



A Program of  
Life Management Center of Northwest Florida, Inc.

## **ANNUAL SERVICE SUMMARY**

**Contract Year**

**July 1, 2006 – June 30, 2007**

**Prepared by:**

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## *Healthy Families Bay and Gulf Counties*

### ***ANNUAL SERVICE REVIEW July 1, 2006 through June 30, 2007***

#### **Introduction**

In an effort to appropriately serve the families of Healthy Families Bay/Gulf, a comprehensive service review is completed annually. To ensure that all families are provided quality services based on their unique needs and experiences, Healthy Families Bay/Gulf reviewed the program's efforts to offer excellent and culturally competent services to all families served. The review will include all aspects of the program, including service delivery, personnel turnover, and hiring practices.

#### **CRITERIA FOR ANNUAL SERVICE REVIEW**

Areas for formal review include:

1. Demographic information for target population and relationship of the target population to the service population.
2. Organizational agreements with community entities.
3. Definition and measurement of assessment and program acceptance rates.
4. Analysis of assessment outcomes and analysis of refusals by Family Assessment Worker, zip code and type of screen.
5. Analysis of assessment and program refusals among eligible families.
6. Plan to increase program acceptance rate for individuals refusing program.
7. Definition and measurement of retention rates by FSW.
8. Analysis of groups, which dropped out of the program.
9. Plan to increase retention among participant groups dropping out of the program
10. Analysis of and plan to increase home visit completion rate.
11. Comparison of staff to service population and sensitivity to participant's culture and description of program materials relative to participant-centeredness.
12. Description of practices used in assigning workers to participants and overseeing of home visiting.
13. Training on the unique characteristics of service population.
14. Staff and participant input regarding culturally appropriate services.
15. Analysis of personnel turnover, which includes:
  - Job position
  - Reasons for leaving
16. Promotion of the father involvement in program services.
17. Description of Advisory Board members and Advisory Board/Governance review of annual service summary.

## RESULTS OF THE REVIEW

### 1. Demographic information for target population and relationship of the target population to the service population.

#### ***Target Population versus Service Population***

Healthy Families Bay/Gulf serves all zip codes represented in the Bay and Gulf County areas. Our target population includes all families living in Bay and Gulf counties. Total live births during 2005 were 2,391 for Bay County and 130 for Gulf County. Tables 1 and 2 present, by county, information that compares the target ([www.floridacharts.com](http://www.floridacharts.com)) and service populations ([www.ounce.org](http://www.ounce.org)) by childbearing age, race, marital status, and employment ([www.bls.gov](http://www.bls.gov) – Bureau of Labor & Statistics) .

*Table 1- Bay County*

<b>BAY COUNTY</b>	<i>Target Population</i>	<i>Service Population</i>
<b>AGE</b>	Child-Bearing Women	Child-Bearing Women
17 or Younger	4%	11.4%
18	9%	7%
19	9%	7%
20 – 34	58% (20 to 29)	67.1%
Older than 34	29% (30+)	7.6%
<b>RACE</b>		
White	76%	57%
African-American	14%	24.7%
Hispanic	6.5%	13.3%
Other	1.5%	5.1%
<b>MARITAL STATUS</b>		
Births to Unwed Mothers	42%	66.5%
<b>EMPLOYMENT</b>		
Employed	56% (16+)	42.2%
Unemployed	3.7%(16+)	56.8%
Student/Fellowship/Other		.8%

*Table 2 – Gulf County*

<b>GULF COUNTY</b>	<i>Target Population</i>	<i>Service Population</i>
<b>AGE</b>	Child-Bearing Women	Child-Bearing Women
17 or Younger	5%	11.1%
18	5%	0%
19	5%	11.1%
20 – 34	69% (20 – 29)	77.7%
Older than 34	21% (30 +)	0%
<b>RACE</b>		
White	85%	66.7%
African-American	15%	22.2%
Hispanic	0%	11.1%
Other	0%	0%
<b>MARITAL STATUS</b>		
Births to Unwed Mothers	40%	55.6%
<b>EMPLOYMENT</b>		
Employed	56% (16+)	50%
Unemployed	3.9% (16+)	50%

According to the Department of Health Office of Vital Statistics ([www.Floridacharts.org](http://www.Floridacharts.org)), the total population of Bay County in 2005 was 162,499, and the total population of Gulf County was 16,543. From these numbers, a further break-down by race indicates that, in Bay County, 85% of residents were Caucasian, 11.5% were African American, and 3% were other nonwhite races. In Gulf County, 78% of the total population was Caucasian, 20.5% were African American, and 1.5% were other nonwhite races. The target population, in comparison to our service population, indicates close parallels with regard to the racial and ethnic make-up of both. Of interest is the higher number by percentage of Hispanic participants in the target population than in the service population.

In Bay County, there were 31,788 (20%) women of childbearing age (ages 15 to 44), and in Gulf County, there were 2,351 (14%). In regards to the teen pregnancy rate, in Bay County, there were 182 (8%) of births to mothers between the ages of 13 and 18, while in Gulf County, there were 15 (11.5%). With regard to the median age of child-bearing women served, the bulk of the women in our service population were between 20 and 34 years of age. It is of interest that, while the target population's rate of teen pregnancy was only 4%, our service population indicated a substantially higher percentage (11%) that was 17 or younger. This is an increase over the previous fiscal year, from 8% in Bay County and 0% in Gulf County to 11% in both.

The most striking differences between the target versus service populations are marital status and employment. In Bay and Gulf Counties, there is a significantly higher rate in the service population of unemployment and unwed mothers. It should also be noted that a proportion of mothers in the program choose to be stay-at-home mothers while other family members/significant others are employed and provide adequate income. Despite these exceptions, it is clear that the unemployment status of a large portion of the service population often leads to barriers for other needs, such as adequate housing and ability to afford other necessities such as transportation.

## **2. Organizational agreements with community entities.**

Healthy Families Bay/Gulf has formal interagency agreements with a variety of local agencies to facilitate a spirit of cooperation and referrals amongst these agencies. These organizations include:

- The Bay County Health Department
- The Bay, Franklin, Gulf Healthy Start Coalition, Inc.
- Big Bend Community Based Care
- Children's Home Society/Early Intervention Program
- Early Education and Care, Inc.
- Early Head Start Program
- Gulf Coast Medical Center
- Gulf County PAEC Even Start Family Literacy Project
- Gulf County School Board Teen Parenting Program
- Gulf County Health Department
- Pregnancy Resource Center of Panama City, Inc.
- North Florida Child Development, Inc.
- The Salvation Army Domestic Violence Program

These agencies are vital to the success of our program and are considered valuable resources for community events, referrals, and links to other resources. During this fiscal year, the program added North Florida Child Development, Inc. and the Salvation Army Domestic Violence Program to its list of interagency memorandums of agreement.

