in Palm Beach County: Tri-Rail, Palm Tran and Palm Tran Connection.

Tri-Rail is a commuter rail system with convenient train service from Miami to Fort Lauderdale to PBC. They have upwards of 50 trains in service with 18 stations and travel seven days a week (excluding some holidays). All trains are ADA accessible and run anywhere from every hour to 20 minute service during peak times. Tri-Rail is the only public transportation option that links Miami-Dade, Broward and Palm Beach counties and is the fastest and most cost effective mode of transportation north and south. On average they serve 10,000 daily and 305,000 monthly passengers; with PBC averaging 115,000 riders a month (the highest of the three counties). There are several fare options; a one-way fare is \$2.50 and roundtrip fare is \$4.40 with a monthly pass at \$100. Several discount fare programs are available.

Palm Tran is the County organization responsible for managing/providing fixed-route bus and paratransit service. Palm Tran travels to every major destination in Palm Beach County - from Jupiter to Boca Raton and from Palm Beach to the Glades. In addition, Palm Tran recently added the North County Commuter Express and the Route 11 bus to add service to and from Martin County and the West Palm Beach Intermodal Center. Palm Tran runs seven days a week serving more than 3,400 bus stops with 142 buses.

Palm Tran provides more than 10 million rides a year. Generally speaking, weekday peak service runs every 30 minutes. Off-peak service runs every 60 minutes. Timed-transfer points allow for easy movement from the north/south main routes to the east/west secondary routes. All Palm Tran buses are equipped with wheelchair lifts and automatic stop announcement systems. Cash fares are \$1.50 per bus ride for adults. No transfers. An all-day, unlimited ride pass is available for \$4.00 and a 31-day pass sells for \$60.00. Several discount passes are available including a \$10 or \$15 (31-day pass) for those who are under the poverty level.

Public transportation (Palm Tran fixed-route and Tri-Rail) primarily services the heavily populated eastern region of the county. As the western population increases, transit slowly expands west. Paratransit is available county-wide for eligible riders. Tri-Rail is the primary transportation option for north and south trips linking Palm Beach County with Broward County and Miami-Dade County.



Public Transportation

Current Status *(continued)*

Also included within Palm Tran is the county's paratransit service: Palm Tran Connection. Connection is a shared ride, door-to-door public transportation option for the seniors, persons with disabilities and low-income residents and visitors in PBC. Transportation is provided to eligible riders.

Connection travels to every destination in PBC. Connection schedules all trips, prepares vehicle manifests, handles customer concerns and commendations, determines eligibility and monitors the performance of the transportation providers. Palm Tran Connection has over 35,000 eligible riders in their data base with 29,000 active riders and the one-way fare is \$3.00. Service operates seven days a week with an average of 3,750 scheduled passenger trips on approximately 170 routes per day.

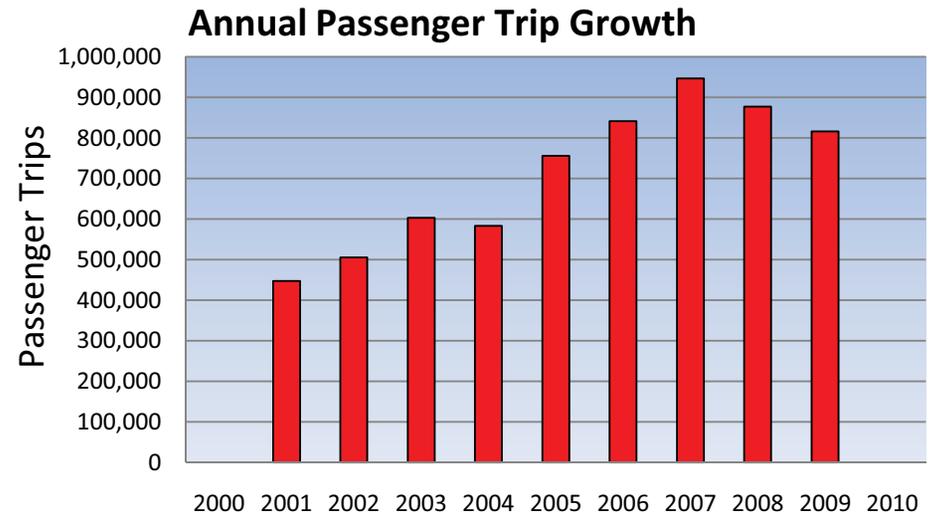
Current and Future Planning Efforts

Palm Tran developed a Transportation Development Plan (TDP) in 2007. The TDP is now a 10-year plan containing an assessment of where we are, where we want to go, and how we can get there. The TDP presents our capital and operations improvement vision. Categorized strategies and actions are presented to guide the organization throughout the year. The current TDP for PBC was prepared by the Center for Urban Transportation Research (CUTR).

Some of the major recommendations of the TDP include:

- Increase ridership by providing greater mobility choices, accessibility, safety and on-time performance
- Improving the core public fixed-route services by increasing frequency, directness, span of services and connectivity
- Greater east-west service
- Pursue innovative service approaches
- Review paratransit eligibility criteria
- Install more bus shelters

Table #21



Report Highlights

- Palm Tran provides more than 10 million rides a year.
- Palm Tran's buses are being updated with Automated Vehicle Location (AVL) systems to provide real-time bus schedule information to passengers.
- Palm Tran Connection has over 60,000 eligible customers in their data base.
- Palm Tran Connection averages over 3,500 scheduled trips each weekday.
- In 2009 Palm Tran Connection was named by the Florida Commission for the Transportation Disadvantaged as the best paratransit system in the State of Florida.
- From October, 2010 to December, 2010 Palm Tran has issued 23,837 discounted passes to partnering agencies and average 26 new discounted bus pass clients a day. These are all people who are at or below the poverty level.

School Readiness

KEY INDICATOR

School Readiness, being socially, emotionally, cognitively and physically ready to learn upon entering kindergarten, is measured using the Early Childhood Observation System (ECHOS). The quality of care within child care facilities can impact school readiness and is measured by Environment Rating Scales (ERS)

GOAL

Provide high-quality early learning services that result in demonstrated positive outcomes for children, as measured in part by the ECHOS



Current Status

The trend is yellow due to the fact that scores have remained the same over the past few years. Because of the lack of significant increases in the readiness rate, all sites providing school readiness programs will be assessed using ERS to measure program quality which is shown to have significant effects on school readiness.

Current and Future Planning Efforts

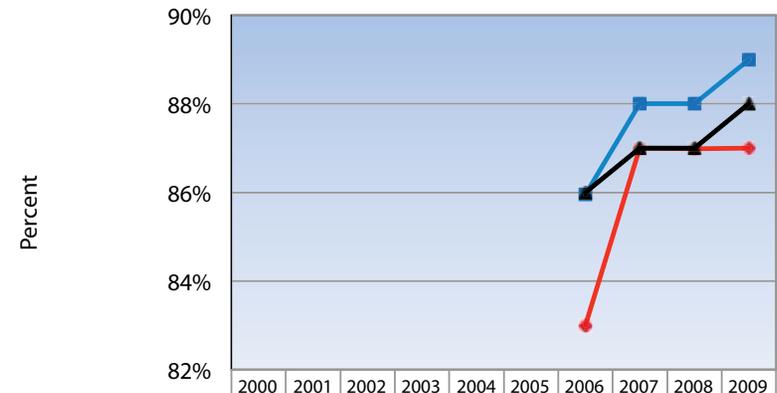
Currently, licensing monitors school readiness programs to ensure adherence to the minimum operational standards. The Early Learning Coalition, through a contract with Family Central Inc., will be assessing school readiness programs using ERS.

“The period between birth and three years is a time of the most rapid cognitive, linguistic, social, emotional, and motor development. Between three and five years of age, there is an emergence of increasingly complex social behaviors, emotional capacities, problem-solving abilities, and pre-literacy skills that build on earlier developmental achievements and are essential building blocks for a successful life.”

— Center on the Developing Child at Harvard University , <http://www.developingchild.harvard.edu>

Table #22

School Readiness



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
—●— Palm Beach County							83%	87%	87%	87%
—■— Florida							86%	88%	88%	89%
—▲— Average of 6 largest counties in Florida							86%	87%	87%	88%

Note: National Comparisons are not available. There is no national screen for readiness

Note: Between 2000 and 2005, other screening tools were used.

¹Children scoring consistently demonstrating or emerging/ progressing

²Early Childhood Observation System

Current and Future Planning Efforts (continued)

Program quality is critical to school readiness and continued evaluation of its impact is underway. Based on an independent evaluation of a system that promotes quality (Quality Counts; funded and organized by the Children’s Services Council) a one star increase on a star rating system translates to a 36 point increase in school readiness scores and makes the child care site nine times less likely to be labeled as a low-performing provider. Scores on key portions of standardized school readiness tests increased 5-18% for children served in quality care sites.

Develop a structure that will offer consistent, valid and reliable ways of measuring quality child care environments using ERS.

ERS include: the Early Childhood Environment Rating Scale (ECERS) for preschool; the Infant/Toddler Environment Rating Scale (ITERS) for infants and toddlers; and the Family Child Care Environment Rating Scale (FCCERS) for family child care.

Over the last year, local, state and national support for improvement in the quality of early care and education has grown tremendously. Through diverse partnerships stakeholders are coming together to identify those components essential in building early childhood quality that will positively impact the lives of young children.



