

***Florida
Prevention of Child Abuse,
Abandonment and Neglect
Plan:
July 2010 - June 2015***

***Section 3 of the
Florida Child Abuse
Prevention and Permanency
Plan:
July 2010 - June 2015***

Updated 29 July 2010.

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



Florida Prevention of Child Abuse, Abandonment, and Neglect Plan: July 2010 – June 2015

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Part 1 – Introduction

In accordance with state law (§39.001, Florida Statutes), this five-year *Florida Prevention of Child Abuse, Abandonment, and Neglect Plan: July 2010 – June 2015* provides for the prevention of child maltreatment before it ever occurs. The vision, mission, overarching goal and desired results of the plan are:

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.

Overarching Goal

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

Desired Result of Plan Implementation

Child Maltreatment Prevention – By 30 June 2015, the verified findings of child abuse rate will be reduced from the State Fiscal Year 2008-2009 statewide rate of 10.94 per 1,000 children.

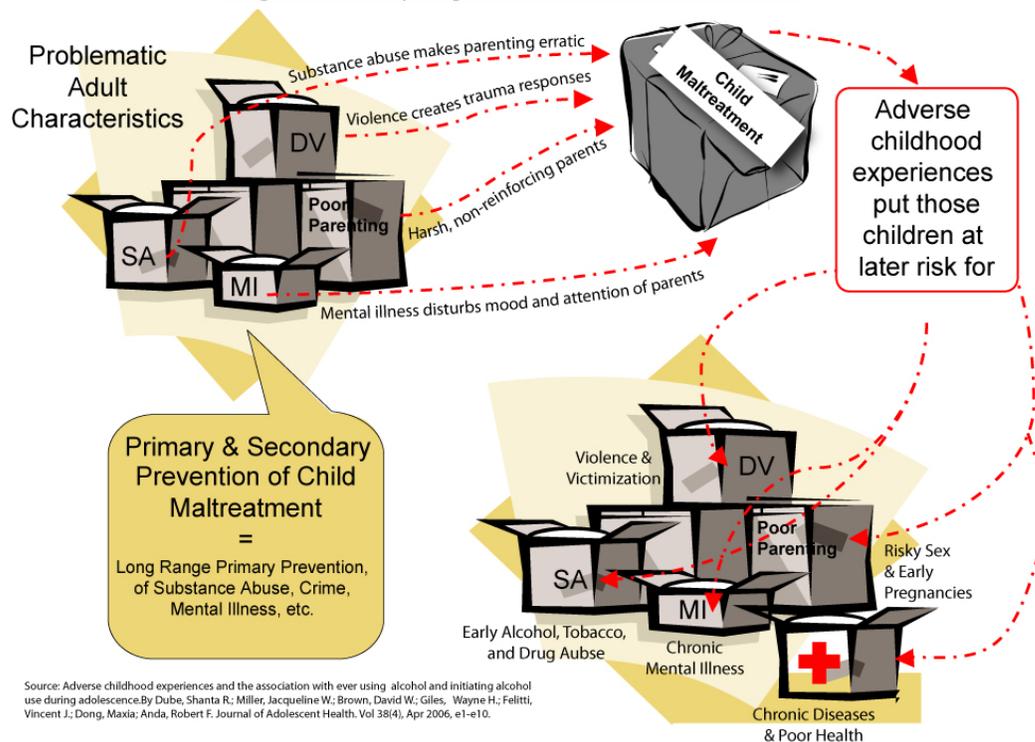
The *Florida Prevention of Child Abuse, Abandonment, and Neglect Plan: July 2010 – June 2015* was developed by the Governor’s Office of Adoption and Child Protection with the assistance of the Governor’s Child Abuse Prevention and Permanency Advisory Council, its membership agency and organization staff members and fifteen workgroups with statewide representation. *Part 2* of this plan provides a status report on child maltreatment in Florida. *Part 3* discusses the two continua of programs and services for preventing child maltreatment before it occurs. *Part 4* discusses the areas of focus for the plan in light of the continuum of programs and services necessary for a comprehensive approach to the prevention of child maltreatment. *Part 5* provides action plans for six strategies and twenty-three objectives. *Part 6* provides a glimpse of the work and plans of the 20 circuits for the next five years to prevent child maltreatment. The full text of the circuit plans is provided in Appendix I (four volumes, under separate cover).

The Basic Tenants of Our Planning and the Prevention Plan

Recent research has identified the physical and mental conditions increasingly being associated with adverse childhood experiences, such as physical abuse, sexual abuse, and neglect. Neurologic imaging and traumatology studies have delineated the chronic physiologic and structural changes that occur after chronic stress and abuse (De Bellis, 2005; Eluvathingal et al., 2006). Chronic stress and abuse are also associated with specific disease processes and poor mental health outcomes in adults. These adverse childhood experiences (ACES) have been associated with increased rates of teen pregnancy, promiscuity, depression, hallucinations, substance abuse, liver disease, chronic obstructive pulmonary disease, coronary artery disease, and identifiable permanent changes in brain structure and stress hormone function (Anda et al., 2002; Dube et al., 2003; Felitti et al., 1998; Middlebrooks et al., 2008). The National Research Council (1993) and others studied clinical conditions associated with abuse and neglect, including depression, posttraumatic stress disorder, and conduct disorders, all of which compound any direct physical injuries inflicted on individual children. Associated trauma and increased risk of low academic achievement, drug use, teen pregnancy, juvenile delinquency, and adult criminology were also noted. Although treatment after the fact can improve mental and physical health and prolong life and productivity, the direct and indirect costs of child maltreatment for both children and adults in lost health, pain, and suffering themselves warrant taking action to prevent it.

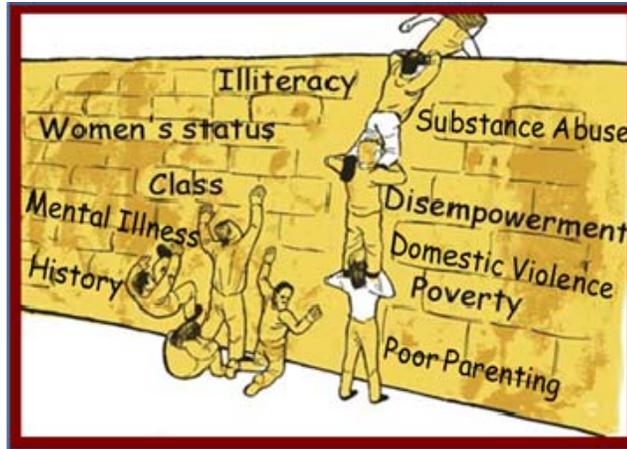
We are confronted with the problems of child maltreatment. The Centers for Disease Control has declared child maltreatment to be the largest public health threat that we face today. Problematic adult characteristics may result in child maltreatment and these adverse experiences put those children at risk for poor child well-being which in turn predisposes them to engage in the very problematic adult characteristics that will put their own children at risk. The underlying causes are complex. They include such things as poor health, social isolation, poor academic performance, mental health issues, abuse or neglect history, substance abuse, domestic violence, poverty, homelessness, poor parenting, etc. All levels of government and communities invest millions in response to these problems which, being complex and slow to eradicate will be with our communities, families and children for some time to come.

Diagram 1. Early Experiences Put Children at Risk



The means for building family resilience was developed through research and application efforts of the Center for the Study of Social Policy. The Center developed a research effort based upon the *Positive Deviance Premise* that in every community there are certain individuals whose uncommon practices and behaviors enable them to find better solutions to problems than their neighbors who have access to the same resources. As discussed in the peer reviewed *British Medical Journal* (Marsh et al., 2004), although most problems like these have complex, interlinked underlying causes, the presence of Positive Deviants demonstrates that it is possible to find successful solutions today before all the underlying causes are addressed.

Diagram 2. Positive Deviance



Research conducted by the Center for the Study of Social Policy found that there are *Five Protective Factors* that make a difference for families. When families experience the stressors that are highly correlated with child maltreatment, some families maltreat their children and others do not. The Center found that in the homes that do not maltreat their children, although they are experiencing the same stressors, the difference in these homes is the presence of *Five Protective Factors*. These *Five Protective Factors* reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and help families build protective factors with timely and effective help.

Strengthening Families – the intentional incorporation of the *Five Protective Factors* to prevent child maltreatment – has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states. This strategy for dealing with child abuse and neglect shows great promise because:

- The *Five Protective Factors* have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the *Protective Factors* can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.

The *Five Protective Factors* are:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Definitions

For the purpose of this plan, **child maltreatment** comprises the areas of abuse, abandonment and neglect. Definitions from §39.01 Florida Statutes are:

Abuse is any willful act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child. §39.01(2) Florida Statutes.

Abandonment is a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver responsible for the child's welfare, while being able, makes no provision for the child's support and makes no effort to communicate with the child, which situation is sufficient to evince a willful rejection of parental obligation. If the efforts of such parent or legal custodian, or caregiver primarily responsible for the child's welfare, to support and communicate with the child are, in the opinion of the court, only marginal efforts that do not evince a settled purpose to assume all parental duties, the court may declare the child to be abandoned. The term "abandoned" does not include:

- an abandoned newborn infant as described in §383.50 Florida Statutes,
- a "child in need of services" as defined in chapter 984 Florida Statutes, or
- a "family in need of services" as defined in chapter 984 Florida Statutes.

The incarceration of a parent, legal custodian, or caregiver responsible for a child's welfare may support a finding of abandonment. §39.01(1) Florida Statutes.

Neglect occurs when a child is deprived of, or is allowed to be deprived of necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or an environment that causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child shall not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering the following services to be provided, when the health of the child so requires:

- Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified health care provider; or
- Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

The focus of this prevention of child maltreatment plan is on primary and secondary prevention and universal and selected strategies. These are defined as:

Primary prevention using universal strategies

- Primary prevention is geared to the general public to prevent child abuse, abandonment and neglect from occurring.
- Universal strategies are activities accessible to anyone in the general population with the goal of preventing child abuse and neglect from ever occurring in the first place. Universal strategies are available to everyone, rather than targeting populations based on risk factors or specific characteristics. Examples include:
 - Broad-based public awareness campaigns on positive parenting and discipline.
 - Developmental screenings for children in primary health care settings.
 - Post-partum home visits for all parents of newborns.

Secondary prevention using selected strategies

- Secondary prevention is geared to communities and/or families who are vulnerable and at risk of child abuse, abandonment and neglect.
- Selected strategies are those activities or services that are targeted to a group with specific risk factors with the goal of preventing child abuse and neglect from ever occurring in the first place within that target group. Risk factors correlated with child maltreatment include parent age, poverty, substance abuse, domestic violence, or maternal depression. Examples include:
 - Intensive home visitation programs for first time low-income mothers who meet a particular threshold on a screening instrument.
 - Parent training for adolescent mothers.
 - Respite care for parents of children with special needs.
 - Parent support groups for single parents.

