



St. Lucie Hand in Hand
Community
Assessment Report
2016

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Community Assessment Report 2016

Roundtable of St. Lucie County, Inc.

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Table of Contents

Acknowledgments	1
Executive Summary	3
Introduction	5
Who We Are (Roundtable)	5
History.....	5
The Communities That Care Framework	7
Risk Factors.....	7
Protective Factors.....	8
Limitations on Using CTC Model for St. Lucie County	10
Roundtable Priority Risk Factors for St. Lucie County.....	10
Delinquency and Violence	17
Data	17
Context.....	20
Gap Analysis	23
Academic Failure	29
Data	29
Context.....	33
Gap Analysis	34
Substance Abuse and Mental Health	37
Data	37
Context.....	45
Gap Analysis	46
Child and Adolescent Health Priorities	51
Teen Pregnancy	51
Data.....	51
Gap Analysis.....	54
Infant Mortality	55
Data.....	55
Gap Analysis.....	56
Healthiest Weight.....	59
Data.....	59
Gap Analysis.....	60
Unintentional Injury	63
Data.....	63
Gap Analysis.....	65

Poverty	67
Data	67
Gap Analysis	72
Next Steps.....	77
REFERENCES	79
ROUNDTABLE MEMBERS	81
Steering Committee.....	82
Resource Assessment Workgroup Members.....	83
APPENDIX A - (Violence and Delinquency Resources)	85
APPENDIX B - (Academic Success Resources)	91
APPENDIX C - (Substance Abuse and Mental Health Resources).....	95
APPENDIX D - (Teen Pregnancy Resources).....	97
APPENDIX E - (Infant Mortality Resources).....	98
APPENDIX F - (Childhood Obesity Resources)	100
APPENDIX G - (Unintentional Injury Resources)	101
APPENDIX H - (Poverty Resources)	102

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The number of people that have been involved during the past 18 months in assessing resources and identifying gaps and barriers is very long and sincere thanks is extended to each and every person.

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Our appreciation is also extended to Teresa Bishop of Provision Consulting LLC for technical assistance. Her guidance has provided our community with expert assistance, which is reflected in the quality of this assessment.

Vision

We envision a community of opportunity where every child succeeds.

Mission

To build a community that supports the success of children.

Executive Summary

The Roundtable of St. Lucie County, Inc. is a nonprofit 501(c)3 organization comprised of 31 community agencies working together to accomplish system change that results in improved outcomes for children in St. Lucie County. The Roundtable brings together chief executives from education, law enforcement, government, social services, public health, and the business and faith communities to collaborate on strategies and policies that address the root causes of youth problem behaviors. The Roundtable does not focus on “quick fixes.” Instead, it identifies and implements research-based, comprehensive solutions to achieve and sustain long-term success. Together, Roundtable members and community partners assess data and resources, address gaps, and reduce barriers affecting children across St. Lucie County.

The Roundtable uses a framework called “Communities That Care” (CTC) developed by Dr. J. David Hawkins and Dr. Richard Catalano of the University of Washington’s Social Development Research Group. CTC system is a way for communities to work together efficiently and effectively to promote positive youth development and prevent youth problem behaviors such as violence, delinquency, substance use, school dropout, teen pregnancy, depression and anxiety. In addition to focusing on the problem behaviors identified by CTC, the Roundtable has elected to prioritize initiatives aimed at preventing negative health outcomes for youth, including infant mortality, obesity and unintentional injury, and at reducing poverty.

For the past 18 months, the Roundtable, its Steering Committee and numerous workgroups have worked extensively to collect and analyze data from the Florida Youth Substance Abuse Survey, archival records from the state, county, cities and agencies, and information received from focus groups, surveys and listening sessions with more than 1,200 community residents. This data has been used to prioritize risk and protective factors, and determine which behaviors and challenges are most problematic for youth in St. Lucie County.

In May 2015, the Roundtable prioritized the following risk factors for St. Lucie County:

- Low Neighborhood Attachment/Community Disorganization
- Laws and Norms Favorable to Problem Behaviors
- Early Initiation of the Problem Behavior
- Poor Family Management
- Family Conflict

After the Roundtable’s prioritization, Assessment Workgroups were convened to consider how these risk factors contribute to violence, delinquency, school failure, substance abuse, mental health, teen pregnancy, infant mortality, obesity, unintentional injury and poverty. The goal was to evaluate community resources around each issue, and identify gaps and barriers to successful outcomes for children. This publication is the culmination of these efforts, detailing the workgroup assessment meetings and key findings.

The Community Assessment Report has three primary uses. First, it will be used by the Steering Committee and Roundtable to develop a Comprehensive Plan to reduce risk, enhance protection, and improve outcomes for St. Lucie County children over the next five years. Second, it provides an extensive inventory of our community’s strengths, identifying more than 150

resources that currently exist in St. Lucie County to prevent and/or address violence, delinquency, school dropout, substance abuse, mental illness, teen pregnancy, infant mortality, obesity, unintentional injury, and poverty. In that sense, it is an up-to-date reference guide created with the input of hundreds of experts, practitioners, and residents. Lastly, the Community Assessment Report articulates specific challenges and barriers to services, including programmatic issues, difficulties in reaching certain populations, areas and cultures, and problematic policies and practices that need to be addressed to improve community outcomes. While many of these issues are beyond the purview of the Roundtable's work as a collective body, almost all of them are within the scope and authority of individual Roundtable member agencies, government leaders, key stakeholders, and community partners. The Community Assessment Report is therefore a useful tool for leaders wanting to understand community challenges from the "boots on the ground" perspective. We hope it assists stakeholders in tailoring their agencies' approaches to meeting the challenges, overcoming the barriers, and closing the gaps that hinder successful outcomes for some of our community's youth.

The Steering Committee has reviewed the Community Assessment Report and utilized it to recommend clear, measurable objectives to reduce priority risk factors and strengthen protection in St. Lucie County. These recommendations are summarized in the *2016 Steering Committee Retreat Report and Recommendations*.

Introduction

Who We Are (Roundtable)

Today's Roundtable consists of 31 member organizations, a Steering Committee, and five Networks (or Subcommittees) that concentrate on the following key areas: Academic Success, Delinquency and Violence Prevention, Economic Sufficiency, Substance Abuse Prevention, and Child and Adolescent Health. The singular focus of each Network allows it to develop a strategic plan of action around specific risk factors through education, system and policy change, and comprehensive environmental strategies.

The purpose and key benefits of the Roundtable are to:

- Provide a mechanism for community dialogue and problem solving among key leaders, particularly as it relates to issues affecting children and teens;
- Encourage shared decision making and shared accountability at the policy level;
- Maximize use of available resources and minimize unnecessary duplication;
- Promote data sharing and collective development of data-driven strategies across sectors;
- Coordinate interagency initiatives and promote staff cooperation;
- Make joint policy and funding decisions and monitor implementation; and
- Eliminate barriers and promote needed changes in policies and practices.

History

In 1994, chief executives from five St. Lucie County agencies¹ came together to create an infrastructure where collective problem solving could effectively occur around children's issues. The purpose of this collaboration - called the St. Lucie County Executive Roundtable - was to engage in a "way of work" that accomplished system change to improve outcomes for youth. The leaders embraced a publication issued in 1993 by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) called *A Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders*. (Wilson & Howell 1993). This groundbreaking publication set out key research findings and critical policy imperatives for effective prevention and intervention efforts with youth at risk of, or already engaged in, delinquent behavior. It relied on decades of research documenting behavioral pathways to delinquency and identifying the major risk factors that increased the likelihood of youth becoming delinquent.

In 1999, the Executive Roundtable became one of six sites in the State of Florida and 52 sites in the nation to conduct a community wide assessment and develop a comprehensive plan to reduce juvenile delinquency and violence using the principles set out in OJJDP's Comprehensive Strategy. The Executive Roundtable used a framework called "Communities That Care" (CTC)

¹ The original five agencies were the Department of Juvenile Justice (DJJ), the Department of Children and Families

developed by Dr. David Hawkins and Dr. Richard Catalano. CTC is an “operating system” that provides the structure of a community effort to address youth issues. CTC focuses on risk and protective factors, and guides communities through the process of planning and implementing comprehensive prevention strategies.

In 2000, the Executive Roundtable issued a report summarizing the results of this work entitled *St. Lucie Hand in Hand: Improving Outcomes for Youth and Community*, a comprehensive community prevention and intervention strategy for reducing juvenile delinquency and violence. Like OJJDP’s Comprehensive Strategy, the recommendations in *St. Lucie Hand in Hand* were based on five general principles:

- **Strengthen the family** in its role to instill moral principles, and provide guidance and support to children;
- **Support core social institutions** in their roles to develop capable mature and responsible youths;
- **Prevent delinquency** because prevention is the most cost-effective approach to combating youth crime;
- **Intervene immediately and effectively** when delinquent behavior is first manifested; and
- **Control and identify the small group of serious, violent, and chronic** offenders through a range of graduated sanctions, including placement in secure facilities.

For 16 years, *St. Lucie Hand in Hand* has served as the foundation of all planning and prevention efforts of the Roundtable. The Roundtable has grown from five member agencies to 31 top administrators or officers working collectively to improve outcomes for St. Lucie County youth. In 2009, the name changed from “Executive Roundtable” to the Roundtable of St. Lucie County.

The Communities That Care Framework

CTC is a guide for communities involved in the process of planning and implementing a comprehensive prevention strategy. It is a coalition-based operating system that uses the public health approach to prevent problem behaviors. The public health approach seeks to improve the health and safety of all by addressing underlying root causes for youth problem behaviors such as delinquency, violence, school dropout, pregnancy and substance abuse. CTC helps community leaders come together to examine root causes, assess community data and resources, measure and prioritize risk factors, and track progress towards desired changes.

Risk Factors

Extensive research has identified 19 known risk factors that reliably predict whether children will engage in six specific problem behaviors: Substance Use, Delinquency, Teen Pregnancy, School Dropout, Violence and Depression/Anxiety. The table below shows the identified risk factor and the specific problem behavior it reliably predicts.

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

(Hawkins & Catalano 2005).

Risk factors exist within communities as well as within families, schools, peer groups, and within each individual. Studies show that youth engaging in serious and chronic problem behaviors often have multiple risk factors in their backgrounds - no single risk factor is responsible. Risk factors tend to be cumulative and to interact with one another to produce even higher levels of serious problem behavior. As risk factors accumulate, the risks for delinquency and other problem behaviors increase substantially. For example, juveniles who have both delinquent friends and problem parents exhibit the highest levels of involvement in serious

delinquency, and this effect far exceeds the individual effects of either peers or parents by themselves. The roles of parents and peers interact to escalate the level of seriousness that manifests in the problem behaviors.

Protective Factors

Not all high-risk youth succumb to the risk and actually engage in delinquency and other problem behaviors. Some high-risk youth are resilient and manage to avoid the negative influences of risk factors. Resiliency research refers to a body of international cross-cultural, lifespan developmental studies that followed children born into seriously high-risk conditions such as families where parents were mentally ill, alcoholic, abusive, or criminal, or in communities that were poverty-stricken or war-torn. The astounding finding from these long term studies was that at least 50%, and often closer to 70%, of youth growing up in these high-risk conditions did develop social competence despite exposure to severe stress, and did overcome the odds to lead successful lives. These studies not only identified the characteristics of these “resilient” youth, but also document the characteristics of the environments - of the families, schools, and communities - that facilitated the manifestation of resilience. These characteristics, called “*protective factors*,” appear to alter, or even reverse, potential negative outcomes and enable individuals to transform adversity into resilience (Benard 1991).

Enhancing protective factors helps communities promote positive youth development. Risk and protective factors exist in all areas of children’s lives. For prevention efforts to be successful, both risk and protective factors must be addressed.

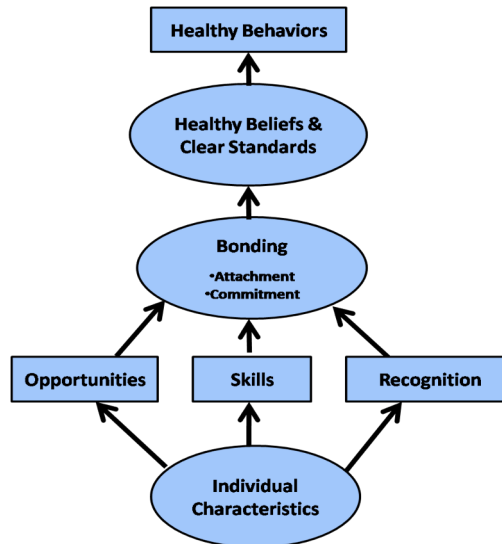
Protective factors fall into three categories:

- ***Factors related to social bonding:*** One of the most effective ways to protect young people from risk exposure is to strengthen their bonds with positive, pro-social family members, adults outside the family (including teachers, coaches, youth leaders) and friends. Young people with strong, supportive relationships are invested in or committed to achieving the goals held by those to whom they are bonded. They are less likely to do things that threaten that bond - such as use drugs, become violent, or commit crimes. Studies of children who avoid problem behavior despite living in high risk situations show that strong bonds with an adult – whether parent or other family member, teacher, coach, community member, or other significant adult – can decrease the likelihood of delinquent behavior.
- ***Healthy beliefs and clear standards for behavior:*** When families, schools and communities have clearly stated policies and expectations for young people’s behavior, children are less likely to become involved in crime and delinquency. Healthy beliefs and clear standards, communicated consistently by the significant individuals and social groups to whom the child is bonded, build a web of protection for young people exposed to risk.

- **Factors inherent in the individual:** Individual protective factors include gender, high intelligence,² a positive social orientation, and a resilient temperament that helps a child bounce back in adverse circumstances.

(Hawkins & Catalano 2005).

Based on their research, Hawkins and Catalano developed the Social Development Strategy to explain how protective factors operate. The work of protective factors is demonstrated in the following diagram illustrating the social development strategy:



(Hawkins & Catalano 2005).

In 2007, the Roundtable selected Kids at Hope as the primary means of increasing, supporting and sustaining protective factors in St. Lucie County. Kids at Hope is a national initiative founded in 1993 in Phoenix, Arizona by youth development expert Rick Miller.³ It is a strategic cultural framework based on resiliency research designed to engage entire communities in supporting success for all children, without exception. It provides a unique, meaningful way of teaching adults who are not experts in resiliency research the key components of the Social Development Strategy. Since 2007, the Roundtable has trained thousands of community residents, school teachers and staff, and city and county employees in Kids at Hope. Thirty-one St. Lucie County schools have been trained in and adopted Kids at Hope, as well as 150 additional organizations, including numerous child care facilities, parents, coaches, crossing

² The research shows that high intelligence is a defense against delinquency and school drop-out, but not against substance abuse.

³ Rick Miller is the author of the following youth development treatise: Youth Development From the Trenches, Sagamore Publishing, Urbana, IL (2012); Kids at Hope: Every Child Can Succeed No Exception, Sagamore Publishing, Champaign, IL (2010); and From Youth At Risk to Kids at Hope, Phoenix, AZ (2000).

guards, police officers, and government workers. The Cities of Port St. Lucie and Fort Pierce, and the County of St. Lucie, have passed resolutions to become Kids at Hope communities. St. Lucie County is the first in the nation to have all municipalities within the jurisdiction agree to adopt Kids at Hope.

Limitations on Using CTC Model for St. Lucie County

Twenty years after the Roundtable was born, the membership has increased and the scope of the collaborative work has expanded beyond OJJDP's Comprehensive Strategy and beyond the five problem behaviors addressed in CTC. While the Roundtable's focus still includes comprehensive prevention strategies around violence, delinquency, academic failure, teen pregnancy and substance abuse, it also has been at the forefront of collaborative prevention efforts around poverty, infant mortality, mental illness, obesity and unintentional injuries. As a result, the Roundtable decided to examine issues beyond the relatively narrow focus of CTC's five problem behaviors.

This decision has positive and negative aspects. On the one hand, it requires us to take a wide picture view of community health and development, and helps in identifying crossover issues and planning for long-term social change. It also increases the usefulness of the Assessment for the wide variety of issues addressed by Roundtable member agencies. On the other, it means the Roundtable as a collective body has to resist the temptation to drift into work outside the scope of its expertise and/or purpose (i.e., "mission creep"), or to try to do too many things at once, making it impossible to set and achieve manageable goals. This Assessment attempts to identify community resources, gaps and barriers across a range of issues addressed by Roundtable members. It does not attempt to portray the Roundtable as the lead or primary agency to tackle these issues.

Another challenge with using the CTC approach in St. Lucie County is that – to some degree - CTC is a top-down approach revolving around the work of certain "key community leaders," who may or may not be representative of the whole community in terms of socio-economic class, race, or other interests. Some sectors – youth themselves, for instance, or community residents living in poverty – are unlikely to participate unless specifically targeted by the process. As a result, the Steering Committee and workgroups have made specific intentional efforts to bring other voices into the process, through assessment meetings involving participants from a variety of sectors, focus group discussions in high-risk populations, key leader interviews, and hundreds of student and resident surveys. These mechanisms not only ensure that qualitative localized data is collected to focus prevention strategies, but also make sure the process is as inclusive and participatory as possible.

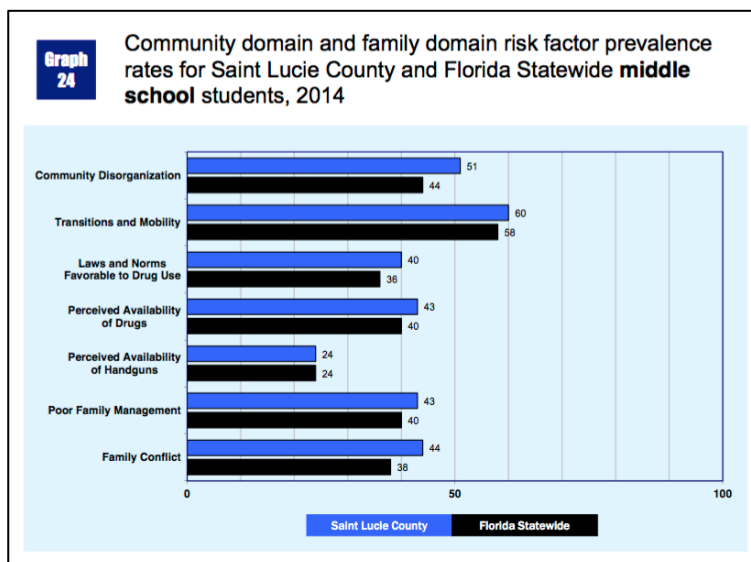
Roundtable Priority Risk Factors for St. Lucie County

In 2014, the Roundtable began the process of updating and reshaping the comprehensive strategic prevention plan it adopted in 2000 in *St. Lucie Hand in Hand*. The process of collecting data, identifying resources, and assessing gaps and barriers to develop a community profile of youth needs in St. Lucie County has taken 18 months and involved more than 200 community experts, practitioners and providers, and more than 1,000 community residents in surveys and focus groups.

Under CTC, developing a community profile begins with using a youth survey to collect data to help measure the levels of risk and protection existing in the community. In St. Lucie County, we use the Florida Youth Substance Abuse Survey (FYSAS). FYSAS provides a comprehensive, efficient and accurate assessment of risk factors, protective factors and problem behaviors.⁴ First administered to Florida's middle and high school students during the 1999-2000 school year, FYSAS is repeated in the spring, bi-annually. FYSAS is based on the CTC framework and is administered to a statewide sample of students.

The 2014 FYSAS showed that 11 risk factors were present at a higher level in St. Lucie County than in the State of Florida:

- Community Disorganization
- Transitions and Mobility
- Laws and Norms Favorable to Problem Behaviors
- Perceived Availability of Drugs/ Handguns⁵
- Poor Family Management
- Family Conflict
- Poor Academic Performance
- Lack of Commitment to School
- Favorable Attitudes towards Antisocial Behavior
- Favorable Attitudes towards ATOD Use
- Early Initiation of Problem Behavior

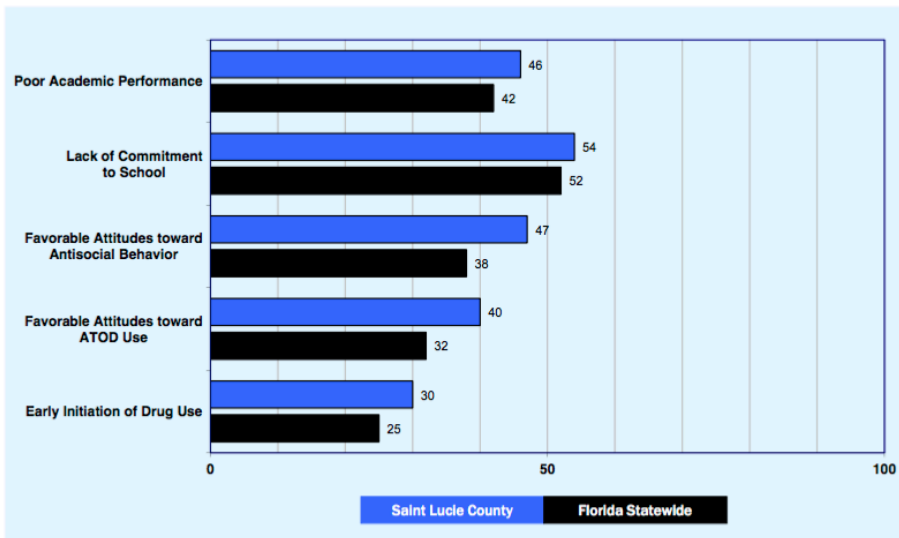


⁴ FYSAS is a collaborative effort between the Florida Departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control.

⁵ Middle school students in St. Lucie County perceived drugs to be available at a higher rate than their statewide counterparts; High school students perceived handguns to be available at a higher rate.

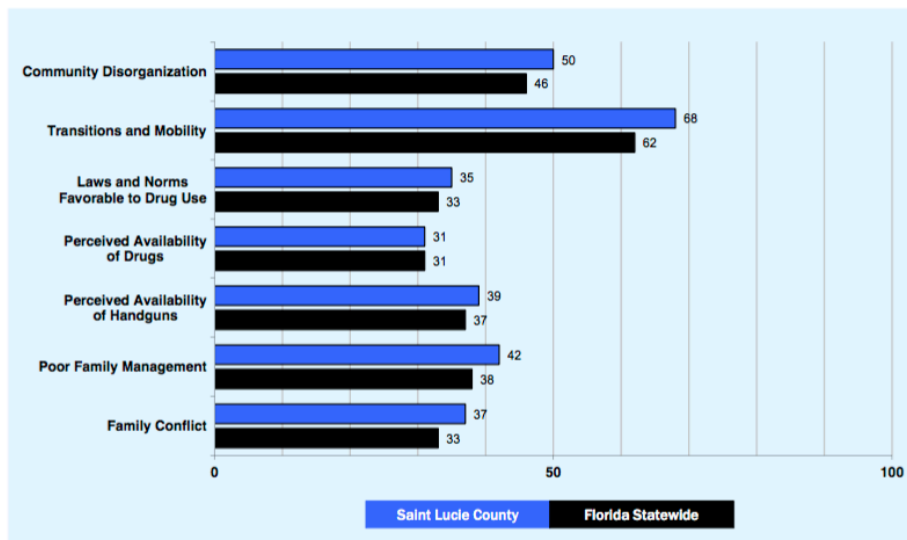
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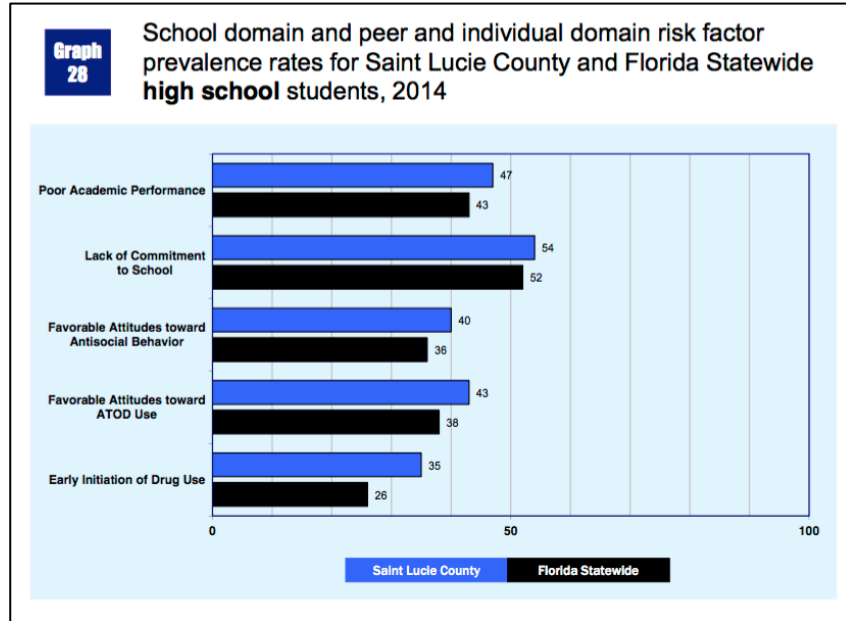
School domain and peer and individual domain risk factor prevalence rates for Saint Lucie County and Florida Statewide **middle school** students, 2014



**Graph
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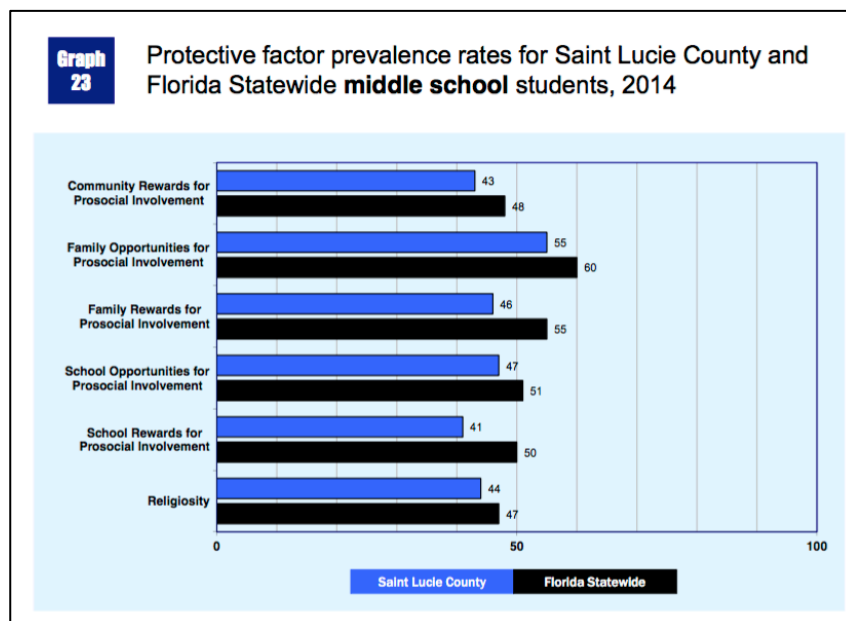
Community domain and family domain risk factor prevalence rates for Saint Lucie County and Florida Statewide **high school** students, 2014

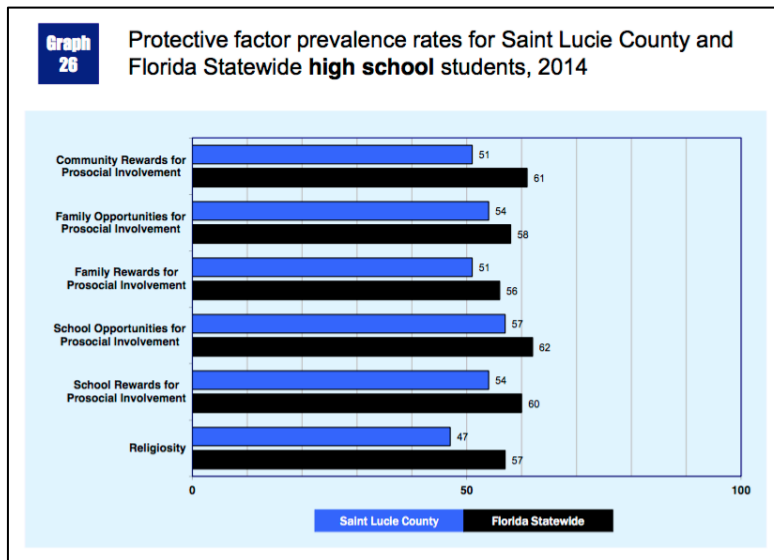




The 2014 FYSAS showed that six protective factors were present at a lower level in St. Lucie County than in the state of Florida and were lower than the normative rate (national standard) of 50:

- Community Rewards for Prosocial Involvement for middle school students
- Family Rewards for Prosocial Involvement for middle school students
- School Opportunities for Prosocial Involvement for middle school students
- School Rewards for Prosocial Involvement for middle school students
- Religiosity for middle school students
- Religiosity for high school students





The next step was to collect archival data from agencies across the community to support the findings, or fill in the gaps, in the FYSAS. For example, the problem behaviors of school drop out and teen pregnancy are not measured by the FYSAS. The levels of these behaviors can be assessed, however, by looking at state and county education and health records. To this end, a data collection committee and subject matter workgroups collected and assessed data from across the community to determine where St. Lucie County stands with respect to the 19 CTC risk factors.

