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Together we can ensure that Florida's children are raised in healthy, safe, stable and nurturing family environments.

Appendix A -- §39.001, Florida Statutes

Title V
JUDICIAL BRANCH

Chapter 39
PROCEEDINGS RELATING TO CHILDREN

39.001 Purposes and intent; personnel standards and screening.--

(1) PURPOSES OF CHAPTER.--The purposes of this chapter are:

(a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.

(b) To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. Therefore, the Legislature finds that policies and procedures that provide for prevention and intervention through the department's child protection system should be based on the following principles:

1. The health and safety of the children served shall be of paramount concern.

2. The prevention and intervention should engage families in constructive, supportive, and nonadversarial relationships.

3. The prevention and intervention should intrude as little as possible into the life of the family, be focused on clearly defined objectives, and take the most parsimonious path to remedy a family's problems.

4. The prevention and intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.

(c) To provide a child protection system that reflects a partnership between the department, other agencies, and local communities.

(d) To provide a child protection system that is sensitive to the social and cultural diversity of the state.

(e) To provide procedures which allow the department to respond to reports of child abuse, abandonment, or neglect in the most efficient and effective manner that ensures the health and safety of children and the integrity of families.

(f) To preserve and strengthen the child's family ties whenever possible, removing the child from parental custody only when his or her welfare cannot be adequately safeguarded without such removal.

(g) To ensure that the parent or legal custodian from whose custody the child has been taken assists the department to the fullest extent possible in locating relatives suitable to serve as caregivers for the child.

(h) To ensure that permanent placement with the biological or adoptive family is achieved as soon as possible for every child in foster care and that no child remains in foster care longer than 1 year.

(i) To secure for the child, when removal of the child from his or her own family is necessary, custody, care, and discipline as nearly as possible equivalent to that which should have been given by the parents; and to ensure, in all cases in which a child must be removed from parental custody, that the child is placed in an approved relative home, licensed foster home, adoptive home, or independent living program that provides the most stable and potentially permanent living arrangement for the child, as determined by the court. All placements shall be in a safe environment where drugs and alcohol are not abused.

(j) To ensure that, when reunification or adoption is not possible, the child will be prepared for alternative permanency goals or placements, to include, but not be limited to, long-term foster care, independent living, custody to a relative on a permanent basis with or without legal guardianship, or custody to a foster parent or legal custodian on a permanent basis with or without legal guardianship.

(k) To make every possible effort, when two or more children who are in the care or under the supervision of the department are siblings, to place the siblings in the same home; and in the event of permanent placement of the siblings, to place them in the same adoptive home or, if the siblings are separated, to keep them in contact with each other.

(l) To provide judicial and other procedures to assure due process through which children, parents, and guardians and other interested parties are assured fair hearings by a respectful and respected court or other tribunal and the recognition, protection, and enforcement of their constitutional and other legal rights, while ensuring that public safety interests and the authority and dignity of the courts are adequately protected.

(m) To ensure that children under the jurisdiction of the courts are provided equal treatment with respect to goals, objectives, services, and case plans, without regard to the location of their placement. It is the further intent of the Legislature that, when children are removed from their homes, disruption to their education be minimized to the extent possible.

(n) To create and maintain an integrated prevention framework that enables local communities, state agencies, and organizations to collaborate to implement efficient and properly applied evidence-based child abuse prevention practices.

(2) DEPARTMENT CONTRACTS.--The department may contract with the Federal Government, other state departments and agencies, county and municipal governments and agencies, public and private agencies, and private individuals and corporations in carrying out the purposes of, and the responsibilities established in, this chapter.

(a) When the department contracts with a provider for any program for children, all personnel, including owners, operators, employees, and volunteers, in the facility must be of good moral character. A volunteer who assists on an intermittent basis for less than 40 hours per month need not be screened if the volunteer is under direct and constant supervision by persons who meet the screening requirements.

(b) The department shall require employment screening, and rescreening no less frequently than once every 5 years, pursuant to chapter 435, using the level 2 standards set forth in that chapter for personnel in programs for children or youths.

(c) The department may grant exemptions from disqualification from working with children as provided in s. 435.07.

(d) The department shall require all job applicants, current employees, volunteers, and contract personnel who currently perform or are seeking to perform child protective investigations to be drug tested pursuant to the procedures and requirements of s. 112.0455, the Drug-Free Workplace Act. The department is authorized to adopt rules, policies, and procedures necessary to implement this paragraph.

(e) The department shall develop and implement a written and performance-based testing and evaluation program to ensure measurable competencies of all employees assigned to manage or supervise cases of child abuse, abandonment, and neglect.

(3) GENERAL PROTECTIONS FOR CHILDREN.--It is a purpose of the Legislature that the children of this state be provided with the following protections:

(a) Protection from abuse, abandonment, neglect, and exploitation.

(b) A permanent and stable home.

(c) A safe and nurturing environment which will preserve a sense of personal dignity and integrity.

(d) Adequate nutrition, shelter, and clothing.

(e) Effective treatment to address physical, social, and emotional needs, regardless of geographical location.

(f) Equal opportunity and access to quality and effective education, which will meet the individual needs of each child, and to recreation and other community resources to develop individual abilities.

(g) Access to preventive services.

(h) An independent, trained advocate, when intervention is necessary and a skilled guardian or caregiver in a safe environment when alternative placement is necessary.

(4) SUBSTANCE ABUSE SERVICES.--

(a) The Legislature recognizes that early referral and comprehensive treatment can help combat substance abuse in families and that treatment is cost-effective.

(b) The Legislature establishes the following goals for the state related to substance abuse treatment services in the dependency process:

1. To ensure the safety of children.

2. To prevent and remediate the consequences of substance abuse on families involved in protective supervision or foster care and reduce substance abuse, including alcohol abuse, for families who are at risk of being involved in protective supervision or foster care.

3. To expedite permanency for children and reunify healthy, intact families, when appropriate.

4. To support families in recovery.

(c) The Legislature finds that children in the care of the state's dependency system need appropriate health care services, that the impact of substance abuse on health indicates the need for health care services to include substance abuse services to children and parents where appropriate, and that it is in the state's best interest that such children be provided the services they need to enable them to become and remain independent of state care. In order to provide these services, the state's dependency system must have the ability to identify and provide appropriate intervention and treatment for children with personal or family-related substance abuse problems.

(d) It is the intent of the Legislature to encourage the use of the drug court program model established by s. 397.334 and authorize courts to assess children and persons who have custody or are requesting custody of children where good cause is shown to identify and address substance abuse problems as the court deems appropriate at every stage of the dependency process. Participation in treatment, including a treatment-based drug court program, may be required by the court following adjudication. Participation in assessment and treatment prior to adjudication shall be voluntary, except as provided in s. 39.407(16).

(e) It is therefore the purpose of the Legislature to provide authority for the state to contract with community substance abuse treatment providers for the development and operation of specialized support and overlay services for the dependency system, which will be fully implemented and used as resources permit.

(f) Participation in the treatment-based drug court program does not divest any public or private agency of its responsibility for a child or adult, but is intended to enable these agencies to better meet their needs through shared responsibility and resources.

(5) PARENTAL, CUSTODIAL, AND GUARDIAN RESPONSIBILITIES.--Parents, custodians, and guardians are deemed by the state to be responsible for providing their children with sufficient support, guidance, and supervision. The state further recognizes that the ability of parents, custodians, and guardians to fulfill those responsibilities can be greatly impaired by economic, social, behavioral, emotional, and related problems. It is therefore the policy of the Legislature that it is the state's responsibility to ensure that factors impeding the ability of caregivers to fulfill their responsibilities are identified through the dependency process and that appropriate recommendations and services to address those problems are considered in any judicial or nonjudicial proceeding.

(6) LEGISLATIVE INTENT FOR THE PREVENTION OF ABUSE, ABANDONMENT, AND NEGLECT OF CHILDREN.--The incidence of known child abuse, abandonment, and neglect has increased rapidly over the past 5 years. The impact that abuse, abandonment, or neglect has on the victimized child, siblings, family structure, and inevitably on all citizens of the state has caused the Legislature to determine that the prevention of child abuse, abandonment, and neglect shall be a priority of this state. To further this end, it is the intent of the Legislature that an Office of Adoption and Child Protection be established.

(7) OFFICE OF ADOPTION AND CHILD PROTECTION.--

(a) For purposes of establishing a comprehensive statewide approach for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect, the Office of Adoption and Child Protection is created within the Executive Office of the Governor. The Governor shall appoint a Chief Child Advocate for the office.

(b) The Chief Child Advocate shall:

1. Assist in developing rules pertaining to the promotion of adoption, support of adoptive families, and implementation of child abuse prevention efforts.

2. Act as the Governor's liaison with state agencies, other state governments, and the public and private sectors on matters that relate to the promotion of adoption, support of adoptive families, and child abuse prevention.

3. Work to secure funding and other support for the state's promotion of adoption, support of adoptive families, and child abuse prevention efforts, including, but not limited to, establishing cooperative relationships among state and private agencies.

4. Develop a strategic program and funding initiative that links the separate jurisdictional activities of state agencies with respect to promotion of adoption, support of adoptive families, and child abuse prevention. The office may designate lead and contributing agencies to develop such initiatives.

5. Advise the Governor and the Legislature on statistics related to the promotion of adoption, support of adoptive families, and child abuse prevention trends in this state; the status of current adoption programs and services, current child abuse prevention programs and services, the funding of adoption, support of adoptive families, and child abuse prevention programs and services; and the status of the office with regard to the development and implementation of the state strategy for the promotion of adoption, support of adoptive families, and child abuse prevention.

6. Develop public awareness campaigns to be implemented throughout the state for the promotion of adoption, support of adoptive families, and child abuse prevention.

(c) The office is authorized and directed to:

1. Oversee the preparation and implementation of the state plan established under subsection (8) and revise and update the state plan as necessary.

2. Provide for or make available continuing professional education and training in the prevention of child abuse and neglect.

3. Work to secure funding in the form of appropriations, gifts, and grants from the state, the Federal Government, and other public and private sources in order to ensure that sufficient funds are available for the promotion of adoption, support of adoptive families, and child abuse prevention efforts.

4. Make recommendations pertaining to agreements or contracts for the establishment and development of:

a. Programs and services for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.

b. Training programs for the prevention of child abuse and neglect.

c. Multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, young adults, and families.

d. Efforts to promote adoption.

e. Postadoptive services to support adoptive families.

5. Monitor, evaluate, and review the development and quality of local and statewide services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect and shall publish and distribute an annual report of its findings on or before January 1 of each year to the Governor, the Speaker of the House of Representatives, the President of the Senate, the [1]secretary of each state agency affected by the report, and the appropriate substantive committees of the Legislature. The report shall include:

a. A summary of the activities of the office.

b. A summary of the adoption data collected and reported to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and the federal Administration for Children and Families.

c. A summary of the child abuse prevention data collected and reported to the National Child Abuse and Neglect Data System (NCANDS) and the federal Administration for Children and Families.

d. A summary detailing the timeliness of the adoption process for children adopted from within the child welfare system.

e. Recommendations, by state agency, for the further development and improvement of services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.

f. Budget requests, adoption promotion and support needs, and child abuse prevention program needs by state agency.

6. Work with the direct-support organization established under s. 39.0011 to receive financial assistance.

(8) PLAN FOR COMPREHENSIVE APPROACH.--

(a) The office shall develop a state plan for the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children and shall submit the state plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than December 31, 2008. The Department of Children and Family Services, the Department of Corrections, the Department of Education, the Department of Health, the Department of Juvenile Justice, the Department of Law Enforcement, the Agency for Persons with Disabilities, and the Agency for Workforce Innovation shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the Florida local advocacy councils; community-based care lead agencies; private or public organizations or programs with recognized expertise in working with child abuse prevention programs for children and families; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, abandoned, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies; and the circuit courts, when

guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

(b) The development of the state plan shall be accomplished in the following manner:

1. The office shall establish a Child Abuse Prevention and Permanency Advisory Council composed of an adoptive parent who has adopted a child from within the child welfare system and representatives from each state agency and appropriate local agencies and organizations specified in paragraph (a). The advisory council shall serve as the research arm of the office and shall be responsible for:

a. Assisting in developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the promotion and support of adoption and the prevention of child abuse, abandonment, and neglect conducted by the office in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.

b. Assisting in providing a basic format to be utilized by the districts in the preparation of local plans of action in order to provide for uniformity in the district plans and to provide for greater ease in compiling information for the state plan.

c. Providing the districts with technical assistance in the development of local plans of action, if requested.

d. Assisting in examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.

e. Assisting in preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the incorporation into the state plan of information obtained from the local plans, the cooperative plans with the members of the advisory council, and the plan of action for coordination and integration of state departmental activities. The state plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the state plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The state plan shall also include each separate local plan of action.

f. Conducting a feasibility study on the establishment of a Children's Cabinet.

g. Working with the specified state agency in fulfilling the requirements of subparagraphs 2., 3., 4., and 5.

2. The office, the department, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.

3. The office, the department, the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.

4. Within existing appropriations, the office shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect. The plan for accomplishing this end shall be included in the state plan.

5. The office, the department, the Department of Education, and the Department of Health shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the state plan for the prevention of child abuse, abandonment, and neglect.

6. Each district of the department shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the advisory council for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in this paragraph, as well as representatives from those departmental district offices participating in the promotion of adoption, support of adoptive families, and treatment and prevention of child abuse, abandonment, and neglect. In order to accomplish this, the office shall establish a task force on the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect. The office shall appoint the members of the task force in accordance with the membership requirements of this section. The office shall ensure that individuals from both urban and rural areas and an adoptive parent who has adopted a child from within the child welfare system are represented on the task force. The task force shall develop

a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child abandonment and neglect in its geographical area.

b. A description of programs currently serving abused, abandoned, and neglected children and their families and a description of programs for the prevention of child abuse, abandonment, and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.

c. Information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts.

d. A description of programs currently promoting and supporting adoptive families, including information on the impact, cost-effectiveness, and sources of funding of such programs.

e. A description of a comprehensive approach for providing postadoption services. The continuum of services shall include, but not be limited to, sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy.

f. A continuum of programs and services necessary for a comprehensive approach to the promotion of adoption and the prevention of all types of child abuse, abandonment, and neglect as well as a brief description of such programs and services.

g. A description, documentation, and priority ranking of local needs related to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect based upon the continuum of programs and services.

h. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.

i. A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect.

j. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

(9) FUNDING AND SUBSEQUENT PLANS.--

(a) All budget requests submitted by the office, the department, the Department of Health, the Department of Education, the Department of Juvenile Justice, the Department of Corrections, the Agency for Persons with Disabilities, the Agency for Workforce Innovation, or any other agency to the Legislature for funding of efforts for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect shall be based on the state plan developed pursuant to this section.

(b) The office and the other agencies and organizations listed in paragraph (8)(a) shall readdress the state plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. At least biennially, the office shall review the state plan and make any necessary revisions based on changing needs and program evaluation results. An annual progress report shall be submitted to update the state plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required above.

(10) LIBERAL CONSTRUCTION.--It is the intent of the Legislature that this chapter be liberally interpreted and construed in conformity with its declared purposes.

(11) RULEMAKING.-- The Executive Office of the Governor shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this section.

(12) EVALUATION.-- By February 1, 2009, the Legislature shall evaluate the office and determine whether it should continue to be housed in the Executive Office of the Governor or transferred to a state agency.

Appendix B -- Bibliography

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Customer Service
and Customer Support
Protocols for Adoption Services

Publication Date: 21 May 2010

An Overview:

Adoption success begins with a stated commitment to customer service and support for adoptive families. Our customers are making a life changing commitment. In turn, they deserve a commitment from us.

The National Resource Center for Family-Centered Practice and Permanency Planning reported that over the last decade, the inclusion of a "consumer voice" has become a vital part of the child welfare practice. Most states have started developing internal mechanisms for inclusion in their programs. In a subsection on stakeholder involvement, it reads, "A consumer voice can provide vital perspectives on what is "working" and what is not. Further, advocacy efforts not directly affiliated with an agency have also produced policy and practice changes."

Governor Crist has made adoption of Florida's children in foster care a priority of his administration. A reasonable customer service protocol for Florida's adoption process must be in place that requires an appropriate response to all inquiries from adoptive families, beginning with the initial inquiry and continuing after adoptions are finalized. The goal is to make sure every potential adoptive parent (customer) is properly informed and feels comfortable and confident about the adoption process in Florida. Furthermore, the commitment to customer service must continue throughout the adoption process. Our prospective adoptive parents need guidance and encouragement to keep them engaged. They also need to be provided with realistic timeframes and expectations. The adoption process can be overwhelming and families may become frustrated when trying to navigate the system.

Post adoption support is also a critical element of the customer service protocol. Families adopting children whose experience includes foster care placement will face significant challenges in coping with abuse and neglect, attachment and residual loss issues. Agencies need to have services in place and available to families to successfully meet the life long challenges of adoption. These services include: education and training, mental health assistance, and supportive assistance.

Project Adoption Success was a two-day workshop addressing customer service in public adoption. Forty-five Florida participants represented adoption agencies, adoption-related staff, and adoptive parents. Six major systemic challenges and goals were identified:

1. **Call-backs on Inquiries** – Florida will provide for effective engagement and retention of prospective adoptive parents who are appropriate for adopting children in the foster care system from inquiry through post-adoption.
2. **Families Being Prepared to Adopt** – Families will have the knowledge, skills and capacity necessary to provide for an adopted child's welfare.
3. **Professional Knowledge, Skills and Abilities** – Florida will have adoption-competent professionals providing services and involved in the decision-making process.
4. **Legal, Paperwork, and Casework Issues** – Florida will establish and implement a state-wide, uniform best practice for all professionals engaged in the decision-making for permanency options for children.
5. **Inter-jurisdictional Issues** – Children with the goal of adoption will achieve permanency in a timely manner through increased cooperation between all entities involved in adoption throughout Florida.
6. **Transitional and Post-Adoption Services** – All adoptive families will have early and ongoing access to quality transitional and post-adoption services statewide.

<u>**Minimum Standards**</u>

<u>**Minimum Standards for Customer Service:**</u>

1. An inquiry from a prospective adoptive parent about the adoption process who does not have an approved home study must receive a response in 3 business days or less.

2. An inquiry from a prospective adoptive parent with an approved home study who wants to learn more about a specific child on the Explore Adoption Web site, AdoptUSKids, Heart Gallery or Children Awaiting Parents must receive a response in 3 business days or less.

3. Out of town inquiries require collaboration between the case managers of two jurisdictions or geographical areas and consistent contact with the prospective or approved adoptive parents must be required. Working agreements between CBC agencies include placement and supervision processes that ensure services and courtesy supervision are in place prior to the day of placement.

<u>**Minimum Standards for Provision of Post Adoption Services:**</u>

1. A sufficient number of accessible adoptive parent support groups must be established within the circuit that meet at least once a month with a CBC liaison assigned to each group to assist, when needed, in maintaining the groups over time. An adoptive parent support group for Spanish-speaking adoptive parents may need to be established in some areas. In rural areas where there are insufficient numbers of adoptive families for a support group, a monthly or quarterly newsletter may be established and maintained.

2. At the time of finalization, the adoptive parents must be provided a letter or document that explains the process for accessing post-adoption services, including area specific contact information.

3. One or more post-adoption case managers are necessary per circuit to temporarily assist adoptive parents after finalization. At a minimum, post adoption services must include temporary case management as needed for emotional support, educational advocacy, assistance in accessing services, and information and referrals.

4. A process is necessary within each circuit to inform adoptive parents of training/educational opportunities occurring locally, in the State of Florida and nationally related to adoption issues or specific behavioral, mental health, or medical challenges.

5. A process is necessary within each circuit that informs the post-adoption case manager when a child protective investigator has an investigation that involves an adoptive family. The post-adoption case manager may assist with an assessment for services related to the needs of the child, other children in the family or the adoptive parents.

6. With the assistance of an adoption competent facilitator within each circuit, adopted teen support groups may be established to assist adopted teens and teens waiting for adoption to discuss adolescent issues related to the adoption process.

Part 1 – Essential Components of Customer Service

Background:

Increasing Public Adoptions

Victor Groza, PhD, in an article appearing in the National Child Welfare Resource Center, wrote about the increase in international adoptions as a result of families being dissatisfied with the public adoption process. Groza stated, "There are several things public agencies can do to increase the number of families who adopt from the public system rather than internationally. These include:

- friendly and responsive customer service.
- predictability about the adoption process.
- support during the waiting period.

Customer service begins with the initial call from a prospective adoptive family. When a family calls, it is important to return the call in a timely fashion. When a family contacts an agency, it is critical to be welcoming and helpful. If agency staff is going to do something such as, mailing an invitation, sending out information or returning a call, the agency must ensure that the action actually occurs.

Families need consistent, ongoing support throughout the adoption process. A phone call to offer a kind word, sending out an invitation to an event, or a simple e-mail lets them know they have not been forgotten.

Good customer service does not end with an adoption. Post adoption services are also essential. From well-known research, we know there are unique health issues including behavioral, developmental, and psychosocial, that are associated with children adopted from foster care.

…"Good Customer Service: What Public Welfare Workers Should Know About International Adoptions", printed in *The Roundtable, Volume 23, Number 1*., 2009 National Child Welfare Resource Center for Adoption, Spaulding for Children, MI, www.nrcadoption.org

Overcoming Barriers to the Adoption of Foster Children

Research at Harvard University and the Urban Institute has documented that in any given year, 240,000 Americans call social service agencies for information about adopting a child from foster care. Yet only 10,000 to 15,000 of these will actually adopt. Interviews and focus groups with prospective adoptive parents have documented a range of barriers that keep prospective adoptive parents from completing the process. These include difficulty in reaching the right person at an agency, unpleasant initial contacts with agency staff, negativity about the children designed to scare off "uncommitted" parents, and frustration with agency bureaucracy. Visit the Web site at www.listeningtoparents.org for more information about the Listening to Parents Project (Jeff Katz, 2009).

Whatever the reason that public child welfare agencies treat prospective parents so poorly, one fact is clear: Few public child welfare agencies use traditional customer service feedback methods to assess the quality of their services.

To prevent the steep attrition of prospective adoptive parents and make the adoption process more accessible, public child welfare agencies can adopt a number of strategies. Elements of best practice include:

- Soliciting input from adoptive and prospective parents in every aspect of the adoption process. This can include surveys, focus groups, and interviews.
- Involving experienced adoptive parents in the design of the adoption process.
- Guaranteeing that prospective parents can reach the right person on the first try. Agencies should have a specialized adoption hotline where a well-trained and friendly individual can assure callers of a direct and immediate response.
- Emphasizing recruitment rather than screening in the beginning stages of the adoption process (initial calls, information meetings). Early in the process, the risks of alienating a potentially suitable parent far out weighs the risk of allowing an inappropriate parent to begin training.
- Addressing prospective parent's emotional needs during their initial contact with the agency. For most prospective adoptive parents, their first contact with a public child welfare agency in very emotionally charged. The first person to speak with prospective parents should be professional staff with a background in counseling and specialized training in adoption.
- Developing support systems for prospective parents as they go through the adoption process, such as matching programs with adoptive parents. As one prospective parent put it, "This is a very impersonal process for a very personal thing."

Responses to Inquiries:

The following procedures (if not already implemented) are needed to make the process of adopting a child in foster care more efficient and effective.

The Adoption Information Center has developed a phone etiquette/protocol that can be helpful and worthy of replicating. Some of you already use similar procedures; others may need to make small adjustments in the way you respond to families.

1. Use a live person to answer adoption inquiry calls, and if not possible, return calls within one business day.
2. Keep a log of calls missed and after hour's calls, with date and time of incoming call and time call was returned.
3. Greet the family in a warm and friendly manner. The adoption recruiter should identify his or herself by name and agency and should refer to the caller by name during the conversation.
4. Obtain contact information from the caller to be able to follow-up at a later time. Name, phone, address and email.
5. Ask the caller what motivated them to call and how they obtained your number. This is especially helpful as you plan adoption recruitment campaigns.

Adoption Orientations:

National and local media campaigns about adoption inform the public that there are thousands of foster children waiting to be adopted. When prospective adoptive families realize that the adoption process is a prolonged process, and/or that some children they have seen on a web site or know about in foster care already have a potential placement identified, and/or that there may be a wait for a match with a child, many lose interest or feel disenfranchised. It is also discouraging for families to find out that they will have to wait for months until the next adoption training cycle begins. Clearly it is better to minimize waiting times.

Agencies must have sufficient staff to handle the adoption orientations and pre-service trainings. Another solution would be to utilize experienced adoptive parents and foster parents. Some agencies provide compensation to their adoptive or foster parents for their roles in recruitment or training. Explore opportunities for grants through national adoption agencies such as NACAC.

Pre-service Training:

Recruitment and Orientation meetings should be designed to help families "select in", not screen them out.   Pre-service training for adoptive families should include a self-assessment tool where they can make informed decisions about adopting or fostering.

Pre-service training is designed to educate prospective parents about specific emotional, developmental, and behavioral needs of children who enter the child welfare system. During this time, families are being prepared for their role as foster parents or adoptive parents and possibly begin their home studies.

Additional training that is more adoption specific (such as Adoption 101), should be available while they are waiting for placement. Once a child has been identified, adoptive parents should be provided child-specific training to be able to meet the specific needs of the child (such as parenting a child who has experienced trauma, attachment deprivation, or physical/sexual abuse).

Support During the Waiting Period:

When families do have to wait, another good customer service practice is keeping them engaged. Strategies of engagement might include keeping prospective adoptive parents informed about:

1. How long it will take for a child to be placed in their home.
2. What to expect and what the next steps will be.
3. Defining concurrent planning and options to foster and/or open up their acceptance criteria.
4. Adoption events and local, state, and national Web sites where they can view available children, including:
     a.   the AdoptUsKids web site at www.adoptuskids.org
     b.   the Explore Adoption Web site at www.adoptflorida.com, and
     c.   the Web sites for the local Heart Galleries and statewide association of Heart Galleries.
5. Arranging times to touch base or sponsoring support or "while you wait" groups.
6. Connecting them with mentors who are experienced adoptive parents.
7. Or, in some other way, conveying that your agency values them, understands their anxiety during the process, and that staff are there to support them before during and after placement, all of which will collectively result in higher retention rates.
8. Families can be referred to other volunteer opportunities such as mentoring or serving as a Guardian ad Litem.   This way, they can become familiar with the children and the child welfare system.

Customer Service Satisfaction Survey:

It is important to solicit feedback from your adoptive parents throughout the adoption process. Some agencies are required to complete client satisfaction surveys as a part of their Council on Accreditation procedures. Adoptive parents need to be able to express their concerns in an appropriate format. Adoption support groups may provide another venue for feedback, training and support. A sample Customer Satisfaction Survey is included below for modification and use by your agency.

Customer Satisfaction Rating					
	Excellent	Good	Average	Fair	Poor
Staff was available in timely manner.					
Staff greeted you, was courteous, and offered to help.					
Staff answered your questions.					
Staff provided information, realistic expectations and time frame.					
Staff showed knowledge of the services and system.					
Staff offered pertinent advice.					
Staff offered resources and referrals					
Overall, how would you rate your customer service?					
Open-Ended Questions					
What did you like best about our customer service?					
How could we improve our customer service?					
Is there a staff person you would like to commend? Name: Reason:					
Please share any other comments, suggestions or concerns that would help us ensure that all families receive good customer service from us. Thanks!					
Thank you for taking the time to complete this survey.					

Source: http://sbinfocanada.about.com/od/customerservice/a/customersurvey1.htm
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Agency Self-Assessment for Customer Service:

It is important to look at the adoption process you use locally and make adjustments as needed to ensure every prospective family or "customer" feels comfortable and confident about the adoption process in Florida. Use the customer service self-assessment below to identify your strengths and areas for improvement.

1. Ensure all available children are listed in Florida Safe Families Network (FSFN) database with accurate and current information.
   __ Current practice   __ Can implement   __ Cannot implement
   Explain: _____

2. When possible, the inquiries are answered directly by a live adoption staff person.
   __ Current practice   __ Can implement   __ Cannot implement
   Explain: _____

3. Assign a specific point of contact to accept and process adoption Home Studies.
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

4. Document all families that have an approved adoptive home study and have no identified child in Florida Safe Families Network as an approved adoptive parent provider. .
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

5. An agency person acknowledges receipt of a home study and follows-up with families referred by the Adoption Information Center.
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

6. Have regular orientation meetings for prospective families and post the dates, times and places on the agency Web site.
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

7. Include the child's Florida Safe Families Network ID# on all child specific material, including Heart Galleries.
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

8. Have a system in place to survey or gather feedback from adoptive families.
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

9. Have a Web site with local information including adoption events and trainings.
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

10. Sign inter-agency agreements that remove barriers to interjurisdictional placements.
   __Current practice   __Can implement   __Cannot implement
   Explain: _____

Part 2 – Essential Components of Customer Support and Post Adoption Services

Staffing and Capacity:

Successful adoption programs require the recognition that adoption is a life long process with life long challenges that are associated with it. There needs to be a commitment to all adoptive families that supportive assistance will be available when needed. Agencies should have in place:
- An intake process for families to return for needed services,
- At least one designated case manager to respond to adopted children and families post-legal finalization,
- A system to notify families of continued training, adoption workshops, and support group meetings, and
- A resource guide that includes adoption information and adoption competent service providers.

Education and Training:

Adoptive parents 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 their children. Collaboration with the Children's Mental Health Office, Children's Medical Services and local school districts is needed in order to keep families informed of training opportunities that may be of interest to them as well as state and national conferences.

Mental Health Services:

Adopted children and their 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 temporary residential treatment. Intervention should be tailored to the specific emotional and behavioral needs of children in the child welfare system. Research studies have provided data suggesting that adoptive parents and adoptive practitioners have a significant need for mental health providers to be knowledgeable about adoption issues. Mental health providers who are adoption competent will provide the most successful treatment. Research also indicates a higher success rate for adoptive families when the therapeutic focus shifts from child-centered to family-centered.

Adoptive parents have identified the need for a coordinated effort between child welfare, mental health, and education professionals regarding the provision of post-adoption services for our children and their adoptive families. School issues (including academic performance, behavior management, educational supports, social skills, etc.) are a significant concern for adopted children. Adoption competency is necessary for all who make decisions that impact the adopted child and adoptive family.

Supportive Assistance:

Post-adoption support refers to services and assistance offered to families after the legal finalization of their adoption. Although there is not an open case in dependency court or within the adoption agency, the ongoing needs of the child continue. The fundamental goal is to ensure that children remain stable in their adoptive families. 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, education and counseling, support groups, and respite care.

Every circuit and community based care agency providing adoption services should also provide adoption support groups for their adoptive families. These support groups could be:
- Offered to families – waiting, in the placement process, and after finalized adoptions
- Held in conjunction with a foster parent association or support group
- Led by an adoptive parent or by an agency liaison
- Supported by a faith-based community
- Operated through a contract with another program (but still connected to adoption)
- Supplemented by a newsletter or Web site

A secondary benefit of an adoption support group is that participation provides the venue for building relationships that could lead into opportunities for respite care.

Agency Self-Assessment for Customer Support   (Post-Adoption Services):

It is important to look at the services you have in place to support adoptive families (education/training, mental health assistance, supportive assistance). Use the customer support self-assessment below to identify your strengths and areas for improvement.

1. A designated adoption competent staff person responds to requests from adoptive families.
    __Current practice   __Can implement   __Cannot implement
    Explain: _____

2. An intake process is in place for families to request needed services.
    __Current practice   __Can implement   __Cannot implement
    Explain: _____

3. A system is in place to notify families of adoption workshops and support group meetings- such as a Web site or newsletter.
    __Current practice   __Can implement   __Cannot implement
    Explain: _____

4. A resource guide that includes adoption information and service providers.
    __Current practice   __Can implement   __Cannot implement
    Explain: _____

5. A support group for adoptive parents that meets on a regular basis.
    __Current practice   __Can implement   __Cannot implement
    Explain: _____

6. Assess mental health services for providers who are adoption competent.
    __Current practice   __Can implement   __Cannot implement
    Explain: _____

Attachment – The Basis of Great Customer Service   Susan A. Friedman

1. **Know who is boss**. You are in business to service customer needs, and you can only do that if you know what it is your customers want. When you truly listen to your customers, they let you know what they want and how you can provide good service. Never forget that the customer pays our salary and makes your job possible.

2. **Be a good listener**. Take the time to identify customer needs by asking questions and concentrating on what the customer is really saying. Listen to their words, tone of voice, body language and most importantly, how they feel. Beware of making assumptions- thinking you intuitively know what the customer wants. Do you know what three things are most important to your customers?

3. **Identify and anticipate needs**. Customers don't buy products or services. They buy good feelings and solutions to problems. Most customer needs are emotional rather than logical. The more you know your customers, the better you become at anticipating their needs. Communicate regularly so that you are aware of problems or upcoming needs.

