

Child Abuse Prevention and Permanency Plan for Circuits 3 & 8 July 2010 through June 2015

**Counties Served in Circuit 3: Columbia, Dixie, Hamilton, Lafayette,
Madison, Taylor, Suwannee**

**Counties Served in Circuit 8: Alachua, Baker, Bradford, Gilchrist,
Levy, Union**

Circuit Conveners for the Local Planning Team:

Elizabeth Dobbin O'Brien Elizabeth D. O'Brien 5-28-10
Printed/Typed Name Signature Date

Mona Gil de Gibaja Mona Gilde Gibaja 5/28/10
Printed/Typed Name Signature Date

Circuit Administrator:

Ester S. Tibbs Ester S. Tibbs 5/25/10
Printed/Typed Name Signature Date

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



Circuit Transmittal Information:

Local planning team conveners contact information for Circuits 3 and 8:

Name: Becky O'Brien
Title: Community Relations Consultant, Department of Children and Families
Address: 1000 NE 16th Ave, Box 3, Gainesville, FL 32601
Phone: 352-955-5012
Fax: 352-334-0189
Email: Becky_Obrien@dcf.state.fl.us

Name: Mona Gil de Gibaja
Title: Consultant, Partnership for Strong Families
Address: 515 No Main St., Gainesville, FL 32601
Phone: 352-872-3630
Email: mgibaja@circle-of-support.com

Department of Children and Families, Circuit Administrator for Circuits 3 & 8:

Name: Ester S. Tibbs
Address: 1000 NE 16th Ave, Box 3, Gainesville, FL 32601
Phone: 352-955-5010
Fax: 352-334-0189
Email: Ester_Tibbs@dcf.state.fl.us

Table of Contents – Circuits 3 & 8 Plans

Part 1	Introduction to Planning Process	4
Part 2	Plan for the Prevention of Abuse, Abandonment and Neglect of Children	10
Section I	Status of Child Maltreatment in Circuits 3 & 8	10
Section II-III	Continua of Programs/ State Description of Program	32
Section IV	Description of Programs	36
Section V	Priority Ranking of Local Needs	37
Section VI	Plan to Meet Local Needs	38
Section VII	Monitoring Progress	57
Section VIII-IX	Barriers / Recommendations for State Action	58
Part 3	Plan for the Promotion of Adoption	59
Section I	Status of Adoption	59
Section II	Continua of Programs	66
Section III	Description of Programs	67
Section IV	Priority Ranking of Local Needs	68
Section V	Plan to Meet Local Needs	69
Section VI	Monitoring Progress	80
Section VIII	Barriers	81
Section IX	Recommendations for State Action	81
Part 4	Plan for Support of Adoptive Families	83
Section I	Status of Support of Adoptive Families	83
Section II	Description of Comprehensive Approach	85
Section III	Description of Programs	86
Section IV	Priority Ranking of Local Needs	87
Section VI	Plan to Meet Local Needs	88
Section VII	Monitoring Progress	91
Section VIII	Barriers	92
Section IX	Recommendations for State Action	92
Part 5	Attachments	
Attachment 1	Local Planning Team Roster	93
Attachment 2	List of Foster Parent/ Adoptive Parent Associations	97
Attachment 3	Family Centered vs Traditional Social Work Practice	98
Attachment 4	Library Partnership Brochure	99
Attachment 5	Child Abuse Prevention Programs Catalog	102

FIVE-YEAR LOCAL PLANNING PROCESS

PART 1 – INTRODUCTION TO THE PLAN

A. Who led the planning effort:

The local planning teams in Circuits 3 and 8 were facilitated and led by the local co-conveners, designated by the Circuit Administrator as Elizabeth O'Brien, Community Relations for the C3&8 Administration for the Department of Children and Families and Dr. Mona Gil de Gibaja, Partnership for Strong Families (the Community-Based Care Agency for both Circuits 3 & 8).

B. Description of the circuit(s) and the counties in the circuit(s):

Circuit 3 includes: Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee and Taylor Counties;

Circuit 8 includes: Alachua, Baker, Bradford, Gilchrist, Levy and Union Counties.

This is a large rural area with an estimated population of 586,893 people spread out over an area of 8,441 square miles that is approximately the size of the state of Maryland. Alachua, Hamilton and Madison Counties are among the ten counties in the state whose residents are the poorest. (Chapter 2 of the plan provides data on the counties)

Both the Department of Children and Families and the Community Based Care Agency, Partnership for Strong Families cover both circuits as one administrative entity for their organizations. Other principal community social services agencies are also set up to provide services in multiple counties. For example, Meridian Behavioral Healthcare, Children's Home Society, Children's Medical Services, UF Child Abuse Prevention Program/Nurturing Program, Domestic Violence Shelters, Healthy Start and Early Learning Coalitions all serve either all the counties or multiple counties in the Circuits. The service areas of these agencies do not line up neatly with either Circuit 3 or Circuit 8 boundary, but reflect other funding and planning decisions.

C. Membership of the planning teams(s):

The table in Attachment 1 lists the Local Planning Team members for both circuits who participated in planning meetings and plan development. Department of Children and Families staff, Partnership for Strong Families, the Early Learning Coalitions, a Guardian ad Litem representative, Department of Juvenile Justice, Healthy Families, Healthy Start, Children's Home Society all routinely participated. Members made an effort to link this planning effort with other planning efforts underway in related social service programs, such as Domestic Violence Prevention plans and Department of Children and Families work to meet quality guidelines to implement Family Centered Practices, and written Quality Improvement Plans to meet Federal Child and Family Services Review (CFSR) standards.

Several other representatives were invited to participate and were unable to do so. For example, the team is very aware that in large measure, school personnel were unable to participate and note that the prior budget year has severely constrained school districts.

Overview of the planning process, along with open invitations to participate, were presented twice in each circuit at a routine, interagency meeting sponsored by the Department of Children and Families for the work underway as "Foster Care Redesign." This monthly meeting is well attended by multiple agencies that work directly with DCF and PSF to serve children in the child welfare system and high-risk families. In addition, there are quarterly meetings for Alachua County and Columbia County Community Steering Committees for Foster Care Redesign and members of each of these vital groups is available on request. This was another way to share data on child maltreatment and invite involvement in the planning. In Alachua County, the Alachua County Child Abuse Prevention Task Force has also had a presentation on the planning and provided valuable feedback.

D. Overview of the meetings held:

Given the geographical make-up of Circuits 3 and 8 (13 counties), group meetings were held in each circuit to promote greater team representation and participation. To provide greater focus and productivity, each circuit group developed a prevention workgroup. One adoption workgroup met for the combined areas as two agencies have principal responsibilities for these activities and cover both Circuits.

- Meeting for all components of the Adoption Plans: May 19-20, Prevention Summit; May 27, June 10 conference calls; August 25-26, DCIP; September 24, November 3, November 16, December 2, and January 22, 2010.
- C3 Prevention Plan: May 19-20, Prevention Summit; May 27, June 10 conference calls; August 25-26, DCIP; October 29, December 8, and January 22, 2010.
- C8 Prevention Plan: May 19-20, Prevention Summit; May 27, June 10 conference calls; August 25-26, DCIP; September 1 at Alachua County Child Abuse Prevention Task Force, October 6, November 10, January 10 and 22, 2010.

In addition, information about the data and planning process was provided at routine, monthly interagency meetings for the Foster Care Redesign projects underway in both the northern and southern counties.

E. Overview of the plan development process:

Initial circuit-wide meetings were held to discuss the initiative, plan, update process, data, requirements, goals and timeframes. The teams could reference

prior work done on the 18 month plan. Presentations focused on reviewing data and determining realistic objectives to support families and other local plans.

After the initial meetings, prevention and adoption workgroups were established to focus on specific issues, action steps, goals and objectives. The workgroups met individually and also communicated via email to work on assigned tasks for completion and reported progress to the circuit-wide groups. Participation and input was sought from all team members and feedback on progress was shared consistently through emails and meetings of the teams and in other meeting venues as well.

Local Guiding Principles for the Plan:

Given the grim economic climate for social service agencies and the families needing services for at least the next few years, all three teams focused attention on creating goals and objectives that would:

1. Be realistic and achievable with scarce resources
2. Build on and support present initiatives to strengthen families
3. Create any new initiatives based on guidance to focus on "low-cost-no-cost," measures that are realistic and achievable.
4. Support local agency efforts to bring new resources in the communities by also creating a planning document that can be used as a reference in writing grants.

These planning guidelines also led to the decision, by all three teams, to create a single plan for Circuits 3 & 8. While the Whole Child Program Goals and Objectives are at the county level, the thrust of efforts in both the Child Abuse Prevention Planning and those for the Adoption areas, are to improve services offered by agencies working in the region.

One Plan - Thirteen Counties

An important consideration in the decision to create one plan, was to deploy staff resources in the most reasonable manner. All professionals working on this planning process have full-time responsibilities in agencies that rely on them to fulfill multiple functions in their agency and community already. For example, the Whole Child initiative underway in Madison and Taylor Counties is managed by the Healthy Start Coalition staff with no additional funding for the work. The professionals called upon to be part of the planning process in Circuit 3 & 8 all have to balance such requests in light of present duties and resources to meet other requirements of their job and subsequently, other demands on their time. The planning teams reached consensus to create one plan for both Circuits.

This large area of the state has approximately 3% of Florida's population. Almost half of the children in the thirteen counties of the two circuits live in Alachua County, with 47, 216 children. The next largest County, is Columbia with 15,311. All the remaining counties have child populations under 10,000. As would be expected, most of the resources for families are centered in these two counties as

well as most of the problems helping agencies are asked to manage. The social service agencies in rural, north Central Florida have a long history of using outreach staff and of working collaboratively to help strengthen families. Many agencies have actually been able to increase services they can offer in the home to parents and this is actively encouraged as many families struggle to meet expenses and get the help they and their children need.

The mostly rural counties making up Circuits 3 & 8 have very limited local funds available to support any kind of social services. In fact, after years of allocating funds for social service programs to benefit children, the Alachua County Commission voted to spend all these funds on food and shelter beginning in FY10-11. This will be a loss of almost one million dollars to programming in the county. No counties in Circuits 3 & 8 have local taxing districts or funded children's services councils.

Building on Other Significant Efforts to Strengthen Families:

Also, figuring large in the planning process, is work underway to implement Family Centered Practices in child welfare services through the Department of Children and Families and Partnership for Strong Families. Circuits 3 & 8 have been working with the national foundation, Casey Family Programs for the last two years to safely reduce the number of children entering foster care.

While this has involved strategies to intervene after a child has been harmed, it has also brought renewed attention to the role of appropriate prevention services that strengthen families before a child is maltreated. As a result of Casey Family Programs investment in the community, the Partnership for Strong Families and the Alachua County Library system opened The Library Partnership - A Neighborhood Resource Center, with the goal to strengthen families in a targeted Gainesville neighborhood with high rates of child maltreatment by offering preventive services.

Casey Family Programs has offered a wealth of technical assistance and some funding to fundamentally change the way child welfare workers interact with families through Family Centered Practices that seek to build protective factors that safeguard children. This effort has impacted DCF staff and community partners in every county, as the parents of children who may be at risk for harm are referred to and assisted in finding services with the Partnership for Strong Families' Diversion staff.

The work being done under the aegis of the project called "Foster Care Redesign," routinely involves representatives from a wide array of community social service agencies. Routine monthly meetings are held in both Circuit 3 & 8, with a published agenda and minutes. The meetings are sponsored jointly by DCF and Partnership for Strong Families with attendance by the Circuit Administrator and CEO for the Partnership, as well as their top program managers. Other participants include representatives from the CBC contracted agencies providing

case management, in-home and preventive services, the courts, Guardian ad Litem, mental health service providers, domestic violence shelter providers, Child Protection Team, Healthy Families, Child Abuse Prevention Project, two Child Advocacy Centers. A quarterly newsletter, Strengthening Families is published and widely circulated in hard copy and posted electronically (Current copies available on request).

The Library Partnership - Neighborhood Resource Center

A major accomplishment of Foster Care Redesign was the opening of the Library Partnership - Neighborhood Resource Center in a vulnerable neighborhood in east Gainesville. This is one-of-a-kind facility in Florida and was a major thrust of the prior 18 month plan for prevention of child abuse. The planning for this, as well as the continued oversight of operations and programs at the center, was done by representatives from over 25 different community agencies. Their participation also opens lines of communication around prevention issues across the community. (See Attachment 4 for a list of participants on a brochure from the Center.) This is the first such family resource center to open in either Circuit and the planning and operation of the Center provides a blueprint for action in other communities in the area.

Innovation Site for Family Centered Practice

This community based work has also earned Circuits 3 & 8 the designation by the state as one of just three pilot programs as an Innovation Site for Family Centered Practice. The award came with two years of funds to support training for Child Protective Investigative staff at the Department of Children and Families and Family Care Counselors working through Community Based Care contracts at Partnership for Strong Families.

Currently the Innovation Site implementation team for our area is also working with the other two sites, Miami-Dade and Circuit 1, to bring Family Centered Practice into all processes in DCF and CBC agencies. It has drawn attention to improving practice whether staff is working with families at risk for child abuse or those who need interventions to keep children safe after any incident of maltreatment. This will build on the work underway for Foster Care Redesign and includes opportunities to both offer training to and seek feedback from community families, policy makers, and other agencies.

The Partnership for Strong Families was awarded a three year Federal Family Connections research and demonstration grant on Family Team conferences & with services effective January 2010. It is anticipated that the lessons from this effort will inform work with high-risk families as well as families who are in the child welfare system due to maltreatment of children.

Taken as a whole, the creative initiatives underway to reduce the number of children sheltered in foster care as a result of child maltreatment are in direct support of child abuse prevention as well because of the renewed efforts aimed at working with high-risk families in secondary prevention efforts.

Other New Efforts to Offer Prevention Services:

The Library Partnership Neighborhood Resource Center was conceived as a child abuse prevention effort and programs offered reflect a commitment to strengthening protective factors for families. At the same time, the Partnership for Strong Families made a commitment to developing the resources it could offer as "diversion services" for families. Child Protective Investigators in all counties routinely seek referrals for services for high-risk families with no findings of maltreatments of the children. It is the goal of the CPI's and Partnership Diversion staff to successfully "divert" further referrals to the hotline by helping families in need. Further, the Florida Hotline now takes "prevention referrals" for families in need of services, and these cases are also routed to the Partnership for Strong Families for follow-up.

The focus on diverting families from the child welfare system with help is a strength based secondary prevention effort. The emphasis and training on Family Centered Practice is underscoring these lessons for staff in the Department of Children and Families, the Partnership for Strong Families and their contract agencies. They routinely refer to the traditional child abuse prevention programs in our area: Healthy Families, UF Child Abuse Prevention Project - Nurturing Program, HIPPY, etc. All of these efforts combine to bring a much needed focus onto prevention of child maltreatment. It is the goal to move from a system more traditionally interested in investigations to identify child abusers to a system interested in supporting families to succeed by offering high risk families help from the first referral to the child welfare system, before there is a child victim of abuse. (See Attachment 3 for a table that contrasts traditional child protective investigations with Family Centered Practices.)

Selecting Priorities for Action:

After review of the data, presented in Chapter 2 and all of the above considerations the Teams for the Child Abuse Prevention portion of the planning chose to focus on three areas as priorities for action:

- Initiatives to strengthen families
- Support for the Whole Child Program and initiatives in Madison and Taylor Counties
- Support to Healthy Families programs in all counties.

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

1. Circuit 8 - Child Population and Child Victims of Maltreatment - Table 1

2008-2009 Maltreatment Rate per 1,000 Children in the General Population										
Population 2009					2008-2009 Victims by Most Serious Finding					
Circuit	County	Black	Other	White	Total	No Indication	Some Indication	Verified	Total	Maltreatment Rate
8	ALACHUA	14260	3140	29816	47216	1,646	262	1,064	2,972	27.04
8	BAKER	841	65	5825	6731	225	44	116	385	20.68
8	BRADFORD	1122	79	4694	5895	211	68	65	344	13.23
8	GILCHRIST	415	41	3402	3858	130	21	59	210	18.35
8	LEVY	1293	138	7596	9027	450	24	186	660	24.73
8	UNION	426	24	2769	3219	140	42	39	221	14.54
2007-2008 Maltreatment Rate per 1,000 Children in the General Population										
Population 2008					2007-2008 Victims by Most Serious Finding					
Circuit	County	Black	Other	White	Total	No Indication	Some Indication	Verified	Total	Maltreatment Rate
8	ALACHUA	14248	3116	29696	47060	1,613	917	1,130	3,660	24.01
8	BAKER	845	63	5784	6692	288	122	107	517	15.99
8	BRADFORD	1146	80	4671	5897	318	196	65	579	11.02
8	GILCHRIST	408	37	3416	3861	154	73	96	323	24.86
8	LEVY	1293	135	7595	9023	469	126	217	812	24.05
8	UNION	447	27	2748	3222	151	97	30	278	9.31

The variability in the maltreatment rates from FY 07-08 to FY08-09 will have to be monitored over the next years to ascertain trends in the rates. The working definition of “some indications” of maltreatment changed between those two years with staff encouraged to not use that classification. The impact of that directive is easy to see in the charts for both circuits. Additionally of note, is that in the smaller counties, small fluctuations in the cases have a large impact in the rates.

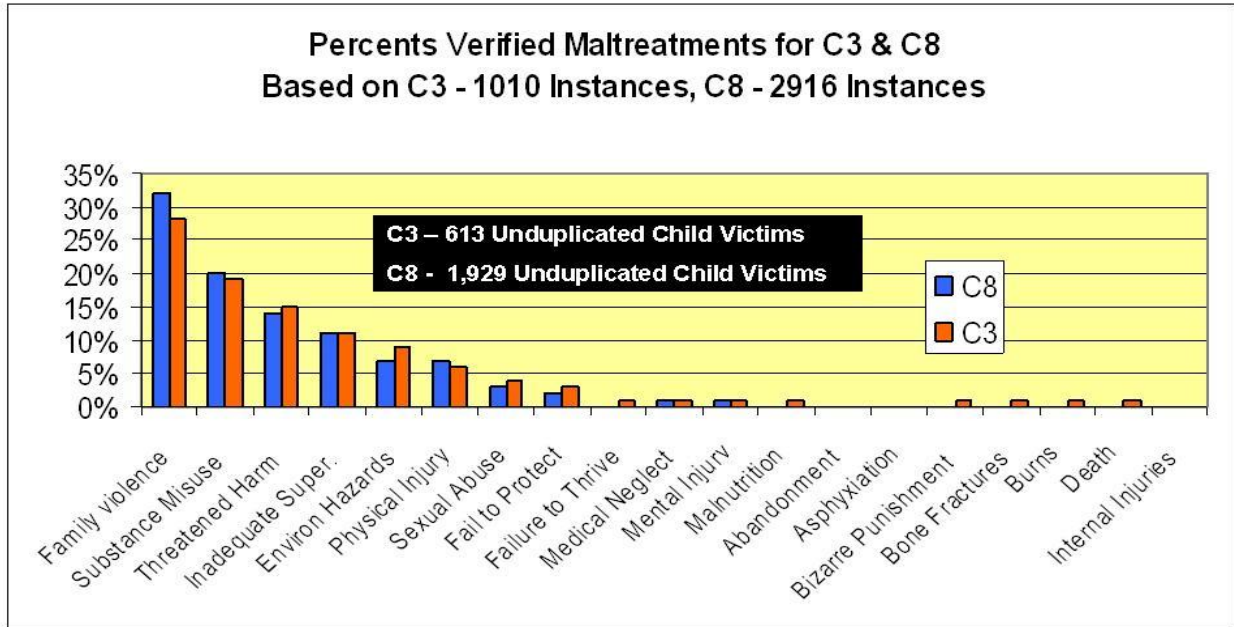
Circuit 3 - Child Population and Child Victims of Maltreatment - Table 2

2008-2009 Maltreatment Rate per 1,000 Children in the General Population										
Population 2009					2008-2009 Victims by Most Serious Finding					
Circuit	County	Black	Other	White	Total	No Indication	Some Indication	Verified	Total	Maltreatment Rate
3	COLUMBIA	2967	281	12063	15311	763	69	219	1,051	17.16
3	DIXIE	260	29	3024	3313	160	23	75	258	27.17
3	HAMILTON	1189	47	1906	3142	138	22	13	173	4.96
3	LAFAYETTE	127	12	1415	1554	45	18	3	66	2.32
3	MADISON	2029	55	2286	4370	172	27	40	239	10.98
3	SUWANNEE	1239	126	7264	8629	373	46	105	524	14.60
3	TAYLOR	958	91	3844	4893	228	26	64	318	15.70
2007-2008 Maltreatment Rate per 1,000 Children in the General Population										
Population 2008					2007-2008 Victims by Most Serious Finding					
Circuit	County	Black	Other	White	Total	No Indication	Some Indication	Verified	Total	Maltreatment Rate
3	COLUMBIA	2995	277	12056	15328	719	406	293	1,418	19.12
3	DIXIE	262	28	3010	3300	215	35	66	316	20.00
3	HAMILTON	1220	45	1901	3166	152	59	33	244	10.42
3	LAFAYETTE	123	12	1397	1532	50	9	11	70	7.18
3	MADISON	2061	51	2294	4406	187	83	58	328	13.16
3	SUWANNEE	1208	120	7208	8536	407	206	128	741	15.00
3	TAYLOR	1002	93	3862	4957	304	64	89	457	17.95

These 13 counties form a large rural area with an estimated 3% of the state population with 586,893 residents spread out over an area of 8,441 square miles that is approximately the size of the state of Maryland. Alachua, Hamilton and Madison Counties are among the ten counties in the state whose residents are the poorest.

Table 3

Comparing C8 & C3



Above Table

Another view of Data – C3+C8

Family Violence Threatens Child	1228	Bizarre Punishment	14
Substance Misuse	767	Bone Fracture	13
Threatened Harm	564	Burns	9
Inadequate Supervision	426	Death	9
Environmental Hazards	287	Malnutrition/Dehydration	7
Physical Injury	274	Asphyxiation	3
Sexual Abuse	130	Failure to Thrive	1
Failure to Protect	95	Internal Injuries	1
Medical Neglect	55	Abandonment	0
Mental Injury	43	Data: Verified Maltreatments	

Table 3 shows the percentage of verified maltreatments by type and this chart generated the most interest and discussion for the Local Planning Team. Although consolidated in Table 3, this data was presented for each county, along with summary data on the ages of the child victims. Additionally, the data was shared with all members of the team electronically for use in their organizations.