Over the five years covered by this plan, the prevalence rates for these risk factors that are correlates of child maltreatment can be anticipated to increase. Already, Florida hotlines, helplines and assistance call centers have seen an exponential increase in requests for help. Now, more than ever, Florida should take a concerted look at strategies that will help families become resilient when faced with multiple stressors due to economic and other challenges that are predicted.

This plan seeks to build the capacity for Floridians to **prevent child maltreatment before it ever occurs**. To do this, Florida’s five-year child maltreatment prevention strategies will focus on building resilience in Florida families. This will be accomplished through six areas of focus over the five-year period – July 2010 through June 2015:

- Prevention Strategy 1.** Infuse the *Five Protective Factors* into Florida Systems that Serve Parents and Children.
- Prevention Strategy 2.** Strengthen Florida’s Family Support Systems to Better Serve the Needs of Florida Families.
- Prevention Strategy 3.** Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live in Stable Environments that Promote Well-being.
- Prevention Strategy 4.** Inform and Instruct Education Communities (*The Florida Cooperative Education Child Abuse Prevention Plan*).
- Prevention Strategy 5.** Inform and Instruct Law Enforcement Communities (*The Florida Cooperative Law Enforcement Child Abuse Prevention Plan*).
- Prevention Strategy 6.** Monitor and Evaluate Plan Implementation.

Plan Strategies and Objectives for the Prevention of Child Maltreatment

Prevention Strategy 1: Infuse the *Five Protective Factors* into Florida Systems that Serve Parents and Children. By 30 June 2015, Florida-based programs, supports and services will have intentionally incorporated the *Five Protective Factors* as a foundation for their work.

- 1.1 Early Education and Care.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within its early education and care systems.
[Lead: Agency for Workforce Innovation]
- 1.2 Home Visiting Programs.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within Florida's home-visiting programs.
[Lead: Healthy Families Florida]
- 1.3 Head Start Programs.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within Florida's Head Start programs.
[Leads: Florida Head Start Collaboration Office, Florida Head Start Association]
- 1.4 Medicaid Child Health Check-up Program.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* within Florida's Medicaid Child Health Check-Up Program as appropriate.
[Lead: Agency for Health Care Administration]
- 1.5 Technical Assistance to Circuits.** By 30 June 2015, the State of Florida will have provided assistance to circuits seeking to incorporate the *Five Protective Factors* within local prevention services and systems.
[Lead: Department of Children and Families]
- 1.6 Faith-Based and Community-Based Efforts.** By 30 June 2015, the State of Florida will have provided information and resources to promote and build efforts by faith-based and community-based systems to provide family and community supports that would build the *Five Protective Factors*.
[Lead: Executive Office of the Governor]

Prevention Strategy 2: Strengthen Florida Systems to Better Serve the Needs of Florida Families. By 30 June 2015, the State of Florida will have supported and built the capacity of Florida-based parenting and support programs and services to incorporate the *Protective Factors* as a foundation for their work and provide sustainable, accessible quality services for Florida families.

- 2.1 Whole Child.** By 30 June 2015, the State of Florida will have provided the vision, tools, encouragement, and expertise to support new and existing Whole Child Communities.
[Lead: Lawton Chiles Foundation]
- 2.2 Healthy Families Florida.** By 30 June 2015, the State of Florida will have increased funding for Healthy Families Florida at levels necessary to sustain the quality of services, restore and expand funding to ensure the availability of services in all counties, and enhance the program's capacity to better serve families at high risk of child maltreatment due to domestic violence, substance abuse and mental health issues.
[Leads: Department of Children and Families and Healthy Families Florida]
- 2.3 Healthy Start.** By 30 June 2015, the State of Florida will have funded Healthy Start at a level necessary to sustain the quality of services, expand the availability of services and increase the program's capacity to better serve families at risk of experiencing poor child health outcomes.
[Leads: Department of Health and Florida Association of Healthy Start Coalitions]
- 2.4 Education Services for Parents/Caregivers of Newborns.** By 30 June 2015, the State of Florida will have developed and implemented a plan for providing education services for all parents/caregivers of newborns that provides both support and information to promote the *Five Protective Factors* and healthy parent/caregiver-child interactions, and maximizes their children's health and developmental potential.
[Leads: Department of Health and Florida Association of Healthy Start Coalitions]

Prevention Strategy 3: Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live in Stable Environments that Promote Well-being. By 30 June 2015, the State of Florida will have implemented statewide, public awareness and education campaigns that provided information to the general population on child development, positive parenting practices, community action that promotes and supports each of the *Five Protective Factors*, and ways to prevent child deaths.

- 3.1 Public Awareness and Education.** By 30 June 2015, the State of Florida will have implemented statewide, year-round public awareness campaigns with an emphasis in April by providing information to the general population on child development, positive parenting practices, child safety and community action that promotes and supports each of the *Five Protective Factors* for Florida's families.
[Lead: Prevent Child Abuse Florida]
- 3.2 Evidence-Based Parenting Programs.** By 30 June 2015, the State of Florida will have provided information and resources to promote and build evidence-based parenting programs that support the *Five Protective Factors* as enhancement within circuit planning team local prevention services and systems.
[Lead: Department of Children and Families]
- 3.3 Child Death Review.** By 30 June 2015, the State of Florida will have implemented selected prevention efforts based upon the findings of an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.
[Leads: Child Abuse Death Review Team and the Department of Children and Families]

Prevention Strategy 4: Inform and Instruct the Education Communities. (*Education Cooperative Plan*) By 30 June 2015, the State of Florida will have collaboratively worked through Florida's educational communities to prevent and respond appropriately to child abuse, abandonment and neglect.

- 4.1 Professional Development Opportunities for School Personnel.** By 30 June 2015, the State of Florida will have provided professional development opportunities to school personnel for child abuse prevention and intervention.
[Leads: Department of Education and Cooperative Education Planning Team]
- 4.2 Resources for Parents of School Children.** By 30 June 2015, the State of Florida will have provided materials and resources for parents of school children related to child abuse prevention and intervention.
[Leads: Department of Education and Cooperative Education Planning Team]
- 4.3 Resource Awareness.** By 30 June 2015, the State of Florida will have increased the awareness of the availability of child abuse prevention and intervention resources among school personnel, parents and students.
[Leads: Department of Education and Cooperative Education Planning Team]
- 4.4 Multidisciplinary Curricula.** By 30 June 2015, the State of Florida will have made available multidisciplinary curricula as viable options for use by Florida's educational communities.
[Leads: Cooperative Education Planning Team and Monique Burr Foundation]

Prevention Strategy 5: Inform and Instruct the Law Enforcement Communities. (*Law Enforcement Cooperative Plan*) By 30 June 2015, the *Cross Agency Memorandum of Understanding on Training* with the embedded core learning objectives will be viable and working to promote cross agency prevention training in the law enforcement community.

5.1 Law Enforcement Memorandum of Understanding Review Design. By 30 June 2011, the State of Florida will have developed a process for the ongoing review of the implementation of the *Cross Agency Memorandum of Understanding on Training*.

[Leads: Governor's Office of Adoption and Child Protection and the Cooperative Law Enforcement Planning Team]

5.2 Law Enforcement Annual Reviews and Updates. By 29 June 2012, and annually thereafter, the State of Florida will have revised the *Cross Agency Memorandum of Understanding on Training* and agency-specific training as appropriate based upon systematic reviews.

[Lead: Cooperative Law Enforcement Planning Team]

5.3 Law Enforcement Future Plans. By 30 June 2015, the State of Florida will have developed plans for continuation and expansion of the *Cross Agency Memorandum of Understanding on Training* to be included in the 2015-2020 state prevention and permanency plan.

[Lead: Cooperative Law Enforcement Planning Team]

Prevention Strategy 6: Monitor and Evaluate Plan Implementation. By 30 June 2015, leadership of plan implementation will have monitored and annually assessed the progress and effectiveness of the plan-based initiatives.

6.1 Instrumentation and Procedures Design. By 30 March 2011, the State of Florida will have created procedures and instrumentation for use by the plan workgroups for monitoring and annually reviewing progress.

[Lead: Executive Office of the Governor]

6.2 Progress Monitoring. By 30 June 2015, the State of Florida will have implemented an ongoing monitoring of plan implementation progress and used the findings to refine the action plans for future implementation.

[Lead: Executive Office of the Governor]

6.3 Annual Review and Assessment. By 30 June 2015, the State of Florida will have implemented annual progress reviews and used the findings to refine the strategies and objectives for future implementation.

[Lead: Executive Office of the Governor]

Model of Orientation for Prevention

In an effort to improve community health and achieve health equity, professionals around the country have adopted a new orientation that is guiding the search to find innovative and effective prevention strategies and opportunities. A “syndemic orientation” recognizes the linkages and interactions among diseases, and the implications are altering public health science and action. It is directly useful in the area of child maltreatment.

What is a syndemic? According to the Centers for Disease Control and Prevention (CDC), a “syndemic” is two or more afflictions, interacting with each other in ways that contribute to excess burden of disease in a population. The syndemic orientation focuses on:

- Intervening on forces that cause multiple health-related problems to cluster together.
- Repairing fragmentation of the infrastructure needed to protect the public’s health.
- Expanding research and action agendas by linking health and social justice.
- Introducing new methods of analysis and synthesis.
- Establishing a science base for a “community health bill of rights”.

The conceptualization of a syndemic provides a perspective that expands the boundaries of science and action. It unites the science of epidemiology with community action agendas and provides a framework to guide large-scale, complex initiatives for improving community health. A syndemic orientation is distinguishable from other orientations by its explicit emphasis on examining connections between health-related problems. It elevates public health inquiry from concern regarding isolated health problems to the conditions that create and sustain overall community health (Milstein, 2002). The CDC has declared that child maltreatment is a public health problem.

Preventing child maltreatment requires contributions of many partners. These emerging partnerships between child welfare and public health offer exciting opportunities for improving child and family outcomes. The CDC is actively engaged as a partner in the prevention of child maltreatment and has adopted four key principles to prevent violence:

- An emphasis on primary prevention.
- A commitment to advancing the science of prevention.
- A focus on translating scientific advances into practical application through effective programs and policies.
- A commitment to building on the efforts of others by addressing gaps or needs.

The mission of the CDC is to promote health and quality of life by preventing and controlling disease, injury and disability. Child maltreatment can result in direct physical, behavioral, social and emotional harm and disability, and is a risk factor for a range of other health risk factors that contribute to acute and chronic health problems. For example, research has shown that individuals who experienced multiple forms of child maltreatment early in life are more likely to engage in health risk behaviors such as smoking and heavy alcohol use. These health risk behaviors have been linked to poor health outcomes such as respiratory illness, liver damage, and cancer later in life (Leeb, Paulozzi, Melanson, Simon & Arias, 2008).

The syndemic orientation takes a public health focus and provides new opportunities for understanding and preventing the conditions that perpetuate child maltreatment and health disparities, and mobilizes alliances among a wide range of partners. Efforts are underway to position public health as shared responsibilities and to enhance collaborations between public health sectors and other sectors of society. Engaging community leaders and social justice entities is another focus within the syndemic orientation.