Partners are working together to identify the needs and supports necessary to improve the quality of early care and education. Areas of assessment are:

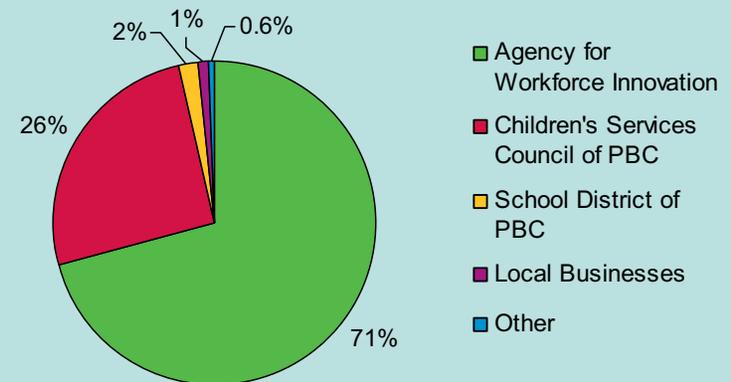
Early care and after-school professional development system:

- Quality informal training and formal/credit college classes focused in early childhood, scholarship opportunities and career advising;
- Registry – system and database which documents and recognizes practitioner achievement in education, training, and professional development; provides quality assurance for trainers and trainings; informs ongoing community professional development and planning initiatives;
- Career Pathway – a visual tool that supports practitioner professional growth through the dual routes of informal, formal and hybrid education plans.

Quality Counts system – a voluntary rating system for early care and education providers that uses a clearly defined, five-star method to ensure quality standards so children enter school eager and ready to learn.

Chart XII

Funding In Palm Beach County - FY 2010



Major Disparities

Race, ethnicity, language spoken and economic status are significant factors impacting school readiness:

- Ninety-two percent of students whose primary language spoken at home is English are considered ready for school on the ECHOS, compared to 74% of those whose primary language spoken at home is Spanish and 72% where Haitian-Creole/French Creole is spoken.
- The percentage of students considered to be ready is highest for white non-Hispanics and those categorized as “other” (95.2% and 89.9%, respectively). Hispanics are the least likely to be screened as ready for school on the ECHOS (80.5%), with black non-Hispanics scoring slightly better at 83.8%

Children who received free or reduced lunches were less likely to do well on the ECHOS. 80.8% of them scored ready for school compared to 95.6% of those not participating. Data indicates that 19.2% of those participating were considered not ready compared to only 4.4% of those not participating.



Report Highlights

- By age 2 to 3, the brain has grown to 80% of adult size and to 90% by age five, making it imperative that children have quality learning opportunities during these stages of development.
- Research indicates that children who attend quality preschools perform higher academically (e.g. graduate from high school), are less likely to be negatively tracked by schools, retained, or need remedial and/or special education classes.
- A recent study examining the Missouri Quality Rating System, showed that “all children’s social and emotional skills were hurt by low quality programs,” “children in poverty attending low quality programs gained significantly less vocabulary than those in high quality programs,” and “...children in poverty attending high quality programs made significant gains in early literacy skills and social-emotional development.” (Center for Family Policy & Research, <http://mucenter.missouri.edu/MOQRSexec.pdf>).
- By age three (3), children of professionals have vocabularies 50% larger than those of their peers in working-class families, and twice as large as those of children whose families receive public assistance.
- Investing in quality programs and services now not only affects children’s school success, but also helps the community and economy. These children are less likely to need special education programs and will have higher educational attainment levels. As adults they are much more likely to become contributing members of society through employment, less likely to be welfare dependent, become teen parents or engage in crime and more likely to have fewer health problems.

KEY INDICATOR

The Key Indicator for Senior Services is the rate of non-institutionalized seniors receiving in home and community-based services in comparison to the 60 years of age and older population

GOAL

To increase the number of seniors who are able to remain in a non-institutionalized setting by receiving in-home and community-based services



Note: For the purposes of this report, one part of the service delivery system will be used, Older American Act (OAA) services.

Senior Services Rate Comparison
OAA Seniors Receiving Services as a Percentage of the Entire 60+ Population

OAA Title III Registered Services Clients as % of the 60+ Population (FY 2009)	Palm Beach County	Florida	U.S. Totals
	1.56%	2.72%	5.22%

Current Status

Access to in-home, supportive care for seniors aged 60 years and older is extremely limited. When a senior or caregiver reaches out for help, they are often placed on lengthy waiting lists for services where they languish for months, even years, with no help whatsoever. With no other option, many seniors find themselves having to leave their home and community to be institutionalized in a facility. Seniors and their caregivers overwhelmingly prefer to live in community-based settings which are less costly alternatives to institutionalization, but when faced with waiting lists and no immediate assistance, their options are limited. For example, in 2008, 4,923 seniors on waiting lists for home and community-based services in the state of Florida entered nursing homes, many because they just could no longer wait for services. It has cost the state over \$100 million to care for these 4,923 seniors in institutional settings whereas those same seniors, if in-home care had been available to them, could have stayed in the community for an estimated \$24 million, a savings of over \$75 million (from all funding sources).

Throughout the nation, there are seniors waiting for in-home care. With 8,546 seniors in Palm Beach County waiting for care and only 1.3% of the senior population of the county receiving services, Palm Beach County and its senior population is faced with a serious problem.

Table #23

Senior Wait List (Age: 60+)

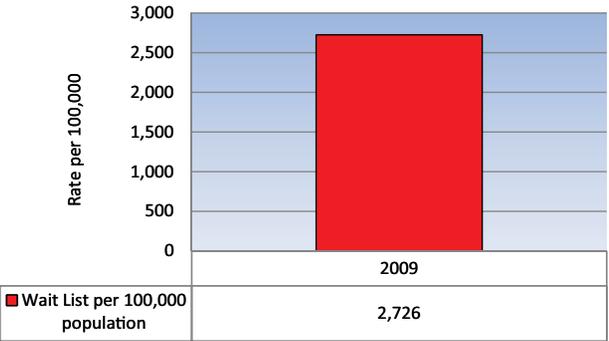


Table #24

Senior Wait List (Age: 60+)

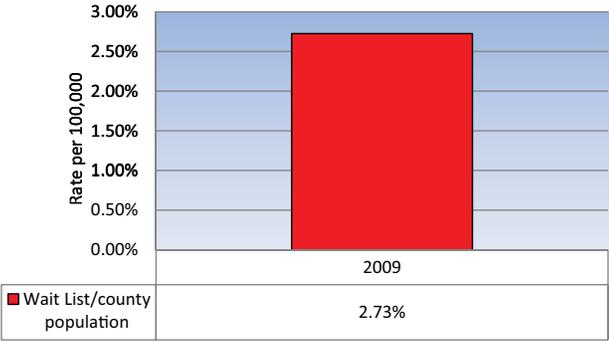
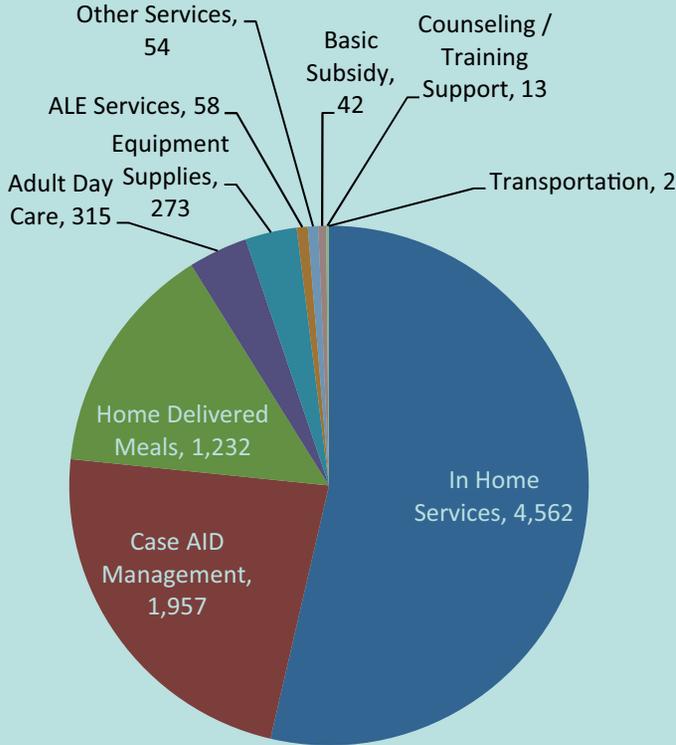


Chart XIII

Wait List by Service Category

Total: 8546
Unduplicated Client Count



“The need for adult day care has jumped sharply to keep pace with the mushrooming demand for home and community-based services to meet the needs of a rapidly escalating elder population.”

—The National Adult Day Services Association

Senior Statistics

2009 Population: 60 and over

National:	55,382,513
Florida:	4,242,114
Palm Beach County:	349,338

Florida’s Growth by Age Group 1990-2020

2007 Population by Age Group

Age 60-84	3,734,595
Age 85+	459,127

2020 Population by Age Group

Age 60-84	5,924,112
Age 85+	733,736



Current and Future Planning Efforts

The problem is only going to continue to intensify as our aging population grows. In 2000, approximately 605 million people were 60 years of age or older. By 2050, it is estimated that that number will be close to 2 billion. At that time, seniors will outnumber children under 14 for the first time in history. Palm Beach County is of particular significance as in 2008, 27% of its population was 60 years of age and older. As the population ages, that percentage will only increase, and the demands on the system of care will only become greater.

Palm Beach County is one of the top two counties with the highest elderly population in the state. As the aging population grows, Palm Beach County must be prepared to deal with and support its senior population. Access to home and community-based supportive services is essential to ensuring that Palm Beach County's seniors are able to age in place, with dignity in the least restrictive setting of their choice. Seniors and their caregivers prefer to live at home, in the community and should not be forced out of their own homes and into institutions because they do not have access to appropriate, cost-effective care. The local Aging Services Network is poised and ready to provide the care that is needed. With a proven track record of quality and efficiency, service providers are more than capable of meeting the needs and serving the seniors of Palm Beach County.

