

Definitions for Local and State Child Abuse Prevention and Permanency Planning Efforts

I. Adoption Awareness Campaign

Comprehensive adoption promotion includes announcements and advertisements to the general public that will result in many inquiries regarding the adoption of our hard to place children in the foster care system. This may require an evaluation of the dependency court system to expedite children towards permanency as well as a multi-agency commitment in working together to engage adoptive parents and help them navigate the adoption process.

Example

1. **Need:** Based on FSFN data, the circuit is behind on its target for adoptions. A need is to improve adoption outreach to all geographic areas of the circuit.

Action Steps:

- Request four (one for each county) *Explore Adoption* marketing kits, 500 brochures, 50 posters, 100 faith-based partnership forms, and 100 general partnership forms from the Governor's Office.
- Identify champions (e.g., willing to publicize, host events, and even serve on a speakers bureau) in each of the four counties.
- Set the dates, times, locations, etc. and contact the press.
- Train staff on customer service protocols and alert them to an anticipated increase in calls and inquiries.
- Prepare local information packets for anticipated participants at the events.
- Host *Celebrate Adoption* events in each of the four service counties.

Objective: Increase the inquiries (as measured by telephone, email and web logs) and the number of prospective parents (as measured by orientation attendance sheets) in each of the four service counties by 10 percent. Baseline counts will be taken in November and December 2008.

Responsibility: The Circuit Adoptions Specialist will oversee these efforts working with the adoptions case managers assigned to each of the four counties.

Time Frame:

- Baseline data will be collected in November and December 2008.
- The tracking system will begin implementation January 2009.
- Initial requests and identification activities will be completed by February 2009.
- The events will be held by June 2009.
- Trend lines will be analyzed for the three months prior to the events and for the three months following the events for each county.

Adoption Awareness Campaign (continued)

Example

2. **Need:** Based on FSFN data, 50 percent of our children available for adoption have been waiting for more than 24 months for adoptive homes. The need is to increase the number of adoptions by enhancing recruitment efforts and resources.

Actions:

Action Areas	Responsibility	Time Frame
Convene an adoption review team that includes staff, court, GAL, CBC and community representation.	Circuit Administrator	February 2009
Review and identify places where delays in the adoption process occurs for relatives, foster parents and non-relatives who apply to adopt the child(ren) in their care when the court approves the case plan goal of adoption.	CA (lead) and review team members	March 2009
Identify solutions to remedy identified areas for delays.	CA (lead), review team, staff	April 2009
Develop action plans for each area to be impacted: circuit, court, CBC, etc.	Area leaders	June 2009
Develop a protocol for streamlining the adoption approval process for caregivers who are adopting the children in their care.	CA (lead) with area leaders and staff	June 2009
Implement action plans in order to improve the process for relatives, foster parents and non-relatives who apply to adopt the child(ren) in their care when the court approves the case plan goal of adoption.	Area leaders	June 2009

Objective: By June 2010, reduce the median length of time between TPR and the adoption finalization for children in family care by three months.

II. A. Targeted Recruitment Efforts *(Includes Child Specific Recruitment, See II. B.)*

Targeted recruitment efforts seek to locate people in communities most likely to adopt the children in care. They are based on local circuit's demographics and on the characteristics and needs of waiting children in the foster care system. For example, an adoption worker who has several teenagers on his/her caseload would tailor recruitment efforts to those in the communities most likely to adopt teenagers (such as high school or middle school teachers).

Example-

Need: According to FSN, we have 15 older, African American sibling groups who have been waiting more than 24 months for adoption. The circuit needs to engage faith-based organizations in the recruitment of adoptive families. Based on the "Explore Adoption" needs assessment, faith communities would have high interest in adopting children who are predominately older, African American sibling groups. As of yet, we have not tapped this resource. The need is to recruit 8 faith-based organizations to help.

Action Steps:

- Create and implement an outreach plan for engaging faith-based organizations in the recruitment of adoptive families.
- Identify one faith-based organization in each county that will:
 - 1) Sponsor presentations on adoption.
 - 2) Encourage their membership to consider adoption.
 - 3) Provide facilities for MAPP trainings, workshops, and support group meetings.
 - 4) Encourage their membership to provide supportive services to adoptive families
- Match a faith-based organization to a specific adoptive family for support and services.
- Assist the children in preparing and personalizing their materials.
- Participate in the recruitment efforts at each faith-based organization.