The methods for planning and evaluating syndemic prevention initiatives include long-established techniques as well as new innovative options. By moving the focal mission of public health beyond epidemic control to improvement of community health, the syndemic orientation provides a systematic framework for:

- Differentiating between attribution and contribution.
- Expanding outcome measures to include summary measures of population health.
- Defining conditions of health.
- Charting progress using navigational statistics.
- Documenting changes in community conditions and systems.
- Recognizing the difference between communities and other objects of inquiry.
- Distinguishing between principles of research and program evaluation (Milstein, 2002).

A Syndemic Orientation View of the Current Status of Florida Families

Many children and families in Florida are thriving. The state has much to offer – beautiful counties and cities, strong employment sectors, innovative local governments, public and private partnerships, and multiple opportunities for learning and playing. Family and friends are available to provide a safety net during times of stress and crisis, and needed services and resources are within the reach and means of the family.

For many other children and families, this is not the Florida they know. They are likely to struggle with a mix of circumstances that negatively impact their well-being. Extended family and friends may not be close by. They may not have the resources to locate, access, and/or purchase needed services. These families need “community” in order to heal and function in ways that can support child and family well-being.

Children that are at risk for maltreatment are typically in environments fraught with stress from numerous conditions. Poverty, special health care needs, mental illness, homelessness, substance abuse, domestic violence and social isolation occur in combinations that undermine family well-being. Attending to one of these conditions in isolation is unlikely to help children and sustain families in the long-term.

According to the Every Child Matters Education Fund (2010) the following statistics were provided for Florida.

- There are 4,057,773 children under 18 in Florida.
- There were 735,000 children living in poverty in 2008.
- In 2008, there were 1,060,322 children living with a single mother.
- The number of children not covered by health insurance at any time during 2008 was 676,000 (16.7% of children).
- There were 290,000 additional children covered by expansion of the state children’s health insurance program.
- In 2007, the number of 3-4 year olds not enrolled in a nursery school, pre-school, or pre-kindergarten education program was 223,337 (49.1% of the 3 & 4 year olds in Florida).
- In 2009, 30 percent of 4th graders scored below basic reading levels.
- In 2008-2009, there were 902,020 home foreclosures.

Based on a set of 10 key indicators of child and family well-being, Florida is ranked 36 (with one being best) among all states in the nation according to Kids Count, an initiative of the Annie E. Casey Foundation (2009; data from 2006 and 2007). This rank is lower than the 2008 rank of 32. Another recent indicator project (Every Child Matters Education Fund, 2008) ranked states according to ten key indices. Florida was ranked in the bottom ten in several areas including:

- 48th among states in terms of the percentage of children that are uninsured (children in the bottom 10 states are 2.8 times as likely to be uninsured as children in the top 10 states).
- 48th in juvenile incarceration (juveniles in the bottom 10 states are twice as likely to be incarcerated as children in the top 10 states).
- 41st in child abuse fatalities (children in the bottom 10 states are 6.7 times more likely to die from abuse and neglect as children in the top 10 states).
- 39th overall based on 10 child well-being indicators.

According to the authors, poverty is generally more prevalent in the bottom ten states and the vast differences among states in child well-being are more likely to be related to a combination of reasons. There are higher proportions of minority children in those states, and minorities are more likely to live in poverty. Two other closely correlated indicators are lower levels of educational attainment and government revenues. Federal policies and investments also impact these states. Weak federal policies and declining federal investments for social programs have placed additional burdens on states.

Using a syndemic orientation, prevention planning requires analyses of those systems that interact to increase the prevalence of child maltreatment. These include poverty, mental illness, special health care needs, substance abuse and domestic violence.

Poverty

Poverty is one of the primary risk factors for a host of social ills, including child maltreatment. Seventeen percent of Florida's children live in poverty (Kids Count, 2008). African-American, Latino and American Indian children are disproportionately poor, yet white children comprise the largest group of poor children. Poverty is frequently associated with food insecurity, lack of affordable housing and lack of health insurance; although these are hardships for many families that are not officially recognized as living in poverty (National Center for Children in Poverty, 2007). "In the past year, the percentage of children in poverty increased from 14.6 percent to 17.9 percent of persons under the age 18" (United Health Foundation, 2008).

Homelessness is strongly correlated with poverty. During 2007 in Florida, there were an estimated 60,168 homeless individuals on any given day, with children under the age of 18 making up 21 percent of the homeless population. Although this is a decrease from the estimate during 2006 of 85,907 homeless individuals, the change is likely to reflect recovery and rebuilding efforts in those areas affected by hurricanes during 2004 along with changes in reporting and counting homeless rather than a significant decrease in homelessness. Forty percent of respondents were homeless for the first time, 39 percent had experienced homelessness for one year or longer, and 68 percent had been living in their county for over one year. The primary causes of homelessness were identified as poverty and lack of low cost housing (Department of Children and Families, 2007).

According to Amy Baker, the Legislature's chief economic forecaster, although Florida led the nation in job creation in 2000, in December 2008, the state's unemployment rate was a point higher than the national average with a possibility that it could rise to 8 percent by the summer of 2009. "Floridians

likely won't see a turnaround until April 2010 in the longest running recession since the Great Depression." The economic challenges faced by Florida families have resulted in the addition of more than 500,000 Floridians on the food-stamp rolls during April 2007 through November 2008, an increase of 45 percent. In November 2008, the Department of Children and Families reported a total of 1.7 million food stamp recipients in Florida. The effects of the 2010 oil spill in the Gulf of Mexico is anticipated to compound the economic challenges Floridians are facing.

Although there have been numerous programs developed nationally and in the state to combat poverty, the syndemic orientation suggests that approaching poverty from a financial perspective alone is unlikely to produce long-term positive outcomes for children and families. Because so many other conditions are associated with poverty, holistic service planning and delivery are required.

Mental Illness and Special Health Care Needs

Low self-esteem and high levels of stress are associated with an increased incidence of child neglect as are low levels of social support (Loman, 2005; University of Kansas, 2004). Low levels of social support are associated with increased risk. Parents with more support from extended family members are less likely to have children enter care. Parents who have unresolved parent-child conflicts, ambivalence regarding their parental roles, and those with mild mental disabilities are at greater risk of child maltreatment (Shoemaker, 1996; Tomison, 1995). Depression is associated with child abuse, abandonment and neglect, and in particular, with chronic child neglect (Fromm, 2001; Loman, 2005; University of Kansas, 2004).

Mental illness and special health care needs of either a child or parent place the family under tremendous stress, and prevalence rates are significant. A study of Early Head Start parents found a stunning 48 percent had depressive symptoms (Knitzer & Lefkowitz, 2006). Numerous mental health issues impact the prevalence of child maltreatment. Mental health issues also breed a vicious cycle in the child welfare system. As many as 80 percent of 21-year-olds who have been abused meet the diagnostic criteria for at least one psychiatric disorder. Child maltreatment increases the likelihood of arrest as a juvenile by 59 percent, adult criminal behavior by 28 percent, and violent crime by 30 percent. Two-thirds of people in drug treatment programs report being abused as a child, and an estimated 80 percent of foster care youth have emotional disorders or substance abuse problems, with 30 percent having several behavioral, emotional or development problems (Hamilton & Fontaine, 2008).

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The 2008 national report, *America's Health Rankings*, concludes that the health of Americans has failed to improve for the fourth year in a row – and that Florida ranks 45th among the states in health of its residents. Florida's ranking has dropped since 2007 when the 19th annual *America's Health Rankings 2007 report*, by the United Health Foundation and the American Public Health Association ranked Florida 41st in the nation. The report said Florida's challenges included high incidences of infectious diseases, high percentages of uninsured residents and a high violent crime rate. On the positive side, the report noted that the prevalence of smoking decreased by 8 percent in the last year. Florida's strengths also included relatively low rates of obesity and cancer deaths as well as a high rate of immunization coverage (United Health Foundation, 2008).

A two-year effort by the Florida Initiative for Children’s Healthcare Quality and the Child and Adolescent Health Measurement Initiative resulted in *Child Health and Healthcare Quality in Florida*, a comprehensive report on the quality of healthcare received by children and youth in Florida in the context of their health care needs and overall health status. Findings of this initiative included:

- Nearly two-thirds of children and youth in the state enjoy excellent health using broad measures. Over nine in ten have health insurance, and the quality of health care services they experience are comparable to the nation, with some notable exceptions.
- While 6 in 10 children (61%) reportedly have a personal doctor or nurse and were most often able to get needed medical advice by telephone or urgent care after hours, only 4 in 10 children (40%) received care that met the American Academy of Pediatrics model of a medical home and high quality health care, and this varied by age.
- While most children and youth in Florida receive at least some preventive health care, far fewer have preventive dental care; and this proportion varies dramatically by family income and a child’s type of insurance.
- Disparities by race, ethnicity and place of residence exist in the level of uninsured among Florida children; Hispanic children and children living in Charlotte, Collier and Lee counties are the most likely to be uninsured.
- Slightly more than half (51.8%) of all hospitalized children in Florida had their stays charged to Medicaid, accounting for almost \$1.3 billion in hospital charges in 2003.
- There were over 20,000 potentially avoidable hospitalizations of children and youth, pointing to possible problems in accessing high quality primary health care.
- Nearly one in three (32.5% or over 550,000) children and youth ages 10 to 17 years living in Florida are overweight or are at risk of becoming overweight.
- Among Florida’s high school students, 30.1 percent report having symptoms of depression daily for two or more weeks.
- An estimated 13.4 percent to 18.1 percent of children in Florida ages 0 to 17 years, have special health care needs (about 551,263 to 709,059 children). These children are more often male, low-income and publicly insured.
- Despite their increased needs for high quality health care, more than half of children and youth with special health care needs (58.1%) do not have care that meets the medical home standards established by the American Academy of Pediatrics.
- Having a child with a special health care need greatly affects a family’s functioning. Depending on income, between 20 percent and 40 percent of children and youth with a special health care need have family members who cut back or stopped working due to the health needs of their child (Florida Initiative for Children’s Healthcare Quality & The Child and Adolescent Health Measurement Initiative, 2008).

Addressing and alleviating specific health and mental health problems are important endeavors from an individual and community perspective. “The pursuit of health requires personal, community, governmental and institutional commitment to create an environment in which the whole person can thrive” (United Health Foundation, 2008). Addressing health issues from a syndemic orientation is most likely to produce long-term positive changes for children and their families. The syndemic orientation suggests that the interconnections between health, mental health, and other family conditions should be examined and addressed.

Substance Abuse

Substance abuse significantly impacts parenting skills. Most studies find that parental substance abuse is a contributing factor for between one-third and three-fourths of children in the child welfare system. Eighty-five percent of states reported that substance abuse and poverty are the top two issues contributing to child abuse and neglect. Nine percent of children in this country live with at least one parent who abuses alcohol or other drugs, with alcohol abuse being most prevalent. Children with substance-abusing parents are four times more likely to be neglected.