The only "access" problem is the limited funding for the care that is needed. The system of care needs to be funded at a level that allows seniors and their caregivers to choose home and community-based care over institutionalization. There must be increased funding for the less-costly home and community-based services, which are eight to ten times less costly than institutional care. Seniors and their caregivers want to remain in the community and adequately funding the current system of care will allow them to do so.

Sources: Department of Elder Affairs 2009

Aging Services Network

Department of Elder Affairs



11 Area Agencies on Aging



58 Lead Agencies



Providers



Florida's Seniors

"If we fail to provide at least some level of support to Florida's frail seniors, many of whom need minimal help to remain in their homes and in their communities, Florida could see its budget for Medicaid Nursing Home Care increase from its current \$2.7 billion annually to an amount far greater and simply unsustainable - it's simple economics!"

— Jaime Estremera-Fitzgerald, CEO,
Area Agency on Aging/Your Aging Resource Center.

Current and Future Planning Efforts (continued)

In-Home Services provide assistance to frail seniors in order for them to live independently in their own homes. Services include:

- Personal Care
- Homemaker
- Respite
- Emergency Alert Response
- Case Management
- Case Aide
- Chore
- Home-Delivered Meals
- Companionship

Community-Based Services provide a variety of services to maintain and enhance senior's quality of life within the community. Services include:

- Transportation
- Congregate Meals
- Nutrition Education and Referral
- Legal Assistance
- Outreach
- Emergency Home Energy Assistance
- Adult Day Care
- Senior Employment
- Caregiver Support Groups
- Tax preparation (VITA)
- Volunteer Opportunities

“Florida can either pay a little now for home care or will pay a whole lot more for nursing home care – it’s that simple. We need to target our limited resources to provide home care to seniors who need help to remain in their homes for as long as possible.”

— Florida Council on Aging

Report Highlights

- Persons reaching age 65 have an average life expectancy of an additional 18.6 years.
- About 31% (11.2 million) of non institutionalized older persons live alone.
- Population 65 and over will increase from 35 million in 2000 to 40 million in 2010 (a 15% increase) and then to 55 million (a 36% increase for that decade) in 2020.
- About 3.7 million elderly persons (9.7%) were below the poverty level in 2008.
- More than one in every eight of the population is an older American.

Sources: U.S. Bureau of the Census, National Center on Health Statistics, & Bureau of Labor Statistics. Profile incorporates the latest data available but not all items are updated on an annual basis. Florida Census Day Population 1970-2020.” Office of Economic & Demographic Research, Florida Legislature. “2006 Population by Age Group.” Office of Planning & Evaluation. DOEA.

Special Needs/Developmental Disabilities

KEY INDICATOR

Percentage of Palm Beach County residents with Developmental Disabilities identified as being at risk of institutionalization currently waiting for essential services

GOAL

Reduce the percentage of Palm Beach County residents with developmental disabilities identified as being at risk of institutionalization currently waiting for services to less than 5%



Current Status

There is no “cure” for developmental disabilities. Individuals with developmental disabilities need services throughout their lives to support maximum independence, productivity and participation in the community. Home and community based services are more effective and three times more cost efficient than institutional settings in providing the essential supports for persons with developmental disabilities. (Table #28).

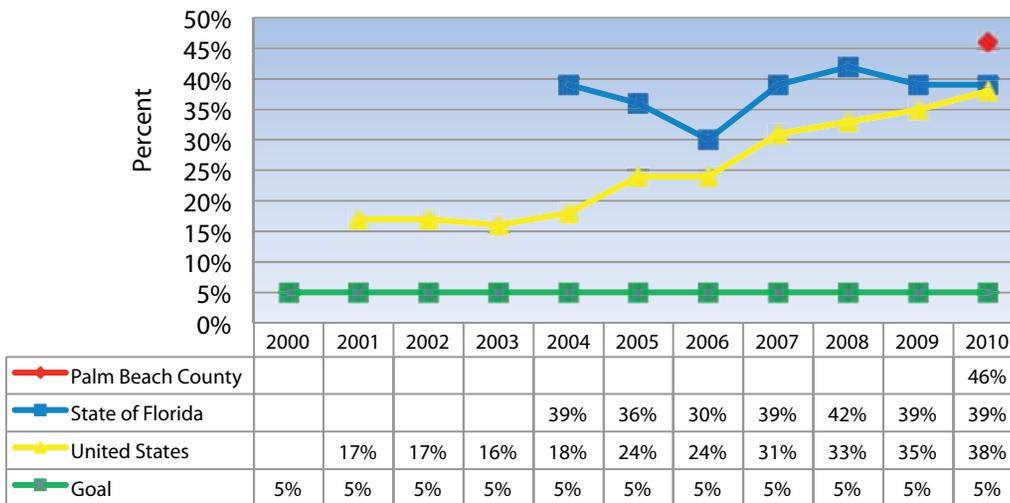
Without these supports, people with developmental disabilities are among the most vulnerable citizens in terms of risk for hunger, homelessness and unemployment. Thirty two percent (32%) live at or below the poverty level in Palm Beach County. Their unemployment rate in Florida is 75% as compared to 12% for individuals without disabilities. They are also 60% at greater risk for abuse and neglect and 150% more likely to be victims of crime.

By national prevalence, approximately two percent (2%) of Palm Beach County’s 1,279,950 residents live with a developmental disability. Extrapolating, this means that approximately 25,600 residents fall into this service category. Those who have the greatest need for support are at greatest risk of institutionalization and are the residents who qualify for MedWaiver services. The 45% of those who qualify for MedWaiver services in Palm Beach County are on a waiting list. In the last two years, that wait list has extended from an average of 8-10 years to an indefinite period of time. (Table #25)



Table #25

Individuals with Developmental Disabilities At Risk of Institutionalization Waiting for Services



Special Needs/Developmental Disabilities

General Information

- Home and community-based service is the preferred alternative to long-term institutional care.
- It benefits the individual who becomes a contributing and productive member of their community.
- It benefits the state because home and community based service costs less than institutional care.
- Current funding provided by the Medicaid Waiver does not cover all service provision costs.
- Individuals on the Med-Waiver waiting list must be served while maintaining the level and quality of services to current recipients.

Goals of Home and Community Based Services

- To sustain individuals in their home communities;
- To ensure that quality services are delivered in the most effective and cost efficient manner through a coordinated system; and
- To efficiently utilize services to prevent people with Developmental Disabilities from entering institutional and restrictive programs.

Why the MedWaiver Isn't Enough

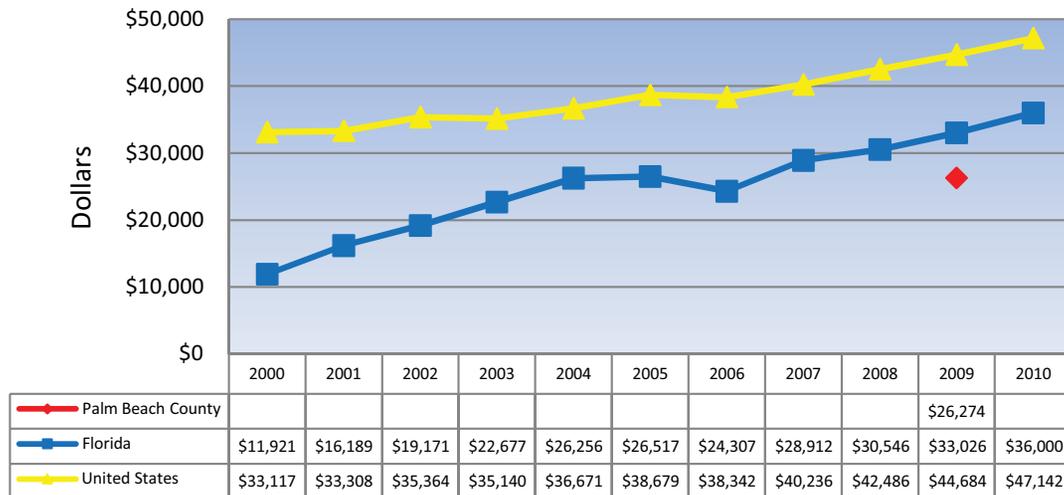
Provision of current essential services depends upon a partnership among federal, state, county and other local funders. Positively impacting the target objective will depend upon similar partnerships.

MedWaiver services alone for people in Palm Beach County who have developmental disabilities have limited impact.

- Current Medicaid Waiver funding levels for persons receiving services do not cover the full costs of providing those services.
- Approximately 1,400 residents of Palm Beach County are receiving services through MedWaiver (summer, 2010 estimate).
- There is a large waiting list of persons who have been qualified to receive MedWaiver services, but for whom there simply is no available funding – more than 16,000 statewide, and 1,032 in Palm Beach County (summer, 2010 estimates).
- This waiting list is comprised of persons who have self-identified and taken the time to apply; there is a large segment of the population with developmental disabilities who either are unaware of the program or who have been discouraged from applying by the frustrating reality of an indefinite wait to receive services.

Table #26

Average Medicaid Waiver Expenditure per Person Per Year



Special Needs/Developmental Disabilities

Considerations for Palm Beach County

Reducing the wait list by reappropriating funds (reducing allocations per recipient) is not a viable option. Lowering the funding level of services to those currently assisted would negatively impact effectiveness and quality, significantly increasing hunger, homelessness and unemployment in this most vulnerable population. Such a reduction in funding would burden an already tenuous community safety net for essential services and lead to institutionalization of persons previously able to be productive citizens. Palm Beach County is significantly below the rest of the State of Florida and the Nation in spending per person on MedWaiver Services. (Table #26)

Services for persons with developmental disabilities are an integral component of this community's infrastructure, creating a supportive environment for economic growth and development. Failure to adequately support this infrastructure element deters corporate migration into the county. Provider agencies receive frequent inquiries from companies or families considering moving to the county, asking about services available for personnel having a child with a disability. Palm

Beach County (and Florida as a whole) does not compare well to other parts of the country, standing 45th among the 50 states in per capita spending in support of persons with developmental disabilities (Table #27).

