

The Coordinating Council of Broward (CCB)

**Broward County's Health, Education and Human Service Resources
2000**

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Introduction

The community assessment methodology adopted by The Coordinating Council of Broward (CCB) in mid-1997 identifies the need for a countywide resource inventory as an integral part of the community assessment process. The role of the inventory is to provide an information base to complement quality-of-life indicators and goals in the identification of critical issues and priorities for action by The CCB, the network of service funders and providers, and the community. **The assessment of how resources currently are allocated to health, public safety, education, economic and human services in Broward County is essential to the development of strategies to address priority needs identified by the periodic review of progress toward the County's goals.**

The creation of a consistent, comprehensive source for information about which services are provided, by whom, when and where in Broward County, subject to what eligibility criteria, ensures that funders and providers alike will be able to target scarce resources at high-priority needs. In addition, **by gathering this data through a single, coordinated survey, in conjunction with the county's information and referral service, and making the information available to meet the needs of a broad user base, there will be a substantial reduction in duplication of effort by providers and funders in filling out forms with this information.**

As proposed in the *Countywide Resource Inventory Methodology* (1998), key features of the resource inventory are:

- use of standardized organizational profiles for both funders and providers to collect information annually about services and the resources allocated to those services;
- use of a common classification system (taxonomy) for services as the "common language" for both the inventory and The CCB's shared information system;
- a memorandum of understanding among CCB members strongly encouraging funders and providers to complete the standardized organizational profiles as a pre-requisite for funding, and to accept the profiles in fulfillment of similar information required for each grant application, survey and monitoring report;
- integration of the resource inventory with the directory of services maintained by Broward County's information and referral service, First Call For Help, the designated host agency;
- integration with the resource inventories and asset mapping undertaken as part of The CCB's neighborhood pilot projects; and
- integration with the Broward Information Network (BIN) as it is implemented.

In August, 2000, at the end of the second year of implementation, The CCB's Community Resource Inventory provides information about 20 funders of health, public safety, education, economic and human services in Broward County responsible for \$166 million in funding, and over 270 providers accounting for approximately \$771 million dollars in services in 1999-2000. This information is available in a searchable database that includes a set of standard reporting capabilities. In addition, The CCB has developed a simplified geographic information system for displaying selected data on a map of Broward County. Both the database and the map application will be distributed on a CD-ROM to participating funders and providers of services.

Year Two of the Community Resource Inventory Successes and Challenges

The principal activities undertaken by The CCB's Community Resource Inventory Committee (CRIC) and the host agency in 1999-2000, and the results, are described below.

Revision of the design and distribution of the organizational profiles - The CRIC began to revise the organizational profiles in mid-1999. The provider profile was modified to reduce the information requested (Part I) and simplify the collection of data for each program at each service delivery location (Parts III and IV). Instructions were revised to provide clearer guidance on filling out the form. Provider profiles (see Attachment A-1) were mailed to approximately 500 organizations in October, 1999. Funder profiles (see Attachment A-2) were mailed to approximately 30 organizations in January, 2000. More than a dozen open training sessions targeted at agency staff responsible for filling out the form were offered to both providers and funders at the time of survey distribution. Diskette versions of the profiles were made available to enable the forms to be filled out on a computer; the same forms were posted on The CCB web site (www.sfrpc.com/ccb.htm).

Modifications to the database structure at First Call For Help for CCB use - The existing information and referral database (IRis) used by the host agency, which was adapted by its creator (Benchmark Enterprises) to accommodate the additional data collected for the Community Resource Inventory, was further modified to accommodate the minor changes to the forms carried out this year. Staff at First Call For Help updated routines to extract the data from IRis and make it available in a Microsoft Access database, suitable for use by members of The CCB and other participating agencies.

Engaging the Funders and Implementation of the Memorandum of Understanding among Members of the CCB - Most funders made filling out the provider profile in 1999-2000 a requirement for the 2000-01 funding cycle. In addition, representatives of the Funders were asked to take an active role in identifying the entities they fund and monitoring their completion of the profiles. This approach was very successful, and resulted in much better rates of return overall. It also led to a better understanding of the value of the effort on the part of the funder agencies, which in turn were able to pass on that understanding to the providers.

Get timely responses from Providers and Funders - Initial expectations for a 3- to 6-month response cycle proved to be unrealistic. Profiles continued to be accepted throughout the year, and updates were allowed in order to correct or complete information. Follow-up letters and contacts were made on an on-going basis throughout the year in an effort to increase the response rate. At the end of July, 2000, there were over 270 provider profiles in the database, with information on almost two thousand funded programs, and funding of more than \$771 million in 1999-2000 (see Attachment D-4). Although the profiles returned do not represent the entire universe of potential respondents, it is believed that these organizations are responsible for a substantial part of all service delivery in Broward County. In addition, 20 funder profiles were received, accounting for approximately \$166 million in resources distributed to service providers in 1999-2000 (see Attachment D-6). This represents less than one fifth of the resources reported by providers. First Call For Help staff provided technical assistance by phone to respondents who called with questions.

Work with complex organizations to find appropriate ways to respond to the profiles -

Both the public school system and the hospital districts provide services with characteristics that required additional effort to find the best way to present information for inclusion in the inventory. During the first year, an acceptable work-around was found for the School Board, which this year submitted a total of 12 provider profiles in order to report on the diversity of services. A general framework was developed for the hospital districts to use, and this year both the North Broward Hospital District and Memorial Healthcare System submitted partial provider organizational profiles for the inventory. However, these profiles continue to be incomplete. Other organizations also required specific adaptations, which were worked out on an individual basis.

Learn to use the InfoLine Taxonomy of Human Services - First Call For Help incorporated the InfoLine Taxonomy of Human Services as a component of IRis for the first time during year one implementation of the CRI. First Call For Help staff performed the initial classification of services reported on the provider and funder organizational profiles. This information was printed and returned to each organization for review as part of the feedback from the resource inventory in year one and preparation for the second year of the resource inventory. The eight initial agencies that will link to the Broward Information Network (BIN) were encouraged to acquire copies of the taxonomy and to begin classification of their services for use in both systems.

Cross-check providers and funders to ensure coverage - The resource inventory builds an automatic cross-referencing mechanism into its design, by making it possible to compare funder information about programs funded for each provider with the provider information about programs by each source of funding. A printed report was given to each funder to review with the service providers they fund to ensure consistency. Funding information will be reviewed to identify double counting whenever organizations receive local funds and pass them on to other local service providers (for example, Family Central).

Quality assurance for the data provided - Profiles are reviewed for both completeness and consistency. Completeness considers not only whether all organizations have responded, but also whether the information provided is complete. Among the profiles in the database, there are incomplete responses. Consistency concerns whether the information provided is accurate and "makes sense." A small number of consistency checks was applied during review of the data received this year. Additional consistency checks need to be built into the data entry cycle in subsequent years.

Address concerns about ways in which the data is gathered and used In year one, concerns about the collection of funding information, especially from non-public sources, were addressed by agreeing that non-public funding sources will be identified only in generic categories. In addition, a set of protocols for the use of the database was established by The CCB in time for distribution of the results of year one and the initiation of year two activities (see [Attachment C](#)). In year two, the host agency (First Call For Help) also raised some issues with regard to the distribution of the resource inventory in a database format, which would allow access to the data for individual organizations and could compromise its revenue generation from the sale of directories. The CCB is committed to ensuring that any revenue losses by First Call For Help will be replaced by other community resources. In addition, efforts will be made to speed integration with BIN to enable real-time access to the resource inventory.

An Annotated List of Current CRI Reporting Capabilities

A separate CCB report, *Community Assessment Information Clearinghouse 2000* (August 2000), presents the tabulations and analysis of the sections of the survey forms for both providers and funders that deal with community assessment activities. The results in 1999-2000 for 271 respondents show that 86 conduct some kind of needs assessment, and 58 do so at least annually. Detailed tables included in the report identify which assessment methodologies each organization uses or plans to use in the coming year, along with contact information. This and other related reports are available at www.sfrpc.com/ccb/publish.htm.

First Call For Help staff and members of the CRIC have designed a set of standard output tables intended to make the basic information in the resource inventory useful to The CCB and other users. Additional tables will be developed as the project progresses. The standard reports available at this time from the Community Resource Inventory are described below, and samples are included in the attachments to this report. It is essential to keep in mind that these reports reflect the incomplete coverage and sometimes inaccurate responses in 1999-2000.

Programs by Provider (Attachment D-1) - This 35-page report presents an alphabetical listing of all providers in the database, and, for each provider, a listing of all funded programs.

Provider and Program Locations by City (Attachment D-2) - This 92-page report presents a list of the service delivery locations for programs reported by providers in an alphabetical listing by municipality. Each program is identified, and address information is included for each service delivery location.

Provider and Program Locations by ZIP Code (Attachment D-3) - This 97-page report presents a list of the service delivery locations for programs reported by providers in a listing by ZIP Code. Each program is identified, and address information is included for each service delivery location.

Provider Funding by Funder Group (Attachment D-4) - This 12-page report presents an alphabetical listing of providers with funding summarized in the following categories of funders: Federal, State, County, Municipal, Private and Other. The providers that submitted organizational profiles identified total funding of \$771 million in 1999-2000, of which \$126 million from federal sources, \$402 million from the State, \$100 million from Broward County, \$11 million from municipalities, \$100 million from private sources, and \$33 million from other sources. However, 11 of the responding providers failed to identify any funding at all.

Funder List by Funder Group (Attachment D-5) This 4-page list identifies which funders were included in each of the Funder Groups used to summarize the funding information in the previous report.

Funders List of Funded Providers and Programs (Attachment D-6) - This 26-page report presents a summary of program funding based on information submitted by funders. For each funder that returned an organizational profile, it includes an alphabetical listing of providers funded, and, for each provider, the programs funded and the funding amount for

1999-2000. A total of 20 funder organizations are included in the report, which also identifies over 600 funded programs for a total of over \$166 million in 1999-2000.

Programs Associated with Benchmark Indicators (Attachment D-7) - This 137-page report lists the individual indicators in *The Broward Benchmarks* report that have been identified by one or more organizations as being affected by the program services they provide. For each indicator, the provider and any programs believed to affect the county's performance on that indicator are listed. This information is drawn from the section of the provider profile that asks each organization to identify, for each program they execute, up to four indicators they believe the program affects.

Index of Benchmark Indicators (Attachment D-8) This 7-page report lists all indicators in the seven sections of *The Broward Benchmarks* report, with a brief description of each.

Programs by Taxonomy Code Report (Attachments D-9a, 9b, 9c and 9d) - This report is generated by a query that enables the user to specify any group of categories from the InfoLine Taxonomy of Human Services and any particular provider, along with any combination of five languages (English, Spanish, Haitian Creole, American Sign Language and other) and ZIP Codes. It produces a list of all services available that match the specified taxonomy category(ies) and provider(s), are served by staff that speaks the specified language(s), and are delivered in the specified ZIP Code(s). Information in the report includes the taxonomy code and service name, the provider name, the program name, number of clients served, capacity for that service at that location, ZIP Code of the location and languages spoken by staff. Sample reports attached include one each for (a) all taxonomy codes; (b) services available in all taxonomy codes for Alzheimer's Family Center Inc., for all languages and all ZIP Codes; (c) services available in all taxonomy codes in American Sign Language and all ZIP Codes; and (d) services available in all taxonomy codes for all languages in the ZIP Code 33060.