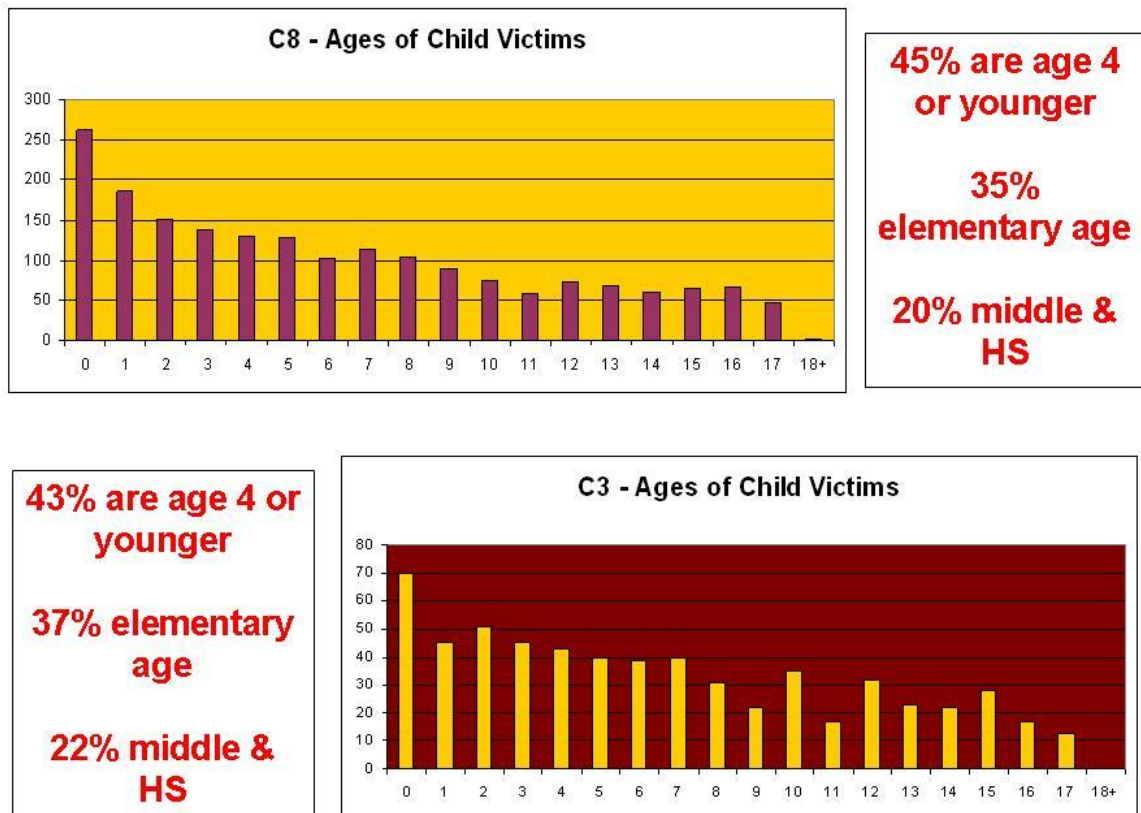
In every one of the thirteen counties, the top two categories of verified maltreatments included substance abuse and family violence. Other related types of maltreatment were also high – threatened harm, inadequate supervision and environmental hazards. While there were variations in the counties, the over-arching theme that emerged of prime interest to the team is the destructive and potent link of domestic violence and substance abuse to child maltreatment and harm.

Domestic Violence service providers and Substance Abuse/Mental Health providers have prevention plans locally and the Local Planning Team is going to share this plan and data with these planning groups as well. Tertiary treatment efforts are in place and while the community seems well informed on the importance of prevention strategies for these two issues, concerns about adequacy of resources remain tantamount to progress.

The team also reviewed in detail, 18 infant deaths over the last two years, due to unsafe sleeping arrangements. Even though, not all were verified as due to abuse and or neglect, they are of great concern. Of these 18, one-half occurred in Alachua County and twelve involved co-sleeping with adults. Others were the result of a variety of what proved to be tragically unsafe sleeping arrangement. In August of 2009, a group of area professionals began work together to address the issue and improve public awareness of the issue. This work is reflected in the plan.

The 713 children placed in harm's way from inadequate supervision and environmental neglect points to the need for community collaborations to get parents concrete help in times of need, whether for adequate food and shelter or day care referrals. Meeting these kinds of needs for a family is directly related to building the protective factors to strengthen families.

Tables 5 and 6



Tables 5 & 6: Each chart reveals basically the same concerns: the young age of child victims and the role substance abuse and domestic violence have in generating harm to children. The high percentage of children four years of age or younger is of primary concern. This data supports community planning to strengthen families with young children and led the team to support Healthy Families, the Whole Child Community and initiatives to specifically bolster the five protective factors that strengthen families.

The data following presents county level data that was reviewed and discussed in at LPT meetings and six other community groups, also reviewed this data presented for each county. (Data for these meetings was presented via powerpoint with charts for each county showing verified maltreatments of children and the ages of child victims) Numeric values for distribution of ages of child victims shown by county in **Table 7** on the next page.

<i>Ages of Child Victims of Maltreatment, Unduplicated Count, FY 2008-09</i>																				
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18+</i>	<i>Total</i>
Columbia	38	21	17	22	21	17	21	17	10	8	19	8	12	4	9	12	6	1	0	263
Dixie	10	8	11	4	6	6	5	4	4	4	8	1	2	6	3	4	3	0	0	89
Hamilton	0	1	2	1	1	1	0	1	1	0	0	1	4	0	1	0	3	2	0	19
Lafayette	0	0	0	0	0	0	1	0	0	0	1	0	1	1	1	0	0	0	0	5
Madison	5	2	6	5	5	3	2	3	4	1	0	1	2	1	3	2	2	1	0	48
Suwannee	11	7	10	9	6	10	3	8	9	7	5	4	4	6	3	6	2	7	0	117
Taylor	6	6	5	4	4	3	7	7	3	2	2	2	7	5	2	4	1	2	0	72
C3	70	45	51	45	43	40	39	40	31	22	35	17	32	23	22	28	17	13	0	613
Alachua	210	134	101	99	97	88	78	72	74	63	46	37	56	43	47	52	43	34	1	1,375
Baker	11	16	19	11	10	10	7	11	7	8	6	4	4	5	4	6	1	1	0	141
Bradford	7	5	6	7	5	5	5	6	2	3	5	3	4	3	2	3	1	3	0	75
Gilchrist	6	6	7	5	6	3	5	5	6	1	3	4	0	6	2	0	3	1	0	69
Levy	18	18	16	14	12	18	7	18	14	14	14	8	9	10	6	5	17	7	0	225
Union	10	7	3	3	1	4	1	2	2	1	1	3	1	2	0	0	2	1	0	44
C8	262	186	152	139	131	128	103	114	105	90	75	59	74	69	61	66	67	47	1	1,929

Table 7 - Age of Child Victim by Age and County of Residence at Time of Investigation

<i>Circuit</i>	<i>Name</i>	<i>Data</i>	<i>Abandonment</i>	<i>Asphyxiation</i>	<i>Bizarre Punishment</i>	<i>Bone Fracture</i>	<i>Burns</i>	<i>Death</i>	<i>Environmental Hazards</i>	<i>Failure to Protect</i>	<i>Failure to Thrive</i>	<i>Family Violence Threatens Child</i>	<i>Inadequate Supervision</i>	<i>Internal Injuries</i>	<i>Malnutrition/Dehydration</i>	<i>Medical Neglect</i>	<i>Mental Injury</i>	<i>Physical Injury</i>	<i>Sexual Abuse</i>	<i>Substance Misuse</i>	<i>Threatened Harm</i>	<i>Grand Total</i>
8	Alachua	Total	0	2	6	9	6	4	124	45	0	663	218	1	0	31	25	167	61	363	321	2046
8	Baker	Total	0	0	0	0	0	0	18	5	0	83	18	0	0	5	3	7	2	47	22	210
8	Bradford	Total	0	0	0	0	0	1	8	0	0	20	28	0	0	1	1	8	6	37	17	127
8	Gilchrist	Total	0	0	0	0	0	1	6	3	0	42	8	0	0	2	0	8	7	14	7	98
8	Levy	Total	0	1	1	1	1	1	37	14	0	108	36	0	0	2	4	17	12	95	42	372
8	Union	Total	0	0	0	0	0	0	1	0	0	28	2	0	0	1	1	6	1	15	8	63
3	Columbia	Total	0	0	6	2	1	0	50	19	1	141	63	0	7	6	9	31	13	86	81	516
3	Dixie	Total	0	0	0	0	1	0	14	0	0	34	21	0	0	1	0	5	7	27	14	124
3	Hamilton	Total	0	0	0	0	0	0	2	1	0	5	2	0	0	0	0	6	1	4	10	31
3	Lafayette	Total	0	0	0	0	0	0	0	0	0	7	0	0	0	1	0	0	2	0	2	12
3	Madison	Total	0	0	0	0	0	1	10	2	0	18	4	0	0	0	0	2	1	20	10	68
3	Suwannee	Total	0	0	0	0	0	1	12	4	0	55	20	0	0	4	0	10	6	23	22	157
3	Taylor	Total	0	0	1	1	0	0	5	2	0	24	6	0	0	1	0	7	11	36	8	102
3 & 8	ALL	TOTAL	0	3	14	13	9	9	287	95	1	1228	426	1	7	55	43	274	130	767	564	3926

Table 8, above: FY 2008-2009, Verified maltreatments in every county. Data is from Department of Children and Families, FSFN data system capturing data on Child Protective Investigations. This is a count of maltreatments, not victims.

Circuit	Name	Data	Abandonment	Asphyxiation	Bizarre Punishment	Bone Fracture	Burns	Death	Environmental Hazards	Failure to Protect	Failure to Thrive	Family Violence Threatens	Inadequate Supervision	Internal Injuries	Malnutrition / Dehydration	Medical Neglect	Mental Injury	Physical Injury	Sexual Abuse	Substance Misuse	Threatened Harm	Grand Total
3	Columbia	Alleg.	1	6	17	4	7	0	329	26	3	418	378	0	7	44	80	242	95	536	417	2610
		Verf.	0	0	6	2	1	0	50	19	1	141	63	0	7	6	9	31	13	86	81	516
3	Dixie	Alleg.	0	2	1	0	7	0	104	0	0	82	83	0	0	12	12	57	25	187	124	696
		Verf.	0	0	0	0	1	0	14	0	0	34	21	0	0	1	0	5	7	27	14	124
3	Hamilton	Alleg.	0	2	0	0	3	1	55	7	0	29	49	0	0	4	3	30	17	84	71	355
		Verf.	0	0	0	0	0	0	2	1	0	5	2	0	0	0	0	6	1	4	10	31
3	Lafayette	Alleg.	0	0	0	0	0	0	17	0	0	25	28	0	0	4	4	15	7	49	34	183
		Verf.	0	0	0	0	0	0	0	0	0	7	0	0	0	1	0	0	2	0	2	12
3	Madison	Alleg.	0	5	1	0	1	1	71	6	0	61	92	0	0	8	6	64	21	93	76	506
		Verf.	0	0	0	0	0	1	10	2	0	18	4	0	0	0	0	2	1	20	10	68
3	Suwannee	Alleg.	0	1	5	2	4	3	161	5	0	192	169	0	0	27	19	118	34	292	222	1254
		Verf.	0	0	0	0	0	1	12	4	0	55	20	0	0	4	0	10	6	23	22	157
3	Taylor	Alleg.	1	8	3	1	5	1	98	4	0	108	101	0	0	18	12	53	38	233	95	779
		Verf.	0	0	1	1	0	0	5	2	0	24	6	0	0	1	0	7	11	36	8	102
8	Alachua	Alleg.	16	24	29	26	31	10	736	89	0	1443	1078	2	3	140	151	626	178	1442	1225	7249
		Verf.	0	2	6	9	6	4	124	45	0	663	218	1	0	31	25	167	61	363	321	2046
8	Baker	Alleg.	3	5	6	1	6	0	124	6	0	198	118	0	0	22	18	73	13	250	138	981
		Verf.	0	0	0	0	0	0	18	5	0	83	18	0	0	5	3	7	2	47	22	210
8	Bradford	Alleg.	1	0	5	2	1	1	110	2	0	127	125	0	0	19	18	61	27	214	140	853
		Verf.	0	0	0	0	0	1	8	0	0	20	28	0	0	1	1	8	6	37	17	127
8	Gilchrist	Alleg.	2	2	2	1	0	1	77	8	0	70	58	0	0	5	7	47	17	147	71	515
		Verf.	0	0	0	0	0	1	6	3	0	42	8	0	0	2	0	8	7	14	7	98
8	Levy	Alleg.	1	4	10	2	3	1	244	23	0	274	230	0	1	26	58	120	44	436	246	1723
		Verf.	0	1	1	1	1	1	37	14	0	108	36	0	0	2	4	17	12	95	42	372
8	Union	Alleg.	0	0	7	0	0	0	57	3	0	100	80	0	0	9	7	41	8	117	88	517
		Verf.	0	0	0	0	0	0	1	0	0	28	2	0	0	1	1	6	1	15	8	63

Table 9, above: FY 2008-2009,

Comparison of Allegations in Reports Received at the Hotline and Accepted for Investigation (Alleg.) and Reports Verified (Verf.) This does not include data on the number of reports closed with Some Indicators.

Data is from Department of Children and Families, FSN data system capturing data on Child Protective Investigations. There are usually multiple allegations per report and reports are taken on more than one child in a family. These allegations do not reflect individual children, but separate concerns about one child or many.

Discussion of Table 8 & 9 : The high number of allegations clearly reflect that professionals in our counties as well as those who may be family members and neighbors have their eyes on children they know. Of particular note are the many allegations about Environmental Hazards that people believe place children in harm's way. The large number of allegations concerning Domestic Violence in the home also reflect grave concerns about the impact of family violence on children.

The low number of "verified" maltreatment does not mean that the allegation is "ignored." We do not have specific data on the many allegations who are closed as "some indicators," but historically, those numbers have been almost as high as the numbers of verified allegations. A change in Department practice now encourages Child Protective Investigators to minimize use of the "some indicators," and this number has dropped. (See Tables 2 and 3.) It still leaves many allegations that, even if not labeled as "verified," indicate children living in situations that will keep them at risk for harm.

Both the Department of Children and Families (DCF) and the Community Based Care agency, Partnership for Strong Families (PSF) are in the second year of implementing training and changes to build Family Centered Practice. These efforts are being made in both circuits to address this high-risk population to prevent any worsening of the family's situation and another referral to the Hotline. The plan reflects work underway in the child welfare system to "divert" families into the kinds of services and community programs that strengthen families. Child Protective Investigators are being specifically trained to assess future risk and urged to put services in place to prevent a second call to the Hotline, even on cases with no identified indicators or verified reports of abuse. The shift in philosophy is dramatic and will take time to fully implement. (A summary of the traditional system of child protective investigations and child welfare practices versus a Family Centered approach is Attachment 3)

Additionally, the Local Planning Teams know from experience in the community that when people make a call to the Hotline they believe there is high likelihood the child will be removed. DCF and PSF staff are working through training, community meetings and monthly interagency meetings to begin to educate each community about the need for changes in practice to keep children safely in their homes by promoting protective factors.

<i>Circuit</i>	<i>Alleged Perpetrators</i>				<i>GENDER</i>			<i>AGE</i>				<i>Totals</i>
	<i>County</i>	<i>White</i>	<i>Black</i>	<i>Other</i>	<i>Male</i>	<i>Female</i>	<i>Unknown</i>	<i>< 18 yrs.</i>	<i>18 - 25yrs.</i>	<i>26+ yrs.</i>	<i>Unknown</i>	
8	Alachua	1,369	1,298	203	1,273	1,505	92	25	682	2,142	21	2,870
8	Baker	330	33	12	190	178	7	1	92	281	1	375
8	Bradford	272	43	15	152	173	5	3	71	254	2	330
8	Gilchrist	205	6	12	111	105	7	2	42	176	3	223
8	Levy	484	77	31	284	287	21	5	135	445	7	592
8	Union	157	33	5	93	98	4	4	48	141	2	195
3	Columbia	791	165	69	447	540	38	7	231	778	9	1,025
3	Dixie	237	8	6	106	141	4	2	64	184	1	251
3	Hamilton	81	64	4	64	82	3	1	35	113	0	149
3	Lafayette	37	12	2	25	25	1	0	10	41	0	51
3	Madison	109	128	10	117	127	3	2	63	180	2	247
3	Suwannee	433	54	36	247	258	18	5	133	383	2	523
3	Taylor	258	75	12	157	180	8	2	88	255	0	345
Both	TOTAL	4,763	1,996	417	3,266	3,699	211	59	1,694	5,373	50	7,176

Table 10, above: Total number of Alleged Perpetrators named in all reports received and investigated by Child Protective Investigators during FY 2008-09. There are duplicates in these counts as they include alleged perpetrators in reports closed with no indicators.

Table 11, below: Total Number of Alleged Victims in all reports received and investigated by Child Protective Investigators during FY 2008-09.

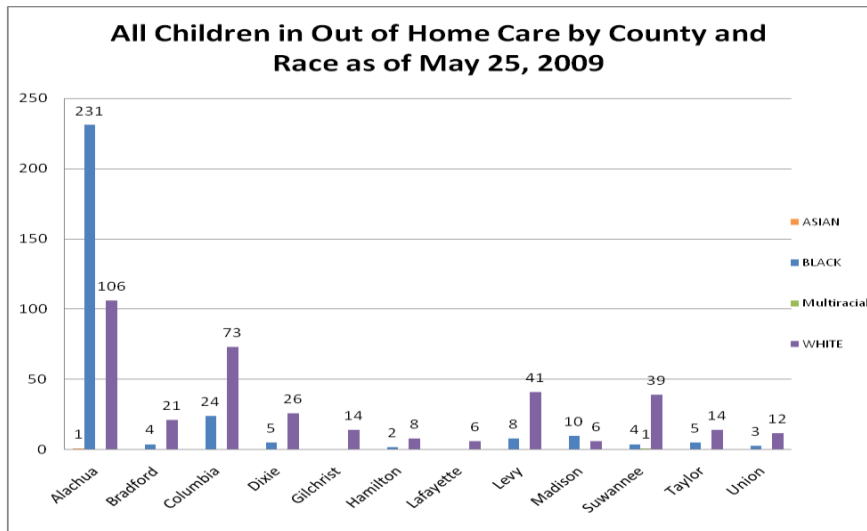
<i>Circuit</i>	<i>Alleged</i>	<i>Victims</i>			<i>GENDER</i>			<i>AGE</i>				<i>Unknown</i>	<i>Totals</i>
	<i>County</i>	<i>White</i>	<i>Black</i>	<i>Other</i>	<i>Male</i>	<i>Female</i>	<i>Unknown</i>	<i>0- 4 yrs.</i>	<i>5 - 8 yrs.</i>	<i>9 - 17 yrs.</i>	<i>18+ yrs.</i>		
8	Alachua	1,474	1,724	229	1,741	1,678	8	1,381	777	1,263	2	4	3,427
8	Baker	419	33	17	250	217	2	164	126	178	0	1	469
8	Bradford	338	68	8	199	213	2	166	91	156	1	0	414
8	Gilchrist	245	7	11	135	128	0	81	57	125	0	0	263
8	Levy	612	107	26	373	372	0	255	174	315	1	0	745
8	Union	188	49	10	119	128	0	98	58	91	0	0	247
3	Columbia	936	215	53	615	586	3	429	322	453	0	0	1,204
3	Dixie	281	16	1	152	146	0	114	70	113	0	1	298
3	Hamilton	114	74	1	80	109	0	56	38	95	0	0	189
3	Lafayette	53	17	1	39	32	0	31	18	21	1	0	71
3	Madison	122	137	7	139	125	2	83	63	119	0	1	266
3	Suwannee	522	92	21	335	299	1	241	151	243	0	0	635
3	Taylor	312	77	7	201	192	3	137	93	166	0	0	396
	Totals	5,616	2,616	392	4,378	4,225	21	3,236	2,038	3,338	5	7	8,624

<i>Ages of Child Victims of Maltreatment, Unduplicated Count, FY 2008-09</i>																				
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18+</i>	<i>Total</i>
Columbia	38	21	17	22	21	17	21	17	10	8	19	8	12	4	9	12	6	1	0	263
Dixie	10	8	11	4	6	6	5	4	4	4	8	1	2	6	3	4	3	0	0	89
Hamilton	0	1	2	1	1	1	0	1	1	0	0	1	4	0	1	0	3	2	0	19
Lafayette	0	0	0	0	0	0	1	0	0	0	1	0	1	1	1	0	0	0	0	5
Madison	5	2	6	5	5	3	2	3	4	1	0	1	2	1	3	2	2	1	0	48
Suwannee	11	7	10	9	6	10	3	8	9	7	5	4	4	6	3	6	2	7	0	117
Taylor	6	6	5	4	4	3	7	7	3	2	2	2	7	5	2	4	1	2	0	72
C3	70	45	51	45	43	40	39	40	31	22	35	17	32	23	22	28	17	13	0	613
Alachua	210	134	101	99	97	88	78	72	74	63	46	37	56	43	47	52	43	34	1	1,375
Baker	11	16	19	11	10	10	7	11	7	8	6	4	4	5	4	6	1	1	0	141
Bradford	7	5	6	7	5	5	5	6	2	3	5	3	4	3	2	3	1	3	0	75
Gilchrist	6	6	7	5	6	3	5	5	6	1	3	4	0	6	2	0	3	1	0	69
Levy	18	18	16	14	12	18	7	18	14	14	14	8	9	10	6	5	17	7	0	225
Union	10	7	3	3	1	4	1	2	2	1	1	3	1	2	0	0	2	1	0	44
C8	262	186	152	139	131	128	103	114	105	90	75	59	74	69	61	66	67	47	1	1,929

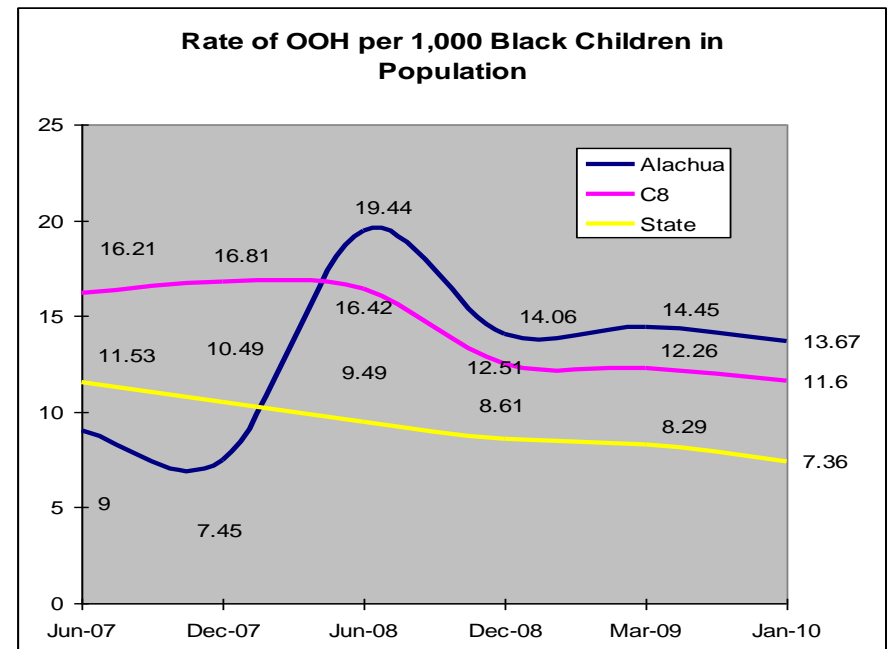
Table 12 - Above

FY0809 Alachua County Verified Maltreatments by Age and Race Count of unduplicated victims with any of the selected verified maltreatments: Threatened Harm, Environmental Hazards, Family Violence, Substance Misuse, Inadequate Supervision				
Age when intake recved	BLACK	WHITE	OTHER	Unduplicated Children
-1	1	2		3
0	80	51	18	149
1	65	40	6	111
2	56	33	5	94
3	46	26	8	80
4	42	33	8	83
5	45	21	8	74
6	28	35	5	68
7	19	27	5	51
8	35	22	7	64
9	27	22	6	55
10	27	17	4	48
11	16	13	1	30
12	17	20	2	39
13	18	13	3	34
14	22	8	2	32
15	14	22	2	38
16	13	15	1	29
17	13	13	2	28
Total	584	433	93	1110
Source: FSFN Data Warehouse and FSFN Data Mart as of 11/11/09 (LD)				

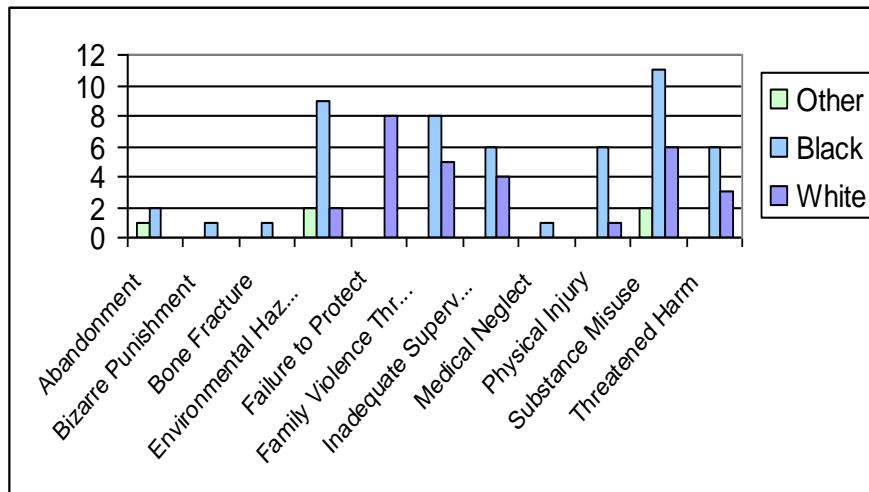
Table 13



#14: Upper Left - Children in Out of Home Care by race in C3&8. FSFN data from Spinner Reports



#15: Upper Right - Rate of African American Children in Out of Home Care comparing Alachua County to C8 and Florida rates. FSFN data from Spinner Reports



16: Lower left - Primary reason for shelters into Out of Home Care during a 3 month period

Tables 13-16

Disproportionality of African-American Children in the Child Welfare System in Alachua County

As these tables show, there is a problem in Alachua County with great disproportionality of African American children in the child welfare system. An internal team of staff from the Department and the CBC agency, Partnership for Strong Families have been working on the issue for a year to identify areas of concern and rule out areas of bias. While their whole body of work will not be summarized in this plan, it was shared with the Local Planning Team with a focus on the issue for Alachua County.