Developmental disabilities span the entire lifespan of an individual. County funding at this time is targeted to the most needy of the adult population over 22 years of age with developmental disabilities, those on the Medicaid Waiver. People with developmental disabilities tend to show the declines usually seen in old age in their middle years, so the level of services needed for this population usually increases over time. Again, reductions in funding exacerbate the extreme risk this population faces as they age.

Infants and children with developmental disabilities in Palm Beach County receive limited support through the Children's Services Council/United Way and the School District. Increasing numbers of youth with developmental disabilities are aging out of the school system without the availability of funds to support their transition to productive and independent adulthood.

Table #27

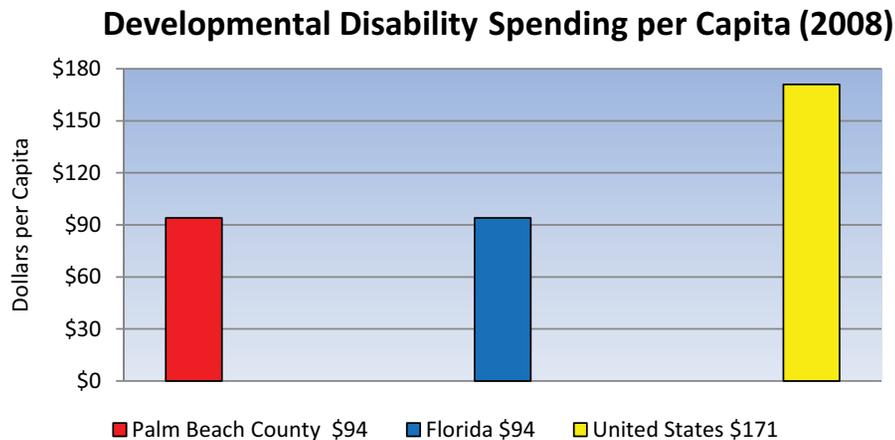
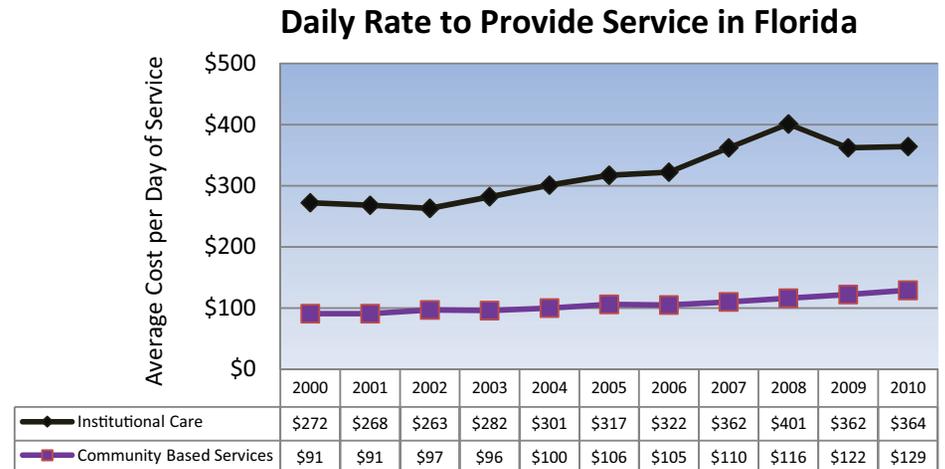


Table #28



Special Needs/Developmental Disabilities

Current and Future Planning Efforts

Estimates are that the incidence of developmental disability will at best remain constant, will likely increase steadily, and possibly grow exponentially if the rapid increase in autism seen in the last several years continues. The Palm Beach County Board of County Commissioners in partnership with provider agencies has incorporated into its own planning and has invested significant tax dollars into this vulnerable population. The increasing challenge is that available resources for these services have been undergoing a consistent reduction at state and federal levels since the mid 1990s. The local resources dedicated to these services are essential to the stability of the community at this time.

The Interagency Council on Developmental Disabilities (ICDD) in Palm Beach County has been meeting for the past 25 years to discuss mutual concerns and collaborative opportunities, to initiate planning efforts on behalf of the developmentally disabled population, and to share resources. This collaboration allows for consistency in approach and maximizes the impact of those limited resources in the county. Palm Beach County is unusual in the level of inter-agency cooperation seen in the developmental disabilities community relative to other regions in Florida.

In an environment of diminishing resources and increasing need, FAA provider agencies in collaboration with the Board of County Commissioners and others in the community seek:

- To sustain on an ongoing basis the level and quality of services for those currently enrolled in FAA funded programs;
- To reduce the percentage of Palm Beach County Residents with developmental disabilities identified as being at risk of institutionalization currently waiting for essential services to less than five percent (5%).

Major Disparities

Developmental disabilities do not discriminate. All races, economic sectors, ethnic groups are impacted. Males are disproportionately represented – developmental disabilities are twice as common in males as in females, with an even greater disparity in cases of autism. Autism now affects one in 70 males, one in 99 births.

Developmental disabilities do create disparities in terms of economic opportunity, affordable housing, risk of abuse or neglect and likelihood of hunger. There is no long-term, accurate census of the developmentally disabled population in Palm Beach County. There is no well-researched study focusing on the aging of persons with developmental disabilities, on the incidence of in-migration, on the changing face of disabilities (i.e., mental retardation vs. autism), although there is ample anecdotal evidence in all these areas. Palm Beach County is particularly impacted by the longevity of all its residence, including those with developmental disabilities, and this creates issues in terms of long-term care. Influx of non-English speaking populations also makes the provision of services more complex in terms of both language and culture.

Report Highlights

- 80% of families with children who have disabilities end in divorce.
- 90% of individuals with disabilities have been physically or sexually abused.
- 80% of individuals with developmental disabilities over 50 have only one living family member who is able to provide support.
- 75% of individuals with developmental disabilities want to work.
- The largest minority group in the United States is people with disabilities. (49 million)

KEY INDICATOR

The Key Indicator for Substance Abuse is the number of deaths and injuries reported by Law Enforcement Agencies

GOAL

To reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes



Current Status

Substance abuse does not discriminate on age, gender, sex, race and ethnicity. It can easily be considered an equal opportunity “disease.” Those with the disease do not often fit the stereotype of the addict but rather can be working people in the community who are at varying stages of substance abuse dependency. Due to the social acceptance of alcohol and the part it plays in American life, many are in a state of denial of the effects physically, emotionally and socially of the drug. Risky behavior is characteristic of those under the influence of alcohol. Drinking and driving is one of the risky behaviors that has received much attention due to changing attitudes, increase law enforcement attention and the efforts of community groups.

Contributing issues to substance abuse include:

- Trauma and post-traumatic stress disorder
- Mental health/illness
- Domestic violence and a history of child and family abuse
- Poverty and homelessness

“Traffic death is a lead indicator of the prevalence of substance abuse problems.”

— Anonymous

The Facts

- Fatalities as a result of traffic crashes on Florida roadways decreased between 2008 and 2009 by 23.8%. This is the fourth consecutive year traffic fatalities have decreased from the previous year.
- Alcohol-related fatalities decreased between 2008 and 2009 by 21.5% in the State of Florida.
- Of drinking drivers in crashes, 21-year-old drivers had the highest involvement rate in all crashes (30.8) and in fatal crashes (1.57).
- Fatalities of teen drivers and passengers decreased statewide from 2008 and 2009 by 4% from 502 to 482 respectively.
- Based on 2009 traffic death data, Palm Beach County is below the State of Florida traffic death rate.
- The 2008 Florida Youth Substance Abuse Survey reports that with overall prevalence rates of 54.2% for lifetime use and 31.3% for past-30-day use, alcohol is the most commonly used drug among Palm beach County students.
- Disapproval of alcohol use seems to have weakened over time. The percentage of students reporting that it would be “wrong” or “very wrong” for someone their age to drink alcohol regularly decreased from 67.9% in 2000 to 63.9% in 2008.
- In Palm Beach County, 15% of surveyed students reported “binge” drinking, with corresponding rates of 6.6% among middle school students and 21% among high school students. This represents similar rates of both middle and high school binge drinking compared to the state as a whole (6.9% for middle school and 19.6% for high school).

