Healthy Beginnings System

Services at a Glance

Updated: January 2014

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<tr><th colspan="2">Easter Seals - Early Steps</th></tr>
<tr><td>Purpose</td><td>Early Steps, Florida’s early intervention system ensures that infants and toddlers with special needs and their families achieve their full potential in the context of everyday relationships, activities, and places.</td></tr>
<tr><td>Intended Outcomes</td><td>Increased opportunities for infants and toddlers with disabilities to integrate into the community.</td></tr>
<tr><td>Target Population</td><td>Children ages birth to thirty-six months.</td></tr>
<tr><td>Eligibility Requirements</td><td>Children eligible must:
• Demonstrate a delay of 2 standard deviations below the mean (a score of 70 or below) on a standardized evaluation in one area of development OR 1.5 standard deviations (78 or below) below the mean in 2 or more areas of development: motor, communication, social-emotional, self-help and cognitive.
• Have a diagnosed <u>established</u> medical condition associated with long term developmental delays. Established conditions fall into one of the following areas:
o Genetic and metabolic disorders
o Neurological disorder
o Autism Spectrum Disorder
o Severe attachment disorder
o Significant sensory impairment (vision/hearing)
o Children with a birth weight of 1200 grams or less will be considered eligible based on an established condition- EC.</td></tr>
<tr><td>Ages Served</td><td>Birth to 36 months</td></tr>
<tr><td>Languages Offered</td><td>English, Spanish, Creole and translation services for other languages as needed</td></tr>
<tr><td>Risk Factors</td><td>Developmental delays, medical conditions or diagnosis that is associated with developmental delay and atypical behavior, growth or development.</td></tr>
<tr><td>Program Model</td><td></td></tr>
<tr><td>Dosage</td><td>Service frequency and dosage is defined for each child at the time of eligibility determination and the development of each child’s Individual Family Support Plan (IFSP).</td></tr>
<tr><td>Duration of Service</td><td>Services are provided until the child meets their developmental outcomes established on their IFSP or reaches the age of 36 months.</td></tr>
<tr><td>Location of Service</td><td>Home, child care center, public place (i.e. McDonald’s or Public Library)</td></tr>
<tr><td>Curriculum/Content</td><td>Child Development, parent education and support provided by a Primary Service Provider (PSP) Team. Each PSP Team is comprised of a Service Coordinator, Physical Therapist, Occupational Therapist, Speech Therapist and Infant Toddler Developmental Specialist. One member of the Team is selected as the “Primary Provider” and visits the child and parent on an ongoing basis. Parent coaching and education is provided to support the family as their child’s first teacher focusing on how children learn within their everyday routines and activities.</td></tr>
<tr><td>Critical Components/ Elements</td><td>Parent education of age appropriate child development. Family follow-through of recommended strategies from IFSP</td></tr>
<tr><td>Agency Contact(s)</td><td>Marissa Barrera, Program Coordinator: (561) 882-6425
Lori Sang, Program Director: (772-380-9601)</td></tr>
<tr><td>Site Locations</td><td>Palm Beach County</td></tr>
<tr><td colspan="2">Overall Benefit to Families: Helps children with developmental delays in achieving developmental skills that are closer to their same-aged, typically-developing peers, while providing information that parents/caregivers may use to strengthen their children’s development.</td></tr>
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Esereh Youth and Family Center- Outreach	
Purpose	Outreach activities are designed to target populations that are traditionally underserved or to populations in which barriers to obtaining necessary early identification and intervention services are present. Barriers can include language, cultural beliefs, cultural history, transportation and acculturation.
Intended Outcomes	Increase access to knowledge and awareness of the importance of prenatal and developmental screening for pregnant women and for families with children ages birth - 5. Increase awareness of the services offered by the Healthy Beginnings (HB) System for pregnant women and for families with children ages birth - 5. Refer pregnant women and families with children ages birth - 5 to the appropriate HB Entry Agency for prenatal and/or developmental screenings. Increase prenatal and developmental screening rates for target population. Educate and refer to community resources and programs, as appropriate.
Target Population:	The target population will be Haitian/Haitian-American pregnant women and families with children birth to 5 years old who are at risk for: • Poor birth outcomes • Child maltreatment/abuse/neglect • Child exhibiting possible development delays (motor, cognitive/problem-solving, language, social emotional) • Poor parent/child attachment/relationships
Eligibility Requirements	Pregnant women and children aged 0-5
Ages Served	Pregnant women and children aged 0-5
Languages Offered	Creole, French & English
Risk Factors	Pregnant women at-risk for poor birth outcome
Program Model:	N/A
Dosage	N/A
Duration of Service	Depends on the amount of engaging that is needed
Location of Service	Throughout Palm Beach County
Curriculum / Content	Ages and Stages Questionnaire/Developmental screening
Critical Components / Elements	Targeted Outreach and referral for at risk families.
Agency Contact	Evelyne LaFalaise
Site Locations	2200 N. Florida Mango Road, Suite 301, West Palm Beach, FL
Capacity	
Overall Benefit to Families: Better birth outcomes, reduced risk of child abuse and neglect, early detection of developmental delay, improved parent/child attachment / relationship	