DCF and PSF have concerns about the disparity in calls to the Hotline about African American children and subsequent high rates of African American children in out-of-home care. Again, both agencies began working with Casey Family Programs to address this and are now expanding the discussion to community agencies and groups. This disparity is evident only in Alachua County and in fact, the disparity is greater in Alachua County than many of Florida's more urban areas.

After a great deal of internal data review and study to rule out bias in decision making, cultural biases in staffing patterns, and other factors noted in national studies of the issue, discussions have started with area Law Enforcement and Domestic Violence professionals.

The rate of reports to Hotline, by race, closely track the percent of calls Law Enforcement responds to for domestic violence. Data from both the Alachua County Sheriff's Office and the Gainesville Police Department on responding to calls because of domestic violence. Both agencies report a disproportionate rate for African-Americans. The Sheriff's office reports almost half the calls are for black families and the police report almost two-thirds of their calls are from black families. In turn, these agencies are both frequent reporters to the child abuse Hotline.

After discussion with the local Domestic Violence Prevention Task Force, it is clear that work to support prevention of domestic violence will decrease the number of children in jeopardy from family violence. This local Task Force has members from across the community and the University as they draft plans for a social marketing campaign to prevent intimate partner violence and middle and high school students about healthy relationships. This is part of the Domestic Violence Prevention Planning managed by partner agency, Peaceful Paths.

<i>Circuit</i>	<i>County</i>	<i>Adoption Services</i>	<i>Case Management Services</i>	<i>Child Counseling Services</i>	<i>Day Care Services</i>	<i>Education and Training Services</i>	<i>Employment Services</i>	<i>Family Builders Program</i>	<i>Family Planning Services</i>	<i>Family Preservation Services</i>	<i>Family Support Services</i>	<i>Foster Care Services</i>	<i>Health Related Services</i>	<i>Home Based Services</i>	<i>Housing Services</i>	<i>IL and Tadtional Living Services</i>	<i>Information and Referral</i>	<i>ICCP</i>	<i>Legal Services</i>	<i>Mental Health Services</i>	<i>Preg and Parenting for Young Parents</i>	<i>Respite Care Services</i>	<i>Substance Abuse Services</i>	<i>Other Services</i>
8	Alachua	5	513	849	813	34	33	47	25	117	369	44	20	89	67	7	45	1	5	158	12	2	196	546
	Baker	0	76	108	64	54	17	1	3	6	25	1	5	33	18	1	8	0	0	33	10	0	87	109
	Bradford	1	18	99	120	1	12	9	8	16	3	6	3	9	32	0	2	3	0	38	5	6	66	120
	Gilchrist	0	31	71	21	0	0	2	0	0	15	3	0	74	0	1	0	3	0	10	1	0	20	27
	Levy	0	84	122	76	0	3	15	0	5	78	4	1	12	12	0	4	0	6	14	1	0	72	159
	Union	2	19	34	46	0	7	3	3	6	13	5	4	4	10	0	1	0	1	16	0	2	22	33
3	Columbia	1	199	359	148	0	4	78	18	16	190	14	10	95	8	0	3	2	20	154	4	0	106	154
	Dixie	0	68	57	13	0	0	3	0	0	15	2	2	37	20	0	0	0	2	8	0	0	50	22
	Hamilton	0	12	54	24	1	3	0	0	4	6	0	0	19	13	0	5	0	1	6	0	0	20	19
	Lafayette	0	2	41	19	0	0	0	0	0	8	0	0	10	0	0	1	0	0	1	0	0	18	23
	Madison	0	15	22	6	0	0	0	0	0	4	0	2	1	4	0	0	0	11	5	0	0	6	11
	Suwannee	4	53	195	106	0	10	2	0	21	52	5	0	86	2	0	1	3	0	44	0	1	98	196
	Taylor	0	54	90	28	7	0	0	0	0	13	2	5	4	2	0	2	0	1	7	1	0	22	29
TOTALS		13	1144	2101	1484	97	89	160	57	191	791	86	52	473	188	9	72	12	47	494	34	11	783	1448

Table 17, above. Services to child victims and their caregivers recommended at case closure by the Child Protective Investigator for FY 2008-09. Joint work between Department staff and Partnership for Strong Families (PSF) staff is focused on a more informative review of data related to services. PSF has revised their services data collection to more easily match maltreatment concerns to services with outcomes for children and this data will be shared with the Local Planning Team at the semi-annual reviews. It is felt that these categories are too broad to indicate if services have the desired impact on safety.

Increasing Enrollment in Medicaid and Food Stamps Reflects Increasing Family Needs in Circuits 3 & 8

Data Source: Dept of Children and Families, ACCESS Caseload Reports, December 2009

<i>Circuit</i>	<i>County</i>	<i>Total Population</i>	<i># Persons with Medicaid</i>	<i>% of Population with Medicaid</i>	<i>Percent Increase in Medicaid 2009</i>	<i># Persons with Food Stamps Benefits</i>	<i>% of Population with Food Stamp Benefits</i>	<i>Percent Increase in Food Stamps 2009</i>
3	COLUMBIA	67,935	11,727	17.3%	12.7%	12,736	18.7%	29.2%
3	DIXIE	16,174	2,888	17.9%	12.1%	3,443	21.3%	27.3%
3	HAMILTON	14,761	2,786	18.9%	9.3%	3,168	21.5%	26.5%
3	LAFAYETTE	9,874	955	9.7%	12.0%	910	9.2%	22.1%
3	MADISON	20,353	3,828	18.8%	6.4%	4,154	20.4%	23.05
3	SUWANNEE	46,007	7,898	17.2%	14.5%	7,949	17.3%	27.9%
3	TAYLOR	24,131	4,022	16.7%	13.3%	4,424	18.3%	22.0%
Circuit 3 Total		199,235	34,104	17.1%	12.1%	36,784	18.5%	26.7%
8	ALACHUA	256,349	24,405	9.5%	12.3%	29,449	11.5%	31.3%
8	BAKER	26,330	4367	16.6%	16.3%	4,748	18.0%	30.7%
8	BRADFORD	29,131	4231	14.5%	14.0%	4,759	16.3%	25.2%
8	GILCHRIST	17,690	2746	15.5%	18.7%	2,790	15.8%	37.2%
8	LEVY	41,847	6,593	15.8%	12.2%	7,258	17.3%	28.2%
8	UNION	16,311	2,109	12.9%	21.1%	2,406	14.8%	26.1%
Circuit 8 Total		387,658	44,451	11.5%	13.7%	51,410	13.3%	30.3%
C3 & C8		586,893	78,555	13.4%	11.6%	88,194	15.0%	28.8%
Florida		18,328,340	2,285,456	12.5%	19.0%	2,516,964	13.7%	40.0%

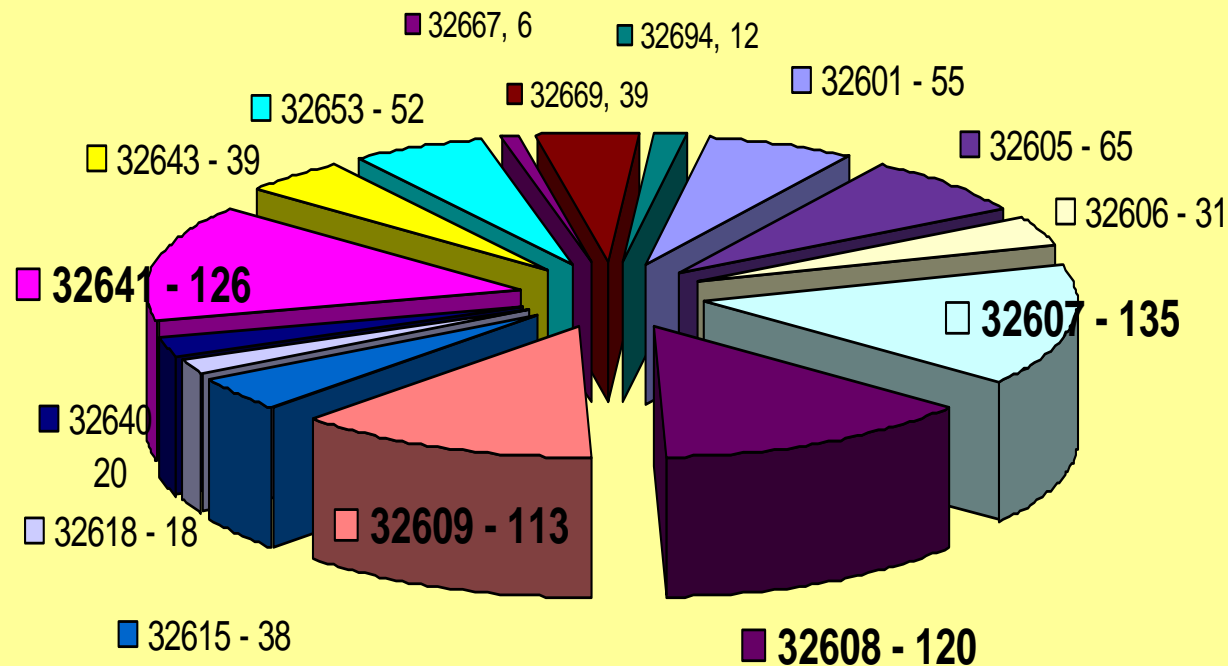
Table 18: This is ACCESS Data from the Department of Children and Families showing enrollment in Medicaid and Food Stamps benefits Programs by every county. Participation in both programs increased across the state during 2009 and is one leading indicator of economic stresses confronting families. This data is updated monthly and easily available via the internet: <http://www.dcf.state.fl.us/ess/agencyforms.shtml>. At this page, scroll to bottom to click on "caseload" data for county level data and comparison data.

	32641 EG	32609 NEG	32601 ECG	32694 Waldo	32607 WG	32669 Newberry	32640 Hawthorne	32608 SWG	32615 Alachua	32618 Archer h Springs	32643	32653 NG	32605 NCG	32667 Micanopy	32603 CG	32606 NWG	ALACHUA	FLORIDA	US
% Without a High School Degree (25+ years), 2000	30.0	22.7	13.9	18.6	5.5	17.6	22.0	8.0	16.1	17.3	17.3	6.9	5.6	14.7	2.0	3.6	11.9	20.1	15.8
Median household income, 2009	\$29,262	\$34,189	\$21,882	\$41,206	\$34,699	\$45,428	\$41,230	\$31,334	\$50,945	\$53,500	\$42,103	\$61,295	\$61,507	\$50,704	\$17,305	\$62,610	\$40,654	\$50,413	\$46,071
% of population in poverty, 2000	28.0	21.0	35.0	12.0	27.0	9.0	15.0	34.0	10.0	10.0	11.0	7.0	18.0	7.0	40.0	6.0	23.0	12.8	13.3
% Single parent families, 2000	55.0	40.3	45.5	24.5	32.2	17.5	21.7	27.7	22.1	20.6	20.2	21.0	17.9	20.6	16.7	17.3	27.7	23.5	
% of medicaid births, 2004-2006 MCHERDC	82.0	74.6	62.4	61.7	56.9	35.4	63.5	37.4	36.2	59.5	43.2	33.3	33.1	49.4	20.3	21.0	52.2	52.6	
% low birthweights, 2004-2006 MCHERDC	10.2	9.3	6.5	10.0	6.9	7.6	14.3	4.9	6.2	4.9	4.3	6.6	5.1	3.6	5.1	4.9	6.6	5.9	8.2
% of total births to a teen (10-17), 2004 - 2006 MCHERDC	7.3	7.3	6.5	1.7	2.9	2.1	4.8	2.0	1.5	4.3	1.5	1.7	5.7	1.2	0.0	1.0	1.1	3.5	3.3
Infant mortality rate, 2004-2006 MCHERDC	9.8	21.4	10.8	0.0	11.5	7.8	18.5	8.5	9.9	0.0	15.4	9.7	6.1	0.0	0.0	7.5	10.3	7.0	6.8
Death rates by selected cancers (age-adjusted per 100,000 population), 2005-2007																			
Lung cancer	66.0	84.0	36.8	52.9	48.5	113.9	31.1	81.7	74.1	39.5	50.6	60.3	50.4	58.6	----	27.3	62.9	57.8	54.1
Breast cancer	15.1	6.1	11.0	----	13.2	43.9	4.3	14.0	23.9	26.4	10.2	16.1	20.5	----	----	19.2	17.4	13.7	25.2
Prostate cancer	19.3	14.5	6.2	13	9.8	39.7	9.3	7.4	23.8	14.6	13.7	9.0	14.5	9.2	----	5.1	13.5	10.0	
Crude infection rates, cases per 100,000 population, 2007																			
Chlamydia	2007	1302	547	379	678	377	251	608	124	317	217	493	317	318	174	228	0	243	241
Gonorrhea	1004	616	244	252	322	133	73	154	96	188	93	179	118	127	54	98	0	109	112
Syphilis	59	30	34	0	20	11	24	11	14	0	21	15	8	21	0	0	0	4	3
HIV/AIDS	760	522	806	252	227	155	105	205	96	188	144	135	188	85	0	88	----	----	
Child maltreatment, incidence rate per 1,000 0-17 year olds, 2007 (excludes death and substance abuse)	76.2	98.5	55.5	74.6	60.0	41.1	31.1	67.4	27.5	28.6	56.8	26.9	39.0	0.0	11.4	24.7	----	----	
Avoidable ED visits, 2006-2008 rate per 1,000 population	253.5	175.7	155.9	229.6	123.6	121.8	117.9	104.4	108.5	94.4	107.7	79.1	64.9	79.6	30.7	69.2	119.6	152.1	
Avoidable discharges, 2006-2008, 0-64 years, rate per 1,000 0-64 population	23.8	17.6	14.5	24.4	8.7	13.8	13.6	8.5	13.1	10.5	14.7	8.6	5.8	10.3	3.0	7.0	11.5	13.6	
OVERALL RANKING	1	2	3	4	5	6	7	8	9	9	11	12	13	14	15	16			

Dr. Nancy S. Hardt
hardt@ufl.edu
352-273-5329

Table 19: 1/27/2010: Data from the University of Florida, compiled by Dr. Nancy Hardt to show data by zip codes in Alachua County. Dr. Hardt has shared this data with many community organizations to show need for focused interventions.

2009 Total # of Verified Cases of Child Maltreatment per Zip Code



32601 32605 32606 32607 32608 32609 32615 32618 32640 32641 32643 32653 32667 32669 32694

Table 20: Calendar year 2009 – Alachua County Verified Cases of Child Maltreatment by zip code with numbers of verified cases. Data was compiled from FSFN data by DCF for a community presentation of community volunteers and professionals interested in organizing for focused supports in neighborhoods. This should be reviewed with prior chart in Table 19 indicating demographic data about the zip code.

Discussion of Zip Code Data for Alachua County Presented in Tables 19 and 20

The demographic information by zip code from Dr. Hardt at the University of Florida College of Medicine and the zip code charting of verified cases of child maltreatment break out by zip code provide compelling evidence that targeted neighborhood efforts are needed. Areas of high concern in both data sets are 32609 and 32641 both in Northeast Gainesville and 32607 in Southwest Gainesville. All three areas have high concentrations of families in extreme economic stress. The data for 32607 is distorted by several high-income residential areas, but when coupled with crime statistics a very troubling picture emerges.

The zip code data has been shared in a series of community wide meetings that have included United Way, law enforcement agencies, the Library, Alachua County Social Services, elected officials, Department and Partnership for Strong Families staff, Healthy Families, UF Child Abuse Prevention Project staff and others. Community planning was the basis for a new Neighborhood Resource Center and Library Partnership in the 32609 area and planning is already underway to respond to critical family needs in 32607.

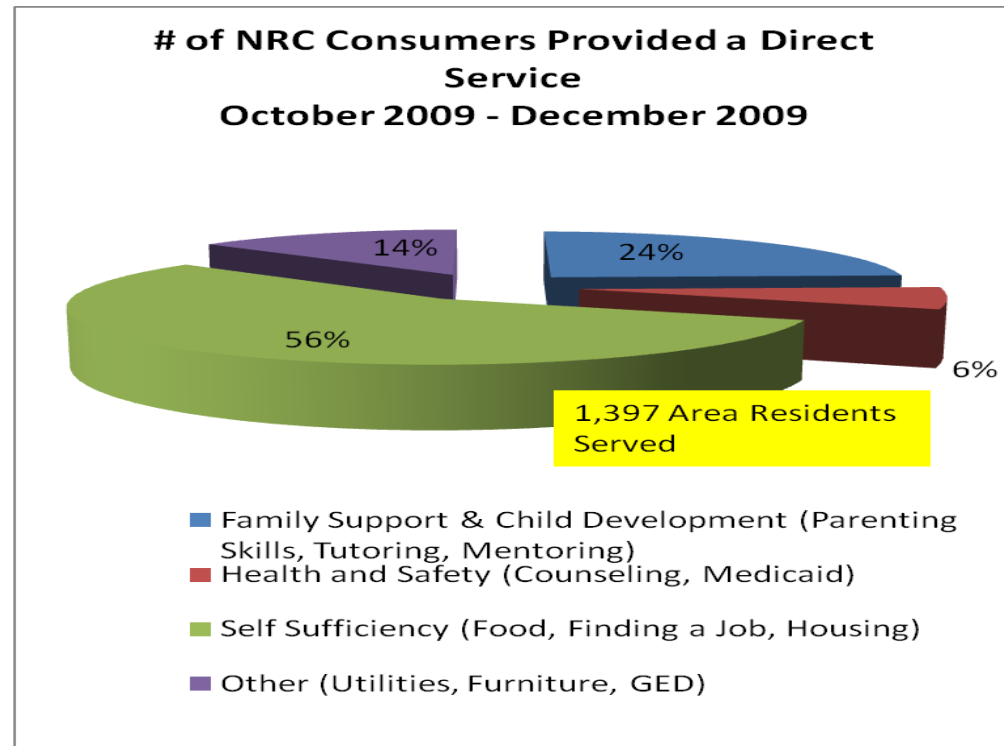
The data was also the basis for a recent grant to UF College of Medicine from the Jesse Ball Dupont Foundation to create a shared data base to improve coordination of social services in Alachua County and better targeting of resources. The Local Planning Team was able to benefit from this allied effort and shared commitment to utilization of data to drive planning. This grant will allow planning based on small census tract areas that indicate neighborhoods in distress.

The first effort to target services is the Library Partnership – Neighborhood Resource Center in Northeast Gainesville has been open for a year. The chart on the following page gives a glimpse of their early impact in service provision to support families. Longer term data is also being collected to determine if there is a decrease in out of home care shelters and verified maltreatments.

- Early Data for the *Library Partnership - Neighborhood Resource Center*

- 500+ New Library Cards Issued

- A Full Service Library with Computer Access and Literacy Programs



Data from Partnership for Strong Families on preventative services to strengthen families offered at Library Partnership Neighborhood Resource Center in NE Gainesville, serving the 32609 area. These early successes in this neighborhood have generated great interest in replication for 32607 and community planning meetings are well underway and included in this plan.

Additional Data Review:

Community programs, agencies and providers had three opportunities to respond to electronic surveys about their primary and secondary prevention efforts in Circuits 3 & 8. After a poor completion rate to the first survey, it was simplified and sent out again in the Fall of 2009. The third opportunity went out via the state wide effort.

The LPT review showed that primary prevention efforts have waned with loss of funding and the principal primary prevention program is through Healthy Families programs. Almost half of the organizations responding indicated they provided both primary and secondary prevention efforts. They make efforts to provide information through trainings, workshops and community presentations to public audiences, particularly during Child Abuse Prevention Month with use of educational materials provided by the Ounce of Prevention Fund of Florida.