Index of Taxonomy Codes (Attachment D-10a, 10b) This one-page report lists the major categories of InfoLine Taxonomy of Human Services codes in hierarchical order. A companion 13-page report lists a more detailed version of the Taxonomy codes, with a brief description, to facilitate locating codes to select services.

Map of Service Delivery Locations (Attachment D-11) - This map of Broward County shows a dot for each of the 1,100 service delivery locations identified by the more than 270 respondents to the survey. The map was generated by a geographic information system (GIS) that uses the address of each service delivery location to place a dot on the map through a process known as geo-coding. Once any service delivery address is successfully geo-coded, it is possible to link the dot on the map to information about the service delivery location, including the organization, the services available, clients served, capacity, days and hours of service, and many other types of information. The usefulness of this information will be available to those who have access to the database and to GIS software.

Recommendations for Year Three of the Community Resource Inventory

As the efforts of 1999-2000 draw to a close, it is important to identify the key aspects of the work to be undertaken during the execution of the Community Resource Inventory in 2000-01. Recommendations are presented below.

Identify and distribute products of the inventory that will benefit those who responded -

It is easy to identify the theoretical benefits of a systematic and comprehensive source of information about how Broward County allocates its resources to address health, education and human services. They include not only making available quality information for service delivery planning, but also reducing the amount of redundant surveying. But most of the organizations that undertook the difficult task of completing the organizational profiles are anxious to see those benefits in concrete terms. The most important step The CCB can take will be to make the principal results of the inventory available to all those who participated. This document and all of the major reports listed above as printable files will be posted on the CCB web site. In addition, copies of the CD-ROM containing the 2000 CRI database, a mapping application and assorted reports will be distributed in conjunction with the training for the 2001 Community Resource Inventory. An additional step is to encourage funders and agencies that conduct needs assessments to use the profiles as the basis for gathering the information they require, so that providers will see a real reduction in the number of different surveys they must return. The CRIC should encourage funders to participate in revisions to the profile forms to ensure that their needs are accommodated.

Continue to enhance response rates and improve the quality of responses by further strengthening the relationship between funders and providers in support of the inventory

Funders are in a privileged position both to take advantage of the information the resource inventory generates and to ensure that the information is accurate and complete. The multi-lateral relationship between each funder and the agencies it funds offers the greatest potential for extending the collaborative efforts of The CCB to the next level down. The resource inventory benefited significantly in its second year from the active participation of funders. The response rate and the completeness and accuracy of the information will improve even more to the extent that those who respond obtain tangible benefits from doing so. Sharing results of the inventory and ensuring that both funders and providers find the information to be useful for their own purposes is essential. Additional quality assurance mechanisms also should be built into the data entry routines of the software. Training sessions should concentrate on promoting the relationship between funders and providers and on building a mutual understanding of the information required by the survey and how to take advantage of the results.

Revise the survey forms as needed - The CRIC will review the provider and funder profiles to decide whether any questions should be removed or added, or whether there should be changes in the way questions are asked or the instructions for responding, prior to distributing the survey in 2000-01. Several CRIC members have indicated an interest in developing composite groupings of taxonomy codes or user-selected keywords to select information available in the database. No other major changes are anticipated at this time.

Work with The CCB to develop additional electronic response options - In 1999-2000, organizational profiles were distributed in hard copy and as word processing "forms."

Funders and providers that responded in the first year received a printout of their profile, which they were encouraged to use for hard copy editing. New funders and providers, and those that needed to include new service delivery locations or programs could choose between using the blank hard copy profiles and using the forms version of the word processing file. The latter were made available on diskette and also were posted on the CCB web site. This system worked well this year, and will be repeated in 2000-01. A more complete solution will be possible only when the resource inventory is implemented on BIN, allowing on-line response and eliminating the current need to re-enter data at First Call For Help. The CCB is looking for funding to facilitate this process.

Provide community-wide training in use of the InfoLine Taxonomy - A key component of the creation of an inventory of health, education and human services in Broward County is the collective use of a common "dictionary" that defines each service - the Taxonomy. In 1998-99 and 1999-2000, First Call For Help carried out the classification of the services funded and provided by each responding organization. Funders and providers will find it convenient to use the Taxonomy to specify services in contracts, and to review the initial classification by First Call For Help, proposing changes as appropriate. Information about client services posted on BIN will be most useful if it uses the Taxonomy to identify those services. In preparation for the resource inventory in 2000-01, First Call For Help should coordinate training in the use of the Taxonomy for staff in key organizations, including those that are linked to the Broward Information Network and the primary funders.

Enhance the linkages between programs and outcomes identified in *The Broward Benchmarks* - One of the most powerful reports out of the 1999-2000 CRI is the one that shows which programs are identified with each of the indicators in *The Broward Benchmarks*. Copies of the 1999 and 2000 editions of *The Broward Benchmarks* will be distributed on the CD-ROM to facilitate the review and selection of the appropriate indicators. As in last year's effort, users also will be referred to The CCB web site where copies of this and other relevant reports may be reviewed and/or downloaded.

Promote integration with the Broward Information Network (BIN) - The Community Resource Inventory currently is designed to operate as a stand-alone database, updated through hard-copy surveys that require extensive data entry at the host agency. The existing database can be adapted to run on BIN, in whole or in part, making the valuable information it contains available for use by authorized users of BIN. As soon as feasible, it should be implemented on BIN, making it possible for organizations that are linked to the network to post their profiles. Other organizations not linked to the network will continue to respond to the annual survey, and their profiles will require data entry. The implementation on BIN could include an option for funders and providers to prepare and update their organizational profiles online, even if they are not formally linked to the network. The CRIC will continue to coordinate with the BIN Committee to consider options for implementation of the resource inventory.

Attachment A

CCB Organizational Profiles

- A-1 Provider Organizational Profile (October 1999)**
- A-2 Funder Organizational Profile (December 1999)**



The Coordinating Council of Broward (CCB)
 Organizational Profile for
PROVIDERS
 of Health, Public Safety, Education, Economic and Human Services
 in Broward County

IMPORTANT -- PLEASE NOTE!

1. This package includes blank forms to be filled out with information about your organization and the services you provide. It includes a set of detailed directions intended to help you accurately provide the requested information. Please type or legibly print your responses.
2. If your organization filled out the profile last year, or was previously included in the First Call For Help information and referral database, you also will find attached a print-out of the information currently in the database. You may make edits directly on that form, but be sure to fill in any missing information on existing programs and services. This will save both you and First Call For Help valuable staff time. Make copies of the sections of this form, as needed, to include additional service delivery locations, programs or services. Be sure to cross out any programs or services that have been discontinued.
3. Training will be provided in November, 1999 (see attached schedule). Training is designed for the person(s) who will be filling out the forms. Computer disks will be available at the training sessions for those who would prefer to use them for completion of the forms. The same electronic forms, as well as printable files, are available on-line at www.sfrpc.com/ccb/publish.htm or by calling First Call For Help.
4. Once completed, please return this profile to the address below by no later than December 15, 1999.

Information and Marketing Manager
 First Call For Help of Broward, Inc.
 16 SE 13th Street
 Fort Lauderdale, Florida 33316
 (954) 524-8371

Name of Organization _____
 Enclosed is my agency's completed organizational profile. I have reviewed all the information, and it is complete and accurate to the best of my knowledge. I understand that First Call For Help of Broward, Inc. and the CCB reserve the right to edit submitted material for clarity and to use the information for community information and/or referral purposes. I agree to accept faxed information from either agency.

Authorized Signature: _____ **Date:** _____

This box for FCFH internal use

Part I	Part II	Part III	Part IV	Part V	Tax/Key	QC

Part I. Organization Identification

Thanks in advance for helping to improve the quality of life in Broward County!

The community assessment methodology adopted by The Coordinating Council of Broward (CCB) in mid-1997 identifies the need for a countywide resource inventory as an integral part of the community assessment process. It provides information to complement quality-of-life indicators and goals in the identification of critical issues and priorities for action by the CCB, the network of service funders and providers, and the community. The assessment of how resources currently are allocated to health, public safety, education, economic and human services in Broward County is essential to the development of strategies to address priority needs identified by the periodic review of progress toward the County's goals.

The creation of a consistent, comprehensive source for information about which services are provided, by whom, when and where in Broward County, subject to what eligibility criteria, ensures that funders and providers alike will be able to target scarce resources at high-priority needs. In addition, by gathering this data through a single, coordinated survey, together with First Call For Help, and making the information available to meet the needs of a broad user base, there will be a substantial reduction in duplication of effort by providers and funders in filling out forms with this information.

- 1. Name Code FCHB#
2. Alternate Name (aka)
3. Main Administrative Address City State ZIP
4. Phone Fax Days/Hours
5. E-Mail Web Site
6. CEO/Executive Director Phone/Ext
7. Chief Financial Officer Phone/Ext
8. Profile Contact Person Phone/Ext
9. Agency Type (mark only one). Other
Private, Non-Profit Unit of Federal Government Unit of State Government
Private, For Profit Unit of County Government Unit of City Government
Membership Joint Government / Non-Profit Faith-based Organization
10. Description of the Agency (limit 50 words)
11. Federal Identification Number
12. Non-Profit Status (501(c)(3), etc.)
13. Accreditation by Level/Period
14. Broward County Certification Date

Part II. Service Delivery Locations (Use as many sheets as needed.)

Date _____

Page ____ of ____

Organization Name _____ Code FCHB# _____

15. Location Code _____ Location Name _____
16. Address _____
City _____ ZIP _____ Fax () _____
17. Phone () _____ On-Call () _____ TDD () _____
18. ADA compliance: Physical: Yes No Visual: Yes No Auditory: Yes No

15. Location Code _____ Location Name _____
16. Address _____
City _____ ZIP _____ Fax () _____
17. Phone () _____ On-Call () _____ TDD () _____
18. ADA compliance: Physical: Yes No Visual: Yes No Auditory: Yes No

15. Location Code _____ Location Name _____
16. Address _____
City _____ ZIP _____ Fax () _____
17. Phone () _____ On-Call () _____ TDD () _____
18. ADA compliance: Physical: Yes No Visual: Yes No Auditory: Yes No

15. Location Code _____ Location Name _____
16. Address _____
City _____ ZIP _____ Fax () _____
17. Phone () _____ On-Call () _____ TDD () _____
18. ADA compliance: Physical: Yes No Visual: Yes No Auditory: Yes No

15. Location Code _____ Location Name _____
16. Address _____
City _____ ZIP _____ Fax () _____
17. Phone () _____ On-Call () _____ TDD () _____
18. ADA compliance: Physical: Yes No Visual: Yes No Auditory: Yes No

15. Location Code _____ Location Name _____
16. Address _____
City _____ ZIP _____ Fax () _____
17. Phone () _____ On-Call () _____ TDD () _____
18. ADA compliance: Physical: Yes No Visual: Yes No Auditory: Yes No

Part IV. Program Information by Location (Use a separate Part IV form for each location).