Families First- Healthy Families Florida (HFF)	
Purpose	To provide a statewide system of voluntary, community -based home visitation services that strengthen families, promote positive parent-child relationships and optimize the health and development of children.
Intended Outcomes	• Prevent the incidence of child abuse and neglect • Enhance parents' ability to create stable and nurturing home environments • Increase parents' ability to develop positive parent-child relationships • Promote child health and development • Ensure that families' social and medical needs are met
Target Population:	Families residing in targeted geographic areas: 33404, 33407, 33409, 33435, 33462, 33430, 33493, 33476
Eligibility Requirements	Those scoring 3 or more on the Healthy Start Prenatal Risk Screen, using Healthy Families scoring or if the answer to question 5 is "no" and to question 14 is "not pregnant" will be eligible for the Healthy Families Assessment. Families must score in on this assessment.
Ages Served	Prenatal to 5. Entry is prenatal through 3 months.
Languages Offered	English, Spanish, Haitian Creole
Risk Factors	Low-income, single parents, less than a high school education, socially isolated, late or inadequate prenatal care
Program Model:	Curriculum based (Growing Great Kids), services provided in accordance with Healthy Families America Standards.
Dosage	Varies based on level. Most intense is at least once per week with the least intense being once per month
Duration of Service	Up to 5 years
Location of Service	Home
Curriculum/ Content	Healthy Families Florida uses the Growing Great Kids curriculum
Critical Components/ Elements	• Services are initiated during pregnancy or shortly after the baby is born. • Services are voluntary and include a voluntary risk assessment. • Services are intensive and are provided for up to five years. • Services are provided in a way that respects the culture of the population. • Services are offered during flexible hours. • Services focus on supporting parents and their families. • Families are connected to a medical provider. • Families are linked to additional service in the community, as needed. • Caseloads are1 to 25. • Intensive supervision is provided to staff. • Intensive pre-service and on-going training is provided for staff. • Strong collaborative partnerships are established in the community.
Agency Contact	Kathy Tanciq – Families First (561) 721-2802 x222
Site Locations	The following Palm Beach County zip codes: 33404, 33407, 33409, 33430, 33435, 33462, 33476, 33493
Overall Benefit to Families: Enhance parents' ability to create stable and nurturing home environments, increase parents' ability to develop positive parent-child relationships, promote child health and development, ensure that the families' social and medical needs are met, ensure families are satisfied with services and prevent child abuse and neglect in high risk families.	

Healthy Mothers Healthy Babies - CenteringPregnancy®	
Purpose	CenteringPregnancy® is a multifaceted model of group care that integrates the three major components of care: health assessment, education, and support, into a unified program within a group setting. Eight to twelve women with similar gestational ages meet together, learning care skills, participating in a facilitated discussion, and developing a support network with other group members. Each Pregnancy group meets for a total of 10 sessions throughout pregnancy and early postpartum. The practitioner, within the group space, completes standard physical health assessments.
Intended Outcomes	↓(less) likely to have a preterm birth ↓(less) likely to have a suboptimal prenatal care ↑ better prenatal knowledge ↑ (increased) birth weight for those that are at risk for low birth weight babies
Target Population:	
Eligibility Requirements	Pregnant women up to 18 weeks of pregnancy at-risk for preterm births and are using the local Health Department for prenatal services
Ages Served	12-56 years (women of childbearing age)
Languages Offered	English, Spanish and Creole
Risk Factors	Inability to access or continue prenatal care, need for pregnancy and postpartum education, need for social support. Pregnant women with pre-existing medical complications or pregnancy-related health complications precludes eligibility for this program.
Program Model:	
Dosage	The same as standard OB office visits – 4 monthly visits, 3 bi-weekly and 2 weekly visits. One postpartum visit typically at 6 weeks; if mom had caesarean section; the postpartum check occurs at two weeks.
Duration of Service	Pregnancy through 6 week post-partum
Location of Service	Group setting in the Health Department
Curriculum/Content	Patients participate in self-care activities including assessing their own weight and blood pressure. Both patients and provider contribute to the data on patients' charts. Education is conducted in a facilitative rather than didactic style. Two Facilitators lead each group. There are content guidelines for every session, but the actual group discussion is determined largely by the interests, needs, and concerns of the group. Each patient receives a CenteringPregnancy® Notebook with educational material for at-home reference. Critical to the empowering design of CenteringPregnancy® are the Self-Assessment Sheets (SAS) which are used by participants at the beginning of each session. These SAS introduce the topic(s) for that session and provide a springboard for the facilitated discussion.
Critical Components/ Elements	• Prenatal care • Education • Support
Agency Contact	Lucinda Colon – Healthy Mothers/Healthy Babies - Lantana Health Department 561-547-6894 or lcolon@hmhbpbc.org
Site Locations	Lantana Health Center; Delray Beach Health Center
Overall Benefit to Families: Through this unique model of care, women are empowered to choose health-promoting behaviors. Health outcomes for pregnancies, specifically increased birth weight and gestational age of mothers that deliver preterm, and the satisfaction expressed by both the women and their providers, support the effectiveness of this model for the delivery of care.	

Healthy Mothers Healthy Babies- Entry Agency (Prenatal)	
Purpose	As the Prenatal Entry Agency for The Healthy Beginnings System, Healthy Mothers, Healthy Babies provides screening and assessment services for pregnant teens and women who may need to be linked to prevention and early intervention programs within the *Healthy Beginnings System*
Intended Outcomes	• Improved access to Prenatal Care • Increased access to payor source for prenatal care • Improved health outcomes and savings in health care costs • Increased referrals to appropriate health and social services • Increased healthy births in Palm Beach County • Increased System education • Increased Prenatal screening & assessment
Target Population:	
Eligibility Requirements	Pregnant women residing in Palm Beach County
Ages Served	12-56 years (women of childbearing age)
Languages Offered	English, Spanish, Creole, Kanjobal and French
Risk Factors	As identified on Screening and Assessment tools
Program Model:	
Dosage	One to three contacts to establish payor Source, medical home and for referrals to appropriate services; additional contacts may be necessary depending on the intensity of needs
Duration of Service	90 days approximately
Location of Service	Office Visits in WPB, Lantana and Delray Beach, Home visits, health department clinics, and community locations, schools, Healthy Beginnings System agencies
Curriculum / Content	• Prenatal Risk Screen and Healthy Start Standards and Guidelines • Assessment- various • Referrals and Linkages to Healthy Beginnings System and Community Resources • Education (health, parenting, nutrition) • Triple P Parent Education • Baby Basics
Critical Components/ Elements	• Screening • Assessment • Navigation • Service Coordination • Referral and Linkage • Education • Outreach •
Agency Contact	Lisa Greenwood, Program Director 561-665-4515 or info@hmhbpbc.org
Site Locations	Northern, Southern, Central and Western Areas of Palm Beach County partnered with Healthy Beginnings Community Hubs
Overall Benefit to Families: Healthier birth outcomes and increased ability to access services for families in Palm Beach County	