Objective(s): At least two faith-based organizations in each county will recruit an adoptive family from their congregation by June 2009. This will be documented by the Adoption Specialist in the circuit. By June 2010, at least eight children or sibling groups were adopted and supported by individual churches. By June 2010, parents of the adopted children will report that they received support services through the assistance of their churches.

Responsibility: The circuit Adoption Specialist assigned to each county will take the lead on this. They will meet and partner with faith-based organizations to engage them in recruitment events. The case manager will prepare children's materials for recruitment and will present adoptive families for sponsorship.

Time Frame:

- By January 2009, the outreach plan will be created.
- By February 2009, a relationship will have been established between the faith-based organization and the adoption agency.
- By March 2009, the adoption specialist will speak at participating churches to provide general information on adoption and specific support needed by families.
- By June 2009, at least one orientation, promotional activity or MAPP training class will be hosted by at least one church in each county.
- By June 2009, each faith-based agency will have identified prospective adoptive families.
- By June 2010, families are engaged in or have completed the process of adoption.
- By June 2010, a system will be in place where adoptive placements are being strengthened by support and services they receive from their church.

II. B. Child Specific Recruitment

Child specific recruitment efforts are based on locating and matching an adoptive family to an identified waiting child. There should be an individualized child-specific recruitment plan for each child who is to be placed that seeks to match adoptive parent's strengths with the child's significant special needs (such as medical complexities, developmental delays, or even age).

Example-

Need: FSFN data show that 24 children with significant special needs have been waiting for adoptive homes longer than 48 months. The adoption agency needs to identify adoptive families for children ages 13 and over who have significant medical and mental health needs.

Action Steps:

- A.** Efforts will be made to support current foster parents in the adoption of medically complex children that are placed in their homes and legally free for adoption. The adoption recruiter will provide the current foster parents with all the necessary information surrounding adoption and funding issues and will be available to answer any questions the foster parents may have.
- B.** For those children who will not be adopted by their foster families, the adoption recruiter will take the following steps to identify a prospective adoptive family:
 - 1) Prepare a child-specific recruitment plan.
 - 2) Create a profile or "passport" on the available child that includes medical information (diagnosis, treatment, services received, etc) strengths, interests, etc.
 - 3) Add the child to the local Heart Gallery
 - 4) Ask the "Explore Adoption" website to feature this child.
 - 5) Prepare a local adoption information packet.
 - 6) Meet with the local nurses association to share the "passports", explain adoption and request consultation.
 - 7) Identify other communities most likely to adopt children with significant medical and mental health needs.
 - 8) Identify prospective families within these communities.
 - 9) Meet with prospective families in these communities.

Objective(s): By June 2010, develop and equip enough medically competent adoptive homes so that the number of teens with medical complexities waiting for adoption is reduced by 50 percent.

Responsibility: Each child's Case Manager will work with the Adoption Specialist, Home Finder, or Recruitment Specialist. When a child is waiting, everyone shares the responsibility of recruiting a forever family.

Time Frames:

By January 2009, specific data on the 24 waiting children will be collected.

By March 2009, a child specific recruitment plan and medical passport will be completed or updated on each of the 24 children.

By April 2009, the child specific plans will be reviewed by the Adoption Specialist and Adoption Home Finder.

By May 2009, the Adoption Specialist will meet with the nurses association and mental health professionals association and distribute the medical passports for review and consultation.

By June 2009, the children's passports will be presented to families that have expressed interest in adopting these children.

By June 2009, meet individually with prospective families.

Note: For all new children entering the system with a plan or concurrent case plan goal of adoption, as soon as the child becomes legally free for adoption, a child-specific recruitment plan will be developed and implemented within 30 days. This plan will be reviewed every three months until the child is placed for adoption. The Adoption Recruiter can work concurrently on the identification of the prospective families.

III. Adoption Orientation and Assistance for Prospective Parents

Because of the commitment needed for MAPP (10-weeks of parenting preparation and training), families should first attend information meetings or orientations to help them decide about foster parenting and adoption. An adoption specialist can begin the relationship with a prospective family at this point and assist them through the adoption process.

A customer services protocol or standard operating procedures should be in place for each agency that requires immediate response to inquiries, assisting with questions, and following up on information mailed to prospective families. A sample survey indicated that half of inquires made to agencies did not result in adoption and that there is only a 20 percent return of applications sent through the mail. Personal attention to prospective families will keep families engaged.

Example-

Need: According to circuit telephone logs and records for FY 2007-2008, half of inquiries made concerning adoptive children are not returned in a timely manner or not returned at all. Thus the circuit needs to develop a more customer responsive system.