Only 15% responded that they do only primary prevention efforts while 37% of the programs indicated their focus is on secondary prevention. Alachua County, as expected has the most resources for families, but every county has at least four different agencies/programs providing some focus on primary and secondary prevention efforts. 77% of efforts were targeting parents of very young children, ages 0-5.

Two thirds to three-quarters of the programs focus on four of the five protective factors, with only 39% offering concrete support in times of need. Two-thirds of the programs describe themselves as provided family support programs to parents on a voluntary basis.

The LPT determined there is a basis for growth of efforts in every county as the economy rebounds, but also determined to take a cautious approach to the planning for new initiatives and programs at this time.

The mostly rural counties making up Circuits 3 & 8 have very limited local funds available to support any kind of social services. In fact, after years of allocating funds for social service programs to benefit children, the Alachua County Commission voted to spend all these funds on food and shelter beginning in FY10-11. This will be a loss of almost one million dollars to programming in the county.

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

II. CONTINUA OF PRIMARY AND SECONDARY PREVENTION PROGRAMS

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 SECONDARY/SELECTED 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. FLORIDA'S ECOLOGICAL FRAMEWORK

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.

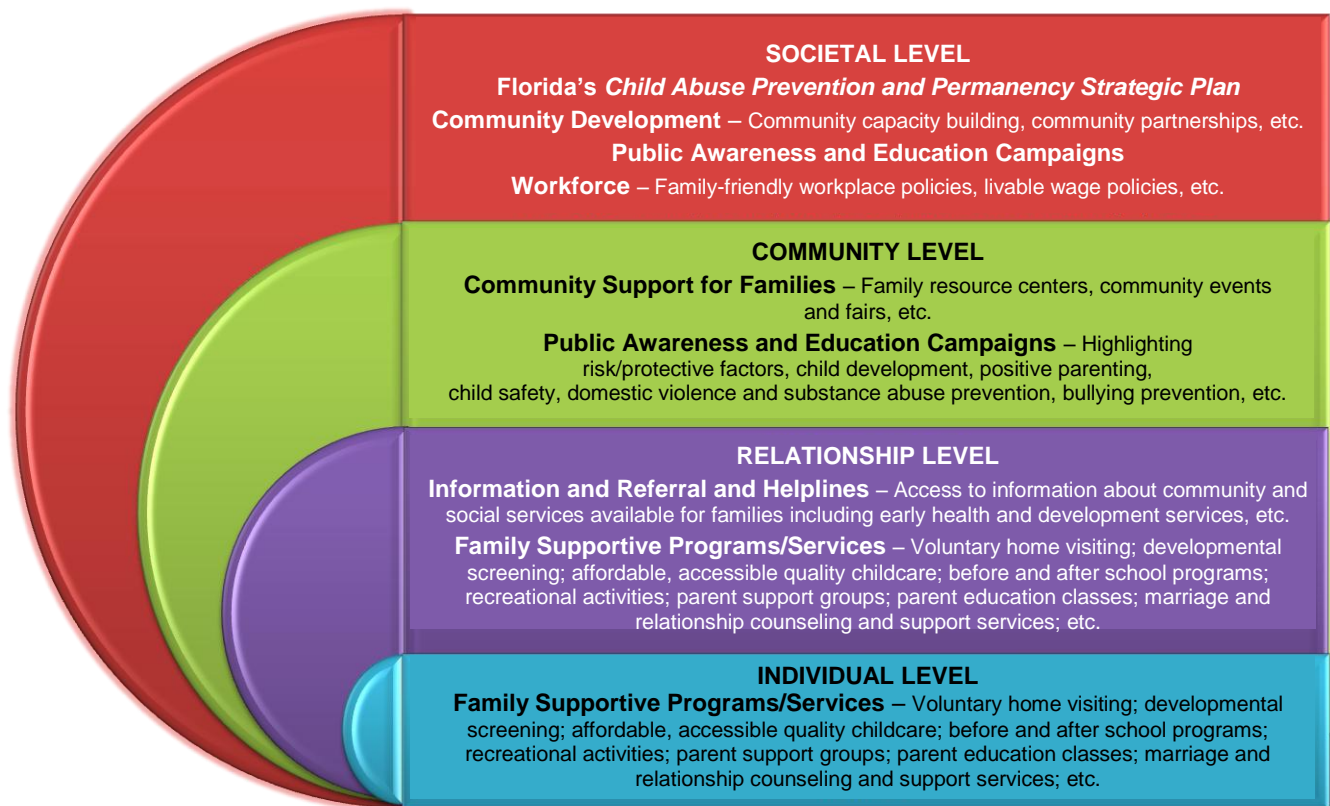
It comprises four levels of influence:

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.

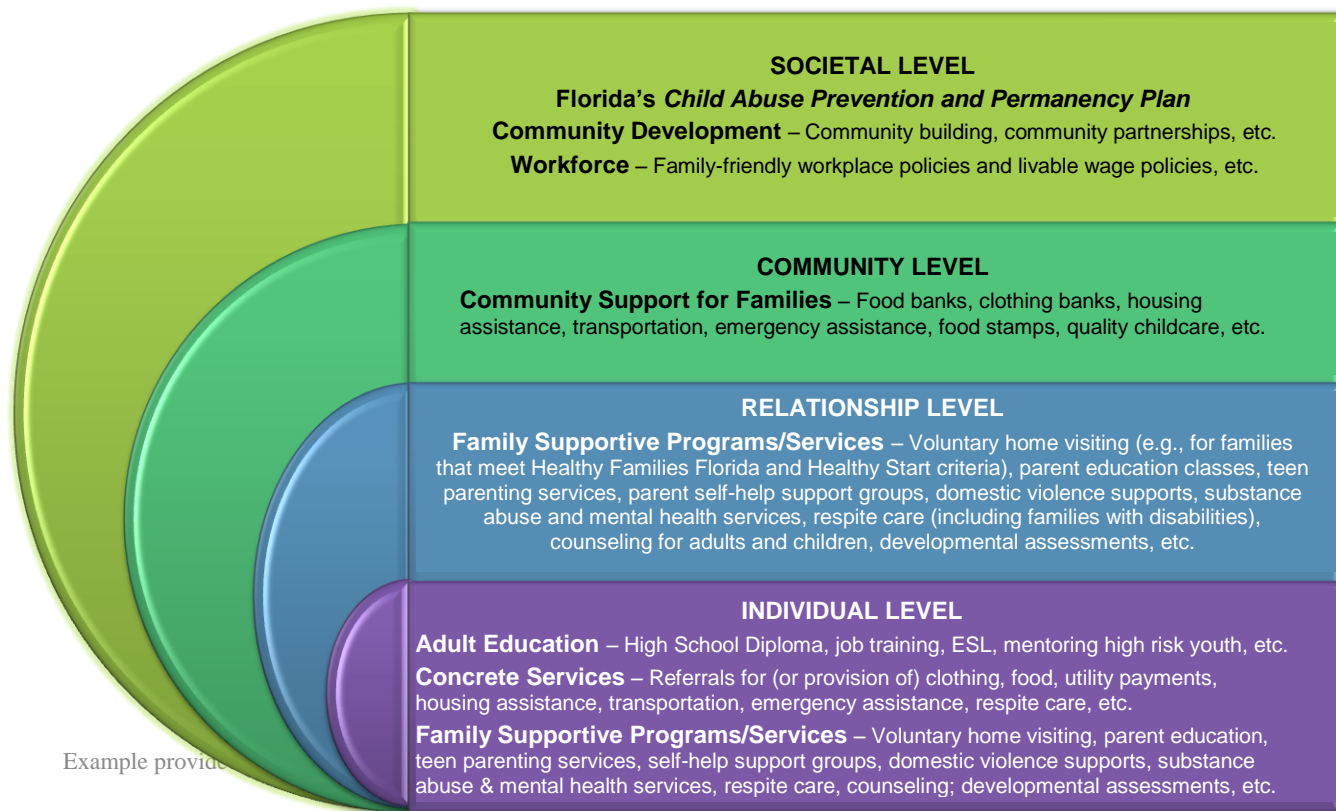
3. **Community level:** Families operate within **neighborhoods and communities**. Factors that characterize this level include availability of supports (governmental and community), stability, violence, poverty, disorganization, and isolation; all affect the ability of families and communities to nurture 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

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



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

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

Community programs, agencies and providers had three opportunities to respond to electronic surveys about their primary and secondary prevention efforts in Circuits 3 & 8. After a poor completion rate to the first survey, it was simplified and sent out again in the Fall of 2009. The third opportunity went out via the state wide effort.

The LPT review showed that primary prevention efforts have waned with loss of funding and the principal primary prevention program is through Healthy Families programs. Almost half of the organizations responding indicated they provided both primary and secondary prevention efforts. They make efforts to provide information through trainings, workshops and community presentations to public audiences, particularly during Child Abuse Prevention Month with use of educational materials provided by the Ounce of Prevention Fund of Florida.

Only 15% responded that they to only primary prevention efforts while 37% of the programs indicated their focus is on secondary prevention. Alachua County, as expected has the most resources for families. 77% of efforts were targeting parents of very young children, ages 0-5.

Two thirds to three-quarters of the programs focus on four of the five protective factors, with only 39% offering concrete support in times of need. Two-thirds of the programs describe themselves as provided family support programs to parents on a voluntary basis.

The mostly rural counties making up Circuits 3 & 8 have very limited local funds available to support any kind of social services. In fact, after years of allocating funds for social service programs to benefit children, the Alachua County Commission voted to spend all these funds on food and shelter beginning in FY10-11. This will be a loss of almost one million dollars to programming in the county. No counties in Circuits 3 & 8 have local taxing districts or funded children's services councils.

See Attachment 5 for catalog summary.

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

Plan impacts

Circuit 3: Columbia, Dixie, Lafayette, Hamilton, Madison, Suwannee, Taylor

Circuit 8: Alachua, Baker, Bradford, Gilchrist, Levy, Union

Priority	Circuit - Level Needs with Description	Level of Prevention Intervention Necessary to Address the Need <input type="checkbox"/> Primary (Universal Strategies) <input type="checkbox"/> Secondary (Selected Strategies)	Protective Factors that Should be Built/Supported when Meeting this Need <input type="checkbox"/> Parental Emotional Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Knowledge of Parenting and Child Development <input type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Nurturing and Attachment
#1	C3 & C8 – Reduce the incidence of child abuse and neglect by strengthening families through collaborative efforts to increase prevention resources	Primary & secondary	All protective factors will be addressed
#2	C3 & C8 Reduce the incidence of child abuse and neglect by sustaining and supporting capacity for Healthy Families model programs	Primary & secondary	All protective factors will be addressed
#3	Reduce the incidence of child abuse and neglect by supporting the Whole Child Community in Madison/Taylor Counties	Primary & Secondary	All protective factors will be addressed

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 3 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 15.2 to a rate of 12.0 per 1,000 children by 30 June 2015. (a 20% reduction)

Circuit 8 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 24.16 to a rate of 19.0 per 1,000 children by 30 June 2015.(a 20% reduction)

Strategy 1

By 30 June 2015, Circuit's 3 & 8 will increase collaborative efforts and coordinated resources available to strengthen families and prevent child abuse and neglect in high risk areas in both Circuits.

Priority Level: #1	C3 & C8 – Reduce the incidence of child abuse and neglect by strengthening families through collaborative efforts to increase prevention resources		
A. Level of Prevention addressed by this Strategy: <input type="checkbox"/> Primary Prevention/Universal Strategies (<i>Complete D</i>) <input type="checkbox"/> Secondary Prevention/Selected Strategies (<i>Complete E</i>) B. Socio-Ecological Model Level(s) Influenced by this Objective: <input type="checkbox"/> Societal Level <input type="checkbox"/> Relationship Level <input type="checkbox"/> Community Level <input type="checkbox"/> Individual Level		C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: <input type="checkbox"/> Parental Emotional Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Knowledge of Parenting and Child Development <input type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Nurturing and Attachment	
D. Primary Prevention Continuum Addressed by this Strategy: <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Information and Referral and Helplines <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce		E. Secondary Prevention Continuum Addressed by this Strategy: <input type="checkbox"/> Adult Education <input checked="" type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families <input type="checkbox"/> Concrete Services <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	

Objectives

- Objective 1.1: By 6/30/15 have the faith based, community, government and corporate resources in place to sustain a Neighborhood Resource Center to help strengthen families and increase protective factors in at least one high risk community in both Circuits 3 & 8
- Objective 1.2: From 7/1/10-6/30/15 meet at least annually with existing committees and advisory boards to provide training or share information on family centered practice and the five protective factors and encourage use of this information in existing community, government and faith based programs in Circuits 3 & 8
- Objective 1.3: From 7/1/10-6/30/15 partner with the faith based community & other key partners in all counties to determine how a continuum of services, supports, and programs can be offered at one or more locations in each high need area or county that is not presently being served by a Neighborhood Resource Center
- Objective 1.4 By 6/30/15 increase capacity & access to prevention programs
- Objective 1.5 By 6/30/15 increase public awareness of positive parenting techniques and parenting resources available in each Circuit

- **Objective 1.1:** By 6/30/15 have the faith based, community, government and corporate resources in place to sustain a Neighborhood Resource Center (NRC) to help strengthen families and increase protective factors in at least one high risk community in both C3 & C8

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A1) Meet quarterly with existing partners at the Library Partnership-A Neighborhood Resource Center (LP-NRC) in East Gainesville (Alachua County/Circuit 8) to review DCF and CBC data and needs of families visiting the LP-NRC. A2) Expand resources available at the LP-NRC to help strengthen families, increase protective factors, and meet family's needs	1) Quarterly meetings held 2) If available, at least one new service or program will be offered quarterly at the LP-NRC to address an unmet need	LP-NRC Manager for CBC Partnership for Strong Families	More than 25 community, government and faith based partners at the LP-NRC	7/1/10	6/30/15
A3) Meet with community, government and faith based partners to develop and implement a plan to create a continuum of services, supports and programs to help strengthen families in southwest Gainesville (Alachua County/Circuit 8)	1) Planning meetings held 2) Plan developed for southwest Gainesville NRC 3) Partners begin providing services and supports at a location in southwest Gainesville (possibly Tower Road Branch library)	Southwest NRC Planning Committee: DCF, Partnership for Strong Families (PSF), United Way of North Central Florida, Alachua County Library District, University of Florida, Alachua County Sheriff's Office	The more than 25 community, government and faith based partners that are working together at the LP-NRC in East Gainesville	7/1/10	12/31/11
A4) Meet with community, government and faith based partners to develop and implement a plan to create a continuum of services, supports and programs to help strengthen families in Lake City (Columbia County/Circuit 3)	1) Planning meetings held 2) Plan developed for Lake City NRC 3) Partners begin providing services and supports at the Richardson Community Center in Lake City	DJJ	DJJ, PSF, DCF, Workforce Board, Health Department, Lake City government, Columbia County government, Columbia County Sheriffs Office, Lake City Police Department, SAMH Providers	7/1/10	12/31/11

■ **Objective 1.1:** By 6/30/15 have the faith based, community, government and corporate resources in place to sustain a Neighborhood Resource Center (NRC) to help strengthen families and increase protective factors in at least one high risk community in both C3 & C8

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A5)Meet with community, government, faith based and business partners to develop and implement a plan to create an Early Learning Center that includes access to a continuum of services, supports and programs to help strengthen families with young children in Hamilton County (Circuit 3)	1) Planning meetings held 2) Plan developed for Hamilton County Early Learning Center (Hamilton Cares) 3) Partners begin providing programs and services at the Early Learning Center in Hamilton County	ELC	ELC, PSF, DCF, business leaders	7/1/10	6/30/15
A6)Meet with community, government and faith based partners to develop and implement a plan to create a continuum of services, supports and programs to help strengthen families in Madison County (Circuit 3) through the Safe Schools, Healthy Communities Initiative	1) Planning meetings held 2) Plan developed for Community Center in Madison County 3) Partners begin providing programs and services at the Madison County Community Center	Madison County School Board – Safe Schools, Healthy Kids – Project Safe Zone	PSF, DCF, Dept of Health Dept of Juvenile Justice, Whole Child Community Local counselors Community mentors	7/1/10	6/30/15

■ **Objective 1.2:** From 7/1/10-6/30/15 share information on family centered practice and ways to increase and support the five protective factors and encourage use of this information in existing community, government and faith based programs in Circuits 3 & 8

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A1)Meet with existing community based committees in each Circuit to share information about family centered practice and the protective factors that help strengthen families	1).Meet annually with C8 Foster Care Redesign Planning Committee and Alachua County Foster Care Redesign Steering Committee 2. Meet annually with C3 Foster Care Redesign Planning Committee and Columbia County Foster Care Redesign Community Steering Committee 3. Meet annually with other community based committees in each Circuit	LPT-Co-conveners Becky O’Brien, DCF Mona Gil de Gibaja, PSF	PSF, DCF, DJJ, Law Enforcement, DV providers, SAMH providers, School Board staff, Health Departments, University of Florida, Workforce Boards	7/1/10	6/30/15

■ **Objective 1.2:** From 7/1/10-6/30/15 share information on family centered practice and ways to increase and support the five protective factors and encourage use of this information in existing community, government and faith based programs in Circuits 3 & 8

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
<p>Train DCF, CBC and other community and government agency staff on family centered practice and the protective factors through the following steps:</p> <p>A2) Include training on family centered practice and protective factors in all pre-service training for DCF, CBC and CBC contracted agencies</p> <p>A3).Provide regularly scheduled training for all staff at DCF, CBC and CBC contracted agencies on family centered practice</p> <p>A4) Work with Casey Family Programs to sponsor community forums and/or meetings on family centered practice with area programs serving families</p> <p>A5)Implement all elements of DCF pilot project as Innovation Site for Family Centered Practice</p>	<p>1. Training on family centered practice and protective factors provided in all pre-service training for DCF, CBC and CBC contracted agencies</p> <p>2. At least annual training provided on family centered practice for all staff at DCF, CBC and CBC contracted agencies</p> <p>3. At least one community forum or meeting provided on family centered practice sponsored by Casey Family Programs</p> <p>4. All elements of DCF plan for pilot project as an Innovation Site for Family Centered Practice implemented</p>	<p>1. DCF and CBC training directors</p> <p>2. DCF and CBC training directors</p> <p>3. Becky O'Brien, DCF & Mona Gil de Gibaja, PSF</p> <p>4. Family Centered Practice Innovation Site Consultant</p>	<p>DCF, PSF, SAMH providers, DV providers, DJJ, ELC, Health Department, Home Visiting programs, Workforce Boards, Faith Based agency partners</p>	7/1/10	6/30/15
<p>Implement locally based program to educate providers and parents about early brain development through:</p> <p>A6) Work with Casey Family Programs and community partners to create program components</p> <p>A7)Obtain support/ funding to implement program components at the LP-NRC in East Gainesville</p>	<p>1.Program and materials/curriculum on early brain development created</p> <p>2. Support or funding obtained to implement program components</p>	<p>DCF/PSF</p>	<p>Agencies participating at neighborhood resource centers</p>	1/11	6/30/12

■ **Objective 1.2:** From 7/1/10-6/30/15 share information on family centered practice and ways to increase and support the five protective factors and encourage use of this information in existing community, government and faith based programs in Circuits 3 & 8

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
<p>Coordinate local training across programs through the following: A8). Maintain quarterly training for home visitor staff in Alachua County for all home visiting programs</p> <p>A9) Establish shared calendar of training available across programs in C3 and C8</p> <p>A10) Create cadre of ELC and Head Start staff to train providers/teachers on family centered practice and the protective factors through the use of <u>Zero to Three's Preventing Child Abuse and Neglect (PCAN)</u> curriculum.</p>	<p>1. Quarterly training for home visitor staff in Alachua County completed</p> <p>2. Shared calendar of training sessions available across programs created and distributed to all interested agencies</p> <p>3. PCAN training provided to all appropriate ELC and Head Start staff and at least one annual training on family centered practice and the protective factors provided to all Head Start staff and all ELC contracted early learning providers.</p>	<p>1. PSF, Manager at the Library Partnership-A Neighborhood Resource Center</p> <p>2. United Way ??</p> <p>3. ELC ED and Head Start Director</p>	<p>Healthy Families, UF Child Abuse Prevention Project (Nurturing Program), Early Learning Coalition (Parents as Teachers Program), HIPPY, Healthy Start, Head Start, Children's Home Society, and United Way – Success by Six Programs</p>	7/1/10	6/30/15

- **Objective 1.3** Partner with the faith based community & other key partners in all counties to determine how a continuum of services, supports, and programs can be offered at one or more locations in each high need area or county that is not presently being served by a Neighborhood Resource Center

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A1) Establish faith based initiative at Community Based Care agency (PSF) A2) Meet with partners to assess needs A3) Develop an inventory of existing services and supports available through faith based institutions and other community or government programs	1) Faith Based Initiative established 2) Meetings scheduled and held 3) Inventory developed	PSF	PSF, Children's Home Society, DCF, Faith Based Community Agencies and Councils	7/1/10	6/30/15

- **Objective 1.4** Increase capacity & access to prevention programs

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A1) If funding opportunity is available, write one grant with other partners at the LP-NRC or the other collaborative efforts in Columbia, Madison or Taylor counties to increase local funding resources for prevention programs	1. Grant opportunities shared and promoted at community meetings sponsored by PSF/DCF 2. At least one grant written every year	1. DCF/PSF 2. Documented by DCF/PSF	More than 25 partners at the LP-NRC	7/1/10	6/20/15

■ Objective 1.4 Increase capacity & access to prevention programs

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Collaborate and cooperate with implementation of related prevention plans: DJJ, Domestic Violence, Intimate Partner Violence Program, D/V Prevention Task Forces, United Way Success by Six, Children's Alliance, Early Learning Coalitions, Headstart, etc. A2) Facilitate exchange of information about plans through presentations at community meetings: Foster Care Redesign groups, LP-NRC, Al Co. Child Abuse Prevention Task Force, planning groups listed in 1.2	1. Exchange data to support planning on semi-annual basis via existing community planning / operations meetings. 2. Promote participation of LPT members with other planning groups as reported annually by LPT members – specifically DV Prevention Task Forces, DJJ Prevention Task Forces. 3. Annually summarize collaborations to implement other prevention plans, specifically with DJJ and any DV Prevention Plans	1. DCF/PSF 2. LPT Members	LPT Membership and related planning groups for strategies to Strengthen Families		
A4) Alachua County Children's Alliance will complete application for recognition as a Community of Promise from America's Promise Alliance. (5 Promises focus on: caring adults, safe places, healthy start, effective education, & opportunities to serve) A5) Use application as planning and benchmark tool to boost efforts toward all five promises.	1. Complete application for recognition as a Community of Promise 2. Create plan and benchmarks for implementing efforts toward all five promises. 3. Win recognition as a Community of Promise in semi-annual campaign by America's Promise Alliance	Alachua County Children's Alliance United Way	Members of the Alachua County Children's Alliance	7/1/10	1. Sept 2010 2 & 3. Fall 2012