The data collection committee compared St. Lucie County data over time to state and national indicators to determine how St. Lucie measured in terms of risk and protection. The result was the compilation of data for over forty indicators, each grouped by risk factor, and the publication of a data workbook entitled *Communities That Care Assessment Data: Problem Behaviors, Risk and Protective Factors for St. Lucie County, Florida 2015*. The assembled data was presented to workgroups convened around each of the problem behaviors. Each workgroup recommended three to five priority risk factors that they believed, based on the data and their expertise, to be driving that particular problem behavior in St. Lucie County.

At the May 2015 Roundtable Retreat, Roundtable members reviewed the data and discussion points covered by the workgroups. The Roundtable then prioritized five risk factors based on their review of the data, the workgroup's recommendations, their own expertise, and the priorities of their own agencies.⁶

⁶ St. Lucie County's selection of priority risk factors is not meant to mean that community leaders do not consider the other risk factors important. It also does not mean that programs and services that address non-priority risk factors will be eliminated or reduced in scope. It does mean, however, that there will be a concentrated effort to upgrade, integrate and develop programs, policies and strategies that address the priority risk factors from a "best practices" approach. This will occur on a continuum, filling in the gaps with programs that address the identified high-priority risk factors. The Roundtable will oversee this process, and provide direction for continued risk prioritization, resource assessment, and evaluation that will allow for changing community needs.

The priority risk factors selected by the Roundtable for St. Lucie County are:

RISK FACTOR	DEFINITION
Low Neighborhood Attachment/ Community Disorganization	Higher rates of drug problems, juvenile delinquency and violence occur in neighborhoods where people have little attachment to the community, the rates of vandalism are high, and there is low surveillance of public places. These conditions are not limited to low income neighborhoods; they can also be found in wealthier neighborhoods. Low rates of voter participation and parental involvement in schools also indicate lower community attachment.
Laws & Norms Favorable to the Problem Behavior	Community norms (attitudes) and policies surrounding alcohol and drug use and crime are communicated in many ways. Formally, they are communicated through laws and written policies and enforcement (examples: alcohol taxes, liquor licenses, drunk driving laws, infractions for selling to minors, laws regulating the sale of firearms). Informally, they are communicated through the norms, expectations and social practices of parents and community members. Norms may communicate a climate of acceptance, approval or tolerance of problem behaviors.
Early Initiation of the Problem Behavior	The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school, and becoming sexually active, the greater the likelihood that they will continue these behaviors later in life. For example, research shows that young people who initiate drug use before the age of 15 are twice as likely to have drug problems as those who wait until the age of 19. Boys who are aggressive in grades K-3 or who have trouble controlling impulses are at a higher risk for alcohol and other drug use, delinquency and violent behavior. This risk factor also includes persistent antisocial behavior in early adolescence, such as misbehaving in school, skipping school and getting into fights with other children, which increases the risk for all of the problem behaviors.
Poor Family Management	Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with) and excessively severe or inconsistent punishment.
Family Conflict	Persistent, serious conflict between primary caregivers or between caregivers and children increases children's risk for all of the problem behaviors. Whether the family consists of two biological parents, a single parent, or some other primary caregiver appears to matter less than whether the children experience much conflict in their families. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

Next, the Roundtable asked the networks and workgroups to take a deeper look at prioritized risk factors by collecting and examining localized data specific to cities, zip codes, schools, ages, genders and ethnicities in St. Lucie County. The purpose behind this was to provide a more complete picture of how the selected risk factors manifested in specific areas and populations. This task is crucial to development of an accurate community profile because in many cases problem issues are hidden in the pockets of larger community numbers. For example, teen pregnancy and infant mortality countywide are equal to, or in some cases below, state and national numbers. However, in certain areas of our community, teen pregnancy remains an issue and the infant mortality rate for African American babies is staggering. Without being able to examine data on a localized level, it is impossible to determine what is really happening in the community and to develop targeted strategies.

To this end, the data workgroups collected localized qualitative data from the following sources:

- DJJ and law enforcement records on juvenile crime
- School records relating to truancy, retention, behavior disorders and school dropout
- Approximately 200 teens from the Lincoln Park area in focus group discussions
- Approximately 50 parents from the Lincoln Park area in focus group discussions
- 495 student surveys from 8th & 9th grade students attending green zone schools⁷
- 200 community resident surveys
- 50 community leader surveys
- Key informant interviews of School Resource Officers at 16 schools
- 67 teens attending substance abuse prevention events
- Listening session with early education providers dealing with behavioral issues among pre-kindergarten children
- Focus group with educators of girls in an alternative school setting

Based on the FYSAS, archival records, and qualitative data, the Steering Committee and workgroups have developed a community profile identifying existing resources and assessing strengths and barriers. This publication is the culmination of these efforts in St. Lucie County. Upon review of this document, the next step will be for the Roundtable and Steering Committee to narrow priorities and create a plan for prevention/intervention in St. Lucie County to reduce priority risks and strengthen protection. That plan will use this assessment report to define clear, measurable outcomes. It will also select and expand upon tested and effective policies and strategies to achieve the identified goals.

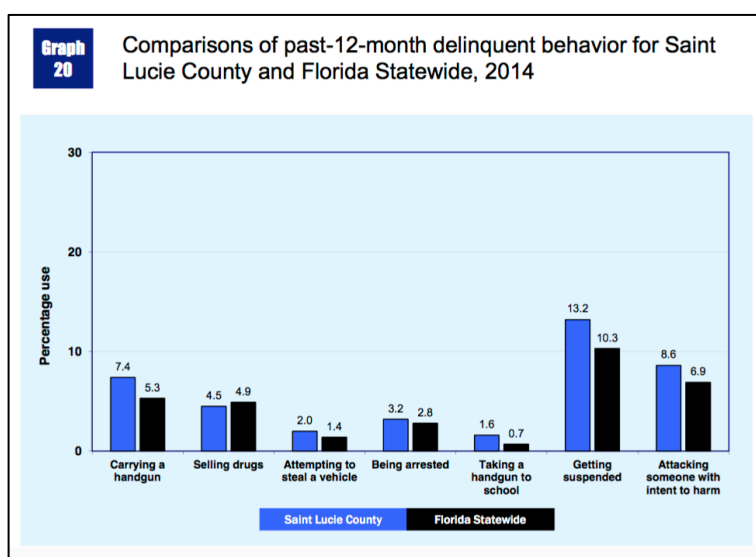
⁷ St. Lucie Public Schools offer regional school zones rather than neighborhood schools. Elementary and middle schools are divided into three zones - green, blue and red - with Midway Road and Florida's Turnpike being the dividing lines, each including portions of Fort Pierce and Port St. Lucie. The Green Zone is north of Midway Road, the Blue Zone is south of Midway Road and East of Florida's Turnpike, and the Red Zone is south of Midway Road and west of Florida's Turnpike. High schools are assigned by zip code with only one choice. See the zone map at www.stlucie.k12.fl.us and/or utilize the school search for more information. All zones contain several elementary schools and middle schools.

Delinquency and Violence

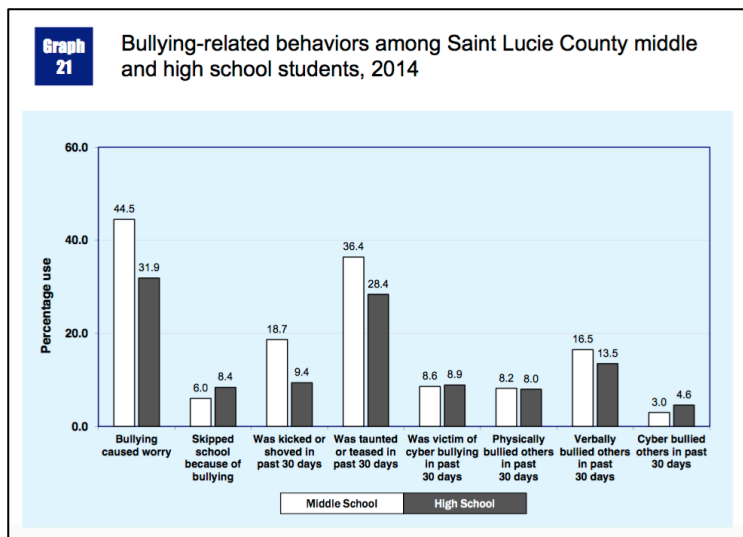
Data

Florida Youth Substance Abuse Survey

According to the 2014 FYSAS, St. Lucie County (SLC) students self-report engaging in or being the victim of many delinquent behaviors at a higher rate than their state counterparts. For example, 7.4% of SLC youth reported carrying a handgun, compared to 5.3% in Florida. 13.2% of SLC youth reported getting suspended, compared to 10.3% in Florida. 16.5% of SLC youth experienced verbal bullying, compared to 13.5% statewide. 8.6% of SLC youth reported attacking someone with intent to harm, versus 6.9% statewide.



Reports of victimization from bullying were especially high, particularly among middle school students.



Eighth and Ninth Grade Student Surveys in Green Zone

Youth in certain pockets of the county reported especially high risk factors for delinquency and violence. In a Roundtable survey of 495 eighth and ninth grade students in the green zone, 16% had friends who carried a handgun; 12% had friends who sold drugs; 8% had friends who had tried to steal a vehicle; 8% had friends who had been arrested; 14% had friends who were gang members; 25% had attacked someone with idea to seriously harm them (7% of these said before the age of 10); and 35% said yes there were gangs in their school.

Interviews of School Resource Officers

To gain better insight about the occurrence of problem behaviors in youth in St. Lucie County, the Roundtable utilized a consultant to interview sixteen School Resource Officers (SROs) assigned to fifteen schools⁸ in January 2016. The interviews were guided by a set of questions relating to violence, delinquency and substance abuse; however, the interview process allowed for open-ended answers that guided the flow of the conversation. The following is a summary of common themes and SRO observations.

Top Behavioral Issues Reported by SROs:

1. Cyber (social media) bullying and other phone related issues
2. Disrespect to school teachers/administrators (profanity, defiance)
3. Fighting (girls and boys)
4. Youth engaging in “cutting” themselves
5. Youth expressing suicidal thoughts requiring Baker Act procedures
6. Truancy

General SRO Observations Regarding Behavioral Issues/Delinquency/Violence:

- **Social Media/Phone Related Issues:** SROs overwhelmingly reported issues related to cell phones, including unauthorized use of phones during school, “sexting,” bullying via social media and theft of phones, as the number one issue at most of the schools. One SRO referred to Monday as “Cyber Monday” because the majority of the complaints on Mondays are related to cyber bullying over the weekend.
- **Defiance and Aggressive Behaviors:** SROs working at underperforming schools reported a high level of blatant disrespect and defiance toward teachers and administrators including cursing at teachers, walking out of classrooms, and unruly behavior. SROs said some youth

⁸ The fifteen schools included 5 high schools, 4 Middle schools, 4 K-8 and 1 alternative school.

are intimidating teachers and are confident they will not experience meaningful consequences for their actions and therefore persist in the behaviors. Some SROs working in north county schools reported there are many days in which behavioral youth are so disruptive, that it is close to impossible for other youth to learn.

- **Fighting/ Need for Anger Management and Conflict Resolution Skills:** Fighting behavior, from minor altercations to serious fights, were reported throughout the county. Many youth come from homes in conflict, or environments/neighborhoods where fighting is a primary means of solving disputes. SROs consistently report youth lack of conflict resolution and anger management skills.
- **Need for Mentorship:** SROs consistently reported serving as mentors for youth who experience problems or are in crisis at school or home. It was a consensus of the SROs that building relationships with youth is key to proactively addressing behavioral issues at school.
- **Need for Clear Standards and Consistent Enforcement:** An observation consistently reported by SROs, particularly those that have served at different schools, was that there is a significant difference in youth behavior in school environments where administration emphasize strict enforcement and adherence to student conduct (dress code, use of cell phones) versus schools where enforcement is inconsistent. Schools with inconsistent enforcement generally reaped consequences in the behavior of the youth and the school environment.
- **Need for Early Identification and Intervention Process for “Frequent Flyers”:** SROs reported seeing youth who are repeatedly suspended (mostly in school suspension or BIC-Behavioral Intervention Centers) and return after suspension persisting in the same behavior (i.e., frequent flyers). One SRO reported a youth that had 302 referrals for discipline. These youth return to class and make it very difficult, if not impossible, for other youth to learn, and sometimes influence other youth to participate in poor behavior. SROs described these chronic, repeat offenders as not being afraid of consequences, and as confident that nothing significant will be done when they persist in the behavior.
- **Danger of Treating First Time Low Level Youth the Same as Frequent Flyers:** Several SROs noted that youth with first time or low level school or delinquent offenses that are housed at the alternative school or in DJJ with chronic behavioral youth are poorly influenced by these youth. Some of the SRO’s communicated there is a need for an alternate path for kids with first time or low-level offenses.
- **Gang Related Activity:** Most SROs reported that there has been a significant decrease over the last few years in notable gang related activity on the majority of school campuses. Some SROs reported that youth who were driving the gang related activity have been arrested or sent to an alternative school, which appears to have deterred other gang involved youth attending school from acting out. One K-8 school in north county, however, is experiencing gang related activity and there is recent and regular tagging of gang signs on school property. An SRO formerly on street patrol reported that youth are being recruited around the ages of

10 and 11, and this is consistent with what he is observing in the school that he currently works.

- **Need for Improved Communication System Between Law Enforcement, Probation and Schools:** SROs reported the communication between law enforcement, probation, and schools is fragmented and as a result delinquent youth “fall through the cracks” and are persisting in delinquent behavior. Multiple SROs reported that youth accountability for complying with their conditions of probation is lacking in many cases. There was one known instance of a youth being arrested during the summer and convicted of a concealed weapons offense, returning to school without the knowledge of school personnel that was later discovered by the SRO. SROs are not sure what happens to youth in diversion, and are sometimes unaware when youth are transitioned back to school. SROs were familiar with components of the Port St. Lucie Police Department diversion process, but were not sure what happens to youth who go through diversion through the courts.

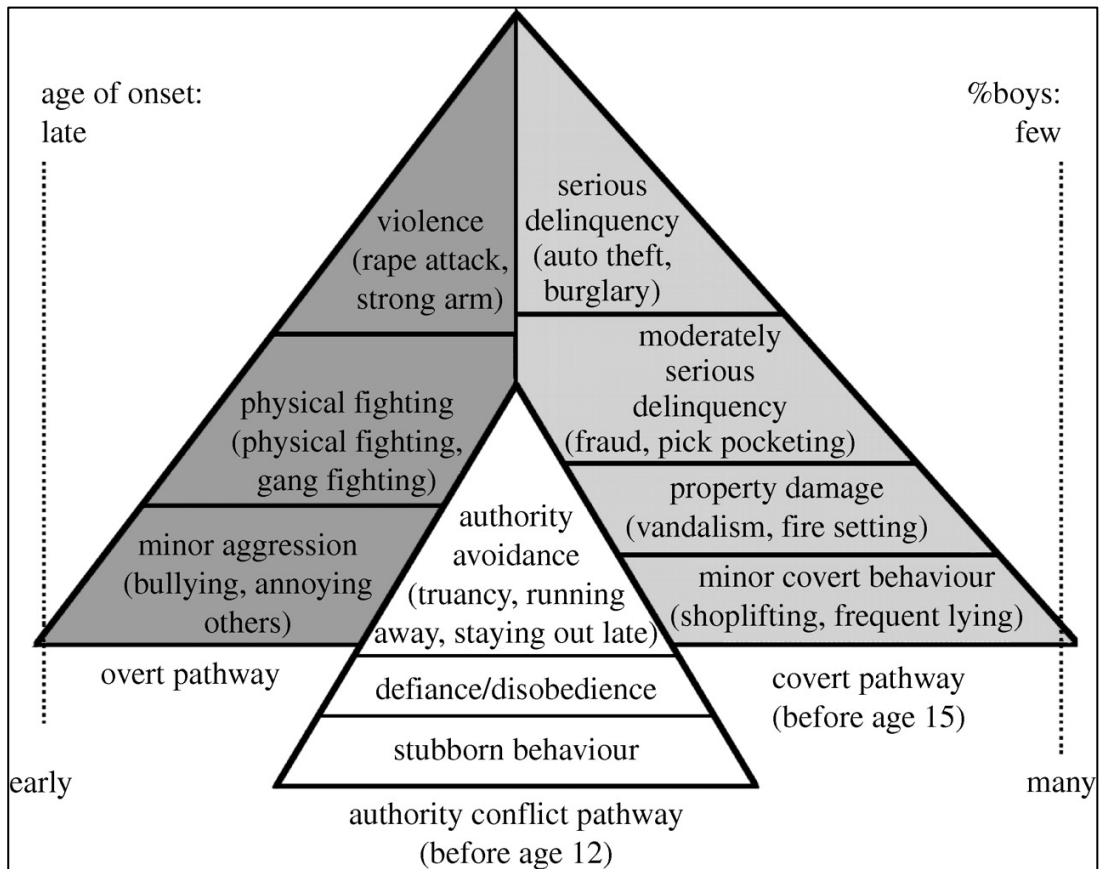
Context

For almost a decade, the Roundtable has infused the philosophy and culture of Kids at Hope in St. Lucie County, that is, that all children are capable of success, no exceptions. That philosophy is based on the positive youth development approach—that all children possess innate capacity to master a core set of competencies. These competencies include:

- **Emotional** – Development of self-regulation and self-control
- **Cognitive** – Analytic thinking; beliefs regarding pro-social norms, self-awareness
- **Social** – Interpersonal problem solving
- **Behavioral** – Helping others, developing; participating in pro-social peer groups
- **Moral** – Respect for rules and laws, empathy and a sense of justice/fairness, and
- **Self-Efficacy** – Use of personal strengths, capabilities, talents; coping with and seeking challenges

Youth that persist in delinquency and violence have failed to master these competencies at the developmentally appropriate time.

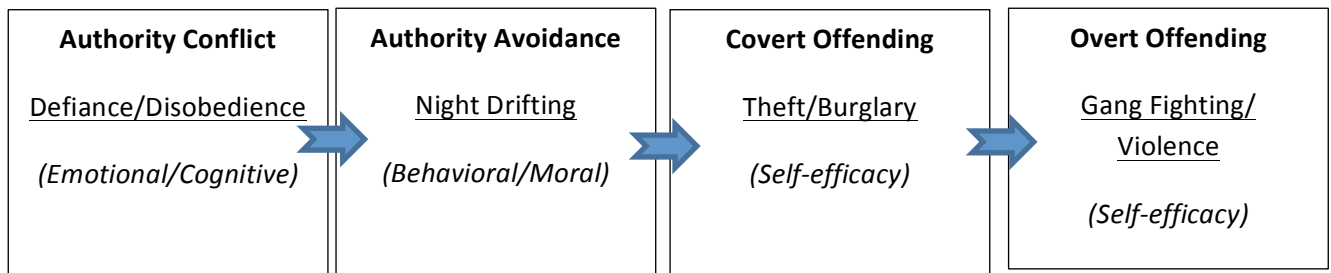
In light of the urgency to prevent gang involvement and youth violence in the community and to support the current efforts of the Gang Strategy, a specialized workgroup was convened with representatives from three law enforcement agencies, including the Port St. Lucie Police Department, Ft. Pierce Police Department, St. Lucie County Sheriff’s Office and the Department of Juvenile Justice to analyze delinquency and violence data. The workgroup utilized the research of “*Developmental Pathways in Disruptive and Delinquent Behavior*,” which focuses on the need to identify the smallest number of pathways that best fit the trajectory of externalizing behaviors in large numbers of youth (Loeber et al., 1993), as opposed to examining delinquency and crime data as stand-alone data points. The Developmental Pathways chart below shows how youth progress from minor innocuous behaviors to very serious problem behaviors.



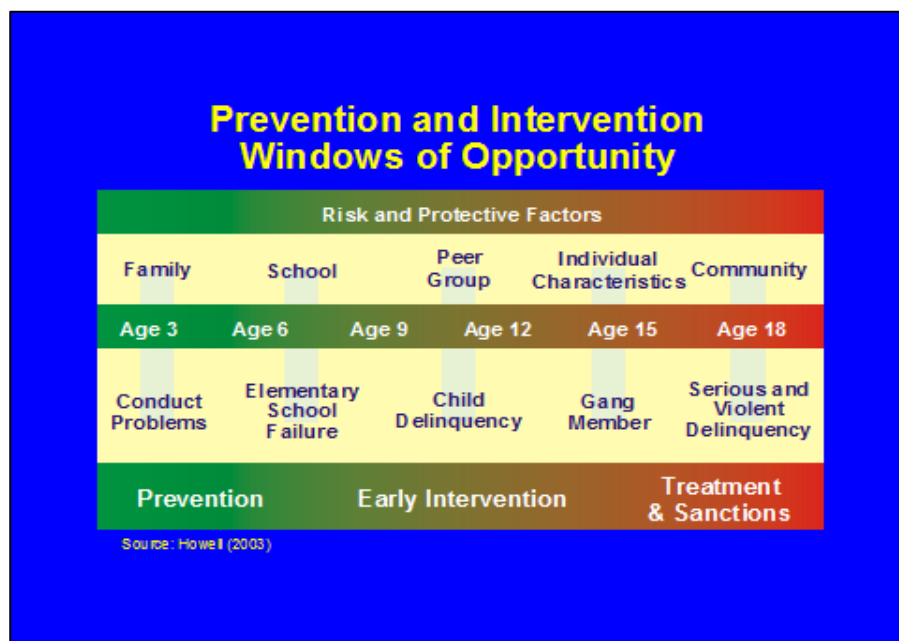
(Thornberry, Huizinga & Loeber 2004).

Because violence as a rule emerges in middle to late adolescence, early identification of youth at risk for displaying violence before it actually takes place is critical. Documenting and understanding the trajectory or pathway youth take before engaging in violence in our community is vitally important to creating prevention and intervention strategies.

The consensus from the law enforcement/DJJ workgroup, School Resource Officers, and a listening session with early education providers dealing with behavioral issues among pre-kindergarten children provided a unique picture into the behaviors that consistently emerged as the predominant sequence and developmental pathway of disruptive and delinquent behavior in St. Lucie County. According to these professionals, some children in St. Lucie are starting as early as pre-kindergarten (some as early as age 2) showing abnormal levels of defiance and disobedience, progressing to continued defiance, blatant disrespect and aggression in elementary school, to staying out late and night drifting (i.e., “running the streets”) in late elementary and middle school, to low levels of criminal behavior (shoplifting and breaking into cars) in middle to high school, into, in some cases, more violent activity such as fighting and gangs. This behavioral pathway – as well as the developmental competencies that are lacking in these particular youth – are illustrated as follows:



Understanding this pathway allows us to identify, prevent and intervene at an early stage with youth with some significant probability of escalating to serious problem behaviors, rather than waiting for delinquency and violence to emerge. It also allows us to look at where we can develop missing competencies in our children who are higher risk, and to identify which competencies need to be focused on. The assessment workgroup therefore examined community resources from both the risk factor perspective and through the lens of identifying “windows of opportunity” across the youth development continuum to develop missing competencies in children and adolescents on the pathway to violent and delinquent behaviors.



(Howell 2003).

Gap Analysis

The Violence and Delinquency Resource Assessment Meeting was held on January 21st, 2016. More than 52 providers and practitioners attended from the following agencies:

- ALPI
- Boys and Girls Club St. Lucie County
- CareerSource
- CASTLE
- Children's Home Society
- Children's Services Council
- City of Fort Pierce
- Department of Juvenile Justice
- Devereux CBC
- Early Learning Coalition of SLC
- First United Methodist Church
- Florida Department of Health
- Hibiscus Children's Services
- Indian River State College
- Lawnwood Regional Medical Center
- Multi-Cultural Resource Center
- New Horizons
- PACE
- Parent Academy
- Port St. Lucie Police Department
- Project Bridge
- Project Rock South 21st Century
- Public Defenders Office
- St. Lucie County Fire Department
- St. Lucie County Public Schools
- St. Lucie County Sheriff's Office
- St. Mark Missionary Baptist Church

For a list of resources for preventing violence and delinquency in St. Lucie County, see Appendix A.

One of the main gaps that became readily apparent at the Violence and Delinquency Workgroup Meeting is that although participants were well able to identify programs in St. Lucie County, few were able to identify the approaches within those programs that are evidence-based best practices. This either means that our agencies/programs are not using best practices and/or evidence-based approaches, or (more likely) that staff need better training and capacity building to understand how best practices and evidence-based approaches are incorporated in what they do every day with clients.

In this context, "best practices" are those methods and programs that have been documented by research to be effective, and can be reproduced in other settings. CTC and other tools provide menus of identified best practices to choose from depending on desired outcomes. To some degree this is helpful because communities do not have to engage in lengthy research or plan their own interventions from scratch, but can choose the interventions most appropriate to their community. On the other hand, however, this can limit the possibilities for creativity and the use of local wisdom when crafting community programs that work with local conditions. Also, many programs do not have money to expend on books, training and technical assistance often needed to implement specified trademarked material.

As shown by the Resource Assessment in Appendix A, we have a myriad of programs in St. Lucie that do good work and use evidence-based approaches to yield positive outcomes. Capacity building is needed to ensure staff knows how their work is evidence-based. This will encourage research-based fidelity and help staff determine when and how their efforts can be "tweaked" to deliver better outcomes.

The Violence and Delinquency Resource Assessment Workgroup identified the following gaps and barriers:

Program Related Gaps/Barriers

Program related gaps and barriers include those relating to staff, hours, funding and eligibility.

PROGRAMS	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Access/ Availability	<ul style="list-style-type: none"> • Lack of referrals being made by programs, or hand off of clients to referred service is inconsistent, unhelpful or sloppy. • Wait times are long and scheduling appointments is sometimes difficult. • Lots of paperwork to fill out on agency side and client side; little communication between agencies. Recommendation is to explore feasibility, advisability and legality of data sharing given privacy laws and concerns. • Many agency directories, calendars and services are computer based, but often the families who need it most do not have Internet or computers.
Affordability	<ul style="list-style-type: none"> • Cost to participate in programs is often prohibitive. For example, some after school programs charge fees that, although low, are still problematic for some families. A pool to fund waivers is needed. • Costs for youth to play sports in school are sometimes prohibitive to low-income families. A pool to fund waivers is needed.
Eligibility	<ul style="list-style-type: none"> • Some programs require DJJ involvement to be eligible. Need to provide intervention level programs to youth who are acting out before system involvement. • Services should not be limited to low income families. Remove funding restrictions or expand income range. Middle-income families need reduced rates and sliding scales, not fiscal cliffs (where once they obtain jobs and make a certain amount, they are no longer eligible at all).
Hours	<ul style="list-style-type: none"> • Keeping kids safe and off the streets requires a place for them during later hours and weekends. Many after school programs do not have funds or staff to provide late and weekend hours. • Hours of operation for some programs and services are not serving the needs of families who work. Need to provide services and affordable childcare after-hours.
Staffing	<ul style="list-style-type: none"> • Need for diverse, culturally competent staff that can relate to the population served. • Need compassion fatigue supports for staff that are often burned out, overwhelmed and not buying in. • Some programs lack competent staff; need training. • Staff to youth ratios is high. Programs may need to shift from a quantity to quality-based focus - reduce funding to have more effective programming. • Not enough DJJ Staff, no overtime, funding issues. • Need additional psychologists, social workers and behavior analyst in schools. • Restore school liaison for Kids at Hope, which provides capacity building support for teachers/school staff.

