

CHSP Needs Assessment and Process Evaluation Final Report



March 4, 2010



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OF AMERICA, INC.

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***EXECUTIVE
SUMMARY***

Executive Summary



This executive summary provides a macro-level review of the “Community-wide Human Services Needs Assessment And Community Human Services Partnership (CHSP) Process Evaluation for Leon County” conducted by MGT of America, Inc. (MGT). The City of Tallahassee contracted with MGT in March, 2009, to assess human service needs and the structure, operations, and processes of the CHSP. This report, the product of several months worth of discussions, meetings, research, and community input present key findings, issues, and recommendations related to human service needs and the CHSP process. This executive summary highlights major recommendations and conclusions. The reader is strongly encouraged to review the entire report in order to put the executive summary into proper context.

Human Service Needs

One of the most important objectives of this study was to provide a comprehensive needs assessment and identify gaps in resources and services. In the sections that follow, MGT offers a series of recommendations based on the results of the needs assessment.

Service Needs/Framework

Recommendation 6-1: Reconfigure the grouping of human services into one or more of the following:

- **Prevention Services** – help prevent, limit, or minimize the need for human services. Prevention services have proven to be cost efficient and effective. Without a major focus on prevention services, service demand and service costs will continue to increase.

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Human Service Needs

- Intervention Services – provide a “social safety net” to help families and individuals during a crisis for a limited period of time. The need for time limited intervention may result from a number of crisis situations, including the need for temporary financial assistance, shelter, and other basic needs.
- Protection Services – protect individuals, children, and families from real or perceived threats. Examples include child protection, child and adult abuse and neglect services, and domestic violence shelters.
- Support Services – may aid recipients for the rest of their lives because of their circumstances (chronic physical and mental illness, long-term disability).

Recommendation 6-2: Use the following service categories to help frame human service needs and accompanying risk factors and indicators:

- Family Functioning.
- Child/Adolescent Functioning.
- Adult Functioning.
- Elderly Functioning.
- Safety and Security.

CHSP funding categories have remained largely unchanged over the years. Similar to other human service funding, CHSP has primarily focused on funding service activities and/or units of service. MGT recommends that CHSP focus on key indicators, risk factors, and outcomes for prevention, intervention, protection, and support for the above service categories.

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Human Service Needs

Recommendation 6-3: Focus resources on addressing key indicators and risk factors associated with service groupings in **Recommendation 6-1** and the service needs and priorities, identified, for family functioning, child/adolescent functioning, adult functioning, elderly functioning, safety and security in **Chapter 4.0**. An example of a framework for grouping services is provided in **Exhibit E-1**.

**EXHIBIT E-1
EXAMPLE OF CHSP FRAMEWORK**

	Birth/Childhood/ Adolescents	Working-Age Adult	Senior/Elderly
Prevention Services	<ul style="list-style-type: none"> • Prenatal Care • Immunization • Nutrition programs • Children’s insurance • Child support services • Mental health 	<ul style="list-style-type: none"> • Vocational training • Disease management • Employment services • Cash assistance • Higher-education assistance • Mental health 	<ul style="list-style-type: none"> • Flu shots • Disease management • Mental health
Intervention Services	<ul style="list-style-type: none"> • Health care management • Food programs 	<ul style="list-style-type: none"> • Re-employment training • Cash assistance • Housing assistance • Health care management • Food programs • Financial counseling 	<ul style="list-style-type: none"> • Food programs • Housing assistance
Protection Services	<ul style="list-style-type: none"> • Mental health • Child protective services • Shelter services 	<ul style="list-style-type: none"> • Mental health • Adult protective services • Shelter services 	<ul style="list-style-type: none"> • Mental health • Adult protective services
Support Services	<ul style="list-style-type: none"> • Disabled support • Mental health support 	<ul style="list-style-type: none"> • Disabled support • Mental health support • Employment accidents 	<ul style="list-style-type: none"> • Long-term care • Nursing home/assisted living
Enabling Strategies	Information and referral, information systems, innovative programs.		

Executive Summary

Human Service Needs

Recommendation 6-4: Support development and implementation of an information and data system similar to SAMIS, which is utilized by the Juvenile Welfare Board of Pinellas County, or the AVOCARE health data management system (currently in use in Tallahassee), to provide human service related data that can be used by funders and service providers.

Recommendation 6-5: Until an information and data management system is in place to collect, compile, and report on key indicators and risk factors, the human services need assessment should be updated every two-three years. Based on the results of the needs assessment, key indicators, risk factors, and outcomes related to prevention, intervention, protection, and support should be examined and adjusted or modified, if needed.

Recommendation 6-6: Agencies should be guided and supported in collecting data to help determine progress in addressing indicators, risk factors, and outcomes. A key factor in evaluating CHSP funding requests should be the extent to which indicators, risk factors, and outcomes are being addressed or will be addressed with CHSP funds.

Recommendation 6-7: Base CHSP funding priorities on prevention, intervention protection, and support. Once funding priorities are adopted, agencies should be funded based on whether programs and services are targeted at one or more prevention, intervention, protection, and support indicators, risk factors, and outcomes.

Recommendation 6-8: In conjunction with conducting a needs assessment every two years, re-examine CHSP funding priorities every two years to ensure that funding priorities are aligned with key indicators, risk factors, and outcomes.

Executive Summary

Human Service Needs

Recommendation 6-9: Invest the time and resources to send CHSP staff to agencies such as the Juvenile Welfare Board of Pinellas County, the Children’s Trust in Miami, or other organizations recognized for having model programs, best practices, and systems in place for aligning key indicators and risk factors with outcomes and funding priorities.

Action Steps – Recommendations 6-1 through 6-9

- The JPB, working in partnership with the HHS Community Group recommended in the JPB report, should reach consensus on priority risk factors and outcomes for prevention, intervention, protection, and support.
- CHSP staff should be directed to develop alternatives for compiling data to support using priority risk factors and outcomes for prevention, intervention, protection, and support.
- Examine the feasibility of adapting a data management system to support implementation and use of risk factors and outcomes for prevention, intervention, protection, and support.
- The JPB, working in collaboration with the HHS Community Group, should review CHSP funding priorities every two years.

CHSP Process

A major conclusion of this study is that the CHSP process is a viable and appropriate process for meeting human service needs. There are opportunities to improve certain features that are part of the current CHSP process.

Executive Summary

CHSP Process

CHSP Application Process

Recommendation 6-10: Streamline and simplify the CHSP application to reduce the burden on CHSP staff and applicant agencies by eliminating the need to provide certain information every year and by shifting the focus of the application on how CHSP funds will be used to address risk factors, indicators, and outcomes.

A vast majority of the agencies that request CHSP funding apply each year and are well known to CHSP staff. Unless there is a change in an agency's legal status, such as not being incorporated or losing 501(c)(3) status, it may not be critical to submit certain information. The guiding principle for streamlining the application should be what is the most essential information needed in order to make an informed decision about how CHSP funds will be used to address key risk factors, indicators, and outcomes. The primary focus of the CHSP application should be on how CHSP funds will be used and the ability of the agency to effectively and efficiently use the CHSP funds as proposed in the CHSP application.

Recommendation 6-11: For funding requests of \$10,000 or less, consider developing a modified CHSP application to reduce the burden on agencies and CHSP staff.

Currently, agencies that request \$5,000 must complete the same application as an agency applying for \$150,000. For example, if CHSP staff and agency time is factored into preparing and reviewing for a request of \$5,000, it probably cost much more than \$5,000 to prepare and review the application and complete the CHSP process.

Executive Summary

CHSP Process

Recommendation 6-12: To facilitate a shift toward funding based on addressing indicators, risk factors, and outcomes, pilot test multi-year funding.

MGT recommends pilot testing multi-year funding with a small group of agencies. Some agencies tend to get funded at the same level or near the same level each year. Multi-year funding could be used to facilitate moving towards addressing risk factors and outcomes, and give agencies more time to demonstrate the impact of CHSP funding on risk factors and outcomes.

Action Steps for Recommendations 6-10 through 6-12

- CHSP staff should review the CHSP application to identify information that does not facilitate evaluation of how CHSP funds will be used.
- The JPB should establish a policy related to funding requests less than \$10,000 and direct staff to modify the application and review process for requests less than \$10,000.
- Initiate pilot testing of multi-year funding, and develop criteria and a framework for approval by the JPB.

Citizen Review Teams

Recommendation 6-13: The use of citizen volunteers is commended. Maintain the CRT structure, but develop criteria to screen volunteers.

It is not unusual for funders who use volunteers to help make funding decisions and for other purposes to establish criteria for screening and selection. For example, the Juvenile Welfare Board of Pinellas County uses criteria to determine eligibility and to screen volunteers. The current information form that potential volunteers complete should be expanded to include criteria that CHSP staff can use to screen volunteers.

Executive Summary



Citizen Review Teams

Recommendation 6-14: Expand the volunteer pool by reaching out to a broader segment of the community.

Over the years, CHSP staff have done a great job recruiting volunteers and attempting to make the CRTs as diverse as possible. However, both volunteers, agencies, and some staff feel that more should be done to include different segments of the community. Prior to the annual CHSP process, a “call for volunteers” should be issued throughout the community to various organizations and groups.

Recommendation 6-15: To help expand the volunteer pool, consider placing a limit on how many years a volunteer can serve. MGT recommends after five years of consecutive service, a volunteer must wait out a year or two before serving again on a CRT.

It is very commendable that some volunteers continue to serve year after year on the CRTs. Continued service provides a certain level of continuity, knowledge, and understanding that is beneficial. However, if expanding the volunteer pool to broaden participation of different community segments is to occur, limiting service is a viable option.

Recommendation 6-16: As part of the CRT training, include more content on conducting the agency site visit and the roles, responsibilities, and expected behavior and attitudes of CRT members.

Agency site visits are a very vital part of the current CRT training and should be expanded to provide more in-depth training. MGT recommends utilizing experienced CRT team leaders and/or agency representatives to help facilitate the discussion on conducting agency site visits.

Executive Summary

Citizen Review Teams

Action Steps for Recommendations 6-13 through 6-16

- By 2011, develop specific criteria and begin using the criteria as the basis for staffing the CRTs. CHSP staff should research volunteer screening and selection used by other funders. Criteria should be inclusive in order to ensure that opportunities to volunteer are extended to a broader segment of the community.
- Examine alternative design and delivery mechanisms for CRT training, including simulations and interactive training modalities using multimedia tools.

CHSP Budget Deliberations

Recommendation 6-17: Discontinue conducting budget deliberations at the end of the day after site visits.

As a practical matter, both volunteers and staff are typically worn out and worn down at the end of a site visit day. By conducting budget deliberations the following day, or within two days of the site visit, it provides time for volunteers to reflect on the agency application and the agency site visit without the same pressure to make funding decisions. Several volunteers indicated that the current procedure was taxing and often resulted in rushing towards decisions so that they could go home.

Executive Summary



CHSP Budget Deliberations

Recommendation 6-18: For volunteers and agencies, specify the criteria that will be used to determine whether a funding request is granted, denied, reduced, or increased.

It should be very clear to volunteers involved in budget deliberations what criteria they should be basing their decisions upon. The same should also be clear in the award letters that are sent to the agencies after deliberations are completed. While it is helpful to include comments and findings in the award letters from the CRT, agencies want to know the basis for funding decisions.

Recommendation 6-19: Base funding on indicators, risk factors, and outcomes for prevention, intervention, protection, and support.

MGT recommends that prevention be the top priority for funding. This recommendation is premised on the notion that funders have the responsibility for establishing funding priorities and it is a common practice of human services and other types of funders. Within the context of prevention as a funding priority, it does not mean that other areas are not important. What it does mean is that addressing indicators, risk factors, and prevention outcomes is critical in meeting community needs.

Recommendation 6-20: Clarify appeals procedures and practices and provide written guidelines to the Appeals Committee.

CHSP staff should review the appeals process and put appeals procedures in writing so that they can be articulated to participants in the process. Agencies should know what to expect and how to prepare, and the same for the volunteer committee members who conduct the process. At the minimum, there should be one committee meeting prior to conducting the appeals meeting with agencies.

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CHSP Budget Deliberations

Action Steps for Recommendations 6-17 through 6-20

- Develop written evaluation criteria to guide decisions about CHSP agency awards.
- Incorporate the evaluation criteria into the agency workshops and CRT training.
- Incorporate the evaluation criteria into the budget deliberations process.
- Use the evaluation criteria to help document funding decisions in the agency award letters.

Joint Planning Board

Recommendation 6-21: Implement recommendations in the Joint Planning Board report submitted July 2009 with amendments to JPB membership.

The recommendations included in the July report to the JPB should be acted upon. There are still some concerns about the size of the JPB and the number of representatives for each partner agency. MGT has no objection to revisiting this issue and recommend that each partner be limited to one representative on the JPB. In addition, MGT recommends expanding the membership to four non-partner representatives. The role of the JPB as an advisory body may also need further clarification. The JPB is responsible for recommending and providing guidance relative to funding and priorities, which can either be accepted or rejected by the respective governing body of each CHSP partner. It should be very clear that the governing body of each CHSP partner is responsible for making policy.

Executive Summary

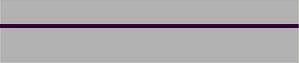
Joint Planning Board

Recommendation 6-22: Take the necessary steps to ensure that the HHS Community Group recommended in the Joint Planning Board report has the mandate, influence, and visibility necessary to carry out its role and responsibilities.

The HHS Community Group is very critical. It must garner the respect, cooperation, trust, and support required to carry out its charge. The membership of the group is key – it should be diverse and representative of different community segments and have the “movers and shakers” who can make things happen.

Action Steps for Recommendations 6-21 through 6-22

- Expand the JPB as recommended by adding four non-CHSP partner members. Seat the HHS Community Group and reexamine the functioning of the JPB after a six month period to determine what if any changes should be made in representation and operations of the JPB.
- The JPB should establish the mandate; framework; parameters; and desired characteristics, knowledge, and skills for members of the HHS Community Group. At a minimum, this group should be charged with recommending priorities to the JPB, soliciting community input on human service needs, and issuing a community human service “report card” that reflect progress on human risk factors and indicators addressed by CHSP funding.
- Each CHSP partner should recommend four members for the HHS Community Group based on the parameters established by the JPB.



1.0 INTRODUCTION

Introduction



In November 2008, the City of Tallahassee issued a Request for Qualification (RFQ) for “*Community-wide Human Services Needs Assessment and Community Human Services Partnership (CHSP) Process Evaluation for Leon County.*” As stated in the RFQ, the overall objective was to “provide an examination of current efforts to ensure that the limited resources available for investment in human services are yielding an appropriate return”. Within this context, the CHSP needs assessment and process evaluation was designed to:

- Assess and document human service needs.
- Assess existing resources to address human service needs.
- Evaluate the overall CHSP process.
- Provide recommendations for improvement.

In March 2009, the City of Tallahassee (Tallahassee) contracted with MGT of America, Inc., (MGT) to conduct the CHSP needs assessment and evaluation of the CHSP process. To complete the needs assessment and CHSP process evaluation, MGT designed and utilized an approach and methodology to:

- Describe and analyze human service needs and service gaps.
- Collect information from primary and secondary data sources to document human service needs and the CHSP process.
- Compile and analyze both quantitative and qualitative data related to human service needs and the CHSP process.
- Prepare a comprehensive report with major findings and recommendations to help guide decision-making about the future governance and operations of CHSP.

Introduction



This report presents the results of the needs assessment and CHSP process evaluation. The report is comprised of five chapters in addition to the executive summary and this introductory chapter.

2.0 Study Context: In this chapter, information is presented to provide a situational context for the CHSP needs assessment and process evaluation.

3.0 Study Methodology and Objectives: Chapter 3.0 provides a brief overview of MGT's methodology and the objectives which framed and guided the study.

4.0 Assessment of Human Service Needs: Chapter 4.0 provides an assessment of human service needs in Tallahassee and Leon County.

5.0 Evaluation of the CHSP Process: In Chapter 5.0, an evaluation of the CHSP process is presented, including opportunities for improvement.

6.0 Conclusions and Recommendations: In Chapter 6.0, conclusions and recommendations are provided to help guide decision-making about the governance and operations of CHSP.

2.0 STUDY CONTEXT

Study Context

The Community Human Service Partnership (CHSP) was created over 12 years ago in an effort to more effectively address human service needs in Tallahassee and Leon County. At the time of its creation, the collaboration and pooling of resources by the City of Tallahassee, Leon County, and the United Way of the Big Bend to fund human services was unprecedented and viewed as a unique model. In many ways, CHSP is still a unique model for funding human services. For example, MGT was unable to find other communities that have a similar partnership model or have pooled and allocated resources in a similar manner. While some communities may have collaboration in certain aspects of health and human service delivery, there is no exact duplicate of CHSP in other communities that was uncovered in the research conducted by MGT.

The collaborations uncovered by MGT most often included the following characteristics:

- Sharing grant application materials between funders to provide more consistency in how they ask for grantee information needed by all funders. In particular, certain grant components, such as use of a logic model approach, timelines, and budget forms were often shared.
- Representation by public/private funders on their sister funders' allocation committees, advisory boards, and/or governing bodies.
- Participation in strategic conversations by funders in the community to maximize community resources in order to meet the community's critical needs.
- One or more funding groups taking the lead on a specific initiative or human services issue.

Study Context

Prior to the creation of CHSP, it was not unusual for human service agencies and service providers to request funding from the city of Tallahassee (city), Leon County (county), and the United Way of the Big Bend (UWBB). In any given year, an agency could receive funding from all three or receive no funding. This process was perceived by some as very politicized, as well as inefficient and ineffective in meeting human services needs.

Since its inception, CHSP has evolved and the process for funding and addressing human services in the City and County has been modified over the years. Two of the main features of the CHSP that have remained intact is the Joint Planning Board (JPB), which is addressed later in this report, and the use of citizen volunteers in the evaluation of agency requests for CHSP funding. Through the CHSP process, millions of dollars have been awarded to various agencies and service providers in this community. **Exhibit 2-1** provides a snapshot of CHSP funding requests and funding awards for FY2008/2009 and FY2009/2010. As shown in this exhibit, agency funding requests exceeded available funds by more than \$2 million in FY2008/2009 and close to \$2 million in FY2009/2010. A review of CHSP's funding history shows that since FY2002/2003, funding requests have been much greater than the funds available to be awarded. To add further context, **Exhibit 2-2** shows the contributions by each CHSP partner since FY2002/2003. Since FY2002/2003, more than \$38 million has been contributed to CHSP, of which the UWBB contributed the largest share at \$24.5 million (63.7 percent of \$38 million).

Study Context



EXHIBIT 2-1 CHSP AGENCY REQUESTS AND FUNDING AWARDED FOR FY2008/09 AND FY2009/2010

	2008-2009	2009-2010
Funding Requests	\$7,144,441	\$7,100,488
CHSP Awards	\$4,886,836	\$5,154,132
Difference between requests and awards	-\$2,257,605	\$1,946,356

Source: City of Tallahassee.

EXHIBIT 2-2 CONTRIBUTIONS BY PARTNER

	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06	FY 2006/07	FY 2007/08	FY 2008/09	FY 2009/10	Total
UWBB	\$2,713,578	\$2,853,882	\$3,010,083	\$3,075,151	\$3,161,992	\$3,307,184	\$3,068,603	\$3,300,610	\$24,491,083
City	\$1,043,640	\$1,065,510	\$1,093,936	\$1,037,273	\$1,054,339	\$1,070,945	\$1,109,347	\$1,110,298	\$8,585,288
County	\$610,400	\$610,400	\$610,400	\$671,000	\$671,000	\$749,950	\$689,951	\$743,223	\$5,356,324
Total	\$4,367,618	\$4,529,792	\$4,714,419	\$4,783,423	\$4,887,331	\$5,128,079	\$4,867,901	\$5,154,131	\$38,432,695

Source: City of Tallahassee.

Study Context



In recent years, as agency requests have increased, CHSP partners have recognized the need for more information and data on the extent to which needs are being met, and the overall impact and outcomes of CHSP. This kind of information has become even more critical given the reality of limited resources and the need to focus resources where they are most likely to have the greatest impact. Since its creation, there has been limited in-depth review and evaluation of CHSP. In 2004, the city auditor conducted a review of allocation and funding processes in response to an agency's charge that the process was unfair. At the end of each CHSP cycle, CHSP staff review the process to identify opportunities for improvement. In addition, the United Way of the Big Bend regularly solicits feedback from volunteers and Leon County also collects limited data related to CHSP. However, MGT's study is the first comprehensive and independent review of CHSP in many years. As such, the evaluation of the CHSP process and the needs assessment is important in terms of providing information which can be used to make strategic decisions related to current and future human service needs.

***3.0 STUDY
METHODOLOGY AND
OBJECTIVES***

Study Methodology and Objectives

Overview of Approach

MGT's approach to conducting the CHSP needs assessment and process evaluation was rooted in previous studies conducted by MGT, as well studies conducted by other organizations. These studies involved analyzing and documenting community needs and evaluating human service delivery systems.

Our overall approach included:

- Working closely with the CHSP partners to clearly define expectations and expected outcomes.
- Placing emphasis on transparency and participation of community stakeholders, including residents, service providers, service recipients, CHSP partners, and other stakeholders.
- Collecting and analyzing both quantitative and qualitative data.
- Fully “mining” existing data sources, including previous studies related to community needs and community resources in Tallahassee and Leon County.
- Documenting the structure, operations, processes, and systems of CHSP, and other factors that impact the CHSP process.
- Developing detailed analyses, findings, summaries, and recommendations related to:
 - Human service needs in Tallahassee and Leon County.
 - Existing community resources and significant gaps in resources.
 - Evaluation of the CHSP process.

Study Methodology and Objectives

Study Objectives

MGT also developed several questions to help guide the needs assessment and CHSP evaluation process:

- To what extent does the CHSP process effectively respond to the community's human service needs?
- Where are the significant gaps in the delivery of services?
- What alternatives should be considered in meeting human service needs?
- What is the current CHSP process and how can the process be improved?
- What are the most critical human service needs that should be addressed through the CHSP process?

To conduct the CHSP needs assessment, MGT completed the following:

- Review and analysis of reports, documents, and findings and recommendations from previous studies.
- Qualitative data collection:
 - Key informant interviews.
 - Intercept interviews at service locations.
 - Soliciting opinions and perceptions from community residents, groups, and associations.
 - Focus groups.
- Community-wide survey.
- Online agency survey.

Study Methodology and Objectives

CHSP Needs Assessment Methodology

- Collection of data and information on funding and service delivery from other communities.
- Review and analysis of needs assessments conducted in other communities.
- Primary data was collected from multiple data sources including state, local, and federal agencies. **Exhibit 3-1** shows some of the primary data collected and reviewed by MGT for this study. **Exhibit 3-2** includes a list of agency data sources.

EXHIBIT 3-1 PRIMARY DATA SOURCES

- | | |
|---|---|
| ➤ 2007-2008 Data Book | ➤ Drop Out Profile 2006 |
| ➤ 2006-07 District-Level Data from the Florida School Indicators Report. | ➤ Economic Assessment – United Partners for Human Services, August 2007 |
| ➤ 21 st Century Council Quality of Life Report, November, 1996 | ➤ Florida Health Insurance Study 2004, County Estimates of People without Health Insurance |
| ➤ 21 st Century Council, Human Services, Citizen Task Force Report, December, 1997 | ➤ Florida Youth Substance Abuse Survey – Leon County Report 2006 and 2008 |
| ➤ Acorn and the Benefits Gap. | ➤ Income and Poverty Estimates, 2008 |
| ➤ The Affordable Housing Study Commission Final Report, 2006. | ➤ Nursing Home and Assisted Living Facility: Adverse Incidents and Notices of Intent-Report to the Legislature. |
| ➤ Assessment of the Need for Women’s Health Services, January 2005, MGT of America, Inc. | ➤ Oral Health of Disadvantaged Persons in Leon County. |
| ➤ Capital Area Healthy Start Coalition Service Delivery Plan 2005 and 2008. | ➤ Soul of the Community – Tallahassee, July 2008 Knight Foundation |
| ➤ Congressional District Profiles. | ➤ Statistical Digest 20098. |
| ➤ County Population Estimates for July 1, 2008 and Population change 2007-2008. | ➤ Whole Child Leon – 2008 Annual Report |
| ➤ Domestic Violence Report 1992-2007 (Leon County Data). | |

Study Methodology and Objectives

CHSP Needs Assessment Methodology

EXHIBIT 3-2 AGENCY DATA SOURCES

- Agency for Workforce Innovation
- American Diabetes Association
- American Heart Association
- American Obesity Association
- Big Bend Community-Based Care
- Blue Foundation for a Healthy Florida
- Center for Disease Control
- Fairfax County, Virginia
- Florida Agency for Health Care Administration
- Florida Center for Fiscal and Economic Policy
- Florida Department of Children & Families
- Florida Department of Education
- Florida Department of Health
- Florida Department of Highway Safety & Motor Vehicles
- Florida Department of Insurance
- Florida Department of Juvenile Justice
- Florida Department of Law Enforcement
- Florida State University Center for Economic Forecasting
- Fulton County Human Services Department
- Hennepin County, Minnesota
- Leon County Health Department
- Leon County Planning Department
- Leon County School District
- Juvenile Welfare Board of Pinellas County
- MedErgy Healthcare Information Management Company Inc.
- Miami-Dade County, Florida
- Ounce of Prevention Fund of Florida
- U.S. Census Bureau
- U.S. Department of Health and Human Services
- Workforce Plus

CHSP Process Evaluation Methodology

To conduct the CHSP process evaluation, MGT completed the following:

- Analysis of the CHSP application process.
- Qualitative data collection, including:
 - Observation of Citizen Review Team (CRT) training.
 - Key informant interviews with CHSP staff and partners.
 - Key informant interviews with CRT team leaders and members.

Study Methodology and Objectives

CHSP Process Evaluation Methodology

- Observation of the CHSP Appeals Committee process and interviews with committee members and agencies involved in the appeals process.
- Contacts/interviews with agencies and organizations in other communities, including:
 - Juvenile Welfare Board of Pinellas County (Florida)
 - Fulton County Human Services Department (Georgia)
 - Fairfax County, Virginia
 - Miami-Dade County (Florida)
 - Hennepin County (Minnesota)
- Joint Planning Board Review:
 - Review of bylaws, minutes, and other source documents.
 - Key informant interviews with Joint Planning Board (JPB) members and CHSP partners.
 - Key informant interviews with representatives from other communities.
 - Development of case studies from other communities.
 - Presentations to the JPB.
 - Submission of the Joint Planning Review Board Report
- Review and analysis of various source documents including:
 - Description of the Community Human Service Partnership FY2009/10
 - FY2009/10 Community Human Service Partnership (CHSP) Funding Recommendation Letters
 - FY2009/10 CHSP Funding Workshop
 - Community Development Block Grant (CDBG) Agreement – City of Tallahassee

Study Methodology and Objectives



CHSP Process Evaluation Methodology

- Sample Agreement – Leon County
- The Human Services Division FY2009 Budget Report, Trends and Issues – City of Tallahassee
- City Commission Agenda Item – The Human Services Needs Assessment and Process Evaluation
- 21st Century Council, Human Services Task Force Report
- A Synopsis of the Results of the FY2009/10 CHSP Process – City of Tallahassee

Study Limitations

MGT's approach to conducting this study was premised on several assumptions about the availability of data and information needed to analyze human service needs, service gaps, and the CHSP process. To evaluate and interpret the impact and outcomes of the CHSP process and to inform the needs assessment, MGT assumed that certain data was collected and compiled by CHSP staff from the CHSP applications submitted by agencies applying for CHSP funding. However, there is no dedicated CHSP database specifically designed to capture basic human services related data and there has been no compilation of data based on the information provided in the CHSP application.