■ Objective 1.4 Increase capacity & access to prevention programs

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
<p>A6) Implement referral process for prevention referrals on unfounded cases involving high-risk families from DCF to community agencies in each Circuit</p> <p>A7) Create facilitated referral process to home based parent education programs for Neighborhood Resource Centers in communities where they exist or are being developed</p>	<p>1. Referral process developed and implemented</p> <p>2. Referral process to home based parent education programs that meet eligibility criteria of specific home-based programs to be developed and implemented</p>	DCF Circuit Administration	<p>Home visiting parent education programs and other community, government, and faith based community agencies</p> <p>Healthy Families</p> <p>HIPPY</p> <p>UF CAPP Nurturing Program,</p> <p>Children's Home Society,</p> <p>Healthy Start</p>	7/1/10	6/30/11

■ Objective 1.5 Increase public awareness of positive parenting techniques and parenting resources available in each Circuit

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
<p>A1) Implement “Keeping Baby Safe” program in Alachua County (safe sleep, car seat safety, water safety, shaken baby syndrome)</p> <p>A2) Distribute local educational materials to all area programs serving parents of young children.</p> <p>A3) Offer training at routine intervals to young fathers in jail</p> <p>A4) Offer training to staff in area agencies serving parents with young children on routine basis: DCF, CBC agencies, DOH, ELC providers, Head Start, DV shelters</p> <p>A5) Develop plan for radio PSA campaign on all four issues listed in #1 in all radio markets for C3&C8.</p> <p>A6) Implement plan for year-long radio campaign by community partners</p> <p>A7) Establish resources for safe bedding for area agencies to access for families (Moses Baskets, Pak N Plays, safe cribs)</p>	<p>1. Keeping Baby Safe program implemented</p> <p>2. Materials distributed to all programs in C3 & C8 serving parents of young children.</p> <p>3. Training provided to fathers in jail.</p> <p>4. Training provided to staff in area agencies serving parents with young children</p> <p>5 Plan completed for radio PSA campaign</p> <p>6. Plan implemented for year-long radio campaign</p> <p>7. Resources available for staff at area agencies to access to help families provide safe bedding for their young children</p>	<p>1. DCF</p> <p>2. DCF</p> <p>3.DCF</p> <p>4.DCF</p> <p>5.DCF</p> <p>6. DCF</p> <p>7. DCF</p>	<p>DCF, Healthy Families, Healthy Start, UF Child Abuse Prevention Project, Early Learning Coalition, Department of Health, DV providers, SAMH providers</p>	<p>7/1/10</p>	<p>6/30/15</p>

■ Objective 1.5 Increase public awareness of positive parenting techniques and parenting resources available in each Circuit

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
<p>A8). Identify sponsors for Child Abuse Prevention Month in April of each year in every county</p> <p>A9) Sponsor community wide events</p>	<p>1. Document preparatory meetings, consultations prior to April to cover every county each year</p> <p>2. Recognition events in every county during Child Abuse Prevention month</p> <p>3. Documented distribution of Child Abuse Prevention Month materials into each county</p> <p>4. Documentation of media coverage of Child Abuse Prevention Month sponsored events</p> <p>5. Document use of public service announcements in Circuits 3 & 8 in print and broadcast media</p> <p>6. Document training events for area professionals on strengthening families in parent education.</p>	<p>DCF, PSF, UF Child Abuse Prevention Program, ELC's and Healthy Families,</p>	<p>PSF, DCF, Healthy Families, Healthy Start, UF Child Abuse Prevention Project, Early Learning Coalition, Department of Health, DV providers, SAMH providers and others</p>	<p>7/1/10</p>	<p>5/1/15</p>

Strategy 2

Circuits 3 & 8 will support the statewide efforts to increase the availability and capacity of Healthy Families Florida to provide home visitation for families at high risk of abuse and neglect and in need of parenting education and support over the five-year period from July 2010 to June 2015.

Priority Level: Circuits 3 & 8	Priority Need: Provide free home visiting services to expectant mothers and families caring for newborns who are identified as at risk for child maltreatment
A. Level of Prevention addressed by this Strategy: <input type="checkbox"/> Primary Prevention/Universal Strategies (<i>Complete D</i>) <input checked="" type="checkbox"/> Secondary Prevention/Selected Strategies (<i>Complete E</i>) B. Socio-Ecological Model Level(s) Influenced by this Objective: <input type="checkbox"/> Societal Level <input checked="" type="checkbox"/> Community Level <input checked="" type="checkbox"/> Relationship Level <input checked="" type="checkbox"/> Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: <input checked="" type="checkbox"/> Parental Emotional Resilience <input checked="" type="checkbox"/> Social Connections <input checked="" type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Concrete Support in Times of Need <input checked="" type="checkbox"/> Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Information and Referral and Helplines <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	E. Secondary Prevention Continuum Addressed by this Objective: <input type="checkbox"/> Adult Education <input checked="" type="checkbox"/> Community Development <input checked="" type="checkbox"/> Community Support for Families <input checked="" type="checkbox"/> Concrete Services <input checked="" type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce

Objectives

1.1 Continue, enhance and expand Healthy Families Florida.

Objective: 1.1 Continue, enhance and expand Healthy Families Florida.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A1) Implement advocacy strategies to align with Healthy Families Florida's legislative priorities.	100% of advocacy strategies will align with legislative priorities and messages set forth by Healthy Families Florida.	Healthy Families programs in both circuits ACUB	Healthy Families Florida & DCF, PSF, Recruit BOCC's in all counties	July 1, 2010	June 30, 2015
A2) Develop and enhance partnerships to support program efforts.	Number of new or enhanced Memoranda of Agreement (MOAs).	Healthy Families ACUB, Dixie/Levy/Gilchrist/Suwannee, Timber Country, Nassau/Baker	Local partners (e.g., Early Learning Providers, Pediatricians, Other Home Visiting programs)	July 1, 2010	On-going
A3) Educate community partners about Healthy Families services and its benefits.	Number of meetings, presentations, community events and public awareness efforts, etc. conducted to increase the awareness and purpose of the program.	Healthy Families ACUB, Dixie/Levy/Gilchrist/Suwannee, Timber Country, Nassau/Baker	DCF, PSF, ELC, DOH, Alachua Co. Child Abuse Prevention Task Force, Whole Child Community	July 1, 2010	On-going
A4) Facilitate multi-disciplinary staffing for families with an open child protection investigation or case.	<ul style="list-style-type: none"> All referrals from CPI and CBC agencies to Healthy Families with an open investigation; and All HF participants with an open investigation or case will have a multi-disciplinary staffing. 	CPI Healthy Families ACUB, Dixie/Levy/Gilchrist/Suwannee, Timber Country, Nassau/Baker PSF	Other community partners serving the family.	July 1, 2010	On-going
A5) Work with Healthy Families Florida to determine unmet need for Healthy Families services in the community.	Report of unmet need will be submitted to Healthy Families Florida, based on criteria developed through partnership with Healthy Families Florida.	Healthy Families Florida	Healthy Families Florida & Healthy Families ACUB, Dixie/Levy/Gilchrist/Suwannee, Timber Country, Nassau/Baker PSF, DCF; Vital Statistics; Healthy Start;	July 1, 2010	December 31, 2010
A6) Obtain letters of support from community partners when grant opportunities arise.	100% of grant applications will include letters of support from community partners.	Healthy Families ACUB, Dixie/Levy/Gilchrist/Suwannee, Timber Country, Nassau/Baker	DCF, PSF, ELC, DOH, Alachua Co. Child Abuse Prevention Task Force, Whole Child Community	July 1, 2010	On-going

Strategy 3

By 30 June 2015, Circuit 3 will have developed and supported the Whole Child Community of Madison and Taylor Counties.

Priority Level: #1 – <i>Madison</i> County	Priority Need: Reduce the rate of abuse and neglect by younger mothers (Concrete support in times of need) Reduce the rate of neglect (Concrete support and social connections)
A. Level of Prevention addressed by this Strategy: <input checked="" type="checkbox"/> Primary Prevention/Universal Strategies (<i>Complete D</i>) <input type="checkbox"/> Secondary Prevention/Selected Strategies (<i>Complete E</i>) B. Socio-Ecological Model Level(s) Influenced by this Objective: <input checked="" type="checkbox"/> Societal Level <input checked="" type="checkbox"/> Relationship Level <input checked="" type="checkbox"/> Community Level <input checked="" type="checkbox"/> Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: <input checked="" type="checkbox"/> Parental Emotional Resilience <input checked="" type="checkbox"/> Social Connections <input type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: <input checked="" type="checkbox"/> Community Development <input checked="" type="checkbox"/> Community Support for Families <input checked="" type="checkbox"/> Family Supportive Programs/Services <input checked="" type="checkbox"/> Information and Referral and Helplines <input checked="" type="checkbox"/> Public Awareness and Education Campaigns <input checked="" type="checkbox"/> Workforce	E. Secondary Prevention Continuum Addressed by this Objective: <input type="checkbox"/> Adult Education <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families <input type="checkbox"/> Concrete Services <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce

Objectives

2.1 Develop county-level strategies to develop and implement a Whole Child Community in Madison County by 30 June 2011.

2.2 Attain Level 2 status of the *Madison* Whole Child Community by 30 June 2013.

Objective: 2.1 Develop county-level strategies to develop and implement a Whole Child Community in Madison County by 30 June 2010. 2.2 Attain Level 2 status of the <i>Madison</i> Whole Child Community by 30 June 2013.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A1) 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 December 2009.	Whole Child Convener/Healthy Start Coalition	Lawton Chiles Foundation <i>CHD Administrator</i> Whole Child Advisor	1 July 2009	31 Dec. 2009
A2) 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 December 2009. Community Leaders provided with copies of the Whole Child Toolkit by 30 December 2009. WCC Convener identified by 31 December 2009.	WCC Convener	Lawton Chiles Foundation <i>CHD Administrator</i> Whole Child Advisor	1 July 2009	31 Dec. 2009
A3) Draft and adopt a <i>Commitment to Children</i> statement.	<i>Commitment to Children</i> statement that conforms to the Whole Child standards adopted by the community 31 Mar. 2010.	WCC Convener	Leadership Team Lawton Chiles Foundation	1 Jan. 2010	31 Mar. 2010
A4) Adopt the <i>Whole Child Vision Statement</i> .	Whole Child Vision Statement that conforms to the WCC standards adopted by the WCC by 31 Mar. 2010.	WCC Convener	Leadership Team Lawton Chiles Foundation	1 Jan. 2010	31 Mar. 2010
A5) Conduct a comprehensive baseline needs 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.	Abstracted primary data resource results, presented by dimension.	WCC Convener	Leadership Team	1 Jan. 2010	31 Mar. 2010
A6) Conduct listening projects and key informant interviews	Results of Listening Projects outcomes, summarized by priority.	WCC Convener	Leadership Team	1 Jan. 2010	31 Mar. 2010
A7) Prepare preliminary list of critical issues and root causes.	Matrix of issues across six dimensions.	WCC Convener	Leadership Team	1 Mar 2010	30 Jun 2010
A8) Design intervention strategies for each critical issue.	Matrix of strategies for critical issues across six dimensions.	WCC Convener	Leadership Team	1 Mar 2010	30 Jun 2010
A9) Obtain community input for strategic plan through the venue of community forum.	Attendance records for community forum; contents of program agenda.	Leadership Team Dimension Team Leaders	Community at Large	30 Jun 2010	31 Dec 2010

Objective: 2.1 Develop county-level strategies to develop and implement a Whole Child Community in Madison County by 30 June 2010. 2.2 Attain Level 2 status of the <i>Madison</i> Whole Child Community by 30 June 2013.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A10) Incorporate community input, prioritize and adopt interventions, and draft strategic plan.	Matrix of issues, strategies, and interventions across six dimensions of a Whole Child.	WCC Convener Leadership Team Dimension Team Leaders		30 Jun 2010	31 Dec 2010
A11) Publicize the plan and concept of Madison Whole Child.	List of appropriate venues for publication.	Leadership Team	Chiles Foundation	01 Jan 2011	30 Jun 2011
A12) Develop partnerships for the provider database and recruit Whole Child providers.	Printed resource directory from the populated database of the Whole Child Connection Executed MOA's for providers	Fiscal Agent Staff (Healthy Start Whole Child Liaison)	Provider Network	31 Mar 2009	30 Jun 2013
A13) Develop the Whole Child Profile, the core family questions of the electronic referral process, including additional questions tailored for the community of Madison.	Finalized set of profile questions	Fiscal Agent Staff (Healthy Start Whole Child Liaison)	Provider Network	31 Mar 2009	30 Jun 2013
A14) Recruit new providers and services and provide technical training to providers for use of the Whole Child Connection system	List of training dates; list of new providers added per calendar quarter. Executed MOA's for new providers.	Fiscal Agent Staff (Healthy Start Whole Child Liaison)	Provider Network	31 Mar 2009	30 Jun 2013
A15) Develop awareness campaign on the use of the Whole Child system for families	Number of ads in flyers, newspapers, benches, and billboards.	Fiscal Agent (Healthy Start Coalition)	Chiles Foundation Additional Funders	31 Aug 2009	30 Jun 2013
A16) Conduct community events to inform the public on the process of Whole Child, accomplishments, gaps in resources, and availability of resources.	Attendance records at community events. Program content for events.	Fiscal Agent (Healthy Start Coalition)	Chiles Foundation Leadership Team, including Dimension Team Leaders	31 Mar 2011	30 Jun 2013

Objective: 2.1 Develop county-level strategies to develop and implement a Whole Child Community in Taylor County by 30 Jan 2013. 2.2 Attain Level 2 status of the <i>Taylor</i> Whole Child Community by 30 June 2015.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A1) 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 December 2009.	Whole Child Convener/Healthy Start Coalition	Lawton Chiles Foundation <i>CHD Administrator</i> Whole Child Advisor	1 Jan 2011	30 Jun 2011
A2) 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 December 2009. Community Leaders provided with copies of the Whole Child Toolkit by 30 December 2009. WCC Convener identified by 31 December 2009.	WCC Convener	Lawton Chiles Foundation <i>CHD Administrator</i> Whole Child Advisor	1 Jan 2011	30 Jun 2011
A3) Draft and adopt a <i>Commitment to Children</i> statement.	<i>Commitment to Children</i> statement that conforms to the Whole Child standards adopted by the community 31 Mar. 2010.	WCC Convener	Leadership Team Lawton Chiles Foundation	30 Jun 2011	1 Sep 2011
A4) Adopt the <i>Whole Child Vision Statement</i> .	Whole Child Vision Statement that conforms to the WCC standards adopted by the WCC by 31 Mar. 2010.	WCC Convener	Leadership Team Lawton Chiles Foundation	30 Jun 2011	1 Sep 2011
A5) Conduct a comprehensive baseline needs 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.	Abstracted primary data resource results, presented by dimension.	WCC Convener	Leadership Team	30 Jun 2011	1 Sep 2011
A6) Conduct listening projects and key informant interviews	Results of Listening Projects outcomes, summarized by priority.	WCC Convener	Leadership Team	30 Jun 2011	1 Sep 2011
A7) Prepare preliminary list of critical issues and root causes.	Matrix of issues across six dimensions.	WCC Convener	Leadership Team	1 Oct 2011	30 Dec 2011
A8) Design intervention strategies for each critical issue.	Matrix of strategies for critical issues across six dimensions.	WCC Convener	Leadership Team	1 Oct 2011	30 Dec 2011
A9) Obtain community input for strategic plan through the venue of community forum.	Attendance records for community forum; contents of program agenda.	Leadership Team Dimension Team Leaders	Community at Large	1 Jan 2012	30 Jun 2012
A10) Incorporate community input, prioritize and adopt interventions, and draft strategic plan.	Matrix of issues, strategies, and interventions across six dimensions of a Whole Child.	WCC Convener Leadership Team Dimension Team Leaders		30 Jun 2012	31 Dec 2012

Objective: 2.1 Develop county-level strategies to develop and implement a Whole Child Community in Taylor County by 30 Jan 2013.
2.2 Attain Level 2 status of the *Taylor* Whole Child Community by 30 June 2015.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
A11) Publicize the plan and concept of Madison Whole Child.	List of appropriate venues for publication.	Leadership Team	Chiles Foundation	01 Jan 2013	30 Jun 2015
A12) Develop partnerships for the provider database and recruit Whole Child providers.	Printed resource directory from the populated database of the Whole Child Connection Executed MOA's for providers	Fiscal Agent Staff (Healthy Start Whole Child Liaison)	Provider Network	Underway	30 Jun 2015
A13) Develop the Whole Child Profile, the core family questions of the electronic referral process, including additional questions tailored for the community of Madison.	Finalized set of profile questions	Fiscal Agent Staff (Healthy Start Whole Child Liaison)	Provider Network	Underway	30 Jun 2015
A14) Recruit new providers and services and provide technical training to providers for use of the Whole Child Connection system	List of training dates; list of new providers added per calendar quarter. Executed MOA's for new providers.	Fiscal Agent Staff (Healthy Start Whole Child Liaison)	Provider Network	Underway	30 Jun 2015
A15) Develop awareness campaign on the use of the Whole Child system for families	Number of ads in flyers, newspapers, benches, and billboards.	Fiscal Agent (Healthy Start Coalition)	Chiles Foundation Additional Funders	1 Jan 2011	30 Jun 2015
A16) Conduct community events to inform the public on the process of Whole Child, accomplishments, gaps in resources, and availability of resources.	Attendance records at community events. Program content for events.	Fiscal Agent (Healthy Start Coalition)	Chiles Foundation Leadership Team, including Dimension Team Leaders	1 Jan 2011	30 Jun 2015

VII. MONITORING AND EVALUATION

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

VII.A. MONITORING PLAN IMPLEMENTATION

The members of the Local Planning Team (LPT) for Circuits 3 & 8 will monitor the ongoing progress of the implementation of the plan through conference calls and/or meetings that will occur by September 30th, March 31st and June 30th of each year. During each of these calls/meetings progress on the action steps in the plan will be discussed and the co-conveners will document this information and include in the LPT progress report. All of the LPT partners will be invited to each call/meeting and their input will be encouraged and solicited on the monitoring reports that are written by the co-conveners. The calls/meetings will give all partners an opportunity to be actively involved in ongoing discussions with other LPT members to share their progress, challenges and successes and determine how expanded partnerships can help address potential barriers and insure ongoing success and continuous improvement. The co-conveners will work with the LPT members to provide opportunities to measure and celebrate improvement in the safety, well-being and permanency efforts that are being implemented in the communities being served and in the performance of the programs contributing to these results.

In both Circuits, progress on the LPT plan will be reviewed on a regular basis at various ongoing meetings. The following groups meet at least quarterly and LPT progress reports will be discussed with each group prior to submission of the 3 month, 6 month and annual progress reports: Interagency Steering Committee's for Foster Care Redesign in C3 and C8, Community Steering Committees for Foster Care Redesign in Alachua and Columbia Counties, the Alachua County Child Abuse Prevention Task Force. There is considerable overlap in membership of the LPT and the groups listed, so many partners will have multiple opportunities to participate in the monitoring of the plan.

VII. B ANNUAL PROGRESS REPORTING

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. Responsibility for the reporting will be shared by the agencies sponsoring the co-conveners: Circuit Administration of the Department of Children and Families and the Partnership for Strong Families. Reporting format will be developed in accord with state guidelines and requirements.

Month	Year 1 2010-2011	Year 2 2011-2012	Year 3 2012-2013	Year 4 2013-2014	Year 5 2014-2015
July		FY 2011-2012 Annual Report	FY 2012-2013 Annual Report	FY 2012-2014 Annual Report	FY 2014-2015 Annual Report
October	3-Month (July – Sept.) Monitoring	3-Month (July – Sept.) Monitoring	3-Month (July – Sept.) Monitoring	3-Month (July – Sept.) Monitoring	
February					Draft 5-year plan for 2015-2020
April	6-Month (Nov. – March) Monitoring	6-Month (Nov. – March) Monitoring	6-Month (Nov. – March) Monitoring	6-Month (Nov. – March) Monitoring	

May					Final 5-year plan for 2015-2020
-----	--	--	--	--	---------------------------------------

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

- * The large geographical area within which the resources are currently spread
- * The lack of sufficient funding for prevention programs and services
- * The lack of programs and service providers in the rural counties
- * The lack of transportation resources for families in the rural counties
- * The lack of economic opportunities (i.e. jobs) for parents in the rural counties

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

Support development of affordable housing and neighborhood designs that promote "informal family support and assistance"

Promote school's abilities to function as neighborhood centers by restoring funding for full-service schools and addressing challenges to this that are presented by the Jessica Lungsford Act

Address growing disparity of resources between urban and more rural areas

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

The Department of Children and Families (DCF) for Circuits 3 & 8 is a single administrative unit that contracts with the Partnership for Strong Families (PSF) as the Community-Based Care Lead Agency for the entire area that encompasses 13 rural counties in north central Florida. PSF has a contract for adoption services with Children's Home Society of Florida, Mid-Florida Division (CHS). CHS also serves the same 13 county area. Staffing patterns at PSF and CHS are designed to meet the needs of all 13 counties as a whole. CHS has one adoption staff person serving Alachua County and another staff person that serves the other 12 counties. Both staff members coordinate their efforts when appropriate, as many of the children placed in out-of-home care are placed outside their home county. PSF has one adoptions manager who serves all 13 counties.

Due to these staffing patterns and the fact that our two circuits cover a primarily rural area that stretches over 8,000 square miles, our limited resources are stretched far and wide. This plan was developed to address the adoption needs in both Circuits as a whole, rather than at a county level. County needs will vary year by year and have done so historically. As this five year strategic plan is implemented, PSF and CHS will provide ongoing monitoring of the adoption resources needed in each county and will adjust their limited resources to meet the needs of the children needing adoptive families. In turn, this plan provides a comprehensive analysis of the needs of children in all areas served in both Circuits and action steps address specific county needs where appropriate.

As of, October 2009, Circuits 3 & 8 had 51 children identified as needing targeted recruitment efforts. This included one medically complex child and 7 sibling groups. Most of the children are older and many have behaviors that need management to prevent "acting out with others," and inappropriate sexualized behaviors. Children's Home Society and Partnership for Strong Families maintain a comprehensive list that is periodically updated detailing each child's strengths, preferences, as well as any identified issues that need consideration in adoption planning and placement to further support child-specific and targeted recruitment efforts. In addition, monthly staffings are held for the "longest waiting" children in out-of-home care and quarterly adoption staffings are conducted for each child awaiting a forever family.

Partnership for Strong Families, in concert with Children's Home Society is already taking clear steps to creatively target recruitment efforts. At the initial level, they are collecting and sharing more detailed information on the children from the start, so that all case managers are aware of any and all special needs for the children. These new processes are included in the plan objectives as another way to institutionalize the interagency work required for successes for the children served.

Consistent with the plan's emphasis on the continuum of services needed to promote adoption (See Section II) the same headings are used below to summarize current practice. The plan's objectives detail work in many of these areas that will also be continued, augmented and implemented.