Strategies	<ul style="list-style-type: none"> • Need for diverse, culturally competent, evidence based mentoring, especially for African American males. • Need to identify and intervene with “frequent flyers” (both boys and girls) before PACE referral or DJJ involvement becomes necessary. • Need to provide services that utilize Trauma Informed Care, which involves understanding, recognizing, and responding to the effects of all types of trauma and helping children who have experienced trauma to rebuild a sense of control and empowerment. • Need to consider coordination of both physical and emotional health services in one place (i.e., full service ‘community school’ in each zone or at least in high needs zone). • Need a true parent involvement component in all programs – trying to “fix” the kids without involving and including their parents usually does not work. • Need more Social Emotional Learning curriculums in schools. Two routes are needed: <ul style="list-style-type: none"> ○ Provide a set of identified, evidence based universal programs that develop age appropriate competencies in all schools, or at the least, specifically in schools where data shows a strong need to build those capacities. (Ex. Second Step) ○ Recognize that in-school time must be used primarily for academics, so need to identify other ways of getting SEL curriculums to youth who need it most. For example, providing SEL in BIC (in-school suspension), and providing incentives for after school programs to incorporate SEL curriculums.
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Geographic Gaps

Geographic gaps and barriers include limitations on services or resources along county, city, geographic community and neighborhood boundaries.

GEOGRAPHIC	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Underserved Areas	<ul style="list-style-type: none"> • Not enough programs for youth and/or difficulty reaching the populations in Sheraton Plaza/ Juanita Avenue area and in Lakewood Park. • No domestic violence shelter in St. Lucie County.

Demographic Gaps

Demographic gaps and barriers are those that limit access to service and resources for certain populations and communities based on, for example, culture, gender, sexual orientation and/or language.

DEMOGRAPHIC	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Cultural	Hispanic, Haitian and African American communities in some cases not accessing certain services or participating in certain programming. Recommendation is to develop diverse messaging that speaks to specific segments of the community and advertise through community specific media. (For example, hospice public service campaign featuring African American ministers and leaders and marketed through radio stations popular in the black community).
Diversity	Lack of diversity/cultural sensitivity in programs, as well as in coalitions, networks and committees convened to explore issues that disproportionately relate to or affect minorities.

Gender	Need a research based non-residential program model focusing on academics and social services for middle and high school boys who have challenges in regular school model (i.e., Pace alternative for boys).
Individuals with Arrest/ Conviction Record	Need to provide increased employment opportunities for young adults/youth with a record of arrests and or convictions. Recommendations: willingness by municipalities and government services to hire individuals with arrests and/or convictions where appropriate, ban the box campaign particularly in asking candidates about prior arrests. ⁹
Language	Many programs unable to serve Haitian and Latino youth and families who do not speak English. Recommendations include ESOL certifications and support from SLPS/hiring of bilingual and trilingual staff/translations services on call for community agencies.
Teens	Need more after school and weekend programs, activities and services focused on teens.

Policies and Practices

Policies and practices relate to the formal and informal rules governing how our agencies operate internally, as well as in relationship to one another in shared environments. Gaps and barriers in this context may require changes to internal and external policies and practices, systems for collaboration and service delivery, and city, county and state level rules and regulations (i.e., legislative advocacy).

POLICIES & PRACTICES	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Cultural Sensitivity Training	Cultural sensitivity and humility training for all providers.
Law Enforcement/ Community Relationships	Establish better relationships between law enforcement and youth, especially around hot spot areas of violence in Fort Pierce.
Parent Involvement	Establish policies and practices that encourage involvement and accountability for parents. Currently there are no “teeth in the law” mandating parent involvement when their child is out of control, and there is little requirement for follow through.
Parental Education	Incorporating a gang awareness and education course for parents into DJJ requirements.
School/ Community Relationships	Establish better relationships and partnerships between schools and community programs, resources supports and services to help meet the needs of the “whole child.”

⁹ The recommendation to increase employment opportunities to individuals who have been arrested or convicted was made frequently throughout the assessment process from a number of segments, including workgroups, resident surveys, town hall meetings, and parent focus groups.

Other Gaps and Barriers

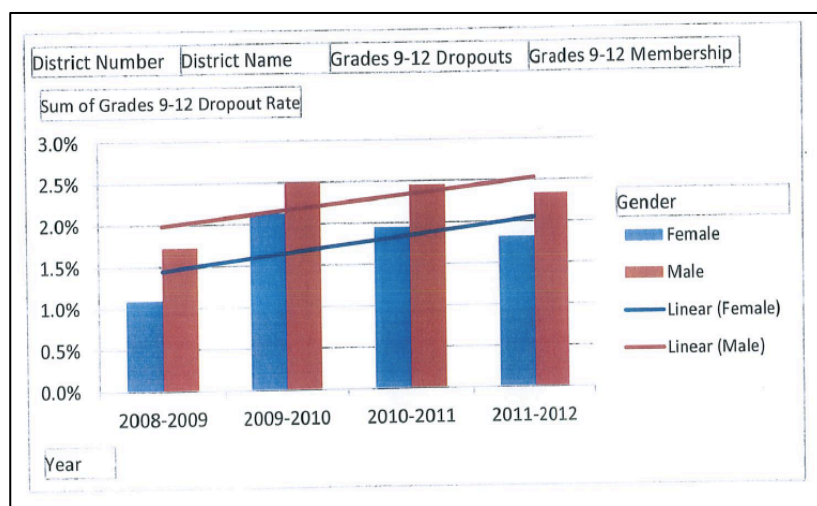
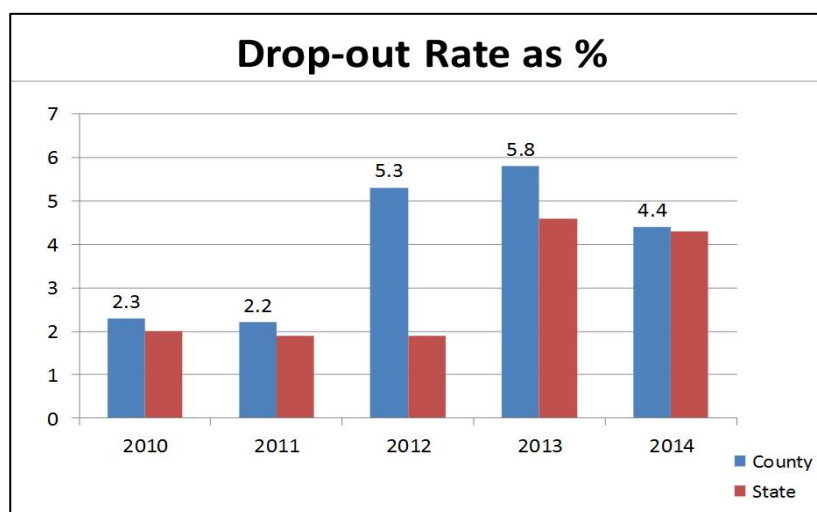
OTHER	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Housing	Long term housing for teens (example, Boys Town).
Parent Involvement	Many parents do not feel welcomed, so they are not attending events at schools and in communities. Recommendations include gathering additional qualitative data about why parents not attending and involved, such as focus groups and surveys; talking to schools and programs with strong parental involvement about what they are doing to model after those strategies; using school sites for community functions to get people more in marginalized communities more at ease in the schools; vary SAC hours to evenings to accommodate parents; allocate SAC dollars; targeted recruitment of diverse parents to SAC.
Poverty	People in poverty unable to meet basic needs such as housing, clothing and food, and people with jobs often unable to access services if they progress (i.e., encountering fiscal cliff in that once they get a job or make a certain income, they no longer qualify for any assistance).
School Resource Officers Not in Elementary Schools	Due to funding cuts, SROs taken out of elementary schools. This is a gap because elementary school is age and stage where competencies that SROs can help with need to be developed. This is also the age where a good foundation about positive relationships with law enforcement can be developed as well.
Transportation	The biggest gap and barrier providers see is that many in the community lack transportation. Recommendations include additional bus routes; extended hours; additional stops at after school programs; school transportation of youth to afterschool programs without fees.

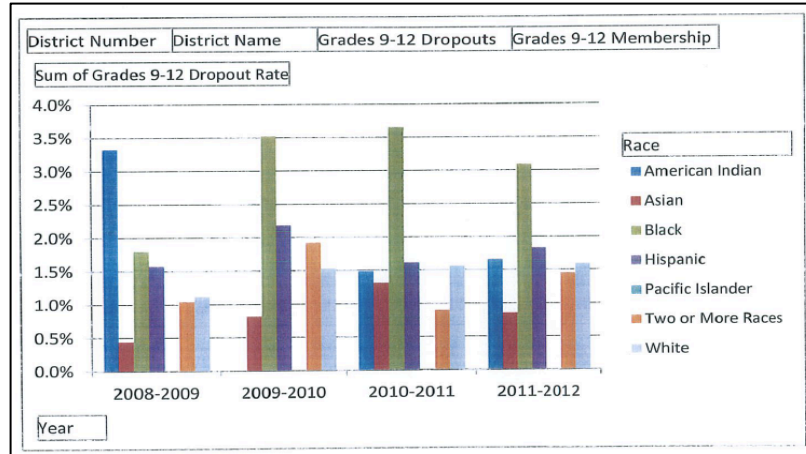
Academic Failure

Data

School Dropout

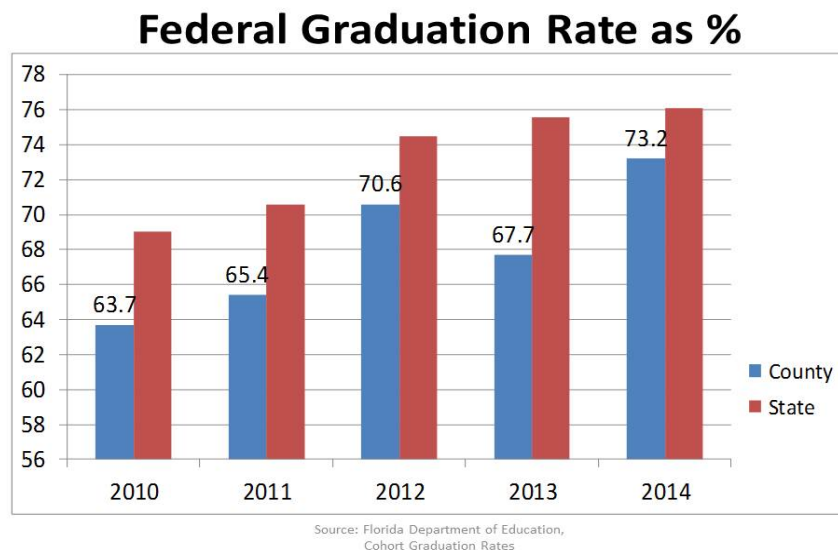
Since 2012, there has been an upward trend in the dropout rate for St. Lucie students. The dropout rate is defined as students who leave school before graduation and do not enroll in another institution or educational program before the end of the school year. The rates for both males and females have increased, and African American students are dropping out at much higher rates.





Graduation Rate

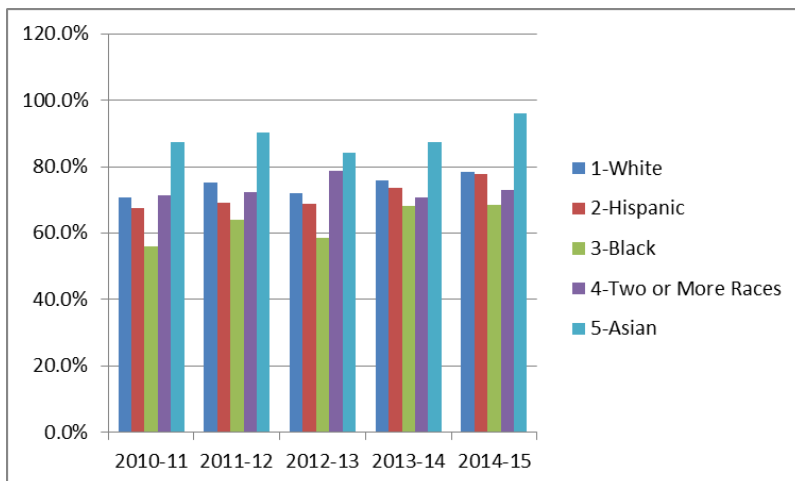
Although dropout rates are trending up, the good news is that graduation rates are going up as well (both for the state and county, with some fluctuation). It should be noted that the dropout rate and graduation rates are not going to be inverses of each other. This is because the federal graduation rate includes only those students who obtain standard diplomas in four years; it does not include students who obtain GEDs or other special diplomas, or who take more than four years to obtain a standard diploma.¹⁰



¹⁰ Federal regulations require each state to calculate a four-year adjusted cohort graduation rate, which includes standard diplomas but excludes GEDs and special diplomas. The U.S. Department of Education adopted this calculation method in an effort to develop uniform, accurate and comparable graduation rates across all states. Florida began reporting only the federal uniform graduation rate beginning 2011-12.

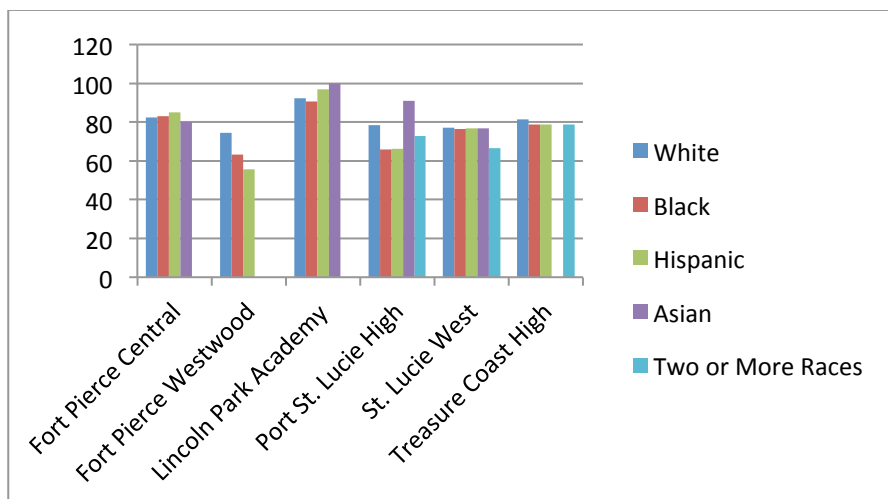
Graduation rates for whites appear to be fluctuating, while rates for Hispanics and blacks are increasing as well, though they remain significantly lower than their peers.

Graduation Rates by Race

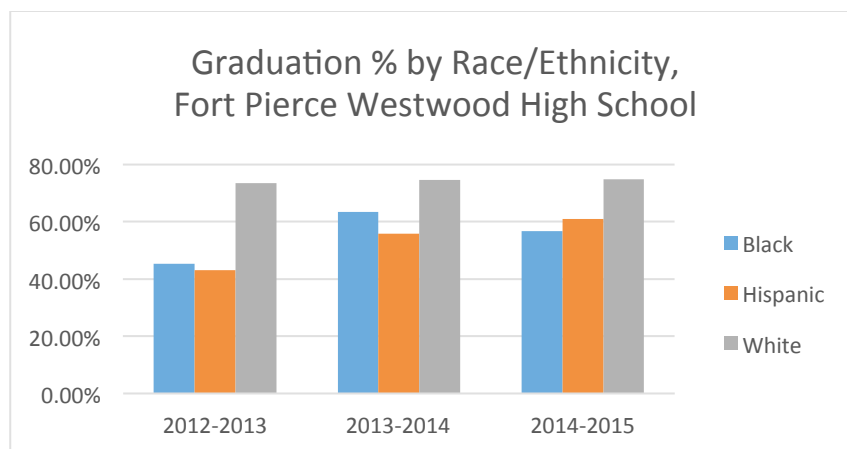


While only a one-year picture, the figure below shows Westwood was the lowest performing high school in 2013-14.

2013-14 Graduation Rates by School

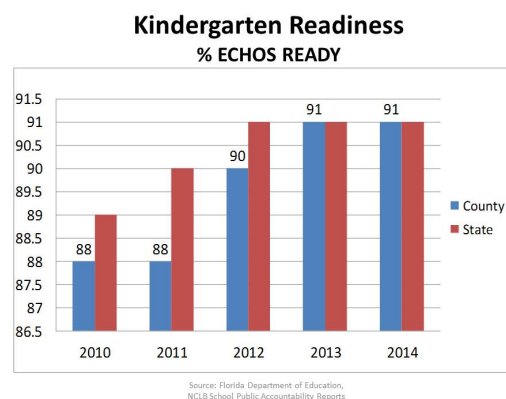
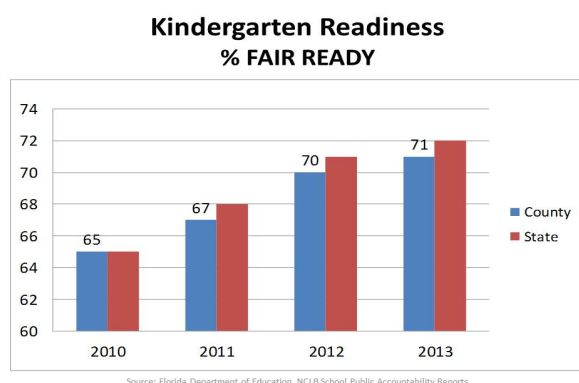


A closer look at Westwood graduation rates broken down by race over the last three years shows graduation rate for whites remaining about the same, and graduation rates for African Americans and Hispanics significantly lower.



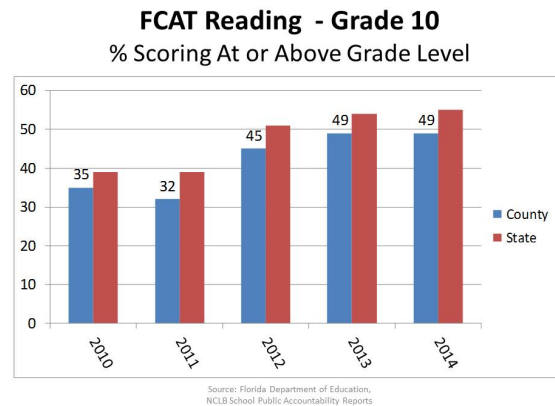
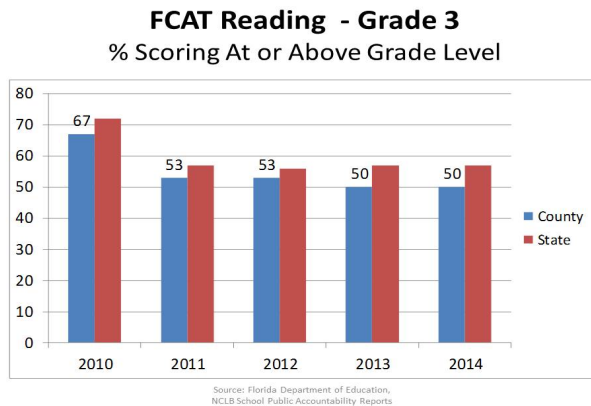
School Readiness

Testing has historically been used as a measurable determinant of school readiness and performance. For kindergarten, the assessments utilized were the Early Childhood Observation System (ECHOS) and the Florida Assessment in Reading (FAIR). These assessments measured readiness of students upon entering kindergarten. These assessments show significant progress for the county in school readiness, now nearly equal to the state.



Academic Performance

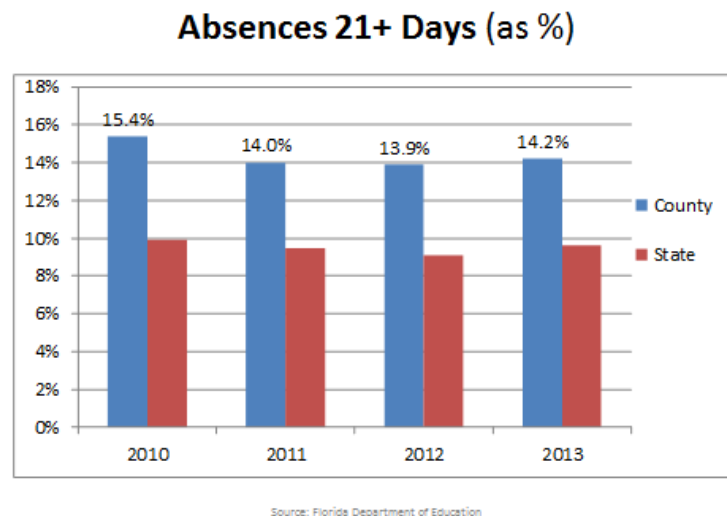
Since 2010, FCAT reading scores have decreased both at the state and county level. This may be due, in part, to the changes in state testing over that time. In 2013 and 2014, however, only 50% of St. Lucie third graders scored at or above grade level in reading. Data shows that Samuel Gaines, C.A. Moore, Lakewood Park and St. Lucie Elementary are in need of the most community support in this regard.



FCAT reading scores for 10th graders have trended up significantly since 2010. Less than 50%, however, were reading on grade level.

School Attendance

Students in grades K-12 who are absent 21 or more days in a school year miss more than a month of school days. Over the past four years, the county rate for students who have been absent 21 or more days has decreased slightly but remains fairly stagnant. The rates for 2014 and 2015 are not currently available from the FDOE for comparison.



Context

Academic success is driven not only by what takes place in the school environment, but also by the family and community environment in which students live. Review of the data and discussions with community stakeholders examining other issues (such as delinquency and violence) has demonstrated that in the same areas of St. Lucie County plagued by extreme

economic deprivation, infant mortality, obesity, delinquency, violence and other indicators, we are also seeing academic failure. The relationship between these indicators and academic failure is well documented. For example, studies show violence exposed children have an increased risk of developing school-related problems including: mental health problems, learning disabilities, language impairments, and other neurocognitive problems (Perkins, Graham-Berman 2012). Similarly, an uneven yet growing body of research has suggested that obesity may be associated with poorer academic performance beginning as early as kindergarten (Gardner 2012). Data from the National Assessment of Educational Progress shows that more than 40 percent of the variation in average reading scores and 46 percent of the variation in average math scores across states is associated with variation in child poverty rates (Ladd, Fiske 2011). We also know that education is a primary means out of poverty and other risk factors. The point is – if we are building a community where all children can succeed *academically* – we must target supportive resources and strategies to those children and families who are living in areas of St. Lucie County with extreme economic deprivation, multiple risk factors, and high levels of cumulative problem behaviors. All of these indicators directly impact a youth’s ability for success in the school environment.

To understand clearly what is happening academically with youth in these specific areas, it is recommended that additional data be collected and analyzed, including but not limited to kindergarten readiness rates by school, zip code and race/ethnicity; truancy rates by school, zip code, race and ethnicity compared to state standard; retention rates by school, zip code and race/ethnicity compared to state standard; and expanded graduation rates by school for multiple years to show trends. Additional data in these areas can guide the planning around school/community collaborative efforts focused on addressing the academic needs in the most vulnerable populations and pockets of our community.

Gap Analysis

The Academic Failure Resource Assessment Meeting was held on January 21st, 2016. More than 52 providers and practitioners attended from the following agencies:

- ALPI
- Boys & Girls Club St. Lucie County
- CareerSource
- CASTLE
- Children’s Home Society
- Children’s Services Council
- City of Fort Pierce
- Department of Juvenile Justice
- Devereux CBC
- Early Learning Coalition of SLC
- First United Methodist Church
- Florida Department of Health
- Hibiscus Children’s Center
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- Lawnwood Regional Medical Center
- Multi-Cultural Resource Center
- New Horizons
- PACE
- Parent Academy
- Port St. Lucie Police Department
- Project Bridge
- Project Rock South 21st Century
- Public Defender’s Office
- St. Lucie County Fire Department
- St. Lucie County Public Schools
- St. Lucie County Sheriff’s Office
- St. Mark Missionary Baptist Church

For a list of resources to prevent academic failure in St. Lucie County, see Appendix B.

The Academic Failure Resource Assessment Workgroup identified the following gaps and barriers:

Program Related Gaps/Barriers

Program related gaps and barriers include those relating to staff, hours, funding and eligibility.

AREA	IDENTIFIED GAPS & RECOMMENDATIONS
Affordability	<ul style="list-style-type: none"> Lack of flexibility in after school programs regarding costs.
Funding/ Staffing	<ul style="list-style-type: none"> Funding and staffing are often issues; look for additional funding opportunities.
GED	<ul style="list-style-type: none"> Need to market this availability to high need areas (2 mile radius around certain churches and high percentage don't have GED or diploma). Enlist churches/community programs to become "classrooms" for the GED program. Need a more robust referral system.
Hours	<ul style="list-style-type: none"> Extended hours (evening and weekend) in after school programs.
Mentoring	<ul style="list-style-type: none"> Not enough mentors; not enough cultural diversity among existing mentors; specific GPA's for older population. Recommendations include creating a coalition/ network of existing mentorship programs; Train mentors (and capacity building on the best practice components of mentorship for programs who already mentor); Mentorship development program that identifies specific strengths of mentors that can be linked to specific needs of individual children; Streamline the application and vetting process; More efficiently utilize successful programs (ex. high school students that mentor elementary students).
Professional Development	<ul style="list-style-type: none"> No nontraditional teaching networks.
Targeted Needs	<ul style="list-style-type: none"> No testing available for dyslexia. If student is diagnosed – no accommodations made specific to dyslexia.

Geographic Gaps

Geographic gaps and barriers include limitations on services or resources along county, city, geographic community and neighborhood boundaries.

GEOGRAPHIC	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Fort Pierce	<ul style="list-style-type: none"> Fort Pierce children getting services from Early Steps is 50% lower than Port St. Lucie.

Demographic Gaps/Barriers

Demographic gaps relate to culture, gender, sexual orientation and/or language.

AREA	IDENTIFIED GAPS & RECOMMENDATIONS
Culture/ Language	<ul style="list-style-type: none"> Recommendations are to increase diversity of staff, availability of translation services, knowledge about translation services, cultural diversity training and parent education and support in minority and ESOL communities.
Disengagement	<ul style="list-style-type: none"> Students coming from communities where a high a percentage of residents are disengaged and apathetic. Recommendation is to attempt to engage these disconnected people through spiritual, ethical, academic or basic need level. (This issue was also flagged in community focus groups by Lincoln Park Advisory Committee (LPAC) – focus on engagement of pockets of the county that are historically harder to engage.)
Nontraditional Schools	<ul style="list-style-type: none"> Need to increase staffing to provide academic support to charter schools, home schools and private schools.

Gaps in Policies and Practices

AREA	BARRIER & RECOMMENDATIONS
Data Sharing	<ul style="list-style-type: none"> Data collection for 0-5 population is agency based, minimal sharing. Recommendation is to explore possibility and legality of establishing a central data collection system or means to share information for birth to five populations. Sharing of data between 0-5 stage and kindergarten/ elementary school is minimal. Recommendation is to explore means of sharing information as child transitions from pre-K to elementary school.
Early Learning Services	<ul style="list-style-type: none"> Identify agency to lead delivery of services from birth to five.

Other Gaps and Barriers

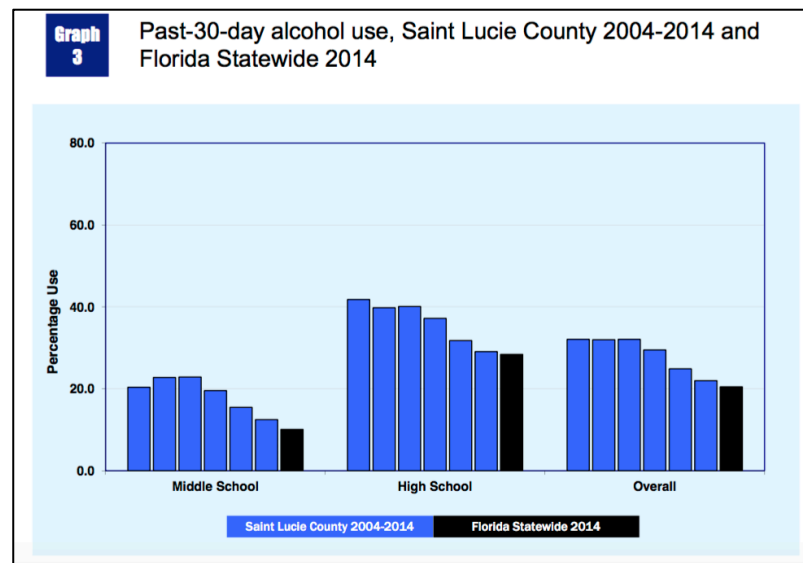
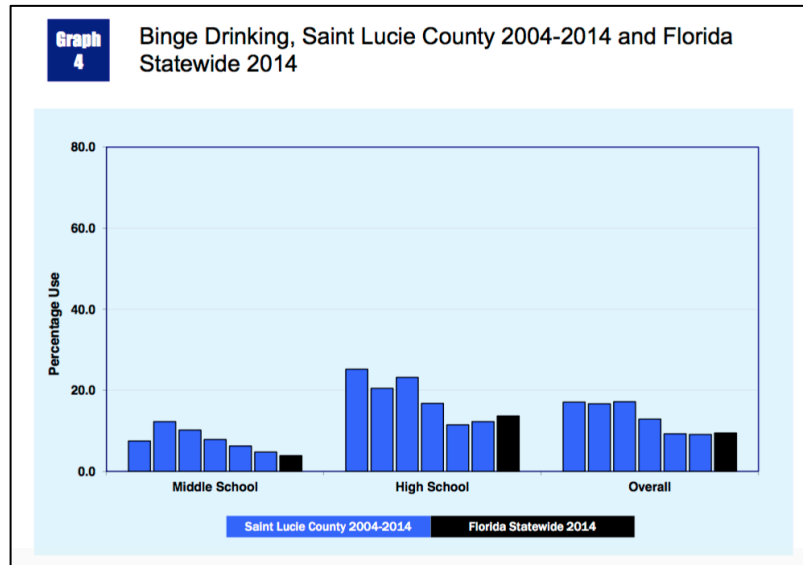
AREA	BARRIER & RECOMMENDATIONS
Housing	<ul style="list-style-type: none"> No temporary or transitional housing in St. Lucie County, and there is insufficient affordable housing. Recommendation is to establish a family shelter for temporary or transitional housing.
Knowledge About Resources	<ul style="list-style-type: none"> We have a lot of existing programs, but we do not communicate the programs or link the residents to the resources being provided. Recommendation is to communicate to the community the resources available.
Parent Denial	<ul style="list-style-type: none"> Parent denial of developmental delays requires parent education and support regarding importance of early identification and intervention for developmental delays.
Transportation	<ul style="list-style-type: none"> Lack of reliable transportation for families is a barrier to service. Look at resources available, including Medicaid transport and community transit. Explore possibility of providing additional weekend and evening service.