4. **Make customers feel important and appreciated**. Treat them as individuals. Always use their name and find ways to compliment them, but be sincere. People value sincerity. It creates good feelings and trust. Think about ways to generate good feelings about doing business with you. Customers are very sensitive and know whether or not you really care about them. Thank them every time you get a chance.

5. **Help customers understand your systems**. Your organization may have the world's best systems for getting things done, but if customers don't understand them, they can get confused, impatient, and angry. Take time to explain how your systems work and how they simplify transactions. Be careful that your systems don't reduce the human element of your organization.

6. **Appreciate the power of "Yes".** Always look for ways to help your customers. When they have a request (as long as it is reasonable) tell them that you can do it. Figure out how afterwards. Look for ways to make doing business with you easy. Always do what you say you are going to do.

7. **Know how to apologize**. When something goes wrong, apologize. It's easy and customers like it. The customer may not always be right, but the customer must always win. Deal with problems immediately and let customers know what you have done. Make it simple for customers to complain. Value their complaints. As much as we dislike it, it gives us an opportunity to improve. Even if customers are having a bad day, go out of your way to make them feel comfortable.

8. **Give more than expected**. Since the future of all companies lies in keeping customers happy, think of ways to elevate yourself above the competition. Consider the following:
    *   What can you give customers that they cannot get elsewhere?
    *   What can you do to follow-up and thank people even when they don't buy?
    *   What can you give customers that is totally unexpected

9. **Get regular feedback**. Encourage and welcome suggestions about how you could improve. There are several ways in which you can find out what customers think and feel about your service.
    *   Listen carefully to what they say.
    *   Check back regularly to see how things are going.
    *   Provide a method that invites constructive criticism, comments and suggestions.

10. **Treat employees well.** Employees are your internal customers and need a regular dose of appreciation. Thank them and find ways to let them know how important they are. Treat your employees with respect and chances are they will have a higher regard for customers. Appreciation stems from the top. Treating customers and employees well is equally important.

Source: http://marketing.about.com/od/relationshipmarketing/a/crmtopten.htm
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Appendix D -- Law Enforcement *Memorandum of Understanding*

**INTERAGENCY AGREEMENT
BETWEEN
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
FLORIDA DEPARTMENT OF JUVENILE JUSTICE
FLORIDA DEPARTMENT OF HEALTH
FLORIDA DEPARTMENT OF LAW ENFORCEMENT**

TO COORDINATE AND DELIVERY TRAINING ACTIVITIES RELATING TO CHILD ABUSE AND NEGLECT

The Department of Children and Families (DCF), the Department of Juvenile Justice (DJJ), the Department of Health (DOH) and the Department of Law Enforcement (FDLE) enter into this interagency agreement to coordinate the training and professional development of staff who are performing duties related to the investigations and delivery of services as it relates to incidents of child abuse and neglect. This Interagency Agreement recognizes the importance of the development and ongoing support of a highly qualified professional staff who are working with the children and families involved with the criminal justice and child welfare system as a result of an incident of child abuse and neglect. This interagency agreement recognizes the benefit of adopting a shared philosophy consistent with family-centered principles for those professionals from the above named agencies who may be involved in issues relating to child welfare, and that, ongoing learning and professional development opportunities is critical to ensuring that these staff have knowledge, skills and abilities necessary to competently carry out their professional duties and responsibilities.

This Interagency Agreement is entered into with the support of the Office of Adoption and Child Protection, within the Executive Office of the Governor, and the Child Abuse Prevention and Permanency Advisory Council whose Florida Child Abuse Prevention and Permanency Plan: January 2009- June 2010 which recommends, *"…By 30 June 2010, the Florida Department of Law Enforcement, the Department of Children and Families, the Department of Health and the Department of Juvenile Justice will have signed a Memorandum of Understanding (MOU) that provides for cross training of employees who work child abuse cases."*

I.   Effective Date

The terms of this Interagency Agreement shall begin on the date of the last signature and shall continue until otherwise amended. The agreement shall be periodically reviewed upon request by a participating agency, and if necessary, shall be renegotiated as needed.

II.   Shared Learning Opportunities

In an effort to provide an expansive array of ongoing learning and professional development opportunities, DCF, DJJ, DOH and FDLE will endeavor to make available to other participating agencies in this agreement, their training events related to the investigation of,

and service delivery for, incidents of child abuse and neglect. Cross agency participation in training events will be contingent upon available resources, not limited to issues such as space, logistics, production costs, and relevancy of content. Outreach efforts for including other participating agencies shall include, but not be limited to, providing relevant information, advertisements and invitations to staff members concerning the expanded options and opportunities for training available to them.

In order to provide the logistical support for the advertising and announcement of available training opportunities, DCF will provide through its existing contract with the University of South Florida's Center for the Advancement of Child Welfare Practice (Center), a shared calendar feature that will allow for the posting of available local training opportunities. All participating agencies are responsible for maintaining and updating available training opportunities through the Center's publically available Circuit Calendar features. DCF will continue to provide the Center's shared calendar feature for as long as the Center, or other web-based information dissemination system, is available within DCF's available resource capacity.

All participating agencies are encouraged to promote the development of local working relationships by periodically requiring those staff with local training coordination and management responsibilities to meet, assess and inform the other local parties in this agreement of training and professional development needs and opportunities. The inclusion of other interested stakeholders, such as community-based care agencies or other contract based providers, in local planning meetings for the assessment and development of training opportunities is strongly encouraged.

III.   Development of Core Foundational Training Curriculum

In an effort to develop a foundational introductory curriculum for cross-training purposes, the participating agencies will partner in a core curriculum review, development and maintenance process. The core and foundational introductory curriculum will provide a unifying instructional basis of key learning points of which all participating agencies staff involved in issues with child abuse and neglect must have mastery. The mutually determined key learning points determined by representatives with appropriate background and expertise from each participating agency and shared accordingly with all participating agencies in this MOU. Each participating agency will ensure that its core and foundational introductory curriculum includes these key points (see attachment).

IN WITNESS WHEREOF, the parties have caused their hand to be set to this Agreement written by their respective authorized officials thereto.

DEPARTMENT OF JUVENILE JUSTICE   DEPARTMENT OF LAW ENFORCEMENT

DEPARTMENT OF HEALTH   DEPARTMENT OF CHILDREN AND FAMILIES

Appendix E -- Local Planning Process Outline

FIVE-YEAR LOCAL PLANNING PROCESS OUTLINE

Version 1.2, Updated 1/13/2010

This outline is designed to guide the local planning teams in developing the *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015*. The plan will cover three major areas of focus:

- 5-Year Plan on the Prevention of Abuse, abandonment, and neglect of Children
- 5-Year Plan on the Promotion of Adoption
- 5-Year Plan on the Support of Adoptive Families

The content of the outline arises from the provisions of §39.001(8)(b)6. and the *Florida Child Abuse Prevention and Permanency Plan: July 2009 – June 2010.* Please note:

- The first draft of the local circuit plan is due (to be received by the Governor's Office of Adoption and Child Protection) on or before close of business 19 February 2010.
- The final draft is due (to be received by the Governor's Office of Adoption and Child Protection) on or before close of business 21 May 2010.

Please see the SUBMISSSION section for more information. Thanks!

PURPOSE

The local circuit plan and plan update will cover five years, beginning **1 July 2010 and ending 30 June 2015**. It will serve four major purposes:

- **First,** it will provide an integrated approach that will guide your circuit's efforts to strengthen Florida's families, creating a better environment for its children.
- **Second**, it will telescope child maltreatment prevention efforts to focus on preventing abuse, abandonment, and neglect <u>before</u> they occur:
  - o Primary prevention – Accessible by the general public in order to prevent child abuse, abandonment, and neglect from occurring.
  - o Secondary prevention – Geared to families who are vulnerable and at risk of maltreating their children in order to prevent child abuse, abandonment, and neglect from occurring.
- **Third**, your circuit plan of action, along with all the other circuit plans of action from around the state, will form the basis for the statewide plan of action and plan update being developed by the Governor's Child Abuse Prevention and Permanency Advisory Council, which is due to the Governor and the Legislature on 30 June 2010.
- **Fourth**, it will provide the structure for monitoring and reporting progress toward meeting the plan goals and objectives.

This outline has been created to assist you in developing a local plan of action that will conform to state requirements described in Subsection 39.001 (8)(b)(6), Florida Statutes. The Governor's Child Abuse Prevention and Permanency Advisory Council will incorporate information from all the local plans in the development of the statewide plan. Copies of the final local circuit plans will become a part of the state plan.

SUBMISSION

<u>Three hard copies</u> **(including one with original signatures)** and <u>one electronic copy in Word</u> of the **first draft** of the local circuit plan **must be received by** <u>18 February 2010</u> to:

> Jim Kallinger, Chief Child Advocate, Executive Office of the Governor
> 400 South Monroe Street, The Capitol, Suite 2002, Tallahassee, FL 32399-0001.
> Telephone Number: 850-921-2015

CONTACT FOR INFORMATION AND ASSISTANCE ABOUT THE PLANNING EFFORT:

Barbara Foster, Deputy Chief Child Advocate
Executive Office of the Governor, The Capitol, Suite 2002, Tallahassee, FL 32399-0001
Telephone: 850-921-2015, Fax: 850-921-0173, Email: Barbara.Foster@myflorida.com
Web Site for Local Planning Teams: *http://www.flgov.com/ca_lpt*
Web Site for the Child Abuse Prevention and Permanency Advisory Council:
     http://www.flgov.com/child_abuse_prevention
Web Site for the DCF "Spinner" Reports:
     http://centerforchildwelfare.fmhi.usf.edu/Pages/Default.aspx

OVERVIEW OF THE PLAN – MAJOR HEADINGS AND COMPONENT PARTS

The format of the local circuit plan will follow the outline provided in this document. The major headings for this outline include:

Part 1 Introduction to the Plan

    I.   Circuit transmittal information
    II.   Process used to develop the plan and plan update

Part 2 Plan for the Prevention of Abuse, abandonment, and neglect of Children

Definitions: Two types of prevention of abuse, abandonment, and neglect (child maltreatment) of children are to be addressed in this plan:
- Primary prevention – Accessible by the general public in order to prevent child abuse, abandonment, and neglect from occurring.
- Secondary prevention – Geared to families who are vulnerable and at risk of maltreating their children in order to prevent child abuse, abandonment, and neglect from occurring.

The major sections of this prevention plan include:

    I.   Status of child maltreatment (including the documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, as well as child abuse, abandonment, and neglect in the geographical area) *§39.001(8)(b)6.a*

    II.   A continuum of programs necessary for a comprehensive approach to prevention of all types of child abuse, abandonment, and neglect (including brief descriptions of such programs and services) *§39.001(8)(b)6.f*

    III.   Description of programs currently serving abused, abandoned, and neglected children and their families (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.b*

    IV.   Description of programs for the prevention of child abuse, abandonment, and neglect (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.b*

    V.   A description, documentation, and priority ranking of local needs related to the prevention of child abuse, abandonment, and neglect based upon the continuum of programs (see 2-II) and services (see 2-IV). *§39.001(8)(b)6.g*

    VI.   A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding *§39.001(8)(b)6.h*

    VII.   Plans for monitoring progress and for determining the results of the prevention efforts

    VIII.   A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect *§39.001(8)(b)6.i*

    IX.   Recommendations for changes that can be accomplished only at the state program level or by legislative action. *§39.001(8)(b)6.j*

Part 3 **Plan for the Promotion of Adoption**

The major sections of this plan for the promotion of adoption include:

   I.   Status of adoption (including information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts) *§39.001(8)(b)6.c*
  II.   A continuum of programs necessary for a comprehensive approach to promotion of adoption (including brief descriptions of such programs and services) *§39.001(8)(b)6.f*
 III.   Description of programs currently promoting adoption (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.d*
  IV.   A description, documentation, and priority ranking of local needs related to the promotion of adoption based upon the continuum of programs (see 3-II) and services (see 3-III). *§39.001(8)(b)6.g*
   V.   A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding *§39.001(8)(b)6.h*
  VI.   Plans for monitoring progress and for determining the results of the adoption promotion efforts
 VII.   A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption *§39.001(8)(b)6.i*
VIII.   Recommendations for changes that can be accomplished only at the state program level or by legislative action. *§39.001(8)(b)6.j*

Part 4 **Plan for the Support of Adoptive Families**

The major sections of this plan for the support of adoptive families include:

   I.   Status of support of adoptive families (to be based upon such areas as the quantity and quality of adoptive parent support groups; quantity and accessibility of adoption competent mental health professionals; educational opportunities available for adoptive parents; and quantity of post adoption services counselors who provide information and referral, temporary case management for emotional support, and educational advocacy)
  II.   Description of a comprehensive approach for providing post-adoption services (including information on sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy) *§39.001(8)(b)6.e*
 III.   Description of programs currently supporting adoptive families (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.d*
  IV.   A description, documentation, and priority ranking of local needs related to the support of adoptive families based upon the comprehensive approach (see 4-II) and services (see 4-III). *§39.001(8)(b)6.g*
   V.   A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding *§39.001(8)(b)6.h*
  VI.   Plans for monitoring progress and for determining the results of efforts to support adoptive families
 VII.   A description of barriers to the accomplishment of a comprehensive approach to the support of adoptive families *§39.001(8)(b)6.i*
 VII.   Recommendations for changes that can be accomplished only at the state program level or by legislative action. *§39.001(8)(b)6.j*

Part 5 **Attachments**

   I.   Local planning team membership and participation roster

PLAN OUTLINE

PART 1 – INTRODUCTION TO THE PLAN

I. __CIRCUIT TRANSMITTAL INFORMATION__ [Use the supplied cover sheet.]

   A. Circuit number and listing of counties served in the circuit

   B. Local planning team convener (accountable circuit employee)
1. Name
2. Title
3. Address (street, city, zip)
4. Telephone
5. Fax
6. Email

   C. Local planning team chairman (if different from the convener)
1. Name
2. Title
3. Address (street, city, zip)
4. Telephone
5. Fax
6. Email

   D. Circuit administrator
1. Printed name
2. Signature
3. Date of signature

II. __PROCESS USED TO DEVELOP THE PLAN AND PLAN UPDATE__

   A. Who led the planning effort

   B. Narrative description of the circuit and the demographics of the counties in the circuit

   C. Brief narrative description of the membership of the planning team(s)
Note: the roster should be placed as Attachment 1.

   D. Overview of the meetings held

   E. Overview of the plan development process

PART 2 – PLAN FOR THE PREVENTION OF ABUSE, ABANDONMENT, AND NEGLECT OF CHILDREN

I.   STATUS OF CHILD MALTREATMENT

Status of child maltreatment (including the documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, as well as child abuse, abandonment, and neglect in the geographical area) §39.001(8)(b)6.a

Data to be provided by the Department of Children and Families and reported by the circuits include:

1. Child maltreatment counts for State Fiscal Year (SFY) 2007-2008
   {See Excel Spreadsheet #1.}
2. Child population counts for SFY 2007-2008 *{See Excel Spreadsheet #1.}*
3. **Child maltreatment counts for SFY 2008-2009 [****State Plan Goal****]**
   {See Excel Spreadsheet #2.}
4. Child population counts for SFY 2008-2009 *{See Excel Spreadsheet #2.}*
5. Unduplicated counts of victims by no indication, by some indication and by verified abuse (most serious finding on any report for the child) *{See Excel Spreadsheet #2.}*
6. Counts of children with most serious finding of verified abuse by age
   {See Excel Spreadsheet #3.}
7. Counts by the array of allegations of abuse *{See Excel Spreadsheets #4 & 6.}*
8. Counts by the array of allegations of abuse that were verified
   {See Excel Spreadsheets #5 & 6.}
9. Demographics (i.e., age, race, and gender) of children who were subjects of investigations (unduplicated counts) *{See Excel Spreadsheet #7.}*
10. Demographics and other characteristics that may be available for perpetrators (i.e., age, race, and gender) *{See Excel Spreadsheet #8.}*
11. Counts by recommendations for services (unduplicated by child and investigation) *{See Excel Spreadsheet #9.}*

Add your own indicators as are appropriate for the planning effort in your circuit.

In Part 2-I, report on your careful review and analysis of the status of child maltreatment for each of the counties in your circuit, in particular the geographic areas where maltreatment is occurring, the arrays of allegations of verified abuse, the demographics of the children involved, the demographics of the perpetrators involved and the array of recommendations for service. This analysis will set the foundation for determining where to put your circuit's efforts and what efforts should be made to prevent child maltreatment before it ever occurs. You will use the benefits of this work to determine the priority needs to be addressed by this prevention plan. The text should be no longer than necessary to convey the main ideas and reasoning process applied so that it can be used for planning and priority setting.

Note: The Excel workbook containing the above spreadsheets is located on the Governor's Web site for the local planning teams at: http://www.flgov.com/ca_lpt

II. CONTINUA OF PRIMARY AND SECONDARY PREVENTION PROGRAMS

A continuum of programs necessary for a comprehensive approach to prevention of all types of child abuse, abandonment, and neglect (including brief descriptions of such programs and services) §39.001(8)(b)6.f

Note: The content of this section may be copied in whole and placed within the plan.

It is the intent of this planning effort to prevent child abuse, abandonment, and neglect before it ever occurs. Thus, for the purpose of this prevention plan, the continuum of programs (necessary for a comprehensive approach to prevention of all types of child abuse, abandonment, and neglect) focuses on the first two of the three levels of prevention and prevention-focused strategies:

Primary using Universal Strategies	Secondary using Selected Strategies	Tertiary using Indicated Strategies
Primary prevention is geared to the general public to prevent child maltreatment from ever occurring. Universal strategies are accessible to anyone with the goal of preventing child maltreatment from ever occurring in the first place.	Secondary prevention is geared to communities and families who are vulnerable and at risk of child maltreatment (e.g., have multiple risk factors – parent age, poverty, substance abuse, domestic violence, maternal depression). Targeted strategies assist these vulnerable groups with the goal of preventing child maltreatment from ever occurring in the first place.	Tertiary prevention consists of activities targeted to families that have confirmed or unconfirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. These are families that qualify for services under child welfare programs. These are families where there is an open case.

II.A. CONTINUUM OF PRIMARY/UNIVERSAL PREVENTION PROGRAMS AND SERVICES *Accessible by the general public prior to the occurrence of child abuse and neglect*

Community Development – Community capacity building, community partnerships, etc.

Community Support for Families – Family resource centers, community events and fairs, etc.

Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.

Information and Referral and Helplines – Access to information about community and social services available for families including early health and development services, etc.

Public Awareness and Education Campaigns – Highlighting risk/protective factors, child development, positive parenting, child safety, domestic violence and substance abuse prevention, bullying prevention, etc.

Workforce – Family-friendly workplace policies, livable wage policies, etc.

II.B. **CONTINUUM OF <u>SECONDARY/SELECTED</u> PREVENTION PROGRAMS AND SERVICES** *Targeted to families with multiple risk factors prior to the occurrence of child Abuse and Neglect*

Adult Education – High School Diploma, GED, job training, ESL classes, mentoring for high risk youth, etc.

Community Development – Community building, community partnerships, etc.

Community Support for Families – Food banks, clothing banks, housing assistance, transportation, emergency assistance, food stamps, quality childcare, etc.

Concrete Services – Referrals for (or provision of) clothing, food, utility payments, housing assistance, transportation, emergency assistance, respite care, etc.

Family Supportive Programs/Services – Voluntary home visiting (e.g., for families that meet Healthy Families Florida and Healthy Start criteria), parent education classes, teen parenting services, parent self-help support groups, domestic violence supports, substance abuse and mental health services, respite care (including families with disabilities), counseling for adults and children, developmental assessments, etc.

Workforce – Family-friendly workplace policies and livable wage policies, etc.

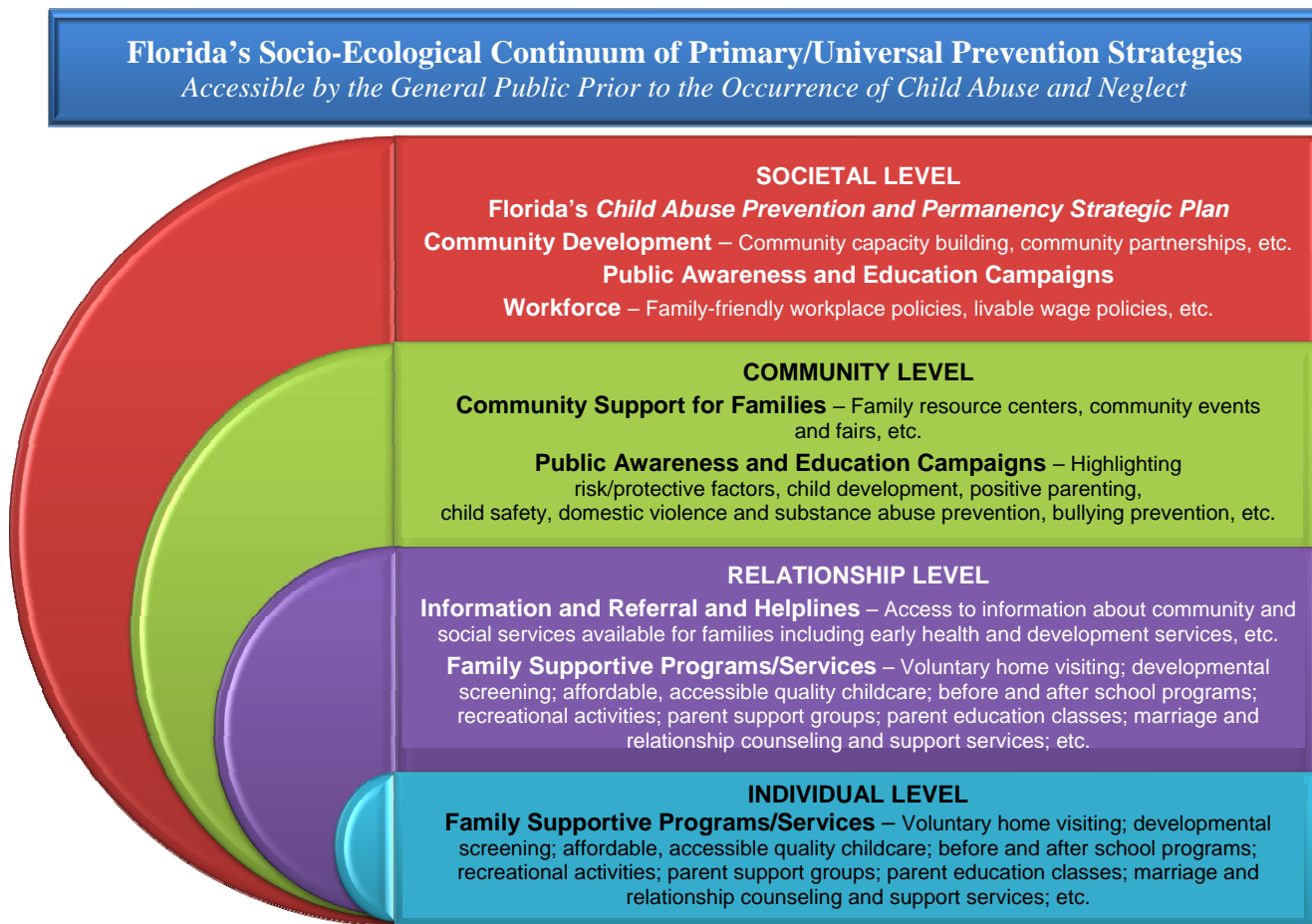**II.C.** **<u>FLORIDA'S ECOLOGICAL FRAMEWORK</u>**

Florida's ecological framework serves to organize the potential influence and impact of prevention strategies and is based on the following assumptions:

- Children and families exist as part of an ecological system. This means that prevention strategies must target interventions at multiple levels: the individual, the relationship, the community, and society.
- Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they raise their children.
- Assuring the well-being of all families is the cornerstone of a healthy society and requires universal access to support programs and services.
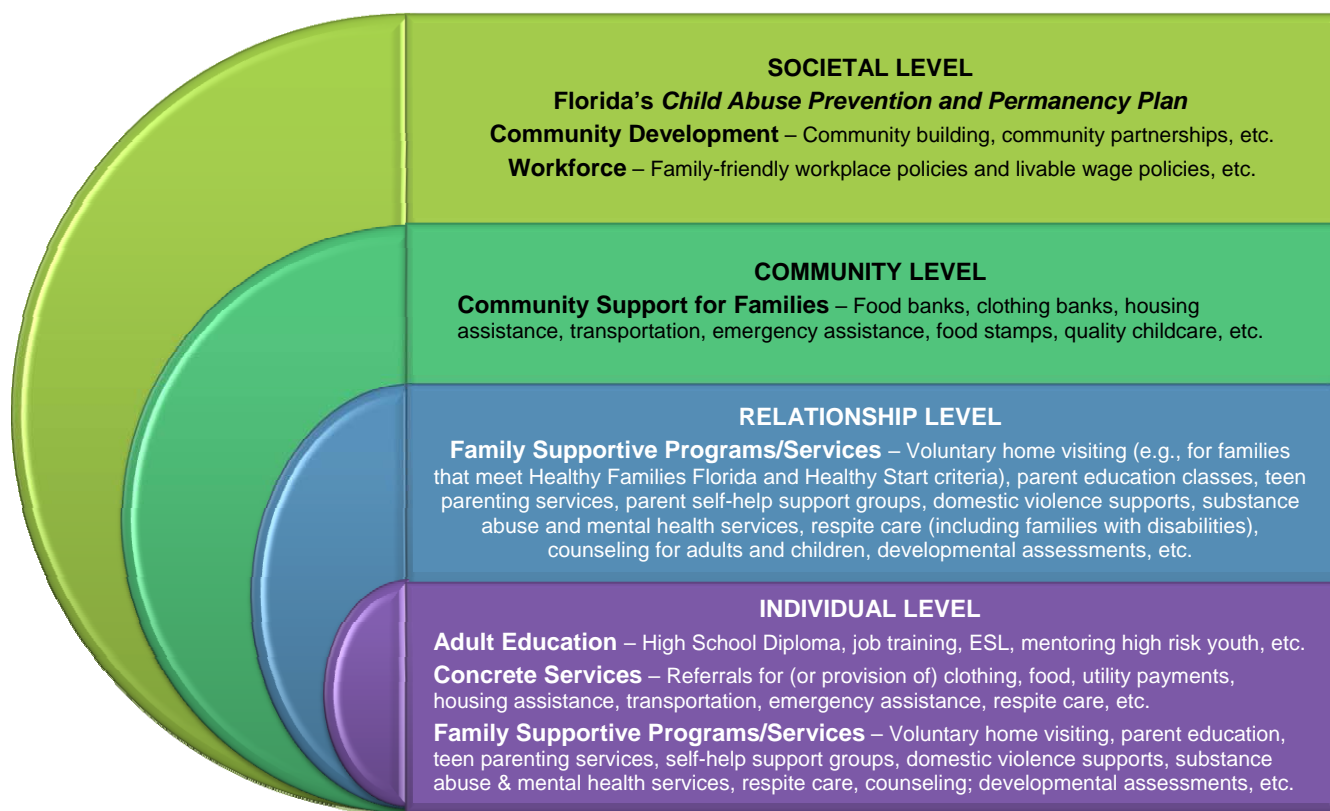
It comprises four levels of influence:

1. *Individual level*: At this level are **parent and child characteristics** – emotional and psychological characteristics, temperament, behavior, problem-solving skills, health conditions, and beliefs – that can affect the rearing of children. Interventions at this level are often designed to affect an individual's social skills, cognitive skills, behavior and immediate circumstances.

2. *Relationship level*: **Interpersonal relationships** with peers, intimate partners, and family members shape an individual's behavior and range of experiences. This level contains factors such as family size, cohesion, communication, support, conflict, and stability that directly affect the child and influence the way in which adults care for children and each other. Interventions at this level are often designed to improve a person's ability to engage in positive and constructive relationships, especially within the immediate family.

3. *Community level*: Families operate within **neighborhoods and communities**. Factors that characterize this level include availability of supports (governmental and community), stability, violence, poverty, disorganization, and isolation; all affect the ability of families and communities to nurture their children. Interventions at the community level are typically designed to impact the climate, systems and policies in a given (usually geographic) setting.

4. *Societal level*: The **larger culture** in which families operate and children are raised plays a significant role in how families care for their young. Religious or cultural belief systems, values such as self-reliance and family privacy, and the cultural acceptance of media violence and corporal punishment of children affect the way in which parents raise their children and the ways in which communities support families. Interventions at the societal level typically involve collaborations of multiple partners to change laws and policies as well as to determine and influence societal norms and harmful cultural belief systems.

Florida's Socio-Ecological Continuum of Primary/Universal Prevention Strategies
Accessible by the General Public Prior to the Occurrence of Child Abuse and Neglect

SOCIETAL LEVEL
Florida's *Child Abuse Prevention and Permanency Strategic Plan*
Community Development – Community capacity building, community partnerships, etc.
Public Awareness and Education Campaigns
Workforce – Family-friendly workplace policies, livable wage policies, etc.

COMMUNITY LEVEL
Community Support for Families – Family resource centers, community events and fairs, etc.
Public Awareness and Education Campaigns – Highlighting risk/protective factors, child development, positive parenting, child safety, domestic violence and substance abuse prevention, bullying prevention, etc.

RELATIONSHIP LEVEL
Information and Referral and Helplines – Access to information about community and social services available for families including early health and development services, etc.
Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.

INDIVIDUAL LEVEL
Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.

Example provided for illustrative purposes only for the CAPP Council from the Ounce of Prevention Fund of Florida

Socio-Ecological Continuum of Secondary/Selected Prevention Strategies
Targeted to Families with Multiple Risk Factors Prior to the Occurrence of Child Abuse and Neglect

SOCIETAL LEVEL
Florida's *Child Abuse Prevention and Permanency Plan*
Community Development – Community building, community partnerships, etc.
Workforce – Family-friendly workplace policies and livable wage policies, etc.

COMMUNITY LEVEL
Community Support for Families – Food banks, clothing banks, housing assistance, transportation, emergency assistance, food stamps, quality childcare, etc.

RELATIONSHIP LEVEL
Family Supportive Programs/Services – Voluntary home visiting (e.g., for families that meet Healthy Families Florida and Healthy Start criteria), parent education classes, teen parenting services, parent self-help support groups, domestic violence supports, substance abuse and mental health services, respite care (including families with disabilities), counseling for adults and children, developmental assessments, etc.

INDIVIDUAL LEVEL
Adult Education – High School Diploma, job training, ESL, mentoring high risk youth, etc.
Concrete Services – Referrals for (or provision of) clothing, food, utility payments, housing assistance, transportation, emergency assistance, respite care, etc.
Family Supportive Programs/Services – Voluntary home visiting, parent education, teen parenting services, self-help support groups, domestic violence supports, substance abuse & mental health services, respite care, counseling; developmental assessments, etc.

Example provided for illustrative purposes only for the CAPP Council from the Ounce of Prevention Fund of Florida

III.   PROGRAMS CURRENTLY SERVING CHILDREN WHO HAVE BEEN MALTREATED

Description of programs currently serving abused, abandoned, and neglected children and their families (including information on the impact, cost-effectiveness, and sources of funding)
§39.001(8)(b)6.b

Note: The content of this section can be copied in whole and placed within the plan.

These data have been collected and reported as a part of the Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010 and have been updated within Florida's Child and Family Services Plan as submitted in June 2009.

IV. CHILD MALTREATMENT PREVENTION PROGRAMS
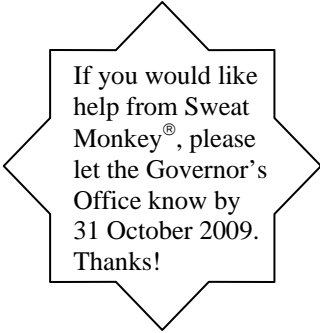
Description of programs for the prevention of child abuse, abandonment, and neglect (including information on the impact, cost-effectiveness, and sources of funding) §39.001(8)(b)6.b

IV.A. PRIMARY/UNIVERSAL PREVENTION STRATEGIES – PROGRAMS ACCESSIBLE BY THE GENERAL PUBLIC PRIOR TO THE OCCURRENCE OF CHILD ABUSE AND NEGLECT

Note: Primary prevention is geared to the general public to prevent child maltreatment from ever occurring. Universal strategies are accessible to anyone with the goal of preventing child maltreatment from ever occurring in the first place.