Healthy Mothers Healthy Babies - MomCare	
Purpose	To improve birth outcomes and infant health by helping women who are newly eligible for Medicaid to receive early and regular prenatal care.
Intended Outcomes	• Increase Healthy Start Screening rates • Increase participation in WIC • Improved access to Prenatal Care • Increased access to payor source for prenatal care and newborn • Increased referrals to appropriate health and social services
Target Population:	
Eligibility Requirements	Pregnant women residing in Palm Beach County and Medicaid eligible
Ages Served	12-56 years (childbearing women)
Languages Offered	English, Spanish and Creole
Risk Factors	As identified on Screening and Assessment tools
Program Model:	
Dosage	Contact attempt within 30 days of enrollment: followed by contacts throughout pregnancy
Duration of Service	Duration of pregnancy or Medicaid eligibility
Location of Service	Telephone
Curriculum / Content	• Facilitate Prenatal Risk Screen • MomCare/SOBRA program guidelines • Referral to the HMHB Prenatal Entry Program • Referral to community resources • Education (health, parenting, nutrition)
Critical Components / Elements	Identify clients at risk for poor access to prenatal care Eligibility issues concerning access to prenatal care Referrals for additional services through the HMHB Prenatal Entry Program
Agency Contact	Anne Baldwin, Program Manager, 561-665-4527 or abaldwin@hmhbpbc.org
Site Locations	Northern, Southern, Central and Western areas of Palm Beach
Overall Benefit to Families: Healthier birth outcomes and increased ability to access services for families in Palm Beach County	

Home Safe - Entry Agency (Children Birth to Five)	
Purpose	Provide screening and assessment services for the Healthy Beginnings System through subsidized child care centers, maternity hospitals, and other community entry points. Child and family services include initial screening, second level evaluations, eligibility determination, developmental monitoring, parent education, referral, linkage and system navigation for Healthy Beginnings System Participants.
Intended Outcomes	• Improved access to appropriate services • Increased referrals to appropriate Healthy Beginnings Systems • Increased opportunities for children birth through age 5 to receive regular and proper child development screening and assessments.
Target Population:	
Eligibility Requirements	Postpartum women and children ages birth through age 5 who score in on standardized screens and assessments as defined below.
Ages Served	Children birth through age 5
Languages Offered	English, Spanish, Creole
Risk Factors	Social-Emotional, Cognitive, Speech, Behavioral, Literacy or Developmental Delays
Program Model:	
Dosage	Home Visit to obtain program consents and administer assessments; additional visits, if necessary to complete Triple P
Location of Service	Hospitals, home visits and community locations, schools, or other location convenient to family's needs.
Curriculum / Content	Standardized Screening and Assessment tools include: Healthy Start l Infant Risk Screen, Postnatal Addendum, Ages and Stages Questionnaire-3 (ASQ), ASQ Social-Emotional (ASQ SE), Edinburgh Depression Screen, CES-Depression Screen, Child Behavior Checklist and Language Survey (CBCL)Batelle Screener Parent Stress Index (PSI), and Modified Checklist for Autism in Toddlers (M-CHAT). Triple P level two
Critical Components / Elements	• Birth to five screensing and assessments • • Service Coordination • Outreach • Navigation • Parent education • Referral and Linkage
Agency Contact	Paloma Prata, MS, Director of Prevention Services 561-383-9800 x1702 2840 6th Avenue South, Lake Worth, FL 33461
Site Locations	**Home Visits** in the Northern, Southern, Central and Western Areas of PB County. **9 Maternity Hospitals in Palm Beach County:** St Mary's, Jupiter, Good Samaritan, Wellington, Palms West, Lake Side Medical, Bethesda, Boca Regional and West Boca. **4 Entry-Agency Satellite Offices Include:** Lake Worth; West Palm Beach (co-located with HMHB); Boca Raton, and Belle Glade (co-located with DCF).
Overall Benefit to Families: Helps newly delivered moms and children who score below standardized norms to access the appropriate services to help them work toward achieving better birth outcomes, reducing child abuse and neglect, and enter kindergarten on their developmental trajectory.	

Home Safe – Growing Smart	
Purpose	A developmental surveillance program that uses the ASQ-3/SE screen at developmental stages during the first two years of life to identify possible developmental/behavioral problems that may otherwise have eluded early detection. If children score at risk on the ASQ-3/SE at any time during the program, they will be referred to the Entry Agency for second level assessment and, if needed referred to the appropriate Healthy Beginnings service.
Intended Outcomes	• Parents will demonstrate increased knowledge of children's developmental stages on the Knowledge of Infant Child Development Inventory • Two-year old children will receive age-appropriate vaccinations.
Target Population:	Parents with social risk factors with children who are 0 – 2 months old at time of intake
Eligibility Requirements	Clients who score low risk (3 or less) on the Healthy Start Infant Risk Screen (IRS) or IRS score becomes low risk after mitigation combined with one or more of the following: • No high school or GED diploma • 2 Children or more (newborn is second child) • Parent with no/little social support
Ages Served	Birth – 24 months; time at intake is 0 – 2 months
Languages Offered	English, Spanish, Haitian Creole
Risk Factors	See Eligibility Requirements
Program Model:	• The Developmental Support Specialist (DSS) will conduct home visits to educate parents on developmental milestones and provide activities appropriate to the corresponding stage using the ASQ3/ASQ SE. • At designated intervals (in lieu of a home visit) the DSS will mail ASQ3 to the parent/guardian with a return envelope. Parents will be encouraged to complete the questionnaire(s) and return the score sheet(s) to the DSS, who will analyze the scores and send a response and/or contact the parent/guardian informing them of the results of the screen. The DSS will follow up with the parent/guardian to review the results and provide any recommended supportive activities to conduct at home and/or further need for assessment and services • In addition, an immunization chart will be provided to parents to ensure their child is up to date. DSS will offer breastfeeding support when needed.
Dosage	The Developmental Support Specialist (DSS) meets with the family 6 – 7 times in two years for approximately 90 minutes per session, to complete and discuss the results of the ASQ-3/ASQ SE. The DSS communicates with the parent/guardian on a regular basis to discuss the completion of the ASQ3/ASQ SE.
Duration of Service	2 years
Location of Service	Client's home
Curriculum / Content	Ages and Stages Questionnaire - 3/Ages and Stages Questionnaire – Social Emotional screener are used to identify possible developmental delays in the following domains: communication, gross motor, fine motor, problem solving and personal-social.
Critical Components / Elements	• In two years, 13 ASQ3s are completed and 4 ASQ-SEs are completed.
Agency Contact	Home Safe – Paloma Prata 561-383-9800 x1702
Site Locations	Palm Beach County
Overall Benefit to Families: It provides in-home visits to provide brain development education and developmental monitoring to promote optimal child growth during the critical developmental years.	