Adoption awareness efforts – *Explore Adoption* campaign is used and customized as appropriate. Plan objectives extend present efforts, as well.

Targeted recruitment efforts – Work is focusing on specific groups of children and teens needing homes and identifying and targeting those communities most likely to adopt these children. Targeted components of the *Explore Adoption* campaign are utilized.

Child-specific recruitment efforts – CHS and PSF help locate and match an identified waiting child with an approved adoptive family. Action steps in the plan objectives address further work that is needed in this area.

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 are underway and also combined with MAPP training for Foster Parents and Permanency Planning Families. Orientations take place monthly in two locations in the area that are available prior to MAPP enrollment.

Assistance (navigating the system) for prospective adoptive parents – CHS has an indentified point of contact for families making inquiries about adoption and this staff member is available to personally assist families.

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 is in place and utilized.

Pre-adoption information for “waiting” parents (i.e., family approved for adoption) – 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 is available. CHS maintains routine contact with families to identify children waiting for adoption.

A review of 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

Note: These are county level data that cannot be rolled up to circuit level data.

Measure		Of children adopted, percentage adopted in less than 24 months	Median length of stay for children adopted.	Of children in out-of-home care for 17+ months on July 1st, percent adopted by June 30th	Of children in out-of-home care 17+ months on July 1st/January 1st, percent who became legally free for adoption by December 31st/June 30th	Of children legally free for adoption on July 1st, percent adopted by June 30th
3	Columbia	37.50%	26.6	28.13%	15.00%	53.85%
3	Dixie	0.00%	0.0	0.00%	0.00%	0.00%
3	Hamilton	100.00%	21.4	0.00%	0.00%	0.00%
3	Lafayette	0.00%	0.0	20.00%	0.00%	16.67%
3	Madison	0.00%	0.0	33.33%	0.00%	0.00%
3	Suwannee	16.67%	30.8	33.33%	0.00%	46.67%
3	Taylor	85.71%	17.1	33.33%	40.00%	0.00%
8	Alachua	37.50%	26.5	42.01%	15.38%	57.65%
8	Baker	50.00%	20.0	0.00%	0.00%	0.00%
8	Bradford	43.75%	24.9	83.33%	0.00%	92.86%
8	Gilchrist	0.00%	64.8	0.00%	0.00%	0.00%

8	Levy	0.00%	0.0	0.00%	0.00%	33.33%
8	Union	66.67%	23.2	20.00%	0.00%	60.00%

From the Data System – Number of adoptions finalized SFY 2008-2009

<i>Count of Adoptions by County of Worker for FY 08/09</i>					
<i>Circuit</i>	<i>County</i>	<i>Adoptions</i>	<i>Circuit</i>	<i>County</i>	<i>Adoptions</i>
3	Columbia	16	8	Alachua	111
3	Dixie		8	Baker	2
3	Hamilton	1	8	Bradford	17
3	Lafayette		8	Gilchrist	
3	Madison		8	Levy	
3	Suwannee	6	8	Union	3
3	Taylor	2			
Total C3		25	Total C8		133
<i>Both Circuits</i>		158			

1. Percent of children adopted – by relatives, by foster parents and by recruited parents.

<i>Children Adopted in FY 2008-2009 by County of Courtesy, then Primary Worker From FSFN Report Children Adopted by Month and Cumulative FY-List Report</i>									
<i>Circuit</i>	<i>County</i>	<i>Foster Parents</i>	<i>Relatives</i>	<i>Recruited Parents</i>	<i>Circuit</i>	<i>County</i>	<i>Foster Parents</i>	<i>Relatives</i>	<i>Recruited Parents</i>
3	Columbia	6	3	7	8	Alachua	31	53	27
3	Dixie				8	Baker		2	
3	Hamilton			1	8	Bradford	3	14	
3	Lafayette				8	Gilchrist			
3	Madison				8	Levy			
3	Suwannee	4	2		8	Union		2	2
3	Taylor	2							
Totals		12	5	8			34	71	29
<i>Both Circuits</i>		46	76	37					

2. Number of children in out of home care for 12 months or more on 30 June 2009

Children in Out-of-Home Care Greater Than 12 Months on June 30, 2009					
Circuit	County	Count	Circuit	County	Count
3	Columbia	54	8	Alachua	219
3	Dixie	6	8	Baker	10
3	Hamilton		8	Bradford	14
3	Lafayette		8	Gilchrist	15
3	Madison	1	8	Levy	5
3	Suwannee	4	8	Union	8
3	Taylor	42			
Total		107			271
Both Circuits		214			

3. 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***]

Count of Children With Both Parents TPR'd by Length of TPR as of June 30, 2009					
Circuit	County	<12 Months	12 Months to <24 Months	24 Months to < 36 Months	36 Months or More
3	Columbia		3	1	10
3	Dixie		3		
3	Hamilton				
3	Lafayette				
3	Madison				2
3	Suwannee	1	3		1
3	Taylor	2	8	1	5
8	Alachua	19	35	24	30
8	Baker	4		3	1
8	Bradford		2	1	
8	Gilchrist				5
8	Levy		1		1
8	Union	1			1
Totals		27	55	30	56

4. 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 has not become available and will be added in updates.]
- 5.

6. Number of children with a goal of APPLA as of 30 June 2009

Count of Children with a Permanency Goal of APPLA on June 30, 2009					
Circuit	County	Count	Circuit	County	Count
3	Columbia	12	8	Alachua	43
3	Dixie	4	8	Baker	3
3	Hamilton		8	Bradford	2
3	Lafayette		8	Gilchrist	5
3	Madison		8	Levy	4
3	Suwannee		8	Union	2
3	Taylor	12			
Totals		28	59		
Both Circuits		87			

7. The length of time between becoming legally free for adoption and adoption finalization for children adopted during SFY 2008-2009

[***State Plan Goal I***]

Count of Children Adopted in FY 2008-09 By Length of Time of TPR								
Circuit	County	<12 Months	12 Months to <24 Months	% Under 24 Months	24 Months to < 36 Months	36 Months to < 48 Months	48 Months or More	Unknown
3	Columbia	7	7	88%		2		
3	Dixie			NA				
3	Hamilton	1		100%				
3	Lafayette			NA				
3	Madison			NA				
3	Suwannee		4	66%	2			
3	Taylor	2		100%				
8	Alachua	63	42	95%	5		1	
8	Baker	1	1	100%				
8	Bradford	10	6	94%	1			
8	Gilchrist			NA				
8	Levy			NA				
8	Union	1	2	100%				

8. Time (in months) children have been waiting for adoption by age ranges and by race

Length of Time Since Child Has Been Available for Adoption, By Race and Age																										
Age/Race		0-11 Months					12-23 Months					24-35 Months					36-47 Months					48+ Months				
		0-4 YOA	5-8 YOA	9-17 YOA	White	Non-white	0-4 YOA	5-8 YOA	9-17 YOA	White	Non-white	0-4 YOA	5-8 YOA	9-17 YOA	White	Non-white	0-4 YOA	5-8 YOA	9-17 YOA	White	Non-white	0-4 YOA	5-8 YOA	9-17 YOA	White	Non-white
3	Columbia							2	2				3	3				2	2				1	1		
3	Dixie																									
3	Hamilton			1	1																					
3	Lafayette																	2	2							
3	Madison																									
3	Suwannee																									
3	Taylor																									
8	Alachua			4	1	3		3	6	3	6		1	5	1	5		4	4				6	2	4	
8	Baker																									
8	Bradford																									
8	Gilchrist																						2	2		
8	Levy																									
8	Union												1	1				1	1							
	Total			5	2	3		3	8	5	6		1	9	4	6		9	3	6			9	4	5	

From the Adoption Exchange System (800-96-ADOPT)

9. Number of children in out of home care available for adoption who need child-specific adoption promotion efforts as of 30 June 2009

Both Circuits - 50 children as of 6/30/09

10. Number of sibling groups in out of home care available for adoption who need child-specific adoption promotion efforts as of 30 June 2009

Both Circuits - 13 sibling groups as of 6/30/09

PSF and CHS have done a detailed analysis of the children available for adoption and the majority of those children are older siblings, have serious behavioral concerns, or do not want to be adopted. Each child's unique needs and strengths are reviewed during monthly conference calls on the "longest waiting" children in out-of-home care and/or during quarterly adoption staffings that are facilitated by the PSF Adoptions Manager.

DATA: Provided by the Department of Children and Families

Additional Information

FY 2008-09

Federal Data Indicators Associated with the Child and Family Services Review Permanency Outcome

Percent of children in Out of Home Care 24+ Months who Achieved Permanency Prior to Age 18

For Partnership for Strong Families: 37.44%

State: 36.16

National 75th Percentile: 29.1%

**Percent of children in out -of-home-care 8 days to 12 months who had two or fewer
placements**

For Partnership for Strong Families: 84.23%

State: 84.58%

National 75th Percentile: 86.00%

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

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

Name of Program: Children's Home Society – Adoption Program

Target Audience for the Program: Prospective adoptive families, adoptive families, and children free for adoption

Counties served by the program: all 13 counties in Circuits 3 & 8

Frequency of provision: daily M – F 24/7 on call

Number of families, children served: 417 Children and their adoptive/perspective adoptive families have been and are being served through adoptions.

Most recent impact data: As of 4/30/10 184 children have been adopted

Most recent cost-effectiveness data: Not available at this time

Source of Funding: Partnership for Strong Families (Community Based Care agency for Circuits 3 & 8)

Type's of promotion of adoption strategy: See plan of action for promotion of adoption

Name of Program: Village Counseling Center – Adoption Success Program

Target Audience for the Program: Prospective adoptive families, adoptive families, and children free for adoption or anticipated to soon become free for adoption.

Counties served by the program Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Lafayette, Levy, Suwannee, & Union.

Frequency of provision: as needed

Number of families, children served: 18

Most recent impact data: Data not yet available as this is a new program

Most recent cost-effectiveness data: Data not yet available as this is a new program

Source of Funding: Partnership for Strong Families

Type's of promotion of adoption strategy: Adoption competent services for adoptive families

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

Priority Ranking of County-Level Needs Related to the Promotion of Adoption for Children in Need of Adoptive Families

Counties: Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor, Union

Circuit 3: Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor

Circuit 8: Alachua, Baker, Bradford, Gilchrist, Levy, Union

NOTE: Children's Home Society, the lead adoptions case management agency for Circuits 3 & 8, does not have county specific plans for adoption promotion. The staffing pattern at CHS provides one staff person for Alachua County and another staff person for the other 12 counties in the Circuits. These two staff coordinate efforts when appropriate. In turn, this plan is congruent with the way in which adoption promotion is implemented in our Circuits and was developed to address the needs of both Circuits and is not a county by county plan

Priority	County-Level Need with Description	Types of Approaches Warranted to Meet this Priority Need <input type="checkbox"/> ✓Adoption Awareness <input type="checkbox"/> ✓Targeted Recruitment <input type="checkbox"/> ✓Child-Specific Recruitment <input type="checkbox"/> Orientation for Prospective Adoptive Parents <input type="checkbox"/> Assistance for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Information for "Waiting" Parents <input type="checkbox"/> Placement Case Management for "Pre-adoptive" Parents
1	C3&C8 - Identify foster parent/adoptive families to meet emerging needs of population of children awaiting adoption: teens, African-American children, sibling groups and those "acting out with others."	✓Adoption Awareness ✓Targeted Recruitment Orientation for Prospective Adoptive Parents Assistance for Prospective Adoptive Parents Pre-adoption Training for Prospective Adoptive Parents Pre-adoption Information for "Waiting" Parents
2	C3&C8 – Specific children need targeted recruitment for adoptive placements	✓Adoption Awareness ✓Child-Specific Recruitment Pre-adoption Training for Prospective Adoptive Parents Pre-adoption Information for "Waiting" Parents
3	C3&C8 – Children awaiting permanent placements need placement stability	✓Adoption Awareness ✓Targeted Recruitment ✓Child-Specific Recruitment

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

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 53.7% to 75% 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 46.3% percent to 25% percent by 30 June 2015.

Strategy I

By June 30, 2015, Circuit 3 & 8 will identify and successfully recruit families for all children legally free for adoption.

Strategy I.

By June 30, 2015, Circuit 3 & 8 will identify and successfully recruit families for all children legally free for adoption.

Priority Level: 1	Priority Need: Find appropriate adoptive families to meet emerging needs of specific populations of children awaiting adoption: teens, African-American children, sibling groups and those “acting out with others.”
Types of Approaches Warranted: <input type="checkbox"/> Adoption Awareness <input type="checkbox"/> Targeted Recruitment <input type="checkbox"/> Child-specific Recruitment <input checked="" type="checkbox"/> Orientation for Prospective Adoptive Parents	Types of Approaches Warranted (continued): <input checked="" type="checkbox"/> Assistance for Prospective Adoptive Parents <input checked="" type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents

Objectives

Objective 1.1 - C3&C8: Implement Concurrent Planning Pilot Project that integrates permanency planning efforts with foster parent/permanency planning family recruitment to meet emerging needs of specific populations of children awaiting adoption: teens, African-American children, sibling groups and those “acting out with others.”

Objective 1.2 C3&C8: Create faith-based initiative for recruiting foster/permanency planning and/or adoptive families

Objective 1.3 for C3&C8: Utilize Explore Adoption marketing materials to increase inquiries

Objective 1.4 for C3&C8: Implement Customer Service and Customer Support Protocol for Adoption Services

Objective 1.1: Implement Concurrent Planning Pilot Project that integrates permanency planning efforts with foster parent/permanency planning family recruitment to meet emerging needs of specific populations of children awaiting adoption: teens, African-American children, sibling groups and those “acting out with others.”					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Leadership Team for Project	Quarterly updates on the project	Ester Tibbs, DCF Circuit Administrator Shawn Salameda, CEO, Partnership for Strong Families	Foster Care Redesign Interagency Group, Community Steering Committee	July 2010	June 2015
2. Follow up on TA with National Resource Center for Adoption	Review of progress of the project	PSF Adoptions Program Manager	DCF Family Safety Program Office	July 2010	Fall 2010

Objective 1.1: Implement Concurrent Planning Pilot Project that integrates permanency planning efforts with foster parent/permanency planning family recruitment to meet emerging needs of specific populations of children awaiting adoption: teens, African-American children, sibling groups and those “acting out with others.”					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
3. Implement steps of project to recruit, train and support permanency planning families	a. Recruit families through regularly occurring MAPP classes, adoption events, and at least 6 community events annually b. Use video & multi-media presentations to share project c. Offer training on project elements to recruited families	a. PSF Licensing, Recruitment & Retention Department and CHS	Concurrent Planning Team	Underway with annual goals as part of CBC contract with DCF	July 2015
4. Evaluate project for expansion	a. Determine measures to use to evaluate the project by June 2011 b. Begin tracking measures by September 2011 as part of a continuous quality improvement process c. Evaluate the data collected by January 2012 d. Implement changes based on the outcome of the data interpretation by June 2012 e. Reevaluate project by September 2012 and implement any needed changes by December 2012 f. Continue process on a biannual basis through 2015	PSF Adoptions Program Manager CHS	DCF PFSF GAL CLS Courts Devereux Camelot Family Preservation Services CHS Permanency Families Youth in care	June 2011	June 2015
5. Expand to other counties	a. Expand to at least two other counties, recruiting from active foster families b. Recruit active foster families to participate in model for each county with foster families. (Currently 12 of 13 counties have 129 licensed foster homes 129. Lafayette County has none.)	PSF Licensing, Recruitment & Retention Department and CHS	DCF Contract Manager Foster Parent Assns.	a. July 2010 b. July 2012	a. June 2012 b. 2015

Objective 1.1: Implement Concurrent Planning Pilot Project that integrates permanency planning efforts with foster parent/permanency planning family recruitment to meet emerging needs of specific populations of children awaiting adoption: teens, African-American children, sibling groups and those “acting out with others.”

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
6. Maintain Concurrent Planning Processes identified in steps above	a. Maintain continuous quality improvement monitoring and oversight	PSF Adoptions Program Manager CHS	DCF Contract Manager	Ongoing	June 2015

Objective 1.2: Create faith-based initiative to recruit foster/permanency planning and/or adoptive families					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1.Establish leadership team	First meeting	PSF/CHS	PSF, Ministerial alliances. Individually recruited pastors from congregations already supporting PSF/CHS	Sept 2010	Dec 2010
2. Develop plan to integrate initiative into Explore Adoption campaign	Written plan produced to distribute materials on routine basis to area faith based organizations	PSF/CHS	PSF, Ministerial alliances, ministers/pastors	Jan 2011	June 2011
3. Identify faith communities to provided leadership for the initiative.	a. 2 faith communities identified by October 2011 b. Maintain leadership for initiative for north and south part of Circuits	PSF/CHS	CHS PSF , Faith-based Adoption Advisory Councils	July 2011	Dec 2011
3. Establish local faith-based advisory councils or groups in each Circuit	a. Meeting at least 3 times per year with identified partners b. Annual projects identified and completed to promote /support adoptions.	PFSF/CHS, Faith Partners	PSF , Faith Partners and other faith based organizations	Jan 2012 Jan 2013 Jan 2014 Jan 2015	June 2015
4. Convene summits to train on the protective factors, needs of adoptive parents and children, issues related to trauma-based care and ways to assist their communities.	a. Interfaith summit on adoption convened b. Second Interfaith summit on adoption convened to create biannual calendar	CHS	PSF , Faith Partners	a. July 2012 b. July 2013	a. June 2013 b. June 2015

Objective 1.3: Utilize Explore Adoption marketing materials to increase inquiries about target populations of children awaiting adoption and specific children awaiting adoption.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Film videos on individual children who have been waiting the longest to use for targeted recruitment efforts	a. Recruit donor videographers b. All children TPR'd more than 24 months, in need of targeted recruitment will have video completed c. 25% of children TPR'd more than 12 months, in need of targeted recruitment will have video d. 50% of children TPR'd more than 12 months in need of targeted recruitment will have video e. All children TPR's more than 12 months in need of targeted recruitment will have video	CHS	Videographers PSF Adoption Program Mgr.	a. Jun 2010 b. Jun 2011 c. Jun 2012 d. Jun 2013 e. Jun 2014	July 2015 June 2011 June 2013 June 2014 June 2015
2. Show individualized videos at targeted recruiting events: MAPP, Heart Gallery, Channel 7	a. Video's on all available children who have video's completed, will be shown, at least once within 3 months of completion after initial start up phase. b. Videos will be used at lease twice a year until a successful adoptive placement is made	CHS	PSF Interfaith Adoption Councils	Jun 2010	July 2015
3. Use local media markets with Explore Adoption materials and locally produced materials	a. Obtain commitments to use materials from local media outlets b. Provide materials on at least a quarterly basis for possible use c. Track and report on publication or use of materials from local media outlets on annual basis	CHS	a. Local media outlets in both circuits	a. Jun 2010 b. Dec 2010 c. July 2011 d. July 2012 e. July 2013 f. July 2014	Dec 2010 Jun 2011 Jun 2012 Jun 2013 Jun 2014 Jun 2015

Objective 1.3: Utilize Explore Adoption marketing materials to increase inquiries about target populations of children awaiting adoption and specific children awaiting adoption.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
4. Expand use of web-based sites available to publicize waiting children	a. Create link to adoption information on CHS & PSF websites b. Maintain timely content on webpages c. Identify at least one locally based websites in each county to recruit for additional links for targeted adoption information d. Maintain these local links	a. CHS, PSF b. CHS, PSF c. CHS, PSF, Interfaith Adoption Councils d. CHS, PSF	PSF	a. Jan 2010 b. July 2010 c. July 2010 d. July 2010	June 2010 July 2015 July 2013 July 2015
5. Coordinate local events in collaboration with state events / activities to promote adoption	a. Create at least two local events during November, National Adoption Month each year	CHS, PSF, Interfaith Adoption Councils	DCF PFSF GAL CLS Courts Devereux Camelot Family Preservation Services CHS Permanency Families Youth in care	a. June 2010	July 2015

Objective 1.4: Implement Customer Service and Customer Support Protocol for Adoption Services					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. CHS will meet all contractual requirements with PSF for customer feedback on services	Completed June 30, each year	PSF	PSF DCF		
2. Annually, CHS and PSF will review recommendations from Adoption Information Center for implementation	Process completed and any action steps identified prior to submission of annual LPT report	CHS & PSF Adoption Specialist		Jun 2010	Annually
3. Annual training for staff and all new hires during the year on Customer Service	Process completed and any action steps identified prior to submission of annual LPT report	CHS		July 2010	Annually

Priority Level: 2	Priority Need: Specific children need targeted recruitment for adoptive placements
Types of Approaches Warranted: <input checked="" type="checkbox"/> Adoption Awareness <input checked="" type="checkbox"/> Targeted Recruitment <input checked="" type="checkbox"/> Child-specific Recruitment <input type="checkbox"/> Orientation for Prospective Adoptive Parents	Types of Approaches Warranted (continued): <input checked="" type="checkbox"/> Assistance for Prospective Adoptive Parents <input checked="" type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents

Objectives 2.1 through 2.4 are the same as for Priority Need #1- (see preceding section)

Objective 2.1 (same as 1.1) for C3&C8: Implement Concurrent Planning Pilot Project that integrates permanency planning efforts with permanency planning family/foster parent recruitment to meet emerging needs of population: teens, African-American children and those “acting out with others.”

Objective 2.2 (same as 1.2) for C3&C8: Create faith-based initiative for recruiting foster/adoptive families

Objective 2.3 (same as 1.3) for C3&C8: Utilize Explore Adoption marketing materials to increase inquiries

Objective 2.4 (same as 1.4) for C3&C8: Implement Customer Service and Customer Support Protocol for Adoption Services

Objective 2.5 C3&C8: Create “step-down” placements for children exiting therapeutic placements

Objective 2.5: Create “step-down” placements for children exiting therapeutic placements					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Support permanent placements with therapeutic homes	a. Explore subsidy to therapeutic foster care providers to become adoptive parents b. Review national best practices on "step down" placements c. Convene meetings with TFH parents to discuss transition to adoption	PSF	DCF Casey Family Programs CHS Meridian Behavioral HealthCare National Mentor	June 2012	June 2015

Objective 2.5: Create “step-down” placements for children exiting therapeutic placements					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
2. Offer advanced training to families waiting to adopt	a. Offer training on issues for harder to adopt children (those who are older, have sexualized or other acting out behaviors, and/or are part of sibling groups.) at least annually. b. Incorporate topics on the above issues into recertification training for foster parents. c. By end of the first year, training provided to 25% of foster parents. d. By end of 3 rd year, training provided to 50% of foster parents e. 90% of training for foster parents will include these topics	a. CHS b. PSF Licensing Unit	Foster Parents and Foster Parent Associations	June 2011	June 2015

Priority Level: 3	Priority Need: Children awaiting permanent placements need placement stability
Types of Approaches Warranted: <input checked="" type="checkbox"/> Adoption Awareness <input checked="" type="checkbox"/> Targeted Recruitment <input checked="" type="checkbox"/> Child-specific Recruitment <input type="checkbox"/> Orientation for Prospective Adoptive Parents	Types of Approaches Warranted (continued): <input checked="" type="checkbox"/> Assistance for Prospective Adoptive Parents <input checked="" type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents

Objectives: 3.1 is same as for Priority Need #1- Objective 1.1 Refer to preceding section

Objective 3.1 - C3&C8: Implement Concurrent Planning Pilot Project that integrates permanency planning efforts with recruitment of permanency planning families to meet emerging needs of population: teens, African-American children and those “acting out with others.”