Date _____ Organization Code FCHB# _____ Page ____ of ____

Program Name _____ Program Code FCHB# _____

Location Name _____ Location Code _____

24. Program Manager _____ Phone/Ext () _____

25. Referrals Contact _____ Phone/Ext () _____

26. Number of Full-Time Equivalent Program Staff: Paid _____ Volunteer _____

27. Do you provide transportation for clients to be able to obtain access to your services? Yes No

28. Do you provide childcare for clients to be able to obtain access to your services? Yes No

29. Please mark (x) which of the following languages (other than English) program clients speak. Also indicate if program staff speak these languages.

Speakers	Spanish	Haitian Creole	Am. Sign Language	Other _____	Other _____	Other _____
Clients						
Program Staff						

30. What forms of payment do you accept? Please mark (x) all that apply. Medicare
 Insurance (HMO, POS, PPO, etc.) Medicaid Medicaid HMO
 Self-Pay/Full Self-Pay/Sliding Scale No Fee for Services

31. Fees (include range, criteria for sliding scale) _____

32. Restrictions for acceptance of Medicaid or indigent _____

33. Describe client eligibility for this program by answering each of the following six questions:

(a) Sex: No restriction Male only Female only

(b) Age: No restriction Restricted (specify exact ranges) _____

(c) Income: No restriction ♦ Below a given percentage of the federal poverty level - please mark (x) only one box: 100% 133% 150% 185% 200%

Other income restriction (explain) _____

(d) Residence: No restriction Broward County A specific city _____

Other (specify) _____

(e) Mark (x) below all restrictions that apply to client participation in this program. For all that apply, please use the space to give the specifics (agency, program, disability, diagnosis).

Must be in the custody of a state/local agency _____

Must be a participant in some other program _____

Must be referred by another agency/program _____

Must have a specific disability/diagnosis _____

(f) Other eligibility requirements (specify) _____

Part IV. Program Information by Location (Use a separate Part IV form for each location).

Date _____ Organization Code FCHB# _____ Page ____ of ____

Program Name _____ Program Code FCHB# _____

Location Name _____ Location Code _____

34. Intake procedure - Is an appointment required for intake? Yes No
 Document(s) required _____
 Other requirements: _____

35. Days and hours of program operation at this location. **Please check the box to the left of each day of the week during which program services are available, and use the box to the right to specify the normal hours of program operation.**

Days	Normal Hours of Business for this Program
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

36. Where do you provide services for this program? Please mark (x) all that apply.
 At this location In the client s home At other locations (school, church, etc.)

37. How many clients does this **program** currently serve at this location in a year? _____
 Are you required to accept all clients who are eligible for service? Yes No. If not,
 how many program clients could be served at this location at "full capacity" in a year? _____
 Identify any specific capacity limit (i.e., # of beds, slots, cases). _____
 Is there a waiting list? Always Occasionally Never Seasonal _____

38. List the specific services provided by this program at this location and the number of clients that receive each. **Please see the detailed instructions on how to fill out this table. If you know the Taxonomy Service Code, fill it in. If not, leave the column blank.**

Service Name / Description	Taxonomy Service Code	P S	Clients Served

Part V. Community Assessment Activities

The CCB's Community Assessment Information Clearinghouse will create an information base to promote coordination and collaboration in the preparation of needs assessments for planning.

Date _____ Organization Code FCHB# _____ Page ____ of ____

- 1. Does your organization conduct a formal needs assessment? Yes No
- 2. Do you use a needs assessment prepared by another organization? Yes No
If yes, identify the organization. _____
- 3. Have you collaborated with another agency to conduct a needs assessment? Yes No
If yes, identify the organization and when. _____

Stop!! If you do not conduct your own formal needs assessment, skip to Question 15.

- 4. How often do you conduct a needs assessment? Annually or more often
Other (please specify) _____
- 5. What is the date of the most recent needs assessment completed? _____
- 6. Where can a copy of the most recent needs assessment be obtained? _____
Who is the contact? _____
- 7. Is some or all of the most recent needs assessment available on-line? Yes No
If yes, please provide the on-line address. _____
- 8. Please answer the following questions about the most recent needs assessment you conducted.
What was the purpose? _____
What was the target population and time period? _____
- 9. Why do you conduct a needs assessment? Mark (x) all that apply. Required by law
Required by one or more funding sources To develop an agency (strategic) plan
Other (please specify) _____
- 10. What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.
Issue scanning and visioning Asset mapping of community / neighborhood resources
Secondary data compilation and analysis Key informant interviews
Agency resource / service gap analysis Focus groups
Program monitoring and evaluation Indicators / Benchmarks (including incidence rates)
Survey(s) of Population Clients Providers Others
Other (please specify) _____
- 11. Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County? All of Broward County
Specific area (please specify) _____
- 12. In conducting a needs assessment, do you use population estimates and projections? Yes No
If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.
Self-generated U.S. Bureau of the Census State of Florida (EOG, UF/BEBR)
Broward County Other (please specify) _____

Part V. Community Assessment Activities

13. In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.? Yes No

If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.

Tabulations of client characteristics U.S. Bureau of the Census Broward County
State of Florida / UF / BEBR State of Florida / Office of Vital Statistics

Other (please specify) _____

14. In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.

Broward County Municipalities ZIP Codes Traffic Analysis Zones (TAZs)
Census Tracts Census Block Groups Census Blocks

Other (please specify) _____

Note!! Begin again here if you skipped after Question 3. Otherwise, continue.

15. Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate, and give a brief description of what you plan to do.

Issue scanning and visioning Month/Year: _____

Brief description _____

Secondary data compilation and analysis Month/Year: _____

Brief description _____

Indicators / Benchmarks (including incidence rates) Month/Year: _____

Brief description _____

Agency resource / service gap analysis Month/Year: _____

Brief description _____

Asset mapping of community / neighborhood resources Month/Year: _____

Brief description _____

Key informant interviews Month/Year: _____

Brief description _____

Focus groups Month/Year: _____

Brief description _____

Program monitoring and evaluation Month/Year: _____

Brief description _____

Survey(s) of Population Clients Providers Others _____

Brief description _____

Other (please specify) _____

16. Please identify the person to contact about needs assessment activities.

Name _____ Phone/Ext () _____

How can we serve you better?

Please take a moment to provide advice to The Coordinating Council of Broward on how to improve the Provider Organizational Profile. General comments on better ways to collect information for the Countywide Resource Inventory are welcome, but we also encourage you to make specific comments on each part of the form. Please return this page with your filled-out forms. Thanks for your help.

General comments on the Countywide Resource Inventory and the process for collecting information.

Comments and suggestions on specific parts of the Provider Organizational Profile.

Please feel free to use any additional sheets you may need.

INSTRUCTIONS FOR PROVIDER PROFILE

Please **type** or **print legibly** your responses on the form. Make any additional copies of specific parts of the form you may need to accommodate the information requested for the organization, its programs and its services. If necessary, attach additional sheets with any relevant information that cannot be included on the available forms. If you wish to fill in a computerized version of this form, call First Call For Help, (954) 524-8371, or visit <http://www.sfrpc.com/ccb/publish.htm>

Part I. Organization Identification

- 1 **Name / Code** - The official name by which the organization is known and the code assigned by First Call For Help. If you received a print-out from First Call For Help, the organization code is listed (it begins with "FCHB"). The organization code should be included on all sheets of the profile. If you do not know the code or no code has been assigned, please leave blank.
- 2 **Alternate Name (aka)** - Include any aliases by which the organization is known.
- 3 **Main Administrative Address** - The Broward County address where the highest level of management and administration activities for the organization is located.
- 4 **Phone / Fax / Days/Hours** - Specify the corresponding contact numbers for the administration of the organization. Also indicate the days and hours that administration is available.
- 5 **E-Mail / Web Site** - Include an address for Internet e-mail contact with the organization or with one of its representatives. If the organization maintains a "home page" on the World Wide Web, provide the address (URL).
- 6 **CEO / Executive Director** - Name of the organization chief executive officer. If this person has a direct telephone number or extension, please include it.
- 7 **Chief Financial Officer** - Name of the person who is authorized to sign all financial statements. If this person has a direct telephone number or extension, please include it.
- 8 **Profile Contact Person** - Provide the name of a contact person for information related to this form, including funding, grants, programs and services. If this person has a direct telephone number or extension, please include it.
- 9 **Agency Type (mark only one)** - Select the category that best describes the type of organization. This will be used primarily for referrals.
- 10 **Description of the Agency** - A short description of the primary purpose and activities of the organization (50 words or less).
- 11 **Federal Identification Number** - Provide the organization's federal taxpayer ID number.
- 12 **Non-Profit Status (501(3)(c), etc.)** - If the organization has been granted formal non-profit status, identify the specific status that applies.
- 13 **Accreditation / Level / Period** - If national accreditation is applicable to the services the organization provides, give the name of the entity granting the accreditation, the level of the accreditation (if any), and the term of the current accreditation.
- 14 **Broward County Certification Date** - If the organization has been certified by the Broward County Department of Human Services, Grants Management Research and Development Division, indicate the date of issue. If certification has been applied for, specify the expected date of issue. If you have questions, call the Division at (954) 357-6978.

Part II. Service Delivery Locations

General - This part of the profile should be used to identify all service delivery locations the organization maintains. Use as many copies as necessary to list the requested information for each service delivery location. Note that this form should be filled out even if the service delivery location is the same as the agency location identified in Part I. If there is a separate administrative unit, it should be included on this form. Be sure to include the date and page numbers, and the organization name and code on each page.

- 15 **Location Code / Name** - Identify the name of each service delivery location where you maintain a permanent point of service delivery, whether it is part of your organization or of a partner. In the blank to the left of the name, assign a unique, sequential 4-digit code with leading zeroes ("0001,"

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"0002," "0003," and so on) for each location in the organization. Once established, these codes should be used in Part IV and retained over time for use in future profiles.

- 16 **Address / City / ZIP / Fax** - Full address of the location where services are delivered. Include the fax number at this location.
- 17 **Phone / On-Call / TDD** - Main telephone, emergency/on-call and TDD numbers that clients should use for this service location.
- 18 **ADA Compliance** - Mark "Yes" if the facility is ADA compliant for each of the referenced impairments: physical (e.g., ramps, accessible bathrooms), visual (e.g., materials available in large print, in Braille, or on disk or cassette) or auditory (e.g., availability of TDD, infrared listening devices).

Part III. Program Information

General - This part of the profile should be filled out **once for each program** the organization implements, without regard to the different locations at which program services are actually delivered. **Programs** generally identify the framework within which funds are made available for services by funding organizations or through self-funding. You may define programs in the way that is most suitable for the information you have available. **Use the organization's current budget cycle and/or fiscal year for all information about programs and services provided in Parts III and IV of this form.** If your organization's fiscal year goes from July to June, this form should be filled out with program and service information for the Jul/1999-Jun/2000 year. If your organization's fiscal year goes from October to September, this form should be filled out with information for the Oct/1999-Sep/2000 year. Where different programs are on different programming and/or funding cycles, give annual data for the current period. Use footnotes to identify programs that were or will be initiated or discontinued during the fiscal year. Be sure to include the date, organization code, and page numbers on each program sheet.