Gulf County is an area that the program struggles to engage due to the relatively small number of births coupled with a resistance to help from agencies outside of their community. The Gulf County School Board Teen Parenting Program is one that has always been supportive of Healthy Families. Their representative is an active member (and former chair) of the Healthy Families Bay/Gulf Advisory Board, and she maintains contact with the program and provides direct referrals as she receives word of local pregnancies. As a knowledgeable member of our Advisory Board, she understands the program and is able to speak to potential participants and encourages them to be receptive to our efforts.

Similarly, North Florida Child Development, Incorporated is an agency seated in Gulf County. The director of this program has recently been elected as Chair of the Healthy Families Bay/Gulf program, and he works to keep Healthy Families connected to other Gulf County programs. He is also very aware of our eligibility criteria and looks at local mothers involved in Early Head Start and Head Start in Gulf County for possible referrals. He also keeps the program manager updated on prenatal classes (and thus potential participants) being offered in Gulf County.

Gulf Coast Medical Center births approximately 75% of Bay County's babies and is also very actively involved in the Advisory Board. The newly elected Vice-Chair of the Advisory Board works via the Women and Children's Center at Gulf Coast Medical Center, and her presence has resulted in numerous direct referrals from the labor and delivery floor of the hospital. Because of this relationship, Healthy Families was able to serve a mother whom we otherwise would not have been aware of, as she received no prenatal care and was referred by the hospital upon the birth of her baby.

The Bay, Franklin, Gulf Healthy Start Coalition and the nurses at the Bay County Health Department both have representation on the Healthy Families Bay/Gulf Advisory Board, and direct staff work very closely with the local Healthy Start staff on almost a daily basis to staff existing cases and to receive direct referrals on others. Because of the excellent working relationship between Healthy Families and Healthy Start, we have served many participants who, after being "unable to locate" via their Prenatal Screen, became open to our services because of the support and recommendation of their Healthy Start nurse.

### **3. Definition and measurement of assessment and program acceptance rates.**

#### ***Assessment***

Healthy Families Bay/Gulf receives the vast majority of screens from the Bay, Franklin, Gulf Healthy Start Coalition. The Healthy Start Universal Prenatal Risk Screening Instrument is used to identify whether the family is eligible for a Healthy Families Florida Assessment. If the family is referred by another agency or through self-referral, the family is screened using the Healthy Families Florida screen.

If the family is defined as positive for an assessment, the Family Care Advisor (FCA) attempts to contact the family to schedule an assessment to determine program eligibility. The position of the Family Care Advisor was created specifically to address the issues of scheduling assessment appointments, among other duties. These duties include obtaining the Healthy Start Prenatal Screens and attempting to contact families whose screens are identified as positive for possible eligibility for our services. From there, the FCA calls the families to offer appointments for the assessment worker. She schedules all assessment appointments, ensuring the most efficient tracking of these appointments via an excel spreadsheet and diligent documentation on the prenatal screens of all contact attempts. She is also an invaluable resource with regard to assisting FSW's with creative outreach efforts, making telephone calls, sending letters, and contacting local pediatricians, the Health Department, etc. to find lost participants.

The assessment portion of Healthy Families is a service unto itself. Assessments are offered to those families with a positive screen and may also be offered on an individual basis should the referring agent have information not obtained through the screen indicating an increased risk for potential abuse and neglect. Upon completion of the assessment, the families are either invited to participate in the Healthy Families Bay/Gulf program or receive a referral to an agency more closely matching their needs. For the fiscal year, Healthy Families Bay/Gulf received the following number of screens:

- Healthy Start Prenatal Screens - 1625
- Record Screens (agency/self-referral) - 8
- Postnatal Screens - 2

In analyzing these numbers, it appears that, since fiscal year 2004/2005, the number of referrals from Healthy Start Prenatal Screens appears to have doubled (from 834 in 04/05 to 1,625 in 05/06). Another striking contrast exists between the difference in record screens (137 in 04/05 to only 8 in 05/06). In looking at the current screen tracking process and continuing to find ways to improve it, the current FAW and Program Manager have discovered prior gaps in the way the screens were tracked and reported. Of particular note are the low numbers of record screens. Prior to closer examination of this issue, any time an outside agency directly referred someone to Healthy Families, the FAW and Family Care Advisor looked to see if a prenatal screen was ever received. In the majority of cases, a previous prenatal screen was located, but it generally had already been counted as an outcome for a previous month if the Family Care Advisor made attempts to reach them but was not able to do so. Rather than count that direct referral as a record screen/direct referral, the old prenatal screen was pulled, and the FAW was entering that person as a prenatal screen, thus counting that screen twice, in the previous month's outcome as well as the month in which the direct referral was received. Therefore, it is highly probable that these numbers do not accurately reflect the true picture of screens/referrals received, as prenatal screens were often counted more than once and record screens were not being done.

That being said, with a great deal of research into where problems have existed, the current FAW and Family Care Advisor have created a system that should virtually eliminate these problems henceforth. In addition, the Program Manager began the supervision of the FAW portion of the program in January, 2006 and has gained a much better understanding of the entire process regarding screen tracking and the referral process, including hands-on experience with entering data into the HFF tracking system. After a great deal of work and restructuring, the full assessment and screen tracking portion of the program is now operating smoothly.

### **Assessment Acceptance**

*Assessment Acceptance Rate Definition =*

$$\frac{\text{Number (\#) that should have been assessed}}{\text{Number (\#) offered assessment}}$$

$$\text{Assessment Acceptance Rate} = \frac{208}{350} = 59\%$$

During this fiscal year, the assessment portion of the program has encountered several challenges, including the termination of two assessment workers, one right after the other. Throughout this turbulent time, from June, 2005 through May, 2006, there were repeated difficulties with assessment acceptance, as many of the families who initially agreed to have someone visit them for assessment eventually refused after repeated no-shows and cancellations by the FAW (s). Despite these challenges, the program still managed to increase its assessment acceptance rate from 54% in fiscal year 2004/2005 to 59% in this fiscal year.

The challenges encountered at the loss of both FAW (s) created confusion for the program as a whole, and the entire system of tracking screens, contacting potential participants, and scheduling assessments was recreated and streamlined in June, 2006. It should be noted that, since the new process has been in place, the assessment acceptance rate has shown dramatic improvement (81% cumulatively from September through November, 2006).

### **Program Acceptance**

Families are considered to have accepted services once they sign a participant agreement. Acceptance and refusal rates are measured quarterly. Plans are instituted as needed to increase acceptance rates and respond to emerging issues arising from these analyses. Circumstances surrounding families who leave the program will also be analyzed and changes instituted when appropriate. For purposes of calculating these rates, the following formula is used:

*Program Acceptance Rate Definition =*

**Number (#) of families who accepted services**

**Number (#) of families who accepted & refused services**

$$\text{Program Acceptance Rate} = \frac{80}{111} = 72\%$$

#### **4. Analysis of assessment outcomes and refusals by Family Assessment Worker (FAW), zip code and type of screen**

*Family Assessment Worker*

The following table presents assessment outcomes (positive and negative) by FAW.