For each <u>universal prevention strategy or program (primary prevention)</u> provided in your circuit, please provide:

- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families, children served
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Protective factor(s) built by the prevention strategy: (may be more than one)
    - Parental emotional resilience
    - Social connections
    - Knowledge of parenting and child development
    - Concrete support in times of need
    - Nurturing and attachment
- Type of universal prevention strategy (may be more than one)
    - Community development
    - Community support for families
    - Family supportive programs/services
    - Information and referral and helplines
    - Public awareness and education campaigns
    - Workforce
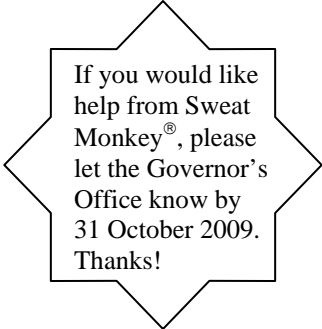
If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

IV.B. **SECONDARY/SELECTED PREVENTION STRATEGIES – PROGRAMS TARGETED TO FAMILIES WITH MULTIPLE RISK FACTORS FOR CHILD ABUSE PRIOR TO THE OCCURRENCE OF CHILD ABUSE AND NEGLECT**

Note: Secondary prevention is geared to communities and families who are vulnerable and at risk of child maltreatment (e.g., have multiple risk factors – parent age, poverty, substance abuse, domestic violence, maternal depression). Targeted strategies assist these vulnerable groups with the goal of preventing child maltreatment from ever occurring in the first place.

For each selected prevention strategy or program (secondary prevention) provided in your circuit, please provide:

- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families, children served
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Protective factors built by the prevention strategy: (may be more than one)
    - Parental emotional resilience
    - Social connections
    - Knowledge of parenting and child development
    - Concrete support in times of need
    - Nurturing and attachment
- Type of secondary prevention strategy (may be more than one)
    - Adult education
    - Community development
    - Community support for families
    - Concrete services
    - Family supportive programs/services
    - Workforce

> If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

V.   PLAN PRIORITIES

A description, documentation, and priority ranking of local needs related to the prevention of child abuse, abandonment, and neglect based upon the continuum of programs and services. §39.001(8)(b)6.g

In Part 2-I, carefully review and analyze the status of child maltreatment, in particular the geographic areas where maltreatment is occurring, the arrays of allegations of verified abuse, the demographics of the children involved, the demographics of the perpetrators involved and the array of recommendations for service.

In Part 2-IV.A & IV.B, carefully review and analyze the presence (and absence) of primary and secondary prevention programs in these areas, especially in light of the continua of primary and secondary programs and services that should be in place (see Part 2-II). For those that are present, note the protective factors that are built by these programs. Identify the areas where there are needs for building protective factors, and identify which protective factors should be the focus of the five-year plan.

For each county covered in the circuit plan, list the needs of that county for primary and secondary prevention efforts in priority order.

Priority Ranking of County-Level Needs Related to the Primary and Secondary Prevention of Child Abuse, abandonment, and neglect
Repeat this table for each county covered in this plan.

County:

Priority	County-Level Need with Description	Level of Prevention Intervention Necessary to Address the Need o Primary (Universal Strategies) o Secondary (Selected Strategies)	Protective Factors that Should be Built/Supported when Meeting this Need o Parental Emotional Resilience o Social Connections o Knowledge of Parenting and Child Development o Concrete Support in Times of Need o Nurturing and Attachment

For example, a county may have a high incidence rate of physical abuse and neglect by mothers under the age of 18. This could be displayed as:

1	Reduce the rate of abuse and neglect by younger mothers (under the age of 18).	Secondary	Social connections Knowledge of parenting and child development Concrete support in times of need Nurturing and attachment

VI.   PLAN OF ACTION FOR THE PREVENTION OF CHILD ABUSE, ABANDONMENT, AND NEGLECT

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

What would it take to <u>succeed</u> in reducing the rate of child maltreatment in our circuit and counties?

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 1
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

> *County ___ Goal 1.1*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.
> *County ___ Goal 1.2*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:

A. Level of Prevention addressed by this Strategy: ❑ Primary Prevention/Universal Strategies *(Complete D)* ❑ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ❑ Societal Level ❑ Relationship Level ❑ Community Level ❑ Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: ❑ Parental Emotional Resilience ❑ Social Connections ❑ Knowledge of Parenting and Child Development ❑ Concrete Support in Times of Need ❑ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ❑ Community Development ❑ Community Support for Families ❑ Family Supportive Programs/Services ❑ Information and Referral and Helplines ❑ Public Awareness and Education Campaigns ❑ Workforce	**E. Secondary Prevention Continuum Addressed by this Objective:** ❑ Adult Education ❑ Community Development ❑ Community Support for Families ❑ Concrete Services ❑ Family Supportive Programs/Services ❑ Public Awareness and Education Campaigns ❑ Workforce

Repeat for each strategy

Objectives (List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)
Objective 1.1
Objective 1.2

Objective:	*(List objectives that will be accomplished by the action steps below.)*				
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**

Definitions *(Consistent with Strategic Planning for Child Welfare Agencies; Frizsell, O'Brien and Arnold, 2004)***:**

Overarching context for the plan:
- The **vision** specifies the "ideal" the kind of world we want to create for tomorrow's children.
- The **mission** identifies what the agency does, why, and for whom. A mission reminds everyone – the public, the Governor, legislators, the courts and agency personnel – of the unique purposes promoted and served by the circuit.

What we want to accomplish:
- **Outcomes** are the desired results or expected consequences of the plan of action.
- **Goals** are the aims, purposes, directions or priorities of the plan that can be measured.

What we will do to get there:
- **Strategies** are broad or overarching efforts to be undertaken to achieve the agency goals or outcomes.
- **Objectives** are specific, measurable, intermediate steps towards accomplishment of goal or outcome within a specific timeframe.
- **Action Steps** are specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.

How we will know if we are making progress:
- **Measures** are evidence of achievement of the goals and/or outcomes. There are two types of measures:
  - **Quantitative Measures** are indicators of progress that can be expressed in numerical terms, counted or compared on a scale.
  - **Qualitative Measures** are indicators of progress that are process oriented and difficult to capture in numerical terms.
- **Benchmarks** are interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.

VI.   PLAN OF ACTION FOR THE PREVENTION OF CHILD ABUSE, ABANDONMENT, AND NEGLECT

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Circuit Goal 1
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

> *Note: This goal should be customized for your circuit ✍ and for each county ↻ in your circuit.*

County ___ Goal 1.1
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

County ___ Goal 1.2
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

Develop a combination of strategies that when implemented will have sufficient power to achieve the results you seek within five years.

Strategy 1
By 30 June 2015, Circuit _____ will _____.

Priority Level:	Priority Need:

| A. Level of Prevention addressed by this Strategy:
☐ Primary Prevention/Universal Strategies *(Complete D)*
☐ Secondary Prevention/Selected Strategies *(Complete E)*
B. Socio-Ecological Model Level(s) Influenced by this Objective:
☐ Societal Level   ☐ Relationship Level
☐ Community Level   ☐ Individual Level | C. Protective Factors that Should be Built/Supported when Meeting this Priority Need:
☐ Parental Emotional Resilience
☐ Social Connections
☐ Knowledge of Parenting and Child Development
☐ Concrete Support in Times of Need
☐ Nurturing and Attachment |
| D. Primary Prevention Continuum Addressed by this Strategy:
☐ Community Development
☐ Community Support for Families
☐ Family Supportive Programs/Services
☐ Information and Referral and Helplines
☐ Public Awareness and Education Campaigns
☐ Workforce | E. Secondary Prevention Continuum Addressed by this Objective:
☐ Adult Education
☐ Community Development
☐ Community Support for Families
☐ Concrete Services
☐ Family Supportive Programs/Services
☐ Public Awareness and Education Campaigns
☐ Workforce |

Objectives *(List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)*
Objective 1.1
Objective 1.2

Objective: *(List objectives that will be accomplished by the action steps below.)*					
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
List the specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.	*List the evidence of achievement of the goals and/or outcomes. And as appropriate, interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.*	*Identify the person or position to take the lead for this action step.*	*Identify the partners who will help the lead with accomplishment of this action step.*	*Identify the earliest start date.*	*Identify the date this step should be completed.*

= = = = = = = = ***Repeat for each strategy.*** = = = = = = = =

       Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015, Appendix E

VII.   MONITORING AND EVALUATION
Plans for monitoring progress and for determining the results of the prevention efforts.

VII.A. MONITORING PLAN IMPLEMENTATION

Describe how the circuit planning team will monitor the ongoing progress of the implementation of the plan. It is important the all of the planning and implementing partners be actively involved on a regular basis to discuss their efforts and determine how, collectively, they are taking action as a continuous process. This will provide opportunities to determine and celebrate the producing of measurable improvement in the well-being of the circuit's communities and in the performance of the programs contributing to these results.

Two strategies for monitoring are suggested for consideration by the teams:

1. Have partners, who are tasked with implementation efforts, complete their sections of the monitoring report template (See Attachment 10) and discuss their progress with the entire planning team on a monthly basis (or on some predetermined regular schedule). These conversations will serve to guide decisions about process implementation and performance. The information could then be rolled up into the monitoring reports to be submitted to the Executive Office of the Governor.
2. At regularly scheduled intervals, have the team members talk through the outline for the annual progress report. The benefits of sharing this information on a regularly scheduled basis, not only include having the annual report compiled throughout the year, but also inform, guide and give cause for truly informed decision-making about continued and future direction and results. What could be better?

Note: Although the teams should plan to monitor progress frequently, only two monitoring reports will be submitted to the Executive Office of the Governor. See Attachment 9 of this outline for the timeframe for this reporting.

VII. B ANNUAL PROGRESS REPORTING

Describe how the circuit planning team will prepare for reporting the annual progress of the efforts to implement the plan. See number two above for one idea about this effort (hint). See Attachment 9 of this outline for the timeframe for this reporting.

VIII.   BARRIERS
A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect. §39.001(8)(b)6.i

IX.   RECOMMENDATIONS
Recommendations for changes that can be accomplished only at the state program level or by legislative action. §39.001(8)(b)6.j

PART 3 – PLAN FOR THE PROMOTION OF ADOPTION

I.   STATUS OF ADOPTION PROMOTION
Status of adoption (including information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts) §39.001(8)(b)6.c

Data to be provided by the Department of Children and Families and reported by the circuits include:

From the Data System – Federal Measures *{See Excel Spreadsheet #10.}*
Note: These are county level data that cannot be rolled up to circuit level data.
1. Of the children adopted during the period July 2008 through June 2009, the percent who were adopted within 24 months of entering out of home care
2. Median length of stay for children whose adoptions were finalized – total, by relatives, by foster parents and by recruited parents
3. Percent of foster children in care 17+ months who were adopted by the end of the period
4. Percent of children in foster care 17+ months who became legally free for adoption within six months
5. *Of the children legally free for adoption on 1 July 2008, the percent adopted by 30 June 2009*

From the Data System – Other Measures
6. Number of adoptions finalized SFY 2008-2009 *{See Excel Spreadsheet #11.}*
7. Percent of children adopted – by relatives, by foster parents and by recruited parents. *{See Excel Spreadsheet #12.}*
8. Number of children in out of home care for 12 months or more on 30 June 2009 *{See Excel Spreadsheet #13.}*
9. **Of the children legally free for adoption on 30 June 2009, the length of time since becoming legally free for adoption** *[***State Plan Goal 2***]* *{See Excel Spreadsheet #14.}*
10. Time to finalization (median months) from removal to TPR and TPR to finalization – total, by relatives, by foster parents, and by recruited parents *[Tentative at this time. The data may not become available.]*
11. Number of children with a goal of APPLA as of 30 June 2009 *{See Excel Spreadsheet #15.}*
12. **The length of time between becoming legally free for adoption and adoption finalization for children adopted during SFY 2008-2009** *[***State Plan Goal 1***] {See Excel Spreadsheet #16.}*

From the Adoption Exchange System (800-96-ADOPT)
13. Number of children in out of home care available for adoption who need child-specific adoption promotion efforts as of 30 June 2009
14. Number of sibling groups in out of home care available for adoption who need child-specific adoption promotion efforts as of 30 June 2009
15. Time (in months) children have been waiting for adoption by age ranges and by race

Add your own indicators as are appropriate for the planning effort in your circuit.

In Part 3-I, report on your careful review and analysis of the status of the adoption promotion for those children in need of adoptive homes. This analysis will set the foundation for determining where to put your circuit's efforts and what efforts should be made to promote adoption for those children without homes. You will use the benefits of this work to determine the priority needs to be addressed by this adoption promotion plan.

II.   CONTINUUM OF ADOPTION PROMOTION PROGRAMS

A continuum of programs necessary for a comprehensive approach to promotion of adoption (including brief descriptions of such programs and services) §39.001(8)(b)6.f

Note: The content of this section may be copied in whole and placed within the plan.

Adoption awareness efforts – Web-based, television, newspaper, magazine and radio public service announcements that provide a backdrop for general community awareness about the children in foster care who need adoptive families. The *Explore Adoption* campaign is pre-packaged and ready to be customized and used.

Targeted recruitment efforts – Focusing on specific groups of children and teens needing homes and identifying and targeting those communities most likely to adopt these children. Descriptions of common special needs of available children will lead to target populations that should be recruited; community and faith-based initiatives; incentive programs for foster and adoptive families to recruit others from their communities; advertisements, posters or flyers at places where foster and adoptive parents typically shop or visit; Web sites such as *Explore Adoption*; etc. The *Explore Adoption* campaign is pre-packaged and ready to be used.

Child-specific recruitment efforts – Locating and matching an identified waiting child with an approved adoptive family; media or materials describing and recruiting parents for an individual child; statewide and national adoption Web sites (e.g., *Explore Adoption*, Adoption Information Center, etc.); statewide and local heart galleries; radio, newspaper or television features; "passports" or brochures featuring the child's strengths and needs; etc.

Orientation for prospective adoptive parents – Meetings for staff to explain the adoption process and requirements for becoming an adoptive family; follow-up literature and guides; etc.

Assistance (navigating the system) for prospective adoptive parents – Consistent contact with prospective families, helpdesk for prospective families, guidebooks, brochures or paperwork that explains the process and steps that must be completed to become an approved adoptive parent, etc. *Explore Adoption* Web site has a FAQ page that would assist with this.

Pre-adoption training for prospective parents – Adoptive parent training (e.g., MAPP) and family self-assessment to determine if adoption is a feasible plan for prospective adoptive family, adoption specific training after completion of the MAPP class, etc.

Pre-adoption information for "waiting" parents (i.e., family approved for adoption) – Referrals to local adoptive parent support groups; consultation, brochures or paperwork explaining the process and steps that must be completed once a child is identified as a possible match for approved adoptive families; adoption-specific training after receiving approval to adopt; etc.
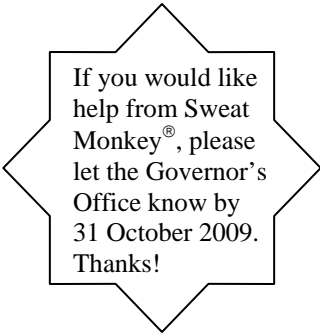
Placement case management for "pre-adoptive" parents – Match staffing, placement supervision, child history disclosure, anticipated child-specific services and training needs, etc.

III.   PROGRAMS CURRENTLY PROMOTING ADOPTION

Description of programs currently promoting adoption (including information on the impact, cost-effectiveness, and sources of funding) §39.001(8)(b)6.d

For each <u>adoption promotion program</u> provided in your circuit, please provide:
- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families reached
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Type of adoption promotion strategy (may be more than one)
  - Adoption awareness efforts
  - Targeted recruitment efforts
  - Child-specific recruitment efforts
  - Orientation for prospective adoptive parents
  - Assistance (navigating the system) for prospective adoptive parents
  - Pre-adoption training for prospective parents
  - Pre-adoption information for "waiting" parents
  - Placement case management for "pre-adoptive" parents

If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

IV. PLAN PRIORITIES

A description, documentation, and priority ranking of local needs related to the promotion of adoption based upon the continuum of programs (see Part 3-II) and services (see Part 3-III). §39.001(8)(b)6.g

In Part 3-I, carefully review and analyze the status of the adoption promotion for those children in need of adoptive homes.

In Part 3-III, carefully review and analyze the presence (and absence) of adoption promotion services in your circuit counties, especially in light of the continuum of options that should be in place (see Part 3-II).

For each county covered in the circuit plan, list the needs of that county for adoption promotion efforts in priority order. Identify the types of promotion activities that would help meet the priority needs.

Priority Ranking of County-Level Needs Related to the Promotion of Adoption for Children in Need of Adoptive Families
Repeat this table for each county covered in this plan.

County:

Priority	County-Level Need with Description	Type(s) of Approach Warranted to Meet this Priority Need o Adoption Awareness o Targeted Recruitment o Child-Specific Recruitment o Orientation for Prospective Adoptive Parents o Assistance for Prospective Adoptive Parents o Pre-adoption Training for Prospective Adoptive Parents o Pre-adoption Information for "Waiting" Parents o Placement Case Management for "Pre-adoptive" Parents

For example, a county may have found that they have several sibling groups with medical needs that have been waiting for over three years to be adopted. This could be displayed as:

1	*Reduce the wait time for sibling groups with medical needs to be adopted.*	Adoption Awareness Targeted Recruitment Child-Specific Recruitment Assistance for Prospective Adoptive Parents

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V.   PLAN OF ACTION FOR THE PROMOTION OF ADOPTION

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

What would it take to <u>succeed</u> in having each and every child eligible for adoption to have an appropriate identified home with an efficient timeline in place for adoption in our circuit and counties?

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 1
The percent of children adopted within 12 months of becoming legally free for adoption will increase from the fiscal year 2008-09 rate of ___ percent to ___ percent by 30 June 2015.

Goal 2
The percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2009 rate of ___ percent to ___ percent by 30 June 2015.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:

Types of Approaches Warranted:	Types of Approaches Warranted (continued):
☐ Adoption Awareness	☐ Assistance for Prospective Adoptive Parents
☐ Targeted Recruitment	☐ Pre-adoption Training for Prospective Adoptive Parents
☐ Child-specific Recruitment	☐ Pre-adoption Information for "Waiting" Parents
☐ Orientation for Prospective Adoptive Parents	☐ Placement Case Management for "Pre-adoptive" Parents

Repeat for each strategy

Objectives *(List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)*
Objective 1.1
Objective 1.2

Objective:	*(List objectives that will be accomplished by the action steps below.)*				
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**

V.   PLAN OF ACTION FOR THE PROMOTION OF ADOPTION

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 1
The percent of children adopted within 12 months of becoming legally free for adoption will increase from the fiscal year 2008-09 rate of ___ percent to ___ percent by 30 June 2015.

Goal 2
The percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2009 rate of ___ percent to ___ percent by 30 June 2015.

   Note: These goals should be customized for your circuit ∽and if appropriate, for each county (if useful) in your circuit.

Develop a combination of strategies that when implemented will have sufficient power to achieve the results you seek within five years.

Strategy 1
By 30 June 2015, Circuit _____ will _____.

Priority Level:	Priority Need:
Types of Approaches Warranted: ☐ Adoption Awareness ☐ Targeted Recruitment ☐ Child-specific Recruitment ☐ Orientation for Prospective Adoptive Parents	**Types of Approaches Warranted** (continued)**:** ☐ Assistance for Prospective Adoptive Parents ☐ Pre-adoption Training for Prospective Adoptive Parents ☐ Pre-adoption Information for "Waiting" Parents ☐ Placement Case Management for "Pre-adoptive" Parents

Objectives (List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)
Objective 1.1
Objective 1.2

Objective: *(List objectives that will be accomplished by the action steps below.)*					
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
List the specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.	*List the evidence of achievement of the goals and/or outcomes. And as appropriate, interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.*	*Identify the person or position to take the lead for this action step.*	*Identify the partners who will help the lead with accomplishment of this action step.*	*Identify the earliest start date.*	*Identify the date this step should be completed.*

= = = = = = = = *Repeat for each strategy.* = = = = = = = =

VI.   MONITORING AND EVALUATION
Plans for monitoring progress and for determining the results of the adoption promotion efforts.

VI.A.   MONITORING PLAN IMPLEMENTATION

Describe how the circuit planning team will monitor the ongoing progress of the implementation of the plan. It is important the all of the planning and implementing partners be actively involved on a regular basis to discuss their efforts and determine how, collectively, they are taking action as a continuous process. This provides opportunities to determine and celebrate the producing of measurable improvement in the well-being of the circuit's communities and in the performance of the programs contributing to these results.

Two strategies for monitoring are suggested for consideration by the teams:

1. Have partners, who are tasked with implementation efforts, complete their sections of the monitoring report template (See Attachment 10) and discuss their progress with the entire planning team on a monthly basis (or on some predetermined regular schedule). These conversations will serve to guide decisions about process implementation and performance. The information could then be rolled up into the monitoring reports to be submitted to the Executive Office of the Governor.
2. At regularly scheduled intervals, have the team members talk through the outline for the annual progress report. The benefits of sharing this information on a regularly scheduled basis, not only include having the annual report compiled throughout the year, but also inform, guide and give cause for truly informed decision-making about continued and future direction and results. What could be better?

Note: Although the teams should plan to monitor progress frequently, only two monitoring reports will be submitted to the Executive Office of the Governor. See Attachment 9 of this outline for the timeframe for this reporting.

VI. B   ANNUAL PROGRESS REPORTING

Describe how the circuit planning team will prepare for reporting the annual progress of the efforts to implement the plan. See number two above for one idea about this effort (hint). See Attachment 9 of this outline for the timeframe for this reporting.

VII.   BARRIERS
A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption. §39.001(8)(b)6.i

VIII.   RECOMMENDATIONS
Recommendations for changes that can be accomplished only at the state program level or by legislative action. §39.001(8)(b)6.j

Part 4 – PLAN FOR THE SUPPORT OF ADOPTIVE FAMILIES

I. STATUS OF SUPPORT OF ADOPTIVE FAMILIES

Status of support of adoptive families (to be based upon such areas as the quantity and quality of adoptive parent support groups; quantity and accessibility of adoption competent mental health professionals; educational opportunities available for adoptive parents; and quantity of post adoption services counselors who provide information and referral, temporary case management for emotional support, and educational advocacy).

Data to be provided by the Department of Children and Families and reported by the circuits include:

> *From the Circuits via Kathy Waters and Keith Perlman's analysis of the MAS data*

1. **Number of adoptions that were dissolved and the reasons for the dissolutions based on those adopted children returning to foster care during the year.** *[State Plan Goal]*

> *From the Adoption Exchange System (800-96-ADOPT) via Kathy Waters*

2. Quantity and quality of adoptive parent support groups.
   {**** quality to be determined by the circuit ****}

> *From other sources via Kathy Waters*

3. Quantity and accessibility of adoption competent mental health professionals.
   {**** to be determined by the circuit ****}

4. Educational opportunities available for adoptive parents.
   {**** to be determined by the circuit ****}

5. Quantity, name, title, and contact information of post adoption services counselors who provide information and referral, temporary case management for emotional support, and educational advocacy.
   {**** to be determined by the circuit ****}

Please note, the best way to determine the status of your adoption support efforts and the needs of your adoptive families is to ask them. Knowing the number of dissolutions and the documented reasons for these dissolutions only gives you a small piece of a much larger picture. With input from your adoptive families, the larger picture would provide more information for planning to meet the needs of these families with less expensive and intensive efforts than would be required when events move to crisis levels. A sample survey is provided in the attachments to this format document.

In Part 4-I, report on your careful review and analysis of the status of the support needs of adoptive families, in particular the geographic areas where adoptions are dissolving and unmet requests for assistance are high. This analysis will set the foundation for determining where to put your circuit's efforts and what efforts should be made to promote adoption for those children without homes. You will use the benefits of this work to determine the priority needs to be addressed by this adoption promotion plan.

II.   CONTINUUM OF ADOPTION SUPPORT PROGRAMS

Description of a comprehensive approach for providing post-adoption services (including information on sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy) §39.001(8)(b)6.e

Note: The content of this section may be copied in whole and placed within the plan.

Adoptive parent and teen support groups – Small group opportunities for parents and teens that are accessible; configured and meeting as often as appropriate for the languages, cultures and needs of the participants in your communities; provision of support from umbrella organizations and qualified facilitators where appropriate (e.g., teen support groups); etc.

Education and training opportunities for adoptive parents – Education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and "acting out" behaviors; skill-building to equip adoptive parents with the skills needed to meet the specific and developing needs of children (e.g., fetal alcohol, substance abuse, autism, etc.); providing adoption resource centers, lending libraries, newsletters, annual adoption conferences, and ongoing training and workshops for parents; etc.

Adoption competent education and mental health assistance services for adoptive families – Those providing education and therapeutic services have the basic knowledge and skills to effectively work with adoptive families and to empower adoptive parents and families to provide the environment necessary for ameliorating the effects of trauma (e.g., build relationships, improve relationships, develop nurturing and attachment, etc.); campaigns to recruit professionals to seek adoption competency; etc.
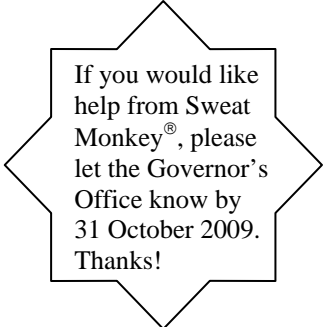
Case management services for adoptive parents and children – An intake process for families to return for needed services; designated case manager to respond to adopted children and families post-legal finalization; system to notify families of continued training, adoption workshops, and support group meetings, and resource guide that includes adoption-support information and service providers; etc.

III.   PROGRAMS CURRENTLY SUPPORTING ADOPTIVE FAMILIES

Description of programs currently supporting adoptive families (including information on the impact, cost-effectiveness, and sources of funding) §39.001(8)(b)6.d

For each <u>program that supports adoptive families</u> provided in your circuit, please provide:

- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families, children served
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Protective factors built by the prevention strategy: (may be more than one)
    - Parental emotional resilience
    - Social connections
    - Knowledge of parenting and child development
    - Concrete support in times of need
    - Nurturing and attachment
- Type of adoption support strategy (may be more than one)
    - Adoptive parent and teen support groups
    - Education and training opportunities for adoptive parents
    - Adoption competent services for adoptive families
    - Case management services for adoptive parents and children

If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

IV.   PLAN PRIORITIES

A description, documentation, and priority ranking of local needs related to the support of adoptive families based upon the comprehensive approach (see Part 4-II) and services (see Part 4-III). §39.001(8)(b)6.g

In Part 4-I, carefully review and analyze the status of the support needs of adoptive families, in particular the geographic areas where adoptions are dissolving and unmet requests for assistance are high. We recommend augmenting the data in Part 4-I with information collected from a survey of adoptive families in your communities.

In Part 4-III, carefully review and analyze the presence (and absence) of adoption supports for adoptive families in your circuit counties, especially in light of the continuum of care that should be in place (see Part 4-II). For those that are present, note the protective factors that are built by these programs. Identify the areas where there are needs for building protective factors, and identify which protective factors should be the focus of the five-year plan in order to ensure stability of the placements and minimize the risk of dissolution or abuse in these homes. Again, local surveys would help you greatly with this analysis.

For each county covered in the circuit plan, list the needs of that county for adoption promotion efforts in priority order.

Priority Ranking of County-Level Needs Related to the Support of Adoptive Families
Repeat this table for each county covered in this plan.

County:

Priority	County-Level Need with Description	Type(s) of Approach Warranted to Meet this Priority Need o Support Groups o Education and Training o Adoption Competent Services o Case Management Services	Protective Factors that Should be Built/Supported when Meeting this Priority Need o Parental Emotional Resilience o Social Connections o Knowledge of Parenting and Child Development o Concrete Support in Times of Need o Nurturing and Attachment

For example, a county surveyed a representative sample of adoptive parents and learned that many were considering "taking drastic measures including seeking residential treatment for their children. The most commonly reported concerns were: frustration with the lack of response by the system, lack of access to counseling, child behavior problems, lack of adoption competent counselors, difficulty with teachers and staff, and lack of accessible parent support groups.

1	*Improve availability and access to adoption competent mental health and education services.*	*Adoption Competent Services*	*Concrete Support in Times of Need*
2	*Improve access to case management services and supports.*	*Case Management Services*	*Concrete Support in Times of Need*
3	*Increase availability of appropriate support groups for parents and youth.*	*Support Groups*	*Parental Emotional Resilience* *Social Connections* *Knowledge of Parenting and Child Development* *Concrete Support in Times of Need* *Nurturing and Attachment*

V. __PLAN OF ACTION FOR THE SUPPORT OF ADOPTIVE FAMILIES__

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

What would it take to __succeed__ in having every adoptive placement supported as needed to sustain stable, healthy and nurturing homes in our circuit and counties?

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 1
The number of adopted children who were returned to foster care (regardless of when the adoption was finalized) in the circuit will be reduced from ____ during the 2008-2009 fiscal year to less than _____ during the 2014-2015 fiscal year.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:

Protective Factors to be Built by the Strategy:	Types of Approaches Warranted:
☐ Parental emotional resilience ☐ Social connections ☐ Knowledge of parenting and child development ☐ Concrete support in times of need ☐ Nurturing and attachment	☐ Adoptive parent and teen support groups ☐ Education and training opportunities for adoptive parents ☐ Adoption competent mental health assistance services for parents and children ☐ Case management services for adoptive parents and children

Repeat for each strategy

Objectives *(List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goa.,)*
Objective 1.1
Objective 1.2

Objective:	*(List objectives that will be accomplished by the action steps below.)*				
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**

V. PLAN OF ACTION FOR THE SUPPORT OF ADOPTIVE FAMILIES

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 1
The number of adopted children who were returned to foster care (regardless of when the adoption was finalized) in the circuit will be reduced from ___ during the 2008-2009 fiscal year to less than ____ during the 2014-2015 fiscal year.

> *Note: This goal should be customized for your circuit ☞ and if appropriate, for each county, if useful, in your circuit.*

Develop a combination of strategies that when implemented will have sufficient power to achieve the results you seek within five years.

Strategy 1
By 30 June 2015, Circuit _____ will _____.

Priority Level:	Priority Need:	
Protective Factors to be Built by the Strategy: ☐ Parental emotional resilience ☐ Social connections ☐ Knowledge of parenting and child development ☐ Concrete support in times of need ☐ Nurturing and attachment	**Types of Approaches Warranted:** ☐ Adoptive parent and teen support groups ☐ Education and training opportunities for adoptive parents ☐ Adoption competent mental health assistance services for parents and children ☐ Case management services for adoptive parents and children	

Objectives *(List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)*
Objective 1.1
Objective 1.2

Objective: *(List objectives that will be accomplished by the action steps below.)*					
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
List the specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.	*List the evidence of achievement of the goals and/or outcomes. And as appropriate, interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.*	*Identify the person or position to take the lead for this action step.*	*Identify the partners who will help the lead with accomplishment of this action step.*	*Identify the earliest start date.*	*Identify the date this step should be completed.*

= = = = = = = ***Repeat for each strategy.*** = = = = = = = =

VI.   <u>MONITORING AND EVALUATION</u>
Plans for monitoring progress and for determining the results of the efforts to support adoptive families.

VI.A.   MONITORING PLAN IMPLEMENTATION

Describe how the circuit planning team will monitor the ongoing progress of the implementation of the plan. It is important the all of the planning and implementing partners be actively involved on a regular basis to discuss their efforts and determine how, collectively, they are taking action as a continuous process. This will provide opportunities to determine and celebrate the producing of measurable improvement in the well-being of the circuit's communities and in the performance of the programs contributing to these results.

Two strategies for monitoring are suggested for consideration by the teams:

1. Have partners, who are tasked with implementation efforts, complete their sections of the monitoring report template (See Attachment 10) and discuss their progress with the entire planning team on a monthly basis (or on some predetermined regular schedule). These conversations will serve to guide decisions about process implementation and performance. The information could then be rolled up into the monitoring reports to be submitted to the Executive Office of the Governor.
2. At regularly scheduled intervals, have the team members talk through the outline for the annual progress report. The benefits of sharing this information on a regularly scheduled basis, not only include having the annual report compiled throughout the year, but also inform, guide and give cause for truly informed decision-making about continued and future direction and results. What could be better?

Note, although the teams should plan to monitor progress frequently, only two monitoring reports will be submitted to the Executive Office of the Governor. See Attachment 9 of this outline for the timeframe for this reporting.

VI. B   ANNUAL PROGRESS REPORTING

Describe how the circuit planning team will prepare for reporting the annual progress of the efforts to implement the plan. See number two above for one idea about this effort (hint). See Attachment 9 of this outline for the timeframe for this reporting.