Literacy Coalition- Parent-Child Home Program (PCHP) Subcontracted Agencies: Aspira of Florida, Inc./ Boys Town NOAH, INC./ The Guatemalan-Maya Center	
Purpose	PCHP prepares young children for school success by increasing language and literacy skills, enhancing social-emotional development, and strengthening the parent-child relationship
Intended Outcomes	*Promote parent-child verbal interaction and parent-child bonding. ↑ Nurturing and Effective Parenting Skills. ↑ Cognitive & emotional development. ↑ School readiness.
Target Population:	
Eligibility Requirements	• Children entering the program should be between 21-42 months of age. • At-risk families
Ages Served	2- and 3-year-olds
Languages Offered	Multiple languages, including English, Spanish, Haitian-Creole, Mayan Dialects
Risk Factors	Low-income, single-parent, low educational level, cultural/language barriers, limited language stimulation in home, limited access to educational opportunities, homeless, teenage parents, families with multiple risk factors
Program Model:	
Dosage	Per program year: 1/2 hour home visits, conducted twice per week for 23 weeks or 46 visits per program year.
Duration of Service	2 years (if client enters the program at age 2)
Location of Service	Home
Curriculum / Content	Home visitors bring a carefully-selected book, educational toy or developmentally appropriate activity to each home visit. In the home visit, the home visitor models verbal interaction, reading and play activities. This demonstrates the use of books and toys to cultivate language and emergent literacy skills that promote school readiness.
Critical Components/ Elements	• Parent-Child Home Program training • Parent participation
Agency Contact	Lead Agency – Literacy Coalition of Palm Beach County Darlene Kostrub, Chief Executive Officer - (561) 279-9103 Cobi Dunn, Director of the Parent-Child Home Program - (561) 279-9103
Site Locations	N/A
Overall Benefit to Families: Provides toys and books and activities in homes that lack these interactive, stimulating items for children, facilitating increased communication and attachment between parents and children.	

Palm Beach County Health Department- Healthy Beginnings Nurses - Enhanced Services	
Purpose	The Healthy Beginnings Nurses will provide a wide range of services prenatally and postnatally as part of the system of care.
Intended Outcomes	• Smoking Cessation • Improved Prenatal Health • Increase the number of healthy births • Increase health literacy • Prevention of child abuse and neglect
Target Population:	
Eligibility Requirements	Pregnant women and infants
Ages Served	Any
Languages Offered	English, Spanish and Creole.
Risk Factors	Varies according to the service see attached models
Program Model:	
Dosage	Varies according to the service see attached models
Duration of Service	Varies according to the service see attached models
Location of Service	Varies according to the service see attached models
Curriculum / Content	Varies according to the service see attached models
Critical Components / Elements	• **<u>Breast Feeding Support and Counseling</u>** • **<u>Parenting Class</u>** • **<u>Smoking Cessation</u>** **Description:** Tobacco Education and Cessation is an enhanced service that complements core services it is not a service expected to stand alone. **Curriculum:** *Make Yours a Fresh Start Family*, is a program which uses the 4 A's (Ask, Advise, Assess and Assist); and quit lines. • **<u>Childbirth Education</u>** **Description:** Childbirth Education is an enhanced service that complements core services It is not a service expected to stand alone. **Delivery Method:** Childbirth classes will be provided in English, and Spanish in a variety of locations. Fathers/male partners should be encouraged to attend classes with at least one breakout session facilitated by a male. **Location:** Health Departments • **<u>Nurse of the Day Advice Line</u>** **Description:** Healthy Beginnings Nurses will operate an advice line to answer general non-emergency questions regarding basic health care for young children during working hours. • **<u>Nurse Consults</u>** **Description:** Healthy Beginnings Nurses will be available for consultations with any of the core service providers on health related issues or concerns. Nurses may confer with the core service provider or accompany the provider to meet with the client. These requests for assistance should go through the Entry Agency.
Agency Contact	Christine Englestad, Director Maternal Child Health Division – Health Department (561) 671-4151
Site Locations	Palm Beach County
Overall Benefit to Families: Provides health literacy, breast feeding support, smoking cessation to families and consultative support to network providers.	