Objective 3.2 C3&C8: Help improve processes to insure more timely permanency for the longest waiting youth

Objective 3.2: Help improve processes to insure more timely permanency for the longest waiting youth					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Technical Assistance from Casey Family Programs for the Multi-Site Accelerated Permanency Project 1. Identify opportunities to better engage/train youth, including youth representation in the ABA conference. 2. Identify timeframe to conduct permanency and trauma training in Alachua and Columbia Counties. 3. Develop plan to review cases of the longest waiting youth including the criteria for case selection	1. Annually, number of youth participating in ABA Conference and/or other local events 2. Completion of permanency and trauma training in Circuits 3 & 8 a. Alachua County b. Columbia County c. Dixie/Levy/ Gilchrist d. Bradford/Union/Baker e. Suwannee/ Madison 3. Plan implemented	1. PSF and sub-contracted case management agencies 2. PSF/CHS	CHS Devereaux Camelot Family Preservation Services	1. July 2010	July 2015

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Placement Stability Workgroup to implement 1. At DTC staffings, ID voluntary placements for children with people they know 2. Recruit Permanency Planning families from MAPP classes 3. Recruitment/Retention Sub-Committee to include ACCESS staff who will attend high risk staffings to facilitate Medicaid + benefits 4. Interagency Placement Stability Workgroup to include foster parents 5. Monitor progress on goals for placement stability (CFSR) 6. Implement Caregiver Workgroup 7. Implement Relatives as Parents Program (RAPP) 8. Assure access to counseling through PSF's Utilization Management Department for children who need this service	1. Placements with relatives or non-relatives versus licensed foster care monitored quarterly 2. See Objective 1.1 3. Attendance by ACCESS staff at 90% of staffings . 4. Roster of participation 5. Quarterly CFSR QIP monitoring, report reviewed to track these goals 6. Attendance roster 7. Every quarterly at least one relative receives assistance through RAPP 8. Tracking system developed through Placement Stability Workgroup to insure need is being met.	1 Chair- PSF Placement Stability Workgroup 2. & 3 Chair, Recruitment and Retention Workgroup 4. Chair, Interagency Placement Stability Workgroups 5. QA staff at DCF and PSF 6. Chair, Caregiver Workgroup 7. Carressa Hutchinson, PSF 8. PSF, Family Service Facilitators	PSF/CHS and CBC sub-contracted agencies	July 2010	June 2015

VI. MONITORING AND EVALUATION

Plans for monitoring progress and for determining the results of the adoption promotion efforts.

VIA. MONITORING PLAN IMPLEMENTATION

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

There are opportunities to review progress at regularly scheduled intervals which will occur quarterly at a minimum. The existing groups that have been kept apprised of the plans development will all be invited to participate in updates: Interagency Steering Committee's for Foster Care Redesign in C3 and C8, Community Steering Committees for Foster Care Redesign in Alachua and Columbia Counties, the Alachua County Child Abuse Prevention Task Force. In addition the individuals who have been members of the Local Planning Team will review the plan at least twice a year. There is considerable overlap in membership of the LPT with the groups listed above so stakeholders and partners will have many opportunities to participate in monitoring and updates for the plan.

VII. B ANNUAL PROGRESS REPORTING

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. Responsibility for the reporting will be shared by the agencies sponsoring the co-conveners: Circuit Administration of the Department of Children and Families and the Partnership for Strong Families.

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

VIII. BARRIERS

I. Barriers related to adoption promotion of available children in Circuits 3 and 8:

- Limited realization of concurrent case planning
- Funding for staff and resources to accomplish goals
- The large geographical area within which the resources are currently spread
- Adoptive homes interested in pursuing adoption with teen males.

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

- Funds are needed for post adoption services, preventative and proactive services, in addition to additional reactive assistance when families are calling for help.
- Condense or abbreviate the MAPP requirement for relatives and non-relatives so the adoption process is not delayed when the child has already been in the home for a significant period of time.
- Address differing standards for approvable home studies in the investigations, services, licensing and adoption areas.
- Clearer Florida Administrative Code direction regarding the requirement of psychological evaluations for subsidy (interpretation of the current code requirements varies based on location/circuits), specifically for children 3 and under. For children too young to be adequately diagnosed by way of a psychological evaluation, requiring such as a prerequisite to subsidy may be a source of unnecessary delay and ineffective use of resources.
- Rule change needed because F.A.C. 65C-16.005(9)(a)2. appears to conflict with §§ 39.301(23) and 39.302(7), Fla. Stat., with regard to "some indicators" (now "not substantiated") reports. See below.

F.A.C. 65C-16.005(9)(a)2 states:

2. Abuse History. Cases in which the Abuse Hotline clearance reveals verified findings of abuse, neglect, or abandonment which did not result in a disqualifying felony conviction, and cases in which there were **some indicators of abuse or neglect**.

§39.301(23) states:

When an investigation is closed and a person is **not** identified as a caregiver responsible for the abuse, neglect, or abandonment alleged in the report, the fact that the person is named in some capacity in the report may not be used in any way to affect the interests of that person. This prohibition applies to any use of the information in employment screening, licensing, child placement, adoption, or any other decision by a private adoption agency or a state agency or its contracted providers, except that a previous report may be used to determine whether a child is safe and what the known risk is to the child at any stage of a child-protection proceeding.

§39.302(7) states:

When an investigation of institutional abuse, neglect or abandonment is closed and a person is **not** identified as a caregiver responsible for the abuse , neglect, or abandonment alleged in the report, the

fact that the person is named in some capacity in the report may not be used in any way to adversely affect the interests of that person. This prohibition applies to any use of the information in employment screening, licensing, child placement, adoption, or any other decision by a private adoption agency or a state agency or its contracted providers. If such a person is a licensee of the department and is named in any capacity in three or more reports within a 5-year period, the department may review those reports and determine whether the information contained in the reports is relevant for purposes of determining whether the person's license should be renewed or revoked. If the information is relevant to the decision to renew or revoke the license, the department may rely on the information contained in the report in making that decision.

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).

The Department of Children and Families (DCF) for Circuits 3 & 8 is a single administrative unit that contracts with the Partnership for Strong Families (PSF) as the Community-Based Care Lead Agency for the entire area that encompasses 13 rural counties in north central Florida. PSF has a contract for adoption services with Children's Home Society of Florida, Mid-Florida Division (CHS). CHS also serves the same 13 county area. Staffing patterns at PSF and CHS are designed to meet the needs of all 13 counties as a whole. CHS has one adoption staff person serving Alachua County and another staff person that serves the other 12 counties. Both staff members coordinate their efforts when appropriate, as many of the children placed in out-of-home care are placed outside their home county. PSF has one adoptions manager who serves all 13 counties.

Due to these staffing patterns and the fact that our two circuits cover a primarily rural area that stretches over 8,000 square miles, our limited resources are stretched far and wide. This plan was developed to address the adoption and post adoption needs in both Circuits as a whole, rather than at a county level. County needs will vary year by year and have done so historically. As this five year strategic plan is implemented, PSF and CHS will provide ongoing monitoring of the resources needed for adoptive families in each county and will adjust their limited resources to meet the needs of these adoptive families. In turn, this plan provides a comprehensive analysis of the needs in all areas served in both Circuits and action steps address specific county needs where appropriate.

The Partnership for Strong Families, in concert with Children's Home Society is already taking clear steps to creatively support adoptions. At the initial level, they are collecting and sharing more detailed information on the children from the start, so that all case managers are aware of any and all special needs for the children. These new processes are included in the plan objectives as another way to institutionalize the interagency work required for successes for the children served and supports successful adoptions.

In addition, adoptive families are able to access most services through the existing service array available through PSF's Utilization Management Department. Also, adoptive parents are now invited to the Foster Parent Associations that meet regularly throughout both Circuits. The Associations are focused on providing support and assistance to all types of caregivers.

Consistent with the plans emphasis on the continuum of services needed to support adoption (See Section II) the same headings are used below summarize current practice. The plan's objectives detail work in many of these areas that will also be continued, augmented and implemented.

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. In our area Foster Parent Associations are incorporating outreach to adoptive families in their regular program to meet this need. Adoption staff in both agencies believe this will strengthen foster families, promote adoptions and support adoptive families. (List of Foster Parent Associations, Attachment 2)

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. Rutgers program for Adoption Competency Certification Training

Services for adoptive parents and children – A single point of contact 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.

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

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

Name of Program: Children's Home Society – Adoption Program

Target Audience for the Program: Prospective adoptive families, adoptive families, and children free for adoption

Counties served by the program: all 13 counties in Circuits 3 & 8

Frequency of provision: daily M – F 24/7 on call

Number of families, children served: 417 Children and their adoptive/perspective adoptive families have been and are being served through adoptions.

Most recent impact data: As of 4/30/10 184 children have been adopted

Most recent cost-effectiveness data: Not available at this time

Source of Funding: Partnership for Strong Families (Community Based Care agency for Circuits 3 & 8)

Type's of promotion of adoption strategy: See plan of action for promotion of adoption

Name of Program: Village Counseling Center – Adoption Success Program

Target Audience for the Program: Prospective adoptive families, adoptive families, and children free for adoption or anticipated to soon become free for adoption.

Counties served by the program Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Lafayette, Levy, Suwannee, & Union.

Frequency of provision: as needed

Number of families, children served: 18

Most recent impact data: Data not yet available as this is a new program

Most recent cost-effectiveness data: Data not yet available as this is a new program

Source of Funding: Partnership for Strong Families

Type's of promotion of adoption strategy: Adoption competent services for adoptive families

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

Priority Ranking of County-Level Needs Related to the Support of Adoptive Families

County: Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor, Union

Circuit 3: Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor

Circuit 8: Alachua, Baker, Bradford, Gilchrist, Levy, Union

NOTE: PSF's service array is available to adoptive families in all 13 counties pre and post adoption . Services and supports are individualized based on the need of the children and families so they are not county specific. In turn, this plan focuses on the existing needs in both Circuits and does not provide action plans for each county.

County:

Priority	County-Level Need with Description	Types of Approaches Warranted to Meet this Priority Need <input type="checkbox"/> Support Groups <input type="checkbox"/> Education and Training <input type="checkbox"/> Adoption Competent Services <input type="checkbox"/> Case Management Services	Protective Factors that Should be Built/Supported when Meeting this Priority Need <input type="checkbox"/> Parental Emotional Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Knowledge of Parenting and Child Development <input type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Nurturing and Attachment
1	Increase availability of Adoption Competent Services	Adoption Competent Services	Address all protective factors
2	Increase number of adoptive parent and teen adoptee support groups/services	Support Groups Education and Training	Address all protective factors

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

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 circuits will be reduced from 5 (out of 158 adoptions) during the 2008-2009 fiscal year to less than 2 during the 2014-2015 fiscal year.

(Note: All 5 dissolutions were reviewed to insure continuous system improvement. In addition, an adoptions subcommittee was created as part of the PSF Placement Stability workgroup, to help insure that proactive measures can be implemented before a dissolution occurs. After reviewing the issues surrounding each dissolution, it was determined that the reasons for the dissolutions were beyond the control of CHS or PSF. The dissolutions occurred because of the death of one of the adoptive parents, issues with siblings in the adoptive home, and out of area/out of state placements where the resources the adoptive family needed were not available.)

Strategy 1.____

By 30 June 2015, Circuits 3 & 8 will support successful adoptions with improved help from adoption competent counselors and group supports.

(Note: CHS will administer a survey to adoptive families to assess their needs and will base the type of services provided on the results of the needs assessment. It is also important to note that CHS has found that many adoptive families are not interested in services and they just want to resume a normal family life after the adoption is finalized)

Priority Level: 1	Priority Need: Adoption Competent Services - <i>Rutgers Program for Adoption Competency Certification Training</i>	
ALL - Protective Factors to be Built by the Strategy: <ul style="list-style-type: none"><input type="checkbox"/> Parental emotional resilience<input type="checkbox"/> Social connections<input type="checkbox"/> Knowledge of parenting and child development<input type="checkbox"/> Concrete support in times of need<input type="checkbox"/> Nurturing and attachment	Types of Approaches Warranted: <ul style="list-style-type: none"><input type="checkbox"/> Adoptive parent and teen support groups<input type="checkbox"/> Education and training opportunities for adoptive parentsX Adoption competent mental health assistance services for parents and children<input type="checkbox"/> Case management services for adoptive parents and children	

Objectives

Objective 1.1 Maintain trained workforce and Increase number of professionals trained by Rutgers program for Adoption Competency Certification Training

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. ID providers to participate in training	a. Seven to nine area professionals obtain certification from Rutgers program for Adoption Competency Certification Training	Partnership for Strong Families (PSF) Adoption Program Manager	PSF Vendors and area mental health professionals	July 2010	Dec 2010
2. Encourage local clinical providers to maintain trained cadre of professionals	c. Maintain contacts with providers to promote participation in certification process	PSF	Children's Home Society (CHS) PSF Vendors and area mental health professionals	Ongoing	June 2015
3. Using certified clinicians to work with families	1. 70% of families seeking services will be referred to a certified provider 2. 75% 3. 80% 4. 85% 5. 90%	PSF	CHS PSF Vendors and area mental health professionals	1. July 2010 2. July 2011 3. July 2012 4. July 2013 5. July 2014	June 2011 June 2012 June 2013 June 2014 June 2015

Priority Level: 2	Priority Need: Adoptive parent and teen adoptee support groups/services	
Protective Factors to be Built by the Strategy: <ul style="list-style-type: none"> <input type="checkbox"/> Parental emotional resilience <input type="checkbox"/> Social connections <input type="checkbox"/> Knowledge of parenting and child development <input type="checkbox"/> Concrete support in times of need <input type="checkbox"/> Nurturing and attachment 		Types of Approaches Warranted: <ul style="list-style-type: none"> <input type="checkbox"/> Adoptive parent and teen support groups <input type="checkbox"/> Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children <input type="checkbox"/> Case management services for adoptive parents and children

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Invite adoptive parents and children to identify needed supports in their community 1. Survey adoptive parents about needed supports to determine interests and venues for support 2. Compile and share results with foster parents association, clinicians, Interfaith Adoption partners, recruiters, and other parties interested in stabilizing adoptions 3. Ask these groups what follow up actions they can taken in support of families 4. Follow-up on plans to support implementation	1. 60% of surveys completed. 2. Written results compiled and shared with foster parent associations by CHS. 3. Follow up actions identified by associations to liaisons. 4. Liaisons report semi-annually on Foster Parent Association actions to support Adoptive Parents.	PSF - Liaisons with Foster Parent Assn.	CHS 5 Foster Parent Associations	1. 7/2010 2. 12/10 3. 12/10 4. 6/11 - semi-annually	12/10 6/11 6/11 6/15
2. Encourage adoptive parents to attend foster parent assn. Meetings - a. Market groups to adoptive parents	a. Routine inclusion of information for adoptive parents in PSF Foster Parent Newsletter b. Routine information on Foster Parent Associations given to new Adoptive Parents BY CHS	PSF - Liaisons with Foster Parent Assn.	CHS 5 Foster Parent Associations	07/2010	06/2015
3. Adoptive and parents and children are made aware of single point of contact for follow up assistance	a. Maintain and publicize single of point of contact for families by phone at CHS and PSF for help. a. Maintain and publicize Website link to assistance by CHS and PSF	PSF, CHS	CHS 5 Foster Parent Associations	Jun 2010	Sept 2010
4. Alachua County maintains RAP program (Relatives as Parents Program)	Every quarterly at least one relative receives assistance through RAPP, while funding maintained	PSF	PSF	07/2010	Quarterly while funded

VI. MONITORING AND EVALUATION

Plans for monitoring progress and for determining the results of the efforts to support adoptive families.

VI.A. MONITORING PLAN IMPLEMENTATION

The circuits planning team for Adoptions 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. It is our goal to 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.

There are opportunities to review progress at regularly scheduled intervals. At least quarterly, the existing groups that have been kept apprised of the plans development will all participate in updates: Interagency Steering Committee's for Foster Care Redesign in C3 and C8, Community Steering Committees for Foster Care Redesign in Alachua and Columbia Counties, the Alachua County Child Abuse Prevention Task Force. In addition the individuals who have been members of the Local Planning Team will review the plan at least twice a year. There is considerable overlap in membership of the LPT with the groups listed above that will participate in updates.

VII. B ANNUAL PROGRESS REPORTING

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. Responsibility for the reporting will be shared by the agencies sponsoring the co-conveners: Circuit Administration of the Department of Children and Families and the Partnership for Strong Families.

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

VIII. BARRIERS

I. Barriers related to support of adopted children in Circuits 3 and 8:

- Funding for staff and resources to accomplish goals
- The large geographical area within which the resources are currently spread

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

- Funds are needed for post adoption services, preventative and proactive services, vs. reactive when they are calling for help.
- Clearer Florida Administrative Code direction regarding the requirement of psychological evaluations for subsidy (interpretation of the current code requirements varies based on location/circuits), specifically for children 3 and under. For children too young to be adequately diagnosed by way of a psychological evaluation, requiring such as a prerequisite to subsidy may be a source of unnecessary delay and ineffective use of resources. Additionally, a way to review eligibility for children who may have delayed reactions to earlier childhood trauma (after finalization) would be helpful.

Local Planning Team Membership: Circuits 3 & 8 Attendance Roster – Attachment 1

AREA OF REPRESENTATION	LOCAL PLANNING TEAM MEMBER	Sept/ Oct 2009	Nov 2009	Dec 2009	Jan 2010
1. Chairman/ Convener	Name: Mona Gil de Gibaja Title: Project Consultant Organization: Partnership for Strong Families	9/24 10/6 10/29	11/3 11/10 11/16	12/2 12/8	1/8 1/22
2 Chairman/ Convener Attended Prevention Summit May 2009 & DCIP August 2009	Name: Becky O'Brien Title: Community Relations Organization: Dept Children & Families	9/24 10/6 10/29	11/3 11/10 11/16	12/2 12/8	1/8 1/22
2 DCF – Dept. of Children and Families CLS staff attend Foster Care Redesign Meetings	Name: Kelsey Burnette, and her rep. Francine Turney, CLS Title: Children's Legal Services Managing Atty Organization: Dept Children & Families		11/10		1/8 1/22 Read drafts
2 DCF – Dept. of Children and Families Attended Prevention Summit May 2009 & DCIP August 2009	Name: Melissa Walker Title: Contract Manager C3-8, Family Safety Organization: Dept Children & Families	9/24 10/6 10/29	11/3 11/16	12/2 12/8	1/22 Read drafts
2 DCF – Dept. of Children and Families	Name: Deborah Divine Title: OMC II, Family Safety, C3 Organization: Dept Children & Families	10/29	10/29	12/8	
2 DCF – Dept. of Children and Families -	Name: Bonnie Robison Title: OMC II, Family Safety, C8 Organization: Dept Children & Families		11/10		1/8
3. DOC – Dept. of Corrections	Name: Sheila Smalls Title: Probation/ Parole Officer Organization: DOC			1/8	1/8
4. DOE – Dept. of Education	Name: Denise Robinson Title: Prevention Specialist Organization: Madison Co. District Schools	10/29	12/8		1/8
5. DOH – Dept. of Health	Name: Peggy Exum, Laura Duke Title: Healthy Start Organization: Alachua Co. Health Dept	9/1 10/6	11/10		1/8
6. DJJ – Dept. of Juvenile Justice	Name: Sharon Neelands Title: Organization: DJJ for C3	10/29		12/8	1/8
6. DJJ – Dept. of Juvenile Justice	Name: Jill Bessette Title: Organization: DJJ for C8				1/8
7. DLE – Dept. of Law Enforcement	Name: Title: Organization:				
8. APD – Agency for Persons with Disabilities	Name: No participation Title: Organization:				
9. AWI – Agency for Workforce Innovation	Name: Steve Gardner Title: Organization: AWI				

AREA OF REPRESENTATION	LOCAL PLANNING TEAM MEMBER	Sept/ Oct 2009	Nov 2009	Dec 2009	Jan 2010
9. AWI – Agency for Workforce Innovation	Name: Jack Hamilton Title: Organization: AWI/OEL	9/1 10/6	11/10		1/8
10. Parent with adopted child Attendance at Comm. Steering Committee – Alachua Co.	Name: Gail Monahan Title: Organization:				
11. Child day care centers: Federal/State representation Attended Prevention Summit May 2009	Name: Tom Logan Title: Executive Director Organization: Gateway ELC	10/29			1/22 Read Drafts
11. Child day care centers: Federal/State representation	Name: Gordan Tremaine, or his designee Rita Wison, Sheryl Eddie Title: Executive Director Also attending Rita Organization: ELC – Alachua County	9/1 10/6	11/10		1/8
12. Circuit Courts - Attendance at Comm. Steering Committee	Name: Title: Organization:				
13. Community mental health center Staff attend Foster Care Redesign Meetings	Name: Richard Anderson Title: VP Clinical Organization: Meridian Behavioral Healthcare		11/10		
14. Community-based care lead agency	Name: Carol Ruth Title: QA Manager Organization: Partnership for Strong Families		11/10		1/22
14. Community-based care lead agency	Name: Jose Vega Title: Recruitment/ Retention Organization: Partnership for Strong Families	9/24	11/3 11/16	12/2	
14. Community-based care lead agency Attended Mtg at DCIP August 2009	Name: Kim Johnson Title: Adoptions Program Manager Organization: Partnership for Strong Families	9/24	11/3 11/16	12/2	1/8 1/22 Read drafts
15. Guardian ad litem program	Name: Linda Dedge Title: C3 GAL Director Organization: Circuit 3 GAL			12/8	
Guardian ad litem program	Name: Paul Crawford Title: GAL Volunteer Coordinator Organization: Circuit 3 GAL			12/8	
Guardian ad litem program Member of Al. Co Community Steering Cmte for Foster Care Redesign	Name: Pam Pearce Title: GAL Director Organization: Circuit 8 GAL			12/8	
16. Law enforcement agency	Name: Laura Knudson and her rep. Ines Rios Title: Bureau Chief Organization: Alachua Sheriff's Office		11/10	1/8	
17. Local advocacy council N/A	Name: Title: Organization:				

AREA OF REPRESENTATION	LOCAL PLANNING TEAM MEMBER	Sept/ Oct 2009	Nov 2009	Dec 2009	Jan 2010
18. Multi-disciplinary child protection team – Attendance at other community meetings	Name: No active participation on team Title: Organization:				
19. Private/ public program with expertise in child abuse prevention program	Name: Donna Hagan Tonya Bell Title: Healthy Start Coalition Organization:				
19. Private/ public program with expertise in child abuse prevention program Pam Shyatt Attended Prevention Summit May 2009	Name: Annie McPherson, and her designee Pam Shyatt Title: Director and Asst Dir. Organization: UF Child Abuse Prevention Project	9/1 10/6	11/10		1/8 Read draft in Feb.
20. Private/ public program with expertise in maternal and infant health care Attended Prevention Summit May 2009 & tele-conferences	Name: Craig Wilson Title: Director Organization: Healthy Start/Healthy Families	10/29		12/8	1/22
20. Private/ public program with expertise in maternal and infant health care	Name: Joyce LeBlanc Title: Director Organization: Healthy Families Alachua/Columbia/Bradford	9/1 10/6	11/10		1/8
20. Private/ public program with expertise in maternal and infant health care	Name: Johnnie Jones Title: Director Organization: Healthy Families Levy, Dixie Gilchrist		11/10		
21. Private/ public programs with expertise in working with children/ families of children who are sexually, physically or emotionally abused, abandoned or neglected	Name: Title: Organization:				
22. School board –	Name: Title: Organization:				
. Child Advocacy/ Community Philanthropy Participates in many community meetings	Name: Jennifer Tragash Title: Programs Organization: United Way of No Central FL		11/10		1/8
. Children's Advocacy Center	Name: Sherry Kitchens Title: Executive Director Organization: Alachua Co. Child Advocacy Center				1/8
. Children's Services Council N/A for any C3-C8 County	NA				
. Community Alliance – Only Alachua County, All volunteer, many members of that group on list elsewhere	Name: Alachua County Child Abuse Prevention Task Force – Members listed. Chair is Annie McPherson listed above. Title: Organization:				

AREA OF REPRESENTATION	LOCAL PLANNING TEAM MEMBER	Sept/ Oct 2009	Nov 2009	Dec 2009	Jan 2010
. Community-Based Organization Attended Mtg at DCIP August 2009	Name: Christy Gibbons Title: Adoptions Organization: Children's Home Society	9/24	11/3 11/16	12/2	1/8 Wrote and read drafts
. Faith-Based Organization -	Name: Title: Organization:				
. Local Children's Cabinet – N/A for any C3-C8 County	NA				
. Medical Doctor Advisor and on many related committees	Name: Dr. Nancy Hardt Title: UF Organization: UF College of Medicine				
. State Court Administration	Name: Title: Organization:				
. University Researcher	Name: Title: Organization:				

ATTACHMENT 2: C3 & 8 Foster Parent Associations

Alachua County

Meets Bi-Monthly At the Library Partnership from 9:00am to 12:00 pm
1130 NE 16th Ave. Gainesville, Fl.