VII.   <u>BARRIERS</u>
A description of barriers to the accomplishment of a comprehensive approach to the support of adoptive families. §39.001(8)(b)6.i

VIII.   <u>RECOMMENDATIONS</u>
Recommendations for changes that can be accomplished only at the state program level or by legislative action. §39.001(8)(b)6.j

PART 5 – <u>ATTACHMENTS</u>

I.   Local planning team membership and participation roster

ATTACHMENT 1

CROSSWALK OF THE <u>PREVENTION</u> CONTINUA WITH THE 18-MONTH *FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN: JANUARY 2009 – JUNE 2010*

CONTINUUM OF <u>PRIMARY/UNIVERSAL</u> PREVENTION STRATEGIES *Targeted toward the general public prior to the occurrence of child abuse and neglect*	Family Strengthening Initiative	Whole Child Community	Faith-based Prevention Initiative	Positive Parenting Program Triple P®	Healthy Families Florida	Short Term Home Visiting
Community Development – Community capacity building, community partnerships, etc.	✓	✓	✓			
Community Support for Families – Family resource centers, community events and fairs, etc.	✓	✓				
Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.	✓	✓	✓	✓		✓
Information and Referral and Helplines – Access to information about community and social services available for families including early health and development services, etc.	✓	✓	✓			✓
Public Awareness and Education Campaigns – Highlighting risk/protective factors, child development, positive parenting, child safety, domestic violence and substance abuse prevention, bullying prevention, etc.	✓	✓		✓		
Workforce – Family-friendly workplace policies, livable wage policies, etc.	✓		✓			

CONTINUUM OF <u>SECONDARY/SELECTED</u> PREVENTION STRATEGIES *Targeted to families with multiple risk factors prior to the occurrence of child abuse and neglect*	Family Strengthening Initiative	Whole Child Community	Faith-based Prevention Initiative	Positive Parenting Program Triple P®	Healthy Families Florida	Short Term Home Visiting
Adult Education – High School Diploma, GED, job training, ESL classes, mentoring for high risk youth, etc.	✓	✓	✓	✓		
Community Development – Community building, community partnerships, etc.	✓	✓	✓			
Community Support for Families – Food banks, clothing banks, housing assistance, transportation, emergency assistance, food stamps, quality childcare, etc.	✓	✓	✓			
Concrete Services – Referrals for (or provision of) clothing, food, utility payments, housing assistance, transportation, emergency assistance, respite care, etc.	✓	✓	✓		✓	✓
Family Supportive Programs/Services – Voluntary home visiting (e.g., for families that meet Healthy Families Florida and Healthy Start criteria), parent education classes, teen parenting services, parent self-help support groups, domestic violence supports, substance abuse and mental health services, respite care (including families with disabilities), counseling for adults and children, developmental assessments, etc.	✓	✓	✓	✓	✓	✓
Workforce – Family-friendly workplace policies and livable wage policies, etc.	✓		✓			

34   *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015, Appendix E*

CROSSWALK OF THE <u>PROMOTION OF ADOPTION</u> CONTINUA WITH THE 18-MONTH
FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN:
JANUARY 2009 – JUNE 2010

CONTINUUM OF <u>ADOPTION PROMOTION</u> STRATEGIES	Explore Adoption	Faith-based Adoption Initiative	Florida Association of Heart Galleries	Customer Service Protocol
Adoption awareness efforts – Web-based, television, newspaper, magazine and radio public service announcements that provide a backdrop for general community awareness about the children in foster care who need adoptive families. The *Explore Adoption* campaign is pre-packaged and ready to be utilized.	✓	✓	✓	
Targeted recruitment efforts – Focusing on specific groups of children and teens needing homes and identifying and targeting those communities most likely to adopt these children. Descriptions of common special needs of available children will lead to target populations that should be recruited; community and faith-based initiatives; incentive programs for foster and adoptive families to recruit others from their communities; advertisements, posters or flyers at places where foster and adoptive parents typically shop or visit; Web sites such as *Explore Adoption*; etc. The *Explore Adoption* campaign is pre-packaged and ready to be utilized.	✓	✓	✓	
Child-specific recruitment efforts – Locating and matching an identified waiting child with an approved adoptive family; media or materials describing and recruiting parents for an individual child; statewide and national adoption Web sites (e.g., *Explore Adoption*, Adoption Information Center, etc.); statewide and local heart galleries; radio, newspaper or television features; "passports" or brochures featuring the child's strengths and needs; etc.		✓	✓	
Orientation for prospective adoptive parents – Meetings for staff to explain the adoption process and requirements for becoming an adoptive family; follow-up literature and guides; etc.		✓		✓
Assistance (navigating the system) for prospective adoptive parents – Consistent contact with prospective families, helpdesk for prospective families, guidebooks, brochures or paperwork that explains the process and steps that must be completed to become an approved adoptive parent, etc. *Explore Adoption* Web site has a FAQ page that would assist with this.	✓	✓		✓
Pre-adoption training for prospective parents – Adoptive parent training (e.g., MAPP) and family self-assessment to determine if adoption is a feasible plan for prospective adoptive family, adoption specific training after completion of the MAPP class, etc.		✓		✓
Pre-adoption information for "waiting" parents (i.e., family approved for adoption) – Referrals to local adoptive parent support groups; consultation, brochures or paperwork explaining the process and steps that must be completed once a child is identified as a possible match for approved adoptive families; adoption-specific training after receiving approval to adopt; etc.	✓	✓		✓
Placement case management for "pre-adoptive" parents – Match staffing, placement supervision, child history disclosure, anticipated child-specific services and training needs, etc.				✓

**CROSSWALK OF THE <u>SUPPORT OF ADOPTIVE FAMILIES</u> CONTINUA WITH THE
18-MONTH *FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN:
JANUARY 2009 – JUNE 2010***

CONTINUUM OF STRATEGIES FOR THE <u>SUPPORT OF ADOPTIVE FAMILIES</u>	Explore Adoption	Faith-based Adoption Initiative	Florida Association of Heart Galleries	Customer Service Protocol
Adoptive parent and teen support groups – Small group opportunities for parents and teens that are accessible; configured and meeting as often as appropriate for the languages, cultures and needs of the participants in your communities; provision of support from umbrella organizations and qualified facilitators where appropriate (e.g., teen support groups); etc.	✓ *If circuits send this in to the Web site*	✓		✓
Education and training opportunities for adoptive parents – Education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and "acting out" behaviors; skill-building to equip adoptive parents with the skills needed to meet the specific and developing needs of children (e.g., fetal alcohol, substance abuse, autism, etc.); providing adoption resource centers, lending libraries, newsletters, annual adoption conferences, and ongoing training and workshops for parents; etc.		✓		✓
Adoption competent education and mental health assistance services for adoptive families – Those providing education and therapeutic services have the basic knowledge and skills to effectively work with adoptive families and to empower adoptive parents and families to provide the environment necessary for ameliorating the effects of trauma (e.g., build relationships, improve relationships, develop nurturing and attachment, etc.); campaigns to recruit professionals to seek adoption competency; etc.		✓		✓
Case management services for adoptive parents and children – An intake process for families to return for needed services; designated case manager to respond to adopted children and families post-legal finalization; system to notify families of continued training, adoption workshops, and support group meetings, and resource guide that includes adoption-support information and service providers; etc.		✓		✓

ATTACHMENT 2

CROSSWALK OF THE <u>FIVE PROTECTIVE FACTORS</u> WITH THE 18-MONTH *FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN: JANUARY 2009 – JUNE 2010*

PREVENTION STRATEGIES	Parental Emotional Resilience	Social Connections	Knowledge of Parenting and Child Development	Concrete Support in Times of Need	Nurturing and Attachment
Family Strengthening Initiative	✓	✓	✓	✓	✓
Whole Child Community	✓	✓		✓	
Faith-based Prevention Initiative	✓	✓	✓	✓	✓
Positive Parenting Program Triple P®	✓	✓	✓		✓
Healthy Families Florida	✓	✓	✓	✓	✓
Short Term Home Visiting	✓	✓	✓	✓	✓
ADOPTION STRATEGIES	Parental Emotional Resilience	Social Connections	Knowledge of Parenting and Child Development	Concrete Support in Times of Need	Nurturing and Attachment
Explore Adoption					
Faith-based Adoption Initiative	✓	✓	✓	✓	✓
Florida Association of Heart Galleries					
Customer Service Protocol	✓	✓	✓	✓	✓

ATTACHMENT 3

DESCRIPTION OF ADOPTION COMPETENCE

(Developed by Casey Family Services)

Adoption competence training for mental health professionals is necessary to ensure that those providing therapeutic services have the basic knowledge and skills to effectively work with adopted children and to support their adoptive parents. Again, the goal is that there will be no adoption dissolutions. In the plan for Circuits 11 and 16, "adoption competence" for mental health practitioners is defined as:

- Successful completion of the post graduate certification program for adoption competence, or
- Recommendations from a minimum of three adoptive families and three adoption counselors regarding individual or family counseling provided to adoptive families, or
- Successful completion of a minimum of twenty hours of competency-based adoption training and passing scores on evaluations provided at the end of each training.

In addition, the following list was developed to describe the prerequisites for adoption competence for a mental health, educational or child welfare professional:

- Knowledge that adoption is one way to form a family and is a life-long process with remarkably universal experiences as well as unique individual feelings and perceptions.
- Recognition that parenting relationships and family connections are the single most therapeutic element in the life of a child over time.
- Ability to understand that there are common developmental challenges in the experience of adoption.
- Willingness to help families promote secure attachments and healthy relationships no matter what the developmental challenges.
- Ability to address adoption from a culturally competent family perspective: understanding the power of the triad of family relationships.
- Willingness to "balance the power" with adoptive families, collaborating with them as team players and colleagues toward the mutual goal of helping a child to heal.
- Willingness to avoid blaming adoptive parents for their children's behaviors, reframe everyone's goal as being "part of the solution".
- Ability to help adoptive parents honor their child's past and talk with their child about separation, loss and feelings about birth parents.
- Ability to support adoptive parents in assuming parental entitlement and authority, fully empowering them as decision-makers and "experts" when it comes to their child and family.
- Recognition of and respect for the characteristics and skills that make adoptive families successful and assist families in developing and practicing those skills.
- Willingness to work and provide in-home and outreach services to families that meet them "where they are".
- Recognition that temporary out-of-home treatment may be essential (not a "failure" in the adoption) and that the focus is to work to keep the child and family connected and reunified as soon as possible.

The above adoption competency prerequisites can serve as a model in identifying topics for continued education and in establishing a successful adoption program. Three Florida circuits (i.e., Circuits 5, 11, and 16) indicated in their 18-month prevention and permanency plans that they are working on developing training programs with assistance from private funders. Currently, the Department of Children and Families is working with Rutgers University to bring an adoption competency training and certification program to the state of Florida. Most likely, it will be offered through a college (such as St. Petersburg Community College) and as a "Train the Trainer" program for consistency and professional credentialing. The training will be over a 3-day period or totaling 15 hours. Day one will cover "the psychology of adoption", day two "the life cycle of infant adoption", and day three "the life cycle of older child adoption".

ATTACHMENT 4

PREVENTION EXAMPLES

PLAN OF ACTION FOR THE PREVENTION OF CHILD ABUSE, ABANDOMENT AND NEGLECT FOR CIRCUIT *AAA*

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Circuit Goal 1
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 14.71 to a rate of 10.00 per 1,000 children by 30 June 2015.

>   *County fff Goal 1.1*
>   Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 7.18 to a rate of 6.00 per 1,000 children by 30 June 2015.

>   *County ggg Goal 1.2*
>   Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 19.12 to a rate of 15.00 per 1,000 children by 30 June 2015.

>   *County hhh Goal 1.3*
>   Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 20.00 to a rate of 15.00 per 1,000 children by 30 June 2015.

>   *County iii Goal 1.4*
>   Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 13.16 to a rate of 10.00 per 1,000 children by 30 June 2015.

>   *County jjj Goal 1.5*
>   Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 17.95 to a rate of 14.00 per 1,000 children by 30 June 2015.

Example

Strategy 1

By 30 June 2015, Circuit *AAA* will have implemented a faith-based prevention initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.

Priority Level:	Priority Need:
#1 – *ggg* County	Reduce the rate of abuse and neglect by younger mothers (Concrete support in times of need)
#1 – *hhh* County	Reduce the rate of physical abuse of children under age two (Knowledge of parenting and child development, nurturing and attachment and social connections)
#2 – *jjj* County	Reduce the rate of neglect (Concrete support and social connections)

A. Level of Prevention addressed by this Strategy: ☑ Primary Prevention/Universal Strategies *(Complete D)* ☐ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ☐ Societal Level ☑ Relationship Level ☐ Community Level ☑ Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: ☑ Parental Emotional Resilience ☑ Social Connections ☑ Knowledge of Parenting and Child Development ☑ Concrete Support in Times of Need ☑ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ☑ Community Development ☑ Community Support for Families ☑ Family Supportive Programs/Services ☑ Information and Referral and Helplines ☐ Public Awareness and Education Campaigns ☐ Workforce	E. Secondary Prevention Continuum Addressed by this Objective: ☐ Adult Education ☐ Community Development ☐ Community Support for Families ☐ Concrete Services ☐ Family Supportive Programs/Services ☐ Public Awareness and Education Campaigns ☐ Workforce

Objectives

1.1 Develop county-level strategies to engage at least two faith communities in each of Counties *ggg*, *hhh* and *jjj* in the promotion of child abuse prevention using the protective factors with emphasis on social connections, concrete support in times of need, and knowledge of parenting and child development by 30 June 2011.

1.2 Develop systems for identifying existing and/or needed faith oriented child abuse prevention resources available across the faith community that strengthens families using the five protective factors by for all five counties in the circuit by 30 June 2012.

1.3 Achieve full implementation and support of the faith-based initiatives in Counties *ggg*, *hhh* and *jjj* by 30 June 2013.

1.4 Develop county-level strategies to engage at least two faith communities in each of the remaining two counties (Counties *fff* and *iii*) in the circuit in the promotion of child abuse prevention using the protective factors by 30 June 2014.

1.5 Achieve full implementation and support of the faith-based initiatives in Counties *fff* and *iii* by 30 June 2015.

Note: Economies of scale and outreach can be achieved by aligning the adoption and prevention efforts.

Example

Objectives:
1.1 Develop county-level strategies to engage at least two faith communities in each of Counties *ggg*, *hhh* and *jjj* in the promotion of child abuse prevention using the protective factors with emphasis on social connections, concrete support in times of need and knowledge of parenting and child development by 30 June 2011.
1.3 Achieve full implementation and support of the faith-based initiatives in Counties *ggg*, *hhh* and *jjj* by 30 June 2013.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Identify local champions for prevention.	3 champions identified by 15 November 2010	*ggg* CBC – community resource specialist UWof*jjj* – CEO *hhh* Whole Child Coordinator	FL Catholic Conference The Interfaith Council	1 July 2010	15 Nov. 2010
Identify faith communities to implement the initiative.	6 faith communities identified by 31 December 2010 1 *ggg* faith community identified by 31 October 2010 1 *hhh* faith community identified by 31 October 2010 1 *jjj* faith community identified by 31 October 2010	*ggg* CBC – community resource specialist UWof*jjj* – CEO *hhh* Whole Child Coordinator	*ggg* champion *hhh* champion *jjj* champion FL Catholic Conference The Interfaith Council	1 Sept. 2010	31 Dec. 2010
Convene a summit of the 6 communities to train on the protective factors and ways to assist their communities, especially with emphases on concrete support in times of need and knowledge of parenting and child development.	Etc.				

Objective: 1.2 Develop systems for identifying existing and/or needed faith oriented child abuse prevention resources available across the faith community that strengthens families using the five protective factors by for all five counties in the circuit by 30 June 2012.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Establish a leadership team that spans the five counties.	10-member team (with representation from the faith community and local information, resource and referral) established by ____.	3 local champions	FL Catholic Conference The Interfaith Council Summit Leadership	1 July 2011	15 Aug. 2011
Identify methods for cataloguing and reporting resources.	Cataloguing and reporting strategies developed for each county by ____.	County IRR representatives	*ggg* champion *hhh* champion *jjj* champion FL Catholic Conference The Interfaith Council Summit Leadership	1 July 2011	31 Dec. 2011
	Etc.				

Example

Strategy 2

By 30 June 2015, Circuit *AAA* will have developed and supported Whole Child Communities in *ggg* and *jjj* counties.

Priority Level:	Priority Need:
#1 – *ggg* County	Reduce the rate of abuse and neglect by younger mothers (Concrete support in times of need)
#2 – *jjj* County	Reduce the rate of neglect (Concrete support and social connections)

A. Level of Prevention addressed by this Strategy: ☑ Primary Prevention/Universal Strategies *(Complete D)* ☐ Secondary Prevention/Selected Strategies *(Complete E)* B. Socio-Ecological Model Level(s) Influenced by this Objective: ☑ Societal Level ☑ Relationship Level ☑ Community Level ☑ Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: ☑ Parental Emotional Resilience ☑ Social Connections ☐ Knowledge of Parenting and Child Development ☑ Concrete Support in Times of Need ☐ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ☑ Community Development ☑ Community Support for Families ☑ Family Supportive Programs/Services ☑ Information and Referral and Helplines ☑ Public Awareness and Education Campaigns ☑ Workforce	E. Secondary Prevention Continuum Addressed by this Objective: ☐ Adult Education ☐ Community Development ☐ Community Support for Families ☐ Concrete Services ☐ Family Supportive Programs/Services ☐ Public Awareness and Education Campaigns ☐ Workforce

Objectives

2.1 Develop county-level strategies to develop and implement a Whole Child Community in County *ggg* by 30 June 2011.
2.2 Attain Level 2 status of the *ggg* Whole Child Community by 30 June 2013.
2.3 Develop county-level strategies to develop and implement a Whole Child Community in County *jjj* by 30 June 2013.
2.4 Attain Level 2 status of the *jjj* Whole Child Community by 30 June 2015.

Example

Objective:	2.1 Develop county-level strategies to develop and implement a Whole Child Community in County *ggg* by 30 June 2010.				
:--	:--				
	2.2 Attain Level 2 status of the *ggg* Whole Child Community by 30 June 2013.				
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
Convene a small leadership team and meet with the Lawton Chiles Foundation.	Leadership team identified and confirmed (with representation from city govt., county govt., school board, chamber of commerce and medical community) by 31 August 2010.	Senator Blahblah	Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 July 2010	31 Aug. 2010
Establish a group of community leaders and service providers who are committed to building a Whole Child Community (WCC) in partnership with the Foundation.	Community Leaders confirmed by 30 November 2010. Community Leaders provided with copies of the Whole Child Toolkit by 30 November 2010. WCC Convener identified by 31 December 2010.	Senator Blahblah	Leadership Team Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 Sept. 2010	31 Dec. 2010
Draft and adopt a *Commitment to Children* statement.	*Commitment to Children* statement that conforms to the WCC standards adopted by the WCC by 31 Mar. 2011.	WCC Convener	Leadership Team Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 Jan. 2011	31 Mar. 2011
Adopt the *Whole Child Vision Statement*.	Whole Child Vision Statement that conforms to the WCC standards adopted by the WCC by ____.	WCC Convener	Leadership Team Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 Jan. 2011	31 May 2011
Conduct a comprehensive baseline assessment of the community to determine the status of children with respect to the community's Commitment to Children statement and the six dimensions of the Whole Child.	Baseline Survey Report delivered to the WCC by 31 July 2011.				
Develop partnerships and recruit Whole Child providers.	Etc.				

ATTACHMENT 5

ADOPTION PROMOTION EXAMPLE

Example

PLAN OF ACTION FOR THE PROMOTION OF ADOPTION FOR CIRCUIT *AAA*

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 1
The percent of children adopted within 12 months of becoming legally free for adoption will increase from the fiscal year 2008-2009 rate of *xx* percent to *yy* percent by 30 June 2015.

Goal 2
The percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2009 rate of *xx* percent to *yy* percent by 30 June 2015.

Example

Strategy 1

By 30 June 2015, Circuit <u>AAA</u> will use *Explore Adoption* as a component for targeted recruitment strategies.

Priority Level:	Priority Need:
ggg County #1 *iii* County #1	Reduce the wait time (now 3+ years) for sibling groups with medical needs to get adopted (Targeted and child specific recruitment) Reduce the rate of children in their late teens who have been waiting for identified adoptive families for more than 12 months. (Targeted and child specific recruitment)

Types of Approaches Warranted:	Types of Approaches Warranted (continued):
☑ Adoption Awareness ☑ Targeted Recruitment ☑ Child-specific Recruitment ☐ Orientation for Prospective Adoptive Parents	☑ Assistance for Prospective Adoptive Parents ☐ Pre-adoption Training for Prospective Adoptive Parents ☐ Pre-adoption Information for "Waiting" Parents ☐ Placement Case Management for "Pre-adoptive" Parents

Objectives

1.1   25 percent of all inquiries about public adoption in fiscal year 2010-2011 are a result of *Explore Adoption* awareness.
1.2   30 percent of all inquiries about public adoption in fiscal year 2011-2012 are a result of *Explore Adoption* awareness.
1.3   35 percent of all inquiries about public adoption in fiscal year 2012-2013 are a result of *Explore Adoption* awareness.
1.4   40 percent of all inquiries about public adoption in fiscal year 2013-2014 are a result of *Explore Adoption* awareness.
1.5   45 percent of all inquiries about public adoption in fiscal year 2014-2015 are a result of *Explore Adoption* awareness.

Objectives:
1.1   25 percent of all inquiries about public adoption in fiscal year 2010-2011 are a result of *Explore Adoption* awareness.
1.2   30 percent of all inquiries about public adoption in fiscal year 2011-2012 are a result of *Explore Adoption* awareness.
1.3   35 percent of all inquiries about public adoption in fiscal year 2012-2013 are a result of *Explore Adoption* awareness.
1.4   40 percent of all inquiries about public adoption in fiscal year 2013-2014 are a result of *Explore Adoption* awareness.
1.5   45 percent of all inquiries about public adoption in fiscal year 2014-2015 are a result of *Explore Adoption* awareness.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Establish a leadership team for targeted adoption awareness.	Leadership team established by 15 November 2010	LPT Adoption Representative	Local TV station Local radio station Local newspaper Local PR firm CBC Adoption Specialist	1 July 2010	15 Nov. 2010
Develop a process for posting orientation information, training opportunities and adoption support group information on the EA Web site.	Etc.				

Example

Objectives:					
1.1 25 percent of all inquiries about public adoption in fiscal year 2010-2011 are a result of *Explore Adoption* awareness.					
1.2 30 percent of all inquiries about public adoption in fiscal year 2011-2012 are a result of *Explore Adoption* awareness.					
1.3 35 percent of all inquiries about public adoption in fiscal year 2012-2013 are a result of *Explore Adoption* awareness.					
1.4 40 percent of all inquiries about public adoption in fiscal year 2013-2014 are a result of *Explore Adoption* awareness.					
1.5 45 percent of all inquiries about public adoption in fiscal year 2014-2015 are a result of *Explore Adoption* awareness.					

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Analyze the EA needs assessments (i.e., Family Profiles) to clearly identify the communities to target and the media these communities value and use.					
Develop a circuit marketing strategy.					
Develop an intake survey questionnaire to be used to measure EA awareness.					
Train circuit and CBC staff members on use of the questionnaire and EA materials.					
Develop media and vendor relationships to promote and produce materials (e.g., those in EA and those for our children available for adoption).					
Secure positive earned media coverage with a tracking mechanism.					
	Etc.				

Example

ATTACHMENT 6

ADOPTION SUPPORT EXAMPLE

PLAN OF ACTION FOR THE SUPPORT OF ADOPTION FOR CIRCUIT *AAA*

Note: Economies of scale and outreach can be achieved by aligning the adoption and prevention efforts.

Vision
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Outcome
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 1
The number of adopted children who were returned to foster care (regardless of when the adoption was finalized) in the circuit will be reduced from 12 during the 2008-2009 fiscal year to less than 6 during the 2014-2015 fiscal year.

Strategy 1
By 30 June 2015, Circuit *AAA* will have implemented a faith-based adoption initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.

Priority Level:	Priority Need:
#1 for *ggg* County	Reduce the number of dissolutions due to: lack of respite, child behavior problems, lack of access to counseling.
#1 for *iii* County	Improve availability and access to adoption competent mental health and education services.
#3 for *iii* County	Increase availability of appropriate support groups for parents and youth.

Protective Factors to be Built by the Strategy:	Types of Approaches Warranted:
☑ Parental emotional resilience	☑ Adoptive parent and teen support groups
☑ Social connections	☑ Education and training opportunities for adoptive parents
☑ Knowledge of parenting and child development	☑ Adoption competent education and mental health assistance services for adoptive families
☑ Concrete support in times of need	☐ Case management services for adoptive parents and children
☑ Nurturing and attachment	

Example *Objectives*

1.1 Develop county-level strategies to engage at least two faith communities in Counties *ggg* and *iii* to help support adoptive families using the five protective factors with emphases on social connections, concrete support in times of need and knowledge of parenting and child development by 30 June 2011.

1.2 Develop systems for identifying existing and/or needed adoption support resources available across the faith community that strengthens families using the five protective factors by for all five counties in the circuit by 30 June 2012.

1.3 Develop county-level strategies to engage at least two faith communities in all five counties in the circuit in the support of adoptive families using the five protective factors by 30 June 2015.

Objective: 1.1 Develop county-level strategies to engage at least two faith communities in Counties *ggg*, *hhh* and *jjj* in the promotion of child abuse prevention using the five protective factors with emphases on concrete support in times of need and knowledge of parenting and child development by 30 June 2010.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Identify local champions for adoption support (note- these may be the same people as prevention or different people).	2 champions identified by 15 November 2010	*ggg* CBC – community resource specialist UW*iii* – CEO	FL Catholic Conference The Interfaith Council	1 July 2010	15 Nov. 2010
Identify faith communities to implement the initiative.	4 faith communities identified by 31 December 2010 1 *ggg* faith community identified by 31 October 2010 1 *iii* faith community identified by 31 October 2010	*ggg* CBC – community resource specialist UW*iii* – CEO *hhh* Whole Child Coordinator	*ggg* champion *iii* champion FL Catholic Conference The Interfaith Council	1 Sept. 2010	31 Dec. 2010
Convene a summit of the 4 communities to train on the protective factors, needs of adoptive parents and children, issues related to trauma-based care and ways to assist their communities, especially with emphases on support groups, adoption competence training, parenting and child development, adoptive family training opportunities.	Etc.				

ATTACHMENT 7

PROTECTIVE FACTORS HANDOUT DEVELOPED BY THE CENTER FOR THE STUDY OF SOCIAL POLICY *(adapted from www.strengtheningfamilies.net)*

Protective Factors

The Five Protective Factors

The five Protective Factors are the foundation of the Strengthening Families approach. Extensive research supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and neglect diminish.

- Parental resilience: The ability to cope and bounce back from all types of challenges
- Social connections: Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents
- Knowledge of parenting and child development: Accurate information about raising young children and appropriate expectations for their behavior
- Concrete support in times of need: Financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like TANF and Medicaid, and informal support from social networks
- Nurturing and Attachment: A child's ability to interact positively with others and communicate his or her emotions effectively

Parental Resilience

- Parental psychology plays an important role in both the causes and prevention of child abuse and neglect. Parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively rise to challenges in their lives—and they are less likely to abuse or neglect their children.
- Parents who have experienced violence or abuse and neglect themselves or who have other risk factors for becoming abusers need caring relationships to help them develop and maintain positive relationships with their children.
- Parents who know and trust staff are more likely to reveal problems such as domestic violence or feelings of frustration and ask for assistance.

How Early Care and Education Programs Build It

- Programs set aside space for parents, have a welcoming atmosphere throughout, and offer coffee and snacks.
- Staff are trained and expected to create trusting relationships with families and the program provides time and opportunities for these relationships to flourish.
- Programs hire dedicated family support workers whose job it is to build trusting relationships with parents and employ mental health consultants who are available to parents when they need them.
- Staff watch for early signs of child or family distress and respond with encouragement, support, and help in solving problems.

Social Connections

- Helping parents build constructive friendships and other positive connections can reduce their isolation, which is a consistent risk factor in child abuse and neglect. Isolation is a problem in particular for family members who are in crisis or need intensive help, such as victims of domestic violence.
- Social connections build parents' "social capital," their network of others in the community—family, friends, neighbors, churches, etc.—whom they can call on for help solving problems.
- Social connections also enable parents to develop and reinforce community norms about behavior. Norms against violence help reduce child abuse and neglect.
- Friendships lead to mutual assistance in obtaining resources that all families need from time to time, including transportation, respite child care, and other tangible assistance as well as emotional support.

How Early Care and Education Programs Build It

- Potluck dinners with parents and children
- Sports activities for parents
- Parent education classes and workshops
- Helping parents connect with organizations and resources outside the program (e.g., helping them find a church)
- Special outreach and activities for fathers, grandparents, and other extended family members

Knowledge of Parenting and Child Development

- Parents who understand normal child development are less likely to be abusive and more likely to nurture their children's healthy development. Observing other children helps parents understand their own children in context.
- Parents often need timely help from someone they trust in order to address children's problem behaviors, such as biting or hitting, without resorting to harsh discipline techniques.
- People who model alternative discipline techniques, males who serve in nurturing roles, and programs with a norm of non-violence demonstrate alternatives for parents.
- Parents of children with developmental or behavior problems or special needs require support and coaching in their parenting roles to reduce their frustration and provide the help their children need.

How Early Care and Education Programs Build It

- Informal daily interactions between parents and program staff, including coaching on issues such as biting, sharing toys, and bullying
- Parent education classes that use various approaches, including presenting information on developmental stages, teaching parents with children the same age in one group, etc.
- Observation space where parents can watch their child interact with others and learn new techniques from observing staff

Concrete Support in Times of Need

- Child neglect can be a consequence of family crisis, a parental condition such as substance abuse, or stresses associated with lack of resources.

How Early Care and Education Programs Build It

- Offering on-site food pantries and clothing closets
- Giving referrals to specific individuals at service agencies (not just the agencies themselves) and transportation to those agencies, if needed
- Providing immediate assistance and support in the event of an eviction or other emergency
- Supporting the family throughout a crisis
- Linking family members to jobs, job training, transportation, and other means of economic security
- Serving as an access point for health care, child care subsidies, and other services
- Initiating contact or inviting conversation if staff suspect a family problem or emergency

Nurturing and Attachment

- Children with challenging behaviors are at greater risk for abuse. Identifying and working with children early to keep their development on track helps keep them safe.
- Programs' essential work of helping children develop socially and emotionally also has impact on the way parents and children interact. As children learn to verbalize their emotions rather than act them out, they are more able to tell parents how they feel, what they need, and how their parents' actions make them feel. Parents can then be more responsive to their children's needs and less likely to yell or hit.
- In particular, children who have experienced or witnessed violence need a safe environment, trained staff, and opportunities to develop normally.

How Early Care and Education Programs Build It

- Staff members teach children social skills (such as sharing and being respectful of others) and emotional skills (such as expressing feelings).
- Staff members are trained to notice possible signs of problems, and when they are concerned about a child, they respond quickly by asking another teacher or staff member to observe, talking with the parent, or bringing in a consultant.
- Programs offer art programs that allow children to express themselves in ways other than words, many of which include a take-home component that involves parents.

For Additional Resources about the Protective Factors and Child Abuse Prevention

More about Protective Factors – www.strengtheningfamilies.net
Strengthening Families and Communities 2009 Resource Guide
- ◼ www.childwelfare.gov/preventing

FRIENDS Protective Factors Survey – www.friendsnrc.org/outcome/pfs.htm
Prevent Child Abuse and Parenting Information & the 2009 Parent Resource Booklet
- ◼ www.ounce.org

ATTACHMENT 8

SAMPLE SURVEY THAT COULD BE ADPATED OR USED WITH YOUR ADOPTIVE FAMILIES

Note this survey is provided to illustrate the types of information that could be collected from your families. If you want to use this survey, please format the items so that there will be space for respondents to fill in their information.

This is information to put in a cover letter or instructions with the survey to ensure families understand what you are trying to accomplish: In an effort to assess the local community efforts to support adoptive parents after an adoption has been finalized, a survey has been created and is being sent to adoptive parents who adopted from the public foster care system in Florida. The results of this survey will be used to assess the current services being provided and what services are needed by adopted children and their families. I hope you will complete and return this survey to help us conduct a comprehensive assessment of service needs for adoptive families.

Thank you for taking the time to complete this survey and thank you for being an adoptive parent to one or more of our foster children.

Sincerely,

SURVEY FOR POST ADOPTION SERVICES ASSESSMENT

Your county of residence:
Number of adopted children in your home:
Age(s):
How long have you been an adoptive parent?
  (determine # of years by oldest adoption if more than one child has been adopted)

ADOPTIVE PARENT SUPPORT GROUP INFORMATION
1. Is there a local adoptive parent support group in your county?
2. If not in your county, is there a group close to you? Or is it too far to travel?
3. How often does the group meet?
4. What is the most helpful part of the adoptive parent support group?
5. Does the group have "buddy families" or "mentor families" for new adoptive parents?
6. Does the group have guest speakers or educational training opportunities?
7. Please make any comments about adoptive parent support groups.

EDUCATIONAL AND TRAINING OPPORTUNITIES
1. Have you attended a local educational or training opportunity within the last year that related to the needs of your adopted child or adoption in general? Yes No
2. If yes, please describe the type of educational material or training provided.
3. Who sponsored the event?
4. Please rate the educational material/training.
5. What specific educational/training topics, you may list more than one, would you like to have offered in your local community?