*Table 3 – Bay and Gulf Counties*

<b>BAY COUNTY</b>	Consented at assessment	Refused at assessment	Refused during Creative Outreach	Program Acceptance Rate
<b>T. Buck</b>	10	5	1	62.5%
<b>A. Chapman</b>	30	6	5	73.2%
<b>M. Williams</b>	23	2	9	67.6%
<b>B. Ray</b>	2	0	0	100%
<b>E. Booth</b>	10	0	1	90.9%
<b>M. Lariviere</b>	4	0	1	80%

Analysis of these numbers do indicate a lower program acceptance rate among the prior two full-time Family Assessment Workers and the one part-time worker, none of whom are employed by Healthy Families Bay/Gulf any longer. It should be noted that, since assuming full-time status, the new family assessment worker has had only 7 refusals of the program out of 93 assessments, making her program acceptance rate a steady 92.5%.

*Analysis of assessment refusals*

Tables 5 and 6 provide an analysis of assessment refusals by type of screen and zip code.

*Table 5*

<i>Type Screen</i>	<i>Number Eligible for Assessment</i>	<i>Number Accepting Assessment</i>	<i>Refusal Rate</i>
Healthy Families Record Screen	1	1	0%
Healthy Start Pre Natal Screen	344	203	41%
Healthy Stat Post Natal Screen	2	2	0%

*Table 6*

<b>Zip Code</b>	<b><i>Number Eligible for Assessment</i></b>	<b><i>Number Accepting (expected) Assessment</i></b>	<b><i>Refusal Rate</i></b>
32401	71	35	51%
32403	9	1	89%
32404	79	46	42%
32405	57	39	32%
32407	13	7	46%
32408	19	8	39%
32409	19	8	58%
32413	11	10	9%
32444	37	26	30%
32456	6	6	0%
32465	11	8	27%
32438	6	3	50%
32466	12	9	25%

A close look at the analysis by zip code reveals a large refusal rate for the 32403 zip code, which is Tyndall Air Force Base. While efforts have been made to reach potential participants on the base, the vast majority of them receive all of their resources and have their needs met by the Air Force. In addition, a very small portion (a total of 9) of prenatal screens that were eligible for assessment came from this area. The Program Manager did initiate contact with the Air Force Base’s “Best Beginnings” program, a quarterly class offered/required of all pregnant families at TAFB. Healthy Families now makes quarterly presentations about the program during this class, and one current participant was present and became interested in the program during this class. In addition, the facilitator of “Best Beginnings” is now a member of the Healthy Families Bay/Gulf Advisory Board, and her presence has opened new doors for the program regarding outreach to Air Force families.

Next on the list of high refusal rates is the zip code 32438, which is the city of Fountain, a very rural area in the northern portion of Bay County. This rural area appears to be quite wary of the influence of outside agencies, even when the influence is helpful. Once again, the number of those eligible for assessment out of this area is quite low (a total of 6). Analysis of screens over the last year have indicated a very large percentage of this population does not respond to HFBG’s offer of services, either refusing to return phone calls or offers through letters, or frequently having either no telephone or one that is disconnected. It is suspected that many of the families in this area are transient, moving frequently and not leaving forwarding information for follow-up. This town is located North on Highway 231, making it a likely place for residents to move easily between North Florida and Alabama.

Finally, the 32456 area had a 75% refusal rate. Analysis of screens received over the past year indicate a low number that come from this zip code, and of those that are received, very few return telephone calls or express any interest in help from outside agencies. One of the Advisory Board members is a Gulf County native, and she is a major support of Healthy Families Bay/Gulf. This Advisory Board member is very tuned in to the happenings in her county, and she is quick to refer potential participants our way when she becomes aware of a need. One FSW has been assigned to Gulf County, and she makes efforts to collaborate with our sister agencies in this area, including the Gulf County School Board and the Healthy Start Coalition in that area. Her efforts include weekly trips to Gulf County to see existing participants, monthly attendance at the Gulf County Interagency meetings, and trips to the Gulf County Health Department to attempt to see the Healthy Start worker housed there.

**5. Analysis of assessment and program refusals among eligible families.**

**Assessment Refusals**

Assessment Refusal Definition=

**Number (#) of families assessed**

**Number (#) of families who were eligible for assessment**

Assessment Refusal Rate =

$$\frac{142}{347} = 41\%$$

**Program Refusals**

Program Refusal Definition =

**Number (#) of families refusing services**  
**Number (#) of families eligible for program**

Program Refusal Rate

$$\frac{31}{111} = 28\%$$

All programs refusals were in Bay County. Reasons for refusal were as indicated:

- Not interested = 20
- Feel they know enough = 3
- Other = 4
- Unknown = 4

Age ranged from 16 years of age to 41 years of age. Demographic and zip code analysis failed to reveal any trends in refusal rates. As mentioned previously, particularly with the refusal rate at assessment, the trend appears to have been with several FAWs, a situation which is no longer an issue for the project. In addition, there often appeared to be a long turnaround time between assessment and assignment of the FSW (often 2 weeks or more) by the Program Supervisor, leaving too much time for a potential participant to be lost or to lose interest in the program.

## **6. Plan to increase assessment and program acceptance rate for individuals refusing program.**

### ***Assessment***

Plans to increase the assessment acceptance rate have begun to succeed. In July, 2006, a new Family Care Advisor was hired, and the previous one moved to the position of the MIS specialist (data entry). The FAW, new Family Care Advisor, Program Manager, and Healthy Families Florida program specialists all met during a technical assistance visit in August, 2006 to review the protocol for making assessment appointments. The collaboration included brainstorming on what worked as well as what did not, and a new, streamlined process between the FAW and Family Care Advisor was initiated. Thus far, the new system appears to be working well, as the assessment acceptance rate for the September through December, 2006 quarter is at 73%.

Plans to increase the assessment acceptance rate for individuals refusing the program include:

- Monitoring of the language and demeanor used by Family Care Advisor when calling potential participants;
- Having the Family Care Advisor initiate contact with potential participants earlier in the pregnancy (i.e. as soon as screens are received);
- Establishing close communication between the FAW and Family Care Advisor and a regulated system of documenting appointments and their outcomes (completed, no shows, etc.) in the FAW's Outlook calendar;
- Continue accepting direct referrals from outside agencies;
- Seek out referrals from agencies and Advisory Board members who serve those areas that are difficult for HFBG to access (Gulf County agencies); Program Manager will resume at least monthly visits to Gulf County once the new Program Supervisor has fully assumed supervision responsibilities; and
- Establishing a regular supervision time for the Family Care Advisor with the Program Manager once the new Program Supervisor takes over FSW supervision.