Substance Abuse and Mental Health

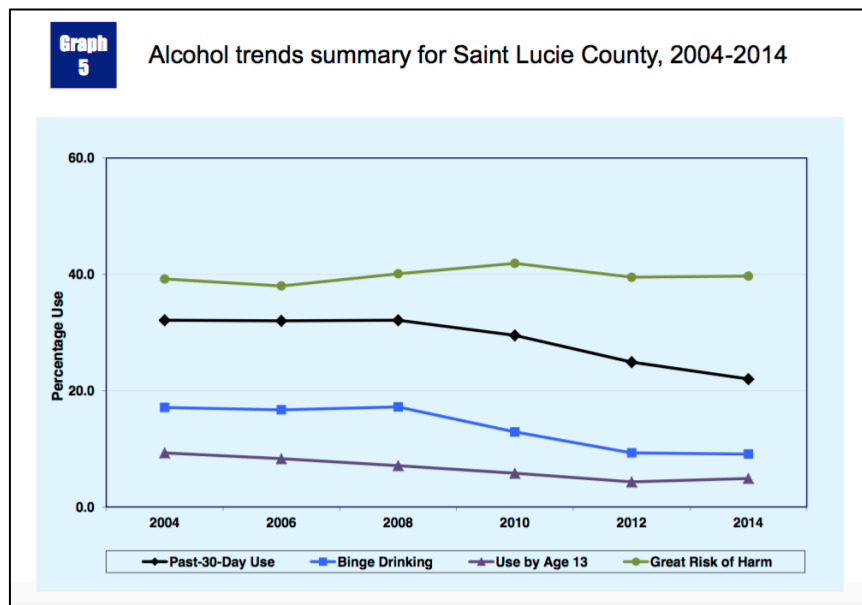
Data

Underage Drinking

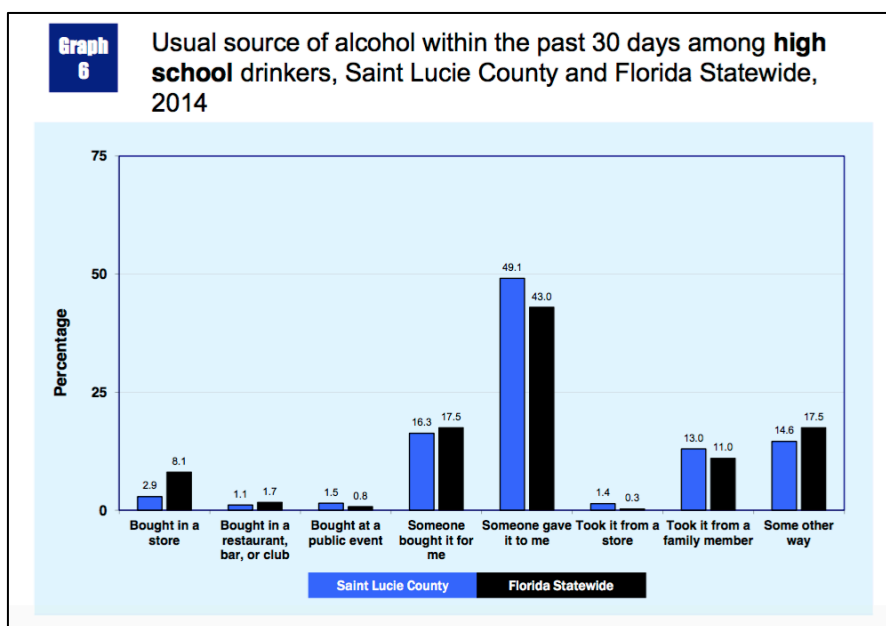
2014 data from the FYSAS shows past-30-day alcohol use and binge drinking among students is trending downward since 2004.

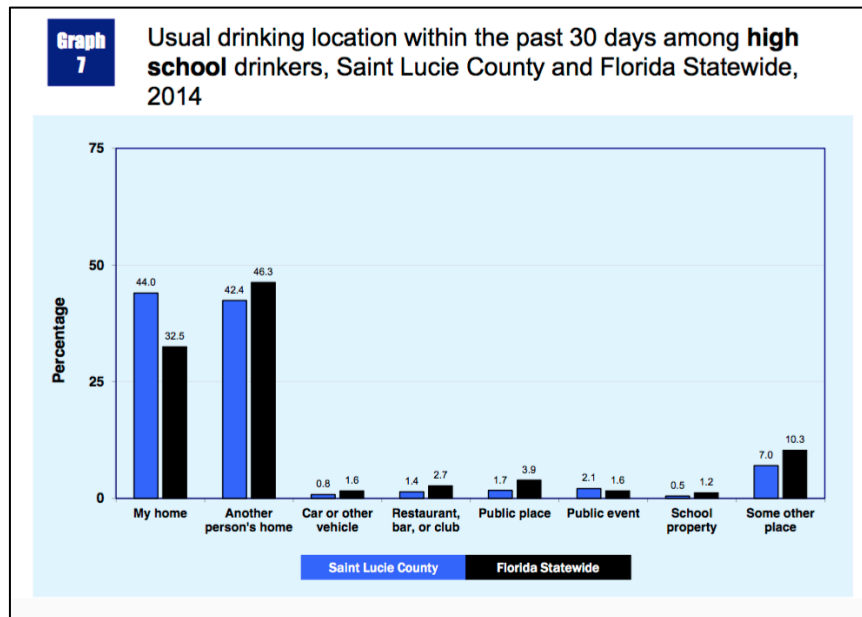


The perception among youth that underage drinking is harmful has remained about the same, however, and use of alcohol by age 13 has also remained the same.



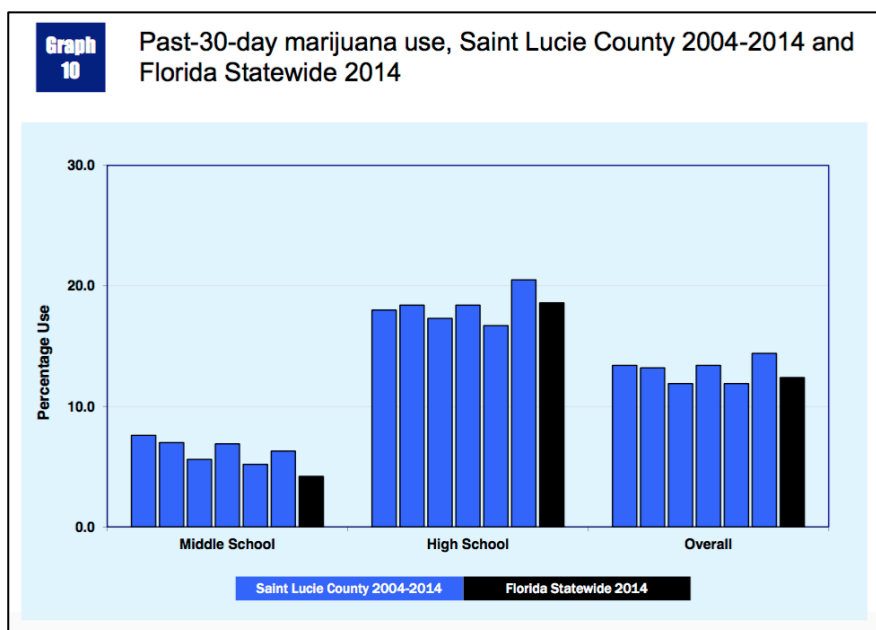
Youth report that the usual source of alcohol is someone else either giving it to them (49.1%) or buying it for them (16.3%). The usual drinking location is in their own home (44%) or in someone else's home (42.4%).



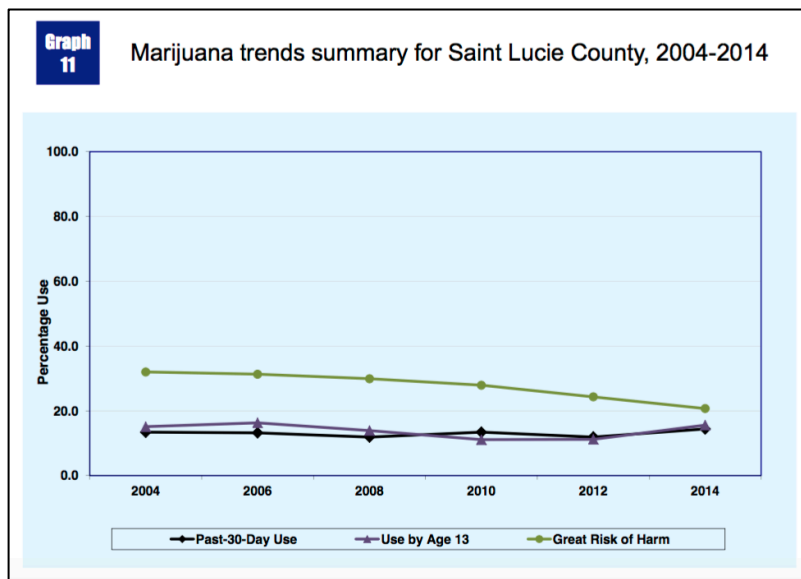


Marijuana Use

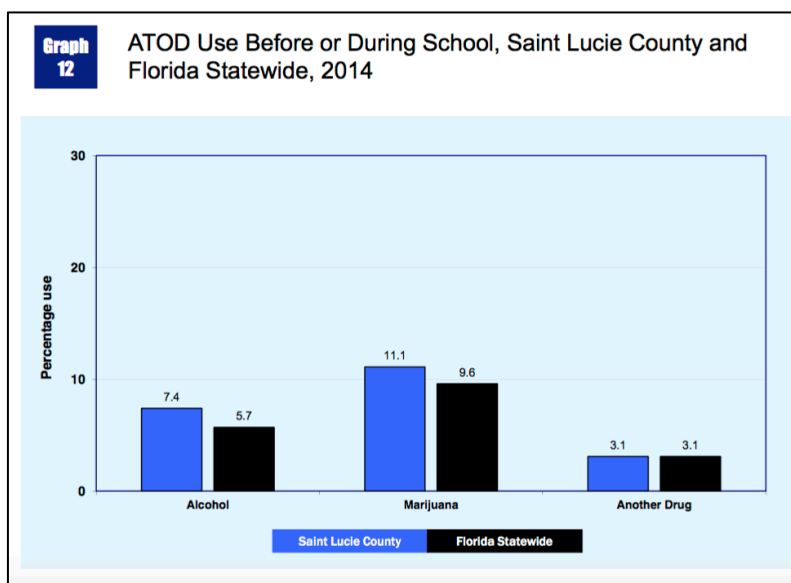
FYSAS data shows an increase in past thirty day marijuana use among SLC high school and middle school students, and SLC students report using marijuana at a higher rate than their statewide counterparts. About 24% of SLC high school students surveyed in 2014 said they had used marijuana in the past 30 days. About 8% of SLC middle schools students admitted to past 30-day use.



In addition, marijuana use by age 13 is on the rise, and the perception among youth that marijuana is harmful has declined.



11.1% of St. Lucie County youth report that they have used marijuana before or during school, compared to only 9.6% of youth statewide.



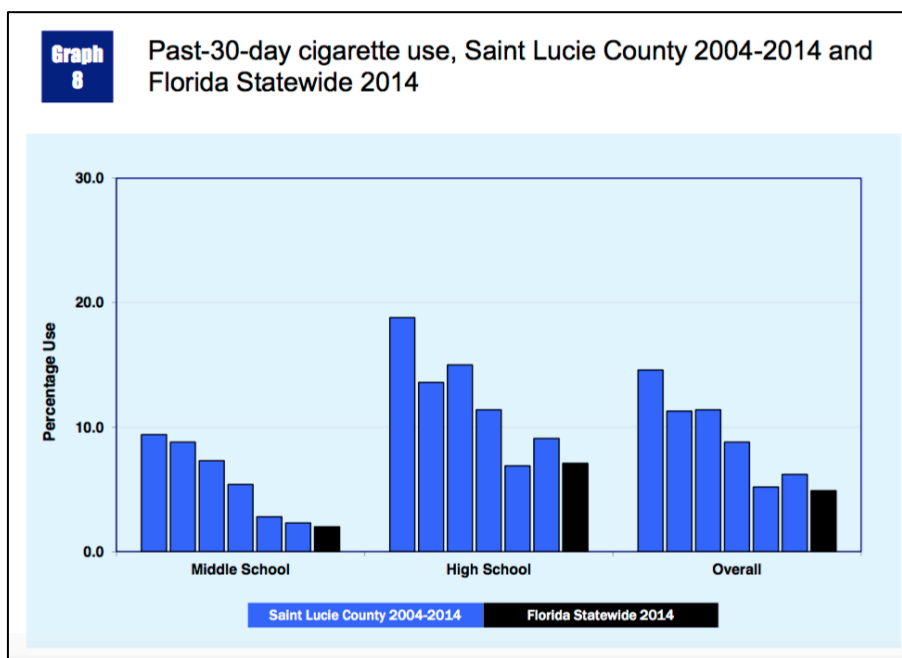
In 2015, the Substance Abuse Prevention Network (SAPN) surveyed teens attending after school programs or Friday Night Done Right events in St. Lucie County. The survey was administered to 67 teens, ages 13 to 18. Although the sample is small and bears little statistical significance, it does give a glimpse into these teens' perspective on prevalence of and access to marijuana in St. Lucie County.

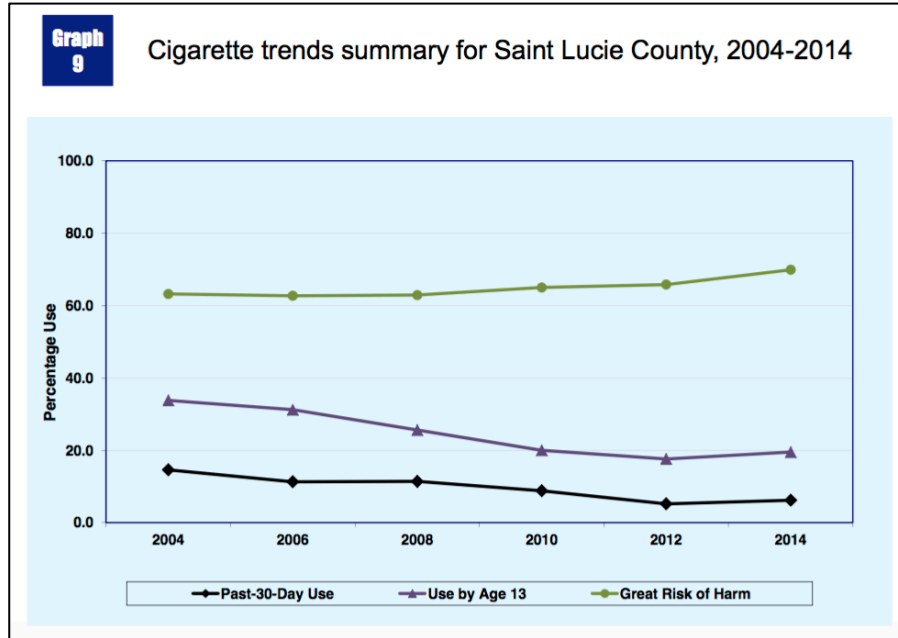
Roughly 19% of teens reported that they had used marijuana in their lifetime. 10% reported that they themselves had used marijuana in the past 30 days, but they perceived much higher rates of usage among their peers (e.g., 55% believed that more than half of their peers used marijuana in the past 30 days). Reported locations of use were at home, a friend's home, a party, or a park or open space. Sources of marijuana included obtaining from a friend, buying from an adult, and growing their own. 13.4% of those who had smoked in the past 30 days said they got it from another source, but did not specify the source.

16% said they were undecided about whether they would smoke marijuana when they become adults. 62% said they personally knew an adult who had used marijuana in the past year. 30% said they had a sibling who had smoked marijuana. 19% said they knew someone who had gotten a ticket, paid a fine or went to court for using or possessing marijuana. 83% felt their parents would feel it was "very wrong" for them to smoke marijuana. 16.5% thought their parents would view it somewhere between "somewhat wrong" and "not a problem".

Tobacco Use

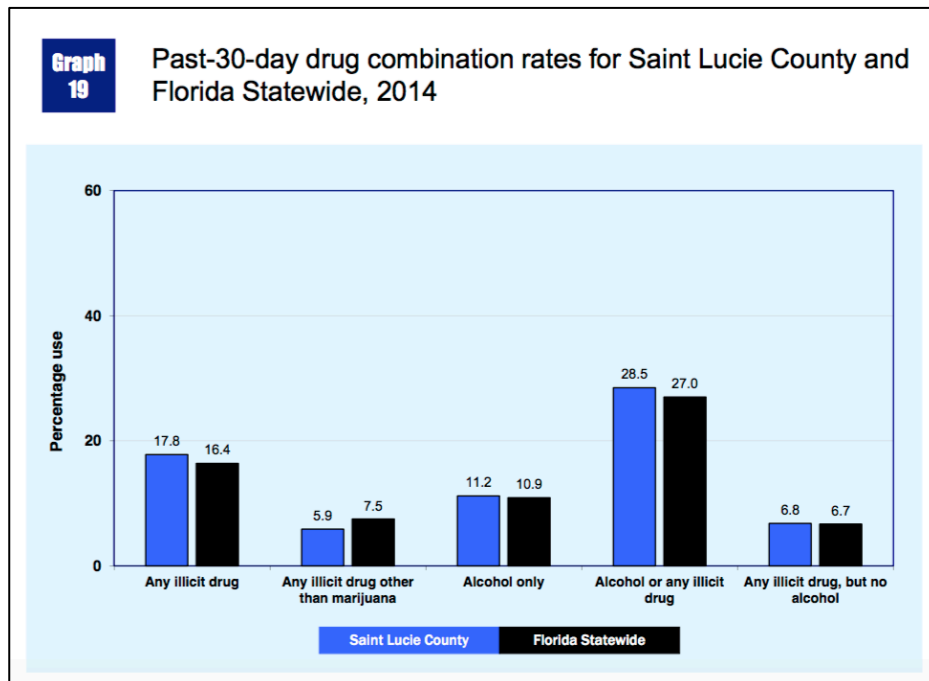
Tobacco use among students has decreased significantly since 2004 across the state and including SLC although, between 2012 and 2014, there was a slight increase in use by SLC high school students. Use by age 13 is also trending downward, with a similar small uptick in recent years. SLC students continue to increasingly perceive cigarette use as having a great risk of harm.





Other Drugs

In St. Lucie County, only 5.9% of surveyed students reported the use of an illicit drug other than marijuana in the past 30 days, compared to 7.5% across the statewide sample. In addition to alcohol, tobacco and marijuana, FYSAS asks youth about usage of inhalants, over the counter drugs, prescription drugs and depressants.



Survey responses showed past 30-day inhalant use among St. Lucie students decreased from 3.1% in 2012 to 1.4% in 2014. Past 30-day prescription pain reliever use was reported at 1.5%, compared to 2.1% statewide. Among middle school students, 2.8% reported the use of inhalants in the past 30 days, a rate higher than any other illicit drug (except marijuana).

Depression and Anxiety

Since the Roundtable first used CTC in 1999, depression and anxiety among children and teens has been added to the CTC framework. Although predicated on CTC, however, the FYSAS does not yet contain questions to measure the prevalence of depression and anxiety among youth.

Interviews with School Resource Officers (SRO's) gave some insight into the occurrence of depression, anxiety and other mental health issues among SLC youth. Several SROs reported incidents in which students engaged in "cutting" behavior in south county schools. There were also a significant number of SROs reporting Baker Acts for youth having suicidal thoughts throughout the county. In addition, at least one youth serving organization in the Lincoln Park area reported anecdotal experience with certain youth having suicidal thoughts and/or engaging in cutting behavior. Some youth in that area reside in "hot spot" areas of high crime, and have experienced violence and/or homicide committed against family members or friends. Many have not received treatment or counseling.

To date, we have not collected archival data about the rates of depression and anxiety in St. Lucie County. The Steering Committee recommends the establishment of a data collection workgroup to collect and analyze data such as the number of admissions to the Children's Crisis Stabilization Unit (CCSU), the number of Baker Acts being initiated at schools, the number of referrals to the county's mobile crisis unit, and the rate of suicide among youth in St. Lucie County. This information will help guide early identification and targeted comprehensive strategies to reduce depression and anxiety, and support mental health among children and teens.

Interviews of School Resource Officers

The SRO interviews gave further insight into substance abuse issues among youth in St. Lucie County. They indicated that they had observed incidents of marijuana use and/or possession on school property at all of the high schools, and to a lesser extent at the middle schools. In north county, marijuana and synthetic drugs were the most common illegal substances suspected or reported by SROs in school related incidents. In south county, marijuana and prescription pills were the most common illegal substances suspected or reported by SROs in school related incidents. One SRO reported "prescription drugs are as much of a problem as marijuana." Several believed that youth abuse of prescription drugs in the county is underreported because prescription drugs are much easier to conceal and therefore harder to detect. SROs suspected that youth were using or misusing stimulants prescribed to treat ADHD such as Adderall or Vyvanse. An SRO at one high school also reported the use of electronic cigarettes or "vaping." SROs reported a few incidents of alcohol use resulting in disciplinary action in the high schools.

SROs made the following observations regarding substance abuse on school campuses:

- ***Prescription Pill Abuse:*** One SRO at a middle school reported the new trend as, “Mom is on medication; I am going to take medication.” Other SRO’s consistently reported hearing about youth using pills at home, getting pills from cabinets, mixing them up and taking them.
- ***Underreporting Due to Failure to Recognize the Signs:*** Several SROs reported that many of the school staff do not recognize signs or behaviors of drug misuse/abuse and as a result, use goes undocumented.
- ***Observations about Molly¹¹ and Flakka¹²:*** SROs had no arrests for “molly” or flakka in schools, but some said they have seen youth discussing both on social media. An SRO who was formerly on street patrol reported use of flakka in the community has been increasing over the past few years. Two SROs reported that much of the “molly” on the streets is flakka, but kids do not know it.
- ***Use of K-9s Reduces Marijuana Use in Schools:*** SROs working in north county said marijuana use by students in high schools in north county “was really bad a few years ago,” but has significantly reduced with the use of K-9 officers and drug sweeps in the schools. SROs reported that this past year they were requested not to bring dogs into the classroom to avoid interrupting the learning process (K-9 parking lot sweeps are still conducted). They expressed concerns about the risk of an increase of marijuana use.
- ***Lack of Protocol to Connect Youth Abusing Substances to Treatment:*** SROs said there is not a protocol to connect youth to interventions or treatment who are suspended multiple times for suspected substance use/abuse. Several SRO’s reported a “revolving door” exists for repeat offenders.
- ***Some Schools Have Drug Prevention Counselors—Others Do Not:*** One SRO reported there is a DATA Counselor on campus to work with youth for substance use intervention. SROs did not know how the decision is made regarding which schools have DATA counselors.
- ***Challenges with Parental Accountability:*** SROs consistently expressed challenges with parental/guardian involvement and/or accountability with supporting or following up with substance abuse interventions for their children. The officers site a wide range of reasons for low parental/guardian involvement, including lack of resources and transportation, unsupportive parents/guardians and families in crisis.

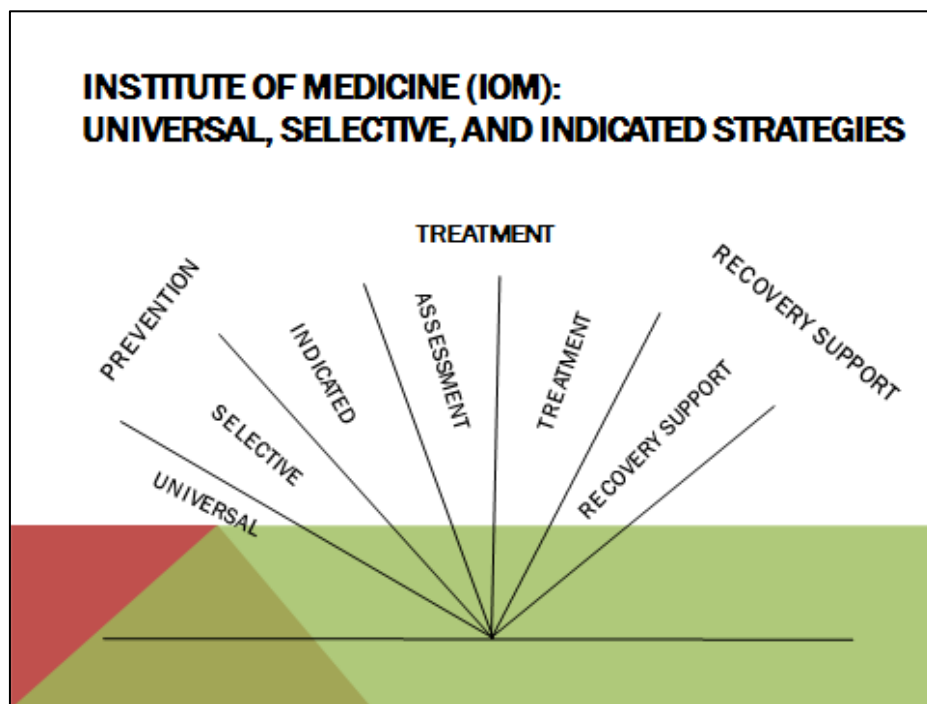
¹¹ Molly—slang for “molecular”—refers to the pure crystalline powder form of the club drug MDMA (3-4 methylenedioxymethamphetamine), which in pill form is known as ecstasy. Molly is usually purchased in capsules. Those who purchase what they think is Molly, however, may actually be purchasing other drugs instead. Hundreds of “Molly” capsules tested in two South Florida crime labs in 2012, for example, contained methylone, a dangerous stimulant commonly found in “bath salts” (similar to Flakka). News reports elsewhere have reported “Molly” capsules containing cocaine, heroin and other substances.

¹² Flakka is a designer drug that can be snorted, smoked, injected or swallowed. It may also be combined with other, softer drugs such as marijuana. Flakka is most typically made from the chemical alpha-PVP, which is a synthetic version of the amphetamine-like stimulant cathinone. Cathinones are chemicals derived from the khat plant grown in the Middle East and Somalia.

Context

It should be noted that CTC focuses on *prevention* strategies, not treatment and recovery support. In addition, the mental health component of CTC relates to anxiety and depression, not other more severe mental health diagnoses. In the area of prevention, the Institute of Medicine has identified three general levels of strategies:

- **Universal** programs are those that provide services to the general public or a whole population, regardless of risk for or level of involvement in the problem behavior.
- **Selective** programs include those that target specific individuals or population sub-groups with significantly higher than average risk.
- **Indicated** programs are those that target higher-risk individuals with detectable signs and symptoms foreshadowing a disorder or indicating a predisposition towards a problem behavior, but not meeting diagnostic criteria.
- **Tiered** programs are those that involve a combination of services to universal, selective and indicated populations.



(Springer, Phillips 2006).

Some communities tend to focus on one strategy such as universal (population-based). Many, however, are moving towards a more balanced approach incorporating a variety of strategies (universal, selective and indicated) across a continuum. Doing so requires discussions about how to provide brief screenings and referrals for higher risk youth, how to connect specific youth to

appropriate services and how to develop collaborative strategies and information sharing with other community partners.