- 19 **Program Name / Code** - Where applicable, identify programs by the name used in the contract signed with funder organizations.
- 20 **Program Description** - Provide a summary description of the program, its goals and objectives, target population, and any features that may help to understand its intent (limit of 50 words). This will be used primarily for information and referral purposes.
- 21 **Overall Program Manager / Telephone** - Name of the person responsible for program implementation. If this person has a direct telephone number or extension, please include it.
- 22 **Funding sources, contract number, reference period(s) and amounts for this program** - Program funding may come from contracts with one or more funders, or from non-contract sources, or both. All program funding should be listed in this table, and the amounts in the "Amount (\$)" column should add up to total program funding. Use a separate line for each funding source. Consult the attached Funding Source Code List to properly identify the funders of your program. If appropriate, identify the entity that directly provided the resources to your organization, not the original source of the funds.

Contract Funding - For each contract funder, identify the "Source of Funds" (and the corresponding code), the "Contract Number" and the 12-month "Period." Specify the funding amounts expected for the contract year. If funding amounts are not pre-determined (as for some "entitlement" funding), use the projected amounts based on previous-year funding and current-year client loads.

Non-Contract Funding - For non-contract funds, list on separate lines any funds from paying clients, fund-raising activities and other self-funding. You will find generic categories for these sources of funds in the Funding Source Code List. Specify the fiscal year for each funding amount. If exact amounts are not known, use budgeted funding or use previous-year funding to project current-year (expected) funding. Use footnotes to identify programs that were initiated or discontinued during the fiscal year.

- 23 **Identify up to four indicators from the 1999 edition of *The Broward Benchmarks* that this program most impacts. Please select only specific indicators identified with 3-digit numbers (i.e. 1.3.2).** - Using the February 1999 edition of *The Broward Benchmarks*, identify the four most important indicators that this program impacts. Please list them by number and name in the order of greatest

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importance, with the most important first. If you do not have a copy of *The Broward Benchmarks*, you may contact The Coordinating Council of Broward at (954) 462-4850, Ext. 210. If you have access to the Internet, you may view or download the report at <http://www.sfrpc.com/ccb/tbb99.htm>. The various chapters of the report are available in Portable Document Format (PDF), which requires the use of Adobe Acrobat Reader, a free download if you do not already have it installed on your computer. A link to the Adobe site (<http://www.adobe.com/prodindex/acrobat/readstep.html>), and instructions for downloading, installing and using Acrobat Reader, are available at the same link.

Part IV. Program Information by Location

General - This part of the profile should be filled out **once for each service delivery location for each program** the organization implements. In other words, for each program, you should provide one Part III and as many Parts IV as needed to describe the characteristics of program availability at each location. Since much of the requested program information may be the same from one location to another, feel free to fill in the information which is common to all locations on a blank Part IV form, make the necessary copies, and then fill in the information which is unique to each location (including the location name and code). Be sure to include the date, organization code, program name and code and page numbers on each sheet.

Program Name / Code Use the same program name used in Part III. The print-out provided by First Call For Help identifies the codes for programs at each location currently in their database use these if they are available and still applicable. If one or more of your programs and/or service delivery locations has changed or is not listed, please leave the code field blank.

Location Name / Code Use the same name and code identified in Part II.

- 24 **Program Manager / Telephone** - Name of the person in charge of the program at this location. If this person has a direct telephone number or extension, please include it.
- 25 **Referrals Contact / Telephone** - Name of the person to be contacted by interested clients. If this person has a direct telephone number or extension, please include it.
- 26 **Number of Full-Time Equivalent Staff** - Specify the number of annual full-time equivalent (FTE) paid staff people maintained by this program. For example, a person working 20 hours a week would constitute 0.5 FTE, and four such staff people would be the equivalent of 2 FTEs. Three full-time staff people splitting time evenly between two programs would constitute 1.5 FTEs in each. Total staff for all programs should add up to the number of FTE employees in the organization. If there are volunteers on staff for this program, also estimate the total FTEs for volunteers. If you include volunteers and you have an estimate of the annual value of their services, be sure to include this as a separate "funding source" in Part III.
- 27 **Do you provide transportation for clients to be able to obtain access to your services?** - Mark "Yes" if you provide transportation to and/or from the service delivery location for some or all of the clients of this program.
- 28 **Do you provide childcare for clients to be able to obtain access to your services?** - Mark "Yes" if you provide childcare for clients of this program to enable those clients to have access to the services.
- 29 **Please mark (x) which of the following languages (other than English) program clients speak. Also indicate if program staff speak these languages.** - Use the three blank columns as needed to specify any other languages that a significant number of clients speak. Indicate that program staff speak these languages only if that language ability can be applied to translating for clients. If the program offers access to the AT&T Language Line to translate for clients, write AT&T in each applicable box for program staff.
- 30 **What forms of payment do you accept? Please mark (x) all that apply.** - Specify the forms of payment accepted for at least some of the services provided by this program.
- 31 **Fees (include range, criteria for sliding scale)** - Specify the standard fees charged for basic services and the range and criteria for fees charged on a sliding scale. If the range and diversity of fees charged is large, focus on the fees required for an initial consultation or use of services.
- 32 **Restrictions for acceptance of Medicaid or indigent** - List any restrictions on the acceptance of Medicaid or indigent clients.

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- 33 Describe client eligibility for this program by answering each of the following six questions:**
- (a) **Sex** - If participation in the program is restricted to clients of only one sex, please indicate which. Otherwise, choose "no restriction."
- (b) **Age** - If the program is open to all ages, choose "No restriction." If participation in the program is restricted to clients of a specific age range, please specify that age range in detail. Number ages such as 6-18, 60+, 2-5, are preferred to denominations such as "pre-school," "adolescents," "teenagers," and "elderly."
- (c) **Income** - If the program is open to clients at all income levels, choose "No restriction." If participation in the program is restricted to clients whose household income is lower than a specific threshold based on the federal poverty level, mark the appropriate box. If another income restriction applies, please mark the box and explain it in detail.
- (d) **Residence** - If participation in the program is open to clients regardless of where they live (including outside of Broward County), choose "No restriction." If participation is available to clients who reside anywhere in Broward County, choose "Broward County." Choose "A specific city" to specify a city that the program is designed to serve. If clients must reside in some "other" area, use the space to clearly identify the area.
- (e) **Mark (x) below all restrictions that apply to client participation in this program. For all that apply, please use the space to give the specifics (agency, program, disability, diagnosis).**
- Must be in the custody of a state/local agency - To participate in this program clients must be in the custody of a qualified agency. Please specify which agency(ies) qualify(ies).
 - Must be a participant in some other program - To participate in this program clients also must participate in some other program. Please specify the program(s).
 - Must be referred by another agency/program - To participate in this program clients must be referred by a qualified agency or program. Please specify which agency(ies) or program(s) qualify(ies).
 - Must have a specific disability/diagnosis - To participate in this program clients must present one or more qualifying disabilities or must have been diagnosed with a qualifying condition. Please specify the qualifying disabilities or diagnosed conditions required.
- (f) **Other eligibility requirements (specify)** - If there are other eligibility requirements that have not been addressed in (a) through (e), please identify them here.
- 34 Intake procedure** - Specify whether an appointment is necessary or not, any documents that are required, and any other requirements that apply, such as the average length of time it takes to complete intake.
- 35 Days and hours of program operation at this location. Please check the box to the left of each day of the week during which program services are available, and use the box to the right to specify the normal hours of program operation** - Specify the days of the week and the respective hours during which clients may have access to the services offered under this program at this location. If the schedule varies depending on the specific service offered, specify the full range of hours during which any services are available.
- 36 Where do you provide services? Please mark (x) all that apply.** Indicate where program staff provides services to clients: at this location, in the client s home, or at other locations (school, church, etc.)
- 37 How many clients does this program currently serve at this location in a year?** Given the funding and staffing levels identified elsewhere on this form, and the anticipated need for services, how many clients do you expect to serve during this program year?
- Are you required to accept all clients who are eligible for service? If not, how many program clients could be served at this location at "full capacity" in a year?** Considering any constraints of the facility and current funding and staffing levels, how many clients could you serve during this program year?
- Identify any specific capacity limit (i.e., # of beds or slots).** If this program is limited by a facility constraint such as the number of beds, cells or slots, please specify the number and type of constraint.

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Is there a waiting list? Please mark (x) one of the 4 descriptions for the waiting list to receive service. If you are always at full capacity, but do not maintain a waiting list, please mark "Always." If there is a seasonal waiting list, please identify the period of the year when it applies.

- 38 **List the specific services provided by this program at this location. Please see the detailed instructions on how to fill out this table.**

Service Name / Description - Please list each of the program services you provide at this location.

Services Code (Taxonomy) - First Call For Help will use the AIRS Info Line Taxonomy of Human Services to classify the services provided. Please leave this (shaded) column blank.

P/S In the space provided, please identify whether the service listed is a Primary (P) or a Secondary (S) service for your clients. **Primary services** are those entry-point services that a person can receive without already being involved with the organization in some way. **Secondary services**, in contrast, are available only to people who already are receiving another service from the organization. For example, suppose an agency provides a residential program for emotionally disturbed adolescents, and counseling is provided to the client and his/her family. The residential program for emotionally disturbed adolescents is the primary service, while counseling is the secondary service because the client must already be in the residential program to get the counseling service. Similarly, a job training program that offers day care for the children of participants while they are in class would have a primary service of job training, and child care would be the secondary service because it is restricted to training participants. **All programs must have at least one primary service.**

Clients Served - The total number of clients to be served for each service during the program year. Where appropriate, use the same measure of clients to be served that is specified in contract deliverables. If you do not have a precise number of clients programmed, use previous-year averages to project numbers based on current-year funding and client loads. If you have identified the number of program clients, but are unable to specify the number of clients for each individual service, we will assume that the number of clients for each service is equal to the number of program clients (i.e., all clients get each service).

Part V. Community Assessment Activities

General Many health, education and human service funders and providers prepare or use a needs assessment to support the development of funding requests and to guide strategic planning for service delivery. Please answer the following questions in light of where you typically obtain such information. If your organization conducts more than one needs assessment, provide information about the most important one and reference the other(s) with footnotes.

- 1 **Does your organization conduct a formal needs assessment?** Answer Yes if you prepare a document that could be shared, in whole or in part, with other organizations.
- 2 **Do you use a needs assessment prepared by another organization? If yes, identify the organization.** Answer "Yes" if you consult a formal needs assessment prepared by another organization to prepare your agency strategic plan and/or grant applications.
- 3 **Have you collaborated with another agency to conduct a needs assessment? If yes, identify the organization and when.** Answer "Yes" if you have partnered in producing a formal needs assessment conducted by another organization.

Stop!! If you do not conduct your own formal needs assessment, skip to Question 15.