Listed below are Palm Beach County traffic death statistics captured by law enforcement and reported in yearly increments on a standard long form. **Source:** “A Safer Florida: Highway Safety and Motor Vehicles.” Traffic Crash Statistics 2009, www.flhsmv.gov

Table #29

Florida: Traffic Death Statistics

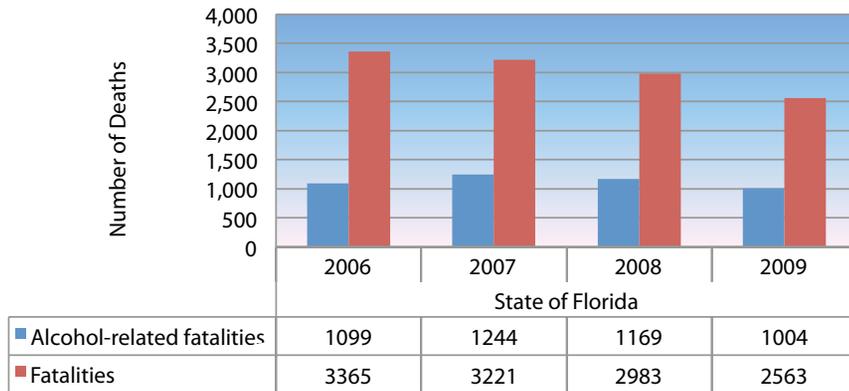
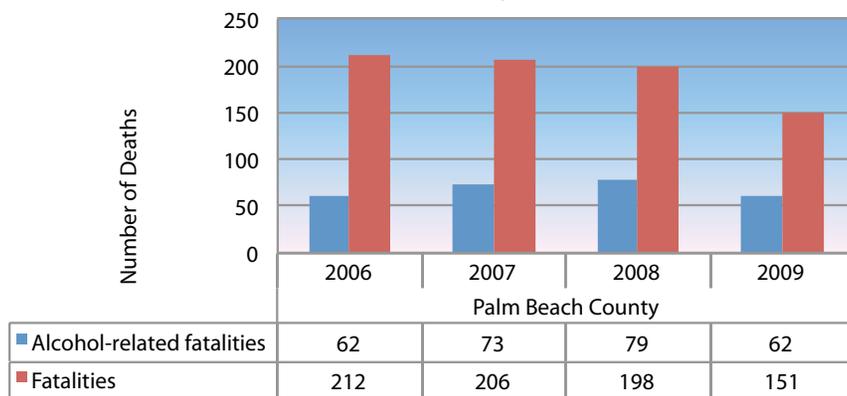


Table #30

Palm Beach County: Traffic Death Statistics



Current and Future Planning Efforts

Substance abuse prevention and treatment is an issue for schools, the community and law enforcement. The Palm Beach County Substance Abuse Coalition and the Underage Drinking Task Force have developed a strategic plan to address the multiple dimensions of the issue among youth and the community.

A youth drug court has been developed to intervene and defer youth from the criminal justice system, the SAMH has funded 16 school-based substance abuse counselors, and treatment agency staff has been trained in co-occurring disorders.

Palm Beach County developed and implemented an adult drug court more than seven years ago. Since that time, drug courts have been established that address the specific needs of youth (Youth Drug Court) and families (Family Drug Court as well as drug courts addressing the needs of those with co-occurring disorders and those in the child welfare system. The Palm Beach County Sheriff successful drug farm was closed in 2010 due to lack of funding.

Palm Beach County, Circuit 15 SAMH received an access to recovery grant in 2010. This grant will provide service to returning OEF and OIF vets (30%), criminal justice clients (30%), clients with co-occurring disorders (20%), prescription drug users (15%) and persons experiencing homelessness (5%).

A new internet portal has been developed and will begin implementation during late 2010.

Several community groups, such as MADD and the Dori Slosburg Foundation, the Palm Beach County Substance Abuse Coalition, the Palm Beach County Schools conduct community awareness and education programs for youth and adults on the multiple issues related to substance abuse.

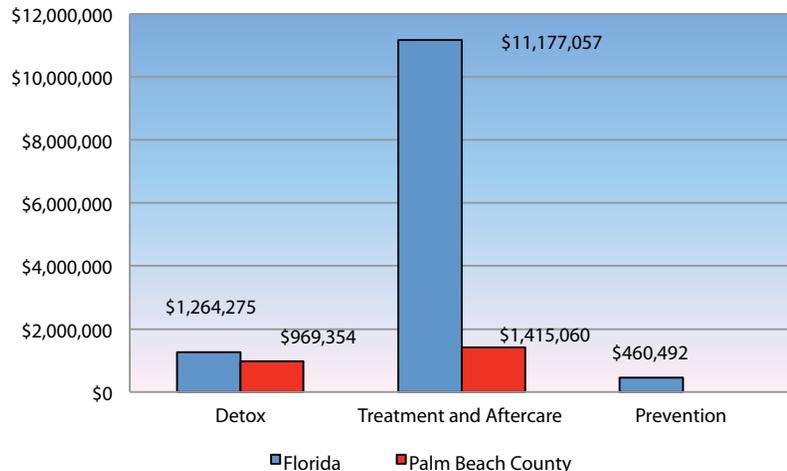
Funding For Substance Abuse Services

Substance abuse services in Palm Beach County are provided by the county, the State of Florida, private insurance, fund raising and self-pay with the major funding sources being the county and state.

The chart below indicates the funding from the county and state.

Table #31

Comparison of State and County Substance Abuse Funding



Major Disparities

It appears from the data that Palm Beach County has a lower incidence rate than the State of Florida for alcohol-related fatalities and injuries. The trend data for both entities shows a continuing trend toward decreasing incidences on both variables. Of concern is the lack of county data for fatalities and injuries for adolescents in light of the incidences of alcohol consumption and binge drinking among county adolescents (31.3% and 15.1% respectively) which is higher than the statewide average (29.8% and 14.8% respectively).

A review of funding for services indicates that the county does not allocate specific funds for substance abuse prevention for children or adults whereas the state allocates funds for both populations.

According to the Mental Health Substance Abuse Commission Report of the States, Florida only meets 19% of the need for treatment. By inference, since the state is the largest funder of substance abuse treatment in the county, the need in the county is also not being met.

Youth Violence/Diversion Programs

KEY INDICATOR

The Key Indicator for Youth Violence and Diversion is the rate/number of juveniles arrested for a violent crime

GOAL

Reduce the Youth Violence rate in Palm Beach County to that at or below comparable Florida counties



“The window of opportunity for effective interventions opens early and rarely, if ever, closes.”

— Former Surgeon General David Satcher

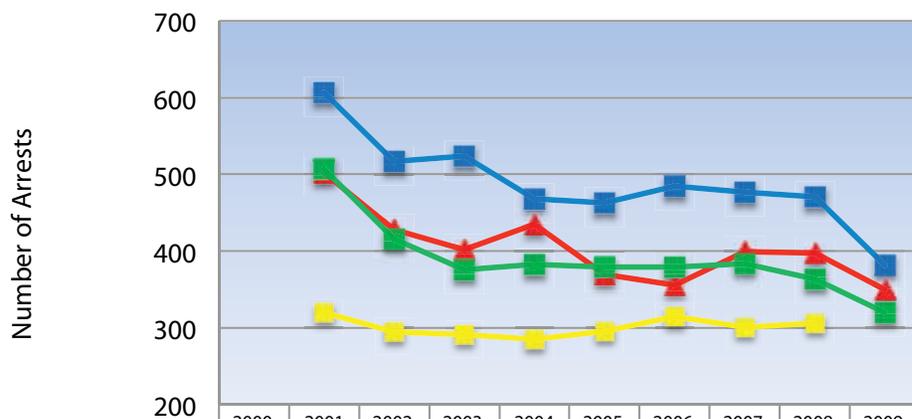
Current Status

Violence impacts people of all ages; however, violence disproportionately affects youth and is the second leading cause of death for young people between the ages of 10 and 24. While the overall declining juvenile arrest trends (including violent offenses) are good news, we must not become complacent. According to local juvenile justice advocates, youth violence prevention programs, such as those existing in Palm Beach County (PBC), are largely responsible for the decrease. Local programs and suppression efforts confront the violence that has become a part of a lifestyle that includes drugs, firearms and risky behaviors. In order to continue success and further decrease juvenile crime, it is incumbent that we strengthen prevention and early intervention efforts. The Department of Juvenile Justice (DJJ) is largely responsible for youth once they enter the juvenile justice system or commit a delinquent act. Services are inclusive of prevention, probation, detention and residential services. The DJJ’s budget has been significantly reduced over the past five (5) years, thus services have diminished or been eliminated. Funding for prevention programs has decreased 19% from FY 07-08 to FY 09-10 and probation and community interventions by six percent (6%). (DJJ)

Today, PBC has a variety of diversion opportunities for youth involved at nearly all stages of the criminal justice system. Diversion for misdemeanors, non-violent felonies, violation of probation and detention are common diversion programs. Most diversion programs are sanctioned by the State Attorney’s Office such as youth court, municipal juvenile first offender programs, or Intensive Delinquency Diversion Services (IDDS). Community diversion programs also exist but are not widely tracked or evaluated.

Table #32

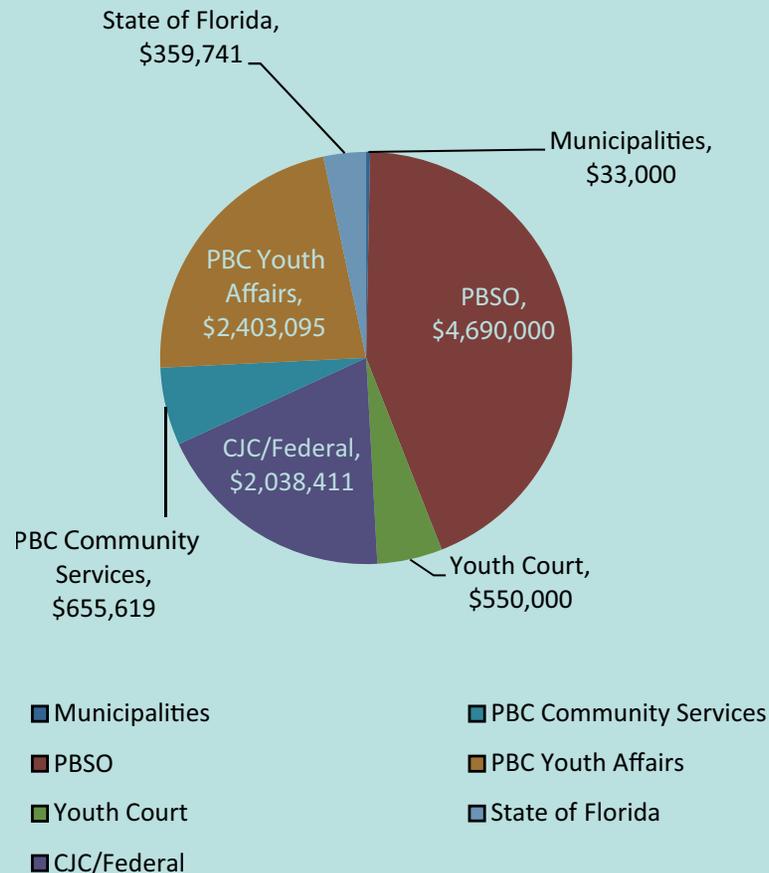
Juvenile Violent Crime Arrest Rate (2001-2009)



Youth Violence/Diversion Programs

Chart XIV

Youth Violence Prevention & Diversion Funding 2009 - 2010



Current and Future Planning Efforts

Because of the multiple factors that contribute to the development of violence, a comprehensive preventative approach is needed. Youth violence prevention also requires collaboration among justice, public safety, education, public health, and human service agencies with the support of community leaders, businesses and faith-based organizations.