Gap Analysis

The Substance Abuse and Mental Health (SAMH) Resource Assessment Meeting was held on February 11th, 2016. More than 45 providers and practitioners attended from the following agencies:

- 211 Helpline
- Children's Home Society of FL
- Children's Services Council
- City of Port St. Lucie
- Devereux CBC
- Drug Abuse Treatment Association, Inc.
- Florida Department of Health
- Indian River State College
- Lawnwood Regional Medical Center
- Magellan Complete Care
- New Horizons
- PACE Center for Girls
- Public Defender's Office
- Restoring the Village Youth Initiative
- Sacred Heart Franciscan Outreach
- SafeKids Coalition
- Sandy Hook Promise
- Southeast FL Behavioral Health Network
- St. Lucie County Public Schools
- St. Lucie County Sheriff's Office
- Suncoast Mental Health
- Whole Child Connection

The SAMH Resource Assessment Workgroup assessed Universal, Selective, Indicated and Tiered resources available in St. Lucie County.

For a list of resources to prevent substance abuse and support mental health in St. Lucie County, see Appendix C.

The Substance Abuse and Mental Health Resource Assessment Workgroup identified the following gaps and barriers:

Program Related Gaps and Barriers

Program related gaps and barriers include those relating to staff, hours, funding, eligibility and use of and fidelity to evidence based practices.

PROGRAMS	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Access/ Availability	<ul style="list-style-type: none"> Need more school-based services, but recognize that schools do not always have the funding or the time. Some universal resources, such as Know the Law, are ready to be provided by SLCSO, but not yet implemented in schools. Others, such as services provided by DATA and New Horizons, are limited to only a few schools. Need to incorporate in more schools, or be data-driven in determining which schools have which programs based on the needs of the students.
Affordability	<ul style="list-style-type: none"> Need to make resources more accessible for economically disadvantaged and middle class. Some offer sliding scale but still a big issue.

Eligibility	<ul style="list-style-type: none"> Lack of targeted services for youth committing crimes and poor behavior but not violence. These youth are not eligible for programs such as the Restoring the Village Youth Initiative, but need direct intervention, and often are deemed noncompliant in universal and selective programs. The recommendation is to develop/incorporate services for this population into after school programs and incentivized programs to work with these youth. Lack of programs and funding for young adults (ages 16-24) to receive assistance if they do not have a record or are not under DJJ or DOC supervision, including mental health services if they lack a diagnosis. Need more focus on how to provide mental health and substance abuse services to the uninsured or the underinsured, which often lack services due to coverage and deductible restrictions. Need to identify means of collaborative funding to cover shortfalls and gaps; expand plans and access to insurance options and Medicaid funding.
Hours	<ul style="list-style-type: none"> Work hours are often the same as school hours so it is hard for families to take advantage of services. Recommendation is to encourage and incentivize Saturday and late hours.
Staffing	<ul style="list-style-type: none"> Need more licensed psychiatrists, masters level clinicians and level 2 staff. Recommendation is to increase pay to make comparable with other communities. Need more intervention level counselors.
Strategies	<ul style="list-style-type: none"> Although expensive, multi-systemic therapy has been shown to work with certain indicated populations. Need to explore how to provide and pay MST for high-risk St. Lucie populations. Need to expand use of Adolescent Community Reinforcement Approach (ACRA) and explore how to provide for certain higher risk populations. Need to provide services that support Infant Mental Health (IMH). IMH is the developing capacity of a child from birth to 3 to experience, regulate (manage), and express emotions; form close and secure interpersonal relationships; and explore and master the environment and learn. Need to provide services that utilize Trauma Informed Care, which involves understanding, recognizing, and responding to the effects of all types of trauma and helping children who have experienced trauma to rebuild a sense of control and empowerment. Lack of developed or defined Evidence Based Practices for some school and community based programs.
Training	<ul style="list-style-type: none"> More providers should be Wraparound certified and/or Wraparound informed.

Demographic Gaps and Barriers

Demographic gaps and barriers are those that limit access to service and resources for certain populations and communities based on, for example, culture, gender, sexual orientation and/or language.

DEMOGRAPHICS	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Autism Specific	<ul style="list-style-type: none"> Need to increase mental health services for autism populations with co-occurring issues.
Grandparents	<ul style="list-style-type: none"> Need more focus on providing support services for grandparents and other guardians.
Language	<ul style="list-style-type: none"> Not enough bi-lingual services for Latino and Haitian populations. The recommendation is to recruit, train, hire and provide competitive salary to staff with additional language skills.
LGBT Community	<ul style="list-style-type: none"> There are no LGBT specific support groups.
Stigma	<ul style="list-style-type: none"> Stigma associated with getting help or treatment in certain communities and cultures. There is a fear of seeking care, embarrassment and fear of getting a diagnosis. The recommendation is to do PSAs targeted towards various communities to normalize prevention, intervention and treatment services.

Teen Parents	<ul style="list-style-type: none"> Need more focus on providing parenting programs for young teen parents.
Training	<ul style="list-style-type: none"> Need effective cultural competency training for professionals who provide services to minority communities, particularly African Americans, Latinos and Haitians.

Developmental Gaps and Barriers

Developmental gaps and barriers include those encountered along a child's developmental path, including prenatal, infant, toddler, pre-kindergarten, elementary, middle and high school.

DEVELOPMENTAL	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Middle School	<ul style="list-style-type: none"> Pre-teens and middle school students are a difficult population developmentally due to non-comprehension, invisibility factor and stigma. It is recommended to increase age appropriate education to improve comprehension and increase peer refusal skills in this population.
Pre-Kindergarten	<ul style="list-style-type: none"> Zero to Five is an underserved population for mental health. Need to increase programs supporting strong mental health in 0-5 populations, including educating daycare staff and early intervention services. It is recommended to increase outreach to daycare and prenatal communities. Lack of mental health services for 0-5 population was also identified by the Academic Failure Workgroup. The recommendations were to devise a mechanism to assess mental health issues for this population, collect data and create community awareness for agencies and parents. Lack of mental health services for 0-5 was also identified as an important gap/barrier in a focus group with approximately 15 early learning providers and professionals. When asked whether the main issue causing 0-5 behavior problems was developmental delay or trauma, all providers believed it was trauma. One participant stated, "We try to get them into a diagnosis so they can obtain the services, but often the issue is not a diagnosis, it is children acting out due to trauma and not having the words to communicate what is going on in their lives."

Targeted Population Gaps and Barriers

Targeted population gaps and barriers refer to those that prevent access to or effectiveness of universal, selective, indicated or tiered programs.

TARGETED POPULATION	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Communication/Community	<ul style="list-style-type: none"> Need more fairs and community events to promote resources and services to economically disadvantaged populations. Need for culturally competent resource guides to provide information about services to various communities and populations via avenues that those particular communities access information.
Communication/Parents	<ul style="list-style-type: none"> Parents of school-aged children are not being given information from schools on what universal and selective programs are available for their children. The recommendation is that information be sent home at the beginning of the school year and that parents be required to sign indicating awareness of the information.
Selective Programs	<ul style="list-style-type: none"> There are very few selective programs. This area of programming needs to be increased with data driven identification of students at higher risk and culturally competent resources provided. School based selective programs are often difficult because they are done with small groups of students outside of the classroom. The teacher and other students are not learning what the selected students are learning, so the teacher cannot reinforce the skills. Also, it takes away from class time for the selected students that their peers are receiving.

Other Gaps and Barriers

OTHER	IDENTIFIED GAPS/BARRIERS & RECOMMENDATIONS
Access/ Availability	<ul style="list-style-type: none"> • More people could benefit from the parenting classes at CASTLE. There is a stigma to going and sometimes families do not know about it. The recommendation is to consider mandating participation for those receiving certain benefits (like WIC), and to consider incentivizing participation.
Communication/ Parents	<ul style="list-style-type: none"> • Need for family advocates and peer support to increase effectiveness of parent to professional communication.
Information Sharing	<ul style="list-style-type: none"> • Explore how to increase ability to share information regarding mental health and substance abuse needs between agencies, including providers, schools and law enforcement. • Need better communication between DJJ, schools and providers for providing counseling to youth released from supervision. Schools/ DJJ should tell providers when youth is recently released so intervention services can start at those schools that have DATA and New Horizons.
Transportation	<ul style="list-style-type: none"> • Limited public transportation, long distances, and expense makes getting children to services complicated. The recommendation is to increase routes so that families have transportation to get to mental health service providers, and consider use of mobile units to provide certain services to underserved areas.

Child and Adolescent Health Priorities

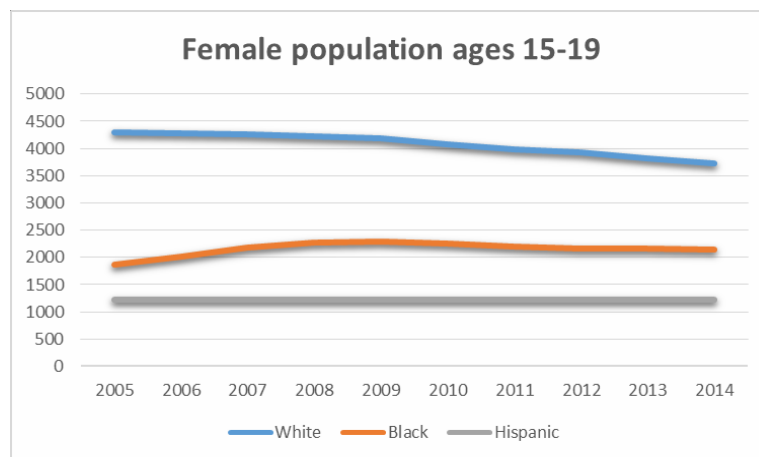
Teen Pregnancy

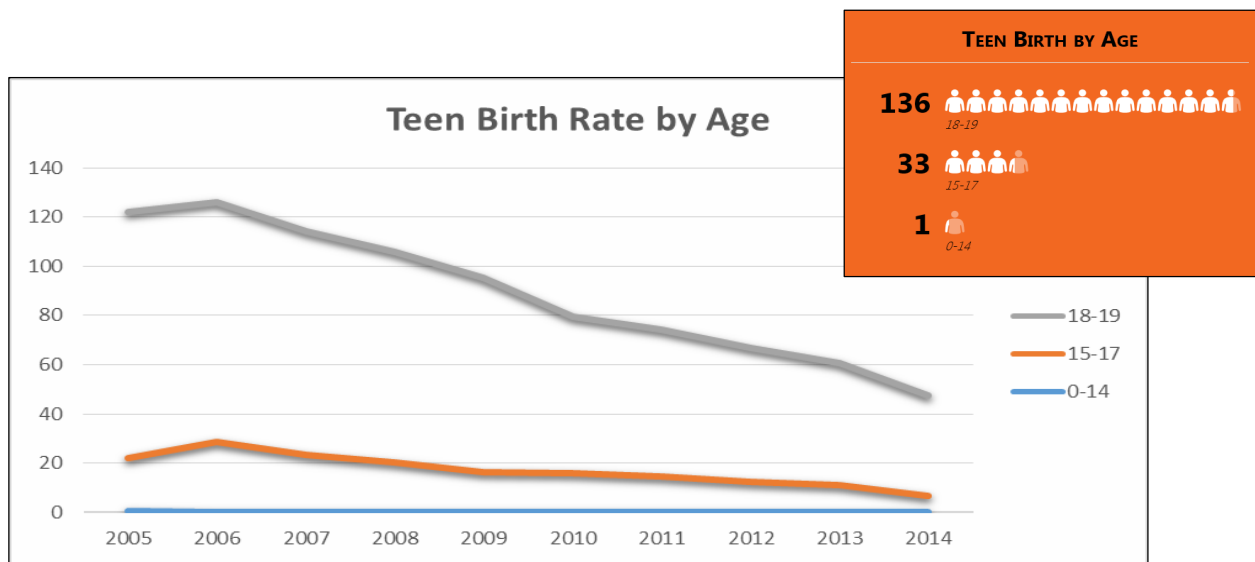
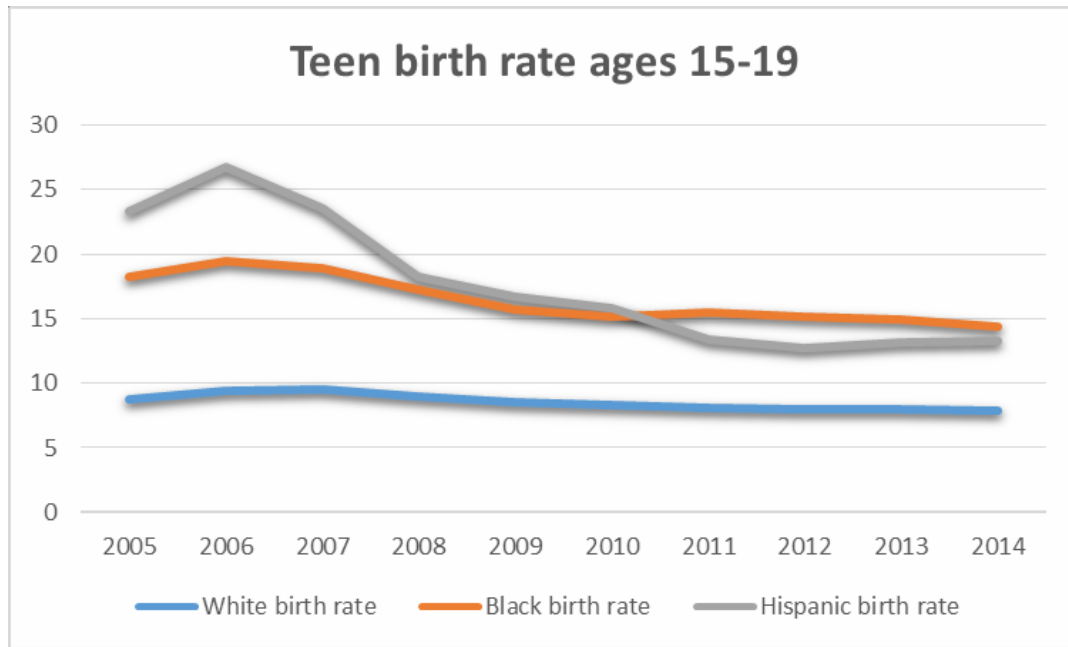
Data

Teen births have been dropping at the national, state, and local levels for the past decade. In 2014, St. Lucie County levels dropped below state rates for the first time. In discussing teen pregnancy it is important to note that there is a difference between pregnancy rates and birth rates since not all pregnancies are recorded or result in a live birth. However, the Guttmacher Institute has found a strong relationship between declining teen pregnancy rates and birth rates. When there are fewer unplanned pregnancies, there are fewer births and fewer abortions (Kost & Henshaw, 2014). This report will use frequencies and rates based on births to teen mothers.

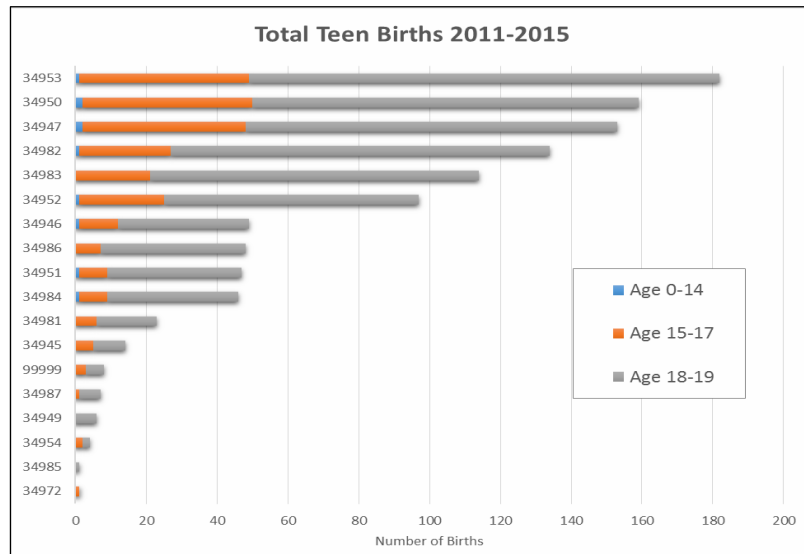
In St. Lucie County, the teen birth rate has gone down among all races and ethnicities, with the largest decline among the Hispanic population. Births among very young teens remains low and the rate among 15-17 year olds continues to decline. Though both have declined, a disparity remains between African-American teens and white teens. While it is difficult to point to any one reason for these trends on a local level, The Guttmacher Institute research indicates that improved contraceptive use among sexually active teens accounts for most of the change nationally (Boonstra, 2014).

In 2014, there were a total of 170 births to teen mothers. Eighty percent were among 18-19 year olds. 93 births were to white teens, 76 to black teens. Forty-one of these mothers listed their ethnicity as Hispanic. Rates per 1,000 are highest among African-American, non-Hispanic teens 18-19 years old. In 2014 there were 26 repeat teen births, 19 to teens 18-19 years old and 7 to teens 15-17 years old. According to the CDC, nationally nearly 1 in 5 births to teens, ages 15-19 are repeat births. Most (86%) are second births. Some teens are giving birth to a third (13% of repeat births) or fourth up to sixth child (2% of repeat births). Minority teens are about 1.5 times more likely to have a repeat teen birth compared to white teens. Infants born from a repeat teen birth are often born too small or too soon, which can lead to more health problems for the baby.

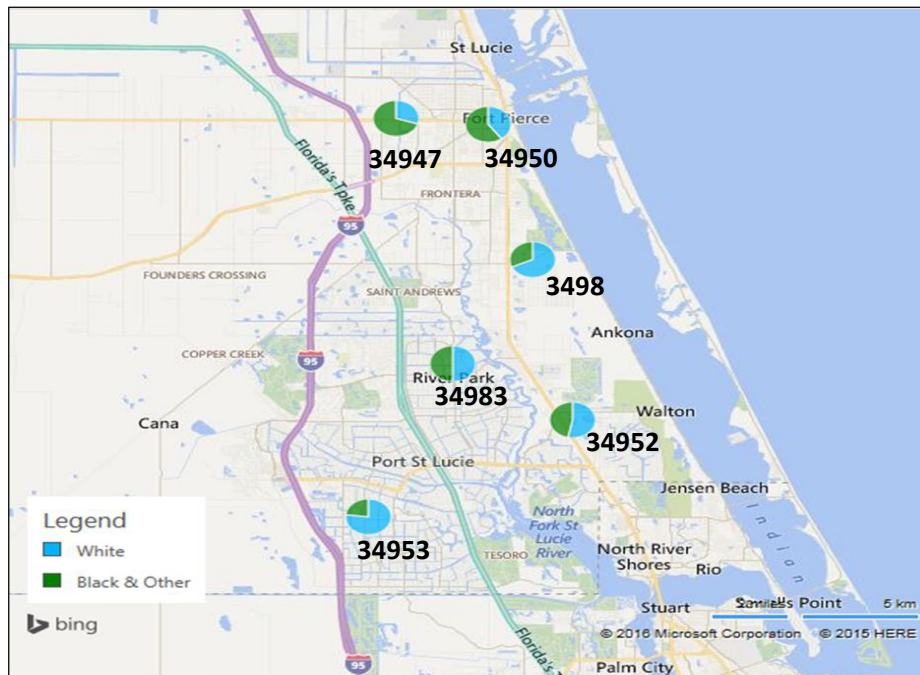




Teen births are distributed across the county with total births over time being highest in zip codes 34953, 34950, 34947, 34982, 34983, and 34952 (Florida Charts, 2014).



In 2014 teen births were racially divided across the county. North Fort Pierce and Southwest Port St. Lucie continue to have high numbers of teen births. Falling along racial lines there are more births to black mothers in Fort Pierce and white mothers in Port St. Lucie, but mid-county zip 34983 and 34952 are almost evenly split.



Gap Analysis

The Teen Pregnancy Resource Assessment Meeting was held on March 17th, 2016 at the Florida Department of Health in St. Lucie County. More than 30 representatives from the following agencies attended:

- Children's Services Council
- Department of Corrections
- Department of Health – St. Lucie
- Department of Juvenile Justice
- Devereux
- FL Community Health Clinic
- Guardian ad Litem
- Healthy Families
- Healthy Start - KCBD
- Healthy Start – Dr. Stoessel's Office
- Helping People Succeed
- Lawnwood Regional Medical Center
- MOMCARE

For a list of resources to prevent teen pregnancy in St. Lucie County, see Appendix D.

The Teen Pregnancy Resource Assessment group identified the following gaps and barriers throughout the community.

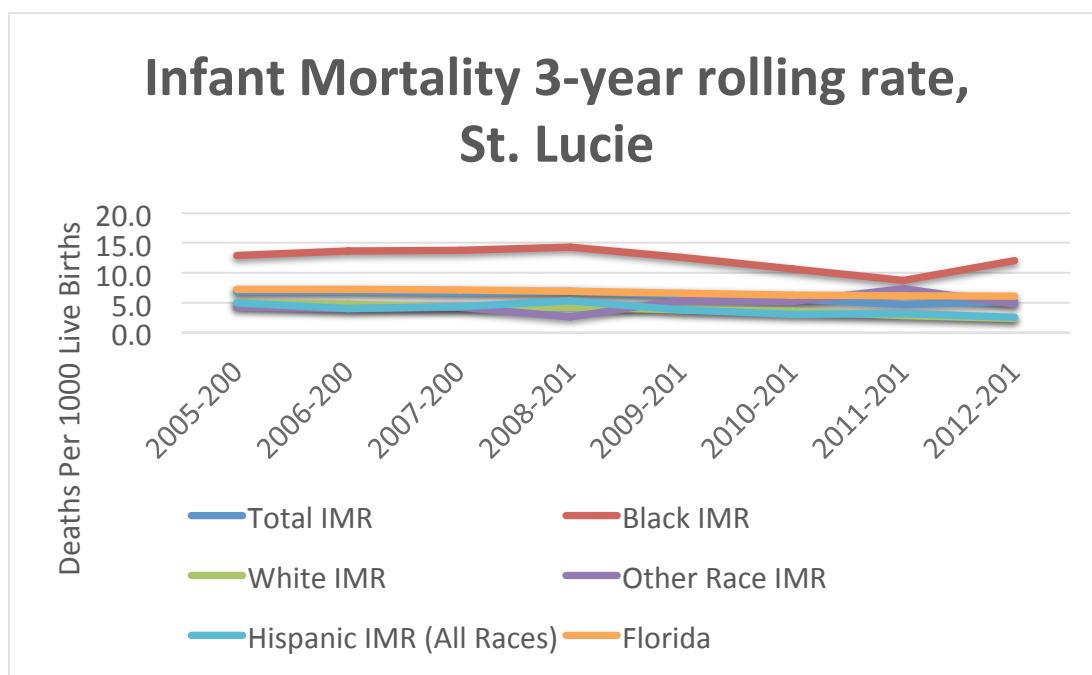
PRIORITY RISK FACTORS	AREAS OF ANALYSIS	OBSERVATIONS	RECOMMENDATIONS FOR CONSIDERATION
Early Initiation of the Problem Behavior	Addressing Sexual Trauma	Trauma affects decision-making and self-esteem.	Programming should be in place to educate, counsel, and support children and teens who have experienced sexual trauma.
	School Clinics	Increasing access.	Put services where teens are.
	Access to Contraception	Some private physicians won't provide contraception to teens, teens can't navigate the system.	Expand existing teen friendly clinics; create new clinics in other parts of the county.
Family Management	Reproductive Health Education	Parent don't want to talk about it and teens don't get accurate information.	Parents and teens need more education on sexual and reproductive health.
	Transportation	Services are spread out.	Increase bus routes; increase services to underserved parts of the county.
	Insurance Coverage	Lack of insurance or understanding about benefits.	Promote the value of health insurance and how to access family planning resources.
Family Conflict	Public Health Campaigns (to start a discussion about reproductive health).	Too many unplanned pregnancies.	Promote reproductive life plans.
	Media	Often teens hear one thing at home, something else from media.	Media education.

Infant Mortality

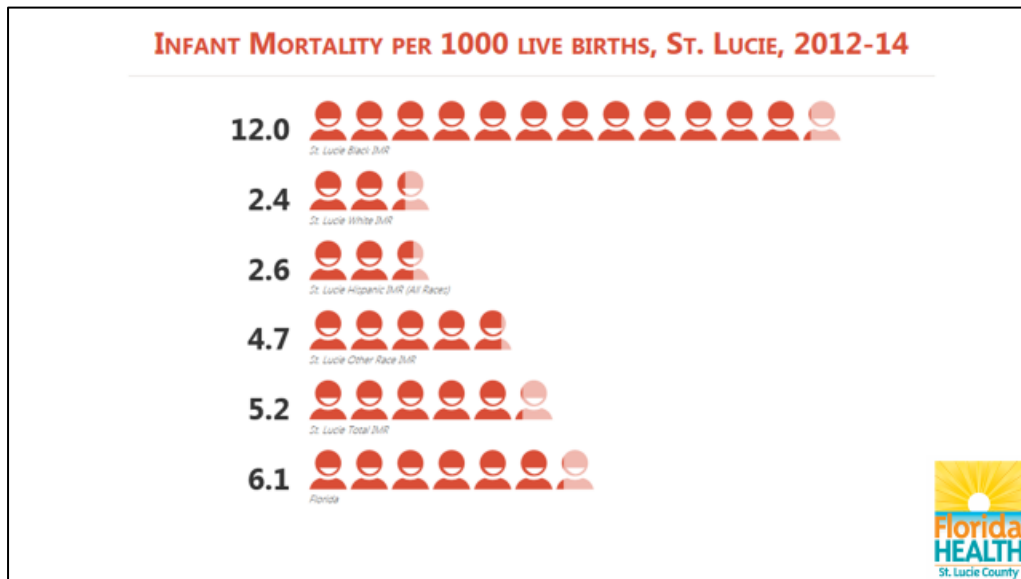
Data

Infant mortality is an important proxy indicator of population health, since there is a potential association between the causes of infant mortality and factors that are likely to influence health status of the whole population. Infant Mortality Rates (IMRs) are globally used as indicators of infant and population health. IMRs are also used to assess the presence and magnitude of infant health disparities between populations and population subgroups.

St. Lucie County data shows a significant increase in IMR in the African American population, and a significant disparity in IMR between the black and the white populations in SLC. The mortality rate in black infants has increased from 8.7 per 1,000 live births in 2011-2013 to 12.0 per 1,000 live births in 2012-2014. In comparison, the St. Lucie County infant mortality rate in whites is 2.4 per 1,000 live births for the same time period, a decreasing trend since 2006. The gap between 2011-2013 and 2012-2014 rolling rates in St. Lucie County is 3.3 black infant deaths per 1,000 live births.



St. Lucie County infant blacks have a death rate of 12.0 per 1000 live births while infant whites have a death rate of 2.4 from 2012-2014.



Gap Analysis

The Infant Mortality Resource Assessment Meeting was held on March 17th, 2016. More than 30 representatives from the following agencies attended:

- Children’s Services Council
- Department of Corrections
- Department of Health – St. Lucie
- Department of Juvenile Justice
- Devereux
- FL Community Health Clinic
- Guardian ad Litem
- Healthy Families
- Healthy Start - KCBD
- Dr. Stoessel’s Office
- Helping People Succeed
- Lawnwood Regional Medical Center
- MOMCARE

For a list of resources to prevent infant mortality in St. Lucie County, see Appendix E.

The Infant Mortality Workgroup considered the predominant risk factors they believed, based on their experience and practice, to be contributing to the high IMR in the Black population residing in the county. Their assessment focused on four main health factors:

- **Obesity During Pregnancy**
- **Late Prenatal Care**
- **Inadequate Prenatal Care**
- **Unsafe Sleep Environment**

These health factors contribute to infant mortality and Sudden Unexplained Infant Death Syndrome (SUIDS). SUIDS is the highest cause of death for infant mortality in St. Lucie County. Sudden Infant Death Syndrome (SIDS), accidental suffocation, and strangulation in bed are all causes of death that fall under the SUIDS category. According to the Centers for Disease

Control (CDC), most SUID deaths occur while the infant is sleeping in an unsafe sleeping environment.

The Infant Mortality and Teen Pregnancy Resource Assessment group identified the following gaps and barriers throughout the community.