MENTAL HEALTH SERVICES
1. Have you utilized mental health services in the past two years? Yes No
2. What type of mental health services — individual, family or residential?
3. Please rate the services provided.
4. Were there mental health services needed that were not available and if so, please describe.

POST ADOPTION SERVICES COUNSELOR
1. Do you have a name and number to contact for post adoption services in your county? Yes No
2. Are your inquiries to the post adoption services person responded to timely? Yes No
3. How could the post adoption services program in your county be improved?

ATTACHMENT 9

REPORTING AND PLANNING DEADLINES FROM JULY 2010 – JUNE 2015

Note this timeline depicts the periods for reporting progress and results to the Executive Office of the Governor. Circuit planning teams should provide for more frequent internal reporting and discussions in order to provide optimum opportunities for community partners to better effect change and make mid course adjustments as necessary to achieve the outcomes, goals and objectives of the plan.

Month	Year 1 2010-2011	Year 2 2011-2012	Year 3 2012-2013	Year 4 2013-2014	Year 5 2014-2015
July		FY 2010-2011 Annual Report (July – June) due to EOG	FY 2011-2012 Annual Report (July – June) due to EOG	FY 2012-2013 Annual Report (July – June) due to EOG	FY 2013-2014 Annual Report (July – June) due to EOG
August					
September					
October	3-Month (July – Sept.) Monitoring Report due to EOG	3-Month (July – Sept.) Monitoring Report due to EOG	3-Month (July – Sept.) Monitoring Report due to EOG	3-Month (July – Sept.) Monitoring Report due to EOG	
November					
December					
January					
February					Draft 5-year plan for 2015-2020 due to EOG
March					
April	6-Month (Nov. – March) Monitoring Report due to EOG	6-Month (Nov. – March) Monitoring Report due to EOG	6-Month (Nov. – March) Monitoring Report due to EOG	6-Month (Nov. – March) Monitoring Report due to EOG	
May					Final 5-year plan for 2015-2020 due to EOG
June					

ATTACHMENT 10

MONITORING REPORT TEMPLATE

Strategy 1 *(Repeat this worksheet for each strategy.)*
By 30 June 2015, Circuit _____ will _____.

ACTION STEP	PLANNED SCHEDULE		ACTUAL SCHEDULE		STATUS
	Begin Date	**End Date**	**Start**	**Finish**	
	List the begin date identified in the plan.	*List the end date identified in the plan.*	*List the date started.*	*List the date completed.*	*- Not started* *- In process* *- Completed*
	MEASURES/ BENCHMARKS			**OPTIONAL COMMENTS**	
	Report on the results assessed to determine if progress is being made toward achieving the established goal.			*Adjustments: planned or made*	

ACTION STEP	PLANNED SCHEDULE		ACTUAL SCHEDULE		STATUS
	Begin Date	**End Date**	**Start**	**Finish**	
	List the begin date identified in the plan.	*List the end date identified in the plan.*	*List the date started.*	*List the date completed.*	*- Not started* *- In process* *- Completed*
	MEASURES/ BENCHMARKS			**OPTIONAL COMMENTS**	
	Report on the results assessed to determine if progress is being made toward achieving the established goal.			*Adjustments: planned or made*	

Etc.

Repeat for each set of objectives.

Repeat for each action step.

ATTACHMENT 11

ANNUAL PROGRESS REPORT OUTLINE

I. Circuit identification information

II. Indicator baselines (status indicators and goals):
New data on the Circuit (and County, where appropriate) Goals as well as 4 or 5 most important indicators the Circuit is working to improve.

III. Story behind the data:
New information on causes, from national or local sources.

IV. Partners:
New partners the circuit planning team(s) been able to bring to the table since the last report.

V. What works:
New information on what works to improve the outcome and goals, from national or local sources.

VI. Progress made in implementing the plan of action:

   A. Population Well-being: Turning the curve on an indicator: Actual movement for the better away from the baseline. *Prevention example: The rate of growth in the rate of child maltreatment for the circuit has slowed from the previous 2 years. Child maltreatment rates have dropped in two of the five counties in the circuit.*

   B. Program/ service performance which contributes to turning the curve: Performance measures for providers which show that their clients have made progress. *Adoption example: Twenty (20) churches have stepped up to find 20 adoptive homes (including sibling groups), reporting commitments to host parent and youth support groups, providing adoption competence training for mental health and education personnel in the congregation and community; and assuring congregational support of the family by the dentists, mental health professionals, and pediatricians.*

   C. Major Accomplishments: Positive activities, not included above. *Prevention/Adoption examples: Three faith-based networks have been established with a reach of 56 faith-based organizations. Seven parent, six teen, and three children's adoptive support groups have begun operation.*

   D. Protective Factors Accomplishments: Descriptions of the major movement in "institutionalizing the five protective factors within the circuit. This may be anecdotal or based upon a systematic assessment.
Prevention/Adoption example: Fifty (50) churches and organizations have been trained on the five protective factors and 30 have developed action plans for how these can be incorporated in their daily activities.
 - 15 early learning centers are working on all 5 protective factors.
 - 5 churches are working on providing concrete support in times of need.
- 6 organizations have begun offering free child development classes for their communities.
- 2 counseling centers have expanded the scope of their practice to help with nurturing and attachment.

   E. Anecdotes: Stories beneath the statistics, which show how individuals are better off. *Let me tell you about John and Mary Jones.* Often simple stories (word pictures) illustrate the impacts of community changes and make powerful arguments to leadership and policy makers because they show how efforts have worked together, lead to results, and change lives.

VII. Action plan changes for the next fiscal year (if any):
Given the above and potential need for more specificity in the next plan of action, provide a revised plan that depicts any changes the circuit planning team proposes to make in the strategy, objectives, action plans, etc.

ATTACHMENT 12

RESULTS-BASED ACCOUNTABILITY

Information is adapted from *Trying Hard is not Good Enough: How to Produce Measurable Improvement for Customers and Communities* by Mark Friedman, 2005). See additional credits at the end of this Attachment.

What is the difference between population well-being (population accountability) and client well-being (performance accountability) and why is it important?

Results-Based Accountability starts with a crucial distinction: between results for whole populations like all children, all elders, all citizens in a geographic area - and results for the customers or clients of a particular program, agency or service system. The most important reason for this distinction is the difference in "who is accountable." Performance accountability can be assigned to the managers who run the various programs, agencies or service systems. Population accountability can not be assigned to any one individual, organization or level of government. The whole community, public and private sectors, must share responsibility for results. Results-Based Accountability is made up of two parts: Population Accountability and Performance Accountability. Results-Based Accountability is the overarching idea, which includes results-based decision-making and results-based budgeting. Accountability is by someone to someone for something important.

1. Population accountability is accountability for the well-being of a whole population in a geographic area. Population accountability is bigger than any one program or agency or one level of government. In fact, it's bigger than government. It requires the whole community, public and private partners to make a difference. ("It takes a village to turn a curve.") Population accountability is accountability BY THE COMMUNITY (city, county or state) TO THE COMMUNITY (city, county or state) FOR THE WELL-BEING (RESULTS) OF A POPULATION (children, adults, families, all citizens...).

   Population Accountability for Programs Agencies and Service Systems
   1. What are the quality of life conditions we want for the children, adults and families who live in our community?
   2. What would these conditions look like if we could see or experience them?
   3. How can we measure these conditions?
   4. How are we doing on the most important of these measures? Where have we been; where are we headed? (baselines and the story behind the baselines)
   5. Who are the partners who have a potential role to play in doing better?
   6. What works to do better, including no-cost and low-cost ideas?
   7. What do we propose to do? (multi-year action plan and budget, including no-cost and low-cost items)

2. Performance accountability is accountability for the performance of a program, agency or service system.
The most important performance measures are about the well-being of a client population (i.e. those who receive service or otherwise benefit from the program.) Performance accountability is accountability BY THE MANAGERS (of the program, agency or service system) TO THE CUSTOMERS (and other stakeholders) FOR THE PERFORMANCE OF THE PROGRAM (agency or service system). *Results-Based Accountability is a different way of thinking.* It organizes the work of programs, agencies, communities, cities, counties and states around the end conditions we seek for those who live in our community and those receiving service. It uses those end conditions as the grounding for all of the work, including decision making and budgeting.

Performance Accountability for Programs Agencies and Service Systems
1. Who are our customers, clients, people we serve? (e.g., children in a child care program)
2. How can we measure if our customers/clients are better off? (performance measures about client results - e.g. percent of children with good literacy skills)
3. How can we measure if we are delivering service well? (e.g., client staff ratio, unit cost, turnover rate, etc.)
4. How are we doing on the most important of these measures? Where have we been; where are we headed? (baselines and the story behind the baselines)
5. Who are the partners who have a potential role to play in doing better?
6. What works, what could work to do better than baseline? (best practices, best hunches, including partners' contributions)
7. What do we propose to do? (multi-year action plan and budget, including no-cost and low-cost items)

3. <u>This distinction between population well-being (Results-Based Accountability) and client well-being (performance accountability) is important because it both explains and determines who is accountable for what.</u> Managers are accountable for the performance of the programs, agencies and service systems they manage. They are not accountable for the well-being of whole populations. Population accountability lies with the whole community.

How Does it Work?
1. Start with ends, and then work backward to means. What do we want? How will we recognize it? What will it take to get there?
2. Be clear and disciplined about language.
3. Use plain language, not exclusionary jargon.
4. Keep accountability for populations separate from accountability for programs and agencies.
   a. Results are end conditions of well-being for populations in a geographic area: children, adults, families and communities. They are the responsibility of partnerships.
   b. Customer or client results are end conditions of well-being for customers of a program, agency or service system. They are the responsibility of the managers of the program or agency.
5. Use data (indicators and performance measures) to gauge success or failure against a baseline.
6. Use data to drive a disciplined business-like decision making process to improve.
7. Involve a broad set of partners.
8. Get from talk to action as quickly as possible.

<u>Why bother with Results-Based Accountability?</u>

Because trying hard is not good enough. We need to be able to show results to taxpayers and voters.

It provides a way to communicate with taxpayers and voters in plain English (plain Spanish, Japanese, Korean etc.).

Results are conditions of well-being stated in plain language, that taxpayers and voters can understand and recognize as important. They include things like "a prosperous economy," "a clean environment," "a safe community," "healthy children and adults," "children ready for and succeeding in school."

Indicators are measures which quantify the achievement of results. So for example, the unemployment rate helps quantify economic prosperity, the percentage of troubled streams helps quantify a clean environment, the percentage of children reading at grade level helps quantify children succeeding in school, the teen pregnancy rate helps quantify children "staying out of trouble." Indicators can be used to create a report card on well-being for a geographic area (state, county, city, school district, community) like the Casey Foundation Kids Count report.

It provides a way to get from talk to action across agencies and across communities.

It is a disciplined business-like thinking process where we start with the ends we want (results and indicators) and works backward to the means to get there. We establish indicator baselines showing where we've been and where we're headed if we stay on our current course. Then we consider the story behind the baselines (e.g. the causes of teen pregnancy or poor water quality). Next we consider all the potential partners who can contribute to making the numbers better. Then we consider what works to do better than baseline, including what the research tells us and what our common sense tells us. Finally, we craft an action strategy that includes no-cost and low-cost actions over a multi-year period.

The process can harness the power of the community to improve conditions. It can help community partnerships bring public and private sectors together to turn around conditions that are "not OK". And it sometimes requires not much more than a little glue money for convening these groups, and supporting elements of their action plan.

With this thinking process we can use results to drive budgets, develop cross agency plans to turn around specific conditions of well-being, and tap the contributions of public and private sector partners and the power of no-cost low-cost actions. We can use this process to inform budget choices over several years. And when one action plan works to improve conditions of well-being, it can set the pattern to tackle another. Over time we can build up the capacity to view progress across agencies on many different results.

It provides a way to hold programs, agencies and service systems accountable for performance.

We must avoid the thousand-pages-of-useless-paper versions of performance measurement. We must insist that programs and agencies identify the 3 or 4 most important measures, make sure these measures focus on customer results, not just amount of effort, create baselines for these measures, and hold agencies accountable for making progress against their baselines. We can use these measures in a simple day-to-day management process that builds data-based decision making into the culture of the organizations, and periodically produces what's needed for the budget.

TOOL FOR CHOOSING A COMMON LANGUAGE
(and constructing a meaningful glossary) - FPSI: 2005

Framework Idea	Common Labels for Each Idea	Modifiers *(if you must)*	Chosen Word or Phrase *Each word or phrase can be used only once*
A. The Basics			
1. A condition of well being for children, adults, families and communities stated in plain language.	Result, Outcome, Goal, Vision	Population, Community-wide *(For "client results" see D3 below)*	**1. Outcome**
2. A measure that helps quantify the achievement of a result.	Indicator, Benchmark		**2. Goal**
3. A coherent set of actions that has a reasoned chance of working to improve results.	Strategy, What Works		**3. Strategy**
4. A measure of how well a program, agency or service system service is working.	Performance Measure Performance Indicator	Program, Agency, System, Cross-system	**4.**
B. Other Important Ideas - Part 1			
1. A picture of a desired future, one that is hard but possible to attain.	Vision, Desired future	Often contains one or more results	**1. Vision**
2. The purpose of an organization.	Mission, Purpose		**2. Mission**
3. A person or organization who benefits from program or agency service delivery.	Customer, Client, Consumer		**3.**
4. A person or organization who has a significant interest in the performance of a program, agency or service system.	Stakeholder, Constituent		**4.**
5. A person or organization who has a role to play in improving results.	Partner	Current, Potential	**5.**
6. A visual display of the history and forecast for a measure.	Baseline, Trendline		**6**
7. An analysis of the conditions, causes and forces at work that helps explain why a baseline looks the way it does.	Story behind the baseline Epidemiology, Etiology		**7.**
8. Possible actions that could make a difference on a result or performance measure.	What works, Options, Strategy	Research based, Asset based	**8.**
9. A description of proposed actions.	Action plan, Strategy, Strategic Plan		**9.**
10. The components of an action or strategic plan.	Goals and objectives, Planned actions		**10.**
11. A description of the funding of existing and/or proposed actions.	Budget, Funding plan		**11.**
12. A document that describes what new data is needed or where existing data needs to be improved.	Data development agenda		**12.**
13. A document that describes what new information is needed about causes, conditions, and/or what works to improve results.	Information and research, Agenda	About causes, About solutions	**13.**
14. A desired level of achievement for an indicator or performance measure.	Target, Goal, Standard	Realistic, Arbitrary, Punitive, Insane	**14.**

| Framework Idea | ----------------- Choices ----------------- | | Chosen Word or Phrase |
	Common Labels for Each Idea	**Modifiers** *(if you must)*	*Each word or phrase can be used only once*
C. Other Important Ideas - Part 2			
1. A description of why we think an action or set of actions will work.	Theory of change, Logic model	Used at both the population and performance levels	**1.**
2. A structured, disciplined analysis of how well a program is working or has worked.	Program Evaluation		**2.**
3. A system or process for holding people in a geographic area responsible for the well-being of the total population or some defined population.	Results Accountability Results-based accountability Outcome Accountability Outcome-based Accountability	"Results Accountability" is sometimes used to describe all of 3 through 7 combined	**3.**
4. A system or process for holding managers and workers responsible for the performance of their programs, agencies, and/or service systems.	Performance Accountability	Program, Agency, Service system	**4.**
5. A system or process of working from ends to means, using (population and/or program results to drive decisions about what to do.	Results-based decision making, Outcome-based decision making		**5.**
6. A system or process of working from ends to means, using (population and/or program) results to drive the budget.	Results-based budgeting Outcome-based budgeting		**6.**
7. A system or process of working from ends to means, using (population and/or program) results to drive grant making decisions.	Results-based grant making Outcome-based grant making		**7.**
D. Types of Performance Measures			
1. Measures of the quantity or amount of effort, how much service was delivered.	How mach did we do? Input, Output, Resources Process measure, Product measure		**1.**
2. Measures of the quality of effort, how well the service delivery and support functions were performed.	How well did we do it? Efficiency measure Customer satisfaction Process measure result, Customer outcome, Impact,		**2.**
3. Measures of the quantity and quality of effect on customers' lives.	Is anyone better off? Effectiveness measure, Customer outcome, Impact, Cost/benefit ratio, Return on Investment, Output, Outcome, Product, Value Added, Customer Satisfaction	Program, Agency, Service system	**3.**
E. A Basketful of Modifiers **to use with any of the above.**	Measurable, Urgent, Priority, Targeted, Incremental, Systemic, Core Quantitative, Qualitative, Positive, Negative, Short-term, Mid-term, Long-term Intermediate, Internal, Infernal, External, Eternal, Allegorical, Extraterrestrial		

ATTACHMENT 13

PREVENTION GOAL 1 – FAMILY STRENGTHENING INITIATIVE
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 1 – Family Strengthening Initiative. By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a blueprint for a family strengthening initiative (i.e., Strengthening Families + multi-media materials and supports) in Florida over the five-year period from July 2010 through June 2015. *See Section II of this Attachment for recommendations for the local planning teams.*

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Family Strengthening for Prevention of Child Maltreatment. The state will explore and plan, if appropriate, a family strengthening initiative that would entail one or more of the following:

- Adopt and diffuse the Strengthening Families for Early Education and Care approach within the early education and care systems in Florida and branching into other systems (e.g., Workforce development) as appropriate.
- Develop training and support materials for the service delivery systems to use with staff and parents as appropriate.
- Design multimedia vehicles (e.g., print, electronic, audio) for the initiative which supports positive parenting knowledge and skill-building components with calls for action that include seeking help before challenges become crises.

The goal of the planning effort is to develop strategies, methodologies and funding for this family strengthening initiative that would be carried out during the five-year period, July 2010 – June 2015.

Supports for Positive Parenting

According to a 2003 study by the National Association for the Education of Young Children (NAEYC), 97 percent of child care providers wanted to do more to prevent child maltreatment and stated that they need the tools necessary to do so. In December 2008, the early education and care community in Florida notes, that although it has access to a wide array of parenting materials, they are disparate in nature, focus and content (because of the many systems developing and disseminating them). It would be beneficial for the state to have a concerted and consistent effort to identify what is and what is not available to assist parents and to make this information available. Additionally, it was reported that Florida child care staff would benefit from instruction and supports that would assist them in talking with and providing guidance to parents. These efforts would encourage and equip providers to respond to inquiries and requests from parents. For example, they would be able to respond with developmentally appropriate and evidence-based parenting assistance and advice, as well as provide information and encouragement to help parents to seek parenting assistance and supports.

Strengthening Families

Across the country, early care and education programs, child welfare departments, and others are using the Strengthening Families approach (developed by the Center for the Study of Social Policy with funding from the Doris Duke Foundation) to build five protective factors in families. The approach works by identifying and promoting protective factors that may serve as buffers for families that would otherwise be at risk for abuse and neglect. Protective factors help families become familiar with alternate resources, supports, and coping strategies that will allow them to parent more effectively under stress. The strategies of early child care and education programs should be to effectively build the five protective factors known to prevent child abuse and neglect:

- **Parental resilience** – Parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively rise to challenges in their lives –are less likely to abuse or neglect their children.

- **Social connections** – There is a well-documented link between social isolation and child maltreatment. Parents who have positive social ties to parents of their children's friends are able to discuss childrearing issues with them and establish a consensus on shared standards.

- **Knowledge of parenting and child development** – Many health professionals who work with maltreating parents have observed that child abuse and neglect are often related to a lack of understanding of basic child development. Parents who abuse their children commonly have inappropriate expectations of children's abilities and respond to children's behaviors in excessively negative ways. Giving parents accurate information and teaching alternative discipline techniques would be vital to curbing similar events.

- **Concrete support in times of need** – In some cases, what may appear to be neglect may simply be the direct result of lack of resources, such as leaving a child home alone due to lack of affordable child care or malnutrition due to poverty. Helping families access the material sources they need could reduce these incidences.

- **Nurturing and Attachment (formerly, Social and emotional competence of children)** – Research indicates that difficult child behaviors do not themselves cause maltreatment but are commonly part of an escalating cycle of negative parent-child interactions that may include physical abuse. A child's social and emotional development is highly dependent on the quality of a young child's primary relationships. How caregivers respond to children's emotional expression profoundly influences how they learn to process, understand, and cope with such feelings as anger, happiness, and sadness. Promoting positive behavior and responses in children could strengthen parent-child relationships.

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' protective factors with timely, effective help. This strategy for dealing with child neglect and abuse shows great promise because:

- The protective factors have been demonstrated to work and are informed by extensive, rigorous research.

- Activities that build the protective factors can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.

- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.

Assessments are provided for the use of seven strategies for building the Strengthening Families approach: facilitate friendships and mutual support, strengthen parenting, respond to family crises, link families to services and opportunities, facilitate children's social and emotional development, observe and respond to early warning signs of child abuse and neglect, and value and support parents. The Strengthening Families approach was initially designed to work within the early care and education system because it reached a large proportion of young children and their parents on a daily basis. The Strengthening Families approach effectively shifts the focus of child abuse and neglect prevention efforts from family risks and deficits to family strengths and resiliency. Research conducted by the Center for the Study of Social Policy (CSSP) suggests that operating out of a program that parents already utilize is the best approach because it allows parents to obtain help in a non-stigmatizing setting. They found that parents are reluctant to participate in programs that label them as "at risk". Also, parents are more likely to be receptive of advice or help if it comes from someone with whom they are familiar. Other partners, working with many different populations in a variety of settings, are exploring ways to apply this approach. Florida will investigate its applicability for implementation within the workforce development and child welfare service systems.

Public Education

Child care and workforce development providers are likely to be the professionals and care givers who most frequently interact with families with young children. In particular, infant and toddler child care providers are uniquely positioned to recognize and respond to families' needs for information and support. Thus, the initial effort of such a family strengthening initiative would be to reinforce through public media and venues the information that would seek to encourage and teach parents to use positive parenting techniques and encourage parents to seek parenting assistance and supports before major crises occur. That is, in addition to providing materials, information, training and supports to providers, the initiative could develop and disseminate a year's worth of newsworthy briefs and articles for print in newspapers, newsletters and Internet blogs and discussion arenas as well as a series of public service announcements to broadcast year round in English, Spanish and possibly Creole through television, radio, iPods and the Internet. Its goal would be to make positive parenting the "in thing" to do, reinforce parents for seeking parenting assistance and support, and offer developmentally appropriate and evidence-based parenting assistance and advice. The collective purpose of these efforts is to empower parents and families to do what they could and should do for themselves and their families.

Such avenues would be invaluable to expanding awareness and encouragement to both providers and all parents in the communities supported by those media markets. The multi-media products should role model one-time positive parenting behaviors and advertise resources where parents and caregivers can find more information. Such products could show parents effectively demonstrating developmentally appropriate discipline and child guidance techniques that are simple and easily remembered; parents talking in a support group about common child-rearing challenges and discussing easy, positive solutions; community members in common settings simply reaching out to support parents as they are struggling with a child who is acting out; or divorced parents working together to make the best decision regarding raising their child in a consistent environment. The purpose of the series will be to normalize difficult challenges that many parents face, normalize the act of giving and receiving help with parenting issues, demonstrate positive activities that can be easily imitated and adopted by parents, and provide information about where and when resources could be accessed. All would be consistent with the information and materials published for the early education and care providers.

In October 2008, the U.S. Department of Health & Human Services Health Resources and Services Administration (HRSA) announced that almost $5 million in grant funding will be awarded to states to develop public awareness campaigns to aid first-time parents. The First-Time Motherhood/New Parent Initiative funds efforts in 13 states to develop and disseminate marketing tools. The tools will promote greater health knowledge and stronger parenting skills among men and women of childbearing age and emphasize a holistic approach to the health of the mother, baby and their family beginning prior to conception and following delivery. Florida is one of the 13 states with an award of over $223,363. "New parents can benefit from opportunities to learn from peers and professionals," said HRSA Administrator Elizabeth M. Duke. "These grants will help first-time mothers and new parents gain access to helpful resources on prenatal care, family support and parenting." The awareness campaign will promote services for expectant mothers and new parents and encourage a healthy first year of life for their infants. The HRSA grant target population will be women and men from racial and ethnic minorities who live in communities disproportionately affected by pregnancies with health problems. Grantees will use the campaigns to heighten awareness of the importance of preparing couples for their new roles as parents and increase their access to available resources, including parenting education programs. Funds also will be used to promote greater knowledge of pregnancy risk factors, ways to reduce risky behaviors, and strategies to reduce health problems during pregnancies and improve reproductive health.

Seeking universal and public communications vehicles to share knowledge of parenting and encouraging parents to seek assistance would provide supports to a family strengthening initiative. Because of the readily available multimedia in Florida, an array of low cost alternatives could be tapped (e.g., Pod casts, blog responses, newspaper articles, etc.).

State Planning Workgroup Action Areas that will be completed between January 2009 and June 2010.

- Create the family strengthening initiative workgroup to include, but not be limited to, the identified CAPP representatives and representation from the Florida Education Channel, early education and care, workforce development, and other key stakeholders and potential contributors.
- Identify the education and care community, and other possible communities that will participate in the implementation of this initiative.
- Identify the message delivery systems that would encourage parents to ask for help with parenting questions and dilemmas.
- Identify and develop, if possible, the strategies and tactics for delivery of training and technical assistance to the identified providers on ways to communicate with parents and build the protective factors with families.
- Prepare and submit for CAPP Advisory Council review, draft recommendations for a 5-year plan to implement this initiative.
- Identify and develop, where feasible, age-appropriate research based information and materials that could be provided to the identified family strengthening communities.
- Identify and develop, if possible, the messages that would encourage parents to ask for help with parenting questions and dilemmas.
- Identify and develop, if possible, the staff training and technical assistance components and materials.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.
- Design an impact evaluation to be implemented for this initiative.

II. **Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.**

Family Strengthening Initiative

Strategy 1 – By 30 June 2015, the State will have implemented the Family Strengthening Initiative within its early education and care systems and investigated other possible avenues for implementation.

A. Level of Prevention addressed by this Strategy: ☑ Primary Prevention/Universal Strategies *(Complete D)* ☐ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ☐ Societal Level ☑ Relationship Level ☑ Community Level ☑ Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: ☑ Parental Emotional Resilience ☑ Social Connections ☑ Knowledge of Parenting and Child Development ☑ Concrete Support in Times of Need ☑ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ☐ Community Development ☑ Community Support for Families ☑ Family Supportive Programs/Services ☑ Information and Referral and Helplines ☐ Public Awareness and Education Campaigns ☐ Workforce	**E. Secondary Prevention Continuum Addressed by this Objective:** ☐ Adult Education ☐ Community Development ☐ Community Support for Families ☐ Concrete Services ☐ Family Supportive Programs/Services ☐ Public Awareness and Education Campaigns ☐ Workforce

See also Attachments 1 and 2 of this Planning Outline.

Objectives:

1.1. By 30 June 2011, Florida will have designed and developed the family strengthening initiative for use statewide in early education and care. This includes such action steps as:

    1.1.1. Identification of early learning coalitions and Head Start grantees that would serve as early adopters.

    1.1.2. Identification of target audience(s) – staff members and parents.

    1.1.3. Design and development of training curriculum.

    1.1.4. Design of staff resource materials.

    1.1.5. Design of parent resource materials.

    1.1.6. Creation of the messages to be used for the media component.

    1.1.7. Design of the evaluation plan and strategies.

    1.1.8. Utilization of a Web site to provide linkages to resources and information for the initiative.

1.2.   By 30 June 2012, the first phase of implementation of the family strengthening initiative will have commenced. This includes such action steps as:

    1.2.1.   Early adopters will have completed training.
    1.2.2.   Parent and staff resource materials will be produced and used by the early adopters.
    1.2.3.   Multimedia components will be produced and disseminated.

1.3.   By 30 June 2013, the first phase of implementation of the family strengthening initiative will have been reviewed and the second phase of implementation will have commenced. This includes such action steps as:

    1.3.1.   Review of the experience and results from the early adopters will be completed.
    1.3.2.   Training, materials and plans will be revised accordingly.
    1.3.3.   Leadership team will assess the applicability and feasibility for moving to additional systems (e.g., workforce development) for implementation.
    1.3.4.   Second wave of training including additional early learning coalitions and Head Start grantees will be completed.
    1.3.5.   Implementation of the media components will be expanded.

1.4.   By 30 June 2014, the second phase of implementation of the family strengthening initiative will have been reviewed and the third phase of implementation of the family strengthening initiative will have commenced. This includes such action steps as:

    1.4.1.   Review of the experience and results from the first two phases of implementation will be completed.
    1.4.2.   Training, materials and plans will be revised accordingly.
    1.4.3.   Planning and design of a five-year initiative for implementation within other state systems will be drafted.
    1.4.4.   Training additional early learning coalitions and Head Start grantees will be completed.
    1.4.5.   Full implementation of the media components.

1.5.   By 30 June 2015, the family strengthening initiative will have been implemented statewide including the early learning coalitions and Head Start grantees. This includes such action steps as:

    1.5.1.   Review of the experience and results from the first three phases of implementation will be completed.
    1.5.2.   Plans for continuation and expansion will be included in the 2015 – 2020 state prevention and permanency plan.

Critical elements or components of the Family Strengthening Initiative (FSI) for the **Local Planning Teams** to consider as it will be rolled out between July 2010 and June 2015.

A. Focus on the five protective factors and seven program strategies.

   Protective Factors:

   1. Parental Emotional Resilience – attitude, creativity, ability to rise to challenges
   2. Social Connections – positive social ties to parents of their children's friends
   3. Knowledge of Parenting and Child Development – understanding child development and positive discipline
   4. Concrete Support in Times of Need – access to material resources
   5. Nurturing and Attachment (Social and Emotional Competence of Children) – dependent on quality of primary relationships

   Program Strategies:

   1. Facilitate friendships and mutual support
   2. Strengthen parenting
   3. Respond to family crises
   4. Link families to services and opportunities
   5. Value and support parents
   6. Facilitate children's social and emotional development
   7. Observe and respond to early warning signs of abuse or neglect

B. Provide consistent messages reinforcing the five protective factors and seven program strategies across all programs.
C. Develop leadership teams which include arrays of stakeholders (e.g., professionals from early education and care, health, mental health, interfaith, workforce development, local business, peer professionals, and others that may later implement FSI) that reflect the communities to be served.
D. Use Florida's Family Strengthening Initiative Web-based resources (launched in 2011).
E. Support parents (especially men) as partners and leaders.
F. Build on infrastructures available nationally and in Florida (e.g., Florida Education Channel, Florida Knowledge Network, Florida agency Web sites, Florida Association of Partners in Education, Early Childhood Association of Florida, Strengthening Families, Center for the Study of Social Policy, etc.).
G. Identify local champion(s).
H. Embrace and ensure staff training and support.
I. Participate in statewide evaluation activities and efforts.
J. Identify local resources and supports necessary to sustain the initiative at the local level.

The State (or responsible party) will provide:

A. Rationale and training on the strategic frame analysis research.
B. Funding options for assisting with implementation.
C. Instructional materials for use in training of staff members.
D. High resolution/fidelity document and media files accessible for download from the Web for use with staff members and parents.
E. Multimedia components.
F. Web- and television-based training options.
G. Evaluation supports.

ATTACHMENT 14

PREVENTION GOAL 2 – WHOLE CHILD COMMUNITY
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 2 – *Whole Child Community*. By 30 June 2010, the State of Florida will have determined the feasibility of implementing the Whole Child Community Initiative in selected areas of Florida or statewide. And, if found to be feasible, the State of Florida will have a proposal for making this happen in Florida over the five-year period from July 2010 through June 2015.

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Community Strengthening for Prevention of Child Maltreatment. The state will explore and plan, if appropriate, an initiative to adopt and diffuse the Whole Child approach linking community-based systems in Florida counties. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

The Lawton Chiles Foundation, in partnership with local communities in Florida and Electronic Training Solutions, Inc. created the Whole Child Project, assisting communities to ensure that all children thrive. It is not just another program but a philosophy that uses strategic planning, web-based technology, performance measurement and broad-based community engagement to build communities where everyone works together to make certain their children thrive. The Whole Child project to-date has focused on families with children ages 0-5 and uses web-based technology to:

- Assist parents in identifying needs and connecting with providers.
- Assist providers in building holistic service delivery networks.
- Assist policy makers, community leaders and advocates to identify critical issues related to the well-being of children 0-5 and develop the capacity to address these issues.