**Program**

Plans to decrease the program refusal rate include:

- faster turnaround time from the Program Supervisor with regard to the time between assessment and FSW case assignment;
- regular shadowing of FSW's by program supervisor and/or program manager to assess if refusals may be due to individual FSW characteristics or presentation style;
- closer monitoring of time between assessment and first home visit by Program Supervisor; and
- Family Care Advisor will schedule all initial home visits for the FSW's immediately upon case assignment.

7. Definition of retention rate and measurement of retention by program and FSW.

**Program Retention Rate Definition =**

$$\frac{\text{Open participants} + \text{number transferred out} + \text{completed participants} + \text{target child aged out}}{\text{Number (\#) of families served}}$$

$$\text{Program Retention Rate} = \frac{85 \text{ open} + 6 \text{ completed} + 1 \text{ aged out}}{167} = 55\%$$

**Family Support Worker**

Table 7 provides a view of the Family Support Worker closures by level, reason for closure and retention rate.

Table 7

<i>FSW</i>	<i>Level</i>	<i>Level</i>	<i>Level</i>	<i>Level</i>	<i>Level</i>	<i>Level</i>	<i>Level</i>	<i>Level</i>	<i>Total</i>
<i>James</i>	<i>1-P</i>	<i>1</i>	<i>1-SS</i>	<i>1-E</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>X</i>	
<i>MOOSA</i>		<i>1</i>			<i>1</i>				<i>2</i>
<i>Not Interested</i>				<i>2</i>	<i>1</i>			<i>1</i>	<i>4</i>
<i>Lost Contact</i>								<i>6</i>	<i>6</i>
<i>Transferred</i>									<i>0</i>

<i>Child Removed</i>							1		1
<i>Parent School/Work full-time</i>									0
<i>Completed</i>							2		2
<i>Other</i>									0
<b>TOTAL</b>		1		2	2		3	7	15
15 leaving/ 36 served = *67% retention *Does not include completers									

<i>FSW PIERCE</i>	<i>Level 1-P</i>	<i>Level 1</i>	<i>Level 1-SS</i>	<i>Level 1-E</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level X</i>	<i>Total</i>
<i>MOOSA</i>					1	1		1	3
<i>Not Interested</i>				1		1			2
<i>Lost Contact</i>								9	9
<i>Transferred</i>									0
<i>Child Removed</i>									0
<i>Parent School/Work full-time</i>								1	1
<i>Completed</i>									0
<i>Other</i>								1	1
<b>TOTAL</b>				1	1	2		12	16
16 leaving/ 40 served = 60% retention									

<i>FSW VEGA</i>	<i>Level 1-P</i>	<i>Level 1</i>	<i>Level 1-SS</i>	<i>Level 1-E</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level X</i>	<i>Total</i>
<i>MOOSA</i>	<i>1</i>				<i>2</i>	<i>1</i>		<i>2</i>	<i>6</i>
<i>Not Interested</i>								<i>2</i>	<i>2</i>
<i>Lost Contact</i>	<i>1</i>					<i>1</i>		<i>2</i>	<i>4</i>
<i>Transferred</i>									
<i>Child Removed</i>									
<i>No time</i>									
<i>Completed</i>									
<i>Other</i>								<i>1</i>	<i>1</i>
<i>TOTAL</i>									<i>13</i>
13 leaving/ 33 served = 61% retention									

<i>FSW LARIVIERE</i>	<i>Level 1-P</i>	<i>Level 1</i>	<i>Level 1-SS</i>	<i>Level 1-E</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level X</i>	<i>Total</i>
<i>MOOSA</i>		<i>2</i>			<i>1</i>				<i>3</i>
<i>Not Interested</i>								<i>1</i>	<i>1</i>
<i>Lost Contact</i>								<i>3</i>	<i>3</i>
<i>Referred Out</i>					<i>1</i>				<i>1</i>
<i>Child Removed</i>						<i>1</i>			<i>1</i>
<i>No time</i>									
<i>Completed</i>									
<i>Other</i>								<i>1</i>	<i>1</i>
<i>TOTAL</i>									<i>10</i>
10 leaving/ 20 served = *50% retention									
*Note: FSW promoted to FAW but still retains 5 FSW cases									

<i>FSW PAIGE</i>	<i>Level 1-P</i>	<i>Level 1</i>	<i>Level 1-SS</i>	<i>Level 1-E</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level X</i>	<i>Total</i>
<i>MOOSA</i>									<i>0</i>
<i>Not Interested</i>									<i>0</i>
<i>Lost Contact</i>									<i>0</i>
<i>Transferred</i>									<i>0</i>
<i>Child Removed</i>									<i>0</i>
<i>No time</i>									<i>0</i>
<i>Completed</i>									<i>0</i>
<i>Other</i>									<i>0</i>
<i>TOTAL</i>									<i>0</i>
0 leaving/ 11 served = 100% retention *FSW only employed since April, 2006									

The newest FSW (Kilgore) was not included in this analysis, as she did not begin to serve any families until June of this year.

### **8. Analysis of groups, which dropped out of the program.**

The three levels with the highest closure rates are Level I, Level II, and Level X. Demographics show the following characteristics among those that closed out of the program:

(1) Education

- Less Than High School = 41.8%
- High School/Equivalent = 32%
- Vocational College = 2.50%
- Some College = 23.7%
- Degreed = 0%
- None Selected = 0%

(2) Age

- 17 or Younger = 4.9%
- 18 Years Old = 4.9%
- 19 Years Old = 9.9%
- 20 – 34 = 71.6%
- Older than 34 = 8.6%

(3) Race

- White – non Hispanic = 60.5%
- Black - non Hispanic = 25.9%
- Asian or Pacific Islander = 1.2%
- Hispanic = 9.9%
- Multi/Bi-racial = 1.2%
- Other = 1.2%

(3) Housing

- Living with Others = 28%
- Homeowner = 4%
- Renting = 57%
- Subsidized Housing = 7%
- Other Public Housing = 2.0%
- Unknown = 1%

(4) Marital Status

- Never Married = 66.7%
- Divorced = 6.2%
- Widowed = 0%
- Separated = 3.7%
- Now Married = 19.8%
- Cohabitation = 3.7%

(5) Closure Reasons

- Target Infant/Child Died = 0%
- MOOSA = 22.2%
- Vanished = 35.8%
- Parent School/Work Full Time = 3.7%
- Child Removed by CPS = 1.5%
- Not Interested = 19.8%
- Other = 8.6%
- Referred Out = 1.2%
- Completed HFF Program = 6.2%
- Child Removed by CPS = 2.5%

Program Level at Closure	Number	%
Level I	13	16%
Level I-P	1	1.2%
Level I-SS	0	0%
Level I-E	5	6.2%
Level II	10	12.3%
Level III	5	6.2%
Level IV	6	7.4%
Level X	41	50.6%

The data reveals that the highest number of closures occurs with those who are white-non Hispanic, between 20 and 34 years of age, are not married, and have less than a high school education. A significant percentage (28%) were also noted as “living with others,” indicating a high incidence with this population of temporary living situations with friends and/or relatives and, perhaps, less stability and less of a likelihood of the others in the home welcoming our program. Closely in line with the temporary nature that many in this population tend to live are the numbers of those who close on Level X, with the closure reason “vanished.”