As a group, parents with substance abuse problems have somewhat less education, are somewhat less likely to be employed full time, are much less likely to be married and much more likely to participate in welfare programs. African American women have higher rates of illicit drug use, but white women comprise the largest group of female illicit drug abusers. Substance abuse rates are highest among Native Americans. The Indian Child Welfare Association estimates that 90 percent of Indian child welfare neglect cases involve families with substance abuse problems (Hamilton & Fontaine, 2008; Lind, 2004; National Clearinghouse on Child Abuse and Neglect Information, 2003; U. S. Department of Health and Human Services, 1999).

In general, substance abuse is more likely to be an issue in reports regarding younger children, particularly infants, than older children, and is a factor in child neglect more often than child abuse. Families with substance abuse problems are more likely to be from a neighborhood with safety problems, to be on welfare, and their children are more likely to be in foster care and have been there an average of six months or longer. Once identified, children from substance abuse families reenter the foster care system more often than children in other maltreating families (30% versus 17%) and are less likely to have left foster care within a year (55% versus 70%) (Hamilton & Fontaine, 2008; U.S. Department of Health and Human Services, 1999).

Domestic Violence

Domestic violence has profound effects on families. According to the *Domestic Violence Annual Report 2008-2009*, fiscal year 2008-2009 had a total of 115,976 total domestic violence crimes compared to 113,123 for fiscal year 2007-2008. For the same reporting periods, overall crime was up by a staggering 2,853 crimes. Additionally, experts know that, unlike many general crimes, and even though there has been an increase in victims reporting domestic violence crime, domestic violence is still substantially underreported, supporting anecdotal research suggesting only one-third or less of domestic crime is ever reported. A general sense of concern is shared by all that for the same reporting period in 2008, domestic violence crime in 2009 increased by astonishing numbers for the following domestic violence related crimes:

- Domestic violence homicides up 8.9 percent.
- Domestic violence manslaughter homicide increased from six murders in 2008 to 12 murders in 2009, up 100 percent.
- Aggravated stalking up 36 percent.
- Simple assault up 6.4 percent.
- Threat/Intimidation up 10.4 percent.

According to the Coalition Against Domestic Violence annual report for 2008-2009, in Florida:

- 14,667 individuals were served in emergency domestic violence shelters (6,727 children under 18, 7,896 women, and 44 men). This is about the same as two years earlier.
- 106,900 individuals received domestic violence telephone counseling (977 children, 99,048 women and 6,074 men). This is almost half the number served two years earlier.
- 53,520 individuals received face-to-face domestic violence counseling (9,955 children, 39,873 women and 3,692 men). This is a reduction of about 2,500 from two years earlier.
- 33,197 individuals received domestic violence case management services (7,906 children, 23,721 women and 1,570 men). Although this is about the same number served in 2006-2007, the number of children was reduced by 2,100 and the number of men served doubled.

Efforts to address domestic violence have yielded some success. Law and policy changes have been critical to reduced rates as evidenced in the chart below. For those that continue to be impacted by domestic violence, it is frequently correlated with child maltreatment. Research indicates that in 30 to 60 percent of the families where either domestic violence or child maltreatment occurs, it is likely that both forms of abuse exist. A national survey found that 50 percent of men who frequently assaulted their wives also frequently abused their children, and one study found that women who were victims of domestic violence were eight times more likely to hurt their children (Community Partnerships for Protecting Children, 1998). Alcohol and illicit drugs factor in and are a precursor to domestic violence with 25 to 50 percent of domestic violence incidents involving alcohol. Substance abuse typically increases the severity and frequency of violence (Bragg, 2003). During 2008-2009, 77,775 allegations of abuse of which, 18,686 (24.03%) were verified due to family violence.

Domestic violence negatively impacts parenting behaviors. Common behaviors among domestic violence perpetrators that have harmful effects on children include authoritarianism, lack of involvement, undermining the victim, self-centeredness, and manipulation. In some cases domestic violence victims can be supportive nurturing parents. However, in general, parents suffering from abuse exhibit higher levels of stress that negatively influence parenting skills. Preoccupation with avoiding physical attacks and coping with violence interferes with efforts to provide safety, support, and nurturance to children and leads to emotional and physical unavailability (Bragg, 2003).

Improved cultural competence and greater access and availability of housing, mental health, and health services were identified as the greatest areas of need for Florida families victimized by domestic violence (Vinton, Wilke, Griffith, Starks, Heffner, & Mack, 2007). The authors of the report recommended:

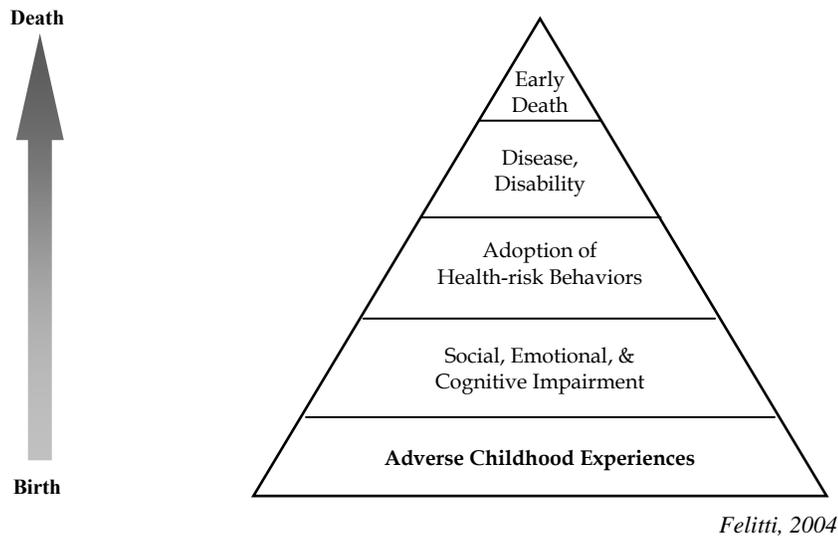
- Establish home finding services, including transition housing, specifically for domestic violence victims in every county.
- Recruit bilingual staff.
- Deliver broad cultural competency training (addressing sensitivity to the needs of populations such as same sex, disabled, and older victims) for all staff that work with domestic violence victims.
- Establish child support groups in schools and in domestic violence centers for children whose parents have experienced domestic violence.
- Provide case management services beyond residents' stay at domestic violence shelters.

The syndemic orientation would suggest an additional need to examine and address the interconnections between domestic violence and other child and family conditions.

Adverse Childhood Experiences

The diagram below represents the proposed pathways from adversity (i.e. adverse childhood experiences) to disease and death.

Diagram 3. Pathways from Adverse Childhood Experiences



A population-based analysis of over 17,000 middle-class American adults undergoing comprehensive, bio-psychosocial medical evaluations indicated that three common categories of addiction are strongly related in a proportionate manner to several specific categories of adverse experiences during childhood. This suggests that the basic cause of addiction may be predominately experience-dependent during childhood rather than substance-dependent. Adverse childhood experiences are surprisingly common among substance abusers. Addiction may be best viewed as an understandable, unconscious, compulsive use of psychoactive materials in response to stressful, harmful childhood experiences (Felitti, 2004).

Once again, the syndemic orientation reminds professionals that addressing substance abuse, mental illness, or domestic violence apart from each other and other frequently co-occurring family conditions is unlikely to produce the desired favorable outcomes. Additionally, it is important to note that the children served in the child welfare system, especially those placed for adoption are children who have adverse childhood experiences. This is of particular importance for the recruitment of adoptive families with strengths and education necessary to counter and support the ramifications of these experiences in their adoptees' lives. Additionally, the supports provided to these families during and following adoption need to have the competence to support and hopefully ameliorate the impact of adverse childhood experiences on the adoptees and their family system.

Child Maltreatment

All of these family conditions impact the incidence of child maltreatment. Part 2 of this plan provides more detailed information about child maltreatment in Florida. During State Fiscal Year 2008 – 2009, the Florida abuse reporting hotline received calls concerning 220,189 alleged victims of child maltreatment. This is a statewide reporting rate of 52.5 alleged victims per 1,000 children (birth - 17) in Florida. Of these, 110,795 (50.3%) were found to be substantiated with findings of verified child maltreatment or some indication of it. This results in a statewide victimization rate of 26.4 maltreated children per 1,000 children (birth – 17) in Florida.

Unfortunately, these numbers probably underestimate the extent of the misfortune for children as many cases of maltreatment are likely to go unreported (U.S. Department of Health and Human Services, 2008). Calculation of child victimization rates for maltreatment depends on how the definition of maltreatment is operationalized. Multiple sectors often use different definitions, thus limiting communication across disciplines and hampering efforts to identify, assess, track, treat, and prevent child abuse and neglect effectively. Lack of consistent information about the number of children affected by maltreatment limits the ability of the public health community to respond to the problem in several ways. It limits the ability to gauge the magnitude of child maltreatment in relation to other public health problems, to identify those groups at highest risk who might benefit from focused intervention or increased services and to monitor changes in the incidence and prevalence of child maltreatment over time (Leeb, Paulozzi, Melanson, Simon & Arias, 2008).

Research into the consequences of child maltreatment has identified various acute and severe negative consequences, including death, injury and traumatic brain injury. Long-term negative developmental outcomes are also common including academic problems, anxiety, conduct disorders, childhood aggression, delinquency, depression, increased risk for suicide, high-risk sexual behaviors, interpersonal problems, poor physical health, posttraumatic stress disorder, risky health behaviors, substance abuse and youth violence (Child Welfare Information Gateway, 2006; Leeb, Paulozzi, Melanson, Simon & Arias, 2008). Indeed, adverse childhood experiences determine the likelihood of the top ten risk factors most commonly associated with death in the United States: smoking, severe obesity, physical inactivity, depression, suicide attempt, alcoholism, illicit drug use, injected drug use, 50+ sexual partners and sexually transmitted diseases (Hamilton & Fontaine, 2008).

A national evaluation of the extent of developmental problems among maltreated children and their subsequent access to services found:

- Children ages birth to 36 months who have been maltreated are at substantial risk of experiencing subsequent developmental problems (55% have at least five risk factors associated with poorer developmental outcomes).
- Children's developmental status improves over time after contact with child welfare services (21% to 45% of children showed improvement and the percentage of children in the highest risk classification declined from 29% to 13%).
- Few infants and toddlers with substantiated cases of maltreatment are reported to have a diagnosed medical condition that would make them automatically eligible for Part C services.
- The proportion of children with a developmental concern does not differ markedly between those children with substantiated maltreatment and those children investigated but not found to have substantiated maltreatment.
- High levels of behavior problems are reported by caregivers for maltreated children between 24 and 36 months of age.