While each of these communities has adopted the Whole Child philosophy and the Whole Child Connection web-based technology, they have implemented their projects in fashions that are compatible with their environments and local circumstances. A "Whole Child" is one who attains physical, intellectual and spiritual well-being; experiences strong, positive family attachment; interacts constructively in a social context; has a sense of hope; and lives in an environment that encourages him or her to succeed. The Whole Child Project identifies six dimensions of a child's well-being:

- Physical and mental health
- Quality early education and development
- Social interaction and competence
- Spiritual foundation and strength
- Safe and nurturing environment
- Economic stability

A "Whole Child Community" is one that provides all children with the opportunity to be healthy, contributing members of society, based on the belief that parents have primary responsibility for raising their children, and the community is a partner in this endeavor. Three Whole Child Communities have been operating in Florida for three to seven years. Two communities, serving four counties are in the design stages. These communities include:

- Manatee (initiated in 2001)
- Martin (initiated in 2002)
- Leon (initiated in 2004)
- Madison, Jefferson and Taylor *(a tri-county project initiated in 2008)*
- Gadsden (initiated in 2008)

There is growing recognition at the local level that investment in early childhood, beginning with prenatal care and focusing on ages 0-5, is critical to the health and well-being of every community and our state. Similarly, there is increased recognition that single strategy programs are not effective; we need a holistic approach to nurturing infants and young children that engages parents and incorporates all dimensions of the Whole Child. Of interest, Brevard County is exploring the development and use of the Whole Child Project for senior citizens in addition to young children, developing additional Web-based linkages for senior citizens with services available in their community. Additionally, scenarios are in development to incorporate a self funding feature in order to build in sustainability for the systems.

There are not a lot of proven models that demonstrate how services can be provided in a holistic manner. Each of the Whole Child Communities has had to think this through for themselves. Because communities are organized differently and may have different cultures and capacities to deliver services, holistic service delivery models require local variation; one size does not fit all. The concepts behind holistic service delivery, however, are common to all communities:

- Seek collaboration, not competition.
- Networking, not fragmentation.
- Dollars follow the child, not the program.
- Screening and assessment should initiate service.
- Begin with prevention, not treatment.
- All dimensions of the whole child need to be addressed.
- Service providers have to build a "no wrong door" culture.

State Planning Workgroup Action Areas that will be completed between January 2009 and June 2010.

- Create the Whole Child Community workgroup to include, but not be limited to, the identified CAPP representatives and representation from the Children and Youth Cabinet, Children and Youth Cabinet workgroup, Whole Child communities, the Judicial Information System project managers, 211 Network, Whole Child Center, and other key stakeholders and potential contributors.
- Identify and develop, if possible, the strategies and tactics for development of a Whole Child philosophy and/or Connection as a part of the deliberation and decision-making process for the Children and Youth Cabinet.
- Identify the state-level and local-level communities that will participate in the implementation of this initiative.
- Prepare and submit for CAPP Advisory Council review, draft recommendations for a 5-year plan to implement this initiative.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.
- Design an impact evaluation to be implemented for this initiative.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy: By 30 June 2015, Florida will build a Whole Child Community by having at least one Whole Child Project in each judicial circuit that has attained a Level 2 status as outlined in the Recognition Criteria in the Whole Child Tool Kit. *See Attachment 4, Strategy 2 of this outline for an example of local planning for a Whole Child Community.*

Critical elements or components of the Whole Child Community Initiative for the Local Planning Teams to consider as it will be rolled out between July 2010 and June 2015.

1. Identify a group of community leaders and service providers who are committed in building a Whole Child Community in partnership with the Foundation.
2. Draft and adopt a Commitment to Children statement. The Whole Child Tool Kit provides examples of such statements for your consideration.
3. Adopt the Whole Child Vision Statement, *"Imagine a community where everyone works together to make sure children thrive".*   Three core elements must be accepted: *community*, *working together* and *children thriving*.
4. Address all six dimensions of the Whole Child Project in its planning process.
5. Conduct a comprehensive baseline assessment of the community to determine the status of children with respect to the community's Commitment to Children statement and the six dimensions of the Whole Child.
6. Conduct an annual self-assessment of its progress toward fulfilling its vision, using the Foundation's Whole Child Self-Assessment Guide.
7. Share the process the community follows and the lessons it learns in becoming a Whole Child Community by providing information for the Foundation's Whole Child Web site and participating in meetings or conversations with other Whole Child Communities.
8. Implement web-based technology that enables parents to assess their needs related to supporting their children, electronically connects parents with service providers who can meet their needs, facilitates provider networking and creating a "no wrong door culture", and provides the community with data on priority needs, gaps in service and provider performance. Electronic Training Solutions, Inc. is an established provider of software that meets these criteria and is available to assist communities at their request.
9. Conduct an annual community meeting to present a status report on the community's progress in fulfilling its commitments to children across all six dimensions of the Whole Child, and encourage the community to engage in activities that will improve its ability to fulfill these commitments.
10. Use the Whole Child logo on all materials, publications and promotions related to the Whole Child Community.
11. Identify a fiscal agent that recognizes and supports the Whole Child Community as universal, primary prevention.

The State (or responsible party) will provide:

1. Tool Kit from the Lawton Chiles Foundation.
2. Web site and technical assistance from the Foundation.
3. Mentoring from the Foundation or other representatives from other Whole Child Communities.

PREVENTION GOAL 4 – POSITIVE PARENTING PROGRAM (TRIPLE P ®)
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 4 – Positive Parenting Program. By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a plan for the adoption and diffusion of the Positive Parenting Program (Triple P®) within systems and programs that contribute to preventing child maltreatment (e.g., Substance Abuse Programs, Mental Health facilities, and Domestic Violence Shelters, Head Start Centers and others as appropriate) over the five-year period from July 2010 through June 2015.

I. Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Prevention of Child Maltreatment within the Nexus of Substance Abuse, Mental Illness and Domestic Violence. The state will explore and plan, if appropriate, for the adoption and diffusion of the Triple P® initiative within the substance abuse, mental health and domestic violence prevention and treatment systems in Florida to provide professionals with skills to assist the families they serve with evidence-based positive parenting practices. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out July 2010 – June 2015.

Poverty, substance abuse, mental illness, domestic violence, social isolation and insecure parental attachment history are intricately linked to 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 child maltreatment prevention strategy. The professional and paraprofessional staff members working with families in substance abuse programs, mental health facilities and centers, and domestic violence shelters could receive additional training (e.g., "upskilling") on delivering parenting education and support to their clients. Providing staff with additional skills or offering credentialing programs in family support services will add a few more tools in their toolbox in terms of delivering positive parenting advice and promoting child well-being.

Triple P® has been given the highest evidence-based rating by the California Evidence-Based Clearinghouse for Child Welfare and the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). The Triple P® program targets parents and other caregivers of children from birth through age 18. Documented outcomes of the Triple P® program include child safety and child/family well-being.

Triple P® is a multi-level system of parenting and family support. It aims to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or in a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 18. The multi-disciplinary nature of the program allows utilization of the existing professional workforce in the task of promoting competent parenting. The program targets five different developmental periods from infancy to adolescence. Within each developmental period, the reach of the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). Triple P® enables practitioners to determine the scope of the intervention given their own service delivery system, priorities and funding.

State Planning Workgroup Action Areas that will be completed between January 2009 and June 2010.
- Create the Triple P® workgroup to include, but not be limited to, the identified CAPP representatives and representation from the Florida Council for Community Mental Health, community-based mental health and substance abuse agencies, Florida Coalition Against Domestic Violence, the Domestic Violence Coalitions, the Children Services Councils, Head Start and other key stakeholders and potential contributors.
- Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate (e.g., circuits sign up and identify providers for training).
- Identify and develop, if possible, the strategies and tactics for development and implementation of a Triple P® initiative within the substance abuse, mental health and domestic violence service systems in Florida.
- Identify state and local communities that will participate in the implementation of this initiative.
- Prepare and submit for CAPP Advisory Council review, draft recommendations for a 5-year plan to implement this initiative.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies.
- Design an impact evaluation to be implemented for this initiative.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy: By 30 June 2015, each circuit will identify potential on-going delivery systems with professionals that interact with families and determine the feasibility for the incorporation of the Positive Parenting Program (Triple P®) serving as an enhancement to the system.

Critical elements or components of the Positive Parenting Program (Triple P®) for the Local Planning Teams to consider as it will be rolled out between July 2010 and June 2015.
1. Assure fidelity of implementation.
2. Build on infrastructures available nationally and in Florida.
3. Develop knowledge and exploration of potential blended and braided funding at the local level
4. Ensure and support training of providers.
5. Address coordination of effort and capacity issues (*Action planning*).
6. Design an impact evaluation to be implemented for this initiative.
7. Recognize and adhere to the diversity and uniqueness of the community based upon cultural and ethnic citizenships.
8. Utilize Triple P® parenting principles.

The State (or responsible party) will provide:
1. An overview of the Triple P® program
2. Updates to applicable national information regarding the Positive Parenting Program
3. Contact information for national and Florida initiatives for support.
4. Components of the statewide evaluation to be utilized in the local evaluation plan.

Local Team Recommendations for 5-year plan:
1. Research Triple P®, gain understanding of how it is used and its efficacy through resources available.
2. Review current system in Circuit and identify appropriate places where Triple P® could be effective.
3. Identify possible funding streams from multiple agencies serving the identified target population that could support initial and sustained implementation.
4. Define action steps that are reasonable and achievable.
5. Implement an evaluation component that includes the state required evaluation objectives.
6. Continue planning for expansion.

ATTACHMENT 16

PERMANENCY GOAL 1 – EXPLORE ADOPTION
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 1 – Explore Adoption. By 30 June 2010, the State of Florida will have in place sustainable efforts to continue the *Explore Adoption* public awareness campaign through June 2015.

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

In May of 2008, the state of Florida launched the *Explore Adoption* campaign. This campaign was the initiative of Governor Charlie Crist and demonstrates his commitment to adoption. *Explore Adoption* is a marketing campaign designed to broaden the pool of people who consider public adoption. Two goals stated in the Governor's Adoption Strategic Plan are:

- To promote a culture of life by raising positive awareness about adoption.
- To promote adoption of foster children in need of permanent families by expanding awareness and interest among the general population and specifically among demographic groups that meet the profile of likely adoptive parents.

Explore Adoption marketing kits are available to adoption specialists (e.g., recruiters and homefinders), faith-based organizations, community liaisons, adoption advocates, or anyone who can deliver the materials and the message about public adoption. The marketing kits include printed materials utilizing information and testimonies of families who have successfully adopted special needs children. These are also available on DVD to be shown in small groups such as adoption orientations or as Public Service Announcements (PSAs) for the media. The *Explore Adoption* Web site (*www.adoptflorida.org*) is linked to the Adoption Information Center for general information on the adoption process and to the State of Florida Adoption Exchange to view children legally free for adoption. The *Explore Adoption* Campaign has been successfully initiated throughout the State of Florida with collateral material distributed on the local level.

To keep this campaign successfully moving forward, materials will need to be reprinted and redistributed; the Web site will need to be maintained and provided with new and evidence-based information; the existing PSAs and programs will need to be disseminated and broadcasted; and updated public awareness videos, stories and materials will need to be created and disseminated.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy 1 – By 30 June 2015, all circuits' efforts to promote adoption in Florida will fully utilize and incorporate *Explore Adoption* Campaign materials.

Objectives:

    1.1   By 30 June 2011, at least 25 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

    1.2   By 30 June 2012, at least 30 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

    1.3   By 30 June 2013, at least 35 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

    1.4   By 30 June 2014, at least 40 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

    1.5   By 30 June 2015, at least 45 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

Critical elements or components of this initiative:

1. Use state provided supports when developing circuit marketing strategy.
2. Implement an intake survey questionnaire to measure inquires as a result of Explore Adoption.
3. Develop media and vendor relationships to promote and produce materials as needed.
4. Secure positive earned media coverage with tracking mechanism.
5. Expand existing and establish new Explore Adoption Partnerships at the local level.

The State (or responsible party) will provide:

1. Customizable templates of all print materials (includes brochures, flyers, posters, window clings, lapel pins).
2. 30-minute TV special featuring three real Florida families – in any needed format.
3. Five PSAs - in any needed format.
4. Radio Spots – in any needed format.
5. Marketing Kits.
6. Bill Board design.
7. Print ad design.
8. Web banner design.
9. Established partnerships contact information.
10. Demographic Analysis – where to focus marketing efforts.
11. Survey Results – how to communicate message.
12. Website with all materials, family stories, Kid Of The Month, FAQs, general adoption information, resources.

FAITH BASED INITIATIVE FOR PREVENTION AND PERMANENCY
PREVENTION GOAL 3 & PERMANENCY GOAL 2
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Plan Goals for Faith-based Initiatives.

Prevention Goal 3 – Faith-based Prevention Initiative. By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a blueprint for a faith-based prevention initiative to promote protective factors in families for implementation over the five-year period from July 2010 through June 2015.

Permanency Goal 2 – Faith-based Adoption Initiative. By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a blueprint for a faith-based adoption initiative to promote adoption of foster children and to support adoptive families for implementation over the five-year period from July 2010 through June 2015.

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Faith-Based Prevention Initiative. The state will explore and plan for the implementation of a faith-based prevention initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports to build the five protective factors. This initiative will work in tandem with the faith-based adoption initiative (see Permanency Goal 2). The identifying, locating and contacting of faith-based communities will be led and supported with joint efforts. The faith-based community is in the "business" of caring for its members and the communities it serves. Developing intentional outreach that would build protective factors for the families they serve will position the faith-based community to further their efforts for the prevention of child maltreatment. Examples would include:

- Offer marriage strengthening classes and supports.
- Coordinate food banks, clothing exchanges, etc.
- Offer parent education classes.
- Host parent support groups.
- Provide counseling for individuals and families in crisis.
- Provide for referrals to supports as needed by families.

Faith-based Adoption Initiative. The state will explore and plan for the implementation of a faith-based adoption initiative that would provide for targeted recruitment, child specific recruitment, location of an adoptive home, and support of the adoptive home for children available for public adoption. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives. If one family in every faith-based institution (e.g., church, synagogue, mosque, etc.) in Florida adopted one child, regardless of that child's special needs, or a sibling group, there would be no children waiting in state care. The adoptive family's faith-based home would then collectively provide needed post-adopt support and types of care to help each family raise the adopted children. In addition to promoting foster care adoption, the faith community will be encouraged to develop and implement a post-adoption family support network to assist those families who had the courage to answer the call and adopt a child from foster care. These "congregation builders" strategies will be developed locally with support and advice from the Governor's Office of Adoption and Child Protection, the Governor's Faith-based and Community-based Advisory Council, and other outside sources. When a couple, or possibly multiple couples, in a congregation make the decision to adopt a child from foster care, there are many others in the same congregation who would make some commitment, especially with encouragement from their

faith leader, to provide support to the adoptive family. Some of these supports can be reflective of the skills or background of the individuals offering to help such as medical or counseling assistance, or providing a meal or baby-sitting for the family. Post-adopt support plans should include provisions for potential medical, dental and mental health care needs for the adopted children and their parents. A respite care plan for adoptive parents should be in place to provide meals and breaks when needed. Also, parent support groups and child support groups should be formed that consist of peers from the congregation who can relate to their unique situation. Another effort to consider would be to organize those from the faith-based community who have adopted foster children to provide support and encouragement to other partner congregations. Other ways that a faith community can provide post-adopt support or build-up their congregation would be to:

- Conduct an adoption ceremony in front of the whole congregation.
- Host support groups for adopted children (especially teenagers) in the community.
- Host support groups for adoptive parents in the community.
- Organize a congregational support and mentoring project to "wrap around" the adoptive couple.
- Organize and lead a prayer support network for the adoptive families within the congregation and with other associated faith communities.
- Recognize the key supporters within the congregation who are engaged with the initiative.
- Showcase the new family on regular basis, promoting and encouraging more adoptions.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy: By 30 June 2015, Florida will have implemented faith based initiatives to prevent child abuse.

Objective: By 30 June 2015, each circuit will have at least one faith based initiative for prevention and permanency serving targeted numbers of families and children available for adoption.

Critical elements or components for LPTs

- Devise a local strategy to identify faith leaders and engage faith communities in the promotion of building resilient families using the five protective factors, promotion of adoption using the *Explore Adoption* research and materials, and commitments for post adoption supports.
- Identify a local champion for children within the faith community that will promote family strengthening strategies and adoption and help secure post adoption supports in the community.
- Provide the faith community with lists of available community resources and funding strategies that will promote family resilience, adoption awareness, adoption support and education.
- Identify and promote best practices that support the five protective factors and best practices for targeted and child specific recruitment.
- Designate a point of contact dedicated to interacting with the faith communities on prevention and permanency.

State Provided Items

- Information on the five protective factors in user-friendly format.
- Explore Adoption materials and research to help promote public adoption.
- Tool Kit with potential opportunities, suggested strategies, potential funding streams, best practices, resource guides and information and letters of support from Governor Crist and state and faith leadership.
- Identified communities and organizations that have active faith based prevention and/ or adoption initiatives and facilitate sharing of best practices.
- Inter-faith summit educating faith leaders on prevention, the five protective factors, targeted child recruitment, and supporting the needs of adoptive families.

Appendix F -- The Planning Partners

This plan of action derives its strengths from the vision, expertise and work of many individuals, consultants, and planning partners. We acknowledge and thank them for their commitment to the children and families living in our state of Florida. In addition to the conveners of the local planning teams, those, whose work products, reviews and presentations that guided the course and direction of this *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015* include:

- **Alan Abramowitz,** J.D., MPA, Department of Children and Families, Office of Family Safety and Child Abuse Prevention and Permanency (CAPP) Advisory Council Member
- **Allison Parrish,** Healthy Families Florida
- **Ana Viamonte Ros,** M.D., MPH, Surgeon General, Department of Health
- **Andrea Raasch,** LCSW, Children's Medical Services, Department of Health and CAPP Advisory Council Member
- **Andy Hindman,** Department of Juvenile Justice, Faith and Community Based Partnerships and CAPP Advisory Council Member
- **Angel Trejo,** Heart Gallery of North Florida; Whole Child Community and Former Administrator, Circuits 2 and 14, Florida Department of Children and Families
- **Angela Orkin,** Former Director, State of Florida Guardian Ad Litem Program and Former CAPP Advisory Council Member
- **Ann Doyle,** MA, MBA, Devereux Kids, Circuit 5 Community Based Care Lead Agency and Local Planning Team Convener
- **Ann K. Mullis,** Ph.D., Florida State University, Department Family and Child Sciences
- **Anne Boone,** Agency for Health Care Administration, Medicaid Program Development
- **Annette Phelps,** ARNP, MSN, Florida Department of Health, Family Health Services
- **Antionette Meeks,** Ed.D., CHES, CAPP, Department of Education, Office of Health Services
- **Arie Sailor,** MSW, DBS, One Church One Child
- **Arne Nelson,** Captain, U.S. Navy, Retired, Central Florida Catholic Charities
- **Ashley Gonzalez,** Heart Gallery of Volusia
- **Bambi Lockman,** Bureau of Exceptional Education and Student Services, Department of Education
- **Barbara Foster,** Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- **Barbara Griffin,** Agency for Workforce Innovation
- **Barbara Pariente,** JD, Florida Justice, Children and Youth Cabinet of Florida Member
- **Becky Loveland,** MSW, Healthy Families Leon
- **Bennie Colbert,** Heartland for Children
- **Beth Kidder,** Agency for Health Care Administration
- **Beverly Auerbach,** Children's Services Council of Palm Beach County, Early Care and Education
- **Bill Hardin,** Agency for Health Care Administration, Bureau of Medicaid Services
- **Bob Rooks,** Florida's Adoption Information Center
- **Bonnie Rogers,** Florida Department of Corrections and CAPP Advisory Council Member
- **Brandy Carlson,** MSW, Florida Coalition Against Domestic Violence
- **Brittany Birken,** Ph.D., Agency for Workforce Innovation, Office of Early Learning, and CAPP Advisory Council Member
- **Bryan Hinsley,** Department of Children and Families, Circuit 4 and Local Planning Team Convener
- **Bryan Lindert,** Children's Services Council of Palm Beach County and Local Planning Team Convener

- **Bryan Vaughn,** Governor's Commission on Disabilities
- **Carmel Munroe,** Howard Phillips Center for Children and Families
- **Carol Hutchinson,** Adoption Specialist, Life Management Center
- **Carol McNally,** Healthy Families Florida
- **Carol Scoggins,** MS, Department of Health, Maternal and Child Health
- **Cassandra Jenkins,** Consultant, Former CAPP Advisory Council Member
- **Celeste Putnam,** Florida State University, Center for Prevention and Early Intervention Policy
- **Christie Ferris,** Prevent Child Abuse Florida and CAPP Advisory Council Member
- **Christina Pacelle,** MSW, Executive Office of the Governor
- **Clint Rayner,** Department of Children and Families, Substance Abuse/Mental Health
- **Connie Shingledecker,** Major, Manatee County Sheriff's Office and CAPP Advisory Council Member
- **Cyndee Odom,** Executive Office of the Governor and CAPP Advisory Council Member
- **Daniel Dawson,** Ninth Judicial Circuit Judge and CAPP Advisory Council Member
- **Deborah Moore,** Guardian ad Litem
- **Deborah Russo,** PMP, Department of Children and Families, Office of Child Care Services
- **Dennis Baxley,** Faith-based and Community-based Advisory Council and Adoptive Parent
- **Dennis Moore,** JD, Attorney Former CAPP Advisory Council Member
- **Donna Hagan,** Healthy Start Coalition of Jefferson, Madison and Taylor Counties and CAPP Advisory Council Member
- **Ed Feaver,** Lawton Chiles Foundation
- **Ed Hardy,** Department of Children and Families, Office of Criminal Justice
- **Ed Peachey,** WorkNet Pinellas
- **Elizabeth Barbella,** Children Services Council of Martin County
- **Frances Haithcock,** Ed.D., Department of Education
- **Frank Platt,** Department of Children and Families, Office of Community Mental Health
- **Fred Leonard,** Healthy Start Coalition of Manatee County
- **Gabrielle Bargerstock,** Children's Services Council of Palm Beach County
- **Gail Kressal,** Family Central, Palm Beach County and Former CAPP Advisory Council Member
- **George Hinchliffe,** Former CAPP Advisory Council Member
- **George Sheldon,** JD, Secretary, Department of Children and Families and Former CAPP Advisory Council Member
- **Georgia "Joy" Bowen,** Florida School Boards Association and CAPP Advisory Council Member
- **Graciela "Graci" McGillicuddy,** Child Advocate and Community Philanthropist and CAPP Advisory Council Member
- **Greg Allerelli,** MS, Agency for Workforce Innovation
- **Greg Johnson,** Department of Juvenile Justice, Prevention and Victim Services
- **Greg Kurth,** MA, Community Based Care Lead Agency, Family Services of Metro Orlando
- **Gria Davison,** Student Support Services, Department of Education
- **Iris Wilson,** Former CAPP Advisory Council Member
- **Jackie Barksdale,** LCSW, Boys Town of North Florida
- **Jackye Russell,** Early Learning Coalition of Miami-Dade
- **Jane Johnson,** Executive Director, Children's Home Society North Central Division
- **Jane McPherson,** Ph.D. candidate at Florida State University
- **Jane Murphy,** Healthy Start Coalition and President, Florida Association of Healthy Start Coalitions

- **Janet Evans,** MSPA, Department of Health, Children's Medical Services
- **Janet Spink,** Chipola Healthy Start Coalition
- **Jeanine Evoli,** LCSW, Juvenile Welfare Board of Pinellas County
- **Jennifer Diaz,** formerly with the Executive Office of the Governor
- **Jeremiah Guccione,** Heart Gallery of Sarasota
- **Jesse Miller,** Heart Gallery of Tampa Bay
- **Jim Kallinger,** Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- **Joe Davis,** Bureau Chief, Bureau of Family and Community Outreach
- **Johana Hatcher,** MPA, BSW, Department of Children and Families, Office of Family Safety and Former CAPP Advisory Council Member
- **John Cooper,** Department of Children and Families, Regional Director, Circuit 9, and Former CAPP Advisory Council Member
- **Johnny Carr,** Bethany Prevention Services
- **Juanita Arnold,** Healthy Families Florida
- **Judy Taylor-Fischer,** Agency for Health Care Administration
- **Judy Vitucci,** Healthy Start Coalition of Pinellas, Inc. and President-Elect, Florida Association of Healthy Start Coalitions
- **Julie Ackermann,** WellFlorida Council (Fiscal Agent for the Healthy Start of North Central Florida Coalition)
- **Julie Collins,** Office of Safe Schools, Department of Education
- **Julie Hurst,** MPA, Emerald Coast Children's Advocacy and CAPP Advisory Council Member
- **Karen Brandi,** Children's Services Council of Palm Beach County
- **Karen Carpenter,** Manatee County School District
- **Kathleen Hawkins,** Connecting God's Children and Heart Gallery of Metro Orlando
- **Kathy Derringer,** Helping People Succeed, Stuart, FL
- **Kathy Donofro,** Permanency Specialist, Big Bend Community Based Care
- **Kathy Waters,** Department of Children and Families, Office of Family Safety
- **Kay Doughty,** Family and Community Services, Operation PAR
- **Keith Perlman,** Department of Children and Families, Office of Family Safety
- **Ken Armstrong,** United Way of the Big Bend
- **Ken Kelly,** Private Business/ Public Relations
- **Ken Littlefield**, Statewide Advocacy Center and CAPP Advisory Council Member
- **Kitty Chiles,** Lawton Chiles Foundation
- **Kriss Vallese,** Florida Children Services Council
- **Kris-Tena Albers,** CNM, MN, Department of Health, Family Health Services
- **Laura Pan,** Department of Health
- **Laurie Blades,** MA, BCBA, Department of Children and Families, Office of Children's Mental Health
- **Leonel "Leo" Mesa,** Jr., Psy.D., LMHC, Reflections Wellness Center and CAPP Advisory Council Member
- **Leslie Spurlock,** Healthy Start Coalition of Indian River County and Past President, Florida Association of Healthy Start Coalitions
- **Lilli Copp,** Florida Head Start State Collaboration Office and CAPP Advisory Council Member
- **Linda B. Schrader**, Ph.D., Coordinator and Associate in Program Evaluation, Florida State University
- **Lisa Williams,** Ph.D., Children Services Council of Palm Beach County
- **Lise Landry Alives,** Healthy Start Coalition of Brevard

- **Loranne Ausley,** Lawton Chiles Foundation and former Member of the Children and Youth Cabinet of Florida
- **Lorna Sinclair,** Martin Memorial Health Center
- **Lynn Layton,** Monique Burr Foundation
- **Mac McCoy,** Agency for Persons with Disabilities and CAPP Advisory Council Member
- **Manuel Fermin,** Healthy Start Coalition of Miami-Dade
- **Marcie Biddleman,** MA, Juvenile Welfare Board, Children's Neighborhood Services Department and Former CAPP Advisory Council Member
- **Margaret I. Fender,** Department of Children and Families, Circuit 13 and Local Planning Team Convener
- **Maria Negron,** Healthy Start Coalition, Family Support and Resource Centers, Hillsborough County
- **Marie Dinon,** Ph.D., Consultant, Ft. Myers
- **Marilyn "Bunny" Finney,** Brevard County Community Alliance and CAPP Advisory Council Member
- **Mark Perlman,** MA, Center for Growth and Development and CAPP Advisory Council Member
- **Mark Reynolds,** Trinity Broadcast Network
- **Martha Guzman,** MSSA, Children's Board of Hillsborough County
- **Martha Zimmerman,** Healthy Start Coalition of Santa Rosa
- **Mary Jane Tappen,** Deputy Chancellor for Curriculum, Instruction and Student Services, Division of Public Schools
- **Mary Maxwell,** Healthy Families Florida Consumer
- **Matt Straeb,** Heart Gallery of Broward County
- **Matthew Claps,** MSW, Department of Children and Families, Office of Family Safety and Former CAPP Advisory Council Member
- **Michael "Mike" Haney,** Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member
- **Michael Bolin,** Agency for Health Care Administration
- **Michelle Craig,** Ph.D., Agency for Workforce Innovation, Office of Early Learning
- **Michelle Ubben,** Ron Sachs Communications
- **Micki Thompson,** Florida Alliance of Information and Referral Services
- **Mike Frasier,** Reedy Photo
- **Mike McCaffrey,** Department of Juvenile Justice, Staff Development and Training
- **Mike Stone,** Juvenile Welfare Board of Pinellas County
- **Molly Shakar,** Home Visiting Provider, Lactation Consultant
- **Morgan Cooley,** MSW, formerly with the Executive Office of the Governor
- **Nancy Crawford,** Kids House of Seminole, Inc., Child Advocacy Center and CAPP Advisory Council Member
- **Nancy Dreicer,** Department of Children and Families, Circuit 4 Administrative Office
- **Nancy Kraus,** Charlotte County Healthy Start Coalition
- **Nicole Murray,** Department of Children and Families, Office of Children's Mental Health
- **Nikki Martin**, Children's Services Council of Palm Beach County
- **Patricia "Trish" Nellius-Guthrie**, Ph.D., Community Based Care of Brevard, Inc. and CAPP Advisory Council Member
- **Patricia McWhirter**, Healthy Start Coalition of Osceola County
- **Peggy Martin**, Family Support and Resource Centers, Hillsborough County
- **Peggy Scheuermann,** M.Ed., CPM, Department of Health, Children's Medical Services

- **Pete Digre,** D.Min., MSW, MPA, Department of Children and Families and CAPP Advisory Council Member
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- **Randy Fleming**, Department of Children and Families, Circuit 1and Local Planning Team Convener
- **Ray Foster**, Ph.D., Founder and Executive Officer, Human Systems and Outcomes, Inc.
- **Rick Everitt,** Panhandle Area Education Collaborative
- **Robert H. Seemer,** Electronic Training Solutions, Inc.
- **Ronique Hall,** Agency for Health Care Administration
- **Rosana Resende,** University of Florida, United Way Strengthening Families
- **Rose Patterson,** Florida State Courts, Office of the State Court Administrator
- **Sally Barrios,** ARNP, Nurse Practitioner, Developmental Specialist
- **Sandy Neidert,** MSW, Florida State Courts, Office of the State Court Administrator, and CAPP Advisory Council Member
- **Shan Goff,** Executive Director, Office of Early Learning, Division of Public Schools, Department of Education
- **Sharon Franklin,** MS, Florida State University Early Head Start
- **Sheila Hopkins,** Florida Catholic Conference, Florida Catholic Charities, Faith-based and Community-based Advisory Council and CAPP Advisory Council Member
- **Shelley Breuggeman,** MSW, Executive Office of the Governor
- **Stephanie Brandt,** DOULA, United Way
- **Susan Potts,** LCSW, Department of Health
- **Suzanne Ebbers**, Ph.D., President and CEO, LuminEssence LLC Change by Design
- **Suzanne Gellens,** MS, Florida Association for the Education of Young Children and CAPP Advisory Council Member
- **Sylvie Kramer,** Healthy Start Coalition of St. Lucie
- **Tana Ebbole,** Children's Services Council Palm Beach County
- **Terry Thomas,** Special Agent, Florida Department of Law Enforcement and CAPP Advisory Council Member
- **Theodore Granger**, JD, United Way of Florida
- **Theresa Flury,** JD, Statewide Guardian ad Litem Program and CAPP Advisory Council Member
- **Thomas F. Logan,** Ph.D., Early Learning Coalition of Florida's Gateway
- **Tina Hayes,** Ph.D., Former CAPP Advisory Council Member
- **Todd Clark,** Bureau Chief, Bureau of Instruction and Innovation, Division of Public Schools, Department of Education
- **Tom Arnold,** Secretary, Agency for Health Care Administration and Children and Youth Cabinet of Florida Member
- **Tonia Brennan,** Trainer, Ounce of Prevention Fund of Florida, Circle of Parents
- **Vivian Blackmon-Taylor,** MPA, Early Learning Coalition of Palm Beach County
- **Vivienne Treharne,** Department of Health, Maternal and Child Health
- **Yvonne Nelson-Langley,** Florida A&M University
- **Yvonne Woodard,** Department of Juvenile Justice

Appendix G -- Sample Annual Progress Report Outline

Progress Reporting Ideas for Use in Developing Instrumentation for Monitoring and Assessing Plan Progress and Effectiveness

Adapted from *Trying Hard is not Good Enough* by Mark Friedman (2005).

I.   Objective/Workgroup identification information

II.   Indicator baselines (status indicators and goals):
        New or updated data on the population measures the plan is designed to improve.

III.   Story behind the data:
        New information on causes, from national or local sources.

IV.   Partners:
        New partners the team(s) been able to bring to the table since the last report.

V.   What works:
        New information on what works to improve the outcome and goals, from national or local sources.

VI.   Progress made in implementing the plan of action:

        A. Population Well-being: Turning the curve on an indicator: Actual movement for the better away from the baseline. Prevention example: The rate of growth in the rate of child maltreatment for the state has slowed from the previous 2 years. Child maltreatment rates have dropped in two of the five counties in the circuit.

        B. Program/ service performance which contributes to turning the curve: Performance measures for workgroups which show that progress has been made.

        C. Major Accomplishments: Positive activities not included above.

        D. Protective Factors Accomplishments: Descriptions of the major movement in "institutionalizing the five protective factors within the effort. This may be anecdotal or based upon a systematic assessment.