Demographical Gaps:

CAUSE OF DEATH	OBSERVATIONS	RECOMMENDATIONS FOR CONSIDERATION
SUIDS (SIDS, Unknown, Accidental Suffocation, Strangulation in bed)	Cultural influences, retail advertising.	More education at pre-op OB visits and Pediatrician offices. Retail stores not display cribs with decorative bumpers, SID information next to cribs/bumpers at stores, stuffed animals, blankets, etc. Translators to prevent language barriers, public service announcements on radio and TV; culturally sensitive education regarding safe sleep to minority communities.
Obesity	Increased BMIs before getting pregnant, cultural norms around food and healthy weight, price of food has increased, food deserts.	OBs to increase education about healthy weight, Creole translators, Increase WIC nutrition staffing, and data needed to reflect sub-sets of African Americans (Haitian, Jamaican, etc.)
Inadequate Pre-natal Care	Consistent education not available from all OB providers, amount of Medicaid visits, immigration status.	Increase access to care, provide education to immigrant pregnant mothers, increase Medicaid expansion for pregnant mothers and more research done regarding the number of Medicaid visits for pregnant women.
Pre-term Labor	Providers providing information but patients not following care, Not all OBs having a standard of care, OB providers not educating women about risk factors and smoking.	Obtaining adequate history such as an early Risk Assessment, early intervention, educating providers about identifying the previous preterm births and providing preconception education, provide education about risk factors, smoking, drugs, and alcohol.

Geographical Gaps:

CAUSE OF INFANT DEATH	OBSERVATIONS	RECOMMENDATIONS FOR CONSIDERATION
SUIDS (SIDS, Unknown, Accidental Suffocation, Strangulation in bed)	Organizations and communities that encourage co-sleeping (Le Leche League, magazines).	Education and data provided to organizations and communities about co-sleeping and SUIDS, infant mortality billboards along roads.
Obesity	Pregnant mothers living in food deserts and unsafe communities. Not able to walk or exercise or have access to fruits and vegetables.	Transportation to grocery stores that supply fruits and vegetables, no available gym within pregnant mothers community.
Inadequate Pre-natal Care	People not knowing about numerous community programs and what is available throughout the community, lack of public transportation in Southwest Port St. Lucie to get to Dr. offices, location of high-risk pregnancy facility.	Southwest Port St. Lucie offer transportation to Dr. offices, work with Medicaid taxi to provide transportation to high-risk pregnancy facility.
Pre-term Labor	Pregnant mothers missing appointments due to lack of transportation.	Access to transportation throughout St. Lucie County.

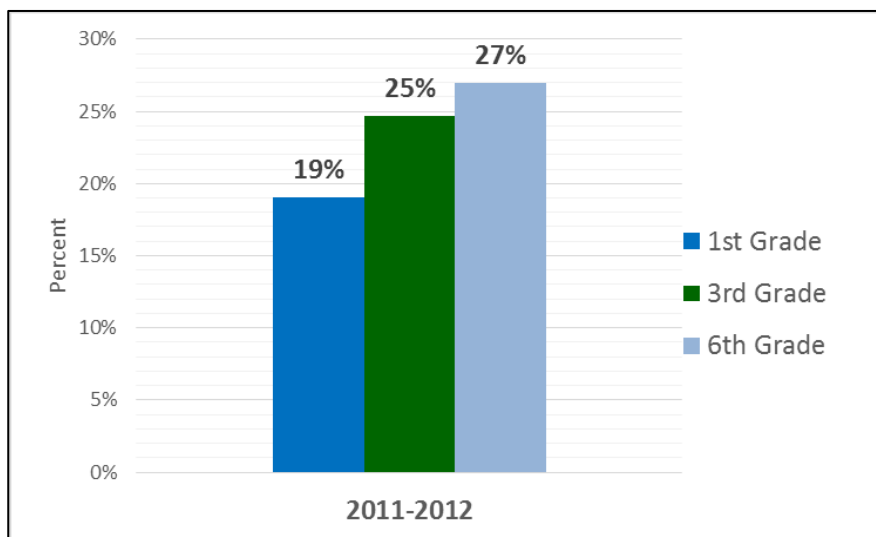
Healthiest Weight

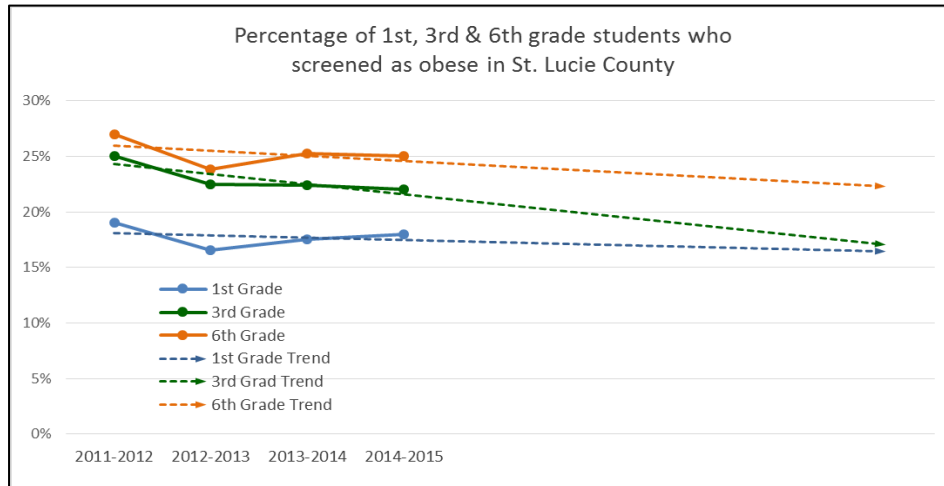
Data

Childhood obesity has become a serious problem throughout the United States and has been increasing throughout Florida. Over the past forty years, we have seen an increase in obese children and Child Trends reports that the percentage of children who are considered obese has grown dramatically. There are many health consequences of obesity during childhood and research shows that it can have a harmful effect on the body in many ways, including high blood pressure, high cholesterol, insulin resistance and type 2 diabetes, breathing problems, joint problems, depression, behavioral problems, issues in school, etc., (CDC, 2016).

The numbers for St. Lucie County are even more alarming and data is showing that one fifth of children entering 1st grade and a quarter of the 6th graders are already obese. The Florida Department of Health in St. Lucie County and the St. Lucie County Public Schools have partnered to collect Body Mass Index (BMI) from health screenings conducted on all first, third, and sixth grade students. According to the Centers for Disease Control (CDC), “for children and teens, BMI is age-and-sex specific and is often referred to as BMI-for-age” (2016). Students are classified as Healthy Weight, Underweight, At Risk, or Obese for their age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.

St. Lucie County





The School Health Nurses have conducted BMI screenings over the past four school years and data indicates the percentage of children with a BMI at >95% of peers has been relatively stable. Trend lines show that over the next five years there will be a gradual drop, but the county will still have 17% - 23% obesity rates in children.

Childhood obesity is a serious problem that leads to multiple chronic diseases, psychological stress such as depression, behavioral problems, issues in school, low self-esteem, impaired social, physical, and emotional functioning. Obesity could be a result of poor family conflict and family management due to lack of parental involvement and environmental surroundings.

Gap Analysis

The Healthiest Weight Resource Assessment Meeting was held on February 11th, 2016 at the Florida Department of Health in St. Lucie County. More than 29 providers and practitioners attended from the following agencies:

- Indian River State College
- FL Community Health Center
- FL Department of Health STD
- Whole Child Connection
- Women, Infant, and Child (WIC)
- St. Lucie County Public Schools

For a list of resources to prevent childhood obesity in St. Lucie County, see Appendix F.

The resource assessment focused on root causes and contributing factors to childhood obesity identified by the Health Network. The Healthiest Weight Resource Assessment group identified the following gaps and barriers throughout the community:

Developmental Gaps:

AREA OF ANALYSIS	OBSERVATIONS	RECOMMENDATIONS FOR CONSIDERATION
All Ages	Preconception about being healthy.	Nutrition education to teach correlation of food and weight.
Adults	Increased BMIs before getting pregnant.	OBs to increase education about healthy weight.
Pre-K	Childcare centers need to be consistent and encourage healthy eating habits.	More education for daycare centers, parents, and children.
Adults and Infants	Lack of breastfeeding.	OBs and Pediatricians need to provide more education and more staffing for lactation consulting in Healthy Start.
K-8, Middle, and High Schools	Unhealthy snacks being served and offered in the schools.	School Wellness Policy needs updating and has gaps. Provide access to water.

Geographical Gaps:

AREA OF ANALYSIS	OBSERVATIONS	RECOMMENDATIONS FOR CONSIDERATION
Schools	No provision for health education at schools.	After school programs.
Community	Parks and Recreation Dept. program gaps.	Summer programs, utilizing parks more.
	People not knowing about numerous community programs and what is available throughout the community.	Increase marketing, internet access, and hand out information to schools.
	Lack of access to safe play areas.	Police/sheriff departments, neighbors, volunteer police dept., community volunteers, and churches to provide volunteers to monitor parks.
	Lack of sidewalks.	Lighting- Take lampposts from Crosstown Parkway and distribute to areas in need of lighting.
	Food Deserts.	Bring small markets (produce) to food desert areas, churches, food donations.

Demographical Gaps:

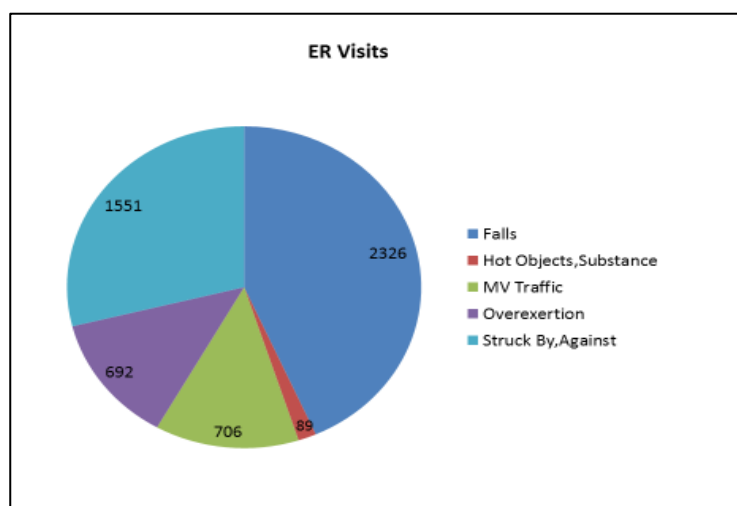
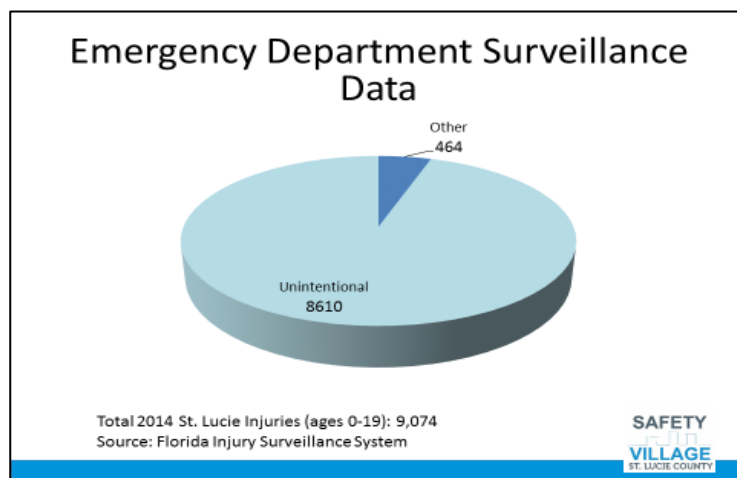
AREA OF ANALYSIS	OBSERVATIONS	RECOMMENDATIONS FOR CONSIDERATION
Cultural food barriers	Children getting raised by grandparents.	Educate by sections of the city.
Educate Cultural Diversity	Multiple children in homes.	Educate or inform people of different cultures regarding cultural food contents and alternative foods.
Breastfeeding	Not the “norm” throughout the community.	Whole community needs to be educated on breastfeeding, change policy at OB office and hospitals, market breastfeeding services, increase lactation specialists, and offer post-partum breastfeeding to enhance services.

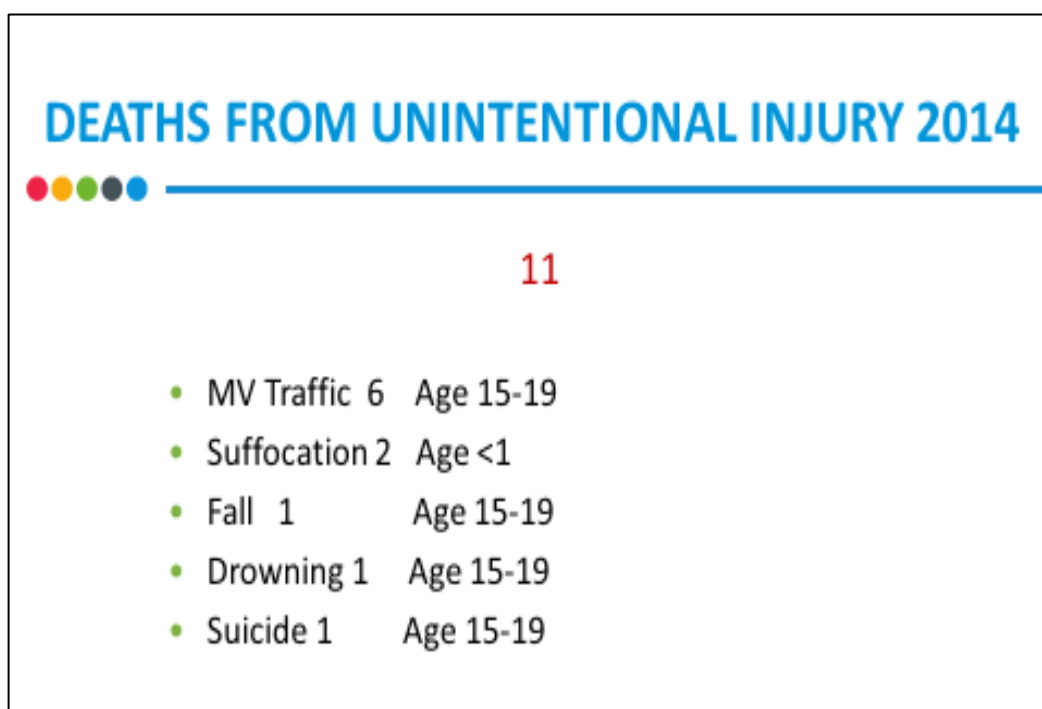
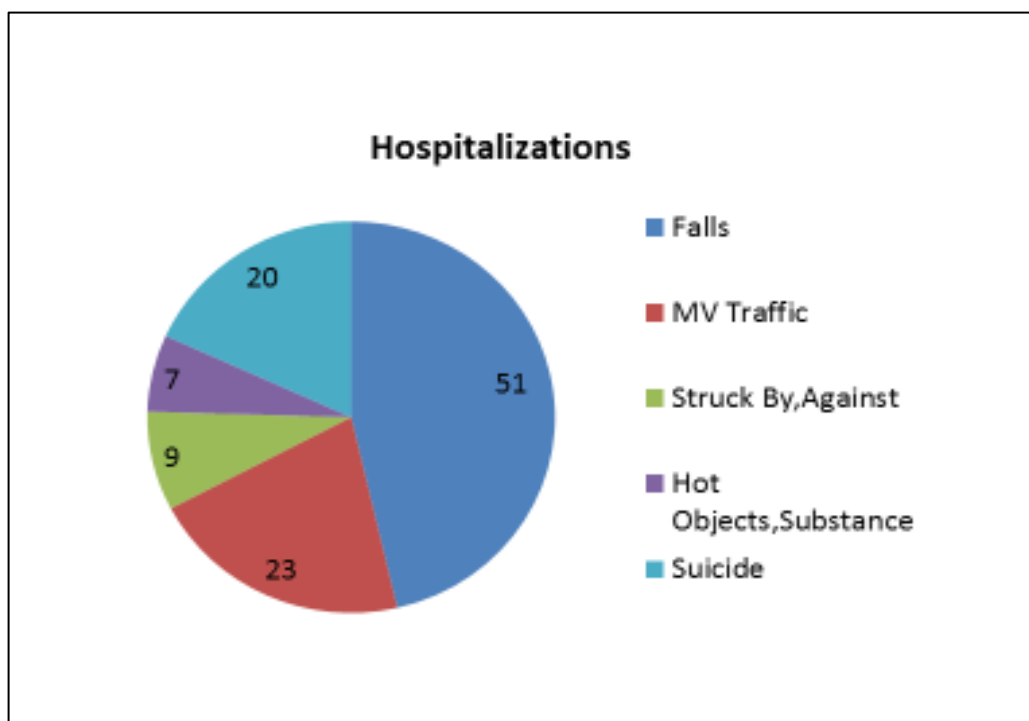
Unintentional Injury

Data

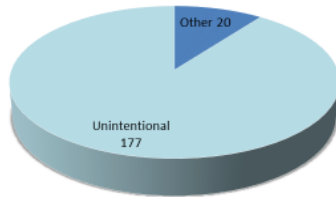
Unintentional injury is the leading cause of death for St. Lucie County children. Ten children lost their lives to unintentional injury in 2013 and an additional 11 children died in 2014. When a child dies or is seriously injured, the lives of families and entire communities are changed forever. But these tragedies do not have to happen. The important thing to remember about preventable injuries is that they are preventable. Injuries often occur in predictable ways and can be completely avoided with the right education, awareness and planning.

Over 8,000 Emergency Room visits occurred in St. Lucie County during 2014 due to unintentional injuries, 177 of these resulted in hospitalizations. Falls were the most commonly reported/diagnosed unintentional injury causing visits and hospitalizations. Motor vehicle accidents were the most commonly reported/diagnosed unintentional injury causing death.





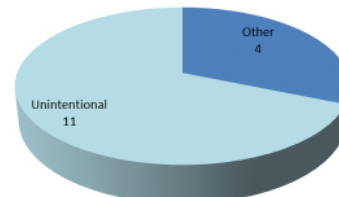
Hospitalization Surveillance Data



Total 2014 St. Lucie Injuries (ages 0-19): 197
Source: Florida Injury Surveillance System



Death Surveillance Data



Total 2014 St. Lucie Deaths (ages 0-19): 15
Source: Florida Injury Surveillance System



Gap Analysis

The Child & Adolescent Unintentional Injury Prevention Resource Assessment Meeting was held on March 4th, 2016. More than 24 providers and practitioners attended from the following agencies:

- Big Brothers Big Sisters
- Breath of Light
- Children's Services Council
- Department of Children and Families
- Florida Department of Corrections
- Florida Department of Health – St. Lucie
- Fort Pierce Police Department
- Lawnwood Regional Medical Trauma Team
- Molina Health Care
- Port St. Lucie Police Department
- Safe Kids Coalition
- St. Lucie County Fire District
- St. Lucie County Parks and Recreation
- St. Lucie County Sheriff's Office
- St. Lucie Transportation Planning Organization (TPO)

For a list of resources to prevent unintentional injury in St. Lucie County, see Appendix G.

The 6 most commonly reported unintentional injuries for St Lucie County are: Falls, Motor Vehicle Traffic Accidents, Struck By, Hot Objects, Overexertion and Suffocation. The table below delineates which age group is most adversely affected by the particular injury according to the data. The Unintentional Injury Workgroup identified the following gaps and barriers:

AGE GROUP	CAUSE OF INJURY	RELATED TO	GAPS/BARRIERS IDENTIFIED BY ATTENDEES	GAPS/BARRIERS IDENTIFIED BY DATA COLLECTION/INTERVIEWS
Daycare/Preschool Infant to 4 yrs.	Suffocation	Safe Sleep Issues	Hispanic community may be at higher risk.	More data needed on this.
	Hot Objects	Burns from water, oil, candles, stoves, fire pits	Difficulty getting into schools for education.	Lack of understanding of how significant burns can be from hot objects. Education on preventative measures needed.

Elementary Age Child 5-14 yrs.	Falls	Gym Equipment, Furniture, Trees	Distracted Parents: texting, cell phone use. Need more access to educational opportunities, PSL at higher risk.	Hover board safety messaging needed.
	Struck By	Balls, TVs, Bats, Furniture	Distracted Children - Not using crosswalks, lack of sidewalks in both PSL and FP, drivers not yielding to pedestrians.	Lack of education presented to caregivers. Difficulty presenting education in the schools.
	Overexertion	Sports, dehydration	No water available in the schools; Lack of adequate amount of water at sporting events; Obesity.	Lack of water in the schools, more children identified as overweight or obese, not physically fit. No cooling blankets present during sporting activities. Coaches not educated on signs of overexertion and dehydration.
High School 15-19 yrs.	Motor Vehicle Accidents	Distracted driving, texting, alcohol/substance abuse.	Not using seatbelts, too many people in the car.	Defensive driving course limited to those that are already 16 years old. Playing music too loud. Excessive speeds. Phone use while driving. Impaired driving. No driver's education in the schools.
Other	Drowning, choking	Bath beads, laundry buttons, and medications.		Lack of resources in the community or provided home safety education to caregivers.

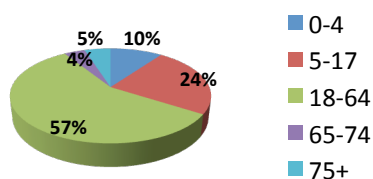
Poverty

Data

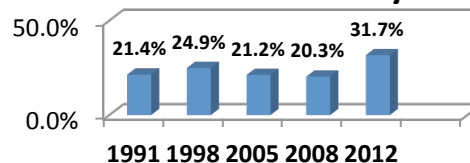
County-Wide

Citing data from the U.S. Census Bureau, in 2013, 1 out of 3 people in Fort Pierce and 1 out of 6 people in Port St. Lucie lived in poverty. 30% of all children in St. Lucie County (54.6% in Fort Pierce and 24.7% in Port St. Lucie) lived in poverty that same year. In a 2015 survey of 200 residents in the Lincoln Park area of Fort Pierce, poverty was cited as a major factor leading to violence in the community. The Roundtable of St. Lucie County has identified poverty as an underlying factor for many challenges affecting children in our community.

**People in Poverty by Age
(St. Lucie County 2013)**

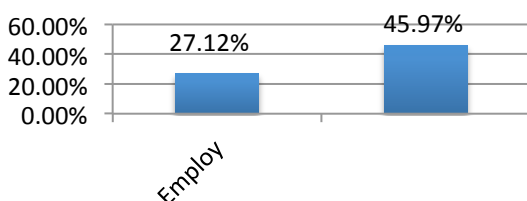


**St. Lucie County
Children in Poverty**

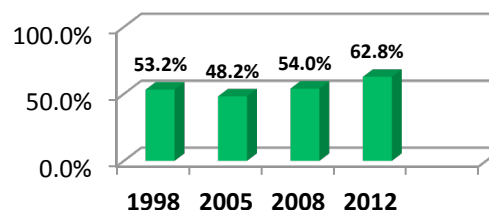


**520 Offenders
St. Lucie County**

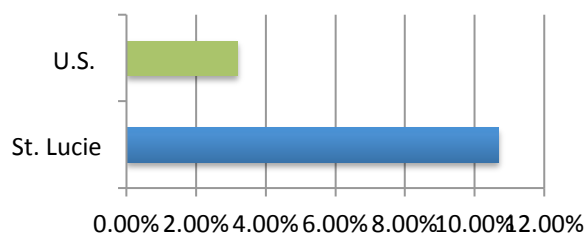
Source: Florida Department of Corrections, 2014



**Students Eligible for Free &
Reduced Lunch**



**Pawn Shops Per 1000
Population**



Contributing Factors

Many factors contribute to poverty. This report will look at (a) educational attainment (b) cross agency collaboration and marketing, (c) job attainment for offenders reentering the community, (d) credit rebuilding knowledge and opportunities, and (e) proliferation of predatory businesses. This report will also explore poverty in the Lincoln Park area specifically.

Lincoln Park Area

As discussed throughout this community assessment report, the Lincoln Park area of Fort Pierce is disproportionately impacted by a number of the problem behaviors and challenges, including violence, delinquency, teen pregnancy, infant mortality and poverty. Lincoln Park residents earn less, on median, than their peers in the rest of the city and county and they are more likely to be unemployed. More appear to be insured, though the margin of error in the Census insurance data is high enough at the Census Tract level that this may not be true. Transportation is a barrier to service delivery and stable employment, as 27% of households do not own a vehicle.¹³ The table below provides a snapshot of income, unemployment, and health care coverage for the county, City of Fort Pierce, and Lincoln Park area (Census Tracts 3802 and 3803).

	St. Lucie County	City of Fort Pierce	Census Tract 3802	Census Tract 3803
Median household income	\$42,665	\$25,976	\$16,490	\$15,104
Median per capita income	\$23,422	\$16,479	\$9,232	\$8,922
Unemployment	14%	16%	28%	32%
No health insurance coverage	21%	31%	26%	25%

Chart 4.2: Employment, Income, and Insurance¹⁴

Lincoln Park's families have higher poverty rates than their peers. The chart below provides data on poverty rates in various categories. As with the previous chart, the margin of error is higher at the Census Tract level, but the general trends remain the same. In reading the table, the percentages tell us the percent of the given population that are at or below the poverty level. For example, in the data set for Race and Hispanic or Latino Origin, we see that 100% of the white or Caucasian residents in the 3802 Census Tract are in poverty.

¹³ U.S. Census Bureau, 2010-2012 American Community Survey

¹⁴ U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

	St. Lucie County	City of Fort Pierce	Census Tract 3802	Census Tract 3803
Families				
All families below the poverty line	14%	32%	55%	55%
With related children under 18 years	25%	49%	72%	75%
Race and Hispanic or Latino Origin				
White	11%	19%	100%	39%
Black or African American	28%	52%	51%	56%
American Indian and Alaska Native	4%	29%	-	-
Asian	17%	0%	-	-
Some other race	26%	43%	100%	-
Two or more races	13%	43%	-	-
Hispanic or Latino (of any race)	27%	37%	100%	0%
Educational Attainment of Householder				
Less than high school graduate	32%	48%	44%	60%
High school graduate (includes equivalency)	17%	40%	76%	54%
Some college, associate's degree	10%	19%	38%	54%
Bachelor's degree or higher	7%	11%	48%	38%

Chart 4.3: Families Below Poverty Level¹⁵

Female Head of Household: Percentage of population at or below poverty level Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates				
	St. Lucie County	City of Ft. Pierce	Census Tract 3802	Census Tract 3803
Families				
Female Head of Household	48%	76%	95%	94%
Educational Attainment of Householder at Poverty Level *				
Female Head of Household Less than HS graduate	30	35	22	38
Female Head of Household High School graduate (includes equivalency)	37	38	53	37

*A total of 10,242 families designated as at or below poverty

*A total of 62046 families designated as above poverty

*Based on 91,388 families of which 19,100 were designated as other.

¹⁵ U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Population	St. Lucie County	City of Ft. Pierce	Census Tract 3802	Census Tract 3803
Total Children	59,336	746	1,879	10,299
Children under five	14,882	309	622	3,326
Children five years old	2,945	10	108	504
Children ages 6-17	41,509	427	1,149	6,469
Total Children in Female Head of Household				
Children under five	33%	82%	98%	54%
Children five years old	33%	100%	81%	46%
Children ages 6-17	30%	50%	80%	45%
Total Children in Poverty				
Children under five	30%	96%	87%	58%
Children five years old	32%	100%	81%	67%
Children ages 6-17	26%	68%	81%	50%
% of Children in Poverty Living in Female Head of Household				
Children under five	69%	86%	100%	80%
Children five years old	55%	100%	100%	52%
Children ages 6-17	48%	66%	95%	61%

The two charts above provide data on poverty rates and female head of households. The data for Fort Pierce and the Lincoln Park area highlights the challenges that these families must navigate.

Educational Attainment

The data for educational attainment for St. Lucie County, especially the City of Fort Pierce and the Lincoln Park area, is alarming. The Centers for Disease Control & Prevention's Community Health Status Indicators reveal that 10% of the county population is not proficient in English.

Analysis of the 2012 American Community Survey by the Working Poor Families Project shows that few low-income working mothers have the training and skills needed to earn decent wages. Factors impacting a return to school include childcare, transportation, class schedule conflicts with work, literacy level, course requirements, and diagnosed or undiagnosed disabilities.

A resource assessment shows that there are multiple paths for individuals to increase their literacy in the community. However, agency staffs continue to be challenged to connect clients to these services, especially when these clients cannot meet the requirements of more traditional educational delivery systems. A primary barrier to connection is a knowledge gap as to when and where the courses are offered as well as easy access to clearly defined eligibility rules. The majority of marketing of existing opportunities appear to primarily be flyers, websites, word-of-mouth, some radio spots, and community open house events. Additionally, for those clients who need assistance in growing a small business, free business counseling services are available

through the Indian River State College Small Business Development Center (SBDC), which provides services to approximately 340 small businesses each year.