What this means is that, for many of the variables that were to be examined, there is no baseline data to serve as a starting point. In addition, CHSP funded agencies are not required to collect and maintain data for the variables that are critical to this study. As a result, MGT was limited in examining the data that could be used to draw conclusions about the impact and outcomes of CHSP, human service needs, and gaps in resources. To minimize these limitations, MGT sought to collect additional primary data from service providers and service recipients.

***4.0 ASSESSMENT OF
HUMAN SERVICE
NEEDS***

Assessment of Human Service Needs

Introduction/Overview

The sections which follow present major findings from our review and analysis of human service needs in Tallahassee and Leon County. MGT chose to collect both quantitative data and qualitative data from multiple sources in order to provide as comprehensive a picture as possible. Like other approaches to conducting human service needs assessments, the approach used by MGT was not without limitations. For example:

- There is a lack of baseline data on human service needs and service gaps available from CHSP partners and there is no CHSP database that can be used to manipulate data and information pertinent to this study.
- There is limited data compiled and available from agencies and service providers regarding needs and service gaps necessary to project trends or to draw scientific conclusions related to needs.
- Response to an online survey to collect data from agencies on service needs, service gaps, and resources was poor, which greatly limited MGT's ability to draw conclusions based on data from CHSP funded and non-CHSP funded agencies.
- The community-wide survey yielded useful information about the community perceptions but had limited value relative to documenting human service needs or gaps in services.

Based on the data MGT was able to collect and analyze, a decision was made to organize and frame the analysis of human service needs in terms of the following:

- Family Functioning
- Child Adolescent Functioning
- Adult Functioning
- Elderly Functioning
- Safety and Security

Assessment of Human Service Needs

Introduction/Overview

By framing in this manner, it was felt that it would facilitate analyzing needs, resources, and service gaps across client populations, age groups, service functions, risk factors, and key indicators. The sections which follow include selected findings from the community-wide survey, stakeholder input gathering, and a summary profile of selected human service factors, including indicators and service needs.

Community Survey Results

With the assistance of Oppenheim Research, a community survey was conducted by telephone to solicit opinions and perceptions about human service needs in Tallahassee and Leon County. The survey was conducted using accepted, reliable, and valid survey and sampling techniques to ensure statistically significant results. In April 2009, a total of 646 Leon County residents, 18 years or older, were interviewed. The sample was drawn from the City of Tallahassee utility customers list (total listing of 102,402, including cell phone only households). In addition, a directory listed telephone sample (3,000) was obtained from a sampling company for residents serviced by Talquin Electric Cooperative, Inc. and for residents living outside the city limits.

Profile of Respondents

Understanding the demographic profile of the 646 residents interviewed for the community survey is important for putting the survey findings which follow into proper context.

Assessment of Human Service Needs



Profile of Respondents

- Of the respondents, 85 percent lived in the City of Tallahassee city limits.
- Of the respondents, 55 percent were female.
- Majority of respondents lived in four Zone Improvement Plan (ZIP) code areas 32301 (13%), 32303 (16%), 32304 (14%), and 32312 (10%). ZIP code 32301 includes much of the Southside, including Orange Avenue, Apalachee Ridge, Myers Park, and Indianhead Estates. ZIP code 32304 includes Frenchtown.
- Majority (55%) of the respondents have lived in Leon County (County) for over ten years and 17 percent have lived in the County for three to five years.
- Approximately, 23 percent were in the 25-34 age range. Eighteen percent were in the 35-44 age range, 16 percent were in the 45-54 age range, and 23 percent were over the age of 55 (12 percent - 55-64, 11 percent - 65 and over).
- Over 60 percent of the respondents either had some college or were college graduates and had an advanced degree.
- Only 27 percent of the respondents stated that they made less than \$25,000 in 2008 household income before taxes. Over 36 percent had over \$50,000 or more in 2008 household income.
- Approximately 61 percent of the respondents were employed full-time and almost 14 percent were unemployed.
- In terms of race and ethnicity, 60 percent of the respondents were Caucasian, 29 percent were African American, and 3 percent were Hispanic American.
- Almost 50 percent of the respondents stated they are married.
- Majority (82%) of the respondents are currently insured and/or have health insurance for family.
- Of the respondents, 45 percent indicated that the human service needs of the homeless were being poorly met, followed by the working poor (39.9%), mentally ill (29.4%), migrants (25.9%), individuals with disabilities (22%), and the elderly (22%).

Assessment of Human Service Needs

Profile of Respondents

- Very few of the respondents to the survey utilized any human service agencies or programs. Only 16% of respondents had used any human services in the 12 months prior to taking the survey.
- Among respondents who utilized any human services in the 12 months prior to the survey, the services most utilized were provided by YMCA (25%) and Elder Care Services (10%).
- A majority of respondents rated meeting children's needs as either excellent or good (over 51%).
- Poor nutrition, mental illness, access to primary health services, sexually transmitted diseases, access to immunization, and alcohol and drug abuse were cited as very serious concerns.
- 30 percent of respondents indicated that alcohol and drug abuse were very serious concerns.

Community Survey Results

Human Service Needs

Exhibit 4-1 reflects perceptions about human service needs in Leon County. Survey respondents were asked how well certain human service needs are being met in the County. Needs rated most frequently as "Poor" or "Fair" were those for homeless people (45.2%) and those for the working poor (39.9%) followed by:

- Needs for the mentally ill (29.4%)
- Needs for migrants (25.7%)
- Needs for individuals with disabilities (22.9%)
- Needs for the elderly (22.6%)
- Needs for children (21.8%)

Approximately, one-of-four respondents rated children needs (25.9%), disabled needs (26%), working poor needs (23.8%) and elderly needs (22.3%) between "Good" and "Fair".

Assessment of Human Service Needs



Community Survey Results

The highest “Good” and “Excellent” ratings were given to children needs (Excellent 6.2%, Good 20.9%) followed by elderly needs (6.2% Excellent, 19.8% Good) and needs for disabled individuals (6% Excellent, 16.4% Good).

**EXHIBIT 4-1
HUMAN SERVICE NEEDS**

	Total	1 Poor	2	3	4	5 Excellent	Don't Know
Children needs	646	47	94	167	135	40	163
	100.0%	7.3%	14.6%	25.9%	20.9%	6.2%	25.2%
Elderly needs	646	57	89	144	128	40	188
	100.0%	8.8%	13.8%	22.3%	19.8%	6.2%	29.1%
Disabled needs	646	56	92	168	106	39	185
	100.0%	8.7%	14.2%	26.0%	16.4%	6.0%	28.6%
Homeless needs	646	133	159	120	72	25	137
	100.0%	20.6%	24.6%	18.6%	11.1%	3.9%	21.2%
Mentally ill needs	646	75	115	120	64	26	246
	100.0%	11.6%	17.8%	18.6%	9.9%	4.0%	38.1%
Migrants needs	646	66	100	105	61	22	292
	100.0%	10.2%	15.5%	16.3%	9.4%	3.4%	45.2%
Working poor needs	646	98	160	154	47	23	164
	100.0%	15.2%	24.8%	23.8%	7.3%	3.6%	25.4%

Assessment of Human Service Needs



Community Survey Results

To determine perceptions about human service needs in a slightly different context, respondents were also asked to respond to health care-related needs and concerns in the County (Exhibit 4-2).

When asked how serious poor nutrition, mental illness, access to primary health services, sexually transmitted diseases, access to immunizations, and alcohol and drug abuse are among the County residents, most respondents felt that these needs are all somewhat or very serious concerns.

The health concerns that respondents felt were most prevalent among County residents were alcohol and drug abuse (Very Serious 31.4% and Somewhat Serious 26.2%), access to primary health services (Very Serious 31.4% and Somewhat Serious 26%), and sexually transmitted diseases (Very Serious 31.7% and Somewhat Serious 21.1%).

Assessment of Human Service Needs



Community Survey Results

EXHIBIT 4-2 HEALTH CARE NEEDS/CONCERNS

	Total	1 Not at all serious	2 Somewhat not serious	3 Neither serious or not serious	4 Somewhat serious	5 Very serious	Don't Know	Mean
Poor nutrition; would you say:	646	43	114	105	171	135	78	3.4
	100.0%	6.7%	17.6%	16.3%	26.5%	20.9%	12.1%	
Mental illness; would you say:	646	41	89	112	135	138	131	3.5
	100.0%	6.3%	13.8%	17.3%	20.9%	21.4%	20.3%	
Access to primary health services; would you say:	646	31	80	118	168	203	46	3.7
	100.0%	4.8%	12.4%	18.3%	26.0%	31.4%	7.1%	
Sexually transmitted diseases; would you say:	646	25	63	103	136	205	114	3.8
	100.0%	3.9%	9.8%	15.9%	21.1%	31.7%	17.6%	
Access to immunizations; would you say:	646	60	111	96	153	138	88	3.4
	100.0%	9.3%	17.2%	14.9%	23.7%	21.4%	13.6%	
Alcohol and drug abuse; would you say:	646	32	76	92	169	205	72	3.8
	100.0%	5.0%	11.8%	14.2%	26.2%	31.7%	11.1%	

Assessment of Human Service Needs



Community Survey Results

Respondents were asked to respond to the utilization of human services in the last 12 months and identify which agencies have been used. Of those who had used human services in the last 12 months (16.3%), the Young Men’s Christian Association (YMCA) was mentioned most frequently (25.9%) followed by Elder Care Services (10.5%).

Exhibit 4-3 shows all services used in the last 12 months.

**EXHIBIT 4-3
SERVICE UTILIZATION**

AGENCY		AGENCY	
2-1-1 Big Bend	3 2.1%	ECHO Outreach Ministries	2 1.4%
Ability 1st (formerly Center for Independent Living of North Florida)	1 0.7%	Elder Care Services	15 10.5%
A Life Recovery Center	1 0.7%	Healthy Start Coalition	2 1.4%
The Alzheimer's Project	1 0.7%	Kids Incorporated of the	1 0.7%
American Red Cross	3 2.1%	Advocacy and	2 1.4%
Big Bend Cares	4 2.8%	Neighborhood Health Services	2 1.4%
Big Bend Homeless Coalition	2 1.4%	Planned Parenthood of North	1 0.7%
Big Brothers Big Sisters of the Big Bend	1 0.7%	Refuge House	1 0.7%
Bond Community Health Center	7 4.9%	The Shelter	1 0.7%
Boys and Girls Clubs of the Big Bend	2 1.4%	YMCA	37 25.9%
Brehon Institute for Family Services	1 0.7%	WIC	3 2.1%
Capital Area Community Action Agency	5 3.5%	Can't recall/don't know	4 2.8%
Children's Home Society of , North Central Division	2 1.4%	Other (specify)	34 23.8%
County Health Department	5 3.5%	TOTAL	105

Assessment of Human Service Needs



Community Survey Results

Human Service Programs/Services

Exhibit 4-4 shows results for perceptions about services and programs. When asked about how well local human services agencies are handling services and programs, most frequently rated as “Excellent” and “Good” in handling their facilities and programs were local recreational facilities (46.6%), public transportation (36.7%) and education and job training services (33.8%). Most frequently rated as “Fair” or “Poor” in handling their programs or facilities were affordable health care (37.5%) and affordable housing (31.1%) services.

**EXHIBIT 4-4
HUMAN SERVICE PROGRAMS/SERVICES**

	Total	1 Poor	2	3	4	5 Excellent	Don't Know
Recreational facilities/programs	646 100.0%	29 4.5%	78 12.1%	139 21.5%	180 27.9%	121 18.7%	99 15.3%
Public transportation	646 100.0%	76 11.8%	99 15.3%	110 17.0%	152 23.5%	85 13.2%	124 19.2%
Education and job training services	646 100.0%	62 9.6%	101 15.6%	141 21.8%	151 23.4%	67 10.4%	124 19.2%
Youth programs	646 100.0%	39 6.0%	83 12.8%	126 19.5%	133 20.6%	52 8.0%	213 33.0%
Affordable housing	646 100.0%	87 13.5%	114 17.6%	161 24.9%	115 17.8%	60 9.3%	109 16.9%
Services for the elderly	646 100.0%	37 5.7%	84 13.0%	118 18.3%	121 18.7%	42 6.5%	244 37.8%
Available child care for working parents	646 100.0%	38 5.9%	91 14.1%	121 18.7%	90 13.9%	50 7.7%	256 39.6%
Affordable health care	646 100.0%	127 19.7%	115 17.8%	152 23.5%	85 13.2%	49 7.6%	118 18.3%
Available mental health services	646 100.0%	66 10.2%	87 13.5%	108 16.7%	77 11.9%	46 7.1%	262 40.6%
Substance abuse prevention programs	646 100.0%	66 10.2%	75 11.6%	129 20.0%	59 9.1%	31 4.8%	286 44.0%

Assessment of Human Service Needs



Community Survey Results

Several conclusions may be drawn from the community-wide survey. Overall, the residents interviewed for the community survey were employed full-time, college-educated, without children under 18 years of age in the household, or elderly. In addition, the respondents were far less likely to live in neighborhoods historically served by CHSP-funded agencies or other human services agencies. As such, the opinions and perceptions of respondents most likely to be service recipients or most likely to be in need of services and/or impacted by the delivery of services or the lack thereof, were more than likely not captured by the survey. However, the survey results do have some value and can be used to better understand the broad perceptions of residents about human service needs and human services-related issues.

Stakeholder Input Overview

In order to supplement and add context to the data presented in the preceding sections, MGT solicited input about human service needs from multiple stakeholders. A majority of stakeholder input was collected by conducting key informant interviews and meetings with service providers, residents, community stakeholders, CHSP partners, and CHSP staff. In addition, MGT also collected input from organizations and groups such as United Partners for Human Services (UPHS), TEAM Health Committee, and H.E.A.T (Health Equity Alliance of Tallahassee).

Assessment of Human Service Needs



Stakeholder Input Overview

In addition to over 75 scheduled key informant interviews, MGT conducted intercept interviews at various service locations throughout Tallahassee and engaged residents in discussions about needs, concerns, and issues that impact their daily lives. MGT visited neighborhoods in and around Apalachee Ridge, Frenchtown, Orange Avenue, Bond, Lake Bradford Road, Stearn Street, Bannerman Road, and other locations in and outside of the city limits. This is a technique that MGT used successfully in similar studies in Tallahassee and other communities. Fortunately, because some relationships were already established and several MGT staff were already known, it was relatively easy to get individuals to open up and talk about issues and concerns.

In seeking the opinions, perceptions, and viewpoints of this diverse group of stakeholders, MGT attempted to ascertain the following:

- Perceptions and opinions about human service needs and gaps.
- Barriers and constraints in receiving needed services.
- Perceptions, opinions, and viewpoints about human service priorities.
- Perceptions about the overall quality of life issues, concerns, and challenges, that affect daily living and daily living decisions.

The discussion which follows summarizes the opinions, perceptions, and viewpoints shared with MGT. For the most part, they are presented as shared and no attempt was made to filter or sanitize them.

Assessment of Human Service Needs



Stakeholder Input Overview

Human Service Needs and Service Gaps

- There is a diverse range of opinions, perceptions, and viewpoints about human service needs, how needs should be met, and which needs should be a priority. For example, in many instances, service providers and service advocates tend to feel that the population they are serving or advocating for should be the top priority. However, if you live in some of the neighborhoods that MGT visited, safety and security was a much greater concern, in addition to day-to-day survival.
- One area where there was broad consensus among service providers and other stakeholders, was the need for more resources to fully meet needs.
- A majority of stakeholders viewed needs in terms of two major categories, prevention and intervention, and indicated there are significant gaps in prevention and intervention services across different age groups, client needs, and target populations.
- On one end of the spectrum, availability of infant/toddler centered based care was viewed by some as a huge need. On another end of the spectrum, the need to assist low and moderate income families taking care of seniors who are not eligible for other assistance was viewed as a major need.
- Basic needs, including child care, affordable housing, transportation, employment, and health care are viewed as critical by a majority of stakeholders. There was frequent mention that services are fragmented, uncoordinated and some people who need services fall through the cracks . Lack of a shared human services information system was frequently mentioned as a critical need in coordinating and facilitating better service delivery.

Assessment of Human Service Needs

Stakeholder Input Overview

- Among a majority of residents in neighborhoods such as Bond, Apalachee Ridge, and others, safety and security are very critical needs. Some residents feel unsafe to the point where they are afraid to sit on their front porch. Gangs are a serious problem in certain neighborhoods. In discussions with youth at the Walker Ford Community Center and Dade Street, teens shared that there are a number of gangs in Tallahassee, and that gang violence and criminal activity is increasing.
- Overall there is uncertainty about how well human service needs are being met. A number of agencies report significant increases in the demand for services. A few agencies report they now have waiting lists, whereas in the past, this occurred infrequently. A number of agencies indicate they are able to service between 15 and 20 percent of the existing need for services.

Barriers and Constraints

- Several agencies shared that in situations where they are not able to serve all who come for services, and referrals must be made to another agency, it is not clear whether clients get the services they need. Inconsistent coordination, follow-up, and communication between agencies is perceived as a major weakness.

Assessment of Human Service Needs

Stakeholder Input Overview

- Service recipients shared several perceptions about the services they receive. The concerns most frequently mentioned are constantly being asked for the same information from different agencies, long wait times in cramped waiting areas, not being treated in a respectful manner, lack of transportation and day care in order to keep appointments, and hours of operation. More than one person stated that because most agencies close at 5 p.m., and they cannot take off from work, they sometimes do not receive the services they need. Several individuals commented that if they need something in the evening or on the weekend, they're "out of luck".

Online Agency Survey

MGT developed an online survey in an attempt to collect data from CHSP agencies and non-CHSP agencies about service needs, priorities, resources, and service gaps. The survey was open approximately three months, and its availability widely communicated to agencies by email, personal contacts, face-to-face meetings, and telephone calls. Less than 20 agencies completed the survey, which greatly limited the using of the results to make meaningful comparisons or projections, or to document and determine needs, priorities, and/or service gaps. Because of the poor response, MGT conducted additional personal interviews with agency staff and conducted numerous intercept interviews with service recipients at different agency locations. The results of these efforts are incorporated into the discussion of stakeholder input and in the findings and recommendations.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Tallahassee and Leon County is a growing, vibrant, and caring community with numerous assets that add to the quality of life and make it a good place to live and work. Perhaps the greatest assets of Tallahassee and Leon County are attached to the college and government town atmosphere, natural beauty, and sense of community. However, like all communities, Tallahassee and Leon County has its challenges despite the many assets that make Tallahassee a great place to live. For example, in 2008, the Florida Department of Law Enforcement counted 1313 domestic violence reports in Leon County, including five murders. In 2008, there were 730 juvenile arrests in Leon County, a 13 percent increase over 2007. According to law enforcement, not a month goes by in Leon County without a teen getting shot or victimized by a violent incident.

In the section that follows, a profile of Tallahassee and Leon County is presented in order to provide a snapshot of selected human services-related factors. Following this snapshot, an analysis is presented for selected human service needs and indicators.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Population (2008)		Population By Age (2008 Estimate) ¹	
Total Population ¹	274,892	Median Age	30
Labor force (ages 14-99) ¹	147,017	Under 5	15,715 (6.1%)
Registered Voters ²	177,627	5-17	39,367 (%)
Eligible voters ³	188,070	65-79	17,136 (%)
Persons per square mile ⁴	391	80+	7,205
Racial Mix (2008 Estimate) ¹		Education (Census 2007) ¹	
Non-Hispanic White	167,371	High School Graduate (25 years or older)	22.40%
Non-Hispanic Black	86,488	College degree	24.30%
Hispanic Origin	13,190		
Income (2007) ¹		Poverty (2007) ¹	
Per Capita Income	\$34,332	Poverty Rate	18.50%
Average Annual Wage	\$38,526	Children Living in Poverty	14.50%
Employment (2008) ¹		Uninsured Population (2007) ⁵	
Labor Force	147,017	Adults	11.50%
Percent Unemployed	4.40%		
Juvenile Arrests (2008) ⁶		Domestic Violence (2008) ⁶	
Juvenile Arrests	730	Domestic Violence Reports	1313

Sources:¹ Tallahassee Leon County Planning Department Statistical Digest (2009).

² Leon County Supervisor of Elections.

³ XXX.

⁴ http://www.city-data.com/county/Leon_County-FL.html.

⁵ Florida Department of Health.

⁶ Florida Department of Law Enforcement.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Chronic/Persistent Health Conditions ¹		Sexually Transmitted Diseases per 100,000 Population (2005-2007) ¹	
Obesity	25.70%	HIV Cases Reported	26.2
Current Smokers	14.20%	AIDS Cases Reports	19.1
Hypertension	25.60%	Chlamydia Cases Reported	590.4
High Blood Cholesterol	35.90%	Gonorrhea Cases Reported	250.4
		Infectious Syphilis Cases Reported	2.1
Homeless Population (2007 Estimate) ²		High School Graduation Rate (2008) ³	
Adults	554	High School Graduation Rate	81.17%
Children	376		
Total	930		
Single Parent Households (2007) ⁴		Home Foreclosures (2009) ⁵	
Single Parent Households	9,159	Home Foreclosures	3.90%
Infant Mortality (2007) ¹		Low Birth Weight Babies ¹	
Infant Mortality per 1,000 Births	9	Percent of Births Under 2500 Grams (87 oz.)	9.30%
		Percent of Births Under 1500 Grams (52 oz.)	2.00%
Food Stamp Recipients (2008) ⁴		Public Housing (2009) ⁶	
Food Stamp Recipients	7,782 Households	Waitlist (Section 8)	3100
		Waitlist (Public Housing)	1,452

Sources:¹ Florida Department of Health.

² Big Bend Homeless Coalition Survey (2007).

³ Tallahassee Leon County Planning Department Statistical Digest (2009).

⁴ US Bureau of the Census.

⁵ Tallahassee Democrat (10/10/2009).

⁶ Tallahassee Housing Authority.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Affordable Housing (2007 Estimate) ^{1*}		
	30-49.9% of Annual Income Paid for Housing	50% or More of Annual Income Paid for Housing
All Persons	19,095	18,913
Elderly (65 yrs+)	2,070	1,954
Household with disabled person	2,169	4,015

Mental Health Treatment – Adults (Specific Problems) ²					
	2004 -2005	2005 -2006	2006 -2007	2007 -2008	2008 -2009
Forensic involvement	43	108	108	102	140
Severe/Persistent Mental Illness	2,117	3,490	2,271	2,273	1,995
Serious/Acute Mental Illness	184	150	125	91	1
Mental Health Problem	170	99	83	68	74

Mental Health Treatment – Children (Specific Problems) ²					
	2004 -2005	2005 -2006	2006 -2007	2007 -2008	2008 -2009
Serious Emotional Disturbance (SED)	1,157	1,402	908	365	275
Emotional Disturbance (ED)	604	926	858	377	310
Risk of Emotional Disturbance	10	18	9	1	8

Sources:¹ Florida Housing Data Clearinghouse (<http://flhousingdata.shimberg.ufl.edu>).

* need is measured by the concept of "cost burden" or number of households who pay more than 30% of their annual income for rent or mortgage.

² Florida Department of Children and Families.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Selected Services		
Human Services Agencies (IRS File Data)		394
Agency Location and Poverty Level		
ZIP Code	Number of CHSP Funded Agencies	Poverty Level
32301	13	24.80%
32303	10	15.60%
32304	3	44.90%
32308	7	6.70%
32310	8	22.00%
32311	0	5.10%
32312	1	1.30%

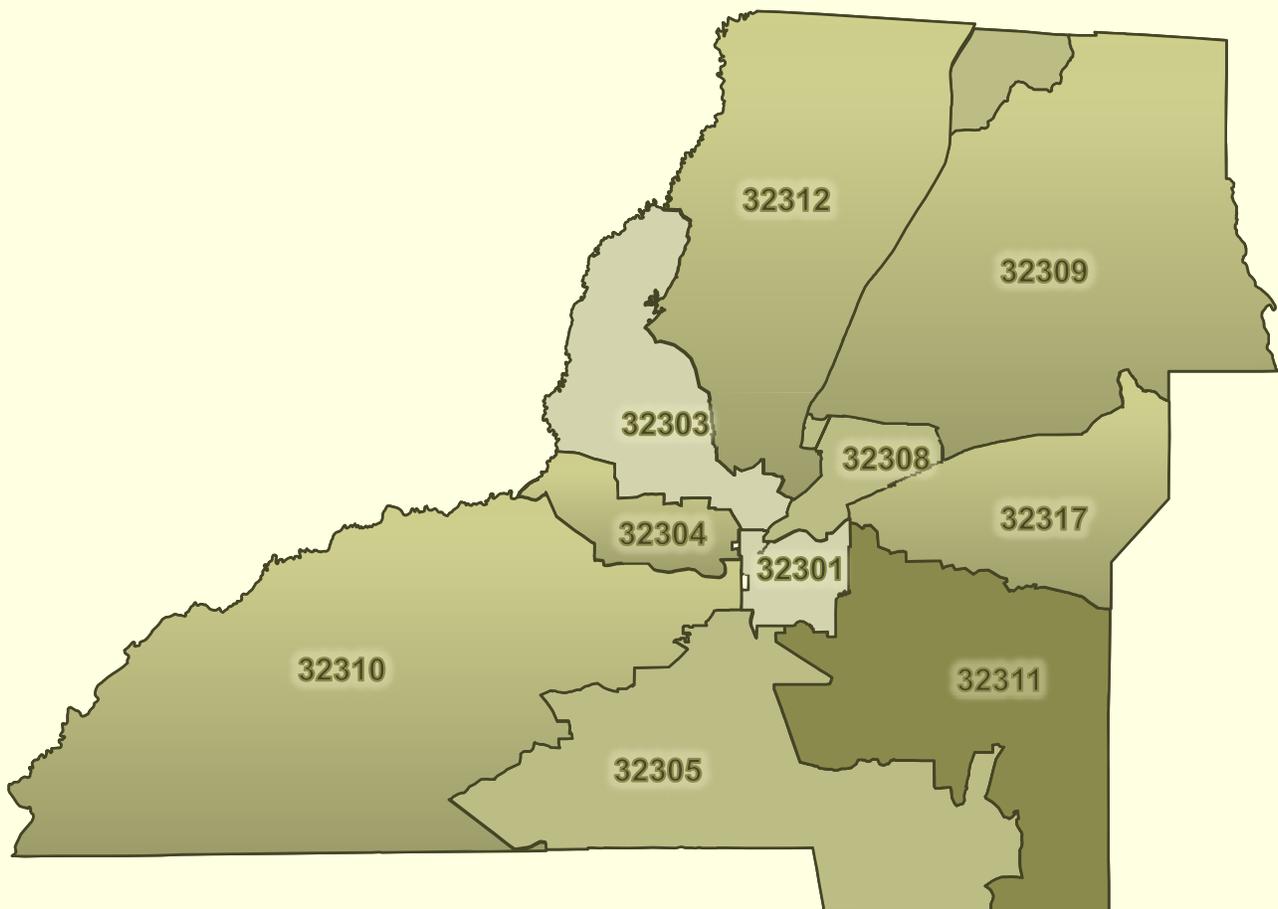
Source: MGT Database.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Leon County ZIP Code Map (Does not include FAMU or FSU Campus ZIP Codes or Post Office Box ZIP Codes)



Source: MedErgy Healthcare Information Management Company, Inc.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

To further analyze key data presented in the profile, MGT focused on several selected risk factors and indicators in ZIP codes with the highest concentration of poverty. MGT's decision was based on the assumption that persons living in poverty tend to be most in need and much more likely to use many of the services provided by CHSP funded agencies and other agencies. At the same time, there is also recognition that given the current environment, certain services may also be needed by individuals and families at different income levels.