- 4 **How often do you conduct a needs assessment?** If it is on a regular cycle, specify whether (1) Annually or more often or (2) some other frequency (specify under Other). If it is not on a regular cycle, indicate approximately how often, or state occasionally under Other.
- 5 **What is the date of the most recent needs assessment completed?** Enter the month/year of publication or of completion. If a needs assessment is underway at this time and will be completed within the next 3 months, indicate the projected completion date.
- 6 **Where can a copy of the most recent needs assessment be obtained? Please provide contact information.** Inform at which organization location a copy of the needs assessment can be obtained

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- and any restrictions on access. Identify the name and telephone number for the person who can provide additional information about the most recent needs assessment.
- 7 **Is some or all of the most recent needs assessment available on-line? If yes, please provide the on-line address.** This applies whether the portion of the needs assessment available on-line is a summary, a downloadable copy of a report or a searchable database with some of the results.
- 8 **Please answer the following questions about the most recent needs assessment you conducted.**
What was the purpose? Please summarize the overall purpose of the most recent needs assessment.
What was the target population and time period? Please identify the target population and the period of reference of the most recent needs assessment conducted by your organization.
- 9 **Why do you conduct a needs assessment? Mark (x) all that apply.** If you prepare information to enable you to respond to grant applications, mark the option Required by one or more funding sources.
- 10 **What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.** A typical needs assessment will make use of several of the methods listed. Be sure to mark all that apply to the needs assessment your organization conducts.
Issue scanning and visioning review of specialized literature as well as the news media to identify trends and emerging issues; development of a vision of where your organization and/or the population of Broward County should be in the future with regard to the services your organization provides.
Indicators / benchmarks (including incidence rates) identification of specific indicators of quality of life or performance for needs in the area of services your organization provides; this could include compilation of time series data for the chosen indicators and/or establishment of goals to be pursued.
Secondary data compilation and analysis use of data/information published or otherwise made available by other organizations to assess need; this could include published surveys or compilations of administrative records, population statistics, etc.
Asset mapping of community / neighborhood resources identification and compilation of the institutional capability, personal skills and other resources available in specific communities or neighborhoods to address health, education and human service needs.
Agency resource / service gap analysis compilation of information about the amount of services provided, along with the identification of any gaps or overlaps in service availability, both in terms of the kind of services and their accessibility due to location, time of day, or eligibility criteria.
Key informant interviews interviews with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.
Focus groups small group discussions with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.
Program monitoring and evaluation compilation of information about the implementation of current programs and their ultimate effectiveness in addressing program objectives.
Surveys of population, clients, providers, others direct surveys of the population at large, the specific clients of your organization, the providers of similar services, or others.
Other (please specify) if you use any other techniques for assessment of the needs of the population or your specific clients, identify and describe them here.
- 11 **Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County?** If the needs assessment you conduct is focused on specific geographic sub-area(s) of Broward County, identify the area(s). If it is countywide, so indicate.
- 12 **In conducting a needs assessment, do you use population estimates and projections? If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.** Overall estimates and projections of population are a common element of a needs assessment. Answer yes if you make use of such estimates or projections in the needs assessment. If you answer yes, identify the source(s) of the numbers you currently use. Official population estimates and projections of the State of Florida are defined by the Joint Legislative Management Committee and the Executive Office of

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the Governor, through the Consensus Estimating Conferences, and are published by the Bureau of Economic and Business Research (BEBR) at the University of Florida.

- 13 **In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.? If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.** Answer yes if you must identify your target population based on some combination of socio-economic characteristics and/or include some type of description of the population based on its socio-economic characteristics. If you answer yes, identify the source(s) of the information you currently use.
- 14 **In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.** Answer this question in accordance with the actual data you currently use, considering the availability. Do not answer based on what you would like to be able to use. If different types of data are used at different geographic levels, mark all that apply.
- 15 **Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate the activity and give a brief description of what you plan to do.** Please identify and describe any needs assessment activities you expect to initiate during the next 12 months. If there are needs assessment activities currently in process, identify and describe those activities you expect to conclude in the next 12 months. Descriptions should clarify beginning or conclusion dates, target population and other relevant details.
- 16 **Please identify the person to contact about needs assessment activities.** Please include the name and telephone number of the person to be contacted by anyone who may be interested in finding out additional information about needs assessment activities at your organization.

Enclosures:

- List of existing information for the organization (from First Call For Help)

Funding Source Code List

CODE	FUNDING SOURCE
601	Area Agency on Aging of Broward County - AAA
503	Broward Alliance (formerly the Broward Economic Development Council)
501	Broward Community College - BCC
399	Broward County / General Funds
320	Broward County / Community Services Department CS
310	Broward County / CS / Cultural Affairs Division
309	Broward County / CS / Libraries Division
330	Broward County / Finance and Administrative Services Department - FAS
331	Broward County / FAS / Human Resources Division
300	Broward County / Human Services Department HS
301	Broward County / HS / Alcohol and Drug Abuse Services Division
302	Broward County / HS / Bureau of Children and Family Services
303	Broward County / HS / Children Services Administration Division
304	Broward County / HS / Community Development Division
305	Broward County / HS / Elderly and Veteran Services Division
306	Broward County / HS / Fire Rescue Division
307	Broward County / HS / Grants Management, Research and Development Division
308	Broward County / HS / Health Care Management Division
332	Broward County / HS / Housing Finance Division
340	Broward County / Planning and Environmental Protection Department - DPEP
380	Broward County / DPEP / Transportation Planning Division
350	Broward County / Office of Equal Opportunity - OEO
351	Broward County / OEO / Human Rights Division
391	Broward County / Licensing and Fees
390	Broward County / Other
502	Broward County Commission on Substance Abuse
511	Broward County Community Development Corporation
550	Broward County / Court Administrator
510	Broward County Housing Authority
503	Broward Economic Development Council (Broward Alliance)
509	Broward Employment and Training Administration - BETA
512	Broward Healthy Start Coalition
504	Broward Sheriff's Office - BSO
505	Broward Workforce Development Board
192	Carl Perkins Act
401	City of Coconut Creek
402	City of Cooper City
403	City of Coral Springs
404	City of Dania Beach
451	City of Dania Beach Housing Authority
406	City of Deerfield Beach
452	City of Deerfield Housing Authority
407	City of Fort Lauderdale
453	City of Fort Lauderdale Housing Authority
408	City of Hallandale
410	City of Hollywood
454	City of Hollywood Housing Authority
412	City of Lauderdale Lakes
413	City of Lauderhill

Funding Source Code List

CODE	FUNDING SOURCE
415	City of Lighthouse Point
416	City of Margate
417	City of Miramar
418	City of North Lauderdale
419	City of Oakland Park
420	City of Parkland
422	City of Pembroke Pines
423	City of Plantation
424	City of Pompano Beach
455	City of Pompano Beach Housing Authority
425	City of Sea Ranch Lakes
426	City of Sunrise
427	City of Tamarac
428	City of Weston
429	City of Wilton Manors
299	Florida / General Revenues
200	Florida / Department of Agriculture and Consumer Services
210	Florida / Department of Children and Families - FDCF
217	Florida / FDCF / Adult Payments
212	Florida / FDCF / Aging and Adult Services
211	Florida / FDCF / Alcohol, Drug Abuse and Mental Health
213	Florida / FDCF / Developmental Services
218	Florida / FDCF / District Administration
214	Florida / FDCF / Economic Self-Sufficiency Services
216	Florida / FDCF / Family Safety
280	Florida / Department of Community Affairs - FDCA
275	Florida / Department of Corrections
220	Florida / Department of Education - FDOE
215	Florida / Department of Elder Affairs
285	Florida / Department of Environmental Protection - FDEP
240	Florida / Department of Health / State Health Office - FDOH
241	Florida / FDOH / Broward County Health Department
242	Florida / FDOH / Children s Medical Services
235	Florida / Department of Highway Safety and Motor Vehicles
250	Florida / Department of Juvenile Justice - FDJJ
260	Florida / Department of Labor and Employment Security - FDLES
261	Florida / FDLES / Blind Services Division
270	Florida / Department of Law Enforcement - FDLE
265	Florida / Department of Revenue - FDOR
255	Florida / Department of State - FDOS
230	Florida / Department of Transportation - FDOT
245	Florida / Office of the Attorney General - OAG
205	Florida / State Attorney s Office
297	Florida / Operation and Maintenance Trust Fund
298	Florida / Fees
290	Florida / Other
	Medicaid (see U.S. Department of Health and Human Services)
	Medicare (see U.S. Department of Health and Human Services)
506	Memorial Healthcare System (South Broward Hospital District)
460	Municipalities in Miami-Dade County

Funding Source Code List

CODE	FUNDING SOURCE
461	Municipalities in Palm Beach County
469	Municipalities in Other Counties
507	North Broward Hospital District
191	Ryan White Title I
508	School Board of Broward County
506	South Broward Hospital District (Memorial Healthcare System)
405	Town of Davie
409	Town of Hillsboro Beach
411	Town of Lauderdale-by-the-Sea
421	Town of Pembroke Park
100	US / Department of Agriculture
110	US / Department of Commerce
120	US / Department of Education
130	US / Department of Health and Human Services - DHHS
131	US / DHHS / Medicare
132	US / DHHS / Medicaid
160	US / Department of Housing and Urban Development - HUD
161	US / HUD / Community Development Block Grants - CDBG
162	US / HUD / HOME
163	US / HUD / HOPWA
140	US / Department of the Interior - DOI
170	US / Department of Justice - DOJ
155	US / Department of Labor - DOL
150	US / Department of Transportation - DOT
151	US / DOT / Federal Transportation Authority - FTA
180	US / Federal Emergency Management Agency - FEMA
195	US / Federal Block Grants
196	US / Federal Grant Trust Funds
190	US / Other
414	Village of Lazy Lake

Funding Source Code List

CODE	EXAMPLES OF PASS-THROUGH FUNDING SOURCES
607	Family Central, Inc.
608	Henderson Mental Health Center
504	Broward Sheriff's Office

CODE	EXAMPLES OF PRIVATE FUNDING SOURCES
602	Catholic Charities
604	Jewish Federation of Broward County
650	Faith Community Churches, Synagogues, Other Religious Organizations
800	Private Foundation / Corporate Giving (examples) <ul style="list-style-type: none"> • Community Chest • Sun-Sentinel • Junior League of Fort Lauderdale • Liberia Economic and Social Development, Inc. • National Collegiate Athletic Association - NCAA • Other
606	United Way of Broward County
810	Community Foundation of Broward, Inc.
513	Coordinating Council of Broward - CCB
603	Greater Fort Lauderdale Chamber of Commerce
920	Agency-Generated Funding (examples) <ul style="list-style-type: none"> • Membership Dues • Endowments / Estate Giving • Fundraising • Merchandise Sales • Special Events • Miscellaneous Income • Other
950	Fees for Services



The Coordinating Council of Broward (CCB)
 Organizational Profile for
FUNDERS
 of Health, Public Safety, Education, Economic and Human Services
 in Broward County

IMPORTANT -- PLEASE NOTE!