It should be noted that the statistical data with regard to the demographics of closures very closely parallels the statistical data of the overall service population, as the service population is largely white – non Hispanic, between 20 and 34 years of age, not married, and have less than a high school education. In looking at the comparison, there does not appear to be much of a difference in the composition of closures versus the service population and, therefore, no trends regarding demographics of those who opt out of the program.

**9. Plan to increase retention among participant groups dropping out of the program.**

The above analysis reveals that a vast majority of participants close due to moving out of the service area (22.2%), not interested (19.8%) or vanishing/losing contact (35.8%).

Plans to increase retention among participants include:

- More discussion and documentation during FSW supervision on creative outreach efforts between supervision sessions for level X families.
- Implementation of a new procedure regarding any closures (if contact is still possible) whereby the program supervisor will call families wishing to close out services to get their input as to why they wish to discontinue services.
- Holding FSWs accountable and not closing out families unless there is clear documentation of varied and consistent creative outreach efforts.
- Adding additional space on intake documentation to gather more contacts for participants, with their permission (best friends, coworkers, etc.).

## **10. Analysis of and plan to increase home visit completion rate.**

Healthy Families Bay/Gulf home visit completion rate for the fiscal year was 72%, a full 10% increase in the completion rate from the previous fiscal year. The home visit rate since the beginning of the January, 2006 continues to show improvement, with a cumulative rate of 78%, with the last two consecutive quarters showing 89% and 87% respectively. In addition, analysis by each FSW does indicate that at least two FSW's had home visit completion rates far below the expected 80%. One of these FSWs has since been terminated, and the other has been working with the Program Manager and has begun to show improvement in her home visit completion rate. The program manager is monitoring her performance closely and is providing close supervision on a weekly basis. All other FSW's continue to meet and/or exceed the expected home visit completion rate. The following plans have been implemented to increase and maintain the home visit completion rate:

- FSW Supervisor monitors home visits due at least once monthly and advises FSWs how many home visits are due on each participant;
- FSW Supervisor provides a print-out to each FSW at least monthly with the home visits due based on the HFF data system;
- Program manager provides time management training and feedback to all FSWs, including having all of them post their home visit schedules in their Outlook calendars, which can be accessed by supervisory staff for closer monitoring;
- Each FSW is given feedback on at least a biweekly basis regarding how close the FSW is to meeting the quarterly goal.

## **11. Comparison of staff to service population and sensitivity to participant's culture.**

During the fiscal year, demographics for the service population indicated:

- White Non Hispanic 57.5%
- Black Non Hispanic 24.6%
- Hispanic 13.2%
- Multi/Bi-Racial 2.4%
- Asian or Pacific Islander 1.2%
- Other 1.2%

Comparison of staff to service population indicates the following racial breakdowns by FSW/FAW: 1 African American (7.1%), 1 Bi-racial (7.1%), 1 Hispanic (7.1%), and 11 Caucasian (78.6%) for the majority of the fiscal year. In comparison, the percentages are similar to those of the service population, although the staff demographics indicate a lower black and Hispanic rate than those represented in the service population and a higher white rate. The service population continues to see a significant rise in the Hispanic population in the service population, up from 6.7% in fiscal year 2004/2005 to 13.2% in the current fiscal year. A majority of the Hispanic families served are illegal immigrants who are Spanish speaking only, limiting Healthy Family's ability to assign these families to the only Spanish speaking FSW. It is remarkable to continue to see an increase in the service population of

illegal Hispanics, as most of these referrals are not received via the prenatal screen but via “word of mouth” amongst existing participants.

Healthy Families Bay/Gulf is extremely fortunate to have Life Management Center as its lead entity, as cultural sensitivity training is required of all LMC staff and is updated yearly. In addition, Healthy Families has been fortunate to host trainings sensitive to the local culture of this area, enhancing the awareness and safety of all staff members who engage in home visitation services and enabling them to work carefully amongst different types of cultures. These trainings have included a gang awareness training by the Bay County Sheriff’s Office and training by the local Salvation Army Domestic Violence Program to enhance FSWs sensitivity to these potentially dangerous issues.

## **12. Description of practices used in assigning workers to participants, overseeing of home visiting and description of program materials relative to participant-centeredness.**

### ***Assigning Workers***

The process of assigning an FSW to a participant begins with the assessment narrative, which is carefully reviewed and discussed with the FAW by the FAW Supervisor. During this review, all aspects of the participant’s particular needs are considered, from cultural values, language, ethnicity/race, personal history (including abuse history), and personality characteristics, and the FSW supervisor completes the Sensitivity to Needs form with input from the FAW. The FSWS considers these needs during case assignments and puts a high priority on matching participants with the FSW she feels will best meet the needs of a particular participant. However, in the event that a pairing is not successful, she is also willing and able to reassign cases on an as needed basis. To this end, the Program Manager has implemented a new policy requiring the FSWS to call any participant who expresses an interest in closing services to establish a closure reason and to offer reassignment of FSW when needed.

There are two instances where there is little or no choice with our service population; those who reside in Gulf County and those who speak only Spanish. Gulf County participants are relatively few compared to the overall service population, so one FSW has been given the Gulf County area and is assigned all Gulf County cases. Spanish speaking only participants are assigned to our only bi-lingual, Hispanic FSW. While this FSW serves all Hispanic participants, she is also assigned English speaking participants as needed.

### ***Home Visiting***

The FSW Supervisor plays an extremely active role in the overseeing of home visiting. She makes random quality assurance telephone calls to participants regarding their home visitor and any feedback given is relayed to the FSW. The Program Manager has hired a new FSWS, with the understanding that shadowing of all FSW’s is to occur at least every six months, with preference on quarterly shadowing to closely monitor home visit activities. During weekly supervision, she discusses home visit sessions with the FSW’s and provides feedback and suggestions on referrals, activities, and assistance in addressing difficult issues that often arise with families. The FSW Supervisor is also an ally to the FSW’s in making sure that they are making the required number of home visits per quarter. She pulls home visit completion rates weekly on all FSW’s and reviews them during regularly scheduled

supervision. In addition, the Program Manager has begun having all FSW's put their home visit schedules on their Microsoft Outlook calendars, which are able to be viewed/shared by the program supervisor and program manager. This provides time management skill building for all home visitors, and improvement in outcomes on all measures has been evident since beginning this practice.