Palm Beach County Health Department - Healthy Beginnings Nurses - Prenatal Plus	
Purpose	The Prenatal Plus program is a voluntary program that provides case management, nutrition counseling, and psychosocial services to pregnant women who are at risk of having a low birth weight baby or other poor birth outcomes. Prenatal Plus services are in addition to a woman's regular prenatal care.
Intended Outcomes	• Improve birth outcomes by reducing the number of low birth weight babies • Assist in developing and maintaining a healthy lifestyle during pregnancy and beyond- especially discouraging the use of tobacco, alcohol and illicit drugs. • Increase their ability to appropriately use medical and social services
Target Population:	
Eligibility Requirements	Pregnant women at 28 weeks gestation or less who score a 6 or more on the Prenatal Risk Screen or who are eligible based on other factors.
Ages Served	
Languages Offered	English, Spanish, Creole
Risk Factors	Low income, teen mothers, prior poor birth outcome, unmarried, social isolation, lack of education
Program Model:	Prenatal Plus framework combined with the Partners for a Healthy Curriculum
Dosage	No less that than ten face-to-face home visits prior to the birth of the baby
Duration of Service	Prenatal through 8 weeks post-partum
Location of Service	In the home, community, or other location that is convenient for the pregnant mother
Curriculum / Content	Prenatal Plus and Partners for a Healthy Baby
Critical Components / Elements	Prenatal Plus is a service delivery framework comprised of a care coordinator, mental health professional and registered dietician who work as a team in support of positive maternal and infant health outcomes. Partners for a Healthy Baby curriculum is used to strengthen home visiting models and improve birth outcomes, reduce rates of child abuse, increase intervals between pregnancies, strengthen families, enhance child health outcomes and support maternal self-sufficiency.
Agency Contact	Christine Englestad, Director Maternal Child Health Division – Health Department (561) 671-4151
Site Locations	Palm Beach County
Overall Benefit to Families: Improved maternal and infant birth outcomes and strengthen families	

Palm Beach County Health Department - Healthy Beginnings Nurses Nurses Supporting Families (infants and mothers)	
Purpose	Nurses Supporting Families: This is an intensive, nurse home visitation model, intended for families who need extra support with obtaining health information and transitioning through the process of pregnancy and/or parenting. This Program also serves mothers and infants that present with a medical complexity such as diabetes, hypertension, morbid obesity, chronic health conditions, infants in the ICU in excess of 48 hours, failure to thrive infants, low birth weight infants and substance exposed infants.
Intended Outcomes	• Improved Prenatal Health • Increase the number of healthy births • Improve parent-child interaction • Increases in children's school readiness • Increase health literacy
Target Population	
Eligibility Requirements	Nurses Supporting Families: Prenatal clients that score 6 or higher on the Prenatal Risk Screen or in any of the qualifying BOOFs (Based on Other Factors). Support Plus takes clients up to 32 weeks. New infants that score 4 or more on the Infant Risk Screen or in any qualifying BOOFs.
Ages Served	Nurses Supporting Families: Prenatal up to 3 years
Languages Offered	English, Spanish and Creole
Risk Factors	Low income, teen mothers, low educational status, unmarried, socially isolated, etc., poor prior birth outcome, medical complexity
Program Model	
Dosage	Nurse home visitation with services initiated for clients either prenatally or after the infant is born and continuing until the child is up to 3 years of age, if needed. Evaluation will be completed after one year of birth to evaluate if Program is still needed and/or what other Healthy Beginning services may be appropriate.
Duration of Service	Prenatally until the child is up to 3 years old as needed.
Location of Service	In the home, community, or other location that is convenient for the family
Curriculum / Content	Partners for a Healthy Baby through the pregnancy and infancy, toddlerhood. Triple P may also be used postnatally.
Critical Components / Elements	• To promote healthier pregnancies and safer deliveries. • To foster effective communication and partnership between providers and their patients within the prenatal health care community. • To empower pregnant women to engage and act upon health information, thus learning to care for themselves and their infant. • reduce rates of child abuse • increase intervals between pregnancies • strengthen families • enhance child health outcomes • support maternal self sufficiency
Agency Contact	Christine Englestad, Director Maternal Child Health Division – Health Department (561) 671-4151
Site Locations	Palm Beach County
Overall Benefit to Families: Education and support to families with or without medical complexities and care coordination services for families to reduce stress help to improve birth outcomes and prevent abuse and neglect.	

Palm Beach County Health Department - Healthy Beginnings Nurses Interconception Care	
Purpose	The primary purpose of this program is to educate and inform women about heath behaviors that will help to reduce risk and improve subsequent birth outcomes.
Intended Outcomes	• Improved Prenatal or Preconception Health • Increase the number of healthy births • Increase healthy literacy
Target Population:	
Eligibility Requirements	Women in Palm Beach County who have experienced a fetal or infant loss or poor prior birth outcome. Based on the postnatal addendum, a woman might be eligible for services if **all four** of the following should be true: • The woman resides in Palm Beach County and is capable of becoming pregnant in the future • The *Interconception Health Education* intervention is likely to reduce risk for another poor birth outcome. (example, it might not in the case where the prior birth was a unique condition as in a multiple birth; or she is already being seen by a specialist). • The woman speaks English and able to interact directly with Healthy Beginnings Nurse • The woman desires the service ***and*** at least one of the following needs exists: o Previous poor birth outcomes as defined by previous birth weight 2000 grams (4 lb. 7 oz.) or less, gestational age less than 35 weeks or congenital anomalies of infant o Neonatal or fetal death (includes miscarriage, spontaneous abortion, death of infant to one year of age) o Infant adopted or removed from home o Infant was admitted to ICU with continuing unresolved illnesses that requires on-going medical care o Chronic illness of infant o Chronic illness or maternal infection of mother that would impact future pregnancy. o History of pregnancy related illness. o Body Mass Index (BMI) less than 18.5 or more than 35 o Advanced maternal age (35 and older) at time of first pregnancy
Ages Served	Perinatal clients
Languages Offered	English
Risk Factors	Fetal or infant loss or poor prior birth outcome.
Program Model:	
Dosage	Education via the Healthy Beginnings Nurses. Only relevant modules will be offered to eligible women.
Duration of Service	6-12 weeks. Exceptions will be made only as described in the ICC Program.
Location of Service	Home, school, public places
Curriculum / Content	The curriculum builds upon the Florida Department of Health approved curriculum and is tailored to be delivered by nurses, to meet the needs of Palm Beach County participants
Critical Components / Elements	
Agency Contact	Christine Englestad, Director Maternal Child Health Division– Health Department (561) 671-4151
Site Locations	Palm Beach County
Overall Benefit to Families: Education on a variety of topics to help improve future birth outcomes and increase health literacy.	