*Childcare will be provided

Saturday, January 23rd

Saturday, March 13th

Contact: Dorothy King, (352) 331-6629

Email: dakota1@bigplanet.com

Baker, Bradford & Union Counties

Meets the third Tuesday of every other month from 5:00pm to 7:00 pm
at First Presbyterian Church of Starke

921 E Call Street, Starke, Fl

*Pot-luck style dinner

Tuesday, February 16th

Tuesday, April 20th

Contact: Waheeda Bacchus, (352) 244-1536

Columbia County

Meets the second Tuesday of every month from 7:00pm to 9:00 pm
at Lake City Service Center, 1389 W. Hwy 90, Suite 110, Lake City, Fl.

Tuesday, January 12th

Tuesday, February 9th

Tuesday, March 9th

Contact: Kim Nelson, (386) 288-6665

Email: Nelsonj63@earthlink.com

Tri-County: Levy, Gilchrist & Dixie Counties

Meets the 2nd Thursday of every month, from 6:00 pm to 8:00 pm
at First Baptist Church of Bronson, 451 South Court Street

Thursday, January 14th

Thursday, February 11th

Thursday, March 11th

Contact: Kimberly Spillane, (352) 219-5744

Website: www.tcfapa.org

Suwannee Valley -Suwannee, Lafayette, Hamilton, Madison & Taylor Counties

Meets the 4th Monday of every other month from 6:00 pm to 8:00 pm

Contact Waheeda for location.

*Pot-luck style dinner

Monday, January 25th

Monday, March 22nd

Contact: Waheeda Bacchus, (352) 244-1536

www.pfsf.org

ATTACHMENT 3 - Family Centered Practice vs Conventional/Traditional Practice

Conventional Deficit Focused Practice	Family-Centered Practice
Family deficits are the focus	Family strengths are recognized and employed in planning
Case manager operates separately from other partners	A family team guides planning and decision-making
Assessment focuses on symptoms/incidents and primarily on risk and safety within family functioning	Assessment looks at all aspects of family functioning and needs
Case plans are prepared largely by the case manager	Case plans are developed by the family team with strong participation by the family
Most families get a similar array of services based on what's available	Plans and services are individualized and crafted to match unique needs
Case plans are fixed documents renewed at set intervals	Plans are regularly adapted to meet changing child and family circumstances
Outcomes are poor	Outcomes are improved

Our Purpose

As a parent, you are well aware that raising your child is the most important purpose in life and probably one of the most challenging. It is the most meaningful and at times the hardest job you will ever have. The job requirements for a parent include experience as a nurse, a police officer, a teacher, a counselor, just to name a few. And unlike iPods and cell phones, children do not come with instruction manuals.

As a parent, you want what is best for your children – a loving family, good health, a good education, a safe and caring community. Most importantly, you want a bright future for your children.

Our purpose at the Library Partnership is to help you find the answers to your family's questions and to help connect your family to the resources you need. We are also here to assist families and individuals in the promotion and building of a strong family-focused community. We are here to listen to your concerns not dictate what we think your family needs. After all, you know your family better than anyone.

Our Goals

To create a Library and a Neighborhood Center that:

Values children

We will offer services that provide children a healthy start both physically and emotionally via services such as school readiness activities, Healthy start services, child development classes and infant screening and diagnostic services.

Strengthens Families

We will offer parent child activities to help parents learn the importance of early interaction with their children, tutoring and mentoring programs, relative caregiver support, and offer an array of services to help families avoid a crisis or respond to a crisis.

Engages the community

We will offer a place for neighbors to meet and interact, encourage community involvement and interaction with neighbors, and inform the community about opportunities to serve.

The bond that links your true family is not one of blood, but of respect and joy in each other's life. Rarely do members of one family grow up under the same roof."

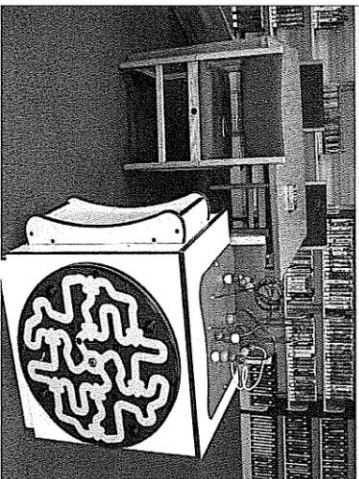
- Richard Bach

Our Partners

Along with full library services, over 30 area partners will provide services at the Library Partnership or will assist families that are referred to their agencies.

Alachua County Community Support Services	Gainesville Housing Authority
Alachua County Housing Authority	Gainesville Police Department
Alachua County Public Health Department	Girl Scouts
Big Brothers Big Sisters	Head Start
Catholic Charities	Healthy Families HIIPPY
Central FL Community Action Agency	Job Corps
CDS Family and Behavioral Health Services	Meridian Behavioral Healthcare
Children's Medical Services	Peaceful Paths Regional Transit Systems
Children's Home Society	Santa Fe College
CHOICES	Three Rivers Legal Services
Dignity Project	UF/CAPP Nurturing Program
Early Learning Coalition	UF Eastside Clinic
Early Steps	UF and Santa Fe Interns and Volunteers
Florida Institute for Workforce Innovation	UF Medical School
Florida Works	United Way
Gainesville Community Ministries	YMCA

We are constantly looking to add new programs services and welcome all suggestions that the community may have regarding programming for the Library Partnership





Who We Are

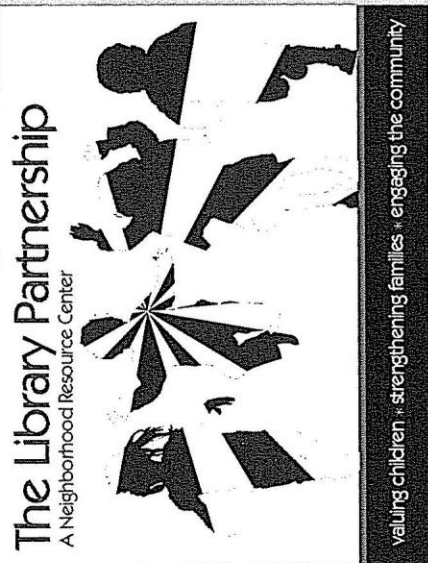
Our mission is to enhance the community's ability to protect and nurture children by building, maintaining, and constantly improving a network of family support services.

Our vision is to be the leader in community-centered child protection.

Partnership for Strong Families is the Community Based Care Lead Agency for child welfare services in Alachua County and the surrounding counties in Circuits 3 & 8. We are working with more than 30 other community, government and faith based organizations as part of the Library Partnership. Through the Library Partnership, we will work to help families access the services and supports they need and help them strengthen their families and community.



This program is in partnership with:



The Library Partnership
A Neighborhood Resource Center

1130 NE 16th Avenue

Gainesville, Florida 32609

Resource Center Phone: (352) 334-0160

Library Phone: (352) 334-0165

Fax: (352) 334-0182

The Library Partnership

A Neighborhood Resource Center

*...A Welcoming Place
that builds Strong Families
and a Strong Community*

Visit us at: www.pfsf.org

ATTACHMENT 4

Attachment 5 – Catalog of Prevention Programs

AGENCY	CONTACT TELEPHONE	ADDRESS	COUNTIES SERVED	TYPE OF PROGRAM	TARGET AUDIENCE:	STRATEGIES 1-6	PROTECTIVE FACTORS 1-5	Evidence Based = EB	Source of Funds	Cost Effect- iveness Data Provided To Funders?
				Primary, Secondary, Or Both	Parents = 1 Fathers = 2 Relatives = 3 PG Women = 4 Pre-K = 5 Elementary = 6 MS/HS = 7 Professional = 8	Adult Ed = AE Comm. Dev = CD Comm. Sup = CS Concrete Help = CH Support Svcs = SS Workforce = WF	Parent.Resilience = PR Social Contact = SC Par. Education = PE Concrete Help = CH Nurturing/Attach = NU	Service Developed Locally = SDL		
Agency for Persons with Disabilities	Cynthia Tyson 352-955-5766	1621 NE Waldo Road, Bldg 1 Gainesville, FL 32609	Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, Union, Putnam	Primary Secondary	5,6,7 8	CD, CS, SS	SC, NU	SDL	HCBS, General Revenue	YES
Alachua County Health Department – Healthy Start	Laura Duke 352-334-8857	224 SE 24 th Street Gainesville, FL 32641	Alachua	Both	1, 3,4	CS	PE, NU	EB	Healthy Start Coalition	YES
Alachua County Sheriff's Office	Tyson Elliott 352-367-4184	2621 SE Hawthorne Road Gainesville, FL 32641	Alachua	U/A	U/A	U/A	U/A	U/A	U/A	U/A
Arbor House	Miriam Elliott 352-371-2229	2618 NW 6 th Street Gainesville, FL 32609	Alachua	Secondary	1,4,5	AE, CH, SS	PR, CH, NU	SDL	Individual Donors and Churches	NO
AWI/OEL	Jack Hamilton 352-955-3023	9416 NW 62 nd Lane Gainesville, FL 32653	All counties in Circuits 3 & 8	Primary Secondary	8 1,3,4,5,6,7,8	SS	PE	EB	Federal, state & local funds	NO
Bradford County Health Department	Yolanda Thomas Traci Wilson 904-964-7732	1801 N. Temple Avenue Starke, FL 32091	All counties in Circuits 3 & 8	Both Primary	1 4,5	CD, CS, SS	PE, NU	SDL	U/A	U/A
Bradford and Union County Health Departments	Winifred Holland 904-964-7732	1801 North Temple Avenue Starke, FL 32091	Bradford, Union	Both Primary	1 4,7	CD, CS, SS	PR, PE, NU	EB	General Revenue, County Funds,	NO

AGENCY	CONTACT TELEPHONE	ADDRESS	COUNTIES SERVED	TYPE OF PROGRAM	TARGET AUDIENCE:	STRATEGIES 1-6	PROTECTIVE FACTORS 1-5	Evidence Based = EB	Source of Funds	Cost Effect- iveness Data Provided To Funders?
				Primary, Secondary, Or Both	Parents = 1 Fathers = 2 Relatives = 3 PG Women = 4 Pre-K = 5 Elementary = 6 MS/HS = 7 Professional = 8	Adult Ed = AE Comm. Dev = CD Comm. Sup = CS Concrete Help = CH Support Svcs = SS Workforce = WF	Parent.Resilience = PR Social Contact = SC Par. Education = PE Concrete Help = CH Nurturing/Attach = NU	Service Developed Locally = SDL		
									Healthy Start Coalition	
CDS Family & Behavioral Health Services	Radha Selvester 352-244-0628 Ext: 3865	3615 SW 13 th Street Suite 4 Gainesville, FL 32608	All counties in Circuits 3 & 8 And Putnam	Both	1,3,4,6,7	AE, CD, CS, CH, SS, WF	PR, SC, PE, CH, NU	U/A	DJJ, DHHS, DCF, PSFS, UW, Florida Network	YES
Columbia County Health Department	Monte Hall 386-758-1065	217 NE Franklin Street Lake City, 32055	Columbia	Both	1,3,4,5,7	CD, CS, SS	PR, PE	EB	Healthy Start Coalition	NO
Department of Health – Healthy Start	Hope Crawford 386-792-1414 Ext: 238	Po Box 267 Jasper, FL 32052	Hamilton, Madison	Both	1,3,4,5	CS, SS	SC	SDL	U/A	U/A
Duval Elementary/Pri vate Practice	Sue Latini 352-262-8714	6808 NW 20 th Place Gainesville, FL 32605	Alachua	Both	1,2,3,6,7	CS, SS	PR, SC, PE, NU	EB SDL	PSFS	NO
Early Learning Coalition of Alachua County	Sheryl Eddie 352-375-4110	4424 NW 13 th Street Gainesville, FL 32609	Alachua	Both	1,2,5,8	SS	PE, CH	EB	Federal Grant	NO
Early Learning Coalition of Florida's Gateway	Thomas Logan 386-961-0120	1104 SW Main Blvd Lake City, FL 32025	Columbia, Hamilton, Lafayette, Suwannee, Union	Both	1,3,4,5,6,8	CS, SS, WF	SC, PE, CH, NU	EB SDL	State of Florida, General Revenue and Federal Block Grant	NO
Early Learning Coalition	Tonya Hiers	212 North Main Street Chiefland, FL 32626	Dixie, Gilchrist, Levy	Primary Both	1,3,8 5,6	CD, CS, SS	PE, NU	EB	AWI	YES

AGENCY	CONTACT TELEPHONE	ADDRESS	COUNTIES SERVED	TYPE OF PROGRAM	TARGET AUDIENCE:	STRATEGIES 1-6	PROTECTIVE FACTORS 1-5	Evidence Based = EB	Source of Funds	Cost Effect- iveness Data Provided To Funders?
				Primary, Secondary, Or Both	Parents = 1 Fathers = 2 Relatives = 3 PG Women = 4 Pre-K = 5 Elementary = 6 MS/HS = 7 Professional = 8	Adult Ed = AE Comm. Dev = CD Comm. Sup = CS Concrete Help = CH Support Svcs = SS Workforce = WF	Parent.Resilience = PR Social Contact = SC Par. Education = PE Concrete Help = CH Nurturing/Attach = NU	Service Developed Locally = SDL		
of Nature Coast	352-490-5855									
Family Medical and Dental	Bobbie Long 386-328-0108 Ext: 3336	1302 River Street Palatka, FL 32177	U/A	U/A	U/A	U/A	U/A	U/A	U/A	U/A
Florida Department of Law Enforcement	Michelle O'Neal 904-598-6617	921 N. Davis Street Bldg E Jacksonville, FL 32209	U/A	U/A	U/A	U/A	U/A	U/A	U/A	U/A
Gainesville/Al achua County Office on Homelessness	Jayne Moraski 352-372-2549	703 NE 1 st Street Gainesville, FL 32605	Alachua, Bradford, Gilchrist, Levy	U/A	U/A	CH	CH	U/A	U/A	YES
Girls Place, Inc.	Renea Clements 352-373-4475	2101 NW 39 th Avenue Gainesville, FL 32605	Alachua	Secondary	6,7	WF	PE, NU	SDL	ELC	YES
Healthy Families Gilchrist / Levy/ Dixie/Suwan nee Counties	Johnny Jones 352-486-5590	66 West Main Street Bronson, FL 32621	Gilchrist, Dixie, Levy, Suwannee	Both	1,2,3,4,5,6	CH, SS	PR, SC, PE, CH, NU	EB SDL	Ounce of Prevention	NO
Levy County Health Department	Barbara Locke 352 486-5300	66 West Main Street Bronson, FL 32621	Dixie, Gilchrist, Levy, Suwannee	Primary Secondary	4 1	CD, CH, SS	PR, SC, PE, NU	EB	Ounce of Prevention	NO
Levy County Health Department – Healthy Start	Diane Wilson 352-486-5300	66 West Main Street Bronson, FL 32621	Levy	Both	1,2,3,4,5,7	CS, CH, SS	PR, SC, PE, CH, NU	EB	State of Florida & Medicaid Waiver	YES
Madison County School	Denise Robinson	240 Duval Street Madison, FL 32340	Madison	Primary	1,5,6,7	CD, CS, CH, SS, WF	U/A	U/A	U/A	U/A

AGENCY	CONTACT TELEPHONE	ADDRESS	COUNTIES SERVED	TYPE OF PROGRAM	TARGET AUDIENCE:	STRATEGIES 1-6	PROTECTIVE FACTORS 1-5	Evidence Based = EB	Source of Funds	Cost Effect- iveness Data Provided To Funders?
				Primary, Secondary, Or Both	Parents = 1 Fathers = 2 Relatives = 3 PG Women = 4 Pre-K = 5 Elementary = 6 MS/HS = 7 Professional = 8	Adult Ed = AE Comm. Dev = CD Comm. Sup = CS Concrete Help = CH Support Svcs = SS Workforce = WF	Parent.Resilience = PR Social Contact = SC Par. Education = PE Concrete Help = CH Nurturing/Attach = NU	Service Developed Locally = SDL		
District	850-973-5192 ext 123			Secondary	8					
MECAA Educational Consulting	Margaret Harris 386-972-2984	1324 NW 16 th Avenue Apt. 63 Gainesville, FL 32605	Alachua, Baker, Bradford, Columbia, Gilchrist, Levy	Both	1,3,5,6,7,8	CD, SS	PR, SC, PE	SDL	Self	NO
Meridian Behavioral HealthCare	Karen Rice 352-374-5600	4300 SW 13 th Street Gainesville, FL 32608	U/A	Both Primary Secondary	1,6 4,7 2,5,8	CD, CS, CH, SS	PR, SC, PE, CH, NU	U/A	U/A	U/A
Partnership for Strong Families	Corinne Edwards 352-955-2055	1000 NE 16 th Avenue Gainesville, FL 32641	Alachua	Secondary	1,3,4,5,6,7,8	CD	PR, SC, PE	U/A	Casey Family Grant	NO
Peaceful Paths Domestic Abuse Network, Inc.	Brandi Corbin 352-377-1083	P.O. Box 5099 Gainesville, FL 32627	Alachua, Bradford, Union	Primary Secondary	1,4,5,6,7,8 3	CD, CS, SS	PR, SC, PE, NU	EB	Grant Funding	YES
Peaceful Paths Domestic Abuse Network, Inc.	Martina Young	P.O. Box 5099 Gainesville, FL 32627	Alachua, Bradford, Union	Both	1,2,3,4,5,6,7,8	CD,CS, CH, SS	PR, PE, CH	EB	Various	NO
Peaceful Paths	Dr. Theresa Harrison 352-377-5690	P.O. Box 5099 Gainesville, FL 32627	Alachua, Bradford, Union	Both	1,5,6,7,8	CD, CS, SS, WF	PR, SC, PE, CH, NU	EB	DVTF, CAPP, and VOCA	YES
Peaceful Paths	Patricia Curington 352-281-9004	1312 NE 20 th Avenue Gainesville, FL 32609	Alachua	Both Primary Secondary	7 1,3,4,5,6,8 2	CD, CS, CH, SS	CH	EB SDL	Various	YES
RHA	Astrid Boswell	1688 Baya Avenue Lake City, FL 32025	Baker, Bradford, Columbia, Dixie,	Secondary	1,2,5,6,7	SS	PR, SC, PE, CH, NU	U/A	U/A	U/A

AGENCY	CONTACT TELEPHONE	ADDRESS	COUNTIES SERVED	TYPE OF PROGRAM Primary, Secondary, Or Both	TARGET AUDIENCE: Parents = 1 Fathers = 2 Relatives = 3 PG Women = 4 Pre-K = 5 Elementary = 6 MS/HS = 7 Professional = 8	STRATEGIES 1-6 Adult Ed = AE Comm. Dev = CD Comm. Sup = CS Concrete Help = CH Support Svcs = SS Workforce = WF	PROTECTIVE FACTORS 1-5 Parent.Resilience = PR Social Contact = SC Par. Education = PE Concrete Help = CH Nurturing/Attach = NU	Evidence Based = EB Service Developed Locally = SDL	Source of Funds	Cost Effect- iveness Data Provided To Funders?
	352-316-0901		Gilchrist, Hamilton, Lafayette, Levy, Suwannee, Union							
Three Rivers Legal Services, Inc.	Patricia Antonucci 352-372-0519	901 NW 8 th Avenue Suite D-5 Gainesville, FL 32601	Alachua, Bradford, Gilchrist, Levy, Union	Both	3	CD, CS, SS	CH	U/A	U/A	YES
United Way of North Central Florida	Jennifer Tragash 352-333-0847	6031 NW 1 st Place Gainesville, FL 32607- 2025	Alachua, Bradford, Dixie, Gilchrist, Levy, Union	Primary	1,4,5,6,7,8	AE, CD, CS, CH, SS, WF	PR, SC, PE, CH, NU	EB	Grants, Individual and corporate donors	YES
Union County Health Department	Cynthia Kent 386-496-3211	495 East Main Street Lake Butler, FL 32054	U/A	U/A	U/A	U/A	U/A	U/A	U/A	U/A
Waccasassa Fire Department Food Pantry	Rick Weder 352-463-2710	P.O. Box 1093 Trenton, FL 32693	U/A	U/A	U/A	U/A	U/A	U/A	U/A	U/A

**** U/A = Unanswered question