The authors of the study concluded that more attention should be given to ensuring that the parent training and family counseling provided through child welfare services includes interventions focused on enhancing child development and that Part C service providers receive training regarding the unique challenges associated with providing services to maltreated children and their families. In addition, increased training and collaboration between child welfare and Part C service providers regarding CAPTA (Child Abuse Prevention and Treatment Act) compliance with Part C services is recommended (Barth, Scarborough, Lloyd, Losby, Casanueva, and Mann, 2008).

The fiscal costs are also tremendous. For example, in Florida, foster care children account for 25 to 40 percent of Medicaid mental health spending (Hamilton & Fontaine, 2008). Considering the direct costs (those costs associated with immediate needs of children who are abused or neglected) and the indirect costs (costs associated with long-term and/or secondary effects of child abuse and neglect) conservative estimates are that nationally, approximately \$103.8 billion dollars are spent annually (in 2007 value) as a result of child maltreatment (Wang & Holton, 2007).

Table 1. Fiscal Costs of Child Maltreatment

<i>Direct costs</i>		<i>Indirect costs</i>	
Child welfare services system	\$25,361,329,051	Mental health and health care	\$76,863,457
Hospitalization	6,625,959,263	Special education	2,410,306,242
Mental health care system	1,080,706,049	Juvenile delinquency	7,174,814,134
Law enforcement	<u>33,307,770</u>	Adult criminal justice system	27,979,811,982
Total Direct	\$33,101,302,133	Lost productivity to society	<u>33,019,919,544</u>
		Total Indirect	\$70,652,715,359
Total Costs of Child Maltreatment		\$103,754,017,492	

This plan will operate within a much larger context in Florida. While the state is investing in those specialized services and supports that are essential to address the complex and interlinked underlying causes and correlates of child maltreatment (e.g., poverty, mental illness, special health care needs, substance abuse, domestic violence, etc.), the many partners in this plan have committed to embarking on actions to:

- Infuse the *Five Protective Factors* into as many family support systems and services areas as is practicable.
- Strengthen and support many of systems that are critical for providing concrete supports to families.
- Provide information and awareness for professionals, parents, caregivers and community members.

For the most part, the objectives within this plan are low cost or no cost, can be implemented immediately, and serve to strengthen families without the prerequisite of complexity and new infrastructure.

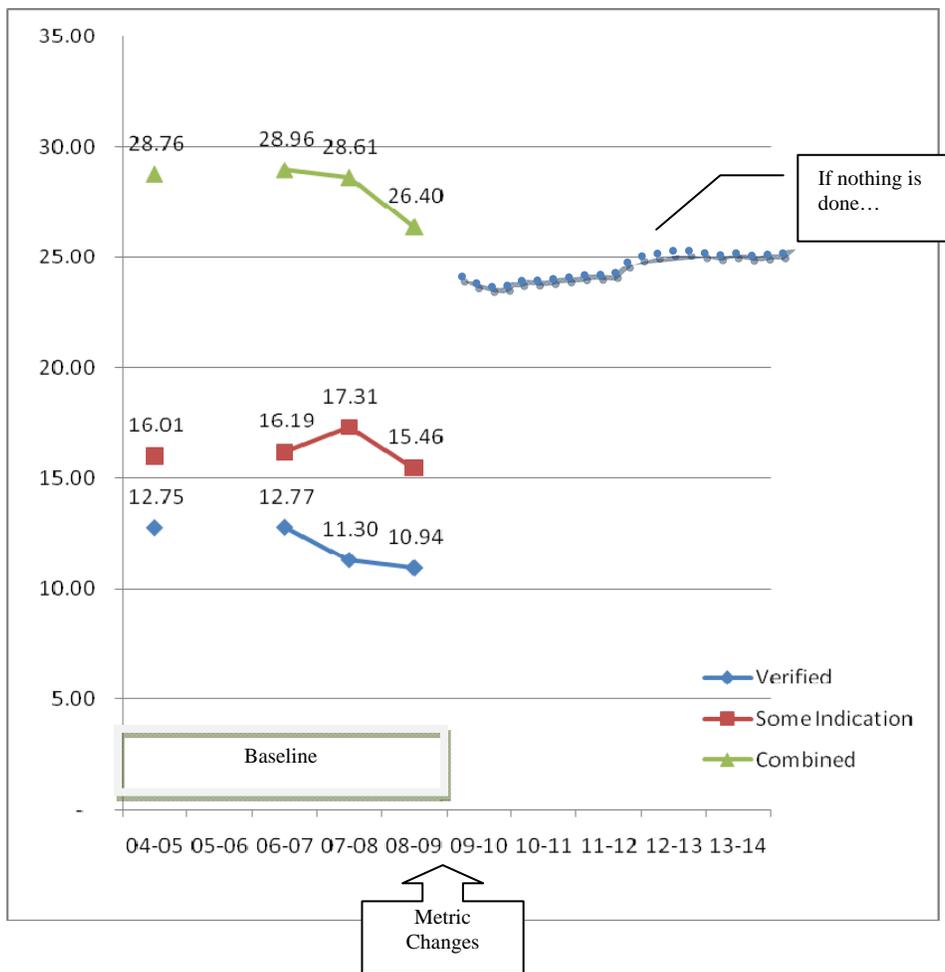
Part 2 – Status of Child Abuse, Abandonment and Neglect

Child maltreatment is an all inclusive term for child abuse, abandonment and neglect. Data and summaries were provided by the Department of Children and Families to the Executive Office of the Governor in December 2009 and April 2010 for Fiscal Year 2008 through 2009. These data and information have been aggregated in order to describe the status of child maltreatment in Florida.

Desired Result – Child Maltreatment Prevention

By 30 June 2015, the verified findings of child abuse rate will be reduced from the State Fiscal Year 2008-2009 statewide rate of 10.94 per 1,000 children.

Chart 1. Child Maltreatment Rates per 1,000 Children



The Story Behind the Baseline

Based upon a strategy developed by Mark Friedman (2005), a child abuse and neglect workgroup was convened by the Children and Youth Cabinet of Florida. The workgroup was included 13 members representing 10 organizations and departments across Florida. The workgroup developed a story behind the baseline data reviewed, identifying events or issues that would correlate with the changes in the numbers, either up or down. These included:

Things that may have contributed to the decrease the baseline:

- Change in metric
- Change in terminology for tracking abuse (e.g., “not substantiated” replaced “some indicators”)
- Effectiveness of the primary and secondary prevention programs in place (e.g., Florida’s public awareness campaigns, Healthy Families Florida, programs funded by the Children’s Services Councils, Healthy Start, etc.)

Things that will most likely increase the rate of child abuse if we stay the course and do nothing differently:

- Loss of funding for secondary prevention (e.g., Healthy Families and Healthy Start) may increase the rate of child maltreatment.
- Loss of revenue to Children’s Services Councils which funded primary and secondary prevention programs may increase the rate of child maltreatment.
- Foreseeable stressors may cause increased rates of child maltreatment:
 - Families moving in together
 - Natural and environmental disasters (e.g., oil spill, hurricanes, etc.)
 - Extended family separation and isolation
 - Increase in teen pregnancies and births
 - Caregivers other than biological parents raising children
 - Economic losses / rising unemployment, changes at NASA
 - Increase in adoptions without post-adoption supports

Status of Child Maltreatment in Florida

The *incidence* of child maltreatment is the estimated number of maltreated children in Florida, regardless of the number of children reported as abused. Data from the 3rd National Incidence Study suggests that only about 30 percent of all maltreated children were actually investigated. Thus, it would be expected that reporting and investigation rates would be low, conservative estimates of the actual abuse incident rates in Florida.

Florida’s Abuse Hotline is the central toll-free (1-800-96-ABUSE) statewide access point for reporting suspected child maltreatment. Based upon the unduplicated data provided by the Florida Department of Children and Families in December 2009 and April 2010, during State Fiscal Year 2008-2009, the hotline received calls concerning **220,189 alleged victims of child maltreatment**. This is a **statewide reporting rate of 52.5 alleged victims** per 1,000 children (birth - 17) in Florida. Of these, **45,901 (20.8%) were found to be substantiated** with findings of verified child maltreatment. This results in a **statewide victimization rate of 10.9 maltreated children** per 1,000 children (birth – 17) in Florida. If the 64,894 children with findings of some indication of abuse were added, the state wide substantiated (verified + some indication) victimization rate would be 26.4 maltreated children per 1,000 children (birth – 17) in Florida.

Verified Maltreatment

As stated earlier the rate of verified maltreatment was 10.94 during SFY 2009. The table below provides the rates statewide and for each of the twenty (20) circuits for SFY 2008 and SFY 2009. As shown in the table below, the statewide the rate of verified maltreatment declined statewide and for 13 (65%) of the circuits.

**Table 2. Rate of Verified Maltreatment per 1,000 Children in the General Population
July 2008 – June 2009**

Circuit	2007 - 2008			2008-2009			
	Verified Maltreatment	Total Population	Maltreatment Rate	Verified Maltreatment	Total Population	Maltreatment Rate	
First Circuit	2,425	163,013	14.88	2,644	163,147	16.21	↑
Second Circuit	1,036	80,119	12.93	932	80,286	11.61	↓
Third Circuit	678	41,225	16.45	597	41,212	14.49	↓
Fourth Circuit	3,733	290,803	12.84	3,350	290,913	11.52	↓
Fifth Circuit	3,994	192,236	20.78	3,361	193,662	17.35	↓
Sixth Circuit	4,039	269,441	14.99	4,101	268,896	15.25	↑
Seventh Circuit	1,969	171,534	11.48	1,807	172,187	10.49	↓
Eighth Circuit	1,645	75,755	21.71	1,822	75,946	23.99	↑
Ninth Circuit	4,122	359,007	11.48	4,196	362,471	11.58	↑
Tenth Circuit	2,278	167,191	13.63	2,277	16,7840	13.57	↓
Eleventh Circuit	2,969	59,8362	4.96	2,777	598,735	4.64	↓
Twelfth Circuit	9,369	135,822	68.98	2,012	136,203	14.77	↓
Thirteenth Circuit	2,965	301,340	9.84	2,976	302,651	9.83	↓
Fourteenth Circuit	1,095	63,113	17.35	917	62,987	14.56	↓
Fifteenth Circuit	2,646	277,246	9.54	2,536	277,701	9.13	↓
Sixteenth Circuit	259	13,505	19.18	226	13,434	16.82	↓
Seventeenth Circuit	3,228	416,006	7.76	3,253	415,698	7.83	↑
Eighteenth Circuit	2,533	211,980	11.95	2,582	211,352	12.22	↑
Nineteenth Circuit	1,660	122,744	13.52	1,719	123,369	13.93	↑
Twentieth Circuit	2,000	235,662	8.49	1,816	238,597	7.61	↓
Statewide	47,306	4,186,104	11.30	45,901	4,197,287	10.94	↓

As shown in the table below, the younger the child, the more vulnerable the child. The highest percentage of children with verified maltreatment during SFY 2009 was in the birth to four year old range. This was followed closely by elementary school age children.