A primary, universal anti-violence program is the first step to confronting the problem of youth violence. Primary prevention is universal, intended to prevent the onset of violence and related risk factors and is currently lacking in PBC. The comprehensive approach to reducing and diverting youth violence must also be fully funded by government and private sectors.

To realize further reduction in youth violence, we must fully fund and support violence prevention programs and services that address outcomes and performance measures that result in (1) preventing youth violence and/or delinquency behaviors with the ultimate goal of stopping youth violence before it starts by targeting youth who are at enhanced risk for violence or (2) changing the life-trajectory for those youth who have already demonstrated violent or seriously delinquent behaviors by providing comprehensive, multicomponent, tertiary interventions addressing a constellation of risk factors. Parent and family-based programs, social development and mentoring programs addressing both individual risk factors and environmental conditions have proven to be effective.

Youth Violence/Diversion Programs

Major Disparities

Youth of color are overrepresented at nearly every point of contact with the juvenile justice system nationally and locally. Youth of color are more likely to be incarcerated and to serve more time than White youth, even when they are charged with the same offense. In Palm Beach County, the rate of Black youth referred to the juvenile justice system was 2.8 times higher than the rate of White youth referred in FY 07-08. This represents a 5% increase from FY 03-04 and 1.1 times higher than the statewide average. Further, compared to the statewide averages in FY 07-08, Black youth in the county were more likely to be detained and more likely to be committed (DJJ).

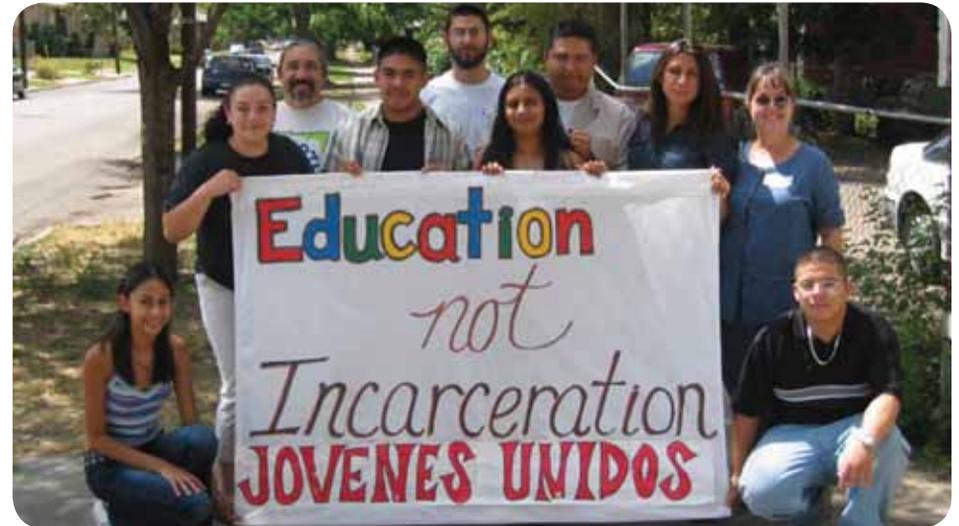
Report Highlights

- Homicide is the second leading cause of death among 15-24 year olds overall
- The best predictor of antisocial adolescent behavior is early conduct problems
- Youth Violence has declined significantly nationwide since 1993 when the epidemic peaked.
- The epidemic of lethal youth violence that swept the US from 1983 to 1993 was fueled in large part by easy access to weapons, notably firearms.
- While delinquency referrals continue to decline in PBC, transfers to adult court continue to increase. In 2007-08 they increased by 19% while referrals decreased 7.5%.

Sources: CDC, OJJDP, Surgeon General, DJJ

“Investing in our youth today will prevent crime and violence late in life and encourage them to become productive adults of tomorrow”.

— Law Enforcement Workgroup
of the Youth Violence Prevention Project



Access to Care

Source(s) of Goal and related Key Indicator- this indicator is based on Healthy People 2010 objectives. For National and Goal data, “Healthy People 2010” data was used. “Healthy People 2010” is a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the first decade of the current century. Created by scientists both inside and outside of government, it identifies a wide range of public health priorities and specific, measurable objectives. This indicator is proposed for retention as a Healthy People 2020 objective.
Source: <http://www.healthypeople.gov/>

The Healthy People 2010 Operational definition describes this indicator as “Number of persons who report that they have a usual primary care provider.” The Medical Expenditure Panel Survey (MEPS) determined that persons were considered to have a usual primary care provider if they responded “yes” to the following four questions:

- Is there a particular doctor’s office, health center, or other place that (Person) usually goes if (person) is sick or needs advice about (person)’s health?
- Is (provider) the (person/place) they would go for new health problems?
- Is (provider) the (person/place) they would go for preventive health care, such as general check-ups, examinations, and immunizations?
- Is (provider) the (person/place) they would go for referrals to other health professionals when needed?

Source: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/DATA2010/Focusarea01/O0105.pdf

The data for Palm Beach County and the State of Florida comes from Florida CHARTS Behavioral Risk Factor Surveillance System (BRFSS) data. The survey was conducted among adults in Florida in 2002 and 2007. The BRFSS surveys will now be conducted every three years instead of every five years, resulting in more data points in the next few years. The next BRFSS survey will be conducted in 2010, with data released in 2011. The purpose of this survey is to obtain county-

level estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality. The BRFSS questionnaire includes “Adults who have a personal doctor.”

<http://www.floridacharts.com/charts/brfss.aspx>

Note: Although the Health People 2010/MEPS survey lists “persons” and Florida CHARTS/BRFSS lists “adults” we have consulted with experts at DOH and MEPS and have been assured that the two data sources are comparable.

Domestic Abuse/Sheltering

Domestic violence - means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

Family or household member - means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

Source: Online Sunshine- Statutes and Constitution-Title XLII, Domestic Relations.

Health Care

Years of Potential Life Lost Years of premature mortality that has been defined as the number of years of life lost among persons who die before a predetermined age; the Florida Department of Health (FDOH) uses age 75, and calculates YPLL as a rate per 100,000 population under 75.

Homelessness

Affordable Housing – Housing for which the occupant is paying no more than 30 percent of his or her income for gross housing costs, including utilities.

Homelessness-“homeless” or “homeless individuals or homeless person” includes:

- An individual who lacks a fixed, regular and adequate nighttime residence; and
- An individual who has a primary nighttime residence that is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - A public or private place not designed for, or ordinarily use as, a regular sleeping accommodation for human beings.

Source: U.S. Department of Housing and Urban Development (HUD)
<http://portal.hud.gov/portal/page/portal/HUD/topics/homelessness/definition>

Low Income-A household whose income does not exceed 80 percent of the median income for the area, with adjustments for smaller or larger families.

Point-In-Time Survey-A survey that is conducted in order to understand the number and characteristics of people sleeping in shelters and on the street, or in other places not meant for human habitation. HUD mandates that all Continuums of Care receiving federal funds conduct a Point-In-Time Survey at least every other year in a designated 24-hour period during the last seven days of January.

Hunger/Food Security

In 2006, USDA introduced new language to describe ranges of severity of food insecurity. USDA made these changes in response to recommendations by an expert panel convened at USDA’s request by the Committee on National Statistics (CNSTAT) of the National Academies. Even though new labels have been introduced, the methods used to assess households’ food security have remained unchanged, so statistics for 2005 and later years are directly comparable with those for earlier years for the corresponding categories.

Maternal Child Health

Infant mortality-the number of infant deaths (one year of age or younger) per 1,000 live births.

Fetal death-any death of a fetus after 20 weeks of gestation or 500 grams in weight.

Low birthweight-term used to describe an infant born weighing less than 5.5 lbs or 2,500 grams.

Very low birthweight-description used for an infant born weighing less than 3.3 lbs or 1,500 grams.

Mental Health

Mental Health-A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. (Source: World Health Organization; http://www.who.int/mental_health/en/)

A **psychological state of well-being**, characterized by continuing personal growth, a sense of purpose in life, self-acceptance, and positive relations with others. Some people define mental health as the absence of mental illness, but many psychologists consider this definition too narrow. (Source: Encarta; Dictionary; http://encarta.msn.com/encyclopedia_761573719/Mental_Health.html)

School Readiness

School Readiness-a child that is a socially, emotionally, cognitively and physically eager and ready to learn upon kindergarten entry.

Skills include:

- Interact with others positively
- Pay attention
- Remember lessons taught
- Follow a teacher's directions
- Finish tasks
- Practice independently what they have learned
- Learn to control their emotions
- Learn to be persistent even when learning seems tough

Environment Rating Scales – an internationally renowned program assessment tool that is researched based, valid and reliable. The Scales were authored by Thelma Harms and Debby Cryer. The Early Childhood Environment Rating Scale, Revised Edition (ECERS-R) provides an overall picture of the surroundings that have been created for the children and adults who share an early childhood setting. The ECERS consists of 43 items that assess the quality of the early

childhood environment including use of space, materials and experiences to enhance children's development, daily schedule, and supervision. This 43 item scale covers seven categories:

- Personal Care Routines
- Space and Furnishings
- Language-Reasoning
- Activities,
- Interactions
- Program Structure
- Parents and Staff

Each item is ranked from 1 to 7. A ranking of 1 describes inadequate conditions while a ranking of 7 describes excellent conditions.