1. This package includes blank forms to be filled out with information about your organization and the services you fund. It includes a set of detailed directions intended to help you accurately provide the requested information. Please type or legibly print your responses.
2. If your organization filled out the profile last year, or was previously included in the First Call For Help information and referral database, you also will find attached a print-out of the information currently in the database. You may make edits directly on that form, but be sure to fill in any missing information on existing programs and services. This will save both you and First Call For Help valuable staff time. Make copies of the sections of this form, as needed, to include additional service delivery locations, programs or services. Be sure to cross out any programs or services that have been discontinued.
3. Training will be provided on January 13, 2000, at 2:00 p.m., at the United Way. Training is designed for the person(s) who will be filling out the forms. Computer disks will be available at the training sessions for those who would prefer to use them for completion of the forms. The same electronic forms, as well as printable files, are available at www.sfrpc.com/ccb/publish.htm or by calling First Call For Help.
4. Once completed, please return this profile to the address below by no later than January 31, 2000.

Information and Marketing Manager
 First Call For Help of Broward, Inc.
 16 SE 13th Street
 Fort Lauderdale, Florida 33316
 (954) 524-8371

Name of Organization _____
 Enclosed is my agency's completed organizational profile. I have reviewed all the information, and it is complete and accurate to the best of my knowledge. I understand that First Call For Help of Broward, Inc. and the CCB reserve the right to edit submitted material for clarity and to use the information for community information and/or referral purposes. I agree to accept faxed information from either agency.

Authorized Signature: _____ **Date:** _____

This box for FCFH internal use

Part I	Part II	Part III	Part IV	Part V	Tax/Key	QC

Part II. Funded Organization List (Use as many sheets as needed.)

Date _____

Page ____ of ____

Organization Name _____ Code FCHB# _____

Mark this box if you will attach a list of funded organizations. Otherwise fill out the information below.

15. Funded Organization Name _____

16. Address _____

City _____ ZIP _____ Phone () _____

17. Contact _____ Phone/Ext () _____

15. Funded Organization Name _____

16. Address _____

City _____ ZIP _____ Phone () _____

17. Contact _____ Phone/Ext () _____

15. Funded Organization Name _____

16. Address _____

City _____ ZIP _____ Phone () _____

17. Contact _____ Phone/Ext () _____

15. Funded Organization Name _____

16. Address _____

City _____ ZIP _____ Phone () _____

17. Contact _____ Phone/Ext () _____

15. Funded Organization Name _____

16. Address _____

City _____ ZIP _____ Phone () _____

17. Contact _____ Phone/Ext () _____

15. Funded Organization Name _____

16. Address _____

City _____ ZIP _____ Phone () _____

17. Contact _____ Phone/Ext () _____

15. Funded Organization Name _____

16. Address _____

City _____ ZIP _____ Phone () _____

17. Contact _____ Phone/Ext () _____

Part III. Funded Organization Program Information *(Use as many sheets as needed to cover all organizations and programs.)*

Date _____ Page ____ of ____

Organization Code FCHB# Fiscal Year (mm/yy mm/yy) _____

1. Funds you distribute to other organizations. Please specify each recipient organization, then each program funded at that organization.

Mark this box if you will attach a separate list of funded programs, contract numbers and amounts. Otherwise fill out the information below.

Funded Organizations	Code	Funded Programs	Code	Contract #	Ref. Period	Amount (\$)
Total						

Part V. Community Assessment Activities

Please mark here (x) if you or someone from your organization filled out this section for the same community assessment activities as part of the CCB's Provider Organizational Profile.

Date _____ Organization Code FCHB# _____ Page ____ of ____

- 1. Does your organization conduct a formal needs assessment? Yes No
- 2. Do you use a needs assessment prepared by another organization? Yes No
If yes, identify the organization. _____
- 3. Have you collaborated with another agency to conduct a needs assessment? Yes No
If yes, identify the organization and when. _____

Stop!! If you do not conduct your own formal needs assessment, skip to Question 15.

- 4. How often do you conduct a needs assessment? Annually or more often
Other (please specify) _____
- 5. What is the date of the most recent needs assessment completed? _____
- 6. Where can a copy of the most recent needs assessment be obtained? _____
Who is the contact? _____
- 7. Is some or all of the most recent needs assessment available on-line? Yes No
If yes, please provide the on-line address. _____
- 8. Please answer the following questions about the most recent needs assessment you conducted.
What was the purpose? _____
What was the target population and time period? _____
- 9. Why do you conduct a needs assessment? Mark (x) all that apply. Required by law
Required by one or more funding sources To develop an agency (strategic) plan
Other (please specify) _____
- 10. What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.
Issue scanning and visioning Asset mapping of community / neighborhood resources
Secondary data compilation and analysis Key informant interviews
Agency resource / service gap analysis Focus groups
Program monitoring and evaluation Indicators / Benchmarks (including incidence rates)
Survey(s) of Population Clients Providers Others
Other (please specify) _____
- 11. Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County? All of Broward County
Specific area (please specify) _____
- 12. In conducting a needs assessment, do you use population estimates and projections? Yes No
If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.
Self-generated U.S. Bureau of the Census State of Florida (EOG, UF/BEBR)
Broward County Other (please specify) _____

Part V. Community Assessment Activities

13. In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.? Yes No

If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.

Tabulations of client characteristics U.S. Bureau of the Census Broward County
 State of Florida / UF / BEBR State of Florida / Office of Vital Statistics

Other (please specify) _____

14. In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.

Broward County Municipalities ZIP Codes Traffic Analysis Zones (TAZs)
 Census Tracts Census Block Groups Census Blocks

Other (please specify) _____

Note!! Begin again here if you skipped after Question 3. Otherwise, continue.

15. Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate, and give a brief description of what you plan to do.

Issue scanning and visioning Month/Year: _____

Brief description _____

Secondary data compilation and analysis Month/Year: _____

Brief description _____

Indicators / Benchmarks (including incidence rates) Month/Year: _____

Brief description _____

Agency resource / service gap analysis Month/Year: _____

Brief description _____

Asset mapping of community / neighborhood resources Month/Year: _____

Brief description _____

Key informant interviews Month/Year: _____

Brief description _____

Focus groups Month/Year: _____

Brief description _____

Program monitoring and evaluation Month/Year: _____

Brief description _____

Survey(s) of Population Clients Providers Others _____

Brief description _____

Other (please specify) _____

16. Please identify the person to contact about needs assessment activities.

Name _____ Phone/Ext () _____

How can we serve you better?

Please take a moment to provide advice to The Coordinating Council of Broward on how to improve the Funder Organizational Profile. General comments on better ways to collect information for the Countywide Resource Inventory are welcome, but we also encourage you to make specific comments on each part of the form. Please return this page with your filled-out forms. Thanks for your help.

General comments on the Countywide Resource Inventory and the process for collecting information.

Comments and suggestions on specific parts of the Funder Organizational Profile.

Please feel free to use any additional sheets you may need.

INSTRUCTIONS FOR FUNDER PROFILE

Please **type** or **print legibly** your responses on this form. Make any additional copies of specific parts of the form you may need to accommodate the information requested for the organization, and the programs and services it funds. If necessary, attach additional sheets with any relevant information that cannot be included on the available forms. If you wish to fill in a computerized version of this form (in Word or WordPerfect for Windows), contact First Call For Help, (954) 524-8371.

Part I. Organization Identification

- 1 **Name/Code** - The official name by which the organization or division/department is known and the code assigned by First Call For Help. The organization code should be included on all sheets of the profile. If you do not know the code or no code has been assigned, please leave blank.
- 2 **Alternate Name (aka)** - Include any aliases by which the organization is known.
- 3 **Main Administrative Address** - The Broward County address where the highest level of management and administration activities for the organization is located.
- 4 **Telephone/Fax/Hours** - Specify the corresponding contact numbers for the administration of the organization. Also indicate the days and hours that administration is available.
- 5 **E-Mail/Web Site** - Include an address for Internet e-mail contact with the organization or with one of its representatives. If the organization maintains a "home page" on the World Wide Web, provide the address (URL).
- 6 **Administrative Head** - Name of the top executive officer of the organization or division/department. If this person has a direct telephone number or extension, please include it.
- 7 **Chief Financial Officer** - Name of the person who is authorized to sign all financial statements. If this person has a direct telephone number or extension, please include it.
- 8 **Profile Contact Person** - Provide the name of a contact person for information related to this form, including funding, grants, programs and services. If this person has a direct telephone number or extension, please include it.
- 9 **Organization Type (mark only one)** - Select the category that best describes the type of organization.
- 10 **Description of your Organization (limit 50 words)** - A short description of the primary purpose and activities of the organization.
- 11 **Federal Identification Number** - Provide your organization's federal taxpayer ID number.
- 12 **Non-Profit Status** - If your organization has been granted formal non-profit status, identify the specific status that applies and any date of expiration.
- 13 **Fiscal Year** - Identify the 12-month period, usually the organization's current budget cycle and/or fiscal year, to which the funding and program information refers. The same period should be used for all annual program funding and service information provided on this form. Use footnotes to identify programs that were or will be initiated or discontinued during the fiscal year.
- 14 **Please list your funding source(s) for the fiscal year.** Identify the organization(s) that are the source of the funds that you distribute to other organizations. If your organization both funds and provides services, you should fill out a **Provider Organizational Profile** in addition to this Funder Organizational Profile. For each source of funds, include the name of the organization, the code (from the attached list), the amount of funds you received (or will receive) in the current fiscal year, and the funding reference period (month/year month/year) over which you distribute those funds, even if it is different from the fiscal year identified in Question 13. Be sure to use additional sheets if needed to include all of the sources of funds.

Part II. Funded Organization List

General - Please identify each **organization** you fund, and provide address and contact information. Please make copies and use as many sheets as necessary to identify every organization you fund. If you will attach a separate list containing the same information, please mark the box at the top of the form.

Organization/Code - Identify your organization by a short name and by the code used in Part I.

- 15 **Funded Organization Name** Name of the organization to which you provided funds.

FUNDER: The directions below are designed to help you, where necessary, in filling out this Organizational Profile. Thanks for building a better Broward County!

- 16 **Address/City/ZIP/Phone** The address and phone of the office that manages the contract through which funding was provided.
- 17 **Contact/Phone/Ext** The name and phone number of the person in charge of the contract.

Part III. Funded Organization Program Identification

- 18 **Funds you distribute to other organizations. Please specify each recipient organization, then each program funded at that organization.** - Programs generally identify the framework within which funds are made available to provider organizations for services. You may define programs in the way that is most suitable for the information you have available. A Program called Administration/Overhead should be used to identify any resources that are required for administering funding activities. **Use the same 12-month period, usually the organization's current budget cycle and/or fiscal year, for all information about programs and services funded in Parts III and IV of this form.** If your organization's fiscal year goes from July to June, this form should be filled out with program and service information for the Jul/1999-Jun/2000 year. If your organization's fiscal year goes from October to September, this form should be filled out with information for the Oct/1999-Sep/2000 year. Where different programs are on different programming and/or funding cycles, give annual data for the current period, and specify the **Reference Period** in the corresponding column of the table. Use footnotes to identify programs that were or will be initiated or discontinued during the fiscal year. Be sure to include the date, organization code, and page numbers on each program sheet. Specify the funding amounts provided during the fiscal year to each provider organization (a separate line for each provider). If you served in a pass-through function to another organization, which in turn funded a direct service provider, specify the organization you funded, not the service provider; footnotes clarifying these relationships are encouraged. Leave the columns for funded **organization code** and **program code** blank. If one has been assigned, please identify the **Contract Number** for each funded program. Please note that funding information for each organization and its programs should add up to 100% of all your funding for that organization and programs in the fiscal year; likewise, total funding for all organizations and programs should add up to your total funding.