Palm Beach County Health Department - Healthy Beginnings WHIN Nurses	
Purpose	This is an intensive nursing home visitation model that will be available to the Black Population living in Zip Codes 33401, 33403, 33404, & 33407. The model is intended to reduce racial disparities in the target population.
Intended Outcomes	• Decrease racial disparities • Improved Prenatal Health • Increase the number of healthy births • Improve parent-child interaction • Improve nutrition • Increases in children's school readiness • Increase healthy literacy
Target Population:	Black Population living in Zip Codes 33401, 33403, 33404, & 33407
Eligibility Requirements	Clients will typically screen in on the HS Risk screen and postnatal addendum for risk of child maltreatment. All teens are eligible for intensive home visiting services. Typical clients may be teens who enter prenatal care after 28 weeks; teens/clients for whom this is a subsequent birth; or women with an infant more than 3 months of age (ineligible both for NFP and Healthy Families).
Ages Served	Prenatal to 2 years
Languages Offered	English
Risk Factors	Low income, teen mothers, low educational status, unmarried, socially isolated, etc.
Program Model:	
Dosage	Intensive nursing home visitation with services initiated for clients either prenatally or after the infant is born and continuing until the child is up to 3 years of age. Clients will receive nutrition services, dental care and interconceptional education.
Duration of Service	Prenatally until the child is up to 3 years old as needed.
Location of Service	Home, school, public places
Curriculum / Content	Partners for a Healthy Baby through the pregnancy, infancy and toddlerhood, Triple P postnatally and as indicated Promoting Maternal Mental Health for pregnant women exhibiting depression concerns. .
Critical Components / Elements	• Service Coordination • Depression Screening • Developmental Surveillance • Interconception Care • Health Education
Agency Contact	Christine Englestad, Director Maternal Child Health Division – Health Department (561) 671-4151
Site Locations	Palm Beach County
Overall Benefit to Families: Decrease racial disparities, Improved Prenatal Health, Increase the number of healthy births, Improve parent-child interaction, Improve nutrition, Increases in children's school readiness, Increase health literacy	

Palm Beach County Health Department - Nurse-Family Partnership (NFP)	
Purpose	To improve pregnancy outcomes, child health and development, and self-sufficiency for eligible, first-time parents- benefiting multiple generations
Intended Outcomes	• Improved Prenatal Health • Fewer childhood injuries • Fewer subsequent pregnancies • Increased intervals between births • Increased maternal employment • Increases in father involvement • Increases in children's school readiness
Target Population:	Entire Palm Beach County
Eligibility Requirements	First time mothers. The mother's must begin the program prior to the 28th week of pregnancy.
Ages Served	Prenatal to 2 years
Languages Offered	English and Spanish
Risk Factors	Low income, teen mothers, low educational status, unmarried, socially isolated
Program Model:	
Dosage	Weekly home visits during the first month of enrollment; Bi-weekly home visits up until the birth of the child; Weekly home visits during the postpartum period; Bi-weekly home visits up until 21 months; Monthly home visits until the child is 2-years-old
Duration of Service	Approximately 2 ½ years
Location of Service	Home
Curriculum / Content	NFP designed Weekly Visit Guidelines which incorporates the Partners in Parenting Education (PIPE) curriculum, reflective practice and the development of therapeutic relationships.
Critical Components / Elements	• Preventive health and prenatal practices for the mother • Health and development education and care for both the mother and child • Life coaching of the mother and her family • NFP training
Agency Contact	Christine Englestad, Director Maternal Child Health Division – Health Department (561) 671-4151
Site Locations	Palm Beach County
Overall Benefit to Families: Support to become knowledgeable and responsible parents	

Palm Beach County Health Department/ Health Council of Southeast Florida Fetal and Infant Mortality Review (FIMR) Project	
Purpose/Mission	The Fetal Infant Mortality Review (FIMR) Program is a community-based, action-oriented program designed to enhance the health and well-being of women, infants, and families through the review of individual cases of fetal and infant death. The purpose of the FIMR Program is to understand how a wide array of social, economic, health, educational, environmental and safety issues relate to fetal and infant loss on a local level. The Palm Beach County Health Department provides the FIMR case abstraction component and the Health Council of Southeast Florida provides program administration for the project.
Intended Outcomes	• Purpose of reviewing the causes and factors of fetal and infant loss will serve as tools to empower communities to implement safeguards against future losses. • Data derived from the reviews will be used to identify fetal and infant trends as well as preventable contributing factors that will allow system stake holders and communities to respond to the needs that are identified by the reviews. • Qualitative information will be used for direct planning efforts to improve birth outcomes and lower mortality rates • Identify gaps in health and support services • Increase awareness and knowledge among providers, health professionals, and the community on contributing factors to fetal/infant deaths • Provide a platform for parents that experience a loss to “have their voice heard” in a meaningful way that may contribute to systemic change.
Target Population	
Eligibility Requirements	Residents of Palm Beach County who experience a fetal or infant loss
Ages Served	All deaths reviewed are less than 12 months old.
Risk Factors	Cause of death risk factors are reviewed during the CRT meeting.
Program Model	
Dosage	Case Review Team (CRT) meetings are held monthly
Duration of Services	Cases are reviewed throughout the year/meetings are typically two hours
Location of Service	Case Review Team meetings are held at the Health Council of Southeast Florida.
Curriculum / Content	FIMR operational manual will guide the process
Critical Components / Elements	The essential piece of the FIMR review is the depth of the information gathered by the Case Abstractor. The Case Review Team (CRT) then analyzes the information and the Community Action Group (CAG) then makes recommendations to support community change.
Agency Contact	Amy Gyau-Moyer, Director of Health Programs /FIMR Coordinator 561-844-4220
Site Locations	Palm Beach County
Overall Benefit to Families: Increased awareness in regards to the factors that contribute to a high infant mortality rate and heightened knowledge surrounding the interventions and services available to support those impacted by loss. Opportunity to speak with about circumstances and concerns surrounding their fetal or infant loss.	