        E. Anecdotes: Stories beneath the statistics, which show how individuals are better off. Let me tell you about John and Mary Jones. Often simple stories (word pictures) illustrate the impacts of community changes and make powerful arguments to leadership and policy makers because they show how efforts have worked together, lead to results, and change lives.

VII.   Adjustments and possible action plan changes for the next fiscal year (if any):
        Given the above and potential need for changes in the next plans of action to maintain or improve performance, provide revisions that depict needed changes in the strategies, objectives, action plans, etc.

Appendix H – Statewide Workgroup and Team Efforts

Statewide Workgroup and Cooperative Planning Team Efforts

18-Month Plan Workgroup Efforts for Prevention

The *Florida Child Abuse Prevention and Permanency Plan: January 2009 - June 2010* specified work on ten goals: six for the prevention of child abuse, abandonment and neglect; and four for the promotion of adoption and support of adoptive families. The plan called for the work of ten statewide workgroups; two of which decided to consolidate their efforts and operate as one. Because of recommendations made by the Governor's Child Abuse Prevention and Permanency Advisory Council, the Governor's Office established an additional six workgroups. Thus, fifteen workgroups contributed to the development of this plan.

This section provides descriptions about the work of the fifteen statewide workgroups. Nine of these statewide workgroups were convened to accomplish the ten prevention and permanency goals in the *Florida Child Abuse Prevention and Permanency Plan: January 2009 - June 2010* which served as the foundation for the development of the five-year initiatives to be included in the five-year plan. [Note: The Governor's Office of Adoption and Child Protection provided the *Five-Year Local Planning Process Outline, Version 1.2* to the local planning teams. The appendices in this planning process outline contained early recommendations from the statewide workgroups related to planning for and possible implementation of initiatives in alignment with the ten state goals for prevention and permanency. This outline is provided in Appendix E. Thus, as you read about the efforts and accomplishments of the workgroups in this section, to see more detail that was provided to the local planning teams about this work, please refer to the outline contained in the appendices of this report.]

18-Month Plan Prevention Goal 1 – Family Strengthening Initiative
By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a blueprint for a family strengthening initiative (i.e., Strengthening Families + multi-media materials and supports) in Florida over the five-year period from July 2010 through June 2015.

The workgroup was created to address the Family Strengthening Initiative and was charged with developing ways, if feasible to:

- Adopt and diffuse the *Strengthening Families* for Early Education and Care approach within the early education and care systems in Florida and branching into other systems (e.g., Workforce development) as appropriate.
- Develop training and support materials for the service delivery systems to use with staff and parents as appropriate.
- Design multimedia vehicles (e.g. print, electronic, and audio) for the initiative which supports the promotion of the *Five Protective Factors*.

Across the country, early care and education programs, child welfare departments, and others implemented Strengthening Families approach (developed by the Center for the Study of Social Policy, with funding from the Doris Duke Foundation) to build the *Five Protective Factors* in families. The approach works by identifying and promoting the *Five Protective Factors* that may serve as buffers for families that would otherwise be at risk for abuse and neglect. These *Five Protective Factors* help families become familiar with alternate resources, supports, and coping

strategies that will allow them to parent more effectively under stress. Through this initiative, strategies of early child care and education programs would effectively build the *Five Protective Factors* known to prevent child abuse and neglect:

- **Nurturing and Attachment/Social and Emotional Competence of Children** – A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. A child's social and emotional development is highly dependent on the quality of a young child's primary relationships. How caregivers respond to children's emotional expression profoundly influences how they learn to process, understand, and cope with such feelings as anger, happiness, and sadness. Promoting positive behavior and responses in children could strengthen parent-child relationships.
- **Knowledge of Parenting and of Child and Youth Development** – Extensive research links healthy child development to effective parenting. Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.
- **Parental Resilience** – Parents who can cope with the stresses of everyday life, as well an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or community violence—and financial stressors such as unemployment, poverty, and homelessness—may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.
- **Social Connections** – Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support. Research has shown that parents, who are isolated, with few social connections, are at higher risk for child abuse and neglect.
- **Concrete Supports for Parents** – Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

Note: While this plan addresses ways to build the *Five Protective Factors* in Florida families through multiple avenues, it will be incumbent on the State's natural and specialized service systems to ensure that accessible quality concrete supports are available for Florida families in times of need.

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' *Five Protective Factors* with timely, effective help. This strategy for dealing with child abuse and neglect shows great promise because:

- The *Five Protective Factors* have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the *Five Protective Factors* can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.
- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.

Barbara Foster, Ph.D., Deputy Chief Child Advocate at the Executive Office of the Governor and Christie Ferris, Director of Prevent Child Abuse Florida at the Ounce of Prevention Fund of Florida served as co-conveners of the Family Strengthening Initiative workgroup. Barbara Griffin, Deputy Director, Agency for Workforce Innovation served as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

- *Co-convener,* Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- *Co-convener,* Christie Ferris, Prevent Child Abuse Florida and CAPP Advisory Council Member
- *Lead CAPP Representative,* Barbara Griffin, Agency for Workforce Innovation
- Ann Doyle, MA, MBA, Devereux Kids, Circuit 5 Community Based Care Lead Agency
- Ann K. Mullis, Ph.D., Florida State University, Department Family and Child Sciences
- Brittany Birken, Ph.D., Agency for Workforce Innovation, Office of Early Learning, and CAPP Advisory Council Member
- Bryan Lindert, Children's Services Council of Palm Beach County and Local Planning Team Convener
- Christina Pacelle, MSW, Executive Office of the Governor
- Celeste Putnam, Florida State University, Center for Prevention & Early Intervention Policy
- Clint Rayner, Department of Children and Families, Substance Abuse/ Mental Health
- Cyndee Odom, Consultant, Adoptive Parent and CAPP Advisory Council Member
- Deborah Russo, PMP, Department of Children and Families, Child Care Licensure
- Ed Peachey, WorkNet Pinellas
- Gail Kressal, Family Central, Palm Beach County and Former CAPP Advisory Council Member
- Georgia "Joy" Bowen, ME, Florida School Board Association and CAPP Advisory Council Member
- Greg Allerelli, MS, Agency for Workforce Innovation
- Jackye Russell, Early Learning Coalition of Miami-Dade
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Karen Brandi, Children's Services Council of Palm Beach County
- Karen Carpenter, Manatee County School District
- Lilli Copp, Head Start State Collaboration Office and CAPP Advisory Council Member
- Maria Negron, Healthy Start Coalition, Family Support and Resource Centers, Hillsborough County
- Marie Dinon, Ph.D., Consultant, Ft. Myers
- Martha Guzman, MSSA, Children's Board of Hillsborough County
- Michelle Craig, Agency for Workforce Innovation, Office of Early Learning
- Nancy Crawford, Kids House of Seminole, Inc.
- Nikki Martin, Children's Services Council of Palm Beach County
- Peggy Martin, Family Support and Resource Centers, Hillsborough County
- Rick Everitt, Panhandle Area Education Collaborative
- Rosana Resende, University of Florida, United Way Strengthening Families
- Suzanne Gellens, MS, Early Childhood Association of Florida and CAPP Advisory Council Member
- Thomas F. Logan, Ph.D., Early Learning Coalition of Florida's Gateway
- Vivian Blackmon-Taylor, MPA, Early Learning Coalition of Palm Beach County

The workgroup met via conference call nine times between February and November of 2009: 27 February, 2 March, 25 March, 27 April, 2 June, 24 June, 18 September, 4 November, and 30 November. The workgroup also met in person twice in January: 5 and 6 January 2010. A team of 12 representatives from the workgroup participated in the October 2009 *Strengthening Families* Summit hosted by the Center for the Study of Social Policy. Also, a team of four representatives from the workgroup participated in the December 2009 PCAN (Prevention of Child Abuse and Neglect curriculum) pre-institute hosted by Zero to Three.

During 2009 and 2010, the Family Strengthening Initiative workgroup developed recommendations for the local planning teams, identified the early education and care community as the population for which to begin the initiative, developed drafts of a five-year initiative and identified preliminary message delivery systems, strategies and tactics for delivery of training and technical assistance, and research-based information and materials that could be provided to identified strengthening families communities. Additionally, the Ounce of Prevention Fund of Florida hosted a Webinar for the 24 June 2010 meeting that provided information on the reframing research conducted by FrameWorks Institute and Prevent Child Abuse America. This research gave advocates information vital to effectively communicate prevention to the general public. The Webinar was presented to the workgroup, members of the local planning teams and the Child Abuse Prevention and Permanency Advisory Council.

While the recommendations for the local planning teams were developed, the workgroup identified the following critical elements or components of the Family Strengthening Initiative (FSI) to consider it being a part of the five-year prevention plan.

A. Focus on the *Five Protective Factors* and seven program strategies.

   Protective Factors:
   1. Nurturing and Attachment (Social and Emotional Competence of Children) – dependent on quality of primary relationships.
   2. Knowledge of Parenting and of Child and Youth Development – understanding child development and positive discipline.
   3. Parental Resilience – attitude, creativity, ability to rise to challenges.
   4. Social Connections – positive social ties to parents of their children's friends.
   5. Concrete Supports for Parents – access to material resources.

   Program Strategies:
   1. Facilitate friendships and mutual support.
   2. Strengthen parenting knowledge and skills.
   3. Respond to family crises.
   4. Link families to services and opportunities.
   5. Value and support parents.
   6. Facilitate children's social and emotional development.
   7. Observe and respond to early warning signs of abuse or neglect.

B. Provide consistent messages reinforcing the *Five Protective Factors* and seven program strategies across all programs.
C. Develop leadership teams which include arrays of stakeholders (e.g., professionals from early education and care, health, mental health, interfaith, workforce development, local business, peer professionals, and others that may later implement FSI) that reflect the communities to be served.
D. Use Florida's Family Strengthening Initiative Web-based resources (to be launched in 2011).
E. Support parents (especially men) as partners and leaders.

F. Build on infrastructures available nationally and in Florida (e.g., Florida Education Channel, Florida Knowledge Network, Florida agency Web sites, Florida Association of Partners in Education, Early Childhood Association of Florida, Strengthening Families, Center for the Study of Social Policy, etc.).
G. Identify local champion(s).
H. Embrace and ensure staff training and support.
I. Participate in statewide evaluation activities and efforts.
J. Identify local resources and supports necessary to sustain the initiative at the local level.

The workgroup also recommended that the State of Florida provide:

A. Rationale and training on the strategic frame analysis research.
B. Funding options for assisting with implementation.
C. Instructional materials for use in training of staff members.
D. High resolution/fidelity document and media files accessible for download from the Web for use with staff members and parents.
E. Multimedia components.
F. Web- and television-based training options.
G. Evaluation supports.

The conveners as well as one additional member presented and reported the plan of action for the Family Strengthening Initiative to the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010 and 4 May 2010. In February the Advisory Council members discussed utilizing the *Five Protective Factors* in funding streams. At the May meeting the Advisory Council members suggested to expand the list of partners in the action plan and identify additional partners as well as ensure sustainability for the local planning teams.

18-Month Plan Prevention Goal 2 – Whole Child Community

By 30 June 2010, the State of Florida will have determined the feasibility of implementing the Whole Child Connection in selected areas of Florida or statewide. And, if found to be feasible, the State of Florida will have a proposal for making this happen in Florida over the five-year period from July 2010 through June 2015.

The Whole Child philosophy is grounded in the notion that communities must address all six dimensions of children's well-being to raise healthy children. They are: physical and mental health, quality early education and development, social-emotional development, spiritual foundation and strength, safe and nurturing environment, and economic stability. Whole Child is not another program, but a philosophy that uses strategic planning, Web-based technology, performance measurement and broad-based community engagement to build communities where everyone works together to make sure children thrive.

Donna Hagan, Executive Director of the Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc. served as the convener of the workgroup and as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

*   *Convener and Lead CAPP Representative,* Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.
*   Andrea Raasch, LCSW, Children's Medical Services, Department of Health and CAPP Advisory Council Member
*   Angel Trejo, Heart Gallery of North Florida; Whole Child Community and Former Administrator, Circuits 2 and 14, Florida Department of Children and Families

- Beverly Auerbach, Children's Services Council of Palm Beach County, Early Care and Education
- Carol Scoggins, MS, Department of Health, Maternal and Child Health
- Christina Pacelle, MSW, Executive Office of the Governor
- Ed Feaver, Lawton Chiles Foundation
- Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Julie Hurst, MPA, Emerald Coast Children's Advocacy and CAPP Advisory Council Member
- Kitty Chiles, Lawton Chiles Foundation
- Ken Armstrong, United Way of the Big Bend
- Loranne Ausley, Lawton Chiles Foundation and former Member of the Children and Youth Cabinet of Florida
- Marilyn "Bunny" Finney, Brevard County Community Alliance and CAPP Advisory Council Member
- Michael "Mike" Haney Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member
- Micki Thompson, Florida Alliance of Information and Referral Services
- Robert H. Seemer, Electronic Training Solutions, Inc.
- Sharon Franklin, MS, Florida State University Early Head Start
- Vivienne Treharne, BSN, RNC, Department of Health

The full workgroup met via conference call four times from February – November 2009: 23 February, 18 March, 24 September, and 4 November. The workgroup also corresponded through e-mail. The workgroup was formed to represent, but not be limited to Child Abuse Permanency and Prevention Advisory Council members, representatives and representation from the Children and Youth Cabinet, Whole Child communities, the Judicial Information System project managers, 2-1-1 Network, the Lawton Chiles Foundation, and other key stakeholders and potential contributors. The workgroup prepared instructions for local planning teams to use in the development of their five-year plans for prevention and permanency as appropriate, and also distributed the *Whole Child Toolkit* to all local planning teams. The workgroup also worked on creating a statewide five-year plan for the Whole Child Prevention goal to be submitted to the Governor's Office of Adoption and Child Protection. The focus of the workgroup was to:

- Create the Whole Child Community workgroup.
- Identify and develop, if possible, the strategies and tactics for development of a Whole Child philosophy and/or Connection as a part of the deliberation and decision-making process for the Children and Youth Cabinet.
- Identify the state-level and local-level communities that will participate in the implementation of this initiative.
- Prepare and submit for the Child Abuse Prevention and Permanency Advisory Council review, draft recommendations for a five-year plan to implement this initiative.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.
- Design an impact evaluation to be implemented for this initiative.

In 2010, workgroup leadership and the Lawton Chiles Foundation leadership met via conference calls and email to finalize the five-year strategies. The convener and Lawton Chiles Foundation leadership discussed the plan of action from the Whole Child Workgroup with the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010 and 4 May 2010. At the May 2010 Advisory Council meeting, the support of the Lawton Chiles Foundation was presented by Kitty Chiles who will be the point person for this initiative. The Advisory Council members recommended that this effort be included in the five-year plan for prevention and suggested that incorporation of the *Five Protective Factors* be assured in its implementation.

18-Month Plan Prevention Goal 4 – Positive Parenting Program

By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a plan for the adoption and diffusion of Triple P® – Positive Parenting Program within systems and programs that contribute to preventing child maltreatment (e.g., Substance Abuse Programs, Mental Health facilities, and Domestic Violence Shelters, Head Start Centers and others as appropriate) over the five-year period from July 2010 through June 2015.

Triple P® has been given the highest evidence-based rating by the California Evidence-Based Clearinghouse for Child Welfare and the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). The Triple P® program targets parents and other caregivers of children from birth through age 18. Documented outcomes of the Triple P® program include child safety and child/family well-being. Triple P® is a multi-level system of parenting and family support. It aims to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or in a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 18. The multi-disciplinary nature of the program allows utilization of the existing professional workforce in the task of promoting competent parenting. The program targets five different developmental periods from infancy to adolescence. Within each developmental period, the reach of the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). Triple P® enables practitioners to determine the scope of the intervention given their own service delivery system, priorities and funding.

Johana Hatcher, MPA, BSW, Prevention Manager at the Department of Children and Families Office of Family Safety served as the convener of the workgroup. Also, Ms. Hatcher served as the lead CAPP representative for the workgroup. The workgroup members included:

- ***Convener and Lead CAPP Representative,*** Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Andy Hindman, Department of Juvenile Justice, Faith and Community Based Partnerships and CAPP Advisory Council Member
- Bennie Colbert, Heartland for Children
- Beverly Auerbach, Children's Services Council of Palm Beach County, Early Care and Education
- Christie Ferris, Prevent Child Abuse Florida and CAPP Advisory Council Member
- Clint Rayner, Department of Children and Families, Substance Abuse/Mental Health
- Connie Shingledecker, Major, Manatee County Sheriff's Office and CAPP Advisory Council Member
- Ed Feaver, Lawton Chiles Foundation
- Gabrielle Bargerstock, Children's Services Council of Palm Beach County

- Jeanine Evoli, LCSW, Juvenile Welfare Board of Pinellas County
- Kay Doughty, Operation PAR
- Laurie Blades, MA, BCBA, Department of Children and Families, Office of Children's Mental Health
- Lilli Copp, Head Start State Collaboration Office and CAPP Advisory Council Member
- Nicole Murray, Department of Children and Families, Office of Children's Mental Health

The workgroup met via conference call twelve times between February 2009 and April 2010: 24 February, 2 March, 25 March, 29 April, 28 May, 9 June, 3 August, 2 October, 5 November, 10 December, 4 January, and 5 April. The workgroup also corresponded electronically in between meetings. Between 1 and 8 March 2010 a new action plan was created electronically by the workgroup.

During 2009 and 2010 the Triple P® workgroup developed recommendations for the local planning teams, prepared and disseminated a primer for use in local planning and implementation, conducted an onsite visit with the Palm Beach Children's Services Council to study start up and planning efforts for implementing Triple P® within an early childhood venue, developed possible strategies for implementation in Florida and drafted the framework for a five-year initiative. The Department of Children and Families hosted a Webinar for the workgroup and representatives from Triple P® International met with representatives of the state child welfare, substance abuse prevention and mental health program leadership; members of the Child Abuse Prevention and Permanency Advisory Council; and representatives from the local planning teams. This Webinar about Triple P® focused on the background information; research studies; findings on results, milestones, explanations of what it is and how it works; collaboration opportunities; implementation and intervention levels; and effects on child behavior. These interventions discussed were based on five levels of increasing intensity and included an early intervention and multidisciplinary approach. Of note, adopters have the option of implementing any level or combination of levels depending upon local needs. The Department of Children and Families has also provided technical assistance and consultation to local planning team members interested in learning more about Triple P®.

The convener presented and reported the plan of action from the Positive Parenting Program workgroup to the Child Abuse Prevention and Permanency Advisory Council meeting in February 2010. The Advisory Council members recommended that this effort be expanded to identify all evidence-based parenting education programs that supported the *Five Protective Factors* and assisting the local planning teams with sustaining evidence-based parenting education initiatives over the next five years. In March through June 2010, the workgroup prepared an expanded plan of action that would provide technical support to the local planning teams and circuits as well as list all evidence-based parenting programs that would support local efforts to implement the *Five Protective Factors*.

18-Month Plan Prevention Goal 5 – Healthy Families Florida
By 30 June 2010, the State of Florida will have continued its level of support for Healthy Families Florida and developed a plan for increasing its availability and capacity to provide home visitation for families at high risk of abuse or neglect and in need of parenting education and support over the five-year period from July 2010 through June 2015.

Healthy Families Florida is an evidence-based, voluntary home visiting program that prevents child abuse and neglect in high-risk families before child abuse occurs. It provides quality services that are intensive, comprehensive, long-term, flexible and culturally appropriate. Healthy Families Florida uses a paraprofessional/professional home visitation model. It initiates services during pregnancy or

soon after the birth of a baby. Highly trained family support workers provide frequent, intensive services to families in their homes for up to five years with intensity decreasing over time according to the needs of the family and their progress toward increasing the *Five Protective Factors* and establishing a stable and nurturing home environment. Services follow a detailed curriculum that uses a strength-based approach to introduce topics that promote positive parent-child relationships, including basic care, cues and compassion, social and emotional development, play and stimulation, and brain development. In addition, family support workers teach problem solving skills, conduct screening for developmental delays, provide social support, connect parents and children to a medical provider and make referrals to other family support services as needed. This collaboration with community partners such as Healthy Start, domestic violence shelters, child care centers, community-based care agencies and others links families to the services they need beyond home visiting without duplication of effort. By increasing the knowledge and skills of new parents, Healthy Families Florida empowers parents to accept personal responsibility for their future and the future of their families.

Carol McNally, Executive Director of Healthy Families Florida at the Ounce of Prevention Fund of Florida and Theodore Granger, JD, President of United Way of Florida and Chair of the Healthy Families Florida Advisory Council served as the co-conveners of the Prevention Goal 5 - Healthy Families Florida Workgroup. Christie Ferris, Director of Prevent Child Abuse Florida at the Ounce of Prevention Fund of Florida served as the lead Child Abuse Prevention and Permanency Advisory Council representative. Workgroup members were:

- *Co-convener,* Carol McNally, Ounce of Prevention Fund of Florida/Healthy Families Florida
- *Co-convener,* Theodore Granger, JD, United Way of Florida
- *Lead CAPP Representative,* Christie Ferris, Ounce of Prevention Fund of Florida
- Alan Abramowitz, JD, MPA, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Ana Viamonte Ros, MD, MPH, Surgeon General, Department of Health
- Annette Phelps, ARNP, MSN, Florida Department of Health, Family Health Services
- Carmel Munroe, Howard Phillips Center for Children and Families
- Cassandra Jenkins, Consultant, Former CAPP Advisory Council Member
- Christina Pacelle, MSW, Executive Office of the Governor
- Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc. and CAPP Advisory Council Member
- Ed Feaver, Lawton Chiles Foundation
- Greg Johnson, Department of Juvenile Justice, Prevention and Victim Services
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Lilli Copp, Florida Head Start State Collaboration Office and CAPP Advisory Council Member
- Marilyn "Bunny" Finney, Brevard County Community Alliance and CAPP Advisory Council Member
- Mary Maxwell, Healthy Families Florida Consumer
- Michael "Mike" Haney, Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member
- Mike Stone, Juvenile Welfare Board of Pinellas County
- Sylvie Kramer, Healthy Start Coalition of St. Lucie
- Terry Thomas, Special Agent, Florida Department of Law Enforcement and CAPP Advisory Council Member
- Yvonne Woodard, Department of Juvenile Justice

The workgroup met via conference call on 6 February 2009 and in person on 17 June 2009 and 17 November 2009. The following is a summary of the purpose and action taken for each meeting:

6 February 2009 - The workgroup identified strategies, tactics, messages and message delivery systems necessary to support the continuation, expansion, and enhancement of the Healthy Families Florida program through 2009-2010. Action Taken: Advocacy materials and other appropriate documents that were developed by Healthy Families Florida (HFF) in partnership with the Healthy Families Advisory Committee in support of the continuation of current funding were shared with the group and discussed during the meeting. The group agreed that the materials support the activities required in this action area and offered revisions to the one page advocacy paper, the HFF fact sheet and the grass roots call to action paper.

6 June 2009 - The workgroup addressed the action step due 30 June 2009 and began work on the five-year implementation plan. Action Taken: The workgroup agreed to submit the following budget issues to the department for consideration to help achieve Goal 5:

- Adjust the 2009 - 2010 based funding to address the increased cost of doing business and workload increase. Healthy Families has been flat funded since 2003-2004.
- Add high risk specialists to the core staffing. These high risk specialists will support the home visitors by providing consultation and enhanced services to high risk families with mental health problems, substance abuse and/or domestic violence.
- Increase base funding by $2,496,233 in General Revenue for Healthy Families Florida (HFF) to serve the more than 1,000 families that did not receive services due to budget reductions that occurred in 2008-2009.

Budget Issues were submitted to the Department in July 2009. Due to the estimated shortfall for 2010-2011, the Department's Legislative Budget Request to the Governor maintained current funding. The workgroup also developed an additional strategy for the Goal 5 implementation plan that will be further refined in the next meetings. The strategy is: working together/advocating together, engaging citizens, and consolidating budget needs.

17 November 2009 – The workgroup developed draft objectives and action steps for the Goal 5 Healthy Families Florida five-year implementation plan to continue, enhance and expand Healthy Families Florida. These were submitted to the Governor's Office of Adoption and Child Protection by January 2010.

December 2009 – The proposed five-year plan of action was completed electronically. The convener presented and reported on the plan of action from the Healthy Families workgroup to the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010 and 4 May 2010. At the February and May 2010 meetings the Advisory Council members discussed the funding status of Healthy Families Florida. The 2010 Legislature cut Healthy Families Florida budget by $10 million, which cut 35.5 percent of the budget, or services for approximately 3,500 families, 6,000 children and 200 staff members in Florida. It was recommended that the five-year initiative seek restoration of the Healthy Families Florida funding, provide the funding and supports to serve all families at highest risk of child maltreatment who would choose to enroll in services, and enhance its capacity to serve those families with domestic violence, substance abuse and mental health issues.

18-Month Plan Prevention Goal 6 - Short-term Home Visiting

By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, develop a plan for providing short-term, voluntary, time-limited post-partum home visiting services for families that improve the health and developmental outcomes of babies over the five-year period from July 2010 through June 2015.

Janet Evans, MSPA, Department of Health, Children's Medical Services served as the convener of the workgroup. Michael "Mike" Haney, Ph.D., NCC, LMHC, Division Director for Prevention and Intervention, Children's Medical Services, Florida Department of Health served as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

- *Convener,* Janet Evans, MSPA, Department of Health, Children's Medical Services
- *Lead CAPP Representative,* Michael "Mike" Haney, Ph.D., NCC, LMHC*,* Department of Health
- Allison Parrish, Healthy Families Florida
- Annette Phelps, ARNP, MSN, Florida Department of Health, Family Health Services
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Becky Loveland, MSW, Healthy Families Leon
- Carol McNally, Healthy Families Florida
- Christie Ferris, Prevent Child Abuse Florida and CAPP Advisory Council Member
- Christina Pacelle, MSW, Executive Office of the Governor
- Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, and CAPP Advisory Council Member
- Elizabeth Barbella, Children Services Council of Martin County
- Jackie Barksdale, LCSW, Boys Town of North Florida
- Ed Feaver, Lawton Chiles Foundation
- Jane McPherson, Ph.D. candidate at Florida State University
- Jane Murphy, Hillsborough Healthy Start
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Juanita Arnold, Healthy Families Florida
- Kathy Derringer, Helping People Succeed, Stuart, FL
- Laura Pan, Department of Health
- Leslie Spurlock, Healthy Start Coalition of Indian River County and Past President, Florida Association of Healthy Start Coalitions
- Lisa Williams, Children Services Council of Palm Beach County
- Lise Alives, Healthy Start Brevard
- Lorna Sinclair, Martin Memorial Health Center
- Mark Perlman, MA, Center for Growth and Development and CAPP Advisory Council Member
- Molly Shakar, Home Visiting Provider, Lactation Consultant
- Morgan Cooley, MSW, formerly with the Executive Office of the Governor
- Peter Gorski, MD, MPA, Children's Board of Hillsborough County and CAPP Advisory Council Member
- Sally Barrios, ARNP, Nurse Practitioner, Developmental Specialist
- Stephanie Brandt, DOULA, United Way
- Susan Potts, LCSW, Department of Health

- Vivienne Treharne, Department of Health, Maternal and Child Health
- Yvonne Nelson-Langley, Florida A&M University

The original goal of the workgroup was to explore the feasibility of implementing universal short-term home visiting services for new parents. After much study and discussion it was agreed to change the focus from home visiting to outreach and education services for all parents of newborns. The purpose of an outreach effort is to offer all parents of newborns the opportunity to have both support and information to promote healthy parent-child interactions and maximize their child's health and developmental potential.

The workgroup met [in person or via conference call] ten times in 2009 and 2010: 6 February, 26 March, 17 June, 22 September, 6 October, 17 November, 9 January, 16 February, 24 May, and 4 June. The workgroup also handled business through electronic means. During March through May 2010, the workgroup corresponded electronically to modify the proposed five-year plan of action. The workgroup discussed current and relevant research, heard from many state experts, examined programs already operational, commissioned a literature review, and formed a series of recommendations to implement this initiative statewide. The workgroup identified a revised goal and strategies to implement and support an outreach effort, which would be made available to all parents/caregivers of newborns in Florida.

The workgroup convener presented and reported the plan of action from the Short-term Home Visiting workgroup to the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010 and 4 May 2010. At the February meeting it was suggested that the workgroup expand its scope of partners to include volunteers. At the May meeting the Advisory Council members suggested to rework the plan to build upon the state's prenatal and infant screening infrastructure and include the *Five Protective Factors*.

Additional Areas of Development for Prevention

Head Start

At the 4 May 2010 Child Abuse Prevention and Permanency Advisory Council meeting the Advisory Council discussed and added another prevention effort to the five-year plan. The Head Start goal was created to incorporate the *Five Protective Factors* into Florida's Head Start Programs.

> By 30 June 2015, the State of Florida will have incorporated the "Five Protective Factors" as a foundation for work within Florida's Head Start programs.

Lilli Copp, Executive Director of the Florida Head Start Collaboration Office served as the convener of the workgroup and as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup organizations included:

- Florida Head Start Association
- Governor's Office of Adoption and Child Protection
- Head Start State Collaboration Office
- Head Start Training and Technical Assistance Network

Discussions were held via conference call and electronically throughout the year to develop the five-year initiative included in this plan. Conversations were also held at the Strategic Planning Session on 16 and 17 March 2010.

Child Death Review

At the 25 February 2010 Child Abuse Prevention and Permanency Advisory Council meeting the Advisory Council members discussed and added another goal for study and consideration for the five-year prevention plan.

> *By 30 June 2015, the State of Florida will have implemented targeted prevention efforts based upon the findings of an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.*

Expanding to an All Child Death Review process the Child Abuse Death Review Team would be able to implement targeted prevention efforts based on the results of the review of all child deaths in Florida instead of learning from just a very small percentage of deaths as is done today (i.e., the review of deaths of children for whom there are confirmed abuse reports). These expanded efforts would enable the state and local communities to be more proactive in avoiding many preventable and foreseeable accidental deaths of Florida children.

Connie Shingledecker, Major, Investigative Bureau Chief, Manatee County Sheriff's Office served as the convener of the workgroup. Michael "Mike" Haney, Ph.D., NCC, LMHC, Division Director for Prevention and Intervention, Children's Medical Services, Florida Department of Health served as the as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

- *Convener,* Connie Shingledecker, Major, Manatee County Sheriff's Office and CAPP Advisory Council Member
- *Lead CAPP Representative,* Michael "Mike" Haney, Ph.D., NCC, LMHC, Department of Health
- Alan Abramowitz, JD, MPA, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Christie Ferris, Prevent Child Abuse Florida and CAPP Advisory Council Member
- Christina Pacelle, MSW, Executive Office of the Governor
- Nancy Crawford, Kids House of Seminole, Inc. and CAPP Advisory Council Member
- Terry Thomas, Special Agent, Florida Department of Law Enforcement and CAPP Advisory Council Member

During March through June 2010, the Child Death Review workgroup met five times in person and via conference calls to craft the plan of action to be included in the five-year plan for prevention and permanency. They met on 17 March, 24 March, 25 May, 3 June, and 4 June 2010. The Lead Child Abuse Prevention and Permanency Advisory Council member presented the draft plan to the Advisory Council on 4 May 2010. The Advisory Council recommended that this plan of action be included in the five-year prevention plan.

Healthy Start

At the 4 May 2010 Child Abuse Prevention and Permanency Advisory Council meeting the Advisory Council discussed the importance of using existing infrastructure of Healthy Start for the education of parents/caregivers of newborns. As the workgroup further developed the plan of action, it was decided to address the Healthy Start system of services as a separate objective in order to

better develop its infrastructure to support its work and that of the education of parents/caregivers of newborns initiative. The Healthy Start objective for the five-year plan is:

By 30 June 2015, the State of Florida will have funded Healthy Start at a level necessary to sustain the quality of services, expand the availability of services and increase the program's capacity to better serve families at risk of experiencing poor child health outcomes.

Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties served as the convener of the workgroup and as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

- ***Convener and Lead CAPP Representative,*** Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties and CAPP Advisory Council Member
- Annette Phelps, ARNP, MSN, Florida Department of Health, Family Health Services
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Carol McNally, Healthy Families Florida, Ounce of Prevention Fund of Florida
- Carol Scoggins, MS, Department of Health, Maternal and Child Health
- Cyndee Odom, Executive Office of the Governor and CAPP Advisory Council Member
- Fred Leonard, Healthy Start Coalition of Manatee County
- Jane Murphy, Healthy Start Coalition and President, Florida Association of Healthy Start Coalitions
- Janet Evans, MSPA, Department of Health, Children's Medical Services
- Janet Spink, Chipola Healthy Start Coalition
- Jim Kallinger, Chief Child Advocate, Executive Office of the Governor and CAPP Advisory Council Chairman
- Judy Vitucci, Healthy Start Coalition of Pinellas, Inc. and President-Elect, Florida Association of Healthy Start Coalitions
- Julie Ackermann, WellFlorida Council (Fiscal Agent for the Healthy Start of North Central Florida Coalition)
- Kris-Tena Albers, CNM, MN, Department of Health, Family Health Services
- Laura Pan, Department of Health
- Leslie Spurlock, Healthy Start Coalition of Indian River County and Past President, Florida Association of Healthy Start Coalitions
- Lise Landry Alives, Healthy Start Coalition of Brevard
- Manuel Fermin, Healthy Start Coalition of Miami-Dade
- Martha Zimmerman, Healthy Start Coalition of Santa Rosa
- Nancy Kraus, Charlotte County Healthy Start Coalition
- Patricia McWhirter, Healthy Start Coalition of Osceola County
- Susan Potts, LCSW, Department of Health

The workgroup met in via telephone on 19 May 2010 and in person and via telephone on 4 June 2010. Electronic communication was also utilized to develop the five-year initiative included in this plan.