Actions

- Develop a workgroup to identify gaps in customer service.
- Bring in a consultant to assess the customer service system and advise the workgroup.
- Develop a customer service protocol that includes a tracking system of adoption inquiries.
- Train all family support workers on the protocol and equip them with information to respond to questions.
- Re-align caseloads so that one worker can serve as an adoption specialist.
- Implement protocol.
- Compile a handbook where families can refer to information concerning adoption, the process and contact information.

Objective(s): By June 2010, the median time for fully responding to all inquiries is within 24 hours. This will be tracked by telephone logs.

Responsibility and Timeframe for Establishing Protocol:

- The Adoption Specialist will design a customer service protocol specific to their agency by February 2008.
- The Adoption Specialist will train all staff on the protocol beginning March 2009.
- The Children's Hut Society and the Florida Kids House will each designate one staff member as an Adoption Specialist for customer service and for support to prospective adoptive families by January 2009.
- The Adoption Specialist will track inquiries and the effectiveness of the protocol will be determined by June 2009.
- Revisions will be made and implemented by July 2009.
- The Adoption Specialist will develop a handbook by March of 2009.

IV. Pre-Adoption Training and Education for Prospective Adoptive Parents

To date, the State of Florida has used the Model Approach to Partnerships in Parenting (MAPP) curriculum for pre-service training for both foster and adoptive families. During the ten weeks of meetings, participants in the group

- are prepared for foster parenting and adoption,
- have the opportunity to select which role (foster parent or adoptive parent) would best suit them or their family,
- determine what children they could best work with, and
- even “select out” if the decision is made not to pursue foster parenting or adoption at this time.

After the prospective family has been approved for adoption and a potential match has been made, the adopting family must be educated about the identified child’s special needs. Disclosure of the child’s social and medical information to the prospective adoptive family is required by law. An in-depth study should include the child’s and birth family’s medical and social history as well as the child’s relationships and the significance of them. This information must be provided in writing to the prospective adoptive family.

Example-

Need: In the past year, 5 adoptions were disrupted during the post-placement supervision period with the prospective adoptive parents complaining that they were not fully informed of their child’s complex needs. Thus the need is to ensure adequate education and training for prospective adoptive parents when a child is identified for placement in their home and to ensure an appropriate match of parents with children.

Actions:

- A protocol for matching children to appropriate families will be created and implemented.
- Identify all information that should be shared and keep this up to date.
- Inventory and complete the required information for each child.
- Hold staffings for each child prior to initiating the post-placement supervision period which includes current information and any anticipated issues that may arise due to each child’s trauma history.

Objective: During the 2009-2010 state fiscal year (SFY), there will be no disruptions of adoptive placements. This will be tracked by the adoption specialist.

Responsibility: The adoption specialist will take the lead on these action steps. The prospective adoptive families will sign receipts of documentation.

Time Frames:

By January 2009, the Adoption Specialist will establish a protocol for matching children to appropriate adoptive families.

By February 2009, the Adoption Specialist will create necessary documents and checklists needed for the protocol.

By March 2009, all adoption staff will be trained on protocol.

V. Education and Training for Adoptive Families

Adoptive parents and adoption practitioners have identified the need for a coordinated effort between child welfare, mental health, and educational professionals regarding the provision of post-adoption services for our children and their adoptive families. Research studies have provided data suggesting that adoptive parents and adoption practitioners identified a significant need for educational professionals to be knowledgeable about adoption issues. School issues (including academic performance, behavior management, educational supports, social skills, etc) are a significant concern for adopted children. Adoptive families struggle in advocating for children and navigating the school system.

Adoptive parents greatly benefit from education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and acting out behaviors. Continued parent training must be included in post adoption support to equip adoptive parents with the skills needed to meet the developing needs of children. Various types of parent training include adoption resource centers, lending libraries, newsletters, annual adoption conferences, and ongoing training and workshops for parents.

Example-

Need: Adoptive parents have stated that most therapists and school professionals are not knowledgeable, experienced or skilled in helping families with adoption specific issues nor with the challenges related to adopted children who have experienced abuse and neglect with their birth families.