Parent-Child Center & Jerome Golden Center – Psychosocial Counseling	
Purpose	To provide mental health counseling services to Healthy Beginnings participants
Intended Outcomes	Reduction of toxic stress. Decrease depression of expectant mothers and mothers with young children
Target Population	
Eligibility Requirements	Healthy Beginnings system participant and/or their families
Ages Served	Any age
Languages Offered	English, Spanish, Creole
Risk Factors	Need for mental health services, may represent a significant score on the Edinburgh Postnatal Depression Screen.
Program Model	
Dosage	Once per week, or more if clinically required
Duration of Service	Up to 26 sessions
Location of Service	Home, office, community
Curriculum / Content	None; however, practitioners have experience in 0-5 population and maternal depression. In addition, practitioners must be credentialed by the Florida State University (FSU) Harris Institute Infant Mental Health Training Level 3 or equivalent.
Critical Components / Elements	None
Agency Contact	Deb LaBella – Parent-Child Center (561) 841-3500 Carla Yano – Jerome Golden Center of the Palm Beaches 561-383-5927 or Cell 561-502-7957
Site Locations	Throughout Palm Beach County
Overall Benefit to Families: To address the therapeutic needs of children and families experiencing emotional and/or behavioral difficulties.	

Sickle Cell Foundation - Community Voice	
Purpose	Grassroots program that utilizes community residents to provide factual perinatal information throughout the community in an effort to reduce African American infant mortality. The, Community Voice program will aim to support behaviors that promote healthy pregnancies by motivating people and encouraging lifestyle changes. The program trains residents to become "Lay Health Advisors" through a series of five classes that address a variety of health concerns such as SIDS, preterm labor and early prenatal care. Community Voice participants engage community members and spread positive health education information through Town Hall meetings, churches, civic organizations, community events and other local venues that are relevant to the fabric of the community.
Intended Outcomes	• Increase awareness and knowledge regarding the importance of healthy nutrition practices (including folic acid intake), early prenatal care, avoiding alcohol, drugs, and tobacco, and infant care practices. • Address and educate about infant mortality rates among the African American community in the high-risk areas and surrounding communities and maintain contacts over time. • Reduce black infant mortality. • Increase male involvement with the family, especially during the prenatal and post-natal process.
Target Population	The target population will be the African American community in the high-risk areas of Riviera Beach, Delray Beach, Boynton Beach, West Palm Beach, Lake Park and Belle Glade in Palm Beach County where the black infant mortality rate is significantly higher than the general population.
Eligibility Requirements	Motivated concerned community residents that live in the high-risk areas of Riviera Beach and Belle Glade in Palm Beach County where the black infant mortality rate is significantly higher than the general population who are able to volunteer to participate in the 5 education classes.
Ages Served	Teens through Adult are able to participate in classes.
Languages Offered	English
Risk Factors	High infant mortality rate in identified targeted areas.
Program Model	Community Voice staff develop relationships and identify community/faith based leaders as well as influential members of the community to raise awareness about the disparities in health/ birth outcomes in the African American community. Community Voice staff recruit members of the Community to become Lay Health Advisors/ volunteers.
Dosage	The program trains residents to become "Lay Health Advisors" through a series of five classes that address a variety of health concerns such as SIDS, preterm labor and early prenatal care. Lay Health Advisors' progress is measured through pre-and post-tests.
Duration of Service	5 classes of 2 hours each
Location of Service	Churches, civic organizations, community events and other local venues that are relevant to the fabric of the community.
Curriculum / Content	*Taking it to the People* curriculum.
Critical Components / Elements	The central component of the project is community-based trainings of lay health advisors who reach out to women and men in their personal network to provide information and improve their ability to access resources.
Agency Contact	Frank Hayden, CEO 561-840-4132
Site Locations	Riviera Beach, Boynton Beach, Delray Beach, Lake Park, West Palm Beach and Belle Glade
Overall Benefit to Families: Increased knowledge and education regarding healthy nutrition and lifestyle choices that impact birth outcomes in the African American community. Increased male involvement to improve child development.	

The ARC - First Step to Success	
Purpose	The First Steps to Success Program (FSTS) is designed to provide in-home services to families of children 0-5 years of age who are at risk for an acquired developmental delay as measured on a standardized assessment tool but do not meet criteria for early intervention programming such as Early Steps or Child Find. Developmental Specialists conduct home visits and use the Battelle Developmental Inventory (BDI-2) and Hawaii Early Learning Profile (HELP) curriculum-based assessment to address infant mental health and developmental concerns of the family.
Intended Outcomes	Increased opportunities for infants and toddlers with mild delays to receive services and to integrate into the community.
Target Population:	
Eligibility Requirements	Children 0-5 referred through the entry agency Home Safe, who: • Score -1.0 standard deviation below the mean in two or more areas of development or -1.5 standard deviation below the mean in one area of development using the Battelle Developmental Inventory (BDI-2).
Ages Served	Birth to 72 months
Languages Offered	English and Spanish, Portuguese, French and Creole
Risk Factors	Mild developmental delays, atypical behavior, growth or development, but not eligible for Early Steps or Child Find.
Program Model:	
Dosage	Service frequency and dosage will be determined by Developmental Specialist based on the needs of the family and child..
Duration of Service	Services are delivered until child completes intervention plan or reaches the age of 72 months.
Location of Service	Home
Curriculum / Content	Hawaii Early Learning Profile
Critical Components / Elements	• Theoretical foundations of social and emotional development in early childhood • Consultation strategies for working with parents and other caregivers • Promoting the development of trust and security in infancy • Promoting healthy development of self during toddlerhood • Understanding and intervening with children's challenging behaviors • Developing and implementing developmental intervention plans for children and caregivers • Support sensitive parent-infant interactions and relationships. • Support safe environments. • Provide assessment and interventions in the real word of everyday experiences and interactions with familiar people in familiar contexts. • Encourage and support parents in decision-making at every step of the early intervention process. • Include information and activities that are based upon research, and, integrated with expert opinion, experiences and professional wisdom about what makes sense. • Address the "quality" of the child's skills and behaviors, not just skills and behaviors.
Agency Contact	Gretchen Rauch-Herron - (561) 845-9095
Site Locations	Palm Beach County
Overall Benefit to Families: Helps children to receive services and work toward achieving developmental skills that are closer to their same-age, typically-developing peers, while providing information that parents/caregivers may use to strengthen their children's developmental skills.	