Part IV. Service Information by Funded Organization and Program

General - This form is different from the previous form because it requires programs to be broken down by service for each funded organization. It is designed to be reproduced as needed to accommodate any number of services and funded organizations. Each line of this form should correspond to a single program/service, for a single funded organization (see example).

Organization/Code - Identify your organization by a short name and by the code used in Part I.

Fiscal Year - Use the same 12-month period specified in Part I.

- 19 **Funded Organization / Program/Service, Funded Organization Code, Program Code** Fill this form out by first specifying a funded organization, then each program you fund, with the corresponding services. Then identify any other funded organizations, one at a time, each with the programs and services funded. Use the same names for funded organizations and programs specified in Part III of this profile. Specify services by the names used in contracting them. Please leave the (shaded) code columns blank.
- 20 **Taxonomy Services Code** - First Call For Help will use the AIRS Info Line Taxonomy to classify the services provided. Please leave this (shaded) column blank.
- 21 **Clients Served** - The total number of clients to be served for each service during the program year. Where appropriate, use the same measure of clients to be served that is specified in contract deliverables. If you do not have a precise number of clients programmed, use previous-year averages to project numbers based on current-year funding and client loads. If you have identified the number of program clients, but are unable to specify the number of clients for each individual service, we will assume that the number of clients for each service is equal to the number of program clients (i.e., all clients get each service).

FUNDER: The directions below are designed to help you, where necessary, in filling out this Organizational Profile. Thanks for building a better Broward County!

Part V. Community Assessment Activities

General Many health, education and human service funders and providers prepare or use a needs assessment to support the development of funding requests and to guide strategic planning for service delivery. Please answer the following questions in light of where you typically obtain such information. If your organization conducts more than one needs assessment, provide information about the most important one and reference the other(s) with footnotes. Mark the box at the top of the page if you or someone from your organization filled out this section for the same community assessment activities as part of the CCB's Provider Organizational Profile.

- 1 Does your organization conduct a formal needs assessment? **Answer Yes if you prepare a document that could be shared, in whole or in part, with other organizations.**
- 2 **Do you use a needs assessment prepared by another organization? If yes, identify the organization.** Answer "Yes" if you consult a formal needs assessment prepared by another organization to prepare your agency strategic plan and/or grant applications.
- 3 **Have you collaborated with another agency to conduct a needs assessment? If yes, identify the organization and when.** Answer "Yes" if you have partnered in producing a formal needs assessment conducted by another organization.

Stop!! If you do not conduct your own formal needs assessment, skip to Question 15.

- 4 **How often do you conduct a needs assessment?** If it is on a regular cycle, specify whether (1) Annually or more often or (2) some other frequency (specify under Other). If it is not on a regular cycle, indicate approximately how often, or state occasionally under Other.
- 5 **What is the date of the most recent needs assessment completed?** Enter the month/year of publication or of completion. If a needs assessment is underway at this time and will be completed within the next 3 months, indicate the projected completion date.
- 6 **Where can a copy of the most recent needs assessment be obtained? Please provide contact information.** Inform at which organization location a copy of the needs assessment can be obtained and any restrictions on access. Identify the name and telephone number for the person who can provide additional information about the most recent needs assessment.
- 7 **Is some or all of the most recent needs assessment available on-line? If yes, please provide the on-line address.** This applies whether the portion of the needs assessment available on-line is a summary, a downloadable copy of a report or a searchable database with some of the results.
- 8 **Please answer the following questions about the most recent needs assessment you conducted.**
What was the purpose? Please summarize the overall purpose of the most recent needs assessment.
What was the target population and time period? Please identify the target population and the period of reference of the most recent needs assessment conducted by your organization.
- 9 **Why do you conduct a needs assessment? Mark (x) all that apply.** If you prepare information to enable you to respond to grant applications, mark the option Required by one or more funding sources.
- 10 **What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.** A typical needs assessment will make use of several of the methods listed. Be sure to mark all that apply to the needs assessment your organization conducts.

Issue scanning and visioning review of specialized literature as well as the news media to identify trends and emerging issues; development of a vision of where your organization and/or the population of Broward County should be in the future with regard to the services your organization provides.

Indicators / benchmarks (including incidence rates) identification of specific indicators of quality of life or performance for needs in the area of services your organization provides; this could include compilation of time series data for the chosen indicators and/or establishment of goals to be pursued.

Secondary data compilation and analysis use of data/information published or otherwise made available by other organizations to assess need; this could include published surveys or compilations of administrative records, population statistics, etc.

FUNDER: The directions below are designed to help you, where necessary, in filling out this Organizational Profile. Thanks for building a better Broward County!

Asset mapping of community / neighborhood resources identification and compilation of the institutional capability, personal skills and other resources available in specific communities or neighborhoods to address health, education and human service needs.

Agency resource / service gap analysis compilation of information about the amount of services provided, along with the identification of any gaps or overlaps in service availability, both in terms of the kind of services and their accessibility due to location, time of day, or eligibility criteria.

Key informant interviews interviews with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.

Focus groups small group discussions with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.

Program monitoring and evaluation compilation of information about the implementation of current programs and their ultimate effectiveness in addressing program objectives.

Surveys of population, clients, providers, others direct surveys of the population at large, the specific clients of your organization, the providers of similar services, or others.

Other (please specify) if you use any other techniques for assessment of the needs of the population or your specific clients, identify and describe them here.

- 11 **Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County?** If the needs assessment you conduct is focused on specific geographic sub-area(s) of Broward County, identify the area(s). If it is countywide, so indicate.
- 12 **In conducting a needs assessment, do you use population estimates and projections? If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.** Overall estimates and projections of population are a common element of a needs assessment. Answer **yes** if you make use of such estimates or projections in the needs assessment. If you answer **yes**, identify the source(s) of the numbers you currently use. Official population estimates and projections of the State of Florida are defined by the Joint Legislative Management Committee and the Executive Office of the Governor, through the Consensus Estimating Conferences, and are published by the Bureau of Economic and Business Research (BEBR) at the University of Florida.
- 13 **In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.? If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.** Answer **yes** if you must identify your target population based on some combination of socio-economic characteristics and/or include some type of description of the population based on its socio-economic characteristics. If you answer **yes**, identify the source(s) of the information you currently use.
- 14 **In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.** Answer this question in accordance with the actual data you currently use, considering the availability. Do not answer based on what you would like to be able to use. If different types of data are used at different geographic levels, mark all that apply.
- 15 **Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate the activity and give a brief description of what you plan to do.** Please identify and describe any needs assessment activities you expect to initiate during the next 12 months. If there are needs assessment activities currently in process, identify and describe those activities you expect to conclude in the next 12 months. Descriptions should clarify beginning or conclusion dates, target population and other relevant details.
- 16 **Please identify the person to contact about needs assessment activities.** Please include the name and telephone number of the person to be contacted by anyone who may be interested in finding out additional information about needs assessment activities at your organization.

Funding Source Code List

CODE	FUNDING SOURCE
601	Area Agency on Aging of Broward County - AAA
503	Broward Alliance (Broward Economic Development Council)
501	Broward Community College - BCC
399	Broward County / General Funds
320	Broward County / Community Services Department CS
310	Broward County / CS / Cultural Affairs Division
309	Broward County / CS / Libraries Division
330	Broward County / Finance and Administrative Services Department - FAS
331	Broward County / FAS / Human Resources Division
300	Broward County / Human Services Department HS
301	Broward County / HS / Alcohol and Drug Abuse Services Division
302	Broward County / HS / Bureau of Children and Family Services
303	Broward County / HS / Children Services Administration Division
304	Broward County / HS / Community Development Division
305	Broward County / HS / Elderly and Veteran Services Division
306	Broward County / HS / Fire Rescue Division
307	Broward County / HS / Grants Management, Research and Development Division
308	Broward County / HS / Health Care Management Division
332	Broward County / HS / Housing Finance Division
340	Broward County / Planning and Environmental Protection Department - DPEP
380	Broward County / DPEP / Transportation Planning Division
350	Broward County / Office of Equal Opportunity - OEO
351	Broward County / OEO / Human Rights Division
391	Broward County / Licensing and Fees
390	Broward County / Other
502	Broward County Commission on Substance Abuse
511	Broward County Community Development Corporation
550	Broward County / Court Administrator
510	Broward County Housing Authority
503	Broward Economic Development Council (Broward Alliance)
509	Broward Employment and Training Administration - BETA
512	Broward Healthy Start Coalition
504	Broward Sheriff's Office - BSO
505	Broward Workforce Development Board
192	Carl Perkins Act
401	City of Coconut Creek
402	City of Cooper City
403	City of Coral Springs
404	City of Dania Beach
451	City of Dania Beach Housing Authority
406	City of Deerfield Beach
452	City of Deerfield Housing Authority
407	City of Fort Lauderdale
453	City of Fort Lauderdale Housing Authority
408	City of Hallandale
410	City of Hollywood
454	City of Hollywood Housing Authority
412	City of Lauderdale Lakes
413	City of Lauderhill

Funding Source Code List

CODE	FUNDING SOURCE
415	City of Lighthouse Point
416	City of Margate
417	City of Miramar
418	City of North Lauderdale
419	City of Oakland Park
420	City of Parkland
422	City of Pembroke Pines
423	City of Plantation
424	City of Pompano Beach
455	City of Pompano Beach Housing Authority
425	City of Sea Ranch Lakes
426	City of Sunrise
427	City of Tamarac
428	City of Weston
429	City of Wilton Manors
299	Florida / General Revenues
200	Florida / Department of Agriculture and Consumer Services
210	Florida / Department of Children and Families - FDCF
217	Florida / FDCF / Adult Payments
212	Florida / FDCF / Aging and Adult Services
211	Florida / FDCF / Alcohol, Drug Abuse and Mental Health
213	Florida / FDCF / Developmental Services
218	Florida / FDCF / District Administration
214	Florida / FDCF / Economic Self-Sufficiency Services
216	Florida / FDCF / Family Safety
280	Florida / Department of Community Affairs - FDCA
275	Florida / Department of Corrections
220	Florida / Department of Education - FDOE
215	Florida / Department of Elder Affairs
285	Florida / Department of Environmental Protection - FDEP
240	Florida / Department of Health / State Health Office - FDOH
241	Florida / FDOH / Broward County Health Department
242	Florida / FDOH / Children s Medical Services
235	Florida / Department of Highway Safety and Motor Vehicles
250	Florida / Department of Juvenile Justice - FDJJ
260	Florida / Department of Labor and Employment Security - FDLES
261	Florida / FDLES / Blind Services Division
270	Florida / Department of Law Enforcement - FDLE
265	Florida / Department of Revenue - FDOR
255	Florida / Department of State - FDOS
230	Florida / Department of Transportation - FDOT
245	Florida / Office of the Attorney General - OAG
205	Florida / State Attorney s Office
297	Florida / Operation and Maintenance Trust Fund
298	Florida / Fees
290	Florida / Other
	Medicaid (see U.S. Department of Health and Human Services)
	Medicare (see U.S. Department of Health and Human Services)
506	Memorial Healthcare System (South Broward Hospital District)
460	Municipalities in Miami-Dade County