Since the ECERS covers the basic aspects of all early childhood facilities, it can be used in a number of ways by child care facilities, Head Start programs, parent cooperative preschools, private preschool programs, playgroups, church-related preschools, and kindergarten programs. For instance, if used as a self-study/self-improvement guide, inadequate or minimal scores on the ECERS scale indicate areas for emphasis in training and learning. The ECERS can also be used as a pre- and post-test measure to assess the impact of training and continuing education.

School Readiness Providers – providers receiving subsidized funds to deliver the school readiness program. School readiness providers must offer programs that include:

- Research-based early learning activities and instruction
- Developmentally appropriate curriculum
- Literacy programs
- Character development programs
- Healthy and safe environments
- Appropriate staff-to-child ratios
- Personnel with required qualifications
- Family-friendly environment that support parent involvement opportunities

Senior Services

Administration on Aging (AoA)- the federal agency responsible for advancing the interests of seniors and their caregivers. AoA works with and through the Aging Services Network to promote the development of a coordinated system of in-home and community-based care that is responsive to the needs and preferences of seniors and their family caregivers.

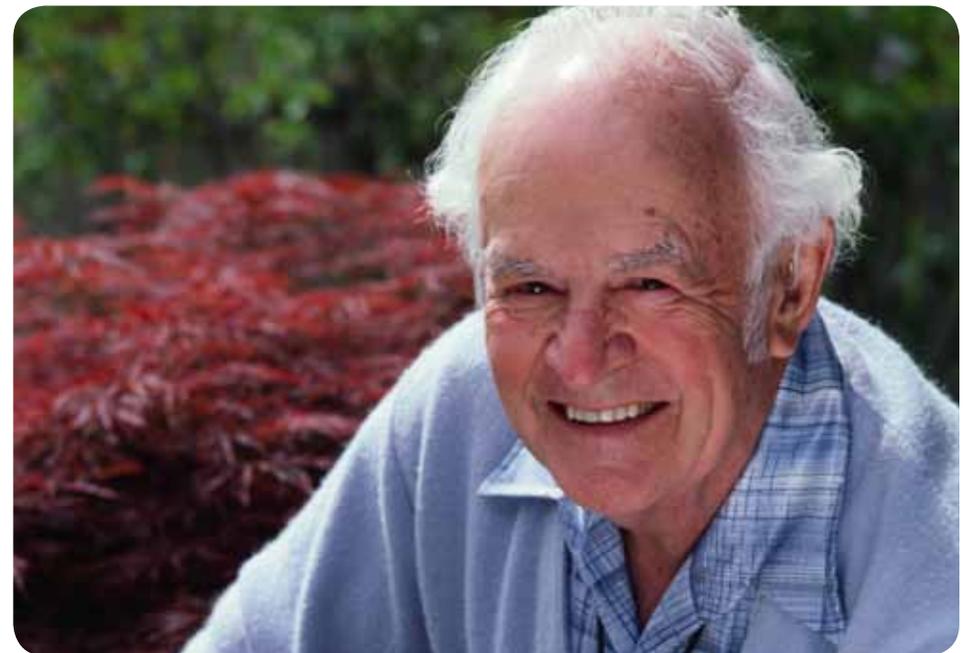
Older Americans Act (OAA)-the federal program that provides a variety of in-home and community-based services, i.e., meals and caregiver programs, to enhance quality of life. While all seniors are eligible, services target seniors with the greatest economic and social need.

Florida Department of Elder Affairs (DoEA)-designated as the primary State agency on aging as defined in the federal Older Americans Act (OAA). The department is required to carry out the responsibilities detailed in the OAA, including organizing, coordinating and providing community based services and opportunities for seniors and their families. DoEA partners with area Agencies on Aging to provide localized care to seniors throughout the state.

Area Agency on Aging (AAA)-the local nonprofit organization serving the needs of seniors and their caregivers in Palm Beach County, by coordinating in-home-based and community-based services through a network of partnerships. Through the Aging Resource Center (ARC), an administrative entity of AAA, referral and access to economic and long-term care services for elders and their families are arranged.

Lead Agency-a designated local agency for seniors in Palm Beach to administer funded programs, such as In-Home and Community-Based such, for the elderly by the Area Agency on Aging, Palm Beach/Treasure Coast, Inc. through a competitive bid process.

Waitlist-the information bank where seniors are ranked based on level of need and not on the date they applied to ensure elders with the greatest needs are served first.



Special Needs/Developmental Disabilities

Special Needs-requirements made necessary by challenges: the requirements, especially in education, that some people have because of physical and mental challenges.

Source: Encarta; Dictionary; <http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?lextype=3&search=special%20needs>

Children with Special Health Care Needs (CSHCN)-those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Source: U.S. Department of Health and Human Services; Health Resources and Services Administration; Prevalence of CSHCN; <http://mchb.hrsa.gov/cshcn05/NF/1prevalence/intromhtm>

Essential Services-essential services are the primary core services which are provided that allow an individual to remain safe and successfully live in a community-based setting rather than a more restrictive institutional setting.

Source: State of Florida Division of Administrative Hearings Case Number 08-5906APD (Core Service)
<http://www.apd.myflorida.com/publications/legal/agency-final-orders/docs/08-5906-RO.pdf>

People with Special Health Care Needs-people typically characterized along three (3) distinct dimensions:

- **Service Need:** People who require health and related services of a type or amount beyond that required by people in general;
- **Functional Impact:** People who experience current impairment of functioning and/or quality of life (e.g., mobility, sensory, intellectual limitations; and

- **Presence and Duration of Condition:** People who report an ongoing physical, mental or developmental condition lasting or expected to last at least 3-12 months.

These conditions may or may not be currently active or have a formal diagnosis. To qualify as a special health care need, most definitions require that the condition have an ongoing functioning or service-use impact.

Source: USA.gov; Quality Interagency Coordination (QuiK); Task Force; Quality Information for People with Special Health Care Needs; Who Are People With Special Health Care Needs?; <http://www/quic/gov/consumer/conference/bethell1.htm>

Medicaid Waiver-under Section 1915(c) of the Social Security Act, Medicaid law authorizes the Secretary of the U.S. Department of Health and Human Services to waive certain Medicaid statutory requirements. Home and community-based waivers 1915(c) – referred to colloquially as MedWaiver -- are tools used to provide long-term care to individuals with developmental disabilities as an alternative to institutional care. MedWaiver services include such supports as adult day training, transportation, supported employment coaching, supported independent living, and group homes, as well as behavioral, occupational, physical and speech/language therapies

Developmental Disabilities-severe, life-long disabilities attributable to mental and/or physical impairments which manifest themselves before the age of 22 years and are likely to continue indefinitely. They result in substantial limitations in three or more of the following areas: Self care; comprehension and language; skills (receptive and expressive language); learning; mobility; self-direction; capacity for independent living; economic self-sufficiency; ability to function independently without coordinated services (continuous need for individually planned and coordinated services).

Special Needs/Developmental Disabilities(continued)

Source: U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Developmental Disabilities (ADD); http://www.acf.hhs.gov/opa/fact_sheets/add_factsheet.html

In Florida, “Developmental Disabilities” is a broad term that refers to a variety of conditions that interfere with a person’s ability to function in everyday activities; specifically, Florida statutes define developmental disabilities as autism, cerebral palsy, mental retardation, Prader-Willi syndrome, and spina bifida

Source: Florida Statutes Chapter 393

Substance Abuse

Substance Abuse-a maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by at least three of the following over a 12 month period: increased tolerance; withdrawal; increased consumption; a persistent desire or unsuccessful effort to control or cut down; preoccupation with acquiring substance; reduction in social, occupational or recreational activities; and continued used despite physical and mental effects.

Substance dependence-more serious than substance abuse. This maladaptive pattern of substance use includes such features as increased tolerance for the substance, resulting in the need for ever-greater amounts of the substance to achieve the intended effect; an obsession with securing the substance and with its use; or persistence in using the substance in the face of serious physical or mental health problems. Substance dependence and addiction have come to mean the same thing.

Alcohol-related traffic crash-crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication).

Fatal traffic crash-a traffic crash that results in one or more fatalities within 30 days of occurrence.

Injury-hurt, damage, or loss sustained by a person as a result of a traffic crash. Definitions for the various injury levels are as follows:

- **Possible injury**-no visible sign of injury but complaint or pain or momentary unconsciousness
- **Non-incapacitating injury**-any visible injury such as bruises, abrasions, limping, etc.
- **Incapacitating injury**-any visible signs of injury from a crash and person(s) had to be carried from the scene.
- **Total injury**-the sum of possible, non-incapacitating injuries, and incapacitating injuries

Youth Violence

Violence-threatened or actual physical force of power initiated by an individual that results in, or has a high likelihood of resulting in, physical or psychological injury or death (CDC).

Juvenile-persons younger than age 18. (OJJDP)

Diversion -the act or an instance of diverting from a course, activity, or use.

Violent Crime-includes murder and non-negligent homicide, forcible rape, robbery and aggravated assault.

Miscellaneous

Economic Stability-refers to an absence of excessive fluctuations in the macro-economy. An economy with fairly constant output growth and low stable inflation would be considered economically stable. An economy with frequent large recessions, a pronounced business cycle, very high or variable inflation, or frequent financial crises would be considered economically unstable. The United States is an example of an unstable economy.