Regarding cultural sensitivity during home visits, the Family Support Workers work hard to make sure that their participants understand the materials they bring into the homes. In addition to the GGK curriculum, FSW's utilize resources from within the community to address their participants' unique needs, which vary from FSW to FSW, as well as from family to family. The following are ways in which FSW's demonstrate cultural competence during home visits:

- Avoidance of directive approaches and sensitivity to the desires of participants and their family members;
- Ability to provide information and direction in a way that empowers participants and makes them feel included and valued;
- Availability of program manager and/or supervisor to accompany them on home visits to help address specific issues (i.e. mental health or safety) as needed;
- Recognition of family values and traditions of participants and their families that are different than those of the family support worker and ability to honor those values and traditions while providing information that is of significance to the health and safety of the family;
- Attempt to include significant others/family members who reside with participants in home visits, including having them sign participant agreements as non-primary participants, to maintain an atmosphere of inclusion and to facilitate acceptance of program materials and goals; and
- Working individually with each and every program participant, including the formation of unique Family Support Plans tailored to each participant's life and needs.

Participant Satisfaction Surveys and Cultural Competence Surveys are conducted yearly, giving families an opportunity to give feedback on quality of services (see Opportunities for Family Input for survey results). The project had several participant events/groups over the last fiscal year after requests from the satisfaction surveys last year from participants themselves to have more opportunities to meet each other. These events have been highly successful, with participants still asking for more of such opportunities on this year's satisfaction survey. The latest survey once again indicated an overall 98% approval rating.

### **Program Materials**

The program offers a wide variety of materials, all of which are participant centered. Materials for participants are provided in both Spanish and English languages, and the reading level is simple and understandable. Graphics on HFBG posters display participants of various cultures, opening the door to the many levels of culture seen in our target population. Materials are also practical for use in participants' homes, such as many of the incentive items used for engagement and/or re-engagement. HFBG posters are being displayed in local areas where our target population is likely to frequent, such

as a nearby laundry mat, around the lead entity lobby, and in the offices of local pediatricians and the Health Department.

### **13. Training on the unique characteristics of service population.**

The service population of Bay and Gulf counties encompasses a wide diversity of characteristics, and home visitors encounter a vast array of situations for which additional training is helpful. Of particular concern within the last year was the proliferation of gang activity in Bay County. Family Support Workers indicated a need for additional training on this subject, as they often do visits in the heart of areas of known gang activity. The Bay County Sheriff's Office agreed to do training for Healthy Families staff members on the local gang issue, enabling them to better recognize gang activity, signs, and paraphernalia. Due to the huge ramifications of this issue beyond the borders of Healthy Families, the program manager invited other Life Management Center employees who engage in home visitation services as well as the entire Healthy Start nursing staff to attend. The training was very well attended by all who were invited.

Domestic violence is yet another issue that is often a factor in the families served by Healthy Families, and staff members welcomed the opportunity to hear from the local Salvation Army Domestic Violence Program to better familiarize themselves with services offered for their participants. A local counselor from the DV program came to a Healthy Families staff meeting and presented staff members with excellent information regarding all services available to victims of domestic violence in the local area.

Bay County is also well known nationally for its beaches, but with that notoriety comes the dangers inherent in a population surrounded by sun and water. To address these issues, Healthy Families held a "Summer Safety Day" for its participants. During this event, a representative from the local chapter of the Red Cross came and talked with participants about water and sun safety issues. Life Management Center was also fortunate to have Project HOPE among its programs, and they attended "Summer Safety Day" and did a presentation for participants on hurricane safety. This was an excellent opportunity for Healthy Families to reiterate the importance of safety planning and emergency contact information to those in attendance.

Finally, one of the most important things home visitors feel that participants can learn is the importance of reading regularly to their babies from the very beginning to enhance language skills and overall development. To make this important point with their participants in a visible way, they arranged for a participant event with a guest speaker from the local library. During the event, the speaker spoke with participants about reading to their babies/children, and she read and sang to the babies/children present. Healthy Families staff members brought their own young children as well to emphasize their own belief in this important value. The guest speaker brought free books for the children to take home, had them apply for their own library cards, and did a lively reading presentation that entertained everyone.

### **Opportunities for Family Input**

Eighty (80) Participant Satisfaction Surveys were distributed in September, 2006,. Of the participant surveys distributed, 23% were returned in October. Results of these surveys are shown below in Table 8 by respondent percentage per question. The survey indicates 100% of participants who responded felt that they have been treated with courtesy and respect.

*Table 8*

Participant Satisfaction Surveys

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable	Total
1. My home visitor treats me with courtesy and respect.	100.0%	.0%	.0%	.0%	.0%	.0%	23
2. I am comfortable talking to my home visitor about my family and me.	95.7%	.0%	4.3%	.0%	.0%	.0%	23
3. My home visitor visits me at a time that is good for my family and me.	87.0%	13.0%	.0%	.0%	.0%	.0%	23
4. If I have a complaint(s), it is handled well.	78.3%	21.7%	.0%	.0%	.0%	.0%	23
5. My home visitor tells me about services in my area.	65.2%	26.1%	8.7%	.0%	.0%	.0%	23
6. During each home visit, my home visitor spends enough time with me.	91.3%	8.7%	.0%	.0%	.0%	.0%	23
7. My home visitor helps me with my goals.	73.9%	26.1%	.0%	.0%	.0%	.0%	23
8. My home visitor gives me helpful information about parenting.	82.6%	13.0%	4.3%	.0%	.0%	.0%	23
9. My home visitor gives me useful information about my child's health and development.	73.9%	21.7%	.0%	.0%	.0%	4.3%	23
10. The activities I do with my home visitor are helpful.	72.7%	27.3%	.0%	.0%	.0%	.0%	22
11. My ability to cope with problems and stress has improved since I started with Healthy Families.	69.6%	21.7%	4.3%	.0%	.0%	4.3%	23
12. My home visitor speaks to me in a language I understand or has an interpreter to help.	95.7%	4.3%	.0%	.0%	.0%	.0%	23
13. My patience with children has improved since I started with Healthy Families.	56.5%	26.1%	13.0%	.0%	.0%	4.3%	23
14. My home visitor understands and respects my culture.	91.3%	8.7%	.0%	.0%	.0%	.0%	23
15. I would like more opportunities to interact with other parents in the program.	43.5%	17.4%	30.4%	.0%	4.3%	4.3%	23
16. I think I am a better parent because of Healthy Families.	56.5%	21.7%	17.4%	4.3%	.0%	.0%	23
17. I would recommend Healthy Families to my friends.	87.0%	13.0%	.0%	.0%	.0%	.0%	23
18. Overall, I am satisfied with the home visiting services that I receive.	95.7%	4.3%	.0%	.0%	.0%	.0%	23

23. I would like to see my home visitor/HFA site do the following to increase their level of cultural competence with me and my family:

*“There aren’t any improvements needed. My home visitor has helped me with every problem and we have improved on everything we needed to.”*

*“FSW is terrific. Please pay her more so she feels well rewarded because I am sure it is not enough for all the good she has done my family. I consider her one of my friend now she has been coming to my home for over 1 yr.”*

*“I am very thankful for this program and for my worker because with her advice it is practical to take care of babies.”*

**Opportunities for Staff Input**

**I. Organizational Environment**

Staff members were given the Staff’s Assessment of Agency Cultural Competence surveys to complete in December, 2006. Overall, their responses indicated confidence in the cultural competence of the program. Their responses by each category are listed in the chart below.