Offender Reentry

In 2014, the Florida Department of Corrections returned 520 offenders to St. Lucie County. Of those offenders, employment and/or education was identified as a primary need. The return to prison rate for offenders released in 2014 was 45.97%. Studies, such as those done in Philadelphia (September 2011), show that the high costs of recidivism must be added into the cost of crime.¹⁶ Conversely, studies demonstrate hiring ex-offenders increases tax revenue, boost sales revenue, and reduce costs associated with recidivism.¹⁷

Predatory Businesses

Predatory businesses, also called non-chartered financial institutions, promote a cycle of hurt for low-income residents. The chart in the Data section of this report demonstrates the proliferation of pawnshops in St. Lucie County as compared to the U.S. To make matters worse, the chart does not include payday lenders, advance deposit lending and other such businesses that prey on the poor. The Federal Deposit Insurance Corporation, or FDIC, defines the practice as “imposing unfair and abusive loan terms on borrowers.”¹⁸ Once more, the Center for American Progress states that predatory lending has damaged the national economy and individual families. Households are in debt more than 40% of the year and 69% use loans to pay for recurring expenses, creating a vicious cycle of debt.¹⁹

Credit

While credit score data for the county, distributed by income, is not currently obtainable, we know from *Getting Ahead in a Just Gettin' by World* (Getting Ahead) graduates that credit continues to be a prime barrier to debt reduction.²⁰ Those with poor credit pay higher interest rates on loans; are required to make higher deposits for services such as telephone; and are often locked out of employment. The average credit score for Port St. Lucie and Fort Pierce residents

¹⁶ *Economic Benefits of Employing Formerly Incarcerated Individuals in Philadelphia*. September 2011. Office of the Deputy Mayor for Public Safety.

¹⁷ Durham, N.C. – “Banned the Box” in city government in 2011; in county government by 2012; by 2014, 15% of city employees had criminal records; Philadelphia study showed that hiring 100 ex-offenders increased tax contributions by \$1.9 million; boost sales revenue by \$770,000; saved \$2 million annually by reducing costs associated with recidivism.

¹⁸ FDIC Office of the Inspector General, “Challenges and FDIC Efforts Related to Predatory Lending” (2006), available at <http://www.fdicogov/reports06/06-011.pdf>.

¹⁹ The Pew Charitable Trusts, “Who Borrows, Where They Borrow, and Why” (2012), available at http://www.pewstates.org/uploadedFiles/PCS_Assets/2012/Pew_Payday_Lending_Report.pdf.

²⁰ *Getting Ahead in a Just Gettin' by World*, published by aha! Process, is a nationally and internationally recognized 48-hour course for those in generational or situational poverty. As part of the course, those in poverty provide input to leaders to help problem-solve issues that impact the community and individuals.

is 683 (2014-16).²¹ The average credit card debt for Port St. Lucie and Fort Pierce is \$4,861. (2014-16)²². One local agency's review of credit rights and rebuilding seminars in 2014 show adequate number of offerings with limited attendance. To increase capacity, agencies should collaboratively plan and cross-market credit workshops.

Cross-Agency Collaboration & Marketing

Getting Ahead graduates continue to share their challenges in finding services that support goals such as improving credit, learning English, and building pre GED skills so that becoming a student at Indian River State College can become a reality. Agencies report similar frustrations. It would be more efficient and user friendly to have a single source entity that disseminates information, inclusive of dates, times, locations, etc., for courses such as credit and educational opportunities.

Specific Economic Challenges

Each of the above areas of focus has challenges. These include:

- Developing strategies for increasing participation in pre GED, GED, ESL, and credit rebuilding services
- Learning from other communities and states that have increased offender job attainment through fair chance ordinances and legislation
- Supporting efforts to reduce the proliferation of predatory businesses in St. Lucie County
- Developing strategies to increase cross agency collaboration for workshops on the subject of credit rebuilding

Gap Analysis

The Economic Sufficiency Network (Bridges to Prosperity) hosts poverty forums every other year, and issues annual poverty reports. The purpose of the poverty forum is to help St. Lucie County leaders and residents learn about the causes of poverty in our county and identify potential solutions specific to St. Lucie County.

²¹ Equifax

²² Washington Post

The 2015 Poverty Forum was held on May 6, 2015 at Indian River State College. More than 150 providers and practitioners attended from the following agencies:

- ALPI
- Alzheimer's Community Care
- BB&T Bank
- Big Brothers Big Sisters
- CareerSource Research Coast
- CASTLE
- Children's Home Society
- Children's Services Council
- City of Fort Pierce
- City of Port St. Lucie
- Coalition for Independent Living
- Council for Aging
- Department of Corrections
- Department of Juvenile Justice
- Devereux CBC
- Economic Development Council
- First United Methodist Church
- FL Community Bank, N.A.
- Florida Health, Martin
- Florida Health, St. Lucie
- Fort Pierce Housing Authority
- Fort Pierce Police Department
- FPUA
- Frontline For Kids, Inc.
- Grace Way Village
- Guardians for New Futures
- Harvest Food and Outreach
- Health Families St. Lucie
- Hibiscus Children's Center
- Homeless Family Center
- In the Image of Christ
- Indian River State College
- Inner Truth Project
- Martin County Health Department
- Mustard Seed Ministries, Inc.
- New Horizons
- PACE Center for Girls
- Public Defender's Office
- QVC
- Roundtable of St. Lucie
- SafeSpace
- Samaritan Center for Homeless
- Sarah's Kitchen
- Social Security Administration
- Solar Energy Loan Fund
- St. Lucie County
- Board of County Commissioners
- St. Lucie County Community Services
- St. Lucie County Sheriff's Office
- St. Lucie Medical Center
- St. Lucie Public Schools
- St. Vincent de Paul
- Suncoast Mental Health Center, Inc.
- Transportation Planning Organization
- Treasure Coast Food Bank
- UF IFAS Extension
- United Way
- VGTI
- Your Aging & Disability Resource Center

In addition to the Poverty Forum in 2015, two additional smaller workgroups were held on March 16, 2016 and April 6, 2016. The Poverty Forum and workgroups concentrated efforts in the following areas: Criminal Justice for assistance for offenders; Debt Management for credit restoration; Employment/Job Readiness for increased resources to improve job readiness; Entrepreneurship for business startup support; and Transportation to increase transportation opportunities.

The chart below identifies gaps in each focus area. One gap showed up clearly in both the credit rebuilding and educational attainment areas. There are resources that provide pre GED and ESL

services to the community. These resources may even be sufficient in quantity, quality and frequency. The primary issue is that these providers do not collaboratively plan, calendar, and market their services to the community. This results in citizens and agency staff having to do extensive searches for these services, which often results in giving up.

There was little county data for some nationally recognized best practices solutions as well. For example data on offenders returning to St. Lucie County was limited. Attendance numbers for credit workshops was also flawed in that for some entities the service is ancillary to their core, and attendance was loosely tracked if at all. In such cases, the recommendations will include the establishment of baseline data.

For a list of resources to prevent poverty in St. Lucie County, see Appendix H.

ISSUE	GAPS	RECOMMENDATIONS
Credit Rebuilding	<ul style="list-style-type: none"> Current: Services delivered in isolation with predominately web and flyer marketing strategies. Agency staff has difficulty locating a convening class. Future: Potential clients would have a one-stop shop for information on needed services. Agencies/programs with shared goals collaborate on delivery methods, calendar, marketing, and strategies. Funders facilitate targeted goal (credit rebuilding in this case) by requiring cross agency workgroups for the development of an annual calendar of opportunities. 	<ul style="list-style-type: none"> Required multiagency collaborative planning to include calendaring, joint marketing
Educational Attainment	<ul style="list-style-type: none"> Current: There are a number of providers of workforce/job skills training, some of which are predatory in nature – very expensive and do not provide the skills required for the workplace in the region. Some providers are above the educational levels of those without high school diplomas or GEDs and/or proficiency in English. Often providers who do provide ESL, pre-GED and GED training are unknown to potential clients and other agencies. There does not appear to be collaborative planning and joint calendaring & marketing of agency based ESL & pre-GED services. Additionally, clear paths to IRSC for residents attending agency-based educational services need to be established. Future: Potential clients and agency staff would have access to a menu of educational offerings in the community that includes descriptions, dates, times, & locations if appropriate. Educational opportunities for small business owners to develop knowledge and skills to grow their business through free business counseling services would be included in the menu. 	<ul style="list-style-type: none"> Required multiagency collaborative planning to include calendaring, joint marketing

ISSUE	GAPS	RECOMMENDATIONS
Reentry for Offenders	<ul style="list-style-type: none"> Current: Most employment applications ask a question on the initial application similar to the following: (a) have you ever been convicted of a felony, (b) have you ever been arrested, (c) have you ever been arrested or charged with a crime that would be a felony. This makes the rehabilitated reentering offender reluctant to apply and places their application in the do not interview stack initially. Future: St. Lucie County and Florida will join states and communities that have delayed background checks until late in the employment process and who do not ask for criminal disclosure on the initial application unless in an exempt category. 	<ul style="list-style-type: none"> Local: Enact a city/county ordinance that removes the criminal disclosure box from initial applications and delay background checks until a conditional offer of employment is made. (See Minneapolis, Newark, Tampa, Jacksonville and other cities for review of their ordinances.) State: Support legislation that does all of the above statewide, including private sector employers. (Review New Jersey's Opportunity to Compete Law).
Reduction of Predatory Financial Practices	<ul style="list-style-type: none"> Current: In some areas of the county there is a proliferation of non-chartered financial institutions, such as payday lenders, check cashing stores, and pawnshops. Future: As we strive to build more low cost sources of credit and banking for those in poverty, the density of these non-chartered financial institutions would be reduced. 	<ul style="list-style-type: none"> The Roundtable of St. Lucie County supports its local governments with putting measures in place to limit the density of the non-chartered financial institutions.

Next Steps

On April 7, 2016, the Steering Committee and a select group of community practitioners and experts met for a full day of community planning to review the Assessment Report and develop measurable objectives to recommend to the Roundtable. The Committee also identified specific gaps or barriers that must be addressed in order to achieve the recommended outcomes. The recommendations are summarized in the *2016 Steering Committee Retreat Report and Recommendations*. The work of the Steering Committee will be presented to and considered by the Roundtable on May 6, 2016.

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** Participated with Steering Committee in Steering Committee Retreat*

APPENDIX A - (Violence and Delinquency Resources)

Early Initiation of the Problem Behavior (Violence/Delinquency)

RESOURCE	DESCRIPTION	PROVIDER
In-School Suspension/ Behavior Intervention (BIC)	Removal of a student from a class and assignment to an alternative class on school campus.	St. Lucie Public Schools
CHAMPS	Classroom management approach that emphasizes Conversation, Help, Activity, Movement, Participation and Success.	St. Lucie Public Schools
CINS/FINS	Children in Need of Services/ Families in Need of Services; runaway, or habitually truant, or ungovernable.	Children's Home Society
Civil Citation/ Juvenile Diversion	Offers early intervention, community counseling referrals and other appropriate community resources to divert qualifying juvenile misdemeanor offenders from the Juvenile Justice System.	Circuit 19 & DJJ
ESE Programming	Administers programs for students with disabilities and coordinates student services designed to strengthen the quality of services available to students with special needs.	St. Lucie Public Schools
Family Support Services	Provides short-term individual and family counseling for children receiving services through BBBS.	Big Brothers Big Sisters
Gang Prevention Through Targeted Outreach	Identifies youth, ages 10-15 who are at risk of engaging in gang activities. "EYE CAN" - Every Youth Engaged Choosing to Avoid Negativity focuses on mentoring and connecting youth to community resources needed to become successful.	Boys & Girls Club
Help Me Behave	Behavior management in pre-school.	Helping People Succeed
Juvenile Arrest Monitoring (JAM)	Support structure for youth on probation, including curfew and student check in.	Fort Pierce Police Department
Men (and Women) of the Sword Mentoring	Enhance opportunities for at-risk youth by redirecting youth into positive behavior.	Sword Outreach Ministries
PACE Center for Girls	Research based non-residential program model focusing on academics and social services for middle and high school girls.	PACE Center for Girls
PBIS (Positive Behavior Intervention Supports)	Evidence based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students.	St. Lucie Public Schools
Project Rock	Provides students who have been suspended in grades 4-12 with supervised, academic tutoring, mentoring, and family counseling.	Project Rock & Club Pure
Response to Intervention (RTI)	A three-tiered model for academic and behavioral supports including Tier 1 (curriculum addressing needs of all students), Tier 2 (targeted interventions for students not responding to Tier 1 support), and Tier 3 (intensive and individualized behavioral	St. Lucie Public Schools

	support). Tier2 and 3 interventions are developed, assigned and monitored by the school's Problem Solving Team (PST).	
Schools Resource Officers (SRO's)	Sworn law enforcement officers responsible for providing security and crime prevention services in schools.	Law Enforcement Agencies
Strengthening Families	An all-inclusive family parenting skills training program to reduce problem behaviors, delinquency, alcohol abuse and drug abuse in children.	CASTLE
Student Code of Conduct	The Code describes for students, parents, teachers and administrators conduct that violates expected student behavior and lists the potential consequences for those offenses.	St. Lucie Public Schools
Suspension	Temporary removal of student from the regular school program and all other school sponsored activities.	St. Lucie Public Schools
Teen Life Choices	Program targeting prevention of teen pregnancy through group presentations with teens in middle school and high schools, summer and afterschool programs, and community settings.	Children's Home Society
Truancy Program	Reduces absenteeism by working with school staff on identifying and educating families who have 5 or more absences.	Boys & Girls Club/ Children's Home Society
Wave C.R.E.S.T.	Emergency residential shelter, 12 beds, for teens (11-17) runaways and youth who are not under supervision for delinquency or dependency. Residential and nonresidential services including screening, case management, individual, family and group counseling youth and their families.	Children's Home Society
Youth Court	Programs in which youth sentence their peers for minor delinquent and status offenses and other problem behavior.	19 th Judicial Circuit

Family Conflict & Family Management

RESOURCE	DESCRIPTION	PROVIDER
211 Helpline	Assist callers with crisis intervention, suicide prevention, information, assessment and referral to community services 24 hours a day, 365 days a year.	211 of Treasure Coast
Child Support Enforcement	Helps children get the financial support they need when it is not received from one or both parents by working directly with families, state and federal agencies and private companies to carry out critical steps in the child support process.	FL Department of Revenue
CINS/ FINS (Children in Need of Services/ Families in Need of Services)	Services to youth who are ungovernable, truant or runaways. Project Safe Place provides immediate safety and assistance for runaway youth and youth in crisis).	Children's Home Society
Community Services	Provides assistance to SLC families to improve quality of life through information, resources, and services. Comprised of the following divisions: Human Services Division, Housing Division, Library Division and Veteran Services Division.	St. Lucie County
Community Transit	An origin to destination system where passenger trips are generated by calls from passenger or their agent.	St. Lucie County

Devereux Community Based Care	Provides oversight and coordination of the child welfare system in St. Lucie as well as neighboring counties.	Devereux CBC of Okeechobee & Treasure Coast
Empowering Parents/ Redirecting Children's Behavior	Parenting classes offered free to St. Lucie County parents and caregivers.	Parent Academy
ESL Classes	Language classes to people learning English as a second language.	Community Organizations, including Hispanics in Action, IRSC, Parent Academy and others
Families First	A five-hour group seminar for parents who are divorcing or separating. The focus is on minimizing trauma to kids as result of the transition.	CASTLE
Food Assistance	Alleviate hunger by obtaining and distributing food affordably to qualified individuals.	TC Food Bank United Against Poverty Image of Christ St. Lucie County
Head Start (Parent Component)	Services include case management for families receiving childcare subsidies to secure needed services and handle family situations as identified through the Family Needs Assessment Process. Special emphasis is given to families referred from DCF.	Agriculture and Labor Program (ALPI)
Healthy Families	Provides a voluntary, home visiting program that promotes positive parent-child relationships and healthy growth and development from birth to age 5.	Healthy Start Coalition
High Hopes	Support group for children of divorce. In small group settings, children learn to identify and communicate feelings, anger management, problem ownership and solving.	CASTLE (available in Elementary Schools)
Homeless Services	Provides rental and utility assistance, housing counseling, and affordable housing to qualified individuals.	TC Homeless Services Council
LAPP Parenting	The Lucie Adolescent Parenting Program gives teen parents the opportunity to continue their education both before and after the birth of the baby.	St. Lucie Schools
Medicaid Transport	Non-emergency Medicaid transportation trips provided by each Medicaid HMO.	St. Lucie County
Mentoring Children of Promise	Provides one-on-one mentoring to build and strengthen families of children who have a family member incarcerated.	Big Brother Big Sisters
Parent Academy	Gives parents and caregivers access to resources and parental developmental activities throughout the community.	Parent Academy
Parent Resource Navigation of Educational Obstacles	Helps families learn about community resources that support healthy relationships through family support, crisis intervention, housing location, family preservation, parent education and counseling.	Multicultural Resource Center (MRC)

Parent Teen Community Connection	Provides educational outreach to support accurate health education focused on strengthening and increasing parent-child communication.	Parent Academy
Positive Parenting	Parent education and support workshop.	CASTLE
Safe Families	In home parenting education program to prevent abuse and neglect.	CASTLE
SafeSpace	Supportive living program that offers victims of domestic violence safety, support and education, empowering them to create independent life.	SafeSpace
Strengthening Families	An all-inclusive family parenting skills training program to reduce problem behaviors, delinquency, alcohol abuse, and drug abuse in children.	CASTLE
Supporting Families in Crisis	Provides 14 weekly sessions that focus on increasing desired behaviors in children, using effective communication, and problem solving. Children and parents participate together.	Hibiscus Children's Center
TC Connector SLC	A fixed route providing service along specific routes with schedules arrival times and stops areas.	St. Lucie County
Teen Life Choices	Program targeting prevention of teen pregnancy through group presentations with teens in middle school and high schools, summer and afterschool programs, and community settings.	Children's Home Society
Valued Visits	Supervised visitation and monitored exchange services for parents and children.	CASTLE
Wave C.R.E.S.T. Shelter	Emergency residential shelter, 12 beds, for teen (11-17) runaways and youth who are not under supervision for delinquency or dependency. Residential and nonresidential services include screening, case management, individual, family and group counseling to youth and their families.	Children's Home Society
WE LEAP	Providing domestic violence awareness & advocacy services.	WE LEAP
Youth Bereavement Counseling	Provides individual, group and family grief counseling for children and their families. Also provides crisis intervention in St. Lucie County schools.	TC Hospice

Low Neighborhood Attachment & Community Disorganization

RESOURCE	DESCRIPTION	PROVIDER
Boots on the Ground/ Lincoln Park Community Association	Community based organization working to preserve and protect the historic district of the Lincoln Park community and surrounding areas through working with residents, business owners and local officials. Every 3 rd Saturday, volunteers work together to pick up trash on streets in the neighborhoods.	Neighborhood Bible way Revival Church/ Pastor Walter Barron
Code Enforcement (FP, PSL, BOCC)	Prevention, detection, investigation and enforcement of violations of statutes or ordinances regulating public health, safety, and welfare, public works, building standards, and land-use.	Fort Pierce, Port St. Lucie, Board of County Commissioners
Community Mobilization Team	Mobilizing community residents in Fort Pierce to leave a positive impact by beautifying the city.	Betty Bradwell, Chairperson
First Step	Community leaders participate in recreational activities with local youth in Fort Pierce area to build relationships with community.	Scott VanDuser, Organizer
Fort Pierce Housing Authority	Assistance to delivering health, personal and social services to residents and to remove barriers to their independence.	Andrea Kochanowski, Executive Director
Fraternities/ Sororities	Local chapters of historically African American Greek lettered organizations serving community through educational, economic and cultural service activities.	Various
Higher Ground	Utilizes a family strengthening and community based approach to increase the capacity of families to meet their own needs, especially those experiencing low neighborhood attachment.	Multicultural Resource Center/ Marcus Dixon, Executive Director
Hispanics in Action	Volunteer group offering free classes in Spanish, English and French, and a weekly opinion column in Spanish and list of offerings.	Nelson Merchan-Cely, President
Keep Fort Pierce Beautiful	City-wide beautification program that initiates community cleanup projects to help keep community free of debris.	City of Fort Pierce
Keep Port St. Lucie Beautiful	City-wide beautification program that initiates community cleanup projects to help keep community free of debris.	City of Port St. Lucie
Kids at Hope (Hope Square)	Strategic cultural framework based on resiliency research designed to engage entire communities in supporting youth success. Builds capacity of youth serving organizations, schools and parents to engage with youth, and helps community incorporate belief and practice into everyday youth/adult interactions to build protective factors that support youth development.	Roundtable of St. Lucie County/ Denise Sirmons
Lincoln Park Advisory Council (LPAC)	Advisory committee of individuals who live or work in, and care about, the Lincoln Park community. Their role is to elicit ideas from the Lincoln Park area and afford Lincoln Park residents a voice in identifying services and activities relating to Roundtable initiatives. LPAC helps mobilize local citizens, engage community residents, and coordinate programs and initiatives within and across the Lincoln Park community.	Roundtable of St. Lucie County/ Denise Sirmons
Lincoln Park Council of Ministers	Coalition of religious clergy working collectively to support and improve the Lincoln Park community and St. Lucie County.	Rev. Kenneth Mills, President
NAACP – local chapter	Local chapter of national organization that ensures the political, educational, social and economic equality of rights of all persons and works to eliminate race based discrimination.	Tony Barnes, President

Restoring the Village	Citizen based movement to address crime in the Lincoln Park area of Fort Pierce; umbrella movement that led to the development of Boys Scout Troop 772, Village Coalition of Youth Activities, Restoring the Village Youth Initiative, First Step and a variety of other community mobilization activities.	Representative Larry Lee, Jr.
Village Coalition of Youth Activities (VCOYA)	Coalition of Youth Serving Organizations working together to improve activities and opportunities for youth in the Lincoln Park area of Fort Pierce.	Kevin Howard, President

Laws & Norms Favorable to Violence and Delinquency

RESOURCE	DESCRIPTION	PROVIDER
Know the Law	Social norming campaign in which law enforcement works with schools to teach youth the consequence of substance abuse and violence, and build positive relationships between law enforcement and youth.	St. Lucie County Sheriff's Office
Parents of Murdered Children (POMC)	Local chapter of a national organization to support the families and friends of those who have died by violence.	POMC/ Tri-County Florida Chapter
STOP-Lifting Campaign	Education campaign to provide teens with information about the consequences of committing retail theft.	Port St. Lucie Police Department
Restoring the Village Youth Initiative	Anti-violence strategy for reaching St. Lucie County youth who are involved in, or at risk of becoming involved in, street violence.	Roundtable/ Fort Pierce Police Department
Too Good For Violence	A universal, violence prevention and character education program that teaches social and emotional learning skills, which research has linked with healthy development and academic success.	New Horizons Student Assistance Program

APPENDIX B - (Academic Success Resources)

Early Initiation of the Problem Behavior

RESOURCE	DESCRIPTION	PROVIDER
211 Help Me Grow	Helps children at risk for developmental, behavioral, or social challenges. Connects families with low cost programs for health and developmental services.	211 Treasure Coast
Ages & Stages Questionnaire (ASQ)	Screening tool that assesses communication, motor skills, problem solving and personal social development in children 0-5 to identify developmental delay early.	Helping People Succeed
Ages & Stages Questionnaire- Social Emotional (ASQ-SE)	Sometimes used along with ASQ. Focuses more closely on social and emotional development that may be tied closely with infant mental health such as self-regulation, compliance, communication, adaptive behaviors, and autonomy, in children 0-5.	Helping People Succeed
BRAIN Program	Newborn home visits from a hospital nurse and two month home visit from Helping People Succeed to provide information on infant/ toddler brain development and community resources.	Helping People Succeed
Children's Behavioral Support Program/ Help Me Behave	Services to families with children 2-5 who attend a childcare center. Developmental specialists work with parents in the home and teachers in the child care setting to provide ideas for improving behavior.	Helping People Succeed
Early Learning Coalition	Provides childcare assistance for qualifying participants at contracted childcare centers and educates parents about the importance of their involvement in their child's learning.	Early Learning Coalition
Early Steps	Early prevention and intervention services to support families in the growth and development of infants and toddlers with special needs (0-36 months).	Helping People Succeed
FDLRS (pronounced as Fiddlers)	Early intervention program to support families in the growth and development of toddlers with special needs (ages 3-5).	FL Department of Education
Head Start	Provides comprehensive development services for low income, pre-school children ages three to five, and social services for their families.	Agriculture and Labor Program (ALPI)
Healthy Families Florida	Voluntary home visiting program that promotes positive parent-child relationships and health growth and development from birth to age 5.	Healthy Families
Healthy Start	Prenatal to age 3 case management and care coordination, case management, home visits, nutritional counseling, car seat safety, breastfeeding and parenting classes and programs.	Healthy Start Coalition of St. Lucie County
Helping People Succeed	Developmental intervention services provide services to families with children 0-3 with developmental disabilities or delays or at risk of possible delays.	Helping People Succeed
Voluntary Pre-Kindergarten	Legislatively mandated program designed to prepare every four year old in FL for kindergarten.	Early Learning Coalition
VPK Emergent Literacy Program	VPK students receive one to one mentoring three times per week to work on pre-literacy skills.	Big Brothers Big Sisters/ Early Learning Coalition
WIC	Birth to five nutritional services.	Health Department

Academic Failure Beginning in Late Elementary School

RESOURCE	DESCRIPTION	PROVIDER
Afterschool Programs	Ave D Choirs, Boys & Girls Club, Frontline for Kids, Future Generations, Helping Youth Succeed, Multicultural Resource Center, Save Our Children, YMCA, PAL, Club Pure, C.A.T. program, 21 st Century Project Based Learning.	Various
Americorp/Reading Bigs	Mentoring programs providing literacy tutoring in school based program	Big Brothers Big Sisters
Reading Programs	School Based Reading to students.	Fire Department & U.S. Attorney Office
Response to Intervention (RTI)	Practice of providing high quality instruction/intervention matched to student needs and using learning rates over time and level of performance to make important educational decisions to guide instruction.	St. Lucie Public Schools
School Based Mentoring	Mentors meet with children at participating schools.	Big Brothers Big Sisters
School Testing and Consultation for Children and Behaviors	Process for identification of specific learning or behavior disabilities.	St. Lucie Public Schools

Family Conflict & Family Management

RESOURCE	DESCRIPTION	PROVIDER
211 Helpline	Assist callers with crisis intervention, suicide prevention, information, assessment and referral to community services 24 hours a day, 365 days a year.	211 of Treasure Coast
Child Support Enforcement	Helps children get the financial support they need when it is not received from one or both parents by working directly with families, state and federal agencies and private companies to carry out critical steps in the child support process.	FL Department of Revenue
CINS/ FINS (Children in Need of Services/ Families in Need of Services)	Services to youth who are ungovernable, truant or runaways. Project Safe Place provides immediate safety and assistance for runaway youth and youth in crisis).	Children's Home Society
Community Services	Provides assistance to SLC families to improve quality of life through information, resources, and services. Comprised of the following divisions: Human Services Division, Housing Division, Library Division and Veteran Services Division.	St. Lucie County
Community Transit	An origin to destination system where passenger trips are generated by calls from passenger or their agent.	St. Lucie County
Devereux Community Based Care	Provides oversight and coordination of the child welfare system in St. Lucie as well as neighboring counties.	Devereux CBC of Okeechobee & Treasure Coast
Empowering Parents/ Redirecting Children's Behavior	Parenting classes offered free to St. Lucie County parents and caregivers	Parent Academy
ESL Classes	English as Second Language.	Community
Families First	A five-hour group seminar for parents who are divorcing or separating. The focus is on minimizing trauma to kids as result of the transition.	CASTLE