Action Steps:

- Develop a “speaker’s bureau” of adoption specialists and case managers who will conduct information sessions with school guidance counselors and teachers on child abuse and neglect, impact of separation and adoption on children, and the issues adoptive families face. The information sessions can be offered as a panel discussion or presented by an adoption competent mental health provider as an in-service training.
- Meet with the county school board or local school personnel to discuss needs and offer in-service trainings throughout the school year.
- Set a curriculum for in-service training that prioritizes adoption issues that school personnel should be aware of when working with children.
- Recruit an adoption competent mental health professional to provide consultation to classroom teachers.
- Identify one adoptive parent in each school to be a point of contact to the speaker’s bureau. This adoptive parent can also participate in the speaker’s bureau, distribute resources, organize events, etc.
- Provide age-appropriate books in the school’s library on adoption stories for children to learn more about adoption.

Objective: By May of 2009 and prior to the end of the 2008-2009 school year, each school district will have sponsored at least one in-service training on adoption for school personnel to learn about the issues faced by adopted children and their families.

Responsibility: The adoption specialist will (1) assist in the formation of the speaker’s bureau, (2) partner with county school board personnel to elicit support in developing a protocol and scheduling in-service trainings on adoption issues, (3) the adoption specialist will recruit adoption case managers to assist in larger circuits with multiple school districts, and (4) will need to work in conjunction with the school calendar for training dates.

Time Frames: (1) Speaker’s Bureau formed by December 2008; (2,3) Meetings with school personnel arranged by October 2008; (4) In-service training prior to May of 2009.

VI. Mental Health Assistance Services for Adoptive Families

Adopted children and their adoptive parents continue to need mental health services beyond the adoption finalization. Mental health services help children (and their adoptive families) cope with their childhood, foster care and adoption experiences, and the behavioral aftermath of these experiences. Services include individual counseling, family counseling, medication management, educational supports, and residential treatment. Intervention should be tailored to the specific emotional and behavioral needs of children in the child welfare system (such as reactive attachment disorder). Research studies have provided data suggesting that adoptive parents and adoption practitioners identified a significant need for mental health practitioners to be knowledgeable about adoption issues. Mental health practitioners who are adoption competent will provide the most successful treatment. As the legal status and the responsibility of the child shifts to the adoptive family, the adoptive family should have the assistance, subsidy, or mental health coverage to access adoption competent services.

Example-

Need: There are only two adoption competent mental health providers in the circuit. Thus, the need is to increase this number to 20 in order to better serve our adopted children and their families.

Actions:

Action Areas	Responsibility	Time Frame
Establish a circuit wide project team to develop a plan to recruit and train local community and private mental health therapists on adoption-specific therapeutic interventions.	Adoption Specialist	January 2009
Review existing adoption competency training materials and select training curriculum and instructor.	Adoption Mental Health Competency Team	March 2009
Schedule training and provide incentives to those providers who complete the training.	Adoption Mental Health Competency Team	May 2009
Recruit therapists from the circuit's community mental health programs and private therapists to enroll in training.	Adoption Mental Health Competency Team	June 2009
Conduct regional trainings.	Adoption Specialist Instructor	July- October 2009 (on-going as needed)
Publish a resource list for adoptive parents that identifies adoption competent mental health providers that accept Magellan, Medicaid, and/or provide discounted services to adoptive families.	Adoption Specialist	October 2009

Objective: By June 2010, the number of adoption competent mental health providers in the circuit will increase from 2 to 20.

VII. Post-Adoption Supportive Assistance Services for Families

(OPPAGA Report, Jan. 2008) After a finalized adoption, post adoption services are provided by lead agencies, sub-contractors, and/or fee-for-service staff members. Services identified to support the adoptive placement include case management, financial assistance, medical coverage, support groups, respite care, and others.

Adopted children are more likely than biological children to have special healthcare needs, such as moderate or severe health problems, learning disabilities, developmental delays or physical impairments, and other mental health difficulties. The results suggest that, even though adopted children may have poorer health than biological children, their parents may be doing more to ensure that they have needed health care and supportive environments. Post adoptive supportive services provide information, community and specialized supports, and referrals to assist these adoptive parents with addressing the special needs of their adopted children.

Example-

Need: The two greatest needs, based on the most recent focus groups in May 2008, were for support groups and respite care. Active support groups could serve as an informal network for respite care. These support groups can be addressed first and results then monitored to determine if the respite issue gets addressed through informal connections.