Funding Source Code List

CODE	FUNDING SOURCE
461	Municipalities in Palm Beach County
469	Municipalities in Other Counties
507	North Broward Hospital District
191	Ryan White Title I
508	School Board of Broward County
506	South Broward Hospital District (Memorial Healthcare System)
405	Town of Davie
409	Town of Hillsboro Beach
411	Town of Lauderdale-by-the-Sea
421	Town of Pembroke Park
100	US / Department of Agriculture
110	US / Department of Commerce
120	US / Department of Education
130	US / Department of Health and Human Services - DHHS
131	US / DHHS / Medicare
132	US / DHHS / Medicaid
160	US / Department of Housing and Urban Development - HUD
161	US / HUD / Community Development Block Grants - CDBG
162	US / HUD / HOME
163	US / HUD / HOPWA
140	US / Department of the Interior - DOI
170	US / Department of Justice - DOJ
155	US / Department of Labor - DOL
150	US / Department of Transportation - DOT
151	US / DOT / Federal Transportation Authority - FTA
180	US / Federal Emergency Management Agency - FEMA
195	US / Federal Block Grants
196	US / Federal Grant Trust Funds
190	US / Other
414	Village of Lazy Lake

Funding Source Code List

CODE	EXAMPLES OF PASS-THROUGH FUNDING SOURCES
607	Family Central, Inc.
608	Henderson Mental Health Center
504	Broward Sheriff's Office

CODE	EXAMPLES OF PRIVATE FUNDING SOURCES
602	Catholic Charities
604	Jewish Federation of Broward County
650	Faith Community Churches, Synagogues, Other Religious Organizations
800	Private Foundation / Corporate Giving (examples) <ul style="list-style-type: none"> • Community Chest • Sun-Sentinel • Junior League of Fort Lauderdale • Liberia Economic and Social Development, Inc. • National Collegiate Athletic Association - NCAA • Other
606	United Way of Broward County
810	Community Foundation of Broward, Inc.
513	Coordinating Council of Broward - CCB
603	Greater Fort Lauderdale Chamber of Commerce
920	Agency-Generated Funding (examples) <ul style="list-style-type: none"> • Membership Dues • Endowments / Estate Giving • Fundraising • Merchandise Sales • Special Events • Miscellaneous Income • Other
950	Fees for Services

Attachment B

Memorandum of Understanding among Members of the CCB

**MEMORANDUM OF UNDERSTANDING
among Members of
THE COORDINATING COUNCIL OF BROWARD**

The **Community Assessment Methodology** adopted by The Coordinating Council of Broward (CCB) in September, 1997, is designed to support movement towards the vision of an uninterrupted, integrated system of services through which individuals are able to have their needs met in a responsible and effective manner. It also recognizes four desired characteristics of the future service delivery system: progression from coordination to collaboration; designed for the customer; accountable, results-oriented; and, effective communication process.

The **Community Resource Inventory**, a component of the community assessment methodology, creates an information base to complement quality-of-life indicators and goals in the identification of critical issues and priorities for CCB action. The timely assessment of how resources currently are allocated to health, education and human services in Broward County is essential to the identification of gaps and overlaps in service delivery. This in turn supports the development of strategies to address priority needs identified by the annual review of progress toward the County's goals.

The primary instruments of the resource inventory methodology are **standardized organizational profiles for funders and providers of services**, by which comprehensive data about health, education and human services within Broward County will be collected. Funder and provider organizations will work collaboratively to collect this data in order to reduce the costs. They also will promote the broad use and acceptance of the standardized profiles in order to limit the amount of redundant surveying.

Therefore, the following is understood and accepted by the signatories of this agreement:

The Coordinating Council of Broward (CCB) agrees to:

- provide technical assistance to participating agencies in the completion of the organizational profiles;
- adopt the community resource inventory as an essential tool for community assessment and the organizational profiles as the standard for agency information gathering within Broward County;
- compile the data derived from the profiles and release aggregate information to the community; and
- share data from the community resource inventory with all participating organizations.

The CCB Members that fund health, education and human services in Broward County agree to:

- adopt the standardized organizational profiles as a consideration for funding and contracting with organizations that provide health, education and human services in Broward County;
- participate in the CCB annual community assessment using the CCB organizational profiles;
- provide accurate information to the best of their ability;
- update the information annually, or more often once the Broward Information Network is implemented;
- consider, as appropriate to each CCB member agency, agencies they fund to complete the organizational profile; and
- follow up with funded agencies to increase response rates.

Other funders of health, education and human services in Broward County will be encouraged to sign an addendum to this agreement adopting these same provisions. This agreement will enter into effect on the date of its signature, and will remain in effect until revoked.

Signatures:

Attachment C

Community Resource Inventory Protocols for 1999-2000

Community Resource Inventory (CRI) Protocols for 1999-2000

Who must participate and at what level of information

- **Who must participate and submit accurate and complete information:**
Service Provider Agencies receiving any public and/or United Way funding
Agencies/entities providing public funding and/or distributing public funds to service provider agencies.
- **Voluntary Participation**
Agencies that are not publicly supported are encouraged to participate

Participating agencies will be offered copies of or access to reports generated from the CRI.

First Call For Help (FCFH) use of information

- Helpline Counselors will have no access to sensitive CRI information in the FCFH call management database. Information Services staff will have password protected access to this information.
- Specific funding details will not be used for Information & Referral purposes.
- Funding details will not be included in directories.
- FCFH will not give out funding information from profiles on a specific provider when requested from another provider or funder. They will be directed to call the agency directly.

Protocols for how the service and funding information should be used

- The information contained in the Community Resource Inventory is designed to be used to enhance planning and decision-making regarding the allocation of service delivery resources and the funding which supports those services to most effectively meet the identified health and social service needs of the residents of Broward County, FL.
- Service information should be used to identify the availability of specific types or variables of services in the county at large and in targeted communities or populations.
- Service information should be used to identify gaps and overlaps in services.
- The information in the CRI is not to be used for purposes of creating printed or electronic directories or populating databases for purposes that duplicate or compete with FCFH's information services or products.
- Use of funding information should focus on identifying and making decisions about the financial allocation of resources to programs and services in relationship to needs, gaps and overlaps.
- Funders and service providers will have access to reports generated from the Community Resource Inventory to assist their decision-making, program planning, and communication efforts.
- Utilization of funding and service information will be monitored for adherence to the Community Resource Inventory Guiding Principles and Protocols and observance of locally accepted standards for sound and effective decision-making. Misuse of this information will be brought to the attention of the CCB.

Protocols for how and with whom the raw data tables will be shared

- The full data set will be made available to CCB members and the CRI committee only. Exceptions must be approved by the CRI Committee.
- CRI committee members will have access (upon request) to the data for quality and consistency review purposes only. Committee members may not release this information to others.
- The CCB data set will be made available to CCB member agencies after its release, upon return of a written request/release form.
- The CRI database distributed to CCB members is intended to be used for internal planning and decision-making processes and may not be redistributed.
- CCB and CRIC members must agree not to use this information for purposes of creating printed or electronic directories or populating other databases for purposes that duplicate or compete with FCFH's information services or products.

Protocols for requests for and receipt of standardized CCB report sets

- FCFH will provide the CCB office with standard sets of reports upon CRI committee review and release.
- Requests for printed reports should be made in writing on a request/release form to the CCB office, which will provide them to the requestor.
- The requestor must agree not to use this information for purposes of creating printed or electronic directories or populating other databases for purposes that duplicate or compete with FCFH's information services or products.

Protocols for CCB members requesting non-standardized printed reports of CCB data

- FCFH will respond to these requests on a first-come, time available basis at a cost to the CCB member agency.
- First Call will charge for its database/information services at its usual and customary rate. An estimate will be given prior to the beginning of the project.
- The request must be made in writing and be authorized by the CCB member representative or his/her designee. The written request must specifically identify the data fields desired in the final report and the specific taxonomy codes to be filtered. If the requestor does not have a copy of the taxonomy available, FCFH will provide access to use of its book in the FCFH office.
- The requestor must agree not to use this information for purposes of creating printed or electronic directories or populating other databases for purposes that duplicate or compete with FCFH's information services or products.

Protocols for CCB members requesting reports from the full FCFH database

- FCFH will respond to these requests on a first come, time available basis at a cost to the CCB member agency.
- First Call will charge for its database/information services at its usual and customary rate. An estimate will be given prior to the beginning of the project. If the report is an expanded version of a pre-formatted CRI report, the CCB member will benefit from reduced costs because the majority of the programming may already be completed.
- The request must be made in writing and be authorized by the CCB member representative or his/her designee. It must specifically identify the data fields desired in the final report and the specific taxonomy codes to be filtered. If the requestor does not have a copy of the taxonomy available, FCFH will provide access to use of its book in the FCFH office.
- The requestor must agree not to use this information for purposes of creating printed or electronic directories or populating other databases for purposes that duplicate or compete with FCFH's information services or products.

Protocols for non-CCB members requesting non-standardized reports of CCB and/or FCFH data

- First Call will not release full data sets to non-CCB members without prior approval by the CCB.
- FCFH will not release funding data unless it is in an aggregate format that does not identify a particular agency's specific funding sources.
- FCFH will respond to these requests on a first come, time available basis at a cost to the requestor.
- First Call will charge for its database/information services at its usual and customary rate. An estimate will be given prior to the beginning of the project. If the report is an expanded version of a pre-formatted CRI report, the requestor will benefit from reduced hourly costs because the majority of the programming may already be completed.
- The request must be made in writing and include the purpose for which the information will be used. It must specifically identify the data fields desired in the final report and the specific taxonomy codes to be filtered. If the requestor does not have a copy of the taxonomy available, FCFH will provide access to use of its book in the FCFH office.
- The requestor must agree not to use this information for purposes of creating printed or electronic directories or populating other databases for purposes that duplicate or compete with FCFH's information services or products.

Attachment D

Community Resource Inventory (CRI) 1999-2000 Sample Reports

- D-1** Programs by Provider
- D-2** Provider and Program Locations by City
- D-3** Provider and Program Locations by ZIP Code
- D-4** Provider Funding by Funder Group
- D-5** Funder List by Funder Group
- D-6** Funders List of Funded Providers and Programs
- D-7** Programs Associated with Benchmark Indicators
- D-8** Index of 1999 Benchmark Indicators
- D-9a** Programs by Taxonomy Code Report (Complete)
- D-9b** Programs by Taxonomy Code Report (Selected Provider)
- D-9c** Programs by Taxonomy Code Report (Selected Language)
- D-9d** Programs by Taxonomy Code Report (Selected ZIP Code)
- D-10a** Index of Taxonomy Codes Used in the CRI (Summary)
- D-10b** Index of Taxonomy Codes Used in the CRI (Full List)
- D-11** Map of Service Delivery Locations