**Table 3. Unduplicated Counts of Children with Most Serious Finding of Verified Abuse by Age
July 2008 – June 2009**

Grade (Age Range)	Total with Verified Abuse	Percent of Total
Preschool (0-4)	20,934	45.26%
Elementary School (5-10)	14,072	30.42%
Middle School (11-13)	5,211	11.27%
High School (14-17)	5,977	12.92%
Unknown	61	0.13%
Total	46,255	100.00%

Investigations

However, this pattern does not hold true for the children and youth who were subjects of investigations. The largest percentage of children and youth who were subjects of investigations were between the ages of 9 and 17. For those children for whom the abuse was verified, the age range was between birth and 4.

Table 4. Age Ranges for Children who were Subjects of Investigations (Unduplicated)
July 2008 – June 2009

Circuit	AGE					Totals
	0- 4 yrs.	5 - 8 yrs.	9 - 17 yrs.	18+ yrs.	Unknown	
Circuit 1	4,394	2,539	4,633	7	16	11,589
Circuit 2	1,794	1,000	1,843	2	15	4,525
Circuit 3	1,091	755	1,210	1	2	3,059
Circuit 4	6,171	3,777	6,451	12	64	16,475
Circuit 5	5,181	3,440	6,063	7	16	14,707
Circuit 6	6,743	4,133	7,294	16	17	11,731
Circuit 7	4,094	2,634	4,865	8	40	11,641
Circuit 8	2,145	1,283	2,128	4	5	5,565
Circuit 9	6,981	4,759	8,032	4	38	19,814
Circuit 10	4,245	2,628	4,582	2	17	11,474
Circuit 11	5,205	3,348	6,494	8	60	15,115
Circuit 12	3,188	1,923	3,323	7	17	8,458
Circuit 13	5,050	3,243	5,950	6	11	14,260
Circuit 14	808	1,239	2,185	2	2	5,418
Circuit 15	4,748	3,099	5,254	5	26	13,132
Circuit 16	307	159	321	0	1	788
Circuit 17	5,342	3,303	6,263	10	40	14,958
Circuit 18	4,477	2,890	5,285	5	12	12,669
Circuit 19	2,273	1,592	2,724	4	7	6,600
Circuit 20	4,026	2,769	4,785	4	29	11,613
Circuit N/A	1	0	0	0	0	1
Statewide	79,446	50,513	89,685	114	435	220,193
	36.08%	22.94%	40.73%	0.05%	0.20%	100%

The largest percentage of children and youth who were subjects of investigations were white (64%). Investigations were conducted for equal numbers of boys and girls.

**Table 5. Race and Gender of Children who were Subjects of Investigations (Unduplicated)
July 2008 – June 2009**

Circuit	RACE			Circuit	GENDER		
	White	Black	Other		Male	Female	Unknown
Circuit 1	7,981	2,927	681	Circuit 1	5,784	5,766	39
Circuit 2	1,923	2,459	272	Circuit 2	2,275	2,348	31
Circuit 3	2,340	628	91	Circuit 3	1,561	1,489	9
Circuit 4	8,802	6,739	934	Circuit 4	8,253	8,155	67
Circuit 5	11,552	2,428	727	Circuit 5	7,333	7,314	60
Circuit 6	13,385	3,691	1,127	Circuit 6	9,217	8,942	44
Circuit 7	8,742	2,344	555	Circuit 7	5,755	5,854	32
Circuit 8	3,276	1,988	301	Circuit 8	2,817	2,736	12
Circuit 9	11,524	6,693	1,597	Circuit 9	9,905	9,769	140
Circuit 10	8,096	2,806	572	Circuit 10	5,617	5,823	34
Circuit 11	7,225	6,756	1,134	Circuit 11	7,305	7,702	108
Circuit 12	6,155	1,828	475	Circuit 12	4,307	4,119	32
Circuit 13	8,718	4,876	666	Circuit 13	7,068	7,159	33
Circuit 14	4,160	1,033	225	Circuit 14	2,672	2,724	22
Circuit 15	6,996	5,315	821	Circuit 15	6,518	6,539	75
Circuit 16	631	129	28	Circuit 16	405	382	1
Circuit 17	6,391	7,274	1,293	Circuit 17	7,445	7,436	77
Circuit 18	8,778	3,153	738	Circuit 18	6,297	6,347	25
Circuit 19	4,409	1,791	400	Circuit 19	3,374	3,201	25
Circuit 20	8,821	2,020	772	Circuit 20	5,777	5,785	51
Statewide	139,905	66,878	13,409	Statewide	109,685	109,590	917
	63.53%	30.37%	6.09%		49.81%	49.77%	4.12%

Allegations

In the table below, the numbers are duplicated counts. A child might have become the subject of an investigation because of more than a single allegation attributed to the same incident. For example, a call may be made to the hotline concerning a child for whom family violence, substance abuse and failure to protect were all noted. This would result in three allegations being assigned to that one case. Statewide there were 45,901 children with verified child maltreatment (unduplicated count). For these children, there were 65,743 verified allegations of child maltreatment. The largest numbers of children with verified abuse were those for whom family violence served as threats followed by substance misuse in the home. The third and fourth in terms of incidence were those who lived in homes with threatened harm and inadequate supervision.

When comparing verifications with the incidence rate of allegations, the highest rates of verification were for those children with internal injuries, death, and failure to protect. The lowest verification rates were for abandonment, mental injury, and asphyxiation.

Table 6. Counts by the Array of Allegations of Abuse
July 2008 – June 2009

Type of Abuse Allegation	Number of Allegations	Number of Allegations Verified	Percent of Allegations Verified
Family Violence Threatens Child	77,775	18,686	24.03%
Substance Misuse	93,755	14,073	15.01%
Threatened Harm	68,648	9,383	13.67%
Inadequate Supervision	62,100	8,134	13.10%
Physical Injury	39,112	4,582	11.72%
Environmental Hazards	46,682	4,135	8.86%
Sexual Abuse	12,348	2,228	18.04%
Failure to Protect	4,434	1,896	42.76%
Medical Neglect	7,938	1,049	13.21%
Mental Injury	9,949	451	4.53%
Bone Fracture	1,064	270	25.38%
Bizarre Punishment	2,063	202	9.79%
Death	454	197	43.39%
Burns	1,491	155	10.40%
Asphyxiation	1,657	95	5.73%
Internal Injuries	172	88	51.16%
Failure to Thrive	243	82	33.74%
Malnutrition/Dehydration	145	36	24.83%
Abandonment	1,003	0	0%
Total	431,033	65,743	15.25%

Reasons for Removal

The Department of Children and Families' *Florida Safe Families Network* data system recorded the primary reasons for removal of the children entering into foster care. If a child was removed twice during the year, both sets of reasons are included in this analysis. Of the 14,625 children entering foster care in the twelve month span from July 2008 – June 2009, the reasons for removal were divided into nine categories. These are shown in the table below.

Table 7. Reasons for Removal Reported
July 2008 – June 2009

Number of Children	Percent of 14,625 Children	Removal Reason
7,031	48%	Parental Drug and Alcohol Abuse
3,556	24%	Inadequate Supervision, Medical and Physical Neglect
3,021	21%	Physical and Sexual Abuse
2,500	17%	Domestic Violence
2,155	15%	Inadequate Housing
2,166	15%	Child Behavior/Relinquishment/Abandonment
2,082	14%	Incarceration of Parents
1,966	13%	Death of Parent/Caretaker Unable to Cope
318	2%	Child Alcohol and Drug Abuse

As shown in the table above, parental drug and alcohol abuse was the most often cited reason for almost half of the children being removed from their parent or primary caregiver. The second most cited service reason for a removal was neglect including inadequate supervision or mental or physical neglect. This second reason represented almost one-fourth of the children taken into care. Both of these removal reasons represent the same reasons and percentages as last fiscal year. Additionally, more than one-fifth of the children were removed for physical and sexual abuse.

Services Recommended

The Department of Children and Families' *Florida Safe Families Network* data system recorded the services recommended at disposition of an investigation for alleged victims for whom reports were received. Multiple services might be recommended for the same child and would be counted for each service. Additionally, there may have been an array of services recommended for a child but only the first few might have been recorded in the electronic data system. These data most likely under-represent the complete numbers of actual services recommended at disposition for alleged victims of reported abuse.

The services with the largest numbers of recommendations include counseling, day care, case management substance abuse, information and referral, and family support services. These underscore the importance of the *Five Protective Factors* as foundational for family stability and resilience:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

**Table 8. Services Recommended at Disposition for Alleged Victims in Reports Received
July 2008 – June 2009**

Recommended Service	Number	Percent	Recommended Service	Number	Percent
Child Counseling Services	53,642	24.12%	Housing Services	2,483	1.12%
Day Care Services	29,106	13.09%	Legal Services	2,115	0.95%
Other Services	27,911	12.55%	Employment Services	1,776	0.80%
Case Management Services	26,458	11.90%	Education and Training Services	1,715	0.77%
Substance Abuse Services	19,293	8.67%	Pregnancy and Parenting for Young Parents	1,098	0.49%
Information and Referral	18,845	8.47%	Intensive Crisis Counseling Program (ICCP)	985	0.44%
Family Support Services	12,919	5.81%	Health Related Services	961	0.43%
Mental Health Services	7,388	3.32%	Family Planning Services	591	0.27%
Family Preservation Services	4,858	2.18%	Independent Living and Traditional Living Services	255	0.11%
Home Based Services	4,087	1.84%	Adoption Services	216	0.10%
Foster Care Services	2,789	1.25%	Respite Care Services	148	0.07%
Family Builders Program	2,775	1.25%	Total	222,414	100.00%

Child Abuse Death Review

In 2010, the State Child Death Review Committee prepared a report of its reviews during 2009 of deaths that occurred in 2008. During 2008, 2,843 children under the age of 18 lost their lives in Florida. Of those children who died, 465 were reported to the Florida Abuse Hotline. Of the 465 child deaths reported to the hotline, 201 were the result of verified child abuse or neglect. During 2009, the State Committee reviewed 198 of the 201 child abuse deaths. The remaining three deaths will be reviewed upon completion of the child death review process during 2010. The State Committee reviewed an additional six child deaths that occurred in previous years, bringing the total number of child deaths reviewed by the State Committee in 2009 to 204.

The committee found that in 2008, there was a substantial increase in the number of child abuse deaths in Florida from 2007 where 163 children died from verified child abuse or neglect. As shown in the table below, during calendar year 2008, the leading causes of the 198 verified child deaths reviewed were physical abuse, followed by followed by unsafe sleep environments and then drowning.

Table 9. Leading Causes of Child Abuse Deaths

Cause	Number of Deaths	Percent of 198 Deaths
Physical Abuse	59	30%
Unsafe Sleep	54	27%
Drowning	48	24%
Other	37	19%

The two key recommendations resulting from the review are addressed as a part of this prevention plan. These two recommendations include:

1. **All Child Death Review - A Commitment to Prevention Recommendation:**
Amend §383.402 (1), F. S to expand the State Child Abuse Death Review Committee's authority related to the review of child deaths in Florida to have a complete understanding of why children die in Florida. (See **Prevention Objective 3.3** Child Death Review.)
2. **Healthy Families Florida Prevention Funding Recommendation:**
The Florida Legislature should fully fund Healthy Families Florida, an evidence-based home visiting program that prevents child abuse and neglect before it ever occurs. (See **Prevention Objective 2.2** Healthy Families Florida)

The committee developed a list of priority issues with recommendations. This prevention plan addresses four of the priority issues. And every strategy in the prevention plan is responsive to at least one of the six priority issues and recommendations that were developed by the committee. The priority issues include:

- **Physical Abuse** – An alarming number of infant and toddler homicides are attributed to common triggers and risk factors for physical abuse.
Recommendation: Anyone providing federal or state funded services, whether it be child protection investigations or case management, child care, home visiting or other services, should be aware of and sensitive to the common triggers and risk factors that contribute to child abuse. (See **Strategies 1 – 5** and their objectives.)

- ***Unsafe Sleep Environments*** – Sudden unexplained infant deaths associated with unsafe sleep are tragic, but must be investigated thoroughly and consistently in order to prevent future infant deaths.

Recommendation: Improvements in the investigation of child deaths and heightened public awareness and education should be implemented for the prevention of infant suffocation deaths related to unsafe sleeping conditions. (See **Prevention Objective 3.1** Public Awareness and Education.)
- ***Drowning*** – Children continue to die from drowning at an alarming rate as a result of inadequate supervision.

Recommendation: Implement a systemic approach to prevent drowning of children in Florida, particularly those under the age of 5. (See **Prevention Objective 3.1** Public Awareness and Education.)
- ***Consistency and Communication*** – Communication between agencies and consistent evidence gathering protocol are crucial to the protection of children.

Recommendation: Improve consistency and communication among the various agencies involved in child abuse cases and child death cases. (See **Prevention Strategy 5** Inform and Instruct Law Enforcement Communities and its objectives.)
- ***Substance Abuse*** – One of the most common risk factors present in child abuse or neglect deaths reviewed by the State Committee.

Recommendation: Substance abuse should be given a higher priority in the risk assessment activities of child protection organizations that come into contact with children and their families.
- ***Quality Assurance Review*** – Understanding the thinking and decision-making process of the legal decisions made and or the court action and taken would assist in educational opportunities resulting in better outcomes for children.

Recommendation: There is a need for a Quality Assurance review as it pertains to the legal involvement when any child dies as a result of abuse.

Part 3 – Continuum of Programs and Services

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:

Table 10. Levels of Prevention and Strategies

Primary using Universal Strategies	Secondary using Selected Strategies	Tertiary using Indicated Strategies
<p>Primary prevention is geared to the general public to prevent child maltreatment from ever occurring. Universal strategies are accessible to anyone prior to the occurrence of child maltreatment. The goal is to prevent child maltreatment from ever occurring in the first place.</p>	<p>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). Selected strategies assist these vulnerable groups with the goal of preventing child maltreatment from ever occurring in the first place.</p>	<p>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 and services are indicated.</p>

Continuum of Primary/Universal Prevention Programs and Services

These programs and services are accessible by the general public prior to the occurrence of child abuse and neglect. Examples include:

- **Community Development** – Community capacity building, community partnerships, etc.
- **Community Support for Families** – Family resource centers, community events, 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 Referral and Helplines** – Access to information about community and social services available for families including early health and development services, etc.
- **Public Awareness and Education Campaigns** – Highlighting risk/protective factors, child development, positive parenting, child safety, domestic violence and substance abuse prevention, bullying prevention, etc.
- **Workforce** – Family-friendly workplace policies, livable wage policies, etc.

Continuum of Secondary/Selected Prevention Programs and Services

These programs and services are targeted to families with multiple risk factors prior to the occurrence of child abuse and neglect. Examples include:

- **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.

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:

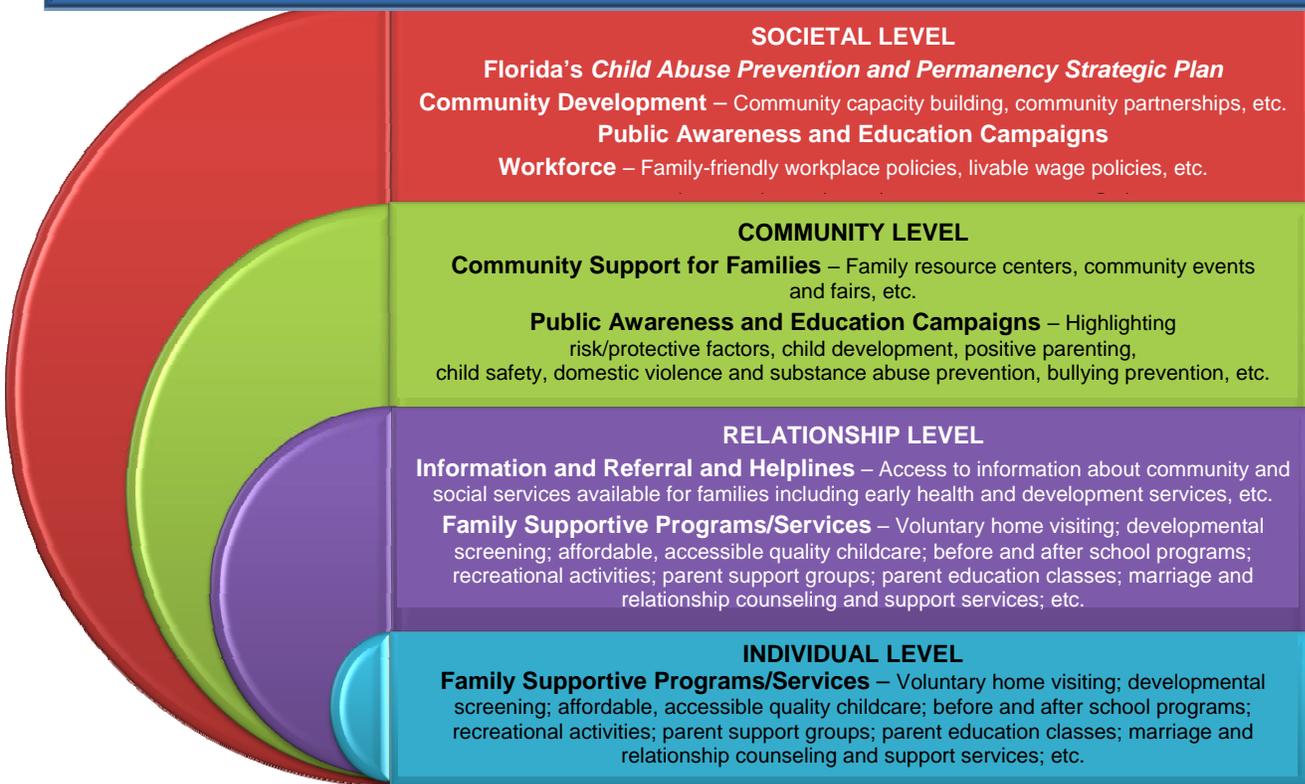
- Children and families exist as part of an ecological system. This means that prevention strategies must target interventions at multiple levels: the individual, the relationship, the community, and society.
- Primary responsibility for the development and well-being of children lies within the family, 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.

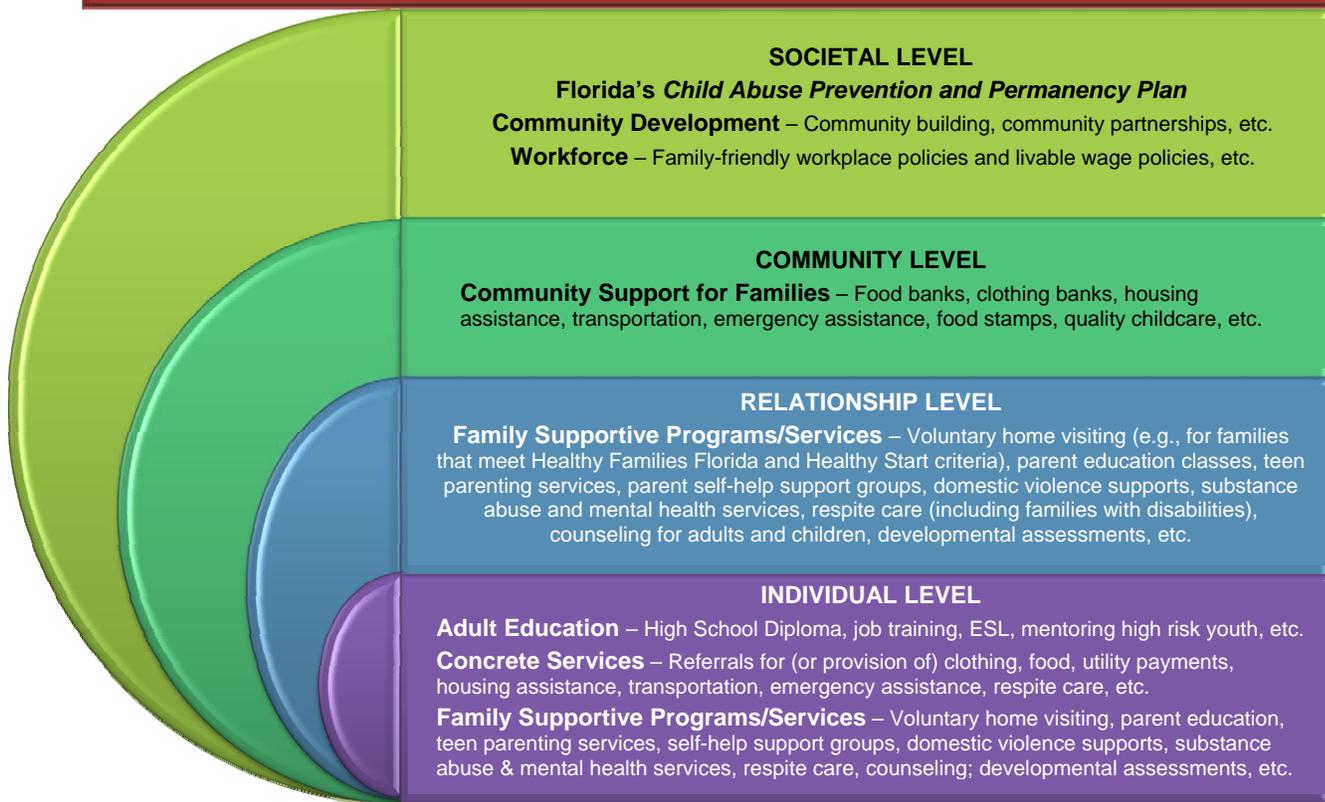
Florida’s Socio-Ecological Continuum of Primary/Universal Prevention Strategies

Accessible by the General Public Prior to the Occurrence of Child Abuse and Neglect



Socio-Ecological Continuum of Secondary/Selected Prevention Strategies

Targeted to Families with Multiple Risk Factors Prior to the Occurrence of Child Abuse and Neglect



Part 4- Areas of Focus for Primary and Secondary Prevention

We as a nation, state, and communities are confronted with the problems of child abuse, abandonment and neglect. The Centers for Disease Control have declared child maltreatment to be the largest public health threat that we face today. Early adverse experiences put children at risk. Problematic adult characteristics may result in child maltreatment and these adverse experiences put those children at risk for poor child well-being which in turn predisposes them to engage in the very problematic adult characteristics that will put their own children at risk. The underlying causes are complex. They include such things as poor health, social isolation, poor academic performance, mental health issues, history of abuse or neglect, substance abuse, domestic violence, poverty, homelessness, poor parenting, and on and on. The federal government, state government, local governments and communities invest millions in response to these problems which, being complex and slow to eradicate will be with our communities, families and children for some time to come.

The means for building family resilience was developed through research and application efforts of the Center for the Study of Social Policy. The Center developed a research effort based upon the *Positive Deviance Premise* that in every community there are certain individuals whose uncommon practices and behaviors enable them to find better solutions to problems than their neighbors who have access to the same resources. As discussed in the peer reviewed *British Medical Journal* (Marsh et al., 2004), although most problems like these have complex, interlinked underlying causes, the presence of Positive Deviants demonstrates that it is possible to find successful solutions today before all the underlying causes are addressed.

Research conducted by the Center for the Study of Social Policy found that there are *Five Protective Factors* that make a difference for families. When families experience the stressors that are highly correlated with child maltreatment, some families maltreat their children and others do not. The Center found that in the homes that do not maltreat their children, although they are experiencing the same stressors, the difference in these homes is the presence of *Five Protective Factors*. These *Five Protective Factors* reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' protective factors with timely, effective help.

Building on the *Positive Deviance Premise* and the work of the Center for the Study of Social Policy, the five-year prevention plan has three main areas of focus:

- Infuse the *Five Protective Factors* into as many family support systems and services areas as is practicable.
- Strengthen and support many of systems that are critical for providing concrete supports to families.
- Provide information and awareness for professionals, parents, caregivers and community members.

Six strategies and twenty-three objectives comprise the plans of action for the prevention of child abuse, abandonment, and neglect before it ever occurs. The table below illustrates the strategies, objectives and the level of prevention supported by each. As shown in the following table, seven of the objectives address primary prevention, ten of the objectives address both primary and secondary prevention, and three of the strategies address secondary prevention.

Table 11. Overview of the Prevention Strategies and Objectives with the Levels of Prevention Addressed

Prevention Strategies	Prevention Objectives	Levels of Prevention Addressed
Prevention Strategy 1: Infuse the <i>Five Protective Factors</i> into Florida Systems that Serve Parents and Children	1.1 Early Education and Care	Primary
	1.2 Home Visiting Programs	Primary and Secondary
	1.3 Head Start Programs	Secondary
	1.4 Medicaid Child Health Check-Up Program	Primary and Secondary
	1.5 Technical Assistance to Circuits	Primary and Secondary
	1.6 Faith-Based and Community-Based Efforts	Primary
Prevention Strategy 2: Strengthen Florida Systems to Better Serve the Needs of Florida Families	2.1 Whole Child	Primary
	2.2 Healthy Families Florida	Secondary
	2.3 Healthy Start	Secondary
	2.4 Education Services for Parents/Caregivers of Newborns	Primary
Prevention Strategy 3: Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live in Stable Environments that Promote Well-being	3.1 Public Awareness and Education	Primary and Secondary
	3.2 Evidence-Based Parenting Programs	Primary and Secondary
	3.3 Child Death Review	Primary and Secondary
Prevention Strategy 4: Inform and Instruct Education Communities – <i>The Florida Cooperative Education Child Abuse Prevention Plan</i>	4.1 Professional Development for School Personnel	Primary
	4.2 Resources for Parents of School Children	Primary
	4.3 Resource Awareness	Primary and Secondary
	4.4 Multidisciplinary Curricula	Primary
Prevention Strategy 5: Inform and Instruct Law Enforcement Communities – <i>The Florida Cooperative Law Enforcement Child Abuse Prevention Plan</i>	5.1 Law Enforcement <i>Memorandum of Understanding</i> Review Design	Primary and Secondary
	5.2 Law Enforcement Annual Reviews and Updates	Primary and Secondary
	5.3 Law Enforcement Future Plans	Primary and Secondary
Prevention Strategy 6: Monitor and Evaluate Plan Implementation	6.1 Instrumentation and Procedures Design	
	6.2 Progress Monitoring	
	6.3 Annual Review and Assessment	

Of Note: Prevention Strategy 6: Monitor and Evaluate Plan Implementation and its three objectives support the implementation of the other five strategies and twenty objectives in the five-year prevention plan. This supporting strategy and objectives are omitted from the last column in the table above and from the three tables that follow. One could conclude that all areas of the prevention continua, all levels of the socio-ecological model, and all of the *Five Protective Factors* are impacted because of the supporting role of this strategy, or one could conclude that none of the levels should be checked because it provides only a supporting role in the effort. Thus, these are omitted from the tables that follow.

The following three tables illustrate how the strategies and objectives encompass the array of both primary and secondary continua of prevention programs and services as well as address the *Five Protective Factors*. The first table illustrates the extent to which the strategies and objectives are primary prevention or universal strategies. The second table illustrates the extent to which the plan strategies and objectives are secondary prevention or selected strategies. And, the third table illustrates the extent to which the plan strategies and objectives address the *Five Protective Factors*.

As shown in the first crosswalk table, this plan was intentional in including **primary prevention** or **universal** strategies and objectives that would benefit all of the people of Florida. That is, they are accessible by the general public and geared toward preventing child maltreatment before it ever occurs. The primary prevention continuum has six categories for programs and services. Four of the plan's objectives have the potential to impact all six categories in the entire primary prevention continuum. And, eleven of the prevention plan objectives have the potential to impact at least four of the six categories in the primary prevention continuum. This plan underscores that Florida is committed to reducing the rate of child maltreatment before it occurs in ways that will benefit all of Florida's families and their children.

As shown in the second crosswalk table, this plan was also intentional in including **secondary prevention** or **selected** strategies and objectives that would benefit children and families at risk of child maltreatment before it ever occurs. These strategies and objectives are targeted to families with multiple risk factors prior to the occurrence of child abuse and neglect. Almost half of the objectives have the potential to impact at least four of the seven programs and services on the second secondary prevention continuum. This too shows that Florida is committed to preventing child maltreatment in those families at high risk before the abuse ever occurs.

The third crosswalk illustrates how this prevention plan's strategies and objectives have the potential to address the *Five Protective Factors* that are correlates with reduced child maltreatment. All of the twenty objectives address at least one protective factor, with over half (eleven) addressing all *Five Protective Factors*. The crosswalk underscores Florida's commitment to ensuring that Florida's children are raised by resilient parents in safe, stable and nurturing homes.

Table 12. Crosswalk of the Prevention of the Prevention Strategies and Objectives with the Primary Continuum of Programs and Services

Prevention Strategies	Prevention Objectives	Continuum of Primary Prevention / Universal Strategies <i>Targeted toward the general public prior to the occurrence of child abuse and neglect.</i>					
		Community Development	Community Support for Families	Family Supportive Programs/ Services	Information Referral and Helplines	Public Awareness and Education Campaigns	Workforce
Prevention Strategy 1: Infuse the <i>Five Protective Factors</i> into Florida Systems that Serve Parents and Children	Early Education and Care	✓	✓	✓	✓	✓	✓
	Home Visiting Programs	✓	✓	✓	✓	✓	✓
	Head Start Programs						
	Medicaid Child Health Check-Up Program		✓	✓	✓	✓	
	Technical Assistance to Circuits	✓	✓	✓	✓	✓	
	Faith-Based and Community-Based Efforts	✓	✓	✓	✓	✓	✓
Prevention Strategy 2: Strengthen Florida Systems to Better Serve the Needs of Florida Families	Whole Child	✓	✓	✓	✓	✓	✓
	Healthy Families Florida						
	Healthy Start						
	Education Services for Parents/Caregivers of Newborns		✓	✓	✓		
Prevention Strategy 3: Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live in Stable Environments that Promote Well-being	Public Awareness and Education	✓	✓		✓	✓	
	Evidence-Based Parenting Programs		✓	✓	✓	✓	
	Child Death Review	✓	✓			✓	
Prevention Strategy 4: Inform and Instruct Education Communities – <i>The Florida Cooperative Education Child Abuse Prevention Plan</i>	Professional Development for School Personnel		✓	✓	✓	✓	
	Resources for Parents of School Children		✓	✓	✓	✓	
	Resource Awareness	✓	✓	✓	✓	✓	
	Multidisciplinary Curricula	✓	✓	✓	✓	✓	✓
Prevention Strategy 5: Inform and Instruct Law Enforcement Communities – <i>The Florida Cooperative Law Enforcement Child Abuse Prevention Plan</i>	Law Enforcement Memorandum of Understanding Review Design						
	Law Enforcement Annual Reviews and Updates						
	Law Enforcement Future Plans						

Table 13. Crosswalk of the Prevention Strategies and Objectives with the Secondary Prevention Continuum of Programs and Services

Prevention Strategies	Prevention Objectives	Continuum of Secondary Prevention / Selected Strategies <i>Targeted to families with multiple risk factors prior to the occurrence of child abuse and neglect.</i>						
		Adult Education	Community Development	Community Supports for Families	Concrete Services	Family Supportive Programs/ Services	Public Awareness and Education Campaigns	Workforce
Prevention Strategy 1: Infuse the <i>Five Protective Factors</i> into Florida Systems that Serve Parents and Children	Early Education and Care							
	Home Visiting Programs		✓	✓	✓	✓		
	Head Start Programs		✓	✓	✓	✓		
	Medicaid Child Health Check-Up Program			✓	✓	✓	✓	
	Technical Assistance to Circuits		✓	✓	✓	✓		
	Faith-Based and Community-Based Efforts							
Prevention Strategy 2: Strengthen Florida Systems to Better Serve the Needs of Florida Families	Whole Child							
	Healthy Families Florida		✓	✓	✓	✓		✓
	Healthy Start		✓	✓	✓	✓	✓	
	Education Services for Parents/Caregivers of Newborns							
Prevention Strategy 3: Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live in Stable Environments that Promote Well-being	Public Awareness and Education		✓	✓	✓	✓	✓	
	Evidence-Based Parenting Programs			✓	✓	✓	✓	
	Child Death Review		✓	✓		✓	✓	
Prevention Strategy 4: Inform and Instruct Education Communities – <i>The Florida Cooperative Education Child Abuse Prevention Plan</i>	Professional Development for School Personnel							
	Resources for Parents of School Children							
	Resource Awareness		✓	✓	✓	✓	✓	
	Multidisciplinary Curricula							
Prevention Strategy 5: Inform and Instruct