Actions:

Action Areas	Responsibility	Time Frame
Develop a plan to engage faith-based organizations as hosts for support group meetings.	Adoption Specialist	January 2009
Recruit two churches in large counties and one church in each of the smaller counties to serve as hosts: <ul style="list-style-type: none"> • Meet with church leaders to discuss, plan and rally support. • Address obstacles to holding meetings at their facilities (e.g. liability insurance, church staff required on property, transportation or parking issues). • Schedule support group meetings and put on church calendar to avoid conflicts. 	Adoption Specialist Church Leaders Church Leaders	March 2009
Advertise support group meetings and communicate any changes or special topics: <ul style="list-style-type: none"> • Create a list of all adoptive families. • Survey interest and recruit participants. • Establish and maintain a web page or an electronic newsletter to post support group information. • Mail flyers with subsidy checks or email modifications. • Publish a directory of adoptive families to form informal contacts (with consent). 	Adoption Specialist Adoption Agency Program Support Adoption Specialist Lead agency fiscal Adoption Specialist	May 2009
Recruit one parent in each county to serve as lead for one year to organize meetings and work in conjunction with the Adoption Agency.	Adoption Specialist	May 2009

Action Areas	Responsibility	Time Frame
Secure child care through the church or other volunteer organizations: <ul style="list-style-type: none"> • Volunteers must be screened to provide direct care for dependent children. • Planned activities for the children will encourage parental participation in the group. • An agency staff member should be present to assist with any difficult behaviors. • Donations of snacks, craft supplies, games, or other supplies can be collected from host churches or other organizations. 	Adoption Specialist Host Church Agency Volunteer Coordinator Adoption Specialist Support Group Leader or Host Church	June 2009
Plan a “kick off” activity that will draw parents’ interest (such as back to school supplies and topics) or sponsor a workshop to begin to form the group.	Adoption Specialist and Support Group Leader	June 2009

Objective: By June 2009, a support group in each county will have a church home, a support group leader, an outreach event, and have held at least one support group meeting.

VIII. Prevention of Maltreatment within the Nexus of Substance Abuse, Mental Illness, and Domestic Violence

Poverty, substance abuse, mental illness, domestic violence, social isolation and insecure parental attachment history are intricately linked with child maltreatment. If the focus of Florida's efforts is to prevent child maltreatment before it occurs in the first place, then bringing together partners that would assist in lowering the incidence rates in these areas, as well as building resiliency in homes affected by these areas, are critical. The service systems that are working to prevent, identify and/or treat substance abuse, mental illness and domestic violence could assist with the identification and amelioration of family dysfunction that results from these impairments and thus serve as a secondary prevention strategy.

Example-

Need: There is a high rate of children coming into care with domestic violence identified as the reason for opening the case. After safety is assessed, parents who are residing in shelter or remaining in the home need to learn how to protect their children and to effectively parent under stress to prevent removal and further trauma to the child.

Action Steps:

- Meet with representatives from the local domestic violence (DV) coalition and shelters.
- Identify parenting needs of those seeking DV counseling and shelter.
- Develop a cadre of counselors, parenting classes, and mentors who are DV-and parenting-competent.
- Procure or develop materials (including brochures, guides for parenting under stress, and children's "good behavior even when you don't feel like it" play or coloring books).
- Meet with DV counseling and shelter staff members to educate on child abuse and neglect and their roles in prevention.
- Meet quarterly with Domestic Violence coalition and shelter staff to ensure adequacy and sufficiency of the materials and supports.

Objective: By June 2010, reduce the 2009 SFY (2009-2010 state fiscal year) rate of children coming into care with domestic violence as the presenting reason by 25 percent.

Responsibility: The circuit administrator will schedule an initial meeting with the community based care lead agency, their providers, and the local agencies who deliver services to victims of domestic violence. Representatives from the CBC lead agency and the DV coalition will co-lead this initiative.

Time Frame:

- By January 2009, the Circuit Administrator will convene a meeting to identify agency representatives, providers, and services in the local circuit.
- By February 2009, a task force of domestic violence competent professionals and programs will be established.
- By June 2009, materials will be developed and distributed to parents and children through programs that provide services to victims of domestic violence.
- By June 2009 and every quarter thereafter, the task force will meet to assess effectiveness.

IX. Community Strengthening for Prevention of Child Maltreatment

Community based child prevention programs:

- (1) Support community based efforts to develop, operate, expand, enhance and, where appropriate, network initiatives aimed at the prevention of child abuse and neglect.
- (2) Support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect before maltreatment occurs.
- (3) Support needs of parents of children with disabilities through respite or other activities.
- (4) Foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

Example-

Need: Analysis of this circuit’s data provided for SFY 2006-2007, as well as a state-wide comparison, shows that too many of our children live in poverty, have parents with substance abuse issues, live in homes where domestic violence is present and, if they are African American, they are more likely to come into the child welfare system. The good news is that there are many caring individuals and organizations working together to impact the lives of these and of all of our children. The need is to develop neighborhood-based community supports and build capacity through the use of community facilitation.