Medicaid Child Health Check-Up Program

Upon review of the draft plan by the members of the Children and Youth Cabinet of Florida and their agency staff members, it was determined that the Medicaid Child Health Check-Up Program would join in the efforts to incorporate the *Five Protective Factors* within their systems of services. The Medicaid Child Health Check-Up Program objective was created.

> *By 30 June 2011, the Child Health Check-Up Protective Factors workgroup will have examined the Five Protective Factors and developed a plan of action for incorporating the Five Protective Factors into the Child Health Check-Up Program as appropriate.*

Anne Boone, ARNP, Coordinator, Child Health Check-Up, Medicaid Services, Agency for Health Care Administration served as the convener of the workgroup. Barbara Foster, Executive Office of the Governor, served as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

- *Convener,* Anne Boone, ARNP, Child Health Check-Up, Medicaid Services, Agency for Health Care Administration
- *Lead CAPP Representative,* Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Beth Kidder, Agency for Health Care Administration
- Michael Bolin, Agency for Health Care Administration
- Judy Taylor-Fischer, Agency for Health Care Administration
- Ronique Hall, Agency for Health Care Administration

The Child Health Check-Up program is a preventive and comprehensive service for eligible children birth through 20 years of age and for children in the MediKids program, a component of the Title XXI Children's Health Insurance Program. The Child Health Check-Up program provides for regular health check-ups that include a comprehensive health and developmental history (including assessment of behavioral health status); a comprehensive physical exam; nutritional and developmental assessment; vision, hearing and dental screenings; lab tests (including testing for lead poisoning); appropriate immunizations (shots); health education/anticipatory guidance; diagnosis and treatment; and referral and follow-up, as needed. A referral to a dentist begins at 3 years or earlier as medically necessary, with subsequent examinations by a dentist every 6 months, or more frequently as prescribed by a dentist or other authorized provider. Discussions were held in person and electronically during June 2010 to develop the five-year initiative included in this plan. The workgroup efforts resulted in plans to incorporate the *Five Protective Factors* as appropriate. (See **Prevention Objective 1.4** Medicaid Child Health Check-Up Program).

Cooperative Planning Team Efforts for Prevention

The Florida Statutes provide for interagency workgroups of the Advisory Council to focus on cooperative planning efforts at the state level. Consequently, the Governor's Office of Adoption and Child Protection established two planning teams: The Education Cooperative Planning Team and the Law Enforcement Planning Team.

Education Cooperative Planning Team

Two subsections of the Florida Statutes govern the composition and charge to the Education Cooperative Planning Team:

> **§39.001 (8)(b)2, Florida Statutes.** *The Office of Adoption and Child Protection, the Department of Children and Families, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made.*

> **§39.001 (8)(b)5, Florida Statutes.** *The Office of Adoption and Child Protection, the Department of Children and Families, the Department of Education, and the Department of Health shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the state plan for the prevention of child abuse, abandonment, and neglect.*

The 18-month *Education Cooperative Plan* provided guidance for the work products of this team. It specified four goals:

> **Education Cooperative Plan Goal 1:** By 30 June 2010, the Florida Department of Children and Families in collaboration with the Governor's Office of Adoption and Child Protection will:

> - Propose amending Subsection 39.001 (8)(b)2, Florida Statutes to include "prevention of child abuse, abandonment, and neglect".
> - Propose amending Subsection 39.001 (8)(b)5, Florida Statutes to include Early Childhood Education.
> - Propose amending Subsection 39.001 (8)(b)5, Florida Statutes to reflect the Next Generation Sunshine State Standards.
> - Propose amending Subsection 39.0015 (2), Florida Statutes, to add "other appropriate school personnel" as training recipients.
> - Investigate the feasibility of amending Subsection 1003.428, Florida Statutes to reinstate the one half credit in Life Management Skills (stand alone Health Education course) as a graduation requirement for all high school students.
> - Investigate the feasibility of amending the Florida Statutes to require a stand alone course in Health Education in either 7th or 8th grade.

> **Education Cooperative Plan Goal 2:** By 30 June 2010, the Education Cooperative Planning Team will develop and be ready to implement a five-year plan for the identification and development of parent-education resource materials and information, strategies for the instruction of parents, and methodologies for annual updates and dissemination to districts and schools.

> **Education Cooperative Plan Goal 3:** By 30 June 2010, the Education Cooperative Planning Team will develop and be ready to implement a five-year plan for the development and dissemination of resource materials and information, and training of appropriate school personnel in:

- Detecting child abuse, abandonment, and neglect.
- Taking proper action in a suspected case of child abuse, abandonment, and neglect.
- Caring for a child's needs after a report has been made.
- Preventing child maltreatment before it occurs.

Education Cooperative Plan Goal 4: By 30 June 2010, the Education Cooperative Planning Team will identify model lessons, supplementary instructional materials, and examples of implementing content standards for instructional personnel to use in the classroom (appropriate for each grade, Prekindergarten through grade 12) to educate students on child abuse prevention, identification and intervention and will develop and be ready to launch a five-year effort to encourage and assist districts, schools and teachers in the use of these materials.

Pursuant to Subsection 39.001, Florida Statutes, the Education Cooperative Planning Team comprised representatives from the Governor's Office of Adoption and Child Protection, the Department of Children and Families, the Department of Education and the Department of Health. Jim Kallinger, Chief Child Advocate in the Governor's Office of Adoption and Child Protection served as the convener and Frances Haithcock, EdD, Chancellor of K-12 Public Schools served as the lead for the Department of Education. As of June 2010, representation on the education cooperative planning team included:

- *Convener,* Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- *Lead CAPP Representative,* Frances Haithcock, Ed.D., Department of Education
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Brandy Carlson, MSW, Florida Coalition Against Domestic Violence
- Christie Ferris, Prevent Child Abuse Florida and CAPP Advisory Council Member
- Christina Pacelle, MSW, Executive Office of the Governor
- Janet Evans, MSPA, Department of Health, Children's Medical Services
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Georgia "Joy" Bowen, Florida School Boards Association and CAPP Advisory Council Member
- Lynn Layton, Monique Burr Foundation
- Michael "Mike" Haney, Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member

Additional staff members within the Florida Department of Education provided input and assistance to the team during 2009. These included:

- Antionette Meeks, EdD, CHES, CAPP, Department of Education, Office of Health Services
- Bambi Lockman, Bureau of Exceptional Education and Student Services, Department of Education
- Gria Davison, Student Services Consultant, University of South Florida
- Joe Davis, Bureau Chief, Bureau of Family and Community Outreach
- Mary Jane Tappen, Deputy Chancellor for Curriculum, Instruction and Student Services, Division of Public Schools
- Todd Clark, Bureau Chief, Bureau of Instruction and Innovation, Division of Public Schools

A leadership team provided assistance to planning for the inclusion of Prekindergarten within the purview and scope of Chapter 39, Florida Statutes. These included:

- Brittany Birken, Ph.D., Agency for Workforce Innovation, Office of Early Learning, and CAPP Advisory Council Member
- Deborah Russo, PMP, Department of Children and Families, Office of Child Care Services
- Shan Goff, Executive Director, Office of Early Learning, Division of Public Schools, Department of Education

The Education Cooperative Planning Team met five times in 2009: 20 April, 29 May, 19 June, 18 September and 16 December 2009 to work on the four goals and set the foundation for the five-year state education cooperative plan. The team also communicated electronically. The team worked towards developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts on the detection of child abuse, abandonment and neglect, on the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made. They also worked to enhance or adapt curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment and neglect. In addition, they discussed developing incentive strategies for encouraging all school districts to utilize the curriculum.

Of note, the Monique Burr Foundation and Childhelp® were awarded federal funding to develop child abuse prevention and response curricula for elementary school students and their parents. These curricula will be developed for Florida based upon the latest research and instructional technology opportunities. The Education Cooperative Planning Team has provided guidance and will continue to do so for the development and pilot of the curricula.

One of the workgroup members presented and reported on behalf of the Education Cooperative Planning Team at the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010. The Advisory Council members acknowledged the exciting and large task ahead. The proposal for the efforts over the next five years was recommended for inclusion in the five-year plan.

Law Enforcement Cooperative Planning Team

The Law Enforcement Cooperative Planning Team effort is based upon the following section of the Florida Statutes:

> **§39.001 (8)(b)3, Florida Statutes.** *The Office (of Adoption and Child Protection), the Department (of Children and Families), the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.*

This cooperative plan provided for five goals to be accomplished between 1 January 2009 and 30 June 2010. These goals are:

> **Law Enforcement Cooperative Plan Goal 1:** By 30 June 2010, the Criminal Justice Standards and Training Commission will specify in rule (under §943.17291, 17295, Florida Statutes), the certification requirements for inservice trainers, the minimum number of hours (i.e., four hours), and how often (i.e., every four years) child abuse training is required for those areas (e.g., drug cops, detectives and investigators) that work child abuse cases.

Law Enforcement Cooperative Plan Goal 2: By 30 June 2010, the Criminal Justice Standards and Training Commission will ensure that the existing preservice training provided for basic recruits covers:

- The Role of the Department of Children and Families – Protective Investigations and Dependency vs. Criminal Investigations and the differences in the standards of proof.
- Child Abuse Hotline – What should be reported/What should not be reported; What information should be provided when reporting; and How to report.
- The Role of the Department of Health – Child Protection Teams.

Law Enforcement Cooperative Plan Goal 3: By 30 June 2010, the Criminal Justice Standards and Training Commission will incorporate specific training for undercover drug officers and those who respond to drug-related search warrants and arrests where children are present and the judiciary and those that respond to drug busts where children are present.

Law Enforcement Cooperative Plan Goal 4: By 30 June 2010, the Florida Department of Law Enforcement, the Department of Children and Families, the Department of Health and the Department of Juvenile Justice will have signed a *Memorandum of Understanding* that provides for cross training of employees who work child abuse cases.

Law Enforcement Cooperative Plan Goal 5: By 30 June 2010, the Criminal Justice Standards and Training Commission will provide to local law enforcement agencies encouragement and support for the designation and training of detectives and investigators to work crimes against children investigations.

Pursuant to § 39.001, Florida Statutes, the membership on the team included:

- ***Convener and Lead CAPP Representative,*** Terry Thomas, Special Agent, Florida Department of Law Enforcement
- Andy Hindman, Department of Juvenile Justice, Faith and Community Based Partnerships and CAPP Advisory Council Member
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Christie Ferris, Prevent Child Abuse Florida and CAPP Advisory Council Member
- Connie Shingledecker, Major, Manatee County Sheriff's Office and CAPP Advisory Council Member
- Ed Hardy, Department of Children and Families, Office of Criminal Justice
- Janet Evans, MSPA, Department of Health, Children's Medical Services
- Jennifer Diaz, Executive Office of the Governor
- Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Matthew Claps, MSW, Department of Children and Families, Office of Family Safety and Former CAPP Advisory Council Member
- Michael "Mike" Haney, Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member
- Mike McCaffrey, Department of Juvenile Justice, Staff Development and Training
- Nancy Crawford, Kids House of Seminole, Inc., Child Advocacy Center and CAPP Advisory Council Member
- Peggy Scheuermann, MEd, CPM, Department of Health

The Law Enforcement Cooperative Planning Team met five times in 2009: 6 March, 15 April, 28 May, 30 June and 16 September of 2009. The team also met on 20 January via conference call. Recognizing that all of the goals were of a similar nature, the group merged all five goals to one workgroup. The workgroup created core and cross learning objectives for training of the Department of Law Enforcement, the Department of Children and Families, the Department of Health and the Department of Juvenile Justice Child Protective Investigators. The objectives cover all goals in the Law Enforcement Cooperative Plan. These recommended Core and Cross Learning Objectives developed by the Law Enforcement Cooperative Planning Team include:

- Participants understand the meaning (definition) of child abuse, child abandonment and child neglect as defined by Florida Statutes.
- Participants will recognize that multiple human services systems (agencies) exist for issues related to child abuse and neglect and understand their varying core purposes, mission and roles.
- Participants understand their own agency specific roles and processes when encountering situations/incidents of abuse, abandonment and neglect.
- Participants will know the differing reporting requirements and procedures for their own respective agency(s) in instances of child abuse and/or neglect.
- Participants will recognize physical and behavioral indicators of abuse, abandonment and neglect, as defined by the Department of Children and Families "Allegation Matrix" and related risk conditions.
- Participants will recognize that varying standards of proof exist as it relates to criminal or dependency proceedings in regards to allegations of child abuse and/or neglect.
- Participants will understand that mental health, substance abuse, and domestic violence issues have a co-relational relationship to child abuse, abandonment and neglect and be able to identify basic risk indicators of these three issues.
- Participants will learn to use interviewing techniques and strategies to prepare for and conduct interviews that are developmentally appropriate and in a non-leading manner.

The Law Enforcement Cooperative Planning Team *Memorandum of Understanding* among the Department of Law Enforcement, Department of Children and Families, the Department of Health, and the Department of Juvenile Justice. The document is provided in Appendix D and is slated for signing as the first action of the five-year plan. It calls for the signature for the agencies to work in concert during investigations and to provide for cross training of employees who work child abuse cases. To support this effort, the team developed a Web site that lists all agency trainings statewide in an easily accessible manner.

The convener as well as another workgroup member presented and reported on behalf of the Law Enforcement Cooperative Planning Team that the *Memorandum of Understanding* was drafted at the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010. They also stated that the training curricula were completed and the law enforcement incentive for officers to complete the training was now available.
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18-Month Plan Workgroup Efforts for Prevention and Permanency Combined

18-Month Plan Prevention Goal 3/Permanency Goal 2 – Faith-Based Prevention and Adoption

By 30 June 2010, each circuit will have explored the feasibility, and if appropriate, have a blueprint for a faith-based prevention initiative to promote the "Five Protective Factors" in families and a faith-based adoption initiative to promote adoption of foster children and to support adoptive families for implementation over the five-year period from July 2010 through June 2015.

One of the most effective and dependable ways to serve and ensure that the needs of Florida's children are being met is to engage Florida's communities and empower Florida's families. The vision is to engage faith communities so that they can empower our families to prevent child abuse, abandonment and neglect, promote adoption and support adoptive families. Initially there were two workgroups – one for prevention and one for permanency. In order to ensure a unified message and effort, the faith-based prevention (see Prevention Goal 3) and faith-based adoption (see Permanency Goal 2) workgroups were combined and the Faith Based Initiative for Prevention and Permanency was established in May 2009.

Patricia Nellius-Guthrie, Ph.D., Executive Director of the Community Based Care of Brevard County and Jim Kallinger, Chief Child Advocate in the Executive Office of the Governor served as co-conveners of the joint workgroup. Also, Dr. Nellius-Guthrie served as the lead CAPP representative for the workgroup. The workgroup members included:

- *Co-convener and Lead CAPP Representative,* Patricia Nellius-Guthrie, Ph.D., Community Based Care Lead Agency, Community Based Care of Brevard, Inc.
- *Co-convener,* Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- Andy Hindman, Department of Juvenile Justice, Faith and Community Based Partnerships and CAPP Advisory Council Member
- Arie Sailor, MSW, DBS, One Church One Child
- Arne Nelson, Captain, U.S. Navy, Retired, Central Florida Catholic Charities
- Ashley Gonzalez, Heart Gallery of Volusia
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Bob Rooks, Florida's Adoption Information Center
- Bryan Vaughn, Governor's Commission on Disabilities
- Cyndee Odom, Executive Office of the Governor and CAPP Advisory Council Member
- Dennis Baxley, Faith-based and Community-based Advisory Council and Adoptive Parent
- Greg Kurth, Community Based Care Lead Agency, Family Services of Metro Orlando
- Jennifer Diaz, Executive Office of the Governor
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Johnny Carr, Bethany Prevention Services
- Kathleen Hawkins, Connecting God's Children and Heart Gallery of Metro Orlando
- Kathy Waters, Department of Children and Families, Office of Family Safety
- Ken Kelly, Private Business/ Public Relations
- Sheila Hopkins, Florida Catholic Charities and Faith-based and Community-based Advisory Council and CAPP Advisory Council Member

The workgroup met eleven times in 2009 and 2010:

- The Faith Based Prevention Workgroup met via conference call three times: 23 February, 23 March and 23 April 2009.
- The Faith Based Permanency Workgroup met twice: 26 January and 20 April of 2009.
- The combined workgroup met six times from July 2009 – February 2010: 6 July, 14 September, 5 October, 2 November, 7 December, and 1 February. A subcommittee met weekly beginning in early fall to prepare for the Faith Leader Roundtable, which was on 8 April 2010.

The meetings of the two separate workgroups were focused on developing recommendations to the local planning team five-year plan for prevention and permanency recommendations. The combined workgroup finished the local planning team recommendations, worked on products to be distributed to the local planning teams taking on this initiative and developed the state five-year plan recommendations which include a strategy of:

By 30 June 2015, the State of Florida will have implemented a faith-based initiative that would provide for either universal or targeted efforts in which the faith community is engaged to:

- Provide family and community supports that would build the *Five Protective Factors* identified in the Family Strengthening Initiative.
- Promote public adoption in Florida's faith communities.
- Empower faith communities to support adoptive families within their congregation and/or community at large using the *Five Protective Factors*.

During 2009 and 2010, the workgroup created and expanded a tool kit for local communities to implement a Faith-Based Initiative for Prevention and Permanency. The tool kit included:

- Information on the *Five Protective Factors*.
- *Explore Adoption* materials and research to help promote public adoption.
- Examples and strategies for implementing faith-based initiatives with information on best practices.
- Potential funding streams.
- Resource guides.
- Letters of support from Governor Crist and faith leadership.
- Contact information and descriptions of communities and organizations that already have active faith based prevention and/or adoption initiatives, identified to help facilitate sharing of best practices.

In April 2010, the workgroup held an interfaith roundtable to educate faith leaders on the prevention of child abuse, abandonment and neglect, the *Five Protective Factors*, targeted child recruitment, and supporting the needs of adoptive families within their communities. The faith leaders from across the state were also asked for their input on how to strengthen the tool kit as well as the work of the workgroup.

One of the conveners presented and reported the plan of action from the Faith-based workgroup to the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010 and 4 May 2010. At the May meeting, the Advisory Council members recommended that this effort be included in the five-year plans for prevention, adoption promotion and support of adoptive families. It was suggested that the initiatives include the *Five Protective Factors* in each area as well as ensure a wide array of faith communities and local planning teams receive the tool kit and information. Three objectives were developed for implementation of faith-based efforts with prevention of child maltreatment, promotion of adoption and support of adoptive families.

18-Month Plan Workgroup Efforts for Permanency

18-Month Plan Permanency Goal 1 - *Explore Adoption*

By 30 June 2010, the State of Florida will have in place sustainable efforts to continue the Explore Adoption public awareness campaign through June 2015.

During 2009 and 2010, the workgroup for Permanency Goal 1 discussed ways to ensure sustainability for statewide adoption promotion in Florida.

Jim Kallinger, Chief Child Advocate, Executive Office of the Governor served as the co-convener of the workgroup with Jennifer Diaz, Special Projects Manager, Executive Office of the Governor. Jim Kallinger also served as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

- *Co-convener and Lead CAPP Representative,* Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- *Co-convener,* Jennifer Diaz, Executive Office of the Governor
- Bob Rooks, Adoption Information Center
- Deborah Moore, Guardian ad Litem
- Greg Kurth, MA, Community Based Care Lead Agency, Family Services of Metro Orlando
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Kathy Waters, Department of Children and Families, Office of Family Safety
- Mark Reynolds, Trinity Broadcast Network
- Michelle Ubben, Ron Sachs Communications
- Theresa Flury, JD, Statewide Guardian ad Litem Program and CAPP Advisory Council Member

The workgroup met five times in 2009: 26 January, 4 March, 20 April, 23 June, and 23 September of 2009. In 2010 the workgroup invited Five Points Technology to host regional webinars twice a week from 20 April – 23 May 2010. These webinars provided the knowledge and skills to use the *Explore Adoption* data systems for targeted recruitment by region and were offered to all adoption staff in the State of Florida.

On the local level, the group established the goals that measure the campaign success by percentage of inquires about public adoption. The workgroup set the following critical elements or components for a successful local initiative:

- Use state provided supports when developing circuit marketing strategy.
- Use an intake survey questionnaire to measure inquires as a result of *Explore Adoption*.
- Develop media and vendor relationships to promote and produce materials as needed.
- Secure positive earned media coverage with tracking mechanism.
- Expand existing and establish new *Explore Adoption* Partnerships at the local level.

The workgroup set the following items that the State (or responsible party) will provide for a successful local initiative:

- Customizable templates of all print materials (includes brochures, flyers, posters, window clings, lapel pins)

- 30-minute Television special featuring three real Florida families – in any needed format
- Five Public Service Announcements - in any needed format
- Radio Spots – in any needed format
- Marketing Kits
- Bill Board design
- Print ad design
- Web banner design
- Established partnerships contact information
- Demographic Analysis – where to focus marketing efforts
- Survey Results – how to communicate message
- Web site with all materials, family stories, Child of the Month, FAQs, general adoption information, resources

The workgroup also formulated a strategy for sustaining a statewide public adoption awareness and promotion campaign over the next five years. The workgroup tasked the direct-support organization of the Governor's Office of Adoption and Child Protection with raising funds for the purposes of continuing the statewide public awareness campaign to promote public adoption.

18-Month Plan Permanency Goal 3 - Florida Association of Heart Galleries
By 30 June 2010, the State of Florida will have an operational statewide association of heart galleries.

Heart galleries work with local professional photographers to help find homes for specific children by creating compelling personal portraits that capture each child's unique personality and interests. These portraits are displayed in areas where families most likely to adopt will have a chance to view them. Attached to the portraits are brochures containing brief information on that child with contact information for inquiries. Heart gallery volunteers also work with the children in preparing them for their portraits and their biographies. In addition to the portrait exhibit, each heart gallery provides a Web site with general information on special needs adoption and a photo listing of children in the area who are legally free for adoption. These same portraits can be used on the state of Florida Adoption Exchange and the *Explore Adoption* Web site. The heart gallery movement has been a huge success and there are now over 100 heart galleries operating in nearly every state in the United States.

The State of Florida leads the nation in the development of heart galleries. Currently, all of Florida's regions are supported by heart galleries. There are 15 heart galleries operating in the following areas:

1. Brevard County
2. Broward County
3. Gainesville
4. Jacksonville
5. Miami
6. Orlando - Metro area
7. Palm Beach County
8. Pensacola – Art of Adoption
9. Pinellas and Pasco Counties
10. Sarasota County
11. Southwest Florida (Collier, Lee, Hendry, Glades and Charlotte)
12. Tampa
13. The Gulf Coast
14. North Florida (Big Bend Region)
15. Volusia County

A statewide association for the Heart Galleries was created to support the existing Heart Galleries and assist other counties and communities in the creation of local Heart Galleries. The state and local heart galleries have the potential to reach economies of scale by working together and supporting

one another's efforts (e.g., sharing examples of brochures, helping each other find new venues for their displays, hosting Web sites for those who cannot afford their own).

Jim Kallinger, Chief Child Advocate, Executive Office of the Governor served as the co-convener of the workgroup along with Jennifer Diaz, Special Projects Manager, Executive Office of the Governor. Mr. Kallinger also served as the lead CAPP Advisory Council representative. The workgroup members included:

- *Co-convener and Lead CAPP Representative*, Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- *Co-convener,* Jennifer Diaz, Executive Office of the Governor
- Andy Hindman, Department of Juvenile Justice, Faith and Community Based Partnerships and CAPP Advisory Council Member
- Ashley Gonzalez, Heart Gallery of Volusia
- Bob Rooks, Adoption Information Center
- Deborah Moore, Guardian ad Litem
- Jeremiah Guccione, Heart Gallery of Sarasota
- Jesse Miller, Heart Gallery of Tampa Bay
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Kathy Waters, Department of Children and Families, Office of Family Safety
- Kriss Vallese, Florida Children Services Council
- Matt Straeb, Heart Gallery of Broward County
- Mike Frasier, Reedy Photo

The workgroup met eight times in 2009: 28 January, 18 February, 4 March, 11 March, 21 April, 22 June, 20 July, and 2 September 2009. The workgroup first developed a vision, mission statement and key objections of a potential association of Heart Galleries to shape the discussion. The specific purpose of this corporation is to assist in finding adoptive homes for children in foster care in the State of Florida through marketing, advocacy and promotion, raising community awareness about adoption, and supporting the current and future Heart Gallery organizations in the State of Florida. A subcommittee worked with a Pro-bono attorney, Maria Bates, to finalize organization by-laws which were completed on 2 December 2009 and articles of incorporation which was completed on 15 December 2009. The Board of Directors met three times from January through June 2010: 5 January, 11 January, and 23 February. The board also communicated electronically. Below is more information about the association.

Vision
All Florida's children who are available for adoption are represented with dignity and individuality in a Heart Gallery.

Mission
The mission of the Florida Association of Heart Galleries is to provide assistance and resources to the local Heart Galleries, create and develop local and statewide partnerships, encourage collaboration, and raise public awareness of the need for adoptive families.

Key Objectives for the Florida Association of Heart Galleries
- Provide a united voice for children in foster care and adoptive families through legislative advocacy by influencing public policy that impacts children in foster care and adoptive families.

- Promote improvement in the accessibility, efficiency and effectiveness of adoption in Florida for children in foster care and adoptive families.
    - Public awareness
    - Web site
    - Information Sharing
    - Networking and Conferences

One of the conveners reported at the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010 that the goal of creating an association of Heart Galleries had been completed as of 15 December 2009. The name of the organization is the Florida Association of Heart Galleries. The Advisory Council members congratulated the workgroup on their hard work.

18-Month Plan Permanency Goal 4 - Customer Service Protocol

By 30 June 2010, the State of Florida will have a customer service protocol in place for the assistance and retention of prospective adoptive families.

A customer service protocol (e.g. 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. As the *Explore Adoption* campaign and the faith-based adoption initiative generate more inquiries, there must be a plan for response. 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. The children legally free for adoption and who have been waiting the longest for an adoptive family will benefit from recruitment efforts that extend beyond agencies and circuits. A consistent, statewide customer service protocol for prospective adoptive families will provide for this.

Jim Kallinger, Chief Child Advocate, Executive Office of the Governor served as the convener of the workgroup, as well as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members included:

- ***Convener and Lead CAPP Representative,*** Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- Cyndee Odom, Executive Office of the Governor and CAPP Advisory Council Member
- Judge Daniel Dawson, Ninth Judicial Circuit Judge, CAPP Advisory Council Member
- Dennis Moore, JD, Attorney Former CAPP Advisory Council Member
- Frank Platt, Department of Children and Families, Office of Community Mental Health
- Jackie Barksdale, LCSW, Boys Town of North Florida
- Johana Hatcher, MPA, BSW, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Kathy Waters, Department of Children and Families, Office of Family Safety
- Patricia "Trish" Nellius-Guthrie, Ph.D., Community Based Care of Brevard, Inc. and CAPP Advisory Council Member
- Sandy Neidert, MSW, Office of the State Court Administrator and CAPP Advisory Council Member

The workgroup met six times in 2009 and 2010: 5 March, 19 March, 23 April, 14 May, and 22 May 2009, and 24 March 2010. During the meetings, the workgroup developed instructions for local

planning teams and a complete Customer Service Protocol. A summary of the Protocol follows and the full Protocol can be seen in the Appendix C of this plan.

Adoption success begins with a stated commitment to customer service and support for adoptive families. Governor Charlie Crist has made the adoption of Florida's children in state care a priority of his administration. In addition to the appointment of Florida's Chief Child Advocate to manage the Governor's Office of Adoption and Child Protection, the *Explore Adoption* marketing campaign was launched to raise awareness about adoption statewide, and to encourage Floridians to consider the prospect of adopting one or more of Florida's children in care, especially teens, sibling groups, minorities and children with medical needs.

As a requirement to this investment of taxpayer's dollars, and to ensure our best return on investment, a reasonable customer service protocol or standard operating procedure for Florida's adoption process should be in place for all our service providers. This protocol requires an appropriate response to all inquiries from our prospective adoptive families.

The goal is to make sure every customer (potential adoptive parent) is properly informed and feels comfortable and confident about the adoption process in Florida. We need to give our worthy customers the information they need in a simple, professional and timely manner in order for them to take the next step in adopting one of Florida's children. Studies show that our very first point of contact with our customers will determine the success of our efforts to encourage Floridians to consider public adoption.

Florida's commitment to customer service must continue throughout the adoption process. Prospective adoptive parents need guidance and encouragement to keep them engaged. They also need to be provided with realistic timeframes and expectations. The adoption process can be overwhelming and our families may become frustrated when trying to navigate the system.

Post adoption support is also a critical element of the customer service protocol. Families adopting children whose experience includes foster care placement will face significant challenges in coping with abuse and neglect, attachment and residual loss issues. Agencies need to have services in place and available to families to successfully meet the lifelong challenges of adoption. These services include: education and training, mental health assistance, and supportive assistance.

The convener presented and reported on behalf of the Customer Service Protocol workgroup that the Customer Service Protocol was updated and complete at the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010. The Chief Child Advocate and the Deputy Chief Child Advocate met with the Assistant Secretary for Operations from the Florida Department of Children and Families and discussed the process for including the Customer Service Protocol within the contracts between the Department of Children and Families and the Community Based Care Lead Agencies. This will be included in the five-year plan for permanency.

Additional Area of Development for Permanency

Support of Adoptive Families

In January 2010, it was determined by the Governor's Office of Adoption and Child Protection that there was a need for a workgroup to develop action steps around some of the items enumerated in the Customer Service Protocol. Thus a workgroup was formed to assess the needs for state supports in the implementation of the protocol by the circuits and the Community Based Care agencies.

Cyndee Odom, Consultant and Adoptive Parent Representative on the Child Abuse Prevention and Permanency Advisory Council served as the convener of the workgroup and as the lead CAPP Advisory Council representative. The workgroup members included:

- *Convener and Lead CAPP Representative*, Cyndee Odom, Executive Office of the Governor and CAPP Advisory Council Member
- Barbara Foster, Executive Office of the Governor and CAPP Advisory Council Member
- Bob Rooks, Director, Florida's Adoption Information Center
- Carol Hutchinson, Adoption Specialist, Life Management Center
- Frank Platt, Department of Children and Families, Office of Community Mental Health
- Jackie Barksdale, LCSW, Boys Town of North Florida
- Jane Johnson, Executive Director, Children's Home Society North Central Division
- Kathy Donofro, Permanency Specialist, Big Bend Community Based Care
- Kathy Waters, Department of Children and Families, Office of Family Safety
- Tonia Brennan, Trainer, Ounce of Prevention Fund of Florida, Circle of Parents

A meeting was held to develop a proposal for the Child Abuse Prevention and Permanency Advisory Council. A series of proposals were finalized electronically. The convener presented and discussed the recommendations from the workgroup with the Child Abuse Prevention and Permanency Advisory Council on 25 February 2010. Their recommendations covered ways the state could provide assistance to local efforts related to: adoption competent professionals, post adoption services counselors, adoption support groups, and education opportunities for adoptive parents. The workgroup was encouraged to further develop the plans of action for the five-year plan. The workgroup met two more times and then completed the plans electronically. A workgroup member presented these plans to the Child Abuse Prevention and Permanency Advisory Council on 4 May 2010. The Advisory Council recommended that the *Five Protective Factors* play a more prominent role. This plan reflects this recommendation.

18-Month Plan Workgroup Efforts for Funding

Funding Goal 1 – Direct-Support Organization

By 30 June 2010, the Governor's Office of Adoption and Child Protection will have a blueprint for creating and funding a direct-support organization (DSO) and will have completed the steps for the DSO's establishment and ongoing administration.

In Chapter 39.0011 Florida Statutes, the Legislature granted the Governor's Office of Adoption and Child Protection the authority to establish a direct-support organization to assist the state in carrying out its purposes and responsibilities regarding the prevention of child abuse, the promotion of adoption and the support of adoptive families. The name of the Direct-Support Organization is the Trust for Florida's Children, Inc., and the inaugural meeting was held on 29 March 2010.