Income-“Total income” is the sum of the amounts reported separately for wages, salary, commissions, bonuses, or tips; self-employment income from own nonfarm or farm businesses, including proprietorships and partnerships; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office; retirement, survivor, or disability pensions; and any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony.

Poverty-Following the Office of Management and Budget’s (OMB’s) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being “below the poverty level.”

Poverty rate – any family living at or below poverty guideline



Health Care

Florida CHARTS- Major Causes of Death 2008: Cancer was the second overall leading cause of death in PBC, but was first in YPLL at 1,613 per 100,000 under age 75. <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=7226>

Florida CHARTS- Major Causes of Death 2008: Unintentional injuries was the 4th leading cause of unintentional death but the 2nd highest YPLL (1,493 per 100,000 under age 75). <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=7226>

County Health Rankings- Palm Beach County was ranked 15th of 67 Florida counties in premature mortality/YPLL: <http://www.countyhealthrankings.org/florida/palm-beach>

County Health Rankings- Palm Beach County ranked only 32nd of 67 Florida counties in the category of Social & Economic Factors, (e.g., children in poverty; income inequality) which impact on YPLL <http://www.countyhealthrankings.org>

The goal of 6,978 YPLL per 100,000 of the population less than 75 years of age is not being achieved in Palm Beach County, which has a 2008 YPLL of 7,463 per 100,000. **SOURCE: Florida CHARTS and County Health Rankings**

In 2008, Cancer was the 2nd leading cause of death in Palm Beach County but the highest YPLL (1,613) **SOURCE: Florida CHARTS**

Palm Beach County ranked only 32nd of 67 Florida counties in the category of Social & Economic Factors, (e.g., Children in poverty; income inequality) which impact on YPLL: **SOURCE: County Health Rankings**

Unintentional injuries was the 4th leading cause of unintentional death but the 2nd highest YPLL (1,493). **SOURCE: Florida CHARTS**

Maternal Child Health

(Matthews, Menacker, and MacDorman, 2004).

[1] Kington, RS, Nickens HW. (2001). Racial and ethnic differences in health: Recent trends, current patterns, future directions. Pp. 253-310 in National Research Council, America Becoming: Racial Trends and Their Consequences, Vol. 2. Smelser N, Wilson WJ, Mitchell F, eds. Washington, DC: National Academy Press.

[1] National Center for Health Statistics. (2008). National Research Council. "Preventing Reading Difficulties in Young Children." Edited by Catherine E. Snow, Susan Burns and Peg Griffin, Committee on the Prevention of Reading Difficulties in Young Children. Washington, DC: National Academy Press. 1998.

School Readiness

Source: ZERO TO THREE: National Center for Infants, Toddlers and Families. (Retrieved February 12, 2008). Frequently Asked Questions. Online:

Source: Entwisle, D.R. (Winter 1995). "The Role of Schools in Sustaining Early Childhood Program Benefits." "The Future of Children: Long-Term Outcomes of Early Childhood Programs." 5(3):133-144).

Source: "Partnership for America's Economic Success (2008)". Online: http://www.partnershipforsuccess.org/docs/PAESoverview2008_short.pdf

Public Safety-Violent Crime

PALM BEACH COUNTY DATA SOURCE: Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 1995-2009 [Computer program]. Tallahassee, FL: FDLE. Florida Statistical Analysis Center.

FLORIDA DATA SOURCE: Florida Statistical Analysis Center: FDLE, (1989-2009). Crime in Florida, Florida uniform crime report [Computer program]. Tallahassee, FL.

NATIONAL DATA SOURCE: US Department of Justice, Federal Bureau of Investigation, 2008 Crime in the United States 1989-2008

1. Populations are U.S. Census Bureau provisional estimates as of July 1 for each year except 1990 and 2000, which are decennial census counts.
2. The murder and non negligent homicides that occurred as a result of the events of September 11, 2001, are not included in this table.

National Incident Based Reporting System (NIBRS): an incident-based reporting system in which agencies collect data on each single crime occurrence. NIBRS data originate from local, state, and federal automated records' systems.

Uniform Crime Reports Program (UCR): FDLE's Uniform Crime Report (UCR) system allows the UCR program to provide standardized reports on crime statistics based on data gathered from across the state.

Related Key Indicator

Key related indicator is the statewide violent crime 10 year average of 718.9 in comparison to PBC's of 705.3.

Key Terms

FDLE.....Florida Department of Law Enforcement

NIBRS.....National Incident Based Reporting System

PBC.....Palm Beach County

PBSO.....Palm Beach County Sheriff's Office

UCR.....Uniform Crime Report

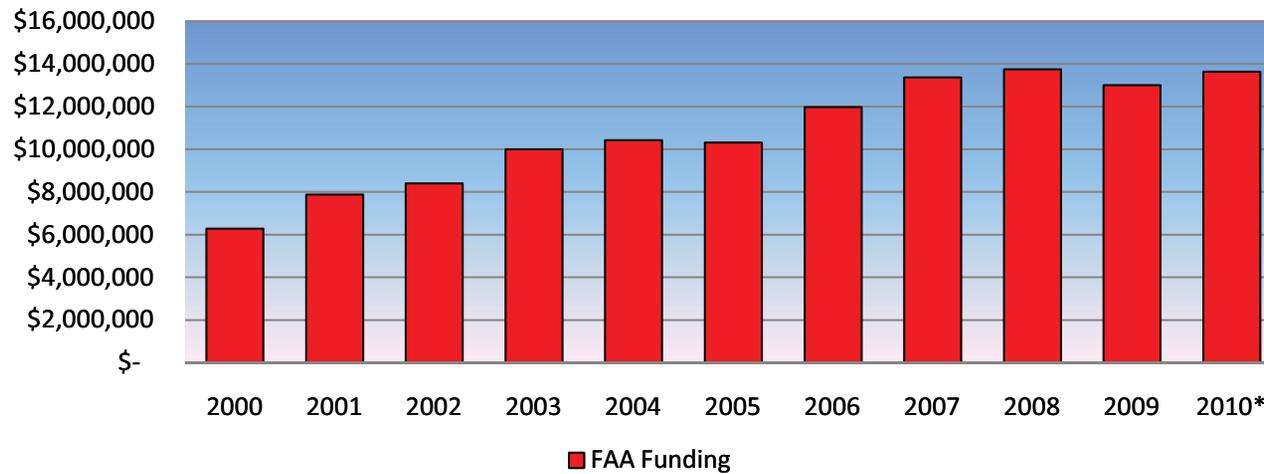
Violent Crime .. Includes Murder, Forcible Sex Offenses, Robbery,
& Aggravated Assault

Youth Violence/Diversion Programs

- Florida juvenile violent crime arrest data for 2001-2008 (Table 69; Crime in the United States) and Florida violent crime rates for 2001-2008 (OJJDP Statistical Briefing Book); Palm Beach County juvenile violent crime arrest data for 2001-2008 (FDLE's Uniform Crime Reports Arrest Forms) and Palm Beach County juvenile violent crime rates for 2001-2008 (calculated using FDLE's Uniform Crime Reports Arrest Data and Florida Demographic Database); United States juvenile violent crime arrest data for 2001-2008 (Table 36; Crime in the United States) and United States violent crime rates for 2001-2008 (OJJDP Statistical Briefing Book): juvenile violent crime arrest rates.
- Centers for Disease Control and Prevention, Injury Prevention and Control: Violence Prevention: definition of violence, homicide data. <http://www.cdc.gov/ViolencePrevention/youthviolence/definitions.html>
- US Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, Dec 2009: definition of juvenile. <http://www.ncjrs.gov/pdffiles1/ojjdp/228479.pdf>
- Florida Department of Juvenile Justice, Budget Office: funding for prevention and community interventions.
- Florida Department of Juvenile Justice, Office of Program Accountability, Benchmark Reports: Disproportionate Minority Contact: disproportionate contact data. <http://www.djj.state.fl.us/Research/DMC/FY2007-08-DMC-Report-Cards.pdf>
- Youth Violence: A Report of the Surgeon General: youth violence rates and data. <http://www.surgeongeneral.gov/library/youthviolence/toc.html>
- Florida Department of Juvenile Justice, Office of Research and Planning: Delinquency Profile for Palm Beach County. <http://www.djj.state.fl.us/Research/profiles/PalmBeach.pdf>
- US Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, April 2000: predictors of conduct problems. http://www.ncjrs.gov/html/ojjdp/jbul2000_04_5/pag3.html

Financially Assisted Agency Funding 2000-2010

Financially Assisted Agency Annual Funding



Year	Funding
2000	\$ 6,274,152
2001	\$ 7,873,986
2002	\$ 8,395,641
2003	\$ 10,000,135
2004	\$ 10,432,759
2005	\$ 10,307,759
2006	\$ 11,973,168
2007	\$ 13,373,836
2008	\$ 13,749,311
2009	\$ 13,011,846
2010*	\$ 13,638,671

* 2010 FAA Funding includes non-competitive county sponsored funding.

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Apologies to any individuals or organizations that may have been inadvertently omitted from the list. Please forward any corrections or modifications to David Rafaidus at (561) 355-4705 or drafaidu@pbcgov.org

For Further Information



Electronic copies of this document can be accessed at:

<http://www.pbcgov.com/communityservices/pdf/Health-Human-Services-Report.pdf>

Palm Beach County Comprehensive Plan – Health and Human Services Element

http://www.pbcgov.com/pzb/planning/comprehensiveplan/health_05_2.pdf

Resolution No. R-2001-0913

http://www.pbcgov.com/communityservices/pdf/RESOLUTION_NO_R2001-0913.pdf

Community Characteristic Information

Additional information about Palm Beach County will be posted on the following website: <http://pbcgov.com/communityservices/citizenadvisory.htm>. This information will include Palm Beach County characteristics pertaining to topics such as: demographics, economic features, poverty, housing and income.

For further information contact

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