Food Assistance	Alleviate hunger by obtaining and distributing food affordably to qualified individuals	TC Food Bank United Against Poverty Image of Christ St. Lucie County
Head Start (Parent Component)	Services include case management for families receiving childcare subsidies to secure needed services and handle family situations as identified through the Family Needs Assessment Process. Special emphasis is given to families referred from DCF.	ALPI
Healthy Families	Provides a voluntary, home visiting program that promotes positive parent-child relationships and healthy growth and development from birth to age 5.	Healthy Start Coalition
High Hopes	Support group for children of divorce. In small group settings, children learn to identify and communicate feelings, anger management, problem ownership and solving.	CASTLE (available in Elementary Schools)
Homeless Services	Provides rental and utility assistance, housing counseling, and affordable housing to qualified individuals.	TC Homeless Services Council
LAPP Parenting	The Lucie Adolescent Parenting Program gives teen parents the opportunity to continue their education both before and after the birth of the baby.	St. Lucie Schools
Medicaid Transport	Non-emergency Medicaid transportation trips provided by each Medicaid HMO.	St. Lucie County
Mentoring Children of Promise	Provides one-on-one mentoring to build and strengthen families of children who have a family member incarcerated.	Big Brothers Big Sisters
Parent Academy	Gives parents and caregivers access to resources and parental developmental activities throughout the community.	Parent Academy
Parent Resource Navigation of Educational Obstacles	Helps families learn about community resources that support healthy relationships through family support, crisis intervention, housing location, family preservation, parent education and counseling.	Multicultural Resource Center
Parent Teen Community Connection	Provides educational outreach to support accurate health education focused on strengthening and increasing parent-child communication.	Parent Academy
Positive Parenting	Parent education and support workshop	CASTLE
Safe Families	In home parenting education program to prevent abuse and neglect.	CASTLE
SafeSpace	Supportive living program that offers victims of domestic violence safety, support and education, empowering them to create independent life.	SafeSpace
Strengthening Families	An all-inclusive family parenting skills training program to reduce problem behaviors, delinquency, alcohol abuse, and drug abuse in children.	CASTLE
Supporting Families in Crisis	Provides 14 weekly sessions that focus on increasing desired behaviors in children, using effective communication, and problem solving. Children and parents participate together.	Hibiscus

TC Connector SLC	A fixed route providing service along specific routes with schedules arrival times and stops areas.	St. Lucie County
Teen Life Choices	Program targeting prevention of teen pregnancy through group presentations with teens in middle school and high schools, summer and afterschool programs, and community settings.	Children's Home Society
Valued Visits	Supervised visitation service for parents and children.	CASTLE
Wave C.R.E.S.T. Shelter	Emergency residential shelter, 12 beds, for teen (11-17) runaways and youth who are not under supervision for delinquency or dependency. Residential and nonresidential services include screening, case management, individual, family and group counseling to youth and their families.	Children's Home Society
WE LEAP	Providing domestic violence awareness & advocacy services.	WE LEAP
Youth Counseling	Provides individual, group and family grief counseling for children and their families. Also provides crisis intervention in St. Lucie County schools.	TC Hospice

Lack of Commitment to School

RESOURCE	DESCRIPTION	PROVIDER
CINS/FINS	Provides resources and support to students and families that are flagged as truant or in crisis.	Children's Home Society
GED Program	Provides a postsecondary educational pathway to adults, where students can learn skills necessary to succeed on the high school equivalency exam to earn a high school diploma.	Indian River State College
PACE Center for Girls	Enables young women to complete their education while helping to promote self-esteem and develop personal, social and family relationship skills.	PACE
Parenting Wisely	Workshops that provide stress free tips for parents to improve family interaction and communication.	Parent Academy
Project Rock	Provides a structured, supervised, nurturing environment for youth in grades K-12 who have been suspended from school.	Project Rock & Club Pure
Truancy Programs	Contact and work with families after five unexcused absences.	Boys & Girls Club; Children's Home Society

APPENDIX C - (Substance Abuse and Mental Health Resources)

UNIVERSAL PROGRAMS	DESCRIPTION	PROVIDER	RISK FACTOR(S)
Everybody's Not Doing It (END IT)	Teen based awareness and education to prevent drug and alcohol use and unhealthy sexual behaviors.	END IT! Corp.	Laws/Norms Early Initiation
Know the Law	School Resource Officers educating students and parents on the laws surrounding substance abuse and violence and the consequences of breaking them.	St. Lucie County Sheriff's Office	Laws/Norms Early Initiation
Narcotics Overdose Prevention & Education (NOPE)	School Resource Officers educating 8 th graders about the dangerous consequences of substance abuse and drug overdose.	St. Lucie County Sheriff's Office	Laws/Norms Early Initiation
Project Success	Research based prevention education series for 7 th and 9 th graders.	DATA	Laws/Norms Early Initiation
Second Step	A Violence Prevention Curriculum is a universal prevention program designed to reduce impulsive and aggressive behavior in children and adolescents by increasing their social competency skills. Students are taught to reduce impulsive, high-risk, and aggressive behaviors and increase their socioemotional competence and other protective factors.	New Horizons	Laws/ Norms Early Initiation
Signs of Suicide (SOS)	Suicide awareness and prevention education.	School District	Laws/Norms Early Initiation
Students Working Against Tobacco (SWAT)	Statewide youth organization working to mobilize, educate and equip Florida youth to revolt against and de-glamorize Big Tobacco; currently provided in select schools and after-school clubs.	School District	Laws/Norms Early Initiation
Too Good for Drugs	Drug prevention education provided to all fifth graders designed to develop social and emotional skills focusing on goal setting, decision-making and effective communication skills.	New Horizons	Laws/Norms Early Initiation
Too Good For Violence	Violence prevention education designed to develop social and emotional skills focusing on goal-setting, decision-making and effective communication skills; provided at any K-8 schools that want it; currently at 14 schools.	New Horizons	Laws/Norms Early Initiation Family Conflict
Trauma Informed Care	Organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.	Tykes & Teens New Horizon	Family Management/Conflict Early Initiation

Youth Mental Health First Aid	Provides education on how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis; trainings open to all school employees.	St. Lucie Public Schools	Laws/ Norms Early Initiation
SELECTIVE PROGRAMS	DESCRIPTION	PROVIDER	RISK FACTOR(S)
High Hopes	Support to children who are experiencing the emotional consequences of parental divorce or separation; provided in a small group setting; available in elementary schools.	CASTLE	Family Management/Conflict
Prevention Counselors	Provides one on one prevention counseling to youth based on identification of heightened risk factors through individual assessment; caseload of 15-20 students per counselor.	DATA/ New Horizons	Laws/ Norms Early Initiation Family Management
Strengthening Families	Family parenting skills training in which family has dinner together and childcare is provided during training.	CASTLE	Family Management/Conflict
INDICATED PROGRAMS	DESCRIPTION	PROVIDER	RISK FACTOR(S)
Adolescent Community Reinforcement Approach (ACRA)	Behavioral intervention that aims to replace structures supportive of drug and alcohol use with ones that promote a clean and healthy lifestyle. ACRA goals are to reduce substance use and dependence, increase social stability, improve physical and mental health, and improve life satisfaction.	DATA	Laws/ Norms Early Initiation
Intervention Counselors	Provides one on one intervention counseling to youth already engaging in substance abuse as determined through individual assessment; caseload of 15-20 students per counselor.	DATA/ New Horizons	Laws/ Norms Early Initiation Family Management
TIERED PROGRAMS	DESCRIPTION	PROVIDER	RISK FACTOR(S)
Teen Court	Gives teens an opportunity to role-play as attorneys, clerks, bailiffs and jurors who decide a sentence for certain first time misdemeanor offenses committed by teens.	19 th Judicial Circuit, State Attorney – Public Defender, St. Lucie Schools	Community Disorganization Laws/Norms

APPENDIX D - (Teen Pregnancy Resources)

UNIVERSAL PROGRAMS	DESCRIPTION	PROVIDER
School Health Program	RN's in the school system who can counsel on health issues.	FL Department of Health
SELECTIVE PROGRAMS	DESCRIPTION	PROVIDER
Family Planning Clinic	Offers exams, birth control, and SSTD testing and treatment.	FL Department of Health
Adolescent Health Clinic	Offers exams, birth control, and STD testing and treatment.	FL Community Health Center
Teen Zone	Offers free exams, birth control, and STD testing and treatment in a teen friendly setting.	Teen Zone
"Baby Think It Over" Dolls	Abstinence based pregnancy prevention program.	Children's Home Society
Parent Teen Community Connection	Offers group education to parents and teens regarding healthy behaviors, communication and pregnancy prevention.	Children's Home Society
INDICATED PROGRAMS	DESCRIPTION	PROVIDER
Inner Truth	Provides support for sexual trauma.	Inner Truth
New Horizons	Outpatient and inpatient mental health services for adolescents.	New Horizons
Teen Choices	A Healthy Start program that offers individual case management and group sessions for teens at risk for becoming pregnant.	Healthy Start
PACE Center for Girls	Non-residential educational program for at-risk female teens.	PACE Center for Girls
LAPP Program	The Lucie Adolescent Parenting Program gives teen parents the opportunity to continue their education both before and after the birth of the baby.	St. Lucie Public Schools

APPENDIX E - (Infant Mortality Resources)

UNIVERSAL PROGRAMS	DESCRIPTION	PROVIDER
Healthy St. Lucie	Seeks to bring diverse organizations and individuals together to improve the wellbeing of St. Lucie County residents.	FL Department of Health
Healthiest Weight FL	A public-private collaboration bringing together state agencies, not for profit organizations, business, and entire communities to help Florida's children and adults make consistent, informed choices about health eating and active living.	FL Department of Health
Florida Quit Line	Statewide telephonic smoking cessation services.	Florida Quit Line
American Health Education Center	Provides free tobaccos cessation program – IQuit Program.	AHEC
Safe Kids Coalition	Works to reduce unintentional injury to children, supports Safe Sleep practices.	Safe Kids Coalition
SELECTIVE PROGRAMS	DESCRIPTION	PROVIDER
Women, Infant and Children	Education and support provided by nutritionists and Internationally Board Certified Lactation Consultants (IBCLC) for pregnant mothers and children from 0-5 years.	WIC
Healthy Start Coalition	Dedicated to improving birth outcomes by ensuring that all services need to maintain a state of well being are available and accessible to pregnant women, infants, and children up to the age three. Care Coordinators, Case Management, Safe Sleep Environment/ Pack 'n Play; voucher program for pregnant women to receive prenatal care if not eligible for Presumptive Eligibility for Pregnant Women (PEPW); cannot afford the cost of care and/or are u uninsured; Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) is an evidenced based smoking cessation program for pregnant women.	Healthy Start
Newborn Home Visitation	Postpartum home visits to all St. Lucie mothers, bedside support on the post-partum unit by an IBCLS, safe sleep education and literature provided to post-partum families during the newborn home visit, protocols not allowing babies to sleep in mother's bed, protocols that state the newborn infant must be placed in a car seat before being allowed to leave the hospital.	St. Lucie Medical Center/ Lawnwood Regional Medical Center
Certified Lactation Consultant	Breastfeeding support provided on the postpartum unit by a CLC, protocols not allowing babies to sleep in mother's bed.	Tradition Medical Center
Healthy Families	Safe sleep education provided in home to families, in home case management, and positive parenting programs.	Healthy Families

Department of Children and Families	Provides pack 'n plays to families in DCF.	Department of Children and Families
Family Planning Clinic	Offers exams, birth control, and STD testing and treatment.	FL Department of Health
La Leche League	An international non-profit organization dedicated to providing education, information, support, and encouragement to women who want to breastfeed.	LaLeche League
Hug Me	A case management program that supports and medically case manages HIV positive mothers both prenatally and post-partum.	Kids Connected by Design
Presumptive Eligibility for Pregnant Women	Temporary Medicaid for pregnant eligible women.	PEPW
“Baby Think It Over” Dolls	Abstinence based pregnancy prevention program.	Children’s Home Society
Parent Teen Community Connection	Offers group education to parents and teens regarding healthy behaviors, communication and pregnancy prevention.	Parent Teen Community Connection
INDICATED PROGRAMS	DESCRIPTION	PROVIDER
Suncoast Mental Health	Provides counseling and treatment for mental illness including post-partum depression.	Suncoast Mental Health
New Horizons	Outpatient and inpatient mental health services for pregnant women.	New Horizons
Central FL Treatment Center	Methadone treatment for pregnant women addicted to opioids.	Central Florida Treatment Center
Counseling and Recovery Center	Provides outpatient and inpatient detox, subs.	Counseling and Recovery Center (CRC)
Teen Choices	Sub-program that offers individual case management and group sessions for teens at risk of becoming pregnant.	Healthy Start
Teen Zone Clinic	Adolescent reproductive health clinic provided at no charge, offers birth control, STD testing and treatment.	FL Department of Health
Teen Clinic	Adolescent reproductive clinic provided at no charger, offers birth control, STD testing and treatment.	FL Community Health Centers
Dr. Stoessel’s Office	Local Perinatologist that sees high-risk pregnant women.	Dr. Stoessel

APPENDIX F - (Childhood Obesity Resources)

UNIVERSAL PROGRAMS	DESCRIPTION	PROVIDER
Healthy St. Lucie	Seeks to bring diverse organizations and individuals together to improve the wellbeing of St. Lucie County residents.	FL Department of Health/ Healthy St. Lucie Coalition
Healthiest Weight FL	A public-private collaboration bringing together state agencies, not for profit organizations, businesses, and entire communities to help Florida's children and adults make consistent, informed choices about healthy eating and active living.	FL Department of Health
5210 Let's Go!	A nationally recognized childhood obesity prevention program implemented throughout FL. The program partners with schools, childcare and out-of-school programs, healthcare practices and community organizations to change environments.	Safe Kids Coalition
SELECTIVE PROGRAMS	DESCRIPTION	PROVIDER
School Lunch Program	A federally funded program that assists schools and other agencies in providing nutritious meals to children at reasonable prices.	National School Lunch Program (NSLP)
Mustard Seed Ministries	An outreach organization working cooperatively to provide assistance for individuals and families struggling to make ends meet. Mustard Seed addresses the financial, educational, physical, and emotional needs of the community, through the power of cooperation and faith.	Mustard Seed Ministries
INDICATED PROGRAM	DESCRIPTION	PROVIDER
Body Mass Index (BMI)	School health nurses in St. Lucie County send home BMI referral letters to parents for children that have a BMI greater than 95%. The letter provides educational information about nutrition and physical activity and refers them to their healthcare provider.	School Health Nurses
Childhood Obesity Program	Targets children from 9-16 years old that have a BMI greater than 95%.	Martin Health System

APPENDIX G - (Unintentional Injury Resources)

UNIVERSAL PROGRAMS	DESCRIPTION	PROVIDER
Safe Routes To School	Goal is to increase the number of children who bike or walk to school by removing the barriers currently prevention them from doing so.	Safe Kids International/ St. Lucie County TPO
SELECTIVE PROGRAMS	DESCRIPTION	PROVIDER
Sports Injury Prevention	Targets elementary aged kids in the public school system.	Safe Kids International
Defensive Driving Class	A free program offered to teenager drivers will help young drivers who already have their licenses to learn the skills of driving defensively and safely.	St. Lucie County Sheriff's Office
Fire Safety Education	Primary goal is directed at increasing knowledge of fire and injury prevention to all ages, with the result of decreasing injury and death. Injury/fire prevention and safety education will be delivered within the school classroom and in other public arenas. Several agencies partnering together for this mutual goal.	St. Lucie County Fire District
Bike Rodeos/Bike Safety	Purpose is to educate students on safe bicycling behaviors as well as the importance of properly fitted bike helmets. This education is also provided in a classroom setting to students of public and private school as well as after school programs, summer camps and Cub Scouts.	Safe Kids St. Lucie / St. Lucie County Sheriff's Office
Water Safety Presentations	Swim lessons and water safety instruction.	St. Lucie Parks & Recreation
INDICATED PROGRAMS	DESCRIPTION	PROVIDER
Teen Choices	Program works with teens at high risk of becoming pregnant or are pregnant, educational sessions on Safe Sleep and injury reduction are conducted.	Healthy Start Coalition

APPENDIX H - (Poverty Resources)

PROGRAM	DESCRIPTION	RISK FACTOR
Applications for Assistance, Utilities, Rent, Food, General		
United Against Poverty	Centrally located facility providing access to: (a) Medicaid, SNAP, & Temporary Cash Assistance applications & status checks; (2) Membershare Grocery Program that allows eligible residents to select food & health products for a small handling fee (saving 65%-70% of their budgets for other needs); (3) Volunteer skills training program for entry level experience in customer service, inventory control, merchandising, non-profit outreach, resource development & more; (4) Success Training & Employment Program (STEP) offers employment & emotional intelligence training; (5) Information & referral services; and (6) Crisis stabilization & hunger relief – Eligibility rules apply to services – For more information go to: www.unitedagainstopoverty.org	Poverty
St. Vincent DePaul	Utilities and rental assistance; meal programs; food and other assistance as funds allow. St. Vincent DePaul's Help Line (772) 878-8474 (messages only).	Poverty
Mustard Seed Ministries	Assistance once in a 13-month period with a past due utility bill to avoid the loss of service when in time of crisis; gas to help a client starting a verifiable job; limited prescriptions; vouchers for medical care; limited rental assistance VITA- Volunteer Income Tax Assistance; variety of food, clothing, and other services offered. http://www.mustardseedslc.org	Poverty
Agricultural & Labor Program, Inc. (ALPI)	Early childhood education; low-income home energy assistance; crisis assistance for qualified heating and cooling seasons; other services. Telephone: (772) 466-2631.	Poverty
In the Image of Christ	Food pantry; low-income home energy assistance; summer youth programs; cold weather shelter; HIV/STD testing. Telephone: (772) 461-7788 http://www.intheimageofchrist.org	Poverty
St. Lucie County Community Services	Provides Veteran services (772) 337-5670; purchase assistance for eligible first-time homebuyers as funding permits; assists residents with applying for federal, state, and local benefits for which they may be eligible; support to households to become self-sufficient; assistance with repairs to resolve code violations; foreclosure prevention counseling; employment, educational support & tax assistance (VITA). Eligibility requirements apply and services available are conditional on funding. Telephone: (772) 462-1777.	Poverty
Florida Department of Children & Families	Helps low-income residents with public benefits including application for SNAP, Medicaid, & cash assistance. Telephone: (866) 762-2237.	Poverty
Salvation Army St. Lucie County	Social services are available as part of the statewide organization. What is provided in Fort Pierce and the county to income-qualified residents will vary and is based on resources levels. Programs may range from free food or meals from a pantry to school supplies and Christmas programs. Shelter, limited financial aid for bills such as water or rent, and referrals may also be offered. Telephone: (772) 461-2899.	Poverty
Credit/Financial Literacy		
Credit Confidant	Provides free 2-hour credit workshops on the Treasure Coast and throughout the state: http://www.creditconfidant.com	Poverty
SELF / Seacoast National Bank	Credit workshops and access to affordable financing for sustainable property improvements: http://cleanenergyloanprogram.org/about-us	Poverty

TD Bank	TD WOW Zone for educators, a comprehensive financial literacy program. https://www.tdbank.com/wowzone/educators/	Poverty
Money Matters (UF)	Class covers creating a spending plan; maintaining good credit; saving for the future; & all about the job. Contact: Charlie D'Agata at: choycedag@comcast.net	Poverty
Parent Academy of St. Lucie County	Partners with experts to provide credit and financial literacy workshops and classes to the community: https://www.parentacademyslc.org/	Poverty
Consumer Credit Counseling Service	HUD approved; debt-reduction assistance and programs; foreclosure help; assistance in dealing with medical or credit card debts. Some programs are available at no cost, or have minimal fees. Telephone: (866) 616-3720.	Poverty
Literacy, Pre GED, GED & ESL		
Indian River State College	Offers Adult Basic Education including Adult High School, GED Preparation, GED, and English for Speakers of Other Languages (ESL). Offers an assortment of job training programs at various times and Small Business owner training throughout the year. Contact Indian River State College at www.irsc.edu or (772) 462-IRSC (462-4772).	Poverty
Parent Academy of St. Lucie County	Provides adult education, literacy, pre-GED, ESL, basic computer skills, parenting skills, behavior management, anger management & conflict resolution and more for parents and caregivers. Also, partners with other organizations and schools to offer interactive & engaging events for families – For more information go to: https://www.parentacademyslc.org or call 772-466-0523	Poverty
St. Lucie Public Schools	St. Lucie Public Schools offers access to Rosetta Stone, English learning software, to parents of ESOL students. These services are offered at designated sites during the evening, Monday - Thursday. For more information contact Clarissa Duskin at 772-429-5537.	Poverty
Hispanics in Action of the Treasure Coast	Classes that teach a variety of languages & other services: http://www.hispanicsinaction.org	Poverty
Learn to Read St. Lucie County	A non-profit organization that teaches adults to read. Also tutors adults to write/speak English: http://learntoreadslc.weebly.com	Poverty
Offender Re-entry and Support		
Life Builders of the Treasure Coast	Help for those progressing through the criminal justice system or dependency court. http://www.lifebuilderstc.com	Criminal History
Florida Department of Corrections Reentry Resource Website	Provides various referrals to a network of community resources, which assist in providing for the reintegration needs of those recently released from incarceration. http://www.dc.state.fl.us/resourcedirectory/Search.aspx	Criminal History
Goodwill Industries	Pre-release services; basic skills development; employment readiness training; occupational skills training; job placement assistance; life skills. http://www.goodwill.org/find-jobs-and-services/find-a-job/	Criminal History
Salvation Army	Out-of-County locations offer alcohol and drug treatment; rehabilitation; transitional care & work release; emergency financial assistance; casework services; veteran services; transitional housing; and more: http://www.salvationarmyusa.org/usn/prison-ministries	Criminal History
Circuit 19 Office of the Public Defender	Provides therapeutic program in the jail; Support for ex-offenders returning to the community to assist with employment searches, resumes, SNAP, transportation, ID, counseling, clothing, education, shelter, DVR, medication, social security, medical, eye care, dental care. Telephone: (772) 462-2075.	Criminal History
CareerSource Research Coast Federal Bonding Program	A Federal Fidelity Bond is a business insurance policy that protects the employer in case of any loss of money or property due to employee dishonesty. The Fidelity Bonds issued under the Federal Bonding Program are insurance policies of the Travelers Property Casualty Insurance Company and are good for a period of six months. Each bond insures the employer for theft, forgery, larceny, or embezzlement by the bonded employee. Any at-risk job applicant is eligible for bonding	Criminal History

	services, including: ex-offenders; recovering substance abusers (alcohol or drugs); welfare recipients and other persons having poor financial credit; economically-disadvantaged youth and adults who lack a work history; individuals dishonorably discharged from the military; and others. Any Florida CareerSource staff is able to provide this service to at-risk workers meeting the criteria; including having a job offer that requires bond issuance. Telephone (866) 482-4473.	
Legal		
FL Rural Legal Services Inc.	Offers free legal services for foreclosures bankruptcies, divorces involving domestic violence, tenant evictions, criminal record expungements and sealing, public assistance denials and social security over-payment appeals. http://www.frls.org	Poverty
Feeding Programs		
Matthew's Cafe Grace Way Village	Provides hot meals to the community on Sunday evenings. Telephone: (772) 925-3074	Poverty
Sarah's Kitchen	Provides hot meals to the community at the following locations: First United Methodist Church 260 SW Prima Vista Blvd, Port St Lucie St Paul's AME Church 1405 N 27th Street, Ft Pierce First Congregational Church: 2401 SE Sidonia Street, Port St Lucie First Bethel Baptist Church 506 N Eleventh Street, Ft Pierce Notre Dame Catholic Mission: 217 N US Highway 1, Ft Pierce St Simon's Episcopal Church: 1700 Ave E, Fort Pierce – Provides Nutrition Food Packets and Nutrition Education For days & times see: http://www.sarahskitchen.org/#!contact/c1z0x	Poverty
Food & Nutrition		
Treasure Coast Food Bank	Hunger relief that provides the following programs: Backpack Program; Kids Café; School Pantry Program; Mobile Pantry; Healthy Options for the Elderly; Summer Feeding Program; USDA Farm-2-School; Distribution of U.S. Department of Agriculture (USDA) commodities. Also provides outreach on health & nutrition; SNAP assistance; Affordable Care Act assistance; & disaster relief. https://stophunger.org/our-programs/	Poverty
Florida Department of Health in St. Lucie County Women, Infants & Children (WIC)	Improves the health of eligible pregnant, breastfeeding and postpartum women, infants & children up to age 5; vouchers for nutritious foods including milk, juice, cereal, cheese, eggs, peanut butter, beans, fruits, vegetables, whole grains, & baby foods. Go to: www.stluciecountyhealth.com	Poverty
Housing		
Fort Pierce Housing Authority	Provides and administers Federal Housing Programs which includes Public Housing in the City of Fort Pierce and Section 8 Housing Choice Voucher in the County; and non-federal Affordable Housing Program. Participants can enroll into Family Self-Sufficiency Program linking them to services & programs that help families achieve self-sufficiency. http://www.hacfp.org	Poverty
Career Development		
CareerSource Research Coast	Employment and Training Services; Referrals to Employment; Workshops for Resume and Interviewing Skills, Computer Basics, Career Exploration and More; Skills Assessment; Job Placement Support; Job Fairs and Hiring Events; Career Counseling; Training Scholarships, On-the-Job Training Opportunities; Access to fully-equipped Career Resource rooms. Contact (866) 482-4473 or http://careersourcerc.com	Poverty
Goodwill Industries	Provides employment training services; community-based situational assessments; and seminars to support success in the workplace. Goodwill also participates in the Social Security Administration Ticket-to-Work Program; services for homeless, re-entering offenders; and the blind. Some services may only be provided out-of-county. http://www.gulfstreamgoodwill.com/index.cfm?fuseaction=home.main	Poverty
Clothing & Household Items		
Hope's Closet Grace Way Village	Clothing for children, age birth -17; must receive a voucher from a referring agency listed on their website. http://www.gracewayvillage.com/requirements-hopes-closet/ Telephone:	Poverty

	(772) 925-3074	
Mustard Seed Ministries	Clothing; household items; furniture; food. http://www.mustardseedslc.org	Poverty
Goodwill Industries	Clothing; household items; furniture. http://www.goodwill.org	Poverty
Salvation Army St. Lucie County	Clothing, furniture, automobiles, household goods, appliances. http://www.salvationarmyflorida.org/stlucie/	Poverty
Health Care & Insurance		
Florida KidCare	Health insurance for children. There are 4 programs: Medikids (ages 1-4); Healthy Kids (ages 5-18); Children's Medical Services Managed Care (ages birth-20) for eligible special needs children; Medicaid (ages birth-18). Services include doctor visits; shots; hospital; surgery; prescriptions; emergencies; vision and hearing; dental; mental health. No cost for Medicaid & other premiums depend on household size & income. www.floridakidcare.org	Poverty
Affordable Care Act	A law enacted in 2010 to make health care more affordable & accessible. https://www.healthcare.gov .	Poverty
HANDS of St. Lucie County	The HANDS Clinic may provide health care at no charge to income eligible residents of St. Lucie County between the ages of 18 and 64 years of age. https://www.handsofslc.org - Telephone: (772) 462-5646	Poverty
Florida Community Health Centers, Inc.	Provides health care on a sliding fee scale based on federal poverty limits; services include family practice, pediatrics, & OB/GYN. Dental is available for children ages 0-18. www.fhcinc.org/services	Poverty
Florida Department of Health in St. Lucie County	Provides affordable health care; services include prenatal care, well-baby checkups, school health program, health counseling and education; management of chronic diseases; physicals; dental services; family planning; and Teen Zone, a reproductive health clinic for males and females ages 13-19. Also responsible for surveillance of reportable communicable diseases, other than TB, STD and HIV/AIDS. www.stluciecountyhealth.com Telephone: (772) 462-3800.	Poverty
Homeless		
Treasure Coast Homeless Services Council	Provides rent and utility assistance; a HUD-approved housing counseling agency for homeowners, renters, and homeless households; default resolution counseling to prevent foreclosure; services for Veterans including case management, obtaining VA benefits, assistance with public benefits, temporary financial assistance. Eligibility rules apply & services available only as funding allows. http://www.tchelpspot.org/wordpress/ .	Poverty
Bridges Out of Poverty & Getting Ahead in a Just Gettin' by World		
Bridges Out of Poverty	One-day workshop provides insight to understanding poverty and how to impact the cost to individuals & community; See workshop calendar at: http://www.roundtableslc.com/uploads/files/Events/Bridges%20revised.pdf	Poverty
Getting Ahead	48-hour workshop for individuals in generational or situational poverty; individuals explore causes of poverty in community and personally, building objectives and steps to reach goals. Classes are offered as funding allows. http://www.roundtableslc.com/p/51/getting-ahead#.Vw-mN8c-5DE	Poverty
Bridges to Prosperity, St. Lucie	Bridges to Prosperity, St. Lucie is the economic sufficiency network of the Roundtable of St. Lucie County. Meetings are generally held on the 3 rd Wednesday of the month from noon – 1:30 pm. Those interested in impacting poverty in the community are invited to attend. Contact Renee Deschenes for more information at Renee.Deschenes@pd19.org and/or go to: http://www.roundtableslc.com/p/19/economic-sufficiency#.Vw-m3cc-5DE	Poverty