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Don’t Know
1.	The agency’s mission statement and policies and procedures reflect a commitment to serving families of different cultural backgrounds.	75%	25%	0	0	0	0
2.	The agency’s personnel policies reflect a commitment to valuing staff diversity and helping staff enhance their cultural competence.	87.5%	12.5%	0	0	0	0
3.	The agency’s printed materials (brochures, flyers, pamphlets, etc.) reflect and affirm the various cultural backgrounds of the community served.	75%	25%	0	0	0	0
4.	The location, design and décor of the facility reflect and affirm the cultural backgrounds of the families served.	25%	75%	0	0	0	0
5.	Advisory Committee members are interested in, and supportive of cultural diversity within Healthy Families Bay/Gulf.	37.5%	37.5%	12.5%	0	0	12.5%
6.	Administrators are interested in, and supportive of, cultural diversity within Healthy Families Bay/Gulf.	75%	25%	0	0	0	0
7.	Staff are interested in, and supportive of, cultural diversity within Healthy Families.	87.5%	12.5%	0	0	0	0
8.	Administrators are willing to involve families and staff in decision making.	87.5%	0	0	0	0	0
9.	The cultural diversity among staff and Advisory Committee of the program is reflective of the diversity among the	62.5%	37.5%	0	0	0	0

	families served by Healthy Families Bay/Gulf.						
10.	The cultural diversity of the families currently served by the program is reflective of the cultural diversity of the families most in need of services in the broader community.	62.5%	37.5%	0	0	0	0

## **II. Program Management and Operations**

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Don't Know
11.	The program has and enforces policies against discrimination and harassment.	87.5%	12.5%	0	0	0	0
12.	The program's recruitment, interviewing and hiring processes are supportive of building a diverse staff.	87.5%	12.5%	0	0	0	0
13.	The program provides opportunities for leadership development and advancement for all staff including staff of different cultural backgrounds.	75%	25%	0	0	0	0
14.	The program provides adequate training regarding the cultures of the families served, staff, community and the interaction among them.	75%	25%	0	0	0	0
15.	The program addresses cultural tensions that arise within the organization and within the broader community	75%	25%	0	0	0	0
16.	The program values and recognizes staff who suggest new culturally relevant projects or programs.	87.5%	12.5%	0	0	0	0

## **III. Outreach and Community Involvement**

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Don't Know
17.	The program values and uses the advice of people of different cultural backgrounds.	50%	25%	0	0	0	12.5%
18.	The program consults families and community representatives of different cultural backgrounds in the development of new programs and services affecting their communities.	25%	50%	0	0	0	25%
19.	The program conducts effective community outreach in recruiting new staff and Advisory Committee Members of different cultural backgrounds.	50%	37.5%	12.5%	0	0	0
20.	The program encourages staff to attend or participate in outside cultural activities such as trainings and seasonal festivals.	37.5%	50%	0	0	0	12.5%
21.	The agency conducts effective outreach to families of different cultural backgrounds.	62.5%	25%	0	0	0	12.5%

#### IV. Service Delivery

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Don't Know
22.	The program provides multi-cultural programming to complement a wide variety of cultural events.	25%	62.5%	0	0	0	12.5%
23.	The program welcomes community faith based organizations to provide additional support to the families.	37.5%	50%	0	0	0	12.5%
24.	The program encourages staff to draw on the expertise of people of different cultural backgrounds in providing services to families of those backgrounds, and provides a mechanism for maintaining communication.	50%	50%	0	0	0	0
25.	The program encourages staff to become aware of their own culture and facilitates the educational process.	62.5%	37.5%	0	0	0	0
26.	Staff are encouraged to openly discuss cultural differences and influences with families.	62.5%	37.5%	0	0	0	0
27.	The program encourages families to examine their own cultures and the cultures of their peers, and to develop their own appreciation of diversity.	62.5%	37.5%	0	0	0	0
28.	Staff understand and respects the communication and other behavioral implications of different families' culture.	62.5%	37.5%	0	0	0	0
29.	The program considers the cultural implications of various options in making decisions regarding services and families.	62.5%	37.5%	0	0	0	0
30.	The program values family feedback on its services and its cultural competence.	87.5%	12.5%	0	0	0	0

Suggestions from staff members on the survey included hiring another bilingual FSW, hiring a bilingual FAW, having someone be able to speak to the Eastern cultures, more training on the cultures in the local area, and becoming more active in the communities Healthy Families Bay/Gulf serves. In rating the program's overall cultural competence on a scale from 1 to 10, the average of the 8 respondents to the survey was 8.6.

#### **15. Analysis of personnel turnover, which includes:**

- **Job position**
- **Reasons for leaving**

Within the fiscal year 2005-2006, the following personnel resigned or changed positions:

☒ December 2005

1 Family Assessment Worker = Terminated

☒ January 2006

1 Family Support Worker = Promoted to Family Assessment Worker

☒ May 2006

1 Family Assessment Worker = Terminated

During this fiscal year, the program had no workers who left voluntarily. Despite two terminations, the rest of the staff remained steady. As a result of the two above terminations, one additional FSW was hired, and other staff changes have occurred since the start of the 2006/2007 fiscal year.

#### **16. Promotion of the father involvement in program services.**

Healthy Families Bay/Gulf recognizes the importance of father involvement in program services and actively attempts to do so. Healthy Families Bay/Gulf co-sponsored this year's World's Greatest Baby Shower, and special care was taken to include fathers in this important event. Fathers were given the opportunity to play a "fastest diaper changer" contest, with Home Depot gift cards as incentives to play. In program materials at this event and other local fairs, booths, and festivals, brochures are available specifically for fathers, including those that address the issue of maintaining involvement through military deployment. Feedback from new fathers at such events has been very positive, as several fathers have made statements that they are usually not included in materials dealing with newborns and new parents. In addition, fathers are highly encouraged to participate in GSK activities during home visits. The program manager has begun encouraging FSW's to have fathers sign a participant agreement as a non-primary participant to further encourage their interest and buy-in to the program. Several FSW's have related that a few of the fathers on their caseloads have been very actively involved with them during the home visiting process.

The MIS specialist has continued to put together incentive goody bags for fathers ("Daddy bags") as well to take on initial home visits to encourage the fathers to participate and to feel included in the home visiting process. These bags contain brochures specifically for fathers as well as items geared toward men (razors, shaving cream, etc.).