Actions Steps:

Action Areas	Responsibility	Time Frame
Select five communities, one in each county based on the number of abuse reports in their zip codes.	CBC Community Outreach Coordinator	January 2009
Hire a Community Facilitator in each community to assist in program development based on: <ul style="list-style-type: none"> • Identified local needs. • Community assets. • Gaps in service. 	CBC Community Outreach Coordinator	<u>Community- Dates</u> 1.- February 2009 2.- April 2009 3.- June 2009 4.- August 2009 5.- October 2009
Implement neighborhood focused strategies in each of the five counties, selecting communities based on the number of reports in their zip codes. <ul style="list-style-type: none"> • Recruit community leaders. • Survey and identify priorities. • Engage families and use these opportunities to educate. • Empower residents to solve the issues they face. 	Community Facilitator	<u>Community- Dates</u> 1.- February 2009- June 2010 2.- April 2009- June 2010 3.- June 2009- June 2010 4.- August 2009- June 2010 5.- October 2009- June 2010
Create a community asset map for each of the communities and distribute to families.	Community Facilitator	<u>Community- Dates</u> 1.- March 2009 and June 2010 2.- May 2009 and June 2010 3.- July 2009 and June 2010 4.- Sept. 2009 and June 2010 5.- Nov. 2009 and June 2010

Action Areas	Responsibility	Time Frame
Develop partnerships within each of the communities to respond to gaps in services.	Community Facilitator	<u>Community- Dates</u> 1.- April 2009- June 2010 2.- June 2009- June 2010 3.- August 2009- June 2010 4.- October 2009- June 2010 5.- December 2009- June 2010
Identify faith-based organizations to engage in providing support services for families.	Community Facilitator	<u>Community-Dates</u> 1.- April 2009- June 2010 2.- June 2009- June 2010 3.- August 2009- June 2010 4.- October 2009- June 2010 5.- December 2009- June 2010

Objective(s):

- By June 30, 2010, each of the neighborhoods with the highest number of child abuse reports will have implemented a neighborhood focused initiative aimed at reducing the incidences of child abuse and neglect by 50 percent.
- By June 30, 2010, increase the availability and accessibility of services to address identified needs by 10 percent as measured by the changes recorded in the asset maps.
- By June 30, 2010, the number of faith-based organizations in the circuit that provide support services to families will increase by 10 percent.
- Child maltreatment rates will decline by 5 percent from the time of engagement to the close of the plan period (June 2010). Child maltreatment rates for each zip code will be tracked for 6-months prior to engagement of the community and from July 2010 to December 2010.

X. Public Awareness

Universal prevention strategies target activities to anyone in the general population with the goal of preventing child abuse and neglect from ever occurring. Universal strategies are available to everyone rather than targeting populations based on risk factors or specific characteristics. Examples of these would be broad-based public awareness campaigns on positive parenting, positive discipline, roles parents should play in their children's lives, and ways communities can support and nurture children and families, etc.

Example-

Need: For the last three years, the rates of physical abuse, emotional abuse and neglect have not declined, instead they have remained steady. All parents need information on their developing child and encouragement to use positive parenting practices. Positive parenting is antithetical to child maltreatment.

Action Steps:

- Convene a workgroup with the local university and community college communications departments and with the major local television and radio stations.
- Design and develop a campaign that underscores the importance of parenting and encourages parents to take an active role with their children by providing good and low cost examples. These should be:
 - Fun and simple
 - Evidenced-based
 - Targeted to helping parents avoid or redirect problem behaviors or stressful dynamics
 - Model and encourage positive parent-child interaction
- Develop a plan and schedule for distribution of materials and for airing media developed by the partners.

Objective: Reduce by 10 percent for the SFY 2009-2010, the rate of children with reasons for opening cases due to physical abuse, emotional abuse or neglect.

Responsibility: The CBC Lead Agency Communications Director will lead the campaign and invite partners to participate.

Time Frame:

- By February 2009, the Circuit Administrator and CBC Lead Agency Communications Director will have met with the university, community college, television, and radio station communications or public service departments.
- By March 2009, the circuit administrator will convene a work group consisting of both child development specialists and marketing specialists.
- By May 2009, multi-media materials on positive parenting will be developed and reviewed.
- By June 2009, a schedule for television, radio, newspaper publicity will be set.
- By June 2009, initiate Positive Parenting campaign.