Using ZIP code boundaries as a unit for comparison of data elements is less than perfect, but the best means that was available for such comparisons, especially when attempting to align comparisons by community names within Leon County (e.g., Bond or Capitola). Other than census tracts for Frenchtown and Bond, census tract boundaries of other communities are not uniformly recognized or readily available according to community planners and other officials with whom we conferred.

We applied our best judgment in assigning recognizable community names that reasonably match or are included within the ZIP code areas. It should be noted that prominent community names that we used, such as Bond, Betton Hills, or Frenchtown/West Tennessee, are intended as descriptors of the ZIP code areas, not as perfect boundary matches.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Unemployment Rate

Unemployment is a very important indicator which may indicate the need for certain human services. **Exhibit 4-5** shows that in some neighborhoods, unemployment is significantly higher than national, state, or county averages. Such high unemployment may have major implications on service use and demand.

**EXHIBIT 4-5
UNEMPLOYMENT RATE BY LEON COUNTY ZIP CODE**

ZIP Codes	Community Names	Unemployment Rate as of 2002
32304	Frenchtown/West Tennessee	22.20%
32301	Southside/Bond	15.80%
32310	Bond	6.80%
32303	North Monroe/Lake Jackson	4.40%
32311	East Apalachee Parkway	3.30%
32308	Betton Hills	2.70%
32312	Waverly Hills/Killearn Lakes	2.20%

Source: Florida Agency for Workforce Innovation and U.S. Census Bureau.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Median Income

Similar to unemployment, median income is a key socioeconomic indicator that may also have implications for human services. As shown in **Exhibit 4-6**, Frenchtown has the lowest median income (\$15,133) and Bond has the second lowest median income in Leon County with \$26,616. As a point of reference, the median household income in Waverly Hills/Killearn Lakes is more than the Bond and the Southside/Bond communities combined.

**EXHIBIT 4-6
MEDIAN HOUSEHOLD INCOME BY LEON COUNTY ZIP CODE**

ZIP Codes	Community Names	Median Household Income
32312	Waverly Hills/Killearn Lakes	\$79,275
32317	Capitola/Chaires	\$73,824
32309	Killearn/Concord	\$70,601
32308	Betton Hills	\$53,460
32311	East Apalachee Parkway	\$46,868
32303	North Monroe/Lake Jackson	\$42,357
32305	Spring Hill/Natural Bridge	\$35,270
32301	Southside/Bond	\$33,384
32310	Bond	\$26,616
32304	Frenchtown/West Tennessee	\$15,133

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

High School Graduation Rates

Students who drop out and fail to graduate tend to have an impact on the human services system as young adults. As shown in **Exhibit 4-7**, the Bond community has the lowest percentage of high school graduates in Leon County (slightly under 75 %), which is drastically lower than the remainder of the county, generally above 90 percent. What this means is that students from poorer neighborhoods tend to drop out more in comparison to other neighborhoods and may ultimately need certain services as teens or young adults.

**EXHIBIT 4-7
2000 HIGH SCHOOL GRADUATION RATES BY LEON COUNTY ZIP CODE**

ZIP Codes	Community Names	Percent High School Graduates as of 2000
32312	Waverly Hills/Killearn Lakes	94.24%
32301	Southside/Bond	92.97%
32308	Betton Hills	92.55%
32303	North Monroe/Lake Jackson	91.69%
32304	Frenchtown/West Tennessee	90.50%
32311	East Apalachee Parkway	86.38%
32310	Bond	74.88%

Source: U.S. Census Bureau.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Food Stamp Recipients

Exhibit 4-8 shows the number of families and individuals who are receiving food stamp benefits. Given the downturn in the economy, the number of food stamp recipients is probably much higher than what is shown in the exhibit. Frenchtown had the highest number of families (1,836) receiving food stamps. The Bond community had the second highest number of families and persons receiving food stamps in the county. Southside/Bond had the third highest number. In all three cases these rates far exceed most of the other areas of the county.

**EXHIBIT 4-8
FOOD STAMP RECIPIENTS BY LEON COUNTY ZIP CODE, 2004 DATA**

ZIP Codes	Community Names	Families Receiving Food Stamps	Persons Receiving Food Stamps
32304	Frenchtown/West Tennessee	1,836	3,666
32310	Bond	1,429	3,476
32301	Southside/Bond	1,341	2,808
32303	North Monroe/Lake Jackson	1,198	2,557
32305	Spring Hill/Natural Bridge	894	2,095
32308	Betton Hills	360	750
32311	East Apalachee Parkway	270	629
32312	Waverly Hills/Killearn Lakes	241	462
32309	Killearn/Concord	194	416
32317	Capitola/Chaires	95	210

Source: Florida Department of Children & Family Economic Services.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Free and Reduced Lunch Program

Participation in the free or reduced lunch program is another useful socioeconomic indicator. **Exhibit 4-9** shows 78 percent of students in the Bond community took part in the free or reduced lunch program, which is far above the rate for most of the county. In the Southside/Bond community, 68.20 percent of students took part in the free or reduced lunch program, which also ranks well above other areas of the county.

EXHIBIT 4-9
PERCENTAGE OF STUDENTS ON FREE OR REDUCED LUNCH PROGRAMS BY LEON COUNTY ZIP CODE

ZIP Codes	Community Names	Percent of Children on Free or Reduced Lunch Programs
32310	Bond	78.00%
32301	Southside/Bond	68.20%
32305	Spring Hill/Natural Bridge	47.43%
32304	Frenchtown/West Tennessee	45.63%
32311	East Apalachee Parkway	38.00%
32303	North Monroe/Lake Jackson	33.71%
32309	Killearn/Concord	33.67%
32308	Betton Hills	25.20%
32317	Capitola/Chaires	21.00%
32312	Waverly Hills/Killearn Lakes	13.83%

Source: Leon County School District.

Assessment of Human Service Needs

Tallahassee-Leon County Profile

Population/Women and Children

- **Exhibit 4-10** displays demographic information specific to women and children in selected ZIP codes. This includes the number of children under the age of 19 and the number of women aged 10-80 years of age. This is a significant factor because women and children are more likely to need certain kinds of services, particularly women and children living in poverty.
- The range of difference between communities regarding the proportion of the female population is fairly close (50.72% - 54.27%) and therefore not particularly significant.
- Bond community shows the highest percentage of children to age 19 (31.30 %) and Southside/Bond was among the lowest (25.96%). Since communities ranged from 25 to 31 percent population composed of children to age 19, differences between communities are not particularly significant.
- Of the seven ZIP codes analyzed, Southside/Bond community showed the highest percentage of female residents aged 10-80 years of age (49.9%) and Bond community the lowest (43.41%). However, with a range across all communities of approximately 43 to 49 percent, these differences do not appear to be significant.
- Even though Bond community showed the highest proportion of children to age 19 and the lowest percentage of female residents, the range and spread of these differences across Leon County ZIP codes does not appear to convey any significant findings.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

EXHIBIT 4-10 PERCENTAGE OF WOMEN AND CHILDREN BY LEON COUNTY ZIP CODE

ZIP Codes	Community Names	Percent Female as of 2002
32301	Southside/Bond	54.27%
32308	Betton Hills	53.29%
32311	East Apalachee Parkway	53.25%
32303	North Monroe/Lake Jackson	52.31%
32310	Bond	52.41%
32312	Waverly Hills/Killearn Lakes	52.38%
32304	Frenchtown/West Tennessee	50.72%
ZIP Codes	Community Names	Percent Children to Age 19 as of 2002
32310	Bond	31.30%
32312	Waverly Hills/Killearn Lakes	31.02%
32304	Frenchtown/ West Tennessee	29.93%
32311	East Apalachee Parkway	28.27%
32301	Southside/ Bond	25.96%
32308	Betton Hills	25.70%
32303	North Monroe/Lake Jackson	25.03%
ZIP Codes	Community Names	Percent Female, Aged 10-84 as of 2002
32301	Southside/Bond	49.09%
32304	Frenchtown/West Tennessee	47.27%
32308	Betton Hills	45.85%
32303	North Monroe/Lake Jackson	45.79%
32311	East Apalachee Parkway	45.59%
32312	Waverly Hills/Killearn Lakes	43.99%
32310	Bond	43.41%

Source: U.S. Census Bureau.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Female Headed Households

Much of the research literature and practical experience suggest that female-headed households can be a key risk factor that impacts the need for human services for women and children.

Exhibit 4-11 shows the following:

- The Southside/Bond community had the highest percentage of female headed households (26.51%).
- The Bond community had the third highest percentage of female headed households (19.03%).

EXHIBIT 4-11

FEMALE HEADED HOUSEHOLDS BY LEON COUNTY ZIP CODE, 2000 DATA

ZIP Codes	Community Names	Percent of Female Headed Households as of 2000
32301	Southside/Bond	26.51%
32304	Frenchtown/West Tennessee	22.65%
32310	Bond	19.03%
32303	North Monroe/Lake Jackson	18.25%
32308	Betton Hills	14.96%
32311	East Apalachee Parkway	13.48%
32312	Waverly Hills/Killearn Lakes	8.61%

Source: U.S. Census Bureau.

Assessment of Human Service Needs

Tallahassee-Leon County Profile

Low and Very Low Birth Rates

Infants born in the low birth weight category and the very low birth weight category require services at the time of and following birth. These infants typically are at much greater risk than infants of average birth weight. Elevated rates of low birth rate can also indicate increased need for prenatal care and other services for mothers. **Exhibit 4-12** presents findings for a low birth weight rates (less than 2,500 grams) and very low birth weight (less than 1,500 grams).

- Bond community shows the highest occurrence of low birth weight at 13.09 percent (39 births). This is more than double the rates in some of the other neighborhoods and communities.
- Southside/Bond has the second highest occurrence of very low birth weight at 3.36 percent (10 births).
- As shown in Exhibit 4-12, Bond and Southside/Bond communities have significantly higher low and very low birth rates in comparison with state and national averages.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

EXHIBIT 4-12

PERCENTAGE OF LOW AND VERY LOW BIRTH WEIGHT BY LEON COUNTY ZIP CODE AS A PROPORTION OF TOTAL LIVE BIRTHS

ZIP Codes	Community Names	Percent of Low Birth Weights	Total Number of Low Birth Weights
32310	Bond	13.09%	39
32305	Spring Hill/Natural Bridge	12.44%	28
32304	Frenchtown/West Tennessee	12.12%	40
32301	Southside/Bond	10.50%	38
32309	Killearn/Concord	9.28%	27
32311	East Apalachee Parkway	8.92%	14
32308	Betton Hills	7.26%	18
32303	North Monroe/Lake Jackson	7.05%	40
32312	Waverly Hills/Killearn Lakes	6.35%	19
32317	Capitola/Chaires	3.36%	4
ZIP Codes	Community Names	Percent of Very Low Birth Weights	Total Number of Very Low Birth Weights
32311	East Apalachee Parkway	4.46%	7
32301	Southside/Bond	4.14%	15
32305	Spring Hill/Natural Bridge	3.56%	8
32310	Bond	3.36%	10
32304	Frenchtown/West Tennessee	2.42%	8
32309	Killearn/Concord	2.06%	6
32317	Capitola/Chaires	1.68%	2
32312	Waverly Hills/Killearn Lakes	1.67%	5
32303	North Monroe/Lake Jackson	1.59%	9
32308	Betton Hills	.81%	2

Source: Medergy Healthcare Information Management Company, Inc. – Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Teen Birth Rates

The teen birth rate is a significant problem in many communities around the country and can be an indicator of need for increased services, especially in low-income neighborhoods. As shown in **Exhibit 4-13**:

- The Spring Hill and Frenchtown communities have the highest rates, followed by the Bond community, which has the third highest percentage of teen births in Leon County (4.03%, 12 births).
- Rate of teen births in four communities, including Bond, were higher than both the state and national rates.

**EXHIBIT 4-13
TEEN BIRTHS BY LEON COUNTY ZIP CODE**

ZIP Codes	Community Names	Percent of Teen Births (10-17)	Total Number of Teen Births (10-17)
32305	Spring Hill/Natural Bridge	6.67%	15
32304	Frenchtown/West Tennessee	5.76%	19
32310	Bond	4.03%	12
32301	Southside/Bond	3.59%	13
32303	North Monroe/Lake Jackson	1.94%	11
32311	East Apalachee Parkway	13.48%	3
32309	Killearn/Concord	8.61%	5
32308	Betton Hills	14.96%	3
32312	Waverly Hills/Killearn Lakes	13.48%	2
32317	Capitola/Chaires	8.61%	0

Source: U.S. Census Bureau.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

AIDS and HIV

AIDS and HIV are a serious community health problem. As shown in **Exhibit 4-14**, the Frenchtown, Bond, Southside/Bond, and East Apalachee Parkway communities show high levels of both AIDS and HIV cases in comparison with the remainder of the community.

- The Bond community had the highest rate of AIDS infection cases in Leon County (42.07 cases per 100,000 people).
- As shown in Exhibit 4-10, the AIDS infection rate in the Bond community (42.07 per 100,000 people) was well over the state average (26.72 per 100,000 people) and almost triple the national average (15 per 100,000 people).
- The Southside/Bond community had the highest rate of HIV infection cases in Leon County (35.05 cases per 100,000 people).
- The Bond community had the third highest rate of HIV infection cases in Leon County (18.03 cases per 100,000 people).
- Rates of HIV infection cases in the Southside/Bond communities were well over the state average.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

EXHIBIT 4-14

AIDS AND HIV CASE PER 100,000 POPULATION BY LEON COUNTY ZIP CODE*

ZIP Codes	Community Names	Number of AIDS cases(**per 100,000 population)	Total Number of AIDS cases
32310	Bond	42.07	7
32308	Betton Hills	39.42	8
32304	Frenchtown/West Tennessee	26.04	11
32301	Southside/Bond	17.53	5
32305	Spring Hill/Natural Bridge	15.97	3
32303	North Monroe/Lake Jackson	15.69	7
32311	East Apalachee Parkway	13.68	1.5
32309	Killearn/Concord	5.07	1.5
32312	Waverly Hills/Killearn Lakes	0	0
32317	Capitola/Chaires	0	0

ZIP Codes	Community Names	Deaths By Coronary Heart Disease (**per 10,000 population)	Total Number of Deaths by Coronary heart disease
32301	Southside/Bond	35.05	10
32304	Frenchtown/West Tennessee	33.14	14
32310	Bond	18.03	3
32311	East Apalachee Parkway	13.68	1.5
32305	Spring Hill/Natural Bridge	7.98	1.5
32308	Betton Hills	7.39	1.5
32309	Killearn/Concord	5.07	1.5
32303	North Monroe/Lake Jackson	3.36	2
32312	Waverly Hills/Killearn Lakes	0	0
32317	Capitola/Chaires	0	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

*HIV/AIDS data are masked by the state health department at the ZIP code level for cases numbering fewer than three. That is, where there are either one or two cases in a ZIP code, it is usually reported as simply "<3." To permit plotting all values, an average value of 1.5 has been arbitrarily assigned to these ZIP codes. Since the number of cases is so small to begin with, great care must already be exercised when interpreting rates in these ZIP codes.

**The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

Key Findings

Although there are pockets of low-income families and individuals that need human services throughout Leon County, the data clearly indicate that the highest concentration of needs are in the 32301, 32310, 32304 ZIP code areas and to some extent the 32311 ZIP code. Neighborhoods within these ZIP codes include neighborhoods in Frenchtown, Bond, Bond/Southside (Apalachee Ridge, Orange Avenue, Providence, and Lake Bradford) and East Apalachee Parkway. Some of the neighborhoods in these communities include public housing and/or Section 8 housing operated by the Tallahassee Housing Authority with high concentrations of low-income women, mostly African American, with children under the age of 18. For example, figures provided by the Tallahassee Housing Authority show that there are almost a thousand children aged 0-17 residing in public housing with female heads of household in Bond, Southside, and Frenchtown. The data show that some communities such as Bond have multiple risk indicators. In comparison to other communities, these communities have larger numbers of single female heads of households with children under age 18, greater numbers of children receiving free or reduced lunch, higher unemployment, and more chronic conditions, which in combination with other factors puts these communities at much greater risk.

Other findings which may point to the need for certain types of human services include the following:

- Median household incomes in the 32301, 32310, and 32304 ZIP code communities are the lowest median incomes in Leon County, and well below state and national averages. Median income in 32301 (Southside/Bond) was \$33,384, the median income in 32310 (Bond) was \$26,616, and median income in 32304 (Frenchtown/West Tennessee) was \$15,133.

Assessment of Human Service Needs



Tallahassee-Leon County Profile

- The Bond and Southside/Bond communities comprise 24 percent (57,555 persons) of the Leon County population, which is significant in that a majority are low-income families and individuals.
- In comparison with other areas of the county, the highest levels of unemployment are found in two or three ZIP code areas. The Southside/Bond community and the Bond community have the second and third highest unemployment rates in Leon County, 15.8 percent and 6.8 percent, respectively.
- In comparison with other areas of the county, the Bond community has the lowest proportion of high school graduates in the County at only 74.9 percent.
- In comparison with other areas of the county, neighborhoods such as Apalachee Ridge, Lake Bradford and Providence—all located on the Southside—have the highest number of female-headed households (26.5%) and the highest percentage of children under 18 with a single female as head of the household (31.3%).
- Relative to very low birth weight (under 1,500 grams) in the county, some of the highest percentages are found in Southside neighborhoods. The Southside/Bond community had a rate of 4.1 percent (15 births) very low birth weights, and the Bond community had a rate of 3.4 percent (10 births) very low birth weights.
- Compared with other areas of the county, a much higher percentage (78%) of all students in the Bond community took part in the free or reduced lunch program, which is a strikingly higher rate than other areas of Leon County. Bond has the highest percentage of students in the free lunch program with 78.0 percent, and Southside/Bond has the second highest percentage with 68.2 percent

Assessment of Human Service Needs



Availability of Services

As part of the needs assessment, MGT felt it was important to document services available to meet human service needs in order to answer the question: What services are available to those in need?

To identify and document services and service gaps, MGT relied on information from several sources including agencies that provide services. A review was conducted of CHSP applications, directories, and other sources. The following exhibits present the number of programs that address each of the listed services. It should be noted that agencies that provide human services and are funded by CHSP represent a small portion of the agencies that report to the Internal Revenue Service (IRS). According to IRS data files, in Leon County there are more than 350 agencies designated as human services agencies in Tallahassee and Leon County. In 2009, 75 agencies were funded by CHSP, which means that a majority of the agencies reported in IRS data files which are designated as human service do not come through the CHSP process.

The following tables show the number of programs addressing certain target populations and service needs.

**EXHIBIT 4-15
HUMAN SERVICE PROGRAMS/SERVICES**

Adult Care and Support		AIDS-related Services	
Service Provided	Number of Programs	Service Provided	Number of Programs
Daycare Services	3	AIDS/HIV Control Program	2
Homemaker Assistance	1	AIDS/HIV Testing	1
In Home Assistance	8	HIV Case Management	4
Personal Care	6	HIV/AIDS Testing	12
		HIV/AIDS Therapist	3

Assessment of Human Service Needs



Availability of Services

EXHIBIT 4-15 (Continued)
HUMAN SERVICE PROGRAMS/SERVICES

Abuse/Neglect Prevention/Protection		Arts, Leisure, and Recreation	
Service Provided	Number of Programs	Service Provided	Number of Programs
Abused Adults	6	Art Museum	2
Abused Dependent Adults	4	Camps	7
Child Abuse Prevention	4	Day Camp	3
Domestic Violence Issues	10	Leisure Activities	12
Domestic Violence/Rape Hotline	1	Museums	10
Foster Children	7	Nature Centers/Walks	2
Sexual Assault Treatment	3	Parks/Recreation Areas	7
Sexually Abused Children	4	Physical Fitness	2
		Recreational Facilities	13
		Sports/Recreation Issues	4
		Summer School/Camps Programs	12
		Theater Performances	4
		Zoos/Wildlife Parks	1
Alcohol Abuse Services		Clothing and Household Goods	
Service Provided	Number of Programs	Service Provided	Number of Programs
Adult Children of Alcoholics	1	Bedding/Linen	5
Alcohol Abuse	10	Clothing	14
Alcohol Recovery Halfway House	1	Clothing - Maternity	4
Alcoholism Recovery Homes	1	Furniture	6
		Household Goods Donations	3
		Thrift Shops	11

Assessment of Human Service Needs

Availability of Services

EXHIBIT 4-15 (Continued)
HUMAN SERVICE PROGRAMS/SERVICES

Child Care and Preschool		Counseling (continued)	
Service Provided	Number of Programs	Service Provided	Number of Programs
Child Care Centers	7	Divorce Counseling	2
Child Care Provider Referrals	2	Family Counseling	21
Developmental Disabilities	24	Geriatric Counseling	3
Disability Assessment	5	Group Counseling	15
Disability Related Employment	7	Individual Counseling	25
Disability Related Sports	3	Legal Counseling	20
Infants/Toddlers	11	Marriage Counseling	7
Intellectual Disabilities	4	Mental Health Counselors	5
Preschools	4	Parent Counseling	6
Counseling		Personal Finances/Budget Counseling	8
Service Provided	Number of Programs	Pregnancy Counseling	16
Abusive Individuals	1	Psychiatric Counseling	7
Adolescent/Youth Counseling	10	Relationship Therapy	5
Anger Management	6	Runaway/Homeless Youth Counseling	4
Anxiety Disorders	5	Sexual Assault Counseling	5
Behavior Management	19		
Bereavement Counseling	18		
Career Counseling	9		
Caregiver Counseling	4		
Conjoint Counseling	4		
Death and Dying	7		
Disability Related Counseling	11		

Assessment of Human Service Needs



Availability of Services

EXHIBIT 4-15 (Continued)
HUMAN SERVICE PROGRAMS/SERVICES

Education/Vocational		Food/Meals	
Service Provided	Number of Programs	Service Provided	Number of Programs
Adult Education	7	Emergency Food	4
Childbirth Education	5	Food Banks/Food Suppliers	3
Consumer Education	7	Food Cooperatives	5
Continuing Education	2	Food Pantries	11
Educational Testing	4	Food Vouchers	4
ESOL	11	Formula/Baby Food	1
Family Life Education	3	Government Surplus Food	2
GED Instruction	5	Grocery Delivery	2
Health Education	17	Home Delivered Meals	4
Health Education	17	Meals	6
Independent Living Skills	6	Soup Kitchens	2
Learning Disabilities	4		
Life Skills Educations	10		
Law Enforcement and Corrections		Medical/Assistive Equipment or Supplies	
Service Provided	Number of Programs	Service Provided	Number of Programs
Crime Prevention	11	Hearing Impairments	10
Crime Victim Advocacy	12	Interpretation/Translation	1
Crime Victim/Witness Counseling	4	Medical Equipment/Supplies	5
Juvenile Delinquency Prevention	16	Prosthetic Devices	1

Assessment of Human Service Needs



Availability of Services

EXHIBIT 4-15 (Continued)
HUMAN SERVICE PROGRAMS/SERVICES

Health Care Services		Health Care Services (continued)	
Service Provided	Number of Programs	Service Provided	Number of Programs
Abortion	1	Diabetes	3
Adolescent Medicine	1	Diabetes Management	3
Alzheimer's	6	Eating Disorders	2
Attention Deficit-Hyperactivity	5	Epilepsy	1
Birth Control	15	Eye Care	2
Blindness	4	Fibromyalgia	1
Blood Bank	2	Health Care Referrals	10
Blood Pressure Screening	3	Hearing Impairments	10
Braille and Tactile Aids	2	Heart Disease	3
Brain Injuries	3	Hepatitis	3
Breast Cancer	2	Immunizations	4
Breast Examinations	1	Lupus	1
Cancer	1	Multiple Sclerosis	1
Cardio-vascular Medicine	1	Muscular Dystrophy	1
Cerebral Palsy	2	Obstetrics/Gynecology	7
Dementia	7	Sickle Cell Anemia	1
Dental Care	8	Smoking Cessation	5
Depression	8	Spinal Cord Injuries	2
		Stroke	2

Assessment of Human Service Needs



Availability of Services

EXHIBIT 4-15 (Continued)
HUMAN SERVICE PROGRAMS/SERVICES

Mental Health Services		Housing	
Service Provided	Number of Programs	Service Provided	Number of Programs
Depression	8	Assisted Living Facilities	7
Mental Health Evaluation	11	Home Purchase Assistance	4
Mental Health Support Groups	7	Home Purchase Loans	3
Mental Illness/Emotional Disability	7	Home Rehabilitation Programs	7
Outpatient Mental Health	8	Homeless	22
Post Traumatic Stress Disorder	4	Housing Counseling	5
Psychiatric Inpatient Units	1	Independent Living Community	4
Psychiatric Medication Services	2	Landlord/Tenant Assistance	8
Psychological Testing	7	Older Adult/Disabled Housing	17
Stress Management	6	Public Housing	7
		Rent Payment Assistance	4
Shelter		Youth	
Service Provided	Number of Programs	Service Provided	Number of Programs
Homeless Shelter	10	Supervised Living/Older Youth	1
Runaway/Youth Shelters	5	Youth Community Service Programs	4
Transitional Housing/Shelter	8	Youth Development	21
		Youth Enrichment Programs	6

Assessment of Human Service Needs



Availability of Services

EXHIBIT 4-15 (Continued)
HUMAN SERVICE PROGRAMS/SERVICES

Substance Abuse Services		Support Group	
Service Provided	Number of Programs	Service Provided	Number of Programs
Alcoholic Dependency Support	5	Codependents Support Groups	7
Cocaine Abusers	1	Crime Victim Support Groups	2
Families of Alcoholics Support	1	Mental Health Support Groups	7
Outpatient Substance Abuse	6	Parent Support Groups	2
Recovery/Halfway Houses	2	Parenting/Family Support Groups	5
Relapse Prevention Programs	1	Women's Support Groups	4
Residential Substance Abuse	3		
Substance Abuse	13	Pregnancy Services	
Substance Abuse Education/Prevention	13	Service Provided	Number of Programs
Substance Abuse Intervention	12	Pregnancy Counseling	16
		Pregnancy Testing	9
		Prenatal Care	7
		Teen Parent/Pregnant Teen Education	3

Source: Compiled by MGT based on the 211 Directory, CHSP applications, and other data sources.

Assessment of Human Service Needs

Needs Analysis/Key Findings

Based on the data presented in preceding sections of this chapter, several major conclusions can be drawn about service needs, service gaps, and service resources.

- Given high concentrations of low income, female headed household and high unemployment, individuals and families living in high risk ZIP codes are more likely to be in need of services provided by CHSP funded agencies and other agencies that provide human services.
- In terms of service needs, individuals and families in high risk ZIP codes are more apt to require prevention, intervention, and support services related to family functioning, child/adolescent functioning, elderly functioning, and safety and security.
- In regards to family functioning, critical risk factors include children living in poverty, unemployment, and teen births. Appendix A presents a detailed analysis of these and other risk factors associated with family functioning.
- Relative to adolescent/youth functioning, infant mortality, prenatal care, mental health, substance abuse, and education attainment are critical factors that have significant implications for human services. See Appendix A for a detailed discussion of risk factors.

As demonstrated in **Exhibit 4-15**, a diverse range of programs exist in Tallahassee and Leon County. However, there is a need for more of the following:

- Services that focus on stabilizing families in crisis, including services that meet basic needs such as emergency and transitional housing, financial assistance, and referral for supportive services.

Assessment of Human Service Needs

Needs Analysis/Key Findings

- Services that address risk and protective factors including family relationship dysfunction, domestic violence, alcohol and substance abuse, health issues, and chronic mental illness.
- Services that address education or skills acquisition that result in greater self sufficiency and building assets, including employment and training and financial disability.
- Services that target prevention, intervention, and treatment of families in high risk ZIP codes, as defined by poverty level and other key indicators and risk factors.
- Services that provide a safe, nurturing, educationally stimulating, developmentally and culturally appropriate environment for children 0-5 years.
- Specialized services for children and youth of domestic violence victims, the homeless, the disabled, and children and youth with challenging behaviors and/or cultural barriers.
- Services that provide a comprehensive range of prevention, intervention, treatment, and support for families and youth who are at risk of dropping out of school, or who are pregnant.
- Services that provide residential supports for runaway/homeless youth, children with medical conditions, children with mild to moderate behavioral and emotional dysfunction, and children and families affected by domestic violence or substance abuse.
- Services that provide youth development activities in a safe, professionally supervised environment that emphasizes not just prevention or problems, but preparation for the challenges of life. Examples include after –school tutoring, drama and arts programs, teen councils, cultural activities, community service, environmental projects, and other life skills programming.

Assessment of Human Service Needs

Needs Analysis/Key Findings

- Services designed to reduce recidivism within the juvenile justice system and facilitate family access to support services.
- System support services that provide crisis intervention, problem solving, counseling, and that give information and referrals to appropriate human service agencies.
- Services that pilot new or innovative approaches to eliminating or reducing key risk factors and indicators that are outcome- and impact-based.
- Services that provide adults with severe and persistent mental illness with appropriate treatment.
- Services designed to reduce the recidivism of young adults within the criminal justice system.
- Services designed to provide emergency and transitional housing; counseling; financial assistance; and referrals for supportive services, education services, employment, and childcare.
- Services provided during non-traditional hours and weekends, including emergency assistance, transportation, and child care.
- System support services that provide crisis intervention, problem solving, and counseling to the elderly, and that give information and referrals to appropriate human service agencies.
- Services that provide a comprehensive range of prevention, intervention, and protection that enable the elderly to live independently.
- Services that meet the nutrition, emotional, and socialization needs of the elderly.

Assessment of Human Service Needs

Needs Analysis/Key Findings

- Services that are designed to facilitate decision-making about home- and community-based care, long term care (LTC), and assisted living.
- Services that target the abuse , exploitation, and victimization of the elderly.
- Services that target prevention and intervention in high risk ZIP codes, based on poverty level and other key indicators such as the crime index, adult and juvenile recidivism, and others.
- Services that focus on reducing adult and juvenile recidivism.

***5.0 EVALUATION OF
THE CHSP PROCESS***

Evaluation of the CHSP Process



Introduction/Overview

As mentioned previously, the CHSP was created in 1995 when the City of Tallahassee, Leon County, and the United Way of the Big Bend (UWBB) decided to form a partnership to provide a more streamlined process for allocating human services funds. Prior to CHSP, the three partners conducted separate grant review and allocation processes. For the agencies involved, it meant completing different applications, meeting different requirements and expectations, and adhering to three different processes. Agencies often applied for funding from the city, county, and UWBB. In any given year, an agency could receive funding from all three for the same services and programs or receive no funding from either.

Typically, each year between 70 and 80 agencies request funding from CHSP. This year (FY2008/2009), 78 agencies requested CHSP funding, which compares favorably to previous years.

Exhibit 5-1 lists agencies which applied for CHSP funding this fiscal year.

**EXHIBIT 5-1
CHSP APPLICANT AGENCIES FY2009/2010**

CHSP APPLICANT AGENCIES			
2-1-1 Big Bend	Big Bend Hospice	Capital City Youth Services	Emergency Care Help Organization
A Life Recovery Center, Inc	Big Brothers Big Sisters of the Big Bend, Inc.	Capital Medical Society Foundation, Inc.	Epilepsy Association of the Big Bend, Inc.
Ability 1st	Bond Community Health Center, Inc.	Capital Region YMCA	Florida Disabled Outdoors Association, Inc.
African Caribbean Dance Theatre, Inc.	Boy Scouts	Catholic Charities of Northwest Florida	Frenchtown Neighborhood Improvement Association

Evaluation of the CHSP Process



Introduction/Overview

EXHIBIT 5-1 (Continued) CHSP APPLICANT AGENCIES FY2009/2010

CHSP APPLICANT AGENCIES			
American Lung Association of Florida	Boys Town of North Florida	Consumer Credit Counseling	FSU Project KICK
American Red Cross Capital Area Chapter	Brehon Institute for Family Services, Inc	Dick Hower Center	Girls Scouts Council
American Second Harvest of the Big Bend, Inc.	C.H. Mason Bible Institute	Early Learning Coalition of the Big Bend	Good News Foster Home, Inc
Big Bend Cares, Inc.	Capital Area Community Action Agency	Elder Care Services	Gwen Andrews Academy
Big Bend Homeless Coalition, Inc.	Capital Area Healthy Start Coalition, Inc	Habitat for Humanity	Miccosukee Youth Education Foundation, Inc.
Salvation Army	Walker-Ford Advisory Board	Imani Dance Program for Youth Development	Mothers in Crisis
Sickle Cell Foundation, Inc.	Watch Me Grow Enrichment Center	John G. Riley Museum	Neighborhood Health Services
Smith-Williams Center Foundation, Inc.	Workshop for Adult Vocational Enrichment, Inc.	Kids Incorporated of the Big Bend	Oasis Center for Women & Girls, The
Smith-Williams Center Foundation, Inc.	Workshop for Adult Vocational Enrichment, Inc.	Kids Incorporated of the Big Bend	Oasis Center for Women & Girls, The
Special Olympics of Florida-Leon County	Lee's Place, Inc.	Office of Public Guardian, Inc.	Tallahassee Girls Choir of C.H.O.I.C.E.
Legal Aid Foundation	PACE Center for Girls	Tallahassee Urban League, Inc.	Legal Services of North Florida, Inc.
Pivotal Point Enterprises, Inc.	Tallahassee-Leon Shelter, Inc.	Leon Advocacy & Resource Center, Inc.	Planned Parenthood
TCC College Reach-Out	Lighthouse	Pregnancy Help and Information Center	The Boys Choir of Tallahassee, Inc.
Literacy Volunteers of Leon County	Project Annie	Turn About	Lutheran Social Services of North Florida, Inc.
Lutheran Social Services of North Florida, Inc.	Refuge House	Visions of Manhood	

Source: City of Tallahassee

Evaluation of the CHSP Process

Introduction/Overview

The review of the CHSP process focused on documenting how the process is conducted, its impact on the agencies that participate in the process, and identifying opportunities for improvement. The evaluation of CHSP was also designed to determine what difference CHSP has made and what, if any, changes should be made and implemented in the current process and the strategic direction of CHSP.

In the sections which follow, the results of the evaluation of the CHSP process are presented. Included in the discussion is a review of CHSP and its major components, including the Joint Planning Board (JPB) which was reviewed by MGT as part of this study.

To evaluate the CHSP process, MGT focused primarily on the following:

- Documenting the process used to evaluate funding requests, funding, and awards.
- Reviewing a variety of information and materials related to the overall CHSP process.
- Reviewing the governance structure, roles, and responsibilities of the JPB.
- Soliciting the opinions, perceptions, and viewpoints of CHSP partners, CHSP staff, agencies, citizen volunteers, and other stakeholders.
- Attending and observing the Citizen Review Teams (CRTs) training and the deliberations of the CHSP Appeals Committee.
- Collecting and reviewing information from other communities on human services grant review processes.

Evaluation of the CHSP Process

CHSP Process Overview

As mentioned several times throughout this report, CHSP is a unique model and process for funding human services and allocating resources to meet human service needs. CHSP oversight and policy guidance is provided by the JPB which is discussed later. Staff support is provided by the three CHSP partners – the City of Tallahassee, Leon County, and the United Way of the Big Bend. Citizen volunteers serve on the CRTs. The CRTs review agency applications, participate in agency site visits, and deliberate on the funding awarded to applicant agencies. The CHSP process is typically an eight-month cycle that starts with agency workshop notifications in December, and end with the approval of final recommendations by the respective boards of each partner in August or September of each year.

There are a number of components and major activities that are important to a review of the CHSP process, including the submission and review of the CHSP application, the selection and training of volunteers, training and technical assistance to agencies, agency visits, funding deliberations, the appeals process, and post award processes and requirements.

In the sections and discussion which follow, major processes and activities are addressed. In addressing CHSP processes and activities, MGT relied heavily on various source documents and material, interviews with CHSP partners, interviews with CHSP staff, and interviews with agency staff, and first hand observations. To the extent possible, MGT attempted to quantify the interview results in order to draw conclusions about the CHSP process.

Evaluation of the CHSP Process

CHSP Process Overview

The structure and staffing that drive the CHSP process is important because without it, the process would come to a standstill. Over the years, the structure and staffing of CHSP has changed significantly. Staff responsible for the CHSP process have been intact for many years, which provides a certain level of continuity and institutional knowledge to the process.

The day-to-day operations of the CHSP process is a shared responsibility of staff from each of the CHSP partners. To some extent, the CHSP process has evolved into an almost year-long process. Staff are either planning to conduct the next CHSP process, conducting the process, or reviewing the process after its completion.

The major responsibilities of staff include:

- Providing the CHSP application and related materials and information to applicants.
- Providing technical assistance and training to applicants and volunteers.
- Recruiting volunteers for the CRTs.
- Planning, scheduling, and managing agency visits.
- Staffing the CRTs.
- Facilitating the evaluation and funding deliberations by the CRTs.
- Forwarding funding recommendations to CHSP governing bodies for final approval.
- Scheduling and assisting with the appeals process.
- Responding to agency requests for assistance and information.

Evaluation of the CHSP Process

CHSP Application Process

- Post award monitoring (of the three CHSP partners, the city conducts the most detailed monitoring after award. Monitoring by the county is limited and the United Way of the Big Bend does not monitor or review after award.)

The major starting point for the CHSP process is applying for CHSP funding. To be considered for funding from CHSP, agencies must complete and submit the CHSP application. Prior to completing and submitting an application for CHSP funding, agencies receive a variety of help and technical assistance from CHSP staff and must attend a pre-application workshop. A majority of agencies that submit an application are not new to the CHSP process.

This year's CHSP application process started with the 2009/2010 CHSP Funding Workshop. In December 2008, agencies received notice of five mandatory workshops held during January 2009. The workshops were also publically noticed. The notice distributed to the agencies specifically stated that, to be eligible to apply for FY2009/2010 funding, an agency representative must attend one of the five workshops conducted in January. Three of the five workshops conducted were for previously funded agencies only. The other two workshops were provided for new agencies and/or new directors.

Similar to past years, the agency workshops included the following:

- Distribution of the CHSP application.
- Review of the CHSP application packet.
- Responding to questions, concerns, and comments regarding the CHSP application and other aspects of the CHSP process.

Evaluation of the CHSP Process

CHSP Application Process

A review of the agenda and related materials for the CHSP funding workshops indicate that both are well aligned with the contents of the CHSP application. A review of past workshops resulted in a similar conclusion about the alignment of agency workshops and the CHSP application.

Among a majority of stakeholders, CHSP partners, CHSP staff, human service agencies, and volunteers, there is consensus that CHSP should remain intact. Only a few agency representatives (less than six) that MGT interviewed stated that CHSP should be completely dismantled. Virtually none of the key stakeholders have any interest in going back to the “pre-CHSP” way of funding human services. There is also some agreement that certain aspects of the CHSP process should be modified or changed, but there are differences in what the changes should look like. Some of the more frequent issues or concerns by agencies were related to awareness, information, and understanding about how allocation decisions are made; the criteria for making those decisions; the basis for establishing funding priorities; and the criteria for determining decreases or increases in CHSP funding. A majority of agencies support the process but would like more information about how decisions are made and how the funds are allocated and the criteria for making those decisions.

Summary of Findings

- Approximately 40 agencies shared the viewpoint that the CHSP application itself is burdensome and time consuming. Some indicate that recent changes to the application have reduced the time required to complete the application. Many question whether all of the information that must be provided is “overkill” and also question the extent to which requested information is used and/or essential for decision-making purposes.

Evaluation of the CHSP Process

CHSP Application Process

- Less than 10 agency staff also expressed that the CHSP application is much more complex and time consuming than what they are required to do for other funding sources. For some agencies, CHSP funding is a relatively small percentage of the agency's overall budget. One agency indicated that they receive three or four times what is awarded through the CHSP process and are required to provide less information and commit less time in completing funding requests.
- Agency staff and several volunteers questioned whether it is an efficient use of CHSP staff and agency time for an agency requesting \$5,000 from CHSP to have the same requirements and undergo the same process as agencies requesting \$50,000 or more from CHSP. Likewise, agencies that receive only UWBB designations question whether the same CHSP application process is necessary.
- Overall, the agency workshops were viewed as helpful. Several commented that, this year, the agency workshops provided more clarity than in previous years.
- Although there have been some changes to the CHSP application that have been made by CHSP staff, a comparison of this year's application with applications between FY2006/2007 and FY2003/2004 reveal that the same basic information is required.

Evaluation of the CHSP Process



Citizen Review Teams

The use of citizen volunteers is a critical component of the CHSP process. It is not unusual in a given year to have over 100 volunteers who are organized into CRTs nor is it unusual for volunteers to have served on a CRT more than once. For example, a majority of the volunteers interviewed by MGT have served three or more times, and some have served as both team leaders and team members in the past. This year, 105 volunteers participated in the process. Similar to past years, there were 11 CRTs as shown in **Exhibit 5-2**. **Exhibit 5-3** shows the FY2009/2010 awards made by each team and the contributions by each CHSP partner.

EXHIBIT 5-2 CITIZEN REVIEW TEAMS

Citizen Review Teams – 2009/2010		
Basic Needs	Family Support	Substance Abuse
Children's Services	Physical Health	Youth Character Building
Community Support	Senior Services	Youth Education
Emergency Services	Services to the Disabled	

Source: City of Tallahassee

Evaluation of the CHSP Process



Citizen Review Teams

EXHIBIT 5-3 CHSP AWARDS BY TEAM AND PARTNER CONTRIBUTIONS

CHSP AWARDS BY TEAM AND PARTNER CONTRIBUTIONS – FY2009/2010					
	2009/10 Award	City	County	UWBB	Total
Team 1 - Children's Services	647,507	230,631	60,816	356,060	647,507
Team 2 - Community Support	444,590	50,000	41,284	353,306	444,590
Team 3 - Services to Disabled	264,334	38,000	4,500	221,834	264,334
Team 4 - Emergency Services	542,498	52,500	12,000	477,998	542,498
Team 5 - Family Support	542,990	172,869	118,906	251,215	542,990
Team 6 - Physical Health	666,131	170,500	21,400	474,231	666,131
Team 7 - Senior Services	428,598	39,598	91,000	298,000	428,598
Team 8 - Substance Abuse	330,498	105,000	75,498	150,000	330,498
Team 9 - Youth Character Building	599,587	98,250	180,500	320,837	599,587
Team 10 - Youth Education	441,052	102,450	97,417	241,185	441,052
Team 11 - Basic Needs	246,347	50,500	39,902	155,945	246,347
Sub-Totals	5,154,132	1,110,298	743,223	3,300,611	5,154,132

Source: City of Tallahassee

Evaluation of the CHSP Process

Citizen Review Teams

A wide range of perceptions, opinions, and viewpoints were shared by stakeholders about the use of citizen volunteers. Opinions range from “it’s a good idea” to “we should do away with them completely.” A majority who favor the continued use of volunteers in the CHSP process, viewed volunteers as an excellent way to get people involved and to help average citizens better understand community needs and play a role in helping to meet needs. There are some volunteers who have served since the inception of CHSP and many feel they provide a valuable service and their volunteer service has enabled them to learn much more about community issues and problems, and to gain exposure that otherwise they would not get without the CHSP experience. One volunteer commented that, “a veil has now been lifted from my face and I understand things in a much different way and context.”

Conversely, there were a few interviewees, approximately 10-12, who valued the use of volunteers, but questioned a number of things about the recruitment, criteria, training, and knowledge of volunteers who serve on the CRTs. Some of these questions and concerns were raised by agencies who interact with the CRTs during the agency visits and some questions and concerns were also raised by volunteers. For example, approximately 20 staff questioned whether the average citizen with little or no knowledge of human services delivery with only a few hours of training can make informed and intelligent decisions that not only affect the agency, but also impact the clients and neighborhoods that the agency serves. Over 30 agency staff and 10 volunteers questioned the make-up of the teams and the diversity of the teams in terms of background, skills, race, gender, community affiliations, and other factors. Another concern raised by several stakeholders was the selection criteria for becoming a volunteer and wonder if there is any criteria used to screen and select volunteers.

Evaluation of the CHSP Process

Citizen Review Teams

About eight volunteers shared that they have served on teams where some members were either uninformed and unprepared, and clearly had not read the material which was reflected in some of the questions asked during the agency visits. While there was consensus that a majority of volunteers take their responsibilities very seriously, concerns were expressed about team members who were either uninterested and/or were just “bad team members” and came across as antagonistic, unfriendly, and disrespectful during the agency visits and deliberations afterwards.

Summary of Findings

- On the whole, the CRTs are viewed as a very valuable and important resource.
- Some stakeholders, including volunteers, are concerned about the ability of volunteers to make informed decisions about the amount of CHSP funds awarded to CHSP applicants.
- Overall, a vast majority (over 40) of agency key informants indicated that they felt that the CRTs were better trained and more professional than in previous years. Although this year’s CRTs were generally described as better trained and more professional, the reactions and comments about CRTs tend to be mixed by the agencies and some CRT members. About eight agency staff who described previous encounters with the CRTs as “adversarial” and “antagonistic” did not express the same concerns about this year’s teams.
- Conflict of interest or potential conflict of interest is a concern that was shared from an agency point of view and from volunteers. For example, three or four volunteers indicated they have served on teams where certain team members were biased for or against certain agencies or programs because of past or current relationships and affiliations.

Evaluation of the CHSP Process

Citizen Review Teams

- While there is ample recognition that CHSP staff make every effort to create diverse teams, over 30 interviewees questioned whether the teams are diverse enough. Those who shared this concern questioned whether the CRTs should come from broader community segments and include persons with more personal and/or professional experience in human services. Five interviewees recommended adding at least one human service professional to each team. Other recommendations included adding former service recipients to the teams. There is also a concern about overrepresentation on the CRTs by Leadership Tallahassee members. This concern was voiced by several CRT members who are part of Leadership Tallahassee, as well as by non-Leadership Tallahassee members.
- Agency visits are a major part of the CHSP process. The CRTs play a major role in the agency visits. Each team is assigned a team leader and time keeper. The team leader is responsible for oversight of the agency visit and keeping the visit on track. Team members are responsible for asking questions based on the review of the CHSP application. In previous years, after each agency visit, there would be some discussion and debriefing in the van on the way to the next visit. However, because of Sunshine Law requirements, these kinds of discussions were prohibited this year.
- Most agencies describe the agency visits as very helpful and professionally done. However, a few other agencies describe them as very tense, stressful, and something that they must “endure” as part of the process. To some extent, perceptions of both team members and agencies about the agency visits are a function of whether a team is perceived as a “good team,” the dynamics and interaction during the visit, and comparisons to previous visits and funding outcomes.

Evaluation of the CHSP Process

Citizen Review Teams

CRT Training and Preparation

As mentioned earlier, the training and preparation of CRT members was a concern on the part of some agencies and volunteers. However, several agency staff made a point to indicate that they felt the teams were much better prepared than in previous years. MGT examined the materials used for the CRT training and attended one mandatory training session conducted by CHSP staff.

The agenda for this year's CRT training included the following topics:

- CHSP Process and Time Line.
- Roles and Responsibilities.
- CHSP Evaluation Criteria and Deliberation Process.
- Florida Sunshine Law Requirements.
- Organizational Capacity Factors: How to Interpret and Analyze the Data Provided.

Based on MGT's review, the CRT training provided this year was very similar in scope and content to previous years. A major addition to the training this year was the inclusion of the Florida Sunshine Law requirements, which was facilitated by the City Attorney's Office.

Evaluation of the CHSP Process

Citizen Review Teams

Summary of Findings

- The CRT training covers in detail the CHSP application, the agency site visits, and agency evaluation. When asked to comment on preparation and training, a majority of the CRT members interviewed by MGT indicated they were adequately prepared. Most commented that the “notebooks” and training materials that were distributed in advance were very thorough and a great help.
- CRT members offered several suggestions for improvements, including organizing a separate training for team leaders only, ensuring that volunteers carefully review all of the materials prior to the site visit because it is very obvious when they do not. CRT members also recommended providing team member contact information to the team leader a little further in advance of the agency visits, having team leaders to contact members to ensure team members have read the materials and ensure that team leaders and timekeepers talk prior to site visits.
- Less than 10 veteran CRT members were mixed in their reaction to being required to attend the mandatory training sessions. Several commented that the training is most helpful to newer CRT members and unless there are very major changes, you should be able to just pick up your notebook.

Evaluation of the CHSP Process

Agency Visits

Although the agency visits were discussed earlier, they are such a critical part of the CHSP process that additional discussion is warranted. Agency visits represent a major investment of time, effort, energy, and resources by CHSP staff, agency staff, and agency board members and volunteers. CHSP staff invest countless hours planning, organizing, scheduling, and participating in the agency site visits. Agency staff and board members also spend an enormous amount of time planning and preparing for the visits. Volunteer members spend one to two days conducting the agency visits, and hours reading materials in preparation for the agency visits.

The agency visits are tightly scheduled and scripted. Depending on the number of programs that funding is requested for, agency presentations can last from 40 to 60 minutes, including the budget presentations. The team is allowed 20 to 30 minutes for questions before heading to the next site visit. Following the agency visit, each team member completes a 7-page rating form (2009/2010) that is organized into six broad categories: organizational structure and capacity, organizational representation, CHSP award letter, CHSP application, budget and finance, and program specific criteria. In comparison to previous years, this year's rating form is more detailed and comprehensive.

In the past, between visits, team members could discuss agencies between each visit as they completed the ratings form. This year, due to Sunshine Law requirements that CHSP is now subject to, this was not permitted. Some veteran team members indicated that not being able to discuss the visit changed the dynamics.

Evaluation of the CHSP Process

Agency Visits

Summary of Findings

- The perception of a majority (over 40) of agency staff and volunteers is that the agency visits are well organized and structured. However, there are differences in opinion about whether time allocated is sufficient for the agency visits. Some volunteers feel that the time allowed for visits is sufficient, while others felt that more time should be allowed. Agencies tend to have different views as well. Some feel that the time is sufficient and others would like more time.
- A few (less than 10) agency staff indicated that it would be helpful for team members to thoroughly review the application to avoid asking what should be obvious if the materials had been read. Several volunteers made similar comments.
- Less than 10 volunteers felt it was important to have 100 percent participation by board members and upper management staff in the site visits.
- Both agency staff and volunteers felt that having clients present at the site visits help to put a “human face” to the agency presentation and was an important part of the site visit.
- A few volunteers expressed that some team members could make better use of the time between agency visits by completing the rating forms instead of waiting until the end of the day.
- In terms of changes, a few volunteers and agency staff suggest that it may be beneficial to combine the overview presentation and budget into one block of time. By doing so, it would not be necessary to hold certain questions until the end.

Evaluation of the CHSP Process

Budget Deliberations

The allocation of dollars to the human service areas and the deliberations following the agency visits are vital components of the CHSP process. As a result of the Florida Sunshine Law requirements, agency representatives were informed they could attend the deliberations, but very few took advantage of the opportunity. That agencies did not attend is interesting since many indicated that the budget deliberations process is mysterious and they lacked sufficient knowledge and understanding of how budget decisions are made.

There are varying opinions and perceptions among agencies, volunteers, and other stakeholders regarding the allocation of dollars to human service areas and funding awarded to the agencies. There is a perception that the amounts allocated to the different human service areas is largely staff-driven, subjective, and not based on sound evidence or community priorities related to human services. Some agencies question whether certain human service areas are a good fit and align with the agency's core mission or services. Agencies that have been switched from an area that has more funding to an area with less funding were concerned about the rationale for doing so. One of the questions addressed in the 2004 CHSP review conducted by the City Auditor was whether the process for assigning the amount of monies available to the different areas was fair and logical. The conclusion reached was that the process was fair and logical, but at the same time, recommended "utilizing a quantitative method so that the process could be perceived to be more fair." A similar question was asked about awarding monies to CHSP applicants. The City Auditor recommended including "all the criteria used by the CRTs in the rating form" and retaining individual and summarized results from each CRT in an anonymous manner "to support the final rankings and amounts awarded to each applicant."

Evaluation of the CHSP Process

Budget Deliberations

Summary of Findings

- On the whole, the budget deliberation process is perceived as working well by most stakeholders, including CHSP staff.
- Budget deliberations are premised on a consensus process that starts with individual team member's ranking of each program on their assigned team. During the process, team members share their views about the strengths and weaknesses of an agency's application, the agency site visit, past performance, need for program(s) or service(s), and other factors. Although the basis for evaluating funding requests should be the agency ratings, volunteers indicate that other factors usually come into play, which can also determine how quickly consensus is reached. CHSP staff and volunteers mentioned that reaching consensus is easier for some teams, and some teams have met well into the evening in attempting to reach consensus.
- Approximately 8 or 9 volunteers expressed that there is a need for more deliberation time so that the process isn't hurried at the end. Several volunteers felt like they had been pressured or rushed to reach a consensus because other volunteers were ready to go home for the evening.
- Although a great deal of data and information is collected in the CHSP applications, the data and information that is collected, particularly data related to service outcomes and service needs is not being captured or compiled in a systematic way so that it can be sliced and diced in a variety of ways to help guide decision-making about funding priorities. In short, each year, a lot of data is provided in the CHSP application which can be entered into a database and used for a variety of purposes.

Evaluation of the CHSP Process



Appeals Process

Agencies have the right to request an appeal hearing and must do so in writing. This year, four agencies (Ability1st, WAVE, Bond Community Health Center, and Mothers in Crisis) requested an appeal hearing. According to information provided by CHSP staff, typically no more than five agencies have requested appeals in the past few years. Section Eight: Appeals Procedures in the CHSP Booklet for FY2009/2010, spells out the grounds for an appeal and the process for filing an appeal.

In addition to reviewing written appeal procedures and the appeals history provided by CHSP staff, MGT attended the FY2009/2010 Appeals held in August. Following the appeals meeting, MGT reviewed the binder of information provided to the Appeals Committee and followed up with agency representatives and committee members to solicit opinions and perceptions about the appeals process. The Appeals Committee is comprised of six members, all of whom have served on CRTs as members or team leaders. Several have also served on previous appeals committees. CHSP staff were present during the appeals meeting but the meeting itself was conducted by the Committee Chairperson and Co-Chairperson.

Each appeal was structured to allow a 25 minute presentation by the agency and a 20 minute question period by the committee. Based on MGT's observations, the agency presentation appeared to be similar to the presentations for the agency site visits and did not directly focus on the facts or merits related to the appeal.

Evaluation of the CHSP Process

Appeals Process

Summary of Findings

- Follow-up with agencies involved in the appeals revealed several major concerns about a lack of specificity and/or criteria related to funding allocations. Agencies wanted to know the basis for not receiving the amount requested, particularly agencies that had no findings. In other words, they don't know why funding was cut nor do they understand what the criteria is for reducing funding, increasing funding, or maintaining funding.
- Some committee members were unsure about what agencies were told to focus on during their 25 minute presentation and thought it would have been helpful for the committee to meet prior to the day the appeal were held.
- Prior to the agency presentations, CRT members were present to discuss the rationale for the funding decisions that were made. At least one committee member felt it would have been more helpful for CRT members to meet with the committee after the agency presentations.
- One of the appeals meetings came across as being very adversarial and antagonistic. When contacted after the meeting, the agency representative was very concerned about the tone of the meeting, how the meeting was conducted, and its outcomes.

Evaluation of the CHSP Process

Appeals Process

- On the whole, agencies that participated in the appeals questioned the process and its outcomes. The major concern was why funding was reduced and the basis upon which the decision was made. A review of the funding recommendation letter sent to the agencies did not reveal specific reasons for funding decisions pertaining to the agency. The letters provide the amount of allocation, comments from the CRT, and findings from the CRT, if any. What could not be determined is what weight the findings and comments carry in determining funding. For example, one of the agencies had no findings and an other agency had only one or two. The comments section in each letter included accolades, commendations, as well as criticisms and suggestions for improvements. What is unclear is how these are used to help determine funding, and which is given more weight.

Conclusions

Several major conclusions can be drawn based on the informant interviews:

- On the whole, there is very strong support for the CHSP process as the preferred mechanism for funding human services.
- Overall, the process is perceived as working well by a majority of key informants that were interviewed.
- There is a prevailing sentiment that CHSP could benefit from tweaking the CHSP application that agencies are required to complete.

Evaluation of the CHSP Process

Conclusions

- Agencies want more information about how allocation decisions are made and the criteria for making funding decisions. Among some agencies, there is an entitlement type attitude and an expectation that they will be funded merely because a CHSP application is submitted.
- The connection or relationship between what is required in the CHSP application and what is used to make funding decisions should be clearer.
- The use of volunteers in the process is quite appropriate if volunteers are properly trained and adequately prepared.

CHSP Governance

The JPB is the governing body for CHSP. The JPB's primary stated responsibilities are:

- Establish policies and procedures for the overall CHSP process.
- Establish funding priorities.
- Make initial allocations to review teams.
- Serve as members of the CHSP Appeals Committee, if needed.

As part of the CHSP needs assessment and process evaluation, MGT was asked to review the JPB to identify strengths, weaknesses, and suggested changes to its current governance structure and functions.

Evaluation of the CHSP Process

CSHP Governance

In completing the review, MGT conducted interviews with representatives of each of the three CHSP funding partners: the City of Tallahassee, Leon County, and the United Way of the Big Bend. MGT also researched different organizations as well as other communities to identify models for ideas about governance structures and operations similar to CHSP and the JPB.

MGT completed a review of the JPB and presented findings and recommendations at the JPB meeting In June, 2009. Findings and recommendations focused on the following:

Areas of consensus among CHSP partners.

- Areas of disagreement among CHSP partners.
- Suggestions for improving the JPB.

Key Issues for the CHSP and its Governance

For the purposes of this final report, key governance issues and the recommendations accepted by the JPB are restated in the sections which follow.

“How” partnered are we? A core dissent area is the perception of power. Some JPB members do not perceive themselves as having equal influence and question how fairly upcoming decisions about community priorities and subsequent funding will be made. This dissent has the possibility of splitting the partnership.

Priorities. Deciding on the community’s priorities regarding the distribution of limited funding, especially in times of increased economic uncertainty, is a “hot” topic. This has the potential for increased tension, conflict, and trust issues between the CHSP partners as well as community stakeholders (e.g. provider agencies and citizen advocacy groups.)

Evaluation of the CHSP Process

CSHP Governance

Relationships. To maintain its viability as a partnership, the CHSP process must continue to earn the trust of the community it is serving (the public and service providers). Further, there will be a continuous balancing act to ensure that differences about decision-making processes and differences about desired outcomes does not hinder the overall effectiveness of the JPB.

Good choices (outputs and outcomes). It is imperative that the CHSP process continue to strive for meaningful accountability of the outputs as well as the outcomes of its funding distribution.

Public sector accountability. The requirements and constraints of government sector accountability and transparency can sometimes be difficult to work within. However, it should not be an obstacle to working together successfully, it is one that must be clearly acknowledged and accepted.

Voice and power. Community stakeholders should have some voice in the decision-making process about human services in this community.

Positioned for change. The CHSP process and its governance must have the structure to anticipate changes in the environment and build its adaptive capacity.

Recommendations for the JPB

For this report, the recommendations which were part of the June presentation to the JPB are restated. The recommendations are premised on the JPB remaining intact but with a slightly different role and mandate. The recommendations are also premised on creating a larger community group that would play a role in providing input and a voice on human services needs and priorities on an ongoing basis to help inform JPB decision making processes.

Evaluation of the CHSP Process

CSHP Governance

1. Governance structure, membership, and voting issues should be resolved and put to rest so that the JPB can focus on more strategic issues. MGT recommends that the JPB remain intact and its primary focus should be policy making relative to CHSP outcomes, funding priorities and/or funding initiatives based on data and evidence that is collected, analyzed, and reported every two years. MGT also recommends that the membership be expanded to include at least three members that are not board or staff of CHSP partners and voting rights be extended to the three non-CHSP partner members. The JPB should consider including at least one representative from a funding-type agency—either state government or foundation.
2. MGT concurs with the City's Health and Human Services Target Issue Committee that a larger community group (henceforward called the HHS Community Group) be established to review the results of the needs assessment and evaluation and build consensus on strategic priorities. It should be noted that an expanded body was also recommended by the 21st Century Council Citizen Task Force in 1997. We feel it is important for a larger, more representative body to have a voice in providing input on human service needs and priorities. The JPB would then play a role in using this information to help guide strategic priorities related to CHSP. Its members should include community representatives committed to participating in a collaborative planning effort. The JPB should convene the initial meeting and guide the selection of an appointed leader(s) of the HHS Community Group.

Evaluation of the CHSP Process

CSHP Governance

3. MGT recommends that this consensus process be led by an independent facilitator that is neither a funder or grant recipient, but is known to and respected by the community's health and human services network. The previous work of the 21st Century Council has set a precedent for this approach to achieving community input. Further, following the examples of other communities described in the case studies above, we recommend that the structure for convening and obtaining input from the HHS Community Group be established for a time period no less than six months including the commitment for ongoing, active engagement by those participating in the HHS Community Group.
4. MGT recommends that a series of community town hall meetings be held to present the results of the needs assessment and evaluation and to obtain community input concerning strategic priorities. Further the community town hall meetings should also provide an open invitation to involve any community citizens for the subsequent duration of the HHS Community Group meetings.
5. The results of the town hall meetings will be provided to the HHS Community Group for its use in developing recommendations for strategic community priorities. Likewise, following the work of the HHS Community Group, the resulting community priority consensus should be reported to key stakeholder groups and the community using the town hall process.

Evaluation of the CHSP Process

CSHP Governance

6. MGT recommends that part of the JPB's role be reframed to that of monitoring the CHSP's implementation of the strategic priorities established by the HHS Community Group including ongoing evaluative information. In its monitoring role, the JPB meetings can be formally held as infrequently as one time per year at the conclusion of a funding cycle, and on an ad-hoc basis for tactical input concerning staff administration of the program.
7. MGT recommends that the JPB determine the frequency and process by which future comprehensive needs assessments, evaluations and strategic repositioning of the CHSP be conducted. This will include how and by whom these studies will be funded.
8. We recommend that the time cycle of future reassessments, as described in item six above, be every two to four years.
9. Consider sending a CHSP representative to the Council on Foundations' fall conference (October 5-7 in San Antonio, Texas.) The overarching theme for the conference is engaging and evaluating 21st century public-private partnerships.

The above recommendations were accepted by the JPB at its June, 2009 meeting. To facilitate implementation of the recommendations accepted by the JPB, additional recommendations are presented in **Chapter 6** of this report.

***6.0 CONCLUSIONS
AND
RECOMMENDATIONS***

Conclusions and Recommendations

MGT of America, Inc was retained to conduct the CHSP needs assessment and process evaluation. In this chapter, MGT presents major conclusions and recommendations related to the CHSP needs assessment and evaluation. MGT's conclusions and recommendations are premised on the assumption that CHSP is an appropriate mechanism for meeting human service needs. MGT's recommendations are also based on interactions with service recipients and people in neighborhoods who have real needs and challenges. These interactions confirm that people in this community do have real needs, some needs are being met, and some are not being met. Most important, these interactions have led to the conclusion that many people in this community make daily living decisions (DLDs) based on very limited choices that affect their lives and the lives of others in this community. Indirectly, and directly in some instances, we are all impacted by the DLDs made by those in need.

Human Service Needs

One of the most important objectives of this study was to provide a comprehensive needs assessment and identify gaps in resources and services. In the sections that follow, MGT offers a series of recommendations based on the results of the needs assessment.

Service Needs/Framework

Recommendation 6-1: Reconfigure the grouping of human services into one or more of the following:

- Prevention Services – help prevent, limit, or minimize the need for human services. Prevention services have proven to be cost efficient and effective. Without a major focus on prevention services, demand and service costs will continue to increase. Prevention services can cut across the age continuum and can have a significant impact across all service needs and service populations.

Conclusions and Recommendations

Service Needs/Framework

- Intervention Services – provide a “social safety net” to help families and individuals during a crisis for a limited period of time. The need for time limited intervention may result from a number of crisis situations, including the need for temporary financial assistance, shelter, etc.
- Protection Services – protect individuals, children, and families from real or perceived threats. Examples include child protection, child and adult abuse and neglect services, and domestic violence shelters.
- Support Services – may aid recipients for the rest of their lives because of their circumstances (chronic physical and mental illness, long-term disability).

Recommendation 6-2: Use the following service categories to help frame human service needs and accompanying risk factors and indicators:

- Family Functioning.
- Child/Adolescent Functioning.
- Adult Functioning.
- Elderly Functioning.
- Safety and Security.

For each service category, data to support key risk factors and indicators is found in **Appendix A**.

Conclusions and Recommendations

Service Needs/Framework

Family Functioning

MGT recommends that the following service needs and priorities be targeted in order to address risk factors and key indicators related to family functioning.

- Services that focus on stabilizing families in crisis, including services that meet basic needs such as emergency and transitional housing, financial assistance, and referral for supportive services.
- Services that address risk and protective factors including family relationship dysfunction, domestic violence, alcohol and substance abuse, health issues, and chronic mental illness.
- Services that address problem behaviors including parenting skills and family violence.
- Services that address education or skills acquisition that result in greater self sufficiency and building assets, including employment and training and financial disability.
- Services that target prevention, intervention, and treatment of families in high risk ZIP codes, as defined by poverty level and other key indicators and risk factors.
- Services that are designed to strengthen and unify families and/or promote stable living conditions.
- System support services that provide crisis intervention, problem solving, counseling, and that give information and referrals to appropriate human service agencies.
- Services that pilot new or innovative approaches to meeting the needs of families that are outcome- and impact-based.

Conclusions and Recommendations

Service Needs/Framework

Child/Adolescent/Youth Functioning

MGT recommends targeting the following service needs and priorities in order to address risk factors and indicators related to Child/adolescent/youth functioning.

- Services that target prevention, intervention, treatment, and support in high risk ZIP codes, based on poverty level and other key indicators and risk factors such as juvenile justice referrals; single female households; Department of Children and Families abuse investigations; school readiness; and teen births, infant mortality, and low birth weight babies.
- Services that provide a safe, nurturing, educationally stimulating, developmentally and culturally appropriate environment for children 0-5 years.
- Specialized services for children and youth of domestic violence victims, the homeless, the disabled, and children and youth with challenging behaviors and/or cultural barriers.
- Services that provide a comprehensive range of prevention, intervention, treatment, and support for families and youth who are at risk of dropping out of school, or who are pregnant.
- Services that provide residential supports for runaway/homeless youth, children with medical conditions, children with mild to moderate behavioral and emotional dysfunction, and children and families affected by domestic violence or substance abuse.
- Services that provide youth development activities in a safe, professionally supervised environment that emphasizes not just prevention or problems, but preparation for the challenges of life. Examples include after –school tutoring, drama and arts programs, teen councils, cultural activities, community service, environmental projects, and other life skills programming.
- Services designed to reduce recidivism within the juvenile justice system and facilitate family access to support services.
- System support services that provide crisis intervention, problem solving, counseling, and that give information and referrals to appropriate human service agencies.
- Services that pilot new or innovative approaches to eliminating or reducing key risk factors and indicators that are outcome- and impact-based.

Conclusions and Recommendations

Service Needs/Framework

Adult Functioning

MGT recommends targeting the following service needs and priorities in order to address risk factors and indicators related to adult functioning.

- Services that target prevention, intervention, treatment, and support in high risk ZIP codes, based on poverty level and other key indicators and risk factors such as homelessness, substance abuse, sexually transmitted disease, chronic health and mental conditions, and family violence.
- Specialized residential services for adults who are domestic violence victims, homeless, disabled, and those suffering from moderate behavioral and emotional dysfunction.
- System support services that provide crisis intervention, problem solving, counseling, and that give information and referrals to appropriate human service agencies.
- Services that provide adults with severe and persistent mental illness with appropriate treatment.
- Services that provide a comprehensive range of prevention, intervention, treatment, and support for adults and families who are at-risk.
- Services designed to reduce the recidivism of young adults within the criminal justice system.
- Services that provide adults and families with counseling, in-home education, parenting, safety, housekeeping, organization, family support, nutrition, and budgeting.
- Services designed to provide emergency and transitional housing; counseling; financial assistance; and referrals for supportive services, education services, employment, and childcare.
- Services provided during non-traditional hours and weekends, including emergency assistance, transportation, and child care.
- Services that pilot new or innovative approaches to eliminating and/or reducing key risk factors and indicators that are outcome- and impact-based.

Conclusions and Recommendations

Service Needs/Framework

Elderly Functioning

MGT recommends targeting the following service needs and priorities in order to address risk factors and indicators related to elderly functioning.

- Services that target prevention, intervention, treatment, and support in high risk ZIP codes, based on poverty level and other key indicators and risk factors such as disability, living in high risk environments, nutrition, activities of daily living (ADLs), and others.
- System support services that provide crisis intervention, problem solving, and counseling to the elderly, and that give information and referrals to appropriate human service agencies.
- Services that provide a comprehensive range of prevention, intervention, and protection that enable the elderly to live independently.
- Services that meet the nutrition, emotional, and socialization needs of the elderly.
- Services that are designed to facilitate decision-making about home- and community-based care, long term care (LTC), and assisted living.
- Services that target the abuse , exploitation, and victimization of the elderly.
- Services designed to assist grandparents raising grand children, particularly in high risk ZIP codes.
- Services that are designed to assist the elderly with adults living in the home who are involved in substance abuse.
- Services designed to increase the safety and security of the elderly in their homes.
- Services that pilot new or innovative approaches to meeting the needs of the elderly and eliminating and/or reducing key risk factors that are outcome- and impact-based.

Conclusions and Recommendations

Service Needs/Framework

Safety and Security

MGT recommends targeting the following service needs and priorities in order to address risk factors and indicators related to safety and security.

- Services that target prevention and intervention in high risk ZIP codes, based on poverty level and other key indicators such as the crime index, adult and juvenile recidivism, and others.
- System support services that provide crisis intervention, problem solving, and counseling individuals and families in neighborhoods, and that give information and referrals to appropriate human service agencies.
- Services that target building neighborhood coalitions and neighborhood support to address neighborhood safety and security.
- Services that focus on reducing adult and juvenile recidivism.
- Services that pilot new or innovative approaches to neighborhood safety and security that are outcome- and impact-based.

Human Service Needs

This configuration is based on the assumption that prevention is the most optimal strategy for impacting certain risk factors and indicators and has the greatest potential for minimizing the need for other types of services which may be more costly over a sustained period of time. At the same time, it recognized that people do have crisis in their lives and need help immediately to get beyond whatever crisis they are confronted with. There is also recognition that there are vulnerable individuals and populations that need protection to ensure their safety, security, and well-being. Likewise, there is recognition that support services are needed on a long-term basis for certain segments of the population.

Conclusions and Recommendations

Human Service Needs

As indicated earlier, there have been a number of past efforts to examine needs, indicators of needs, and, in an effort to measure quality of life, and human service needs. In 1996, the 21st Century Council, in its Quality of Life report, suggested the importance of coherence, coordination, communication, creativity, caring, change, and commitment as essential components of a dynamic human services system. These components are equally important today. What is equally important is to look at needs, and services to meet needs, as an interrelated, interdependent system rather than simply providing one disconnected at a time.

Human service programs must bounce people back as fast as possible, because the longer it takes the more difficult it becomes for people to recover. Conversely, the sooner an individual is out of crisis or achieves self-sufficiency or no longer needs protection or other types of assistance, the more everyone benefits.

CHSP funding areas or human service areas have remained largely unchanged over the years. MGT is recommending that CHSP focus on the four areas mentioned earlier and that key indicators, risk factors, and outcomes be agreed upon for each of the four areas and CHSP resources be targeted to address key indicators, risk factors, and outcomes. Funding priorities would focus on addressing agreed upon indicators, risk factors, and outcomes.

Recommendation 6-3: Focus resources on addressing key indicators and risk factors associated with service groupings in **Recommendation 6-1** and the service needs and priorities, identified, for family functioning, child/adolescent functioning, adult functioning, elderly functioning, safety and security in **Chapter 4.0**. An example of a framework for grouping services is provided in **Exhibit 6-1**.

Conclusions and Recommendations



Human Service Needs

EXHIBIT 6-1 CHSP FRAMEWORK

	Birth/Childhood/ Adolescents	Working-Age Adult	Senior/Elderly
Prevention Services	<ul style="list-style-type: none"> • Prenatal Care • Immunization • Nutrition programs • Children's insurance • Child support services • Mental health 	<ul style="list-style-type: none"> • Vocational training • Disease management • Employment services • Cash assistance • Higher-education assistance • Mental health 	<ul style="list-style-type: none"> • Flu shots • Disease management • Mental health
Intervention Services	<ul style="list-style-type: none"> • Health care management • Food programs 	<ul style="list-style-type: none"> • Re-employment training • Cash assistance • Housing assistance • Health care management • Food programs • Financial counseling 	<ul style="list-style-type: none"> • Food programs • Housing assistance
Protection Services	<ul style="list-style-type: none"> • Mental health • Child protective services • Shelter services 	<ul style="list-style-type: none"> • Mental health • Adult protective services • Shelter services 	<ul style="list-style-type: none"> • Mental health • Adult protective services
Support Services	<ul style="list-style-type: none"> • Disabled support • Mental health support 	<ul style="list-style-type: none"> • Disabled support • Mental health support • Employment accidents 	<ul style="list-style-type: none"> • Long-term care • Nursing home/assisted living
Enabling Strategies	Information and referral, information systems, innovative programs.		

Conclusions and Recommendations

Human Service Needs

Recommendation 6-4: Support development and implementation of an information system similar to SAMIS, which is utilized by the Juvenile Welfare Board of Pinellas County, or the AVOCARE system (currently in use in Tallahassee), to provide human service related data that can be used by funders and service providers.

Recommendation 6-5: Until a system is in place to collect, compile, and report on key indicators and risk factors, the human services need assessment should be updated every two-three years. Based on the results of the needs assessment, key indicators, risk factors, and outcomes related to prevention, intervention, protection, support, and service categories should be examined and adjusted or modified, if needed.

Recommendation 6-6: Agencies should be guided and supported in collecting data to help determine progress in addressing indicators, risk factors, and outcomes. A key factor in evaluating CHSP funding requests should be the extent to which indicators, risk factors, and outcomes are being addressed or will be addressed with CHSP funds.

Recommendation 6-7: Base CHSP funding priorities on prevention, intervention, protection, support, key indicators, risk factors, and related outcomes. Once funding priorities are adopted, agencies should be funded based on whether programs and services are targeted at one or more prevention, intervention, protection, and support indicators, risk factors, and outcomes.

Recommendation 6-8: In conjunction with conducting a needs assessment every two years, CHSP funding priorities should be re-examined every two years to ensure that funding priorities are properly aligned with human service needs, indicators, risk factors, and outcomes.

Conclusions and Recommendations

Human Service Needs

Recommendation 6-9: Invest the time and resources to send CHSP staff to agencies such as the Juvenile Welfare Board of Pinellas County, the Children’s Trust in Miami, or other organizations recognized for having model programs and systems in place for aligning key indicators and risk factors with outcomes and funding priorities.

Action Steps – Recommendations 6-1 through 6-9

- The JPB, working in partnership with the HHS Community Group recommended in the JPB report, should reach a consensus on priority risk factors and outcomes for prevention, intervention, protection, and support.
- CHSP staff should be directed to develop alternatives for compiling data to support using priority risk factors and outcomes for prevention, intervention, protection, and support.
- Examine the feasibility of adapting a data management system to support implementation and use of risk factors and outcomes for prevention, intervention, protection, and support.
- The JPB, working in collaboration with the HHS Community Group, should review CHSP funding priorities every two years.

CHSP Process

As mentioned several times in this report there is consensus that the CHSP process is a viable and appropriate process for meeting human service needs. Based upon the input solicited from key stakeholders, including CHSP partners, CHSP staff, agencies, and CRT members, several recommendations are provided below.

Conclusions and Recommendations

CHSP Process

CHSP Application Process

Recommendation 6-10: Streamline and simplify the CHSP application to reduce the burden on CHSP staff and applicant agencies by shifting the focus of the application on how CHSP funds will be used to address risk factors, indicators, and outcomes.

A vast majority of the agencies that request CHSP funding apply year after year and are well known to CHSP staff. Unless there is a change in an agency's legal status, such as not being incorporated or losing 501(c)(3) status, certain documentation that is currently required may not be necessary. The guiding principle for streamlining the application should be what is the most essential information needed in order to make an informed decision about how CHSP funds will be used to address key risk factors, indicators, and outcomes. The primary focus of the CHSP application should be on how CHSP funds will be used, and the ability of the agency to effectively and efficiently use the CHSP funds as proposed in the CHSP application.

Recommendation 6-11: For funding requests of \$10,000 or less, consider developing a modified CHSP application to reduce the burden on agencies and CHSP staff.

Currently, agencies that request \$5,000 or less must complete the same application as an agency applying for \$150,000. If staff and agency time is factored into the preparing and reviewing a request for \$5,000, it probably cost much more than \$5,000 to prepare and review the application and complete the CHSP process.

Conclusions and Recommendations

CHSP Process

Recommendation 6-12: To facilitate a shift toward funding based on addressing indicators, risk factors, and outcomes, consider implementing multi-year funding.

MGT recommends pilot testing multi-year funding with a small group of agencies. Some agencies tend to get funded at the same level or near the same level each year. Multi-year funding would support moving towards addressing indicators, risk factors, and outcomes, and give agencies ample time to demonstrate the impact of CHSP funding on indicators, risk factors, and outcomes. Multi-year funding is a common practice for some human service funders and recognize that it can take time to show results and impacts in certain areas.

Action Steps for Recommendations 6-10 through 6-12

- CHSP staff should review the CHSP application to identify any information that is not essential to the agency evaluation and decision making process.
- The JPB should establish a policy related to funding requests less than \$10,000 and direct staff to modify the application and review process for requests less than \$10,000.
- Initiate pilot testing multi-year funding, and develop criteria and a framework for approval by the JPB.

Conclusions and Recommendations

Citizen Review Team

Recommendation 6-13: The use of citizen volunteers is commended. Maintain the CRT structure, but develop criteria to screen volunteers.

It is not unusual for funders who use volunteers to help make funding decisions to establish criteria. For example, the Juvenile Welfare Board of Pinellas County uses criteria to determine eligibility and to screen volunteers. The current information form that prospective volunteers complete should be expanded to include criteria that CHSP staff can use to screen volunteers.

Recommendation 6-14: Expand the volunteer pool by reaching out to a broader segment of the community.

Over the years, staff have done a great job recruiting volunteers and attempting to make the CRTs as diverse as possible. However, both volunteers, agencies, and some staff feel that more should be done to include different segments of the community. Prior to the annual CHSP process, a “call for volunteers” should be issued throughout the community to various organizations and groups. The criteria discussed in the previous recommendation may be useful in helping to shape the call for volunteers.

Conclusions and Recommendations

Citizen Review Team

Recommendation 6-15: To help expand the volunteer pool, consider placing a limit on how many years a volunteer can serve. MGT recommends after five years of consecutive service, a volunteer must wait out a year or two before serving again on a CRT.

It is very commendable that some volunteers continue to serve year after year on the CRTs. Continued service provides a certain level of continuity, knowledge, and understanding that is beneficial. However, if expanding the volunteer pool to broaden participation of different community segments is to occur, limiting service is a viable option.

Recommendation 6-16: As part of the CRT training, include more content on how to conduct the agency site visit and the roles, responsibilities, and expected behavior and attitudes of CRT members.

Agency site visits are a very vital part of the current CRT training but should be expanded to address site visit expectations and realities. MGT recommends utilizing experienced CRT team leaders to help facilitate the discussion and/or bringing in agency representatives to share site visit experiences.

Action Steps for Recommendations 6-13 through 6-16

- By 2011, develop specific criteria and begin using the criteria as the basis for staffing the CRTs. CHSP staff should research volunteer screening and selection used by other funder. Criteria should be inclusive in order to ensure that opportunities to volunteer are extended to a broad segment of the community.
- Examine alternative design and delivery mechanisms for CRT training, including simulations and interactive training modalities using multimedia tools.

Conclusions and Recommendations

CHSP Budget Deliberations

Recommendation 6-17: Discontinue conducting budget deliberations at the end of the day after site visits.

As a practical matter, both volunteers and staff are typically worn out and worn down at the end of a site visit day. By conducting budget deliberations the following day, or within two days of the site visit, it provides time for volunteers to reflect on the site visit, collect their thoughts, and come back much fresher. A number of volunteers indicated that the current procedure was taxing and often times resulted in rushing towards decisions so that they could go home.

Recommendation 6-18: For volunteers and agencies, specify the criteria that will be used to determine whether a funding request is granted, denied, reduced, or increased.

It should be very clear to volunteers involved in budget deliberations what criteria they should be basing their decisions upon. The same should also be clear in the award letters that are sent to the agencies after deliberations are completed. While it is helpful to include comments and findings in the award letters, agencies should be clear about the criteria. Otherwise, findings may not be sufficiently addressed in future applications. There is also a disconnect between the rating form used by the volunteers and the CHSP application which should be eliminated. Unless the agency presentation covers the factors in the rating form, it puts volunteers in the position of making a judgment call on certain factors. In other words, the rating form and the application should be more closely aligned with each other.

Conclusions and Recommendations

CHSP Budget Deliberations

Recommendation 6-19: Base funding on indicators, risk factors, and outcomes for prevention, intervention, protection, and support.

MGT recommends that prevention be the top priority for funding. This recommendation is premised on the notion that funders have the responsibility for establishing funding priorities and it is a common practice of human services and other types of funders. Within the context of prevention as a funding priority, it does not mean that other areas are not important. What it does mean is that addressing indicators, risk factors, and prevention outcomes is critical in meeting community needs.

Recommendation 6-20: Clarify appeals procedures and practices and provide written guidelines to the Appeals Committee.

CHSP staff need to take a look at the appeals process and pull essential appeals procedures in writing so that they can be articulated to participants in the process. Agencies should know what to expect and how to prepare, and the same for committee members who conduct the process. At the minimum, there should be one committee meeting prior to conducting the appeals meeting with agencies.

Action Steps for Recommendations 6-17 through 6-20

- Develop written evaluation criteria to guide decisions about CHSP agency awards.
- Incorporate the evaluation criteria into the agency workshops and CRT training.
- Incorporate the evaluation criteria into the budget deliberations process.
- Use the evaluation criteria to help document funding decisions in the agency award letters.

Conclusions and Recommendations

Joint Planning Board

Recommendation 6-21: Implement recommendations in the Joint Planning Board report submitted July 2009 with amendments to JPB membership.

The recommendations included in the July report to the JPB should be acted upon. There are still some concerns about the size of the JPB and the number of representatives for each partner agency. MGT has no objection to revisiting this issue and that each partner be limited to one representative on the JPB. In addition, expand the membership to four non-partner representatives. The role of the JPB as an advisory body may also need further clarification. The JPB is responsible for recommending and providing guidance relative to funding and priorities, which can either be accepted or rejected by the respective governing body of each CHSP partner. It should be very clear that the governing body of each CHSP partner is responsible for making policy.

Recommendation 6-22: Take the necessary steps to ensure that the HHS Community Group recommended in the Joint Planning Board report has the mandate, influence, and visibility necessary to carry out its role and responsibilities.

The HHS Community Group is very critical. It must garner the respect, cooperation, trust, and support required to carry out its charge. The membership of the group is key – it should be diverse and representative of different community segments and have the “movers and shakers” who can make things happen.

Conclusions and Recommendations

Joint Planning Board

Action Steps for Recommendations 6-21 through 6-22

- Expand the JPB as recommended by adding four non-CHSP partner members. Seat the HHS Community Group and reexamine the functioning of the JPB after a six month period to determine what if any changes should be made in representation and operations of the JPB.
- The JPB should establish the mandate; framework; parameters; and desired characteristics, knowledge, and skills for members of the HHS Community Group. At a minimum, this group should be charged with recommending priorities to the JPB, soliciting community input on human service needs, and issuing a community human service “report card” that reflect progress on human risk factors and indicators addressed by CHSP funding.
- Each CHSP partner should recommend up to four members of the HHS Community Group based on the parameters established by the JPB.

***APPENDIX A:
INDICATOR DATA***

Appendix A: Indicator Data



Family Functioning

The importance of families and the stability of families cannot be overlooked or overstated as a key factor that impact human service needs in Tallahassee and the County. Family stability has huge implications for adults, infants, toddlers, children, and youth and the community at large.

For families to thrive, basic economic and family stability are necessary. Inadequate financial resources and economic instability often result in inadequate housing, lack of transportation, poor nutrition, poor health care, and other key risk factors, which can lead to diminished capacity to function on a daily basis and undermine general well being. Family stresses caused by economic concerns, poverty, and other issues are reflected in the break-up of families, more frequent household moves, and overall family dysfunction.

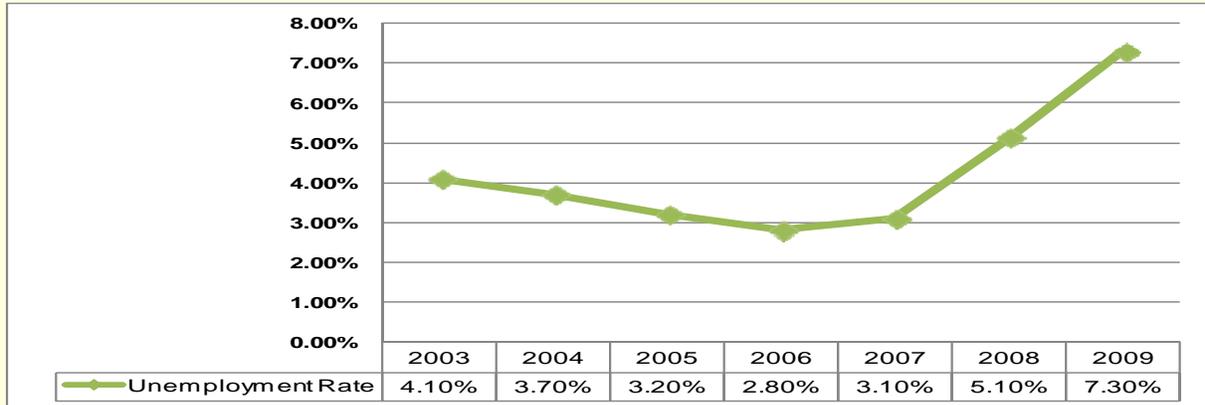
One of the most common and important indicators that impact family functioning is employment and unemployment. A substantial increase in the unemployment rate started with the "Great Recession" of 2007 and continued through July of 2009. Unemployment was at its highest (7.3%) in 2009, but the lowest at 3.7 percent and 3.10 percent in 2004 and 2005, respectively.

Currently, Tallahassee is experiencing its highest rate of unemployment in decades. According to some projections, the unemployment rate is expected to remain constant (at approximately 7.3 percent) and/or increase over the next two years.

Appendix A: Indicator Data

Family Functioning - Employment

**EXHIBIT A-1
PERCENTAGE OF UNEMPLOYMENT**

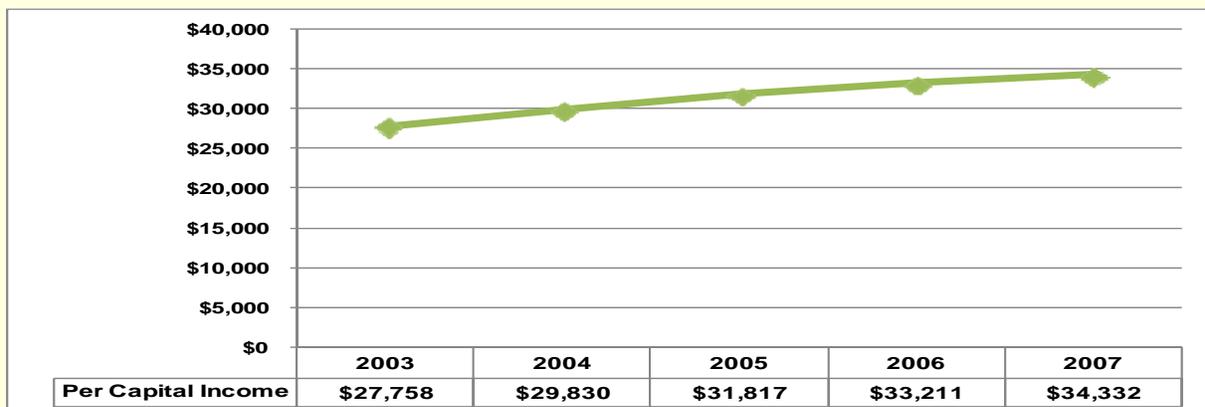


Source: Tallahassee – Leon County Planning Department.

Family Functioning – Per Capital Income

Income is a key factor in family stability and overall family functioning . Per capita income is generally viewed as a key indicator related to family well-being. Per capital income increased from \$27,758 in 2003 to \$34,332 in 2007. Based on the current economic downturn, it is expected that this will decrease in the future, which some have estimated will last another two to three years. This downturn could increase the underemployment and unemployment rates.

**EXHIBIT A-2
PER CAPITAL INCOME**



Source: Tallahassee – Leon County Planning Department.

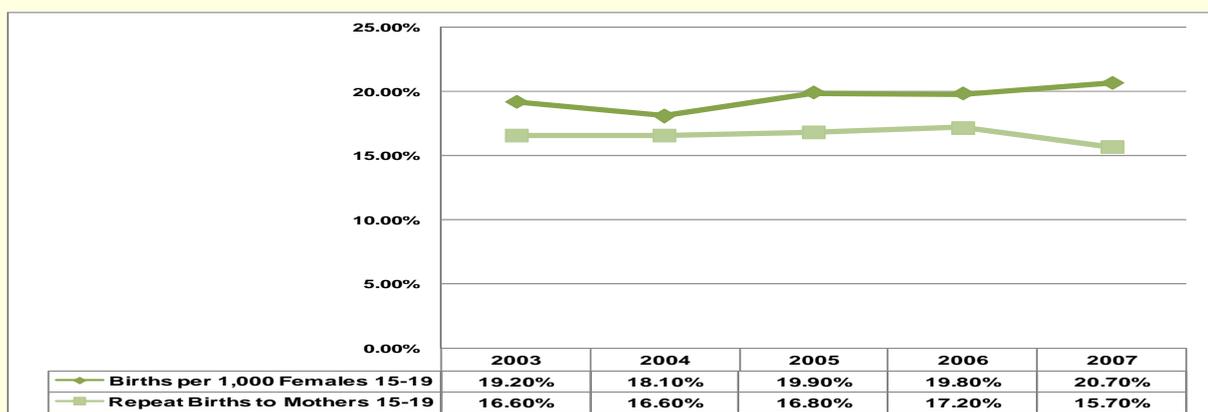
Appendix A: Indicator Data

Family Functioning – Teen Births

Teen births have a very significant impact on family functioning and the need for services. Teen mothers are less likely than older mothers to start prenatal care in a timely manner and less likely to receive adequate prenatal care. Babies born to teens are more likely to have a low birth weight. Late or inadequate prenatal care and low birth weight contribute to developmental problems and costly interventions by the health care system.

The pattern of birth rates for women between 15-19 years remained an average of 19 live births per 1,000 females over a four-year period. A small increase (20.7%) in the birth rate occurred during 2007. Repeat births among teens is a critical indicator that also contributes to developmental problems and costly interventions by the health care system. Since 2003, the percentage of repeat births to females between 15 and 19 years of age averaged 16%.

**EXHIBIT A-3
TEEN BIRTHS**



Source: Florida Department of Health.

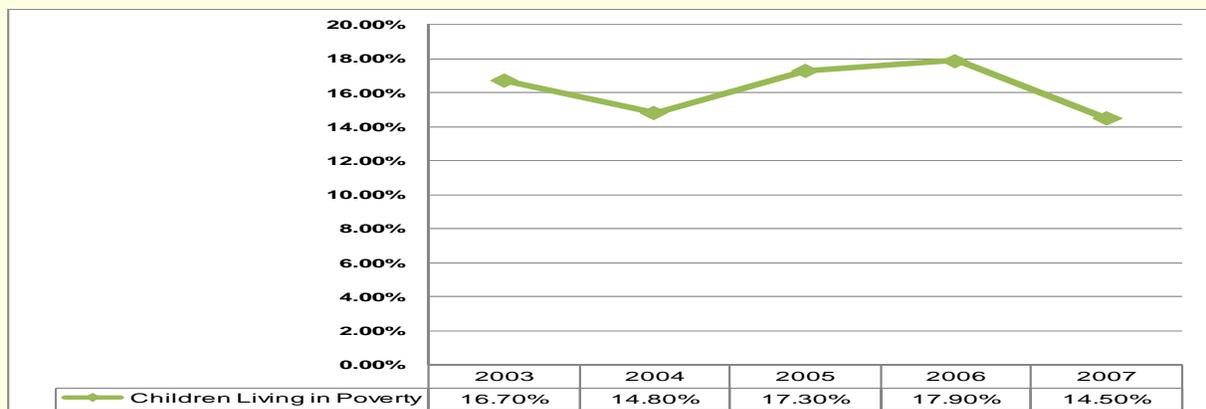
Appendix A: Indicator Data

Family Functioning – Children Living in Poverty

The number of children living in poverty is also an important indicator of overall family functioning. Based on the MGT's study, when determining the need for a women's health center, MGT found that the highest concentrations of poverty and children in poverty were in three ZIP codes: 32301, 32310, and 32304, which include neighborhoods in Frenchtown, Bond, and Bond/Southside (Apalachee Ridge, Orange Avenue, Providence, and Lake Bradford Road).

These neighborhoods include public housing and/or Section 8 housing, with high concentrations of low-income women. Majority of these women are African American, with children under the age of 18 (*Assessment of the Need for Women's Health Services*, January 2005, MGT of America, Inc.). The percentage of children who live in families whose income was below the poverty line ranged from a high of 17.9 percent in 2006 to a low of 14.8 percent in 2004. This percentage has probably increased (no specific current figures available) as a result of increased underemployment and unemployment.

EXHIBIT A-4
CHILDREN LIVING IN POVERTY



Source: U.S. Census Bureau.

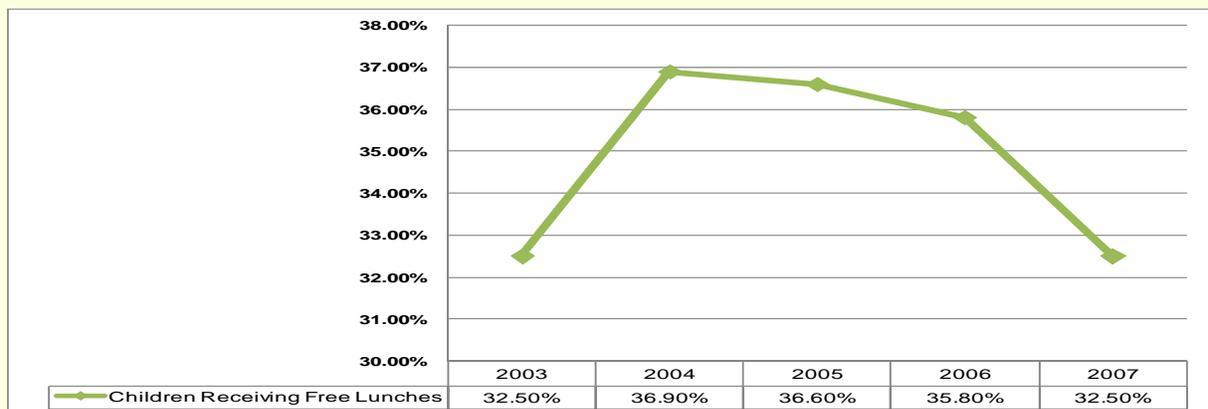
Appendix A: Indicator Data

Family Functioning – Children in Poverty

The percentage of children eligible to receive free lunches was at an average of 34 percent between 2003 and 2007. In 2003 and 2007, more than 32 percent (32%) of children living in poverty were eligible to receive free lunches. In 2004, close to 37 percent (36.9%) of children living in poverty were eligible to receive free lunches, which was the highest percentage during the study period.

Based on a MGT study, *Assessment of the Need for Women's Health Services*, January 2005, almost 80 percent of children who live in Bond and 75 percent of children who live in Bond/Southside communities receive free or reduced lunch.

**EXHIBIT A.5
CHILDREN ELIGIBLE FOR FREE LUNCHES**



Source: Florida Department of Education.

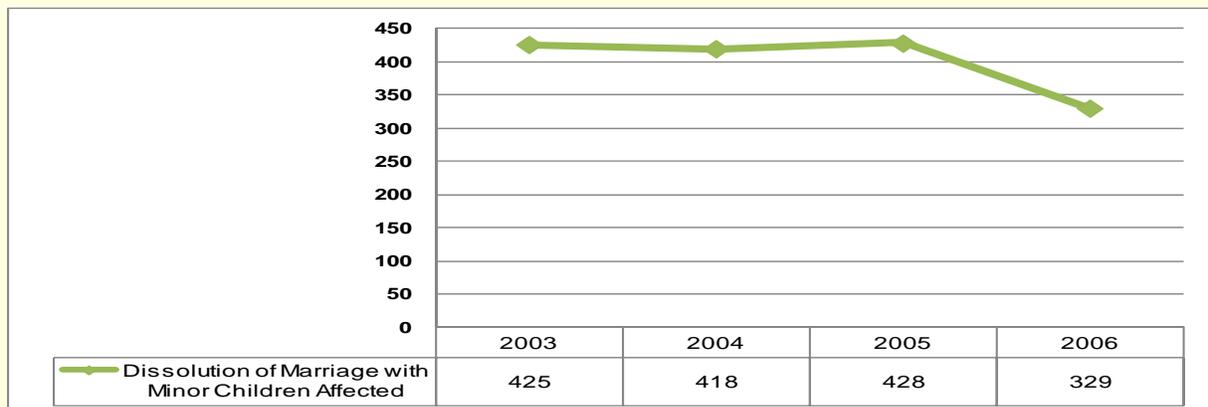
Appendix A: Indicator Data

Family Functioning - Households

The break-up of families can have economic, emotional, and social consequences for children and families, which can result in the need for family support and other services. Single parent households typically encounter significant challenges maintaining a certain quality of life.

Based on a study conducted by the Center for the Study of Children's Futures, the number of divorces in which children were affected averaged around 420. There was a significant decrease from 428 marriages in 2005 to 329 marriages dissolved with minor children affected in 2006.

**EXHIBIT A-6
DISSOLUTION OF MARRIAGE
WITH MINOR CHILDREN AFFECTED**



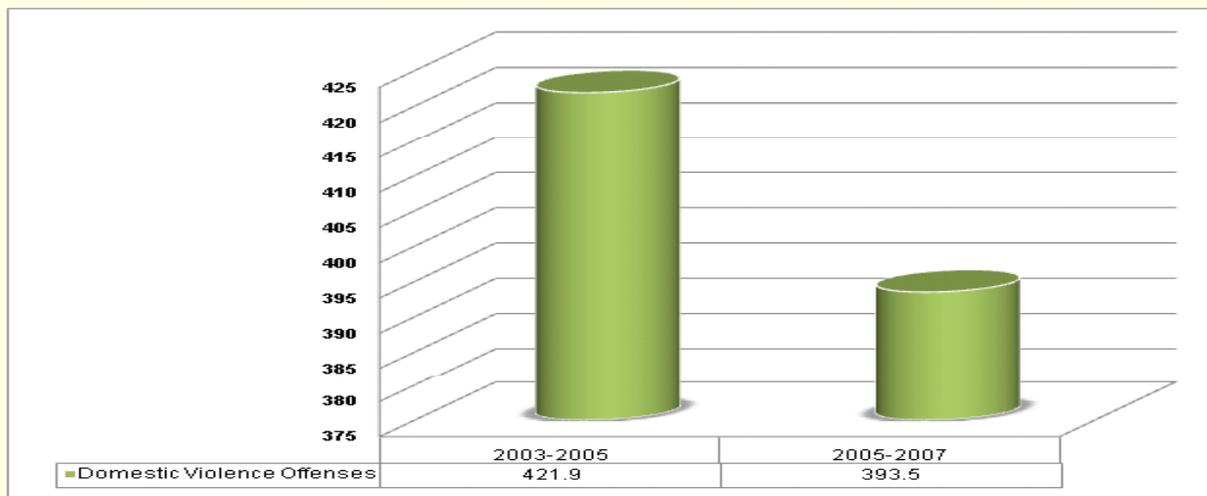
Source: Center for the Study of Children's Futures – Children at a Glance.

Appendix A: Indicator Data

Family Functioning – Domestic Violence

Domestic violence is a safety and security, as well as a key family functioning, issue. These issues have significant implications on adult victims and children and youth. Based on this data, the number of domestic violence offenses significantly decreased between the periods of 2003-2005 from 421.9 to 393.5 in 2005-2007. However, more recent data from the Florida Department of Law Enforcement counted 1,313 domestic violence reports in 2008.

**EXHIBIT A-7
NUMBER OF DOMESTIC VIOLENCE OFFENSES**



Source: Florida Department of Health.

Appendix A: Indicator Data

Child/Adolescent/Youth Functioning

There is little argument that the well-being of children and youth is important to any community. The well-being of children and youth is associated to healthy family functioning. A healthy birth, healthy development, and free from disease and injury, help to ensure that children and youth grow to be productive, independent adults. Conversely, problems at birth and early development such as low birth weight, poor nutrition, limited intellectual and sensory stimulation, illness affecting development, or other health and environmental problems may follow a child into adolescence and adulthood. These problems can manifest into learning problems, social maladjustment, chronic health problems, juvenile delinquency, or other issues. Thus, indicators of the healthy well-being of children and youth are the most critical piece of a community needs assessment.

Child/Adolescent/Youth Functioning – Infant Mortality

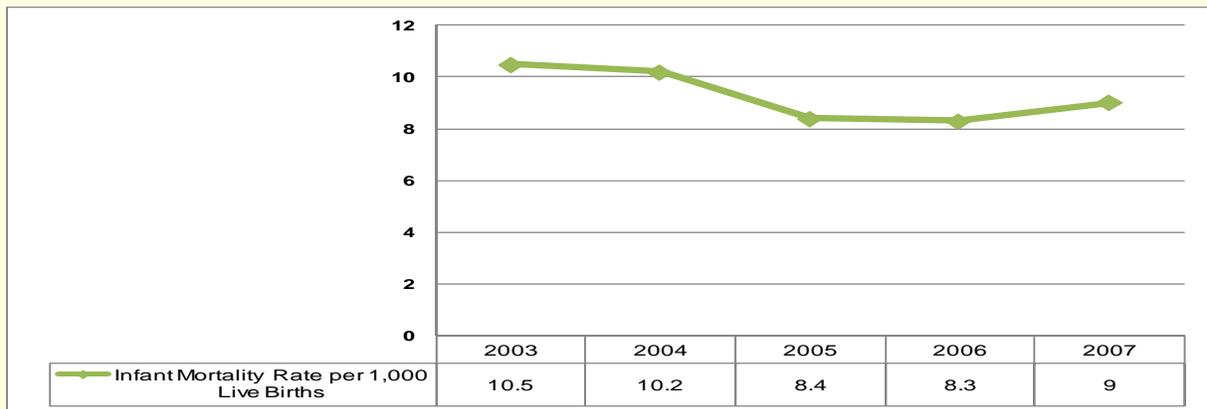
Infant mortality is a major concern for parents, healthcare professionals, and other stakeholders in the County. Based on stakeholders' input, infant mortality is perceived to be one of the most critical issues. Based on Florida Department of Health data, the exhibit below shows that infant mortality rates have been greater than 8 between 2003 and 2007. The highest rate of infant mortality was at 10.5 in 2003.

While the rates decreased to slightly more than 8 in 2005 and 2006, the rate increased to 9 in 2007. Based on MGT's *Assessment of the Need for Women's Health Services* study, the Bond community had the highest rate of infant mortalities per 1,000 births (20.1%) which, at the time, was much higher than the state (7.53%) or the national rate of 7.0 percent.

Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Infant Mortality

**EXHIBIT A-8
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS**



Source: Florida Department of Health.

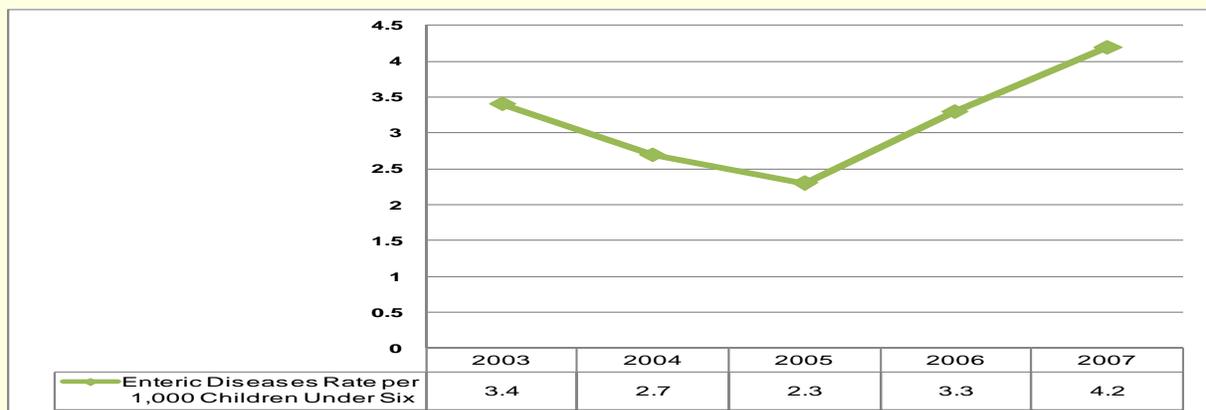
Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Enteric Diseases

Young children are especially vulnerable to a group of communicable diseases that lead to diarrhea or bacterial and viral infections of the gastrointestinal tract. These gastrointestinal illnesses, known as enteric disease, are caused by bacteria, parasites, or viruses.

The absolute rates and changes in those rates can be used to measure the health quality of an infant's home environment and the family's dietary habits. Based on Florida Department of Health data and the study period, the highest rate of enteric diseases among children under the age of six was in 2007 at 4.2. Conversely, the lowest rate was in 2005 at 2.3.

EXHIBIT A-9
ENTERIC DISEASES RATE PER 1,000 CHILDREN UNDER THE AGE OF SIX



Source: Florida Department of Health.

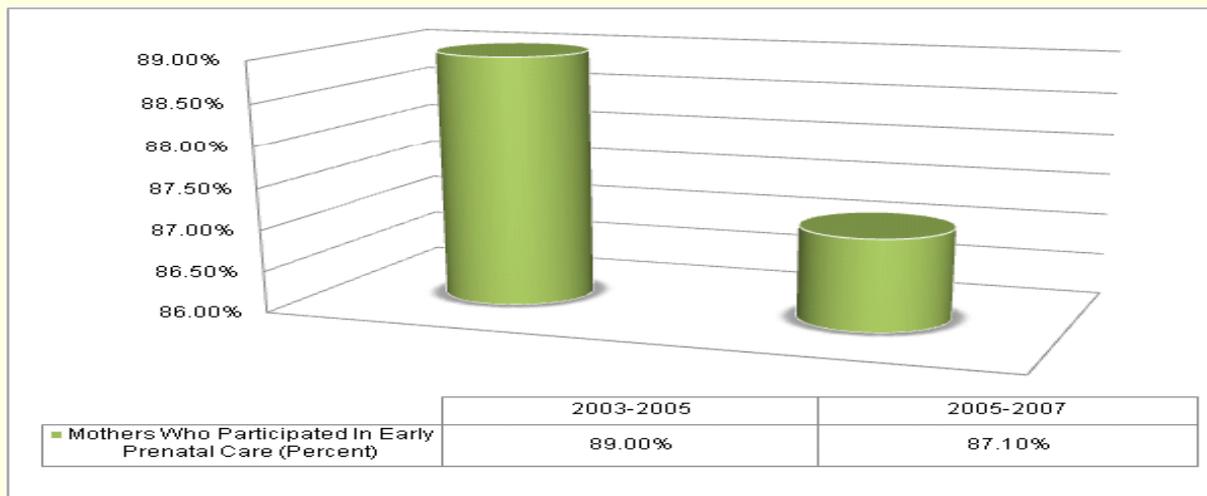
Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Prenatal Care

Healthy births begin with good prenatal care. Studies have shown that prenatal care, beginning in the first trimester can significantly reduce the risk of maternal morbidity and poor birth outcomes that result in developmental delays or health problems in infants and young children. Women who do not receive early prenatal care are much more likely to have premature births and low birth weight infants.

Based on Florida Department of Health data, the percentage of mothers participating in early prenatal care decreased from 89 percent in 2003-2005 to 87.1 percent in 2005-2007, which is a two percent decrease. In addition, based on this data, almost nine out of ten mothers did participate in early prenatal care.

EXHIBIT A-10
MOTHERS WHO PARTICIPATED IN EARLY PRENATAL CARE



Source: Florida Department of Health.

Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Substance Abuse

Research during the past 30 years supports the view that there is a link between alcohol, tobacco, other drug use, school achievement, delinquency, and other important adolescent outcomes. The following exhibits present results from the Florida Youth Substance Abuse Survey on substance use among Leon County high school and middle school students. It should be noted that the data provided is self-reported. Youth who have dropped out of school, irregularly attend school, do not attend school due to drug-related problems, or are incarcerated would not be included in the sample. In addition, based on a survey conducted by Tallahassee Equality Action Ministry (TEAM) in spring 2009, substance abuse treatment for high school and middle school students in Leon County is limited. TEAM identified eleven agencies that provide substance abuse treatment. Of the eleven agencies, only two serve the middle and high school-age populations.

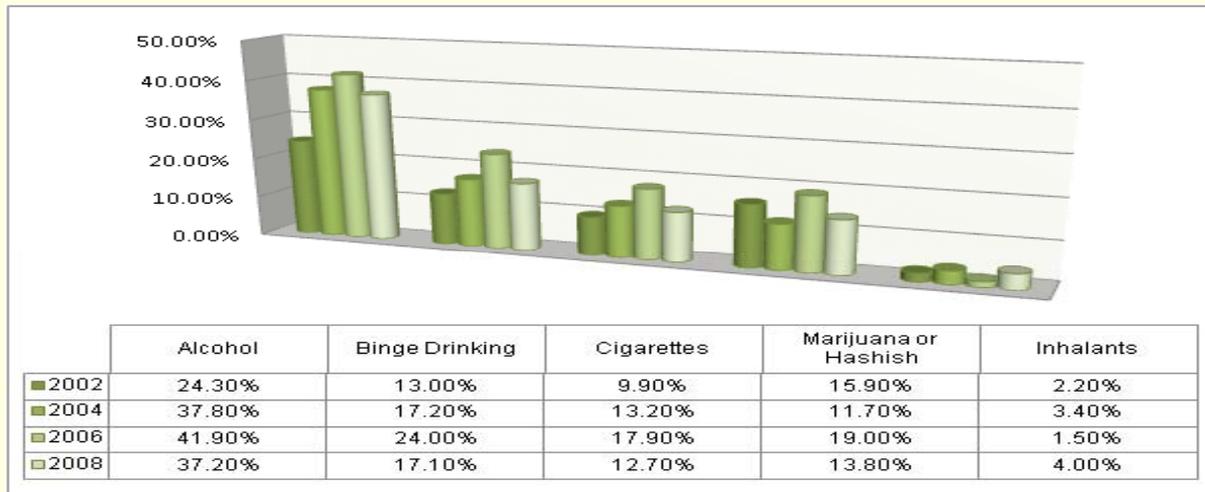
Based on the Florida Youth Substance Survey, in 2006, approximately 19 percent of the high school respondents reported marijuana or hashish use. More than 40 percent (41.9%) of these respondents, in 2006, reported alcohol use, which resulted in the highest percent among these respondents.

Overall, the use of inhalants was the lowest, ranging from 1.5 percent to 4 percent. The use of alcohol was the highest among these respondents, ranging from 24.3 percent to 41.9 percent. In 2002, approximately 13 percent stated that they had participated in binge drinking, while in 2006 the percentage increased to 24 percent. Overall, 2006 had the highest percentages for use of alcohol, binge drinking, cigarettes, and marijuana or hashish.

Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Substance Abuse

**EXHIBIT A-11
PAST 30 DAY ALCOHOL AND DRUG USE - HIGH SCHOOL**



Source: Florida Youth Substance Survey – Leon County Report.

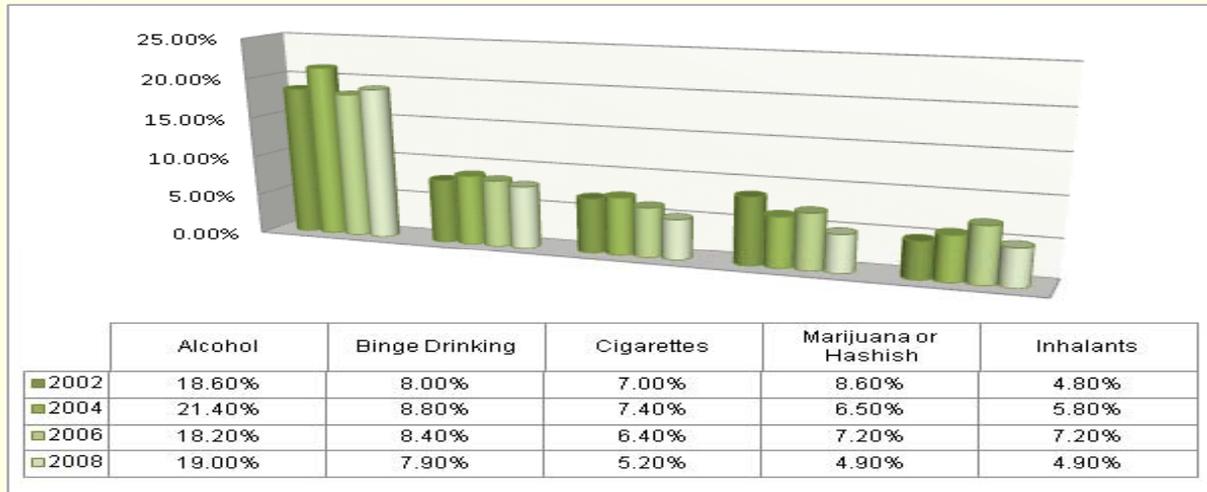
Based on the Florida Youth Substance Survey, in 2006, approximately 7 percent of the middle school respondents reported marijuana or hashish use. More than 18 percent (18.9%) of these respondents, in 2006, reported alcohol use.

Overall, the use of inhalants was the lowest, ranging from 4.8 percent to 7.2 percent. In 2002, approximately 8 percent stated that they had participated in binge drinking, while in 2006 the percentage slightly increased to 8.4 percent. Overall, 2004 had the highest percentages for use of alcohol, binge drinking, and cigarettes.

Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Substance Abuse

**EXHIBIT A-12
PAST 30 DAY ALCOHOL AND DRUG USE - MIDDLE SCHOOL**



Source: Florida Youth Substance Survey – Leon County Report.

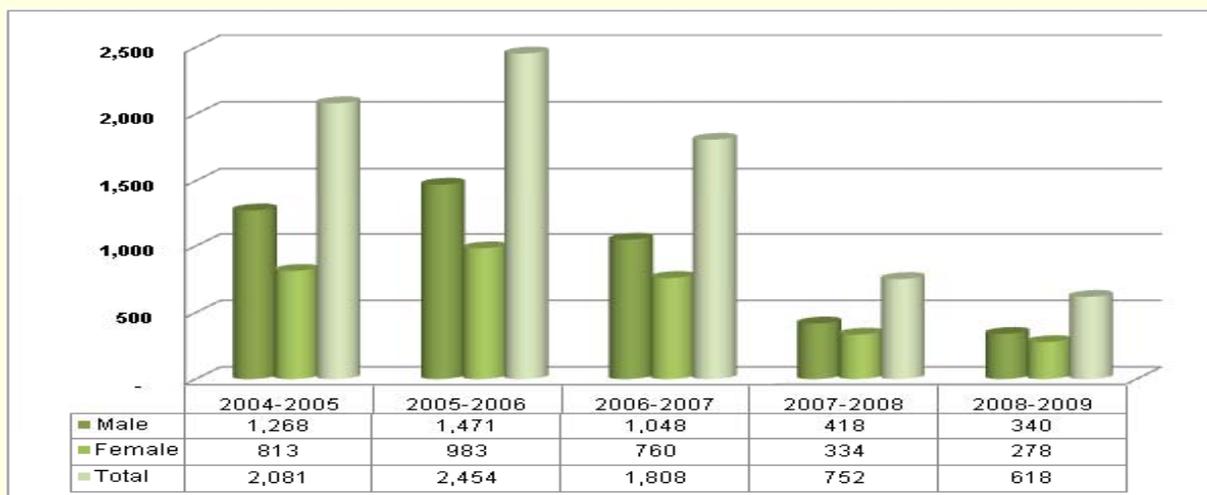
Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Mental Health

In 2001, the U.S. Surgeon General's *Report of the Surgeon General's Conference on Children's Mental Health, A National Action Agenda*, concluded that one in ten children and adolescents suffer from a mental illness severe enough to cause some level of impairment. Yet, in any given year, it is estimated that about one in five of such children receive specialty mental health services.

According to data provided by the Florida Department of Children and Families, the total number of children provided with mental health treatment dramatically decreased from 2,081 in 2004-2005 to 618 in 2008-2009. Based on this data, more male children, when compared to female children, received treatment.

**EXHIBIT A-13
MENTAL HEALTH TREATMENT FOR CHILDREN**



Source: Florida Department of Children and Families.

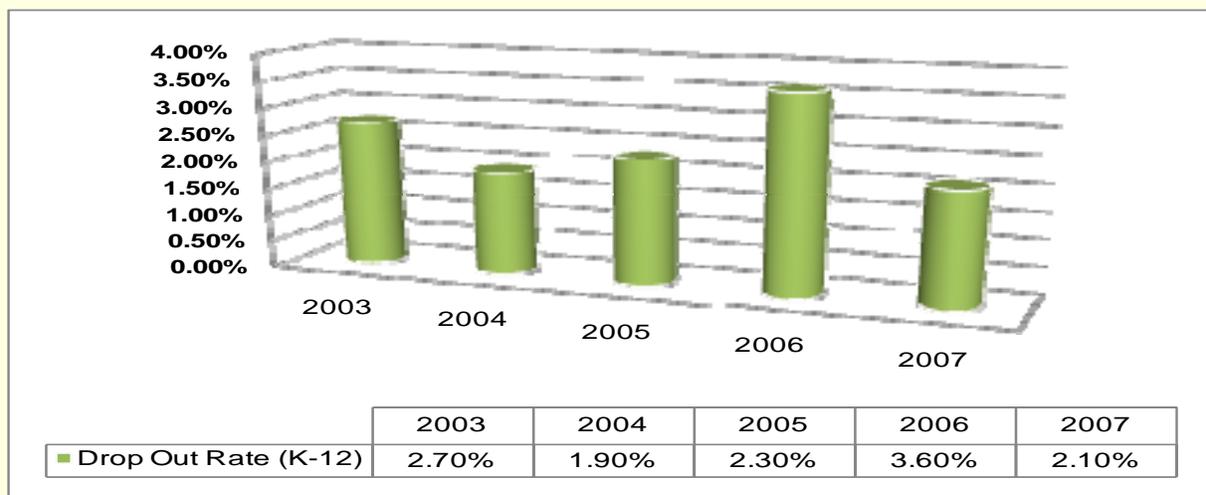
Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – School Dropouts

High school graduation rates are a key indicator of the success of the school system. Conversely, dropout rates are another key indicator, which can have severe consequences those students, as well as the entire community. Historically, the state dropout rate remains around 3 percent.

The exhibit presents results based on Florida Department of Education data. Based on this data, the dropout rate in the County was better than the state average, except for in 2006. However, what is not captured or presented in this data are differences between the dropout rate in certain neighborhoods/communities, which may vary significantly.

**EXHIBIT A-14
DROPOUT RATE (K-12)**



Source: Florida Department of Education.

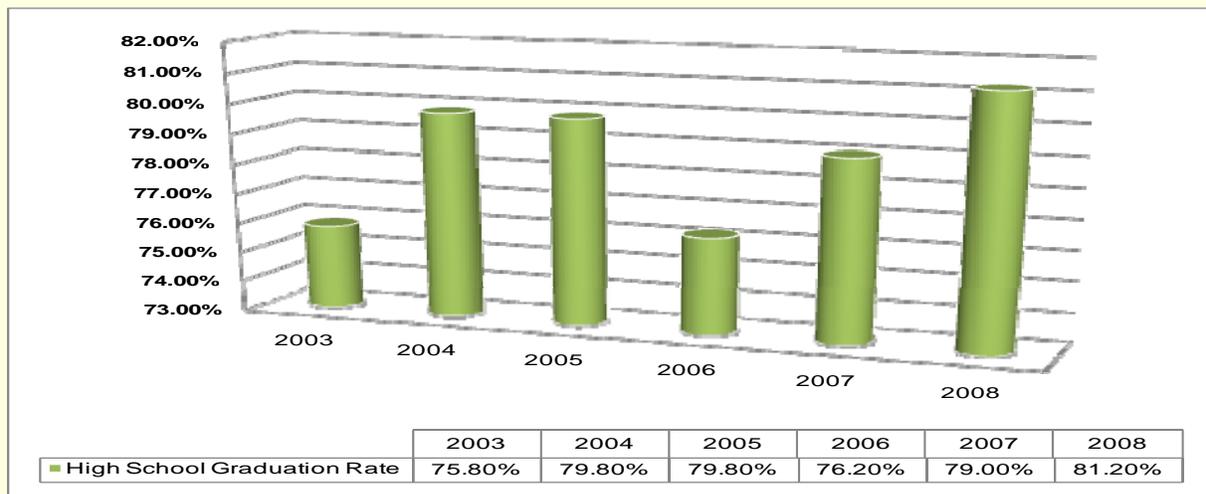
Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – Graduation Rates

Based on the Florida Department of Education data, the graduation rate in the County was generally higher than the state graduation rate. The state graduation rate fluctuates between 72 and 75 percent, while County ranged from 75.8 percent to 81.2 percent.

In addition a previous study conducted by MGT, the Northside neighborhoods tended to have higher graduation rates when compared to Southside neighborhoods. Based on this study, in 2005, the Bond community had lowest graduation rate at 74 percent.

**EXHIBIT A-15
HIGH SCHOOL GRADUATION RATE**



Source: Florida Department of Education.

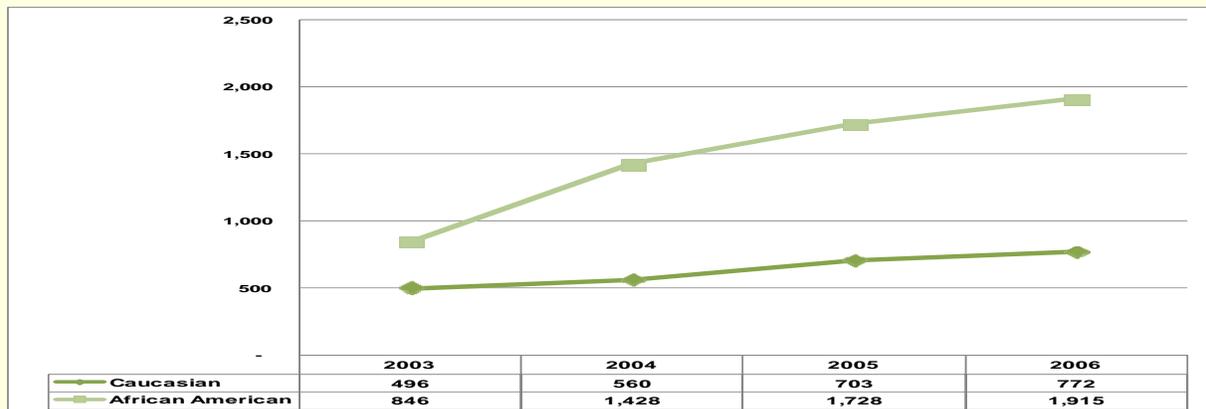
Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – School Suspensions

School suspensions can be a key indicator of how well children and youth function in a school-setting and community. In addition, studies show that suspensions can be linked to other issues, including increased delinquency and other anti-social behaviors. The following exhibits present results on in- and out-of school suspensions.

In-school suspensions increased between 2003 and 2006. African American students had a disproportionately high number for in-school suspensions when compared to Caucasian students. In-school suspensions for African American students increased from more than 800 (846) in 2003 to more than 1,900 (1,915) in 2006.

**EXHIBIT A-16
IN-SCHOOL SUSPENSIONS**



Source: Florida Department of Education.

Appendix A: Indicator Data

Child/Adolescent/Youth Functioning – School Suspensions

The following exhibit shows that results on out-of-school suspensions. As with in-school suspensions, the number of suspensions among African American students had a disproportionately high number when compared to Caucasian students.

Based on stakeholder input, the higher rates of suspensions for African American students is a major concern of educators and parents in the County. Parent stakeholders that MGT interviewed were particularly concerned that their children are being treated unfairly and that many schools are too quick to suspend African American students in comparison to Caucasian students.

**EXHIBIT A-17
OUT-OF-SCHOOL SUSPENSIONS**



Source: Florida Department of Education.

Appendix A: Indicator Data

Adult Functioning

There are several ways to examine adult functioning as a key indicator of human service needs. One could examine in terms of certain characteristics such as age, or behavioral risk factors such as health status, chronic health conditions, and lifestyle. Adult functioning can also be examined in terms of socio-economic factors and/or target populations, such as the homeless or mentally ill. One of the challenges MGT faced was determining which factors to examine and the context in which they should be examined. In doing so, there was ample evidence to show that adult functioning across the age continuum is important to both family life and community life, and have a huge impact on many of the indicators discussed in the preceding sections. With this in mind, this section addresses adult functioning in terms of health and mental health. Numerous studies have shown that good physical health and good mental health impact everything from employment to family, and the ability to function on a day-to-day basis. Issues related to the elderly are addressed in a separate section.

To some extent, selected indicators related to the adult population were captured in some of the discussion related to family functioning. For example, employment, unemployment, and other family indicators are germane to the adult population in general. MGT thought it was important, however, to include adult functioning in an effort to address specific needs such as health and mental health which can affect adults and families alike.

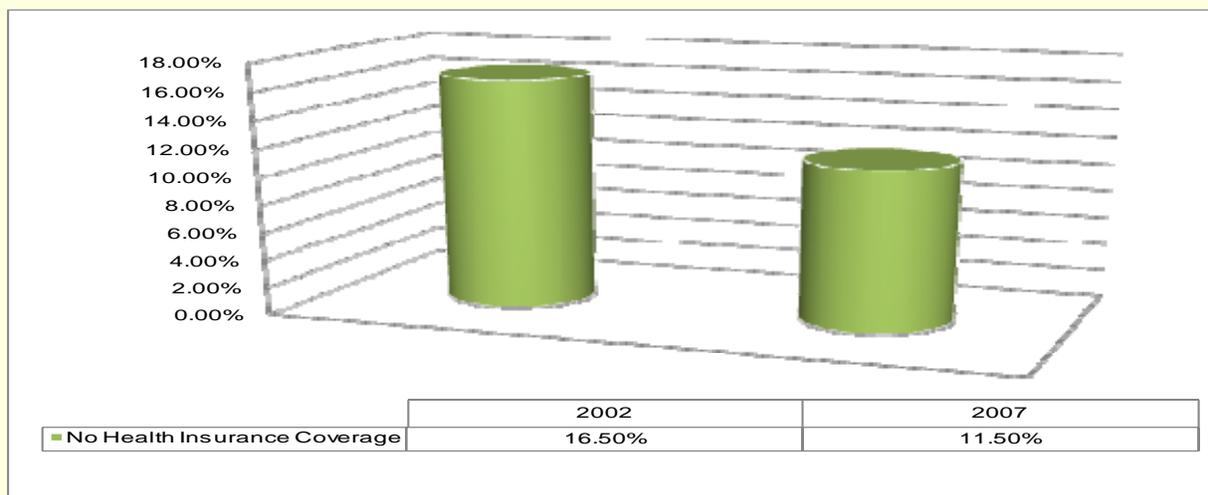
Health insurance coverage has an impact on the ability of adults to function. Studies show that persons with health insurance and healthcare are more likely to have better physical health and more likely to be productive employees and citizens than persons without insurance coverage.

Appendix A: Indicator Data

Adult Functioning

The exhibit presents that among the adult population, adults who stated that they had no health insurance coverage decreased by 5 percent between 2002 and 2007, 16.5 percent to 11.5 percent.

**EXHIBIT A-18
ADULTS WITH NO HEALTH INSURANCE COVERAGE**



Source: Florida Department of Health

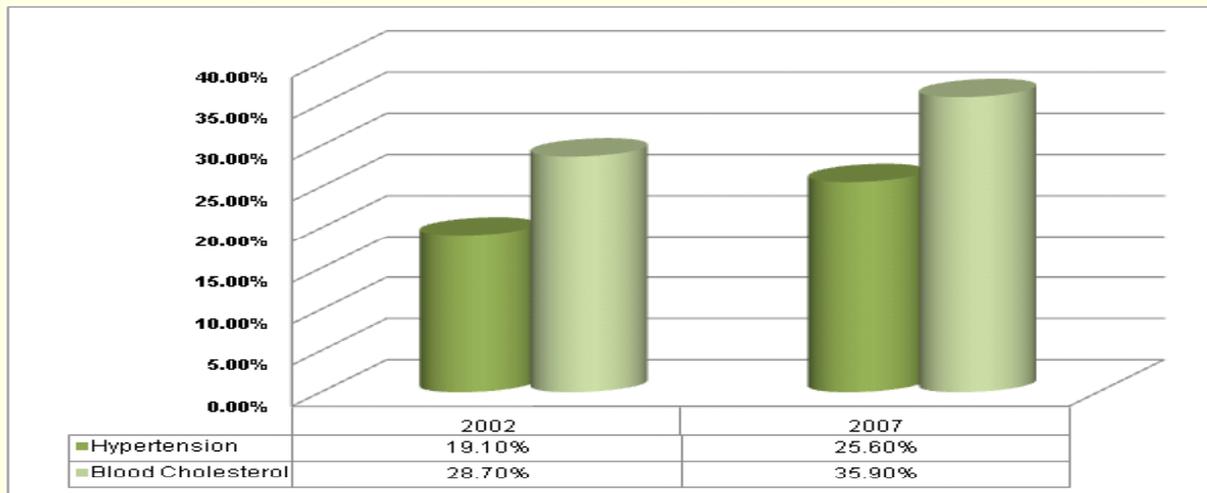
Appendix A: Indicator Data

Adult Functioning

Hypertension is a serious but treatable condition that impacts physical health particularly among the minority population. As studies have shown, there is a direct link between hypertension and increased risk of stroke, heart attack, and other illnesses.

The percentage of adults who reported being diagnosed with hypertension increased between 2002 and 2005 by 6 percent, 19.1 percent to 25.6 percent. Those who reported being diagnosed with high blood cholesterol increased by approximately 6 percent between 2002 and 2007, 28.7 percent to 35.9 percent.

**EXHIBIT A-19
ADULTS DIAGNOSED WITH HYPERTENSION
AND HIGH BLOOD CHOLESTEROL**



Source: Florida Department of Health

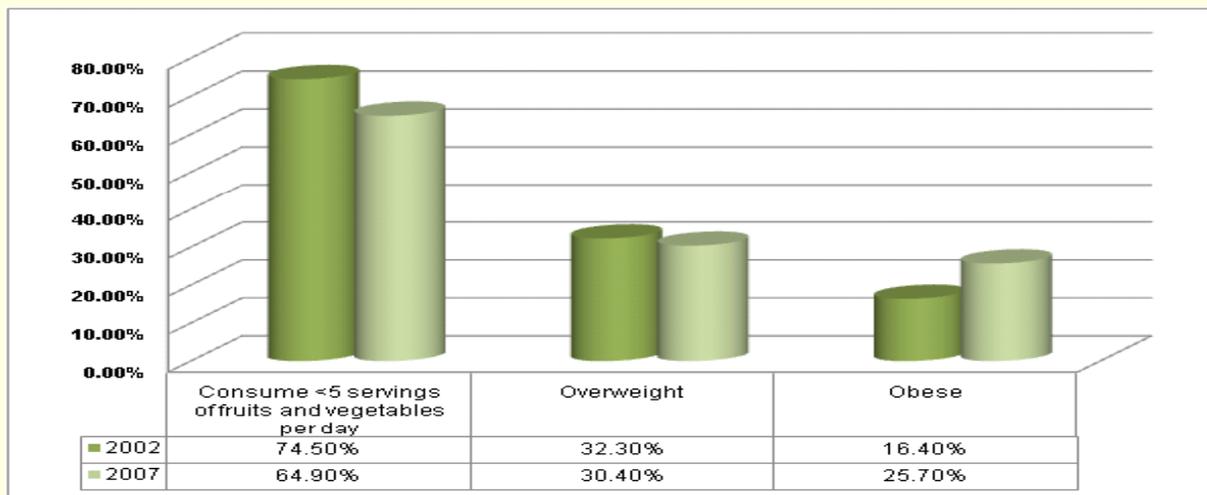
Appendix A: Indicator Data

Adult Functioning

Nutrition is a key factor in overall health and can make a significant difference in conditions that impact physical health. Approximately 74 percent (74.5%), reported that they consumed less than five servings of fruits and vegetables per day.

This percentage did not change substantially between 2002 and 2007; however, it did decrease from 74.5 percent to 64.9 percent. In addition, there was a small decrease in the percentage of adults who reported that they are overweight between 2002 and 2007, 32.3 percent to 30.4 percent. However, the percentage of adults reporting that they are obese increased substantially between 2002 and 2007, 16.4 percent to 25.7 percent.

**EXHIBIT A-20
ADULTS AND NUTRITION AND WEIGHT**



Source: Florida Department of Health

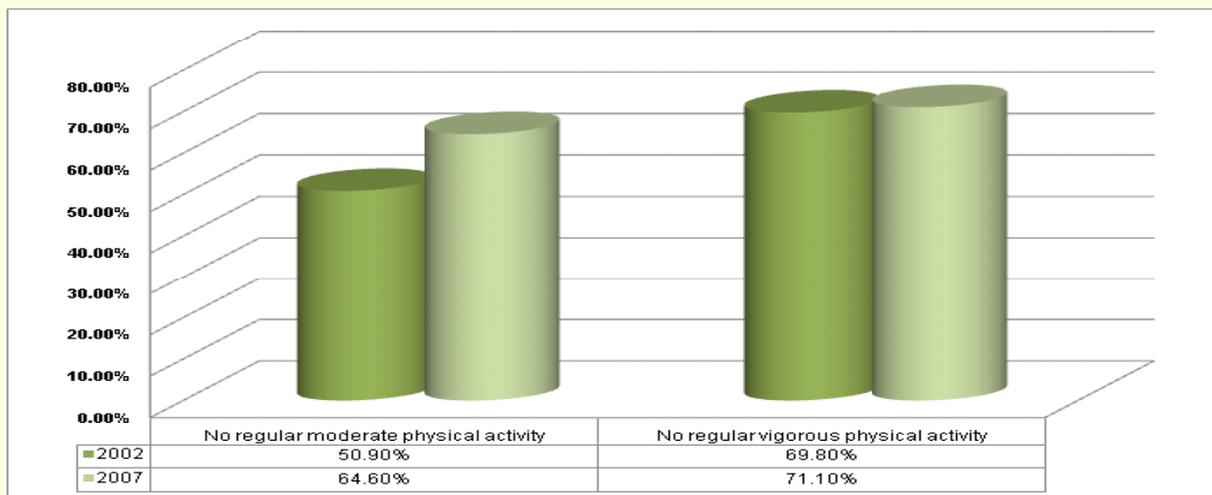
Appendix A: Indicator Data

Adult Functioning

Adults who engage in physical activity tend to be healthier and less at risk than adults who live sedentary lives with little or no physical activity. The percentage of adults who reported that they did not engage in regular moderate physical activity increased between 2002 and 2007, 50.9 percent to 64.8 percent.

The self-reported pattern was consistent for the percentage of respondents who did not engage in regular vigorous physical activity. The percentages for no regular vigorous physical activity increased from 69.8 percent in 2002 to 71.1 percent in 2007.

**EXHIBIT A-21
ADULTS AND PHYSICAL ACTIVITY**



Source: Florida Department of Health

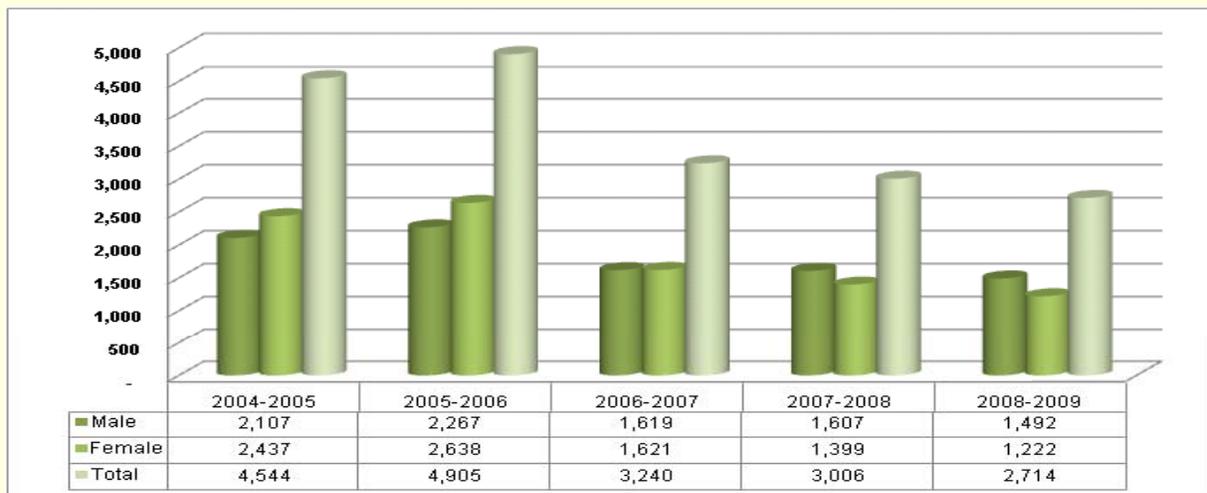
Appendix A: Indicator Data

Adult Functioning

Availability of mental health services was viewed as a serious problem by mental health advocates. The number of adults receiving mental health treatment decreased from 4,544 in 2004-2005 to 2,714 in 2008-2009.

In general, more males, when compared to females, received mental health treatment. The decrease may be attributed to fewer individuals seeking treatment, the lack of mental health services, or both.

**EXHIBIT A-22
MENTAL HEALTH TREATMENT - ADULTS**



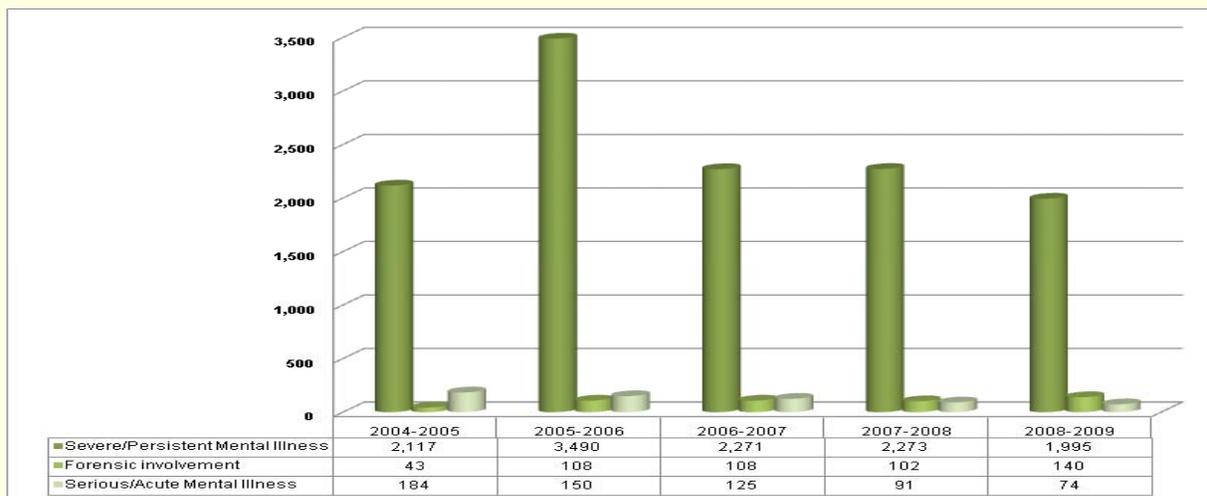
Source: Florida Department of Children and Families.

Appendix A: Indicator Data

Adult Functioning

Criminal activity and behavior is a major concern in this community and a key indicator of adult functioning. The number of adults receiving mental health treatment related to criminal behavior (forensic involvement) increased substantially from 43 in 2004-2005 to 140 in 2008-2009.

**EXHIBIT A-23
MENTAL HEALTH TREATMENT - ADULTS**



Source: Florida Department of Children and Families.

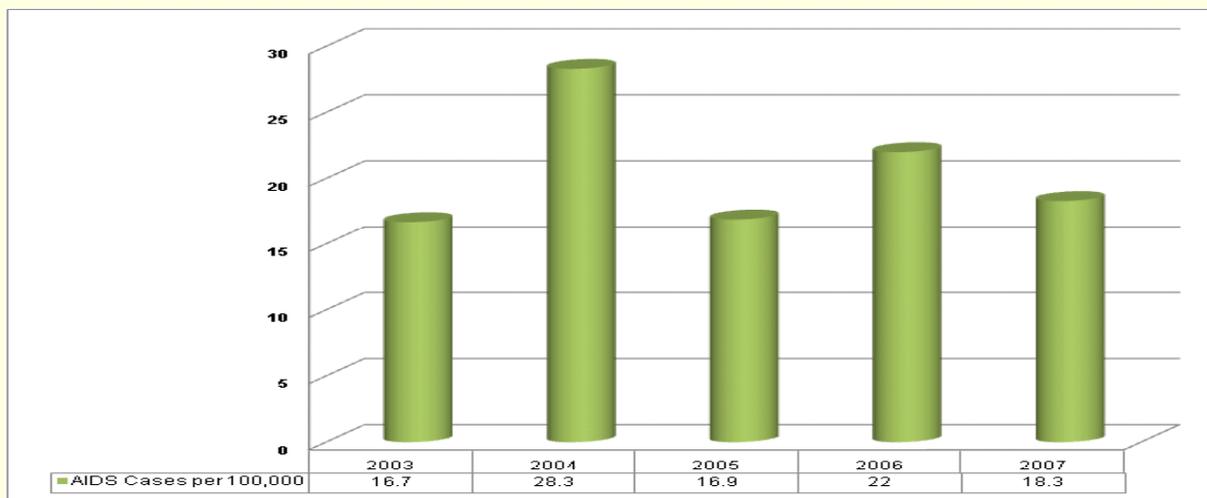
Appendix A: Indicator Data

Adult Functioning

In a previous study conducted by MGT, neighborhoods/communities in Bond, Frenchtown, and East Apalachee Parkway had higher levels of both Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) cases in comparison to other parts of Leon County.

Based on MGT's previous study, the Bond community had the highest rate of AIDS infection cases in Leon County (42.07 cases per 100,000 people). The exhibit shows that the number of AIDS cases increased significantly from 16.7 in 2003 and to 28.3 in 2004. The number of cases significantly increased again in 2006.

EXHIBIT A-24
AIDS CASES PER 100,000



Source: Florida Department of Health.

Appendix A: Indicator Data

Elderly Functioning

A needs assessment would be incomplete without a focus on the needs of the elderly. According to the Florida Department of Elder Affairs, 2008 County Profiles, approximately 31 percent of the population was 0 to 75 years old and an additional 3.9 percent was over 84 years of age. Similar to other parts of the state and nation, Leon County is “graying,” particularly as the “Baby Boom” population becomes older. According to the Elder Affairs Leon County Profile, a majority of the 60+ population (56%) is female. Minority elderly make up about 22 percent of the 60+ elderly population. Among minority elderly 60+, almost 3,000 live at or below federal poverty guidelines. Like elderly citizens elsewhere, Tallahassee’s elderly population face a number of concerns including nutrition, companionship, cost of living, maintaining their independence, health care, transportation, and safety, to name a few. In addition, access and availability of personal care, in-home services, adult day care, assisted living, and other services become important with increasing age and disabilities and/or health conditions that may follow.

For the 60+ population, financial status can be an important indicator of the need for services. Elderly citizens who are at or below the poverty guidelines are much more likely to need certain types of services than the elderly who are more financially secure. Likewise, elderly who are healthy and without chronic health or medical conditions are less likely to need certain services. The exhibits and discussions which follow focus on several factors which are indicators of need.

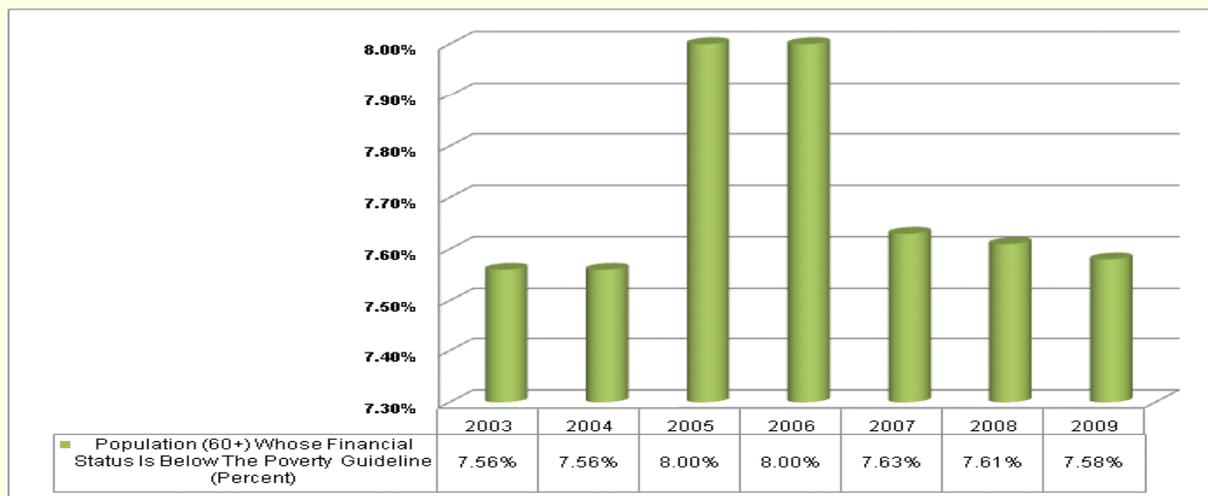
Appendix A: Indicator Data

Elderly Functioning

In Tallahassee and Leon County, there are elderly persons who live at or below the poverty line, which means in some instances they are more likely to be in need of certain services.

The most significant increase in percentage of elderly whose financial status placed them below the poverty line occurred from 2004 at 7.6 percent to 8 percent in 2005 and 2006. There was a decrease in the subsequent years, averaging at 7.6 percent.

**EXHIBIT A-25
POPULATION (60+) WHOSE FINANCIAL STATUS IS
BELOW THE POVERTY LINE**



Source: Florida Department of Elder Affairs.

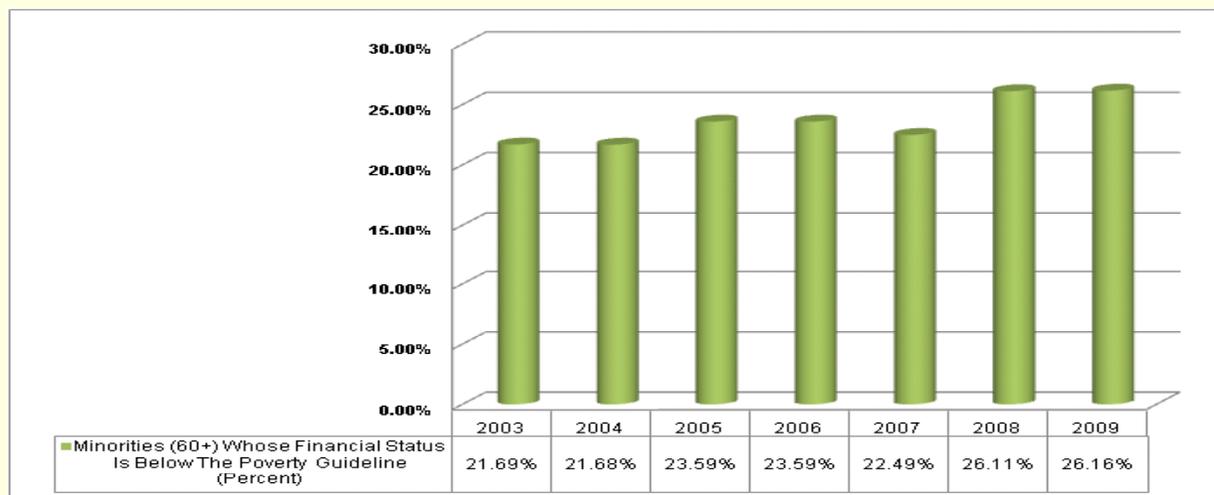
Appendix A: Indicator Data

Elderly Functioning

As mentioned, financial status is an important indicator of certain needs. As shown in the following exhibit, a significant percentage of minority elderly are living at or below the poverty line. The percentage of minorities (the majority being African American) whose financial status placed them below the poverty line ranged from 24 percent with no more than a 2.5 percent variation between 2003 and 2009.

The highest percentage was in 2009 at 26.2 percent and lowest percentage was in 2004 at 21.7 percent

**EXHIBIT A-26
MINORITIES (60+) WHOSE FINANCIAL STATUS IS
BELOW THE POVERTY LINE**



Source: Florida Department of Elder Affairs.

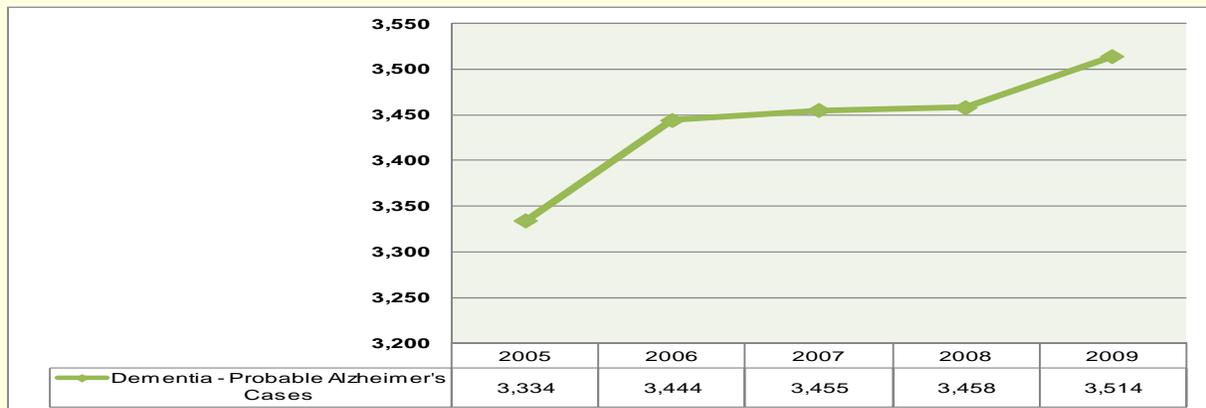
Appendix A: Indicator Data

Elderly Functioning

Alzheimer's Disease can be a particularly debilitating illness for the elderly and their families. The illness can drain the elderly and their families financially, emotionally, and physically. Support services, respite services, care-giving services, and skilled nursing care tend to be critical in meeting the needs of persons with Alzheimer's Disease and their families.

The number of reported probable Alzheimer's Disease cases increased from more than 3,300 (3,334) in 2005 to more than 3,500 (3,514) in 2009. There has been a steady increase the number of cases from 2005 to 2009.

EXHIBIT A-27
DEMENTIA – PROBABLE ALZHEIMER'S CASES



Source: Florida Department of Health.

Appendix A: Indicator Data

Safety and Security

Safe neighborhoods are important in any community and is certainly a key factor in overall perceptions about the quality of life in Tallahassee and Leon County. Throughout this study, MGT received feedback from a number of residents who indicated neighborhood safety was a major issue and concern.

For the community at large, safety and security are generally defined in terms of a low crime rate, particularly for the crimes defined as index crimes, i.e. murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. For children and youth, crime and violence in neighborhoods, schools, and families can significantly impact their growth and development. Although, recent figures that show a decrease in crime in Leon County, safety and security is a major issue, particularly for neighborhoods that tend to suffer from gang violence and other criminal activity. In recent months, several incidents of violence that resulted in deaths have increased and heightened concerns about youth or teen violence in particular. For example, the Youth Summit this past summer focused on youth violence and gangs which, according to law enforcement and youth themselves, is on the upswing in Tallahassee.

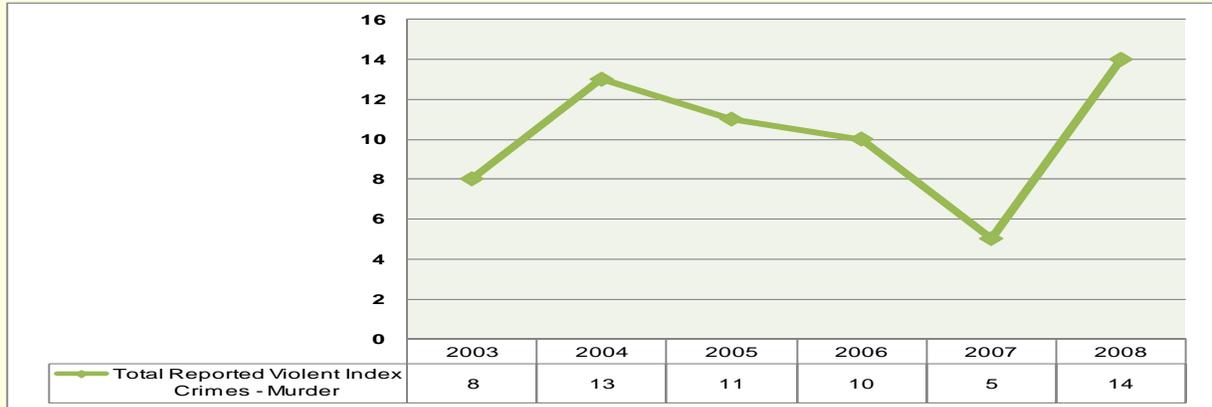
Throughout the study, perceptions were shared that violence has increased in recent years, particularly among young adults and in certain neighborhoods.

The highest number of murders occurred between 2004 and 2006, followed by a substantial increase from 2007 of five reported murders to fourteen reported murders in 2008.

Appendix A: Indicator Data

Safety and Security

EXHIBIT A-28
TOTAL REPORTED VIOLENT CRIMES - MURDER



Source: Florida Department of Law Enforcement.

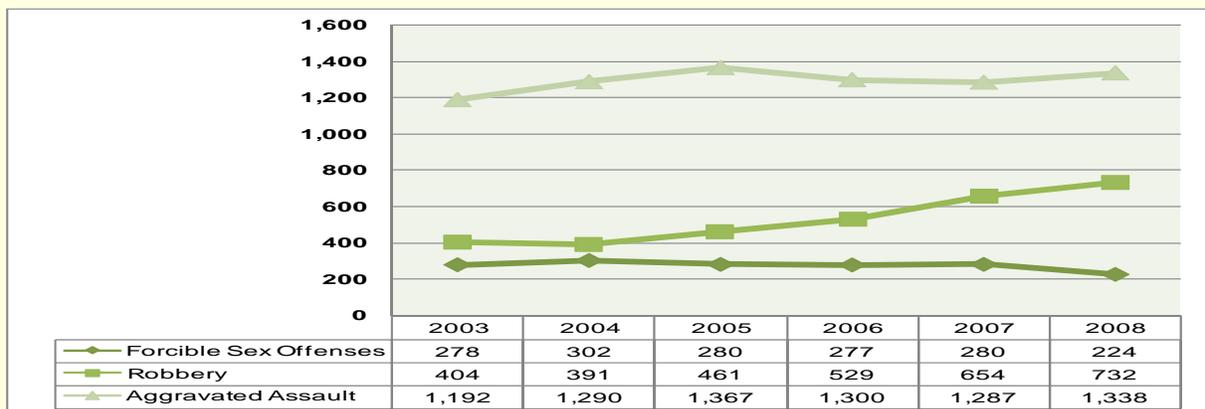
Appendix A: Indicator Data

Safety and Security

Several other crimes, such as robbery, sex offenses, and robbery also shape general perceptions about safety and security in Tallahassee and Leon County. The following exhibit presents trends related to these crimes since 2003.

Since 2003, aggravated assault had the highest number of occurrences ranging from 1,287 to 1,367. Typically, aggravated assault victims and perpetrators are known to each other and often live in the same neighborhood. These results may also reflect increased gang activity, which is a growing problem in several neighborhoods/ communities. Forcible sex offenses had the lowest number of occurrences ranging from 224 to 302.

**EXHIBIT A-29
TOTAL REPORTED VIOLENT INDEX CRIMES (EXCLUDING MURDER)**



Source: Florida Department of Law Enforcement.

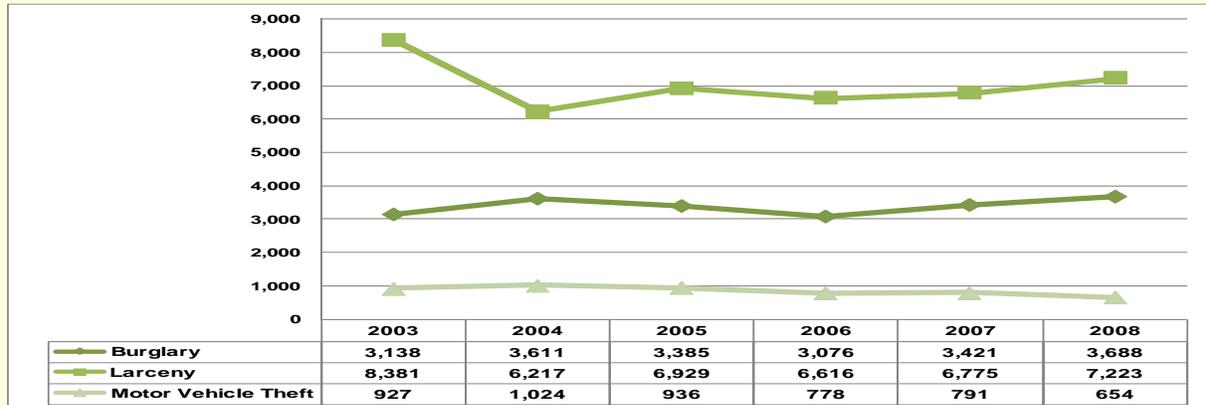
Appendix A: Indicator Data

Safety and Security

In addition to acts of violence, property crimes are also a major concern of residents in several neighborhoods/communities. Crimes such as burglary and theft can leave residents feeling insecure and unsafe in their own homes.

Larceny accounted for the highest number of crimes committed between 2003 and 2008, ranging from 6,217 to 8,381. While the number of reported larcenies decreased in 2004 through 2007, the number increased to more than 7,200 (7,223) in 2008. This pattern, along with other property crimes, is expected to continue as the economy remains in a recessive state.

**EXHIBIT A-30
TOTAL REPORTED PROPERTY CRIMES**



Source: Florida Department of Law Enforcement.

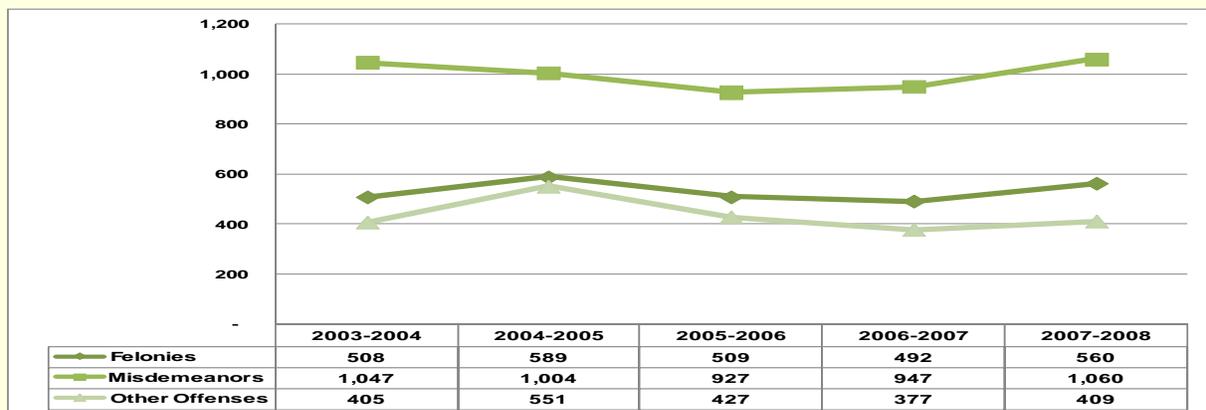
Appendix A: Indicator Data

Safety and Security

Juvenile crime is viewed as a serious problem by parents, law enforcement, victims, and many youth. The following exhibit shows delinquency referrals between 2003 and 2008.

The number of referrals for felonies ranged from a high of 589 in 2004-2005 to a low of 492 in 2006-2007. Overall, misdemeanors had the highest number of delinquency referrals. The pattern of referrals shows the need for prevention, diversion, and treatment services aimed at reducing juvenile crime and keeping juveniles out of the adult system.

**EXHIBIT A-31
DELINQUENCY REFERRALS RECEIVED
10-17 YEARS OF AGE**



Source: Florida Department of Juvenile Justice.

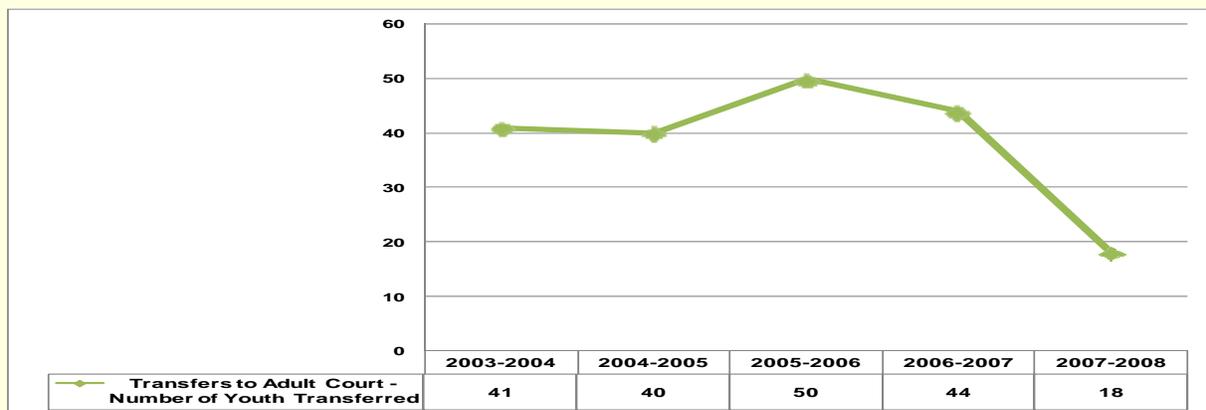
Appendix A: Indicator Data

Safety and Security

Some youth (juveniles) commit crimes that warrant being treated as an adult in the criminal justice system.

As presented in the exhibit, the highest number of youth (juveniles) were transferred to adult court in 2005-2006 (50). The smallest number (18) of juveniles were transferred in 2007-2008.

**EXHIBIT A-32
TRANSFERS TO ADULT COURT
NUMBER OF YOUTH TRANSFERRED**



Source: Florida Department of Juvenile Justice.