The ARC – Healthy Steps	
Purpose	Healthy Steps for Young Children® (HSFYC®) is a national initiative aimed at enhancing the quality of preventative health care for young children. HSFYC® emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age 3.
Intended Outcomes	Healthy Steps Families are more likely to: • Use positive health practices such as ensuring that infants sleep on their backs • Discuss feelings of depression and anxiety with someone in the child's medical practice • Interact with their toddlers in a more positive manner and pay attention to their child's verbal cues • Use more positive discipline strategies Get connected with additional resources
Target Population:	Parents with children age 0-3 within targeted Pediatric Offices (see sites for 2013-2014 below under Location of Services)
Eligibility Requirements	Patient with Participating HSFYC site with child up to six months old.
Ages Served	2 months to 3 years
Languages Offered	English, Spanish and Creole
Risk Factors	None
Program Model:	Healthy Steps for Young Children
Dosage	10-16 interactions from age 0-3
Duration of Service	2.5 years
Location of Service	**Seitz Pediatrics:** 2828 South Seacrest Blvd, Suite 214, Boynton Beach, Florida 33426 **Palm Beach Pediatrics**: 5589 Okeechobee Blvd. Suite 102, West Palm Beach, FL 33417 **Pediatric Associates:** 2581 Metro Centre Blvd. West Suite 3, West Palm Beach, FL 33407
Curriculum / Content	ASQ3 Developmental Screening/Link Letters/Touchpoints/ Reach Out and Read
Critical Components / Elements	• Child Development Telephone Information Line • Links to Community Resources • Joint Well-Child Care • Child Development and Family Health Checkups • Information Materials for mothers and fathers that emphasize prevention • Parent Groups • Home Visits
Agency Contact	David Tkac, Director Healthy Steps for Young Children The Arc of Palm Beach County 1665 Palm Beach Lakes Blvd., Bldg B, Suite 804 West Palm Beach, FL 33401 (561) 842-3489 Email: DTkac@arcpbc.org
Site Locations	The Arc of Palm Beach County
Overall Benefit to Families: Support and guidance about child development/community resource and referral/Early Literacy Materials/Home safety checks/Parent Info line. Parents learn what to expect with each developmental stage.	

Triple P - Positive Parenting Program - Services provided throughout the HB System	
Purpose	Triple P is a multi-level, parenting and family support strategy that aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents
Intended Outcomes	• Enhance the knowledge, skills and confidence of parents • Prevent severe behavioral, emotional and developmental problems in children. • More realistic expectations of their children • More consistent with discipline ↓ Child abuse and neglect (child maltreatment) ↑ Positive interactions between parent(s) and child(ren)
Target Population:	Parents with children 0-12 and expectant families who have identified particular parenting concerns, including parent of children with special needs.
Eligibility Requirements	Level 1 - All parents interested in information about their child's development Level 2 - Parents with a specific concern/s about their child's behavior or development Level 3 - Parents with a specific concern/s about their child's behavior or development who require consultation or active skills training Level 4 - Parents wanting intensive training in positive parenting skills - typically parents of children with more severe behavioral problems Level 5 - Parents of children with concurrent child behavior problems and family dysfunction, such as parental depression or stress or conflict between partners
Ages Served	Birth – 12 years-old
Languages Offered	Multiple languages, including English, Spanish
Risk Factors	Child behavioral issues/concerns, child development concerns, aggressive/oppositional behavior, parental adjustment/relationship problems, parental depression, parental anger management issues
Program Model:	
Dosage	Level 2 Selected - 2 times at 15-30 minutes each Level 2 Triple P Seminar Series - 3 series, 90 minutes each Level 3 – 4 times at least 30 minutes each Level 4 Standard - 10 sessions at 1 hour each Level 4 Group - 5 group sessions at 2 hours each, 3 15-30 minute telephone sessions Level 5 - Up to 10 additional sessions (adjunct to Level 4)
Duration of Service	1 to 20 visits
Location of Service	Professional offices, community, home visits
Curriculum / Content	Level 1 - Information campaign to promote awareness of parenting issues and normalize participation in parenting programs such as Triple P. Level 2 – Incidental contact, providing specific advice on how to solve common child developmental issues and minor child behavior problems. Level 3 - Combines advice with rehearsal and self-evaluation as required teaching parents to manage a discrete child problem behavior. Level 4 - Requires intensive training in positive parenting skills and generalization enhancement strategies. Application of parenting skills to a range of target behaviors, settings and children. Level 5 - Individually tailored program for families with child behavior problems and family dysfunction. Modules include practice sessions to enhance parenting skills, mood management strategies and stress coping skills, and partner support skills.
Critical Components / Elements	• Triple P training, including accreditation • Necessary supplies (e.g., tip sheets, parent workbooks, videos/DVDs) • Practitioners endorse the principles of self-sufficiency/self-regulation of Triple P
Agency Contact	Deb LaBella (PCC); Debbie Newell, PCC Program Director -- (561) 841-3500 - Levels 3-5 Wanda Baldwin (CHS Bridges) -- (561) 868-4360 - Levels 2-3 Rebecca Matte (HP Bridges) -- (561)308-1585 - Levels 2-3
Site Locations	N/A
Overall Benefit to Families: To enhance the knowledge, skill and confidence of parents.	