The program manager is also encouraging FSW's to have the fathers of babies in the program sign the participant agreement and act as a non-primary participant, giving them more chances to truly feel that they are an active and vital part of the program, especially in situations where the father is the primary income earner in the household, improving self-sufficiency outcomes.

#### **17. Description of Advisory Board members and Advisory Board/Governance review of annual service summary.**

This Annual Service Review is to be reviewed with Healthy Families Advisory Board and Healthy Families Florida for comment and recommendations. This summary will also be forwarded to the governing body of the Lead Entity, Life Management Center's Board of Directors. This Annual Service Review was presented to the current Advisory Board via email for review and was presented at the January 26, 2007 meeting for discussion and recommended changes. The Advisory Board accepted the review as written.

The Advisory Board for Healthy Families Bay/Gulf is very active and is composed of community leaders from various human services organizations. The following is a list of current members along with their affiliations and skill strengths.

**Claire Calohan**

- **Licensed Clinical Social Worker**
- Caucasian
- Associate in the Field – FSU School of Social Work
- Member of the Mental Healthy Association Board
- Member of the Emerald Coast Unit of the National Association of Social Workers Board (NASW)
- Member of the Fetal Infant Mortality Board Community Action Group
- Skills include in-depth knowledge of community resources and excellent communication skills

**Gail Claffey**

- Caucasian
- Director of the Women and Children’s Center at Gulf Coast Medical Center
- Healthy Families Bay/Gulf Advisory Board member
- Excellent communication skills
- Member of the Fetal Infant Mortality Review Team

**Pam Isenberg**

- Pre-kindergarten coordinator
- Bay District Schools

**Jill Jones**

- Supervisor, Human Services Program
- Gulf County Health Dept.
- Member of the Gulf County Interagency Council

**Janice Hall**

- Caucasian
- RN/BS retired
- Member of the Early Education and Care Board of Directors
- Member of the Gulf Coast Children’s Advocacy Center Board of Directors
- Healthy Families Bay/Gulf Advisory Board member
- Healthy Families Bay/Gulf Resource Committee member
- Over 20 years of experience as an LMC board member
- Excellent community networking skills.
- Well connected with community leaders and civic organizations.
- Long history of active board membership with agencies that provide human services.

**Carol Kelley**

- Caucasian
- School Psychologist/Coordinator for Teen Pregnancy Prevention – Wewahitchka, FL
- Gator 100 Club – Athletic Backers
- Gulf Interagency Coordinating Council member
- Healthy Start Board member
- Gulf County Teen Pregnancy Prevention Task Force
- Healthy Families Bay/Gulf Advisory Board Member and former Chairperson
- Bay Arts Alliance Board member
- North FL Child Development Policy Council member
- Gulf County Community & Health Partnership member
- Exceptional Student Education Advisory Board – Gulf County School District
- Knowledgeable regarding teen pregnancy issues and intervention
- Well respected within her community; connected to key leadership positions
- Over 30 years of experience as an educator for grades K through 12

**Sharon Owens**

- Caucasian
- Executive Director, Bay, Franklin Gulf Healthy Start Coalition
- Member of the Bay County Partnership for Young Children
- Healthy Families Bay/Gulf Advisory Board member
- Salvation Army Board member
- Early Education and Care Policy Council
- Rotary Club member
- Hunger and Homeless Coalition member
- Bay County Council for Children member
- BASIC Compass Group
- Community Health Task Force member
- Franklin’s Promise member
- Birth to Five Task Force member
- Strong community networking
- Advocate for children’s issues

**Julie Kitzerow**

- Caucasian
- Program Director, Big Bend Community Based Care, Life Management Center
- Foster Family Support Services Advisory Board member
- Healthy Families Bay/Gulf Advisory Board member
- Healthy Families Bay/Gulf Resource Development Committee member
- Former board member, Gulf Coast Children’s Advocacy Center

- Healthy Start Coalition Board member
- Excellent knowledge of the behavioral health care system
- Active in interagency cooperative endeavors
- Experienced with family intervention
- Familiar with community resources
- Good group facilitation skills

**Sandy Means**

- Caucasian
- Community Relations Director, Life Management Center
- Leadership Bay member
- Junior Service League member
- Bay County Chamber of Commerce member
- Healthy Families Bay/Gulf Advisory Board member
- Healthy Families Bay/Gulf Resource Development Committee chairperson
- Strong in marketing, communications, and resource development

**Lewis DesChamps**

- African American
- Assistant Director, Crossroads Community Counseling and Mentoring
- Bay County Chamber of Commerce member
- Facilitator, Pana Villa and Macedonia Community Steering Committee
- Department of Juvenile Justice Council
- Member of Panama City Seventh Day Adventist Church
- Advisor for summer One-On-One Project
- Effective communication, interpersonal and written skills
- Creative in seeking ideas for expansion and personal improvement

**Amy Thomas**

- Caucasian
- Special Projects Director, Early Education and Care

**Gail Mundt**

- Caucasian
- Program Coordinator, Bay, Franklin, Gulf Fetal and Infant Mortality Review Team

**Janet McLendon**

- Caucasian
- Senior Community Health Nurse Supervisor, Bay County Health Department
- Florida Nurses Associate
- Bay County Partnership for Young Children member
- Healthy Families Bay/Gulf Advisory Board member
- Arnold High School Baseball Booster Club

- Member of the Fetal Infant Mortality Review Team

**Stacy Treglown**

- Caucasian
- Former Human Services Program Consultant, Gulf County Health Department
- Former Reach Out To Read Coordinator, Gulf County Health Department
- Child Protective Investigator, Department of Children and Families
- Healthy Families Bay/Gulf Advisory Board Member
- Member of the Gulf County Interagency Team

**Eileen Booth**

- Licensed Mental Health Counselor
- Program Manager, Healthy Families Bay/Gulf
- Board Member, Bay, Franklin, Gulf Healthy Start Coalition
- Bay County Partnership for Young Children member
- Healthy Families Bay/Gulf Advisory Board member
- Healthy Families Bay/Gulf Resource Development Committee member
- Infant Mental Health Association member
- Bay County Domestic Violence Task Force member
- Consultant for Department of Children and Families
- Excellent written and verbal communication skills
- Skilled at coordination between many agencies and organizations

**Kay Daniel**

- Title 1 Program
- Bay District Schools
- Healthy Families Bay/Gulf Advisory Board Member
- Bay County Partnership for Young Children Member

**Anita Pembleton**

- Tyndall Air Force Base
- Family Advocacy Office
- Coordinator, Best Beginnings
- Healthy Families Advisory Board Member

**George Cox**

- Retired community member
- Volunteer teacher
- Volunteer mentor
- Healthy Families Advisory Board Member

**Haywood Shealy**

- North Florida Child Development, Inc.

- Gulf County Interagency Council
- Healthy Families Bay/Gulf Advisory Board member

***James Johnson***

- Business Sales Manager
- Knology of Bay County
- Healthy Families Bay/Gulf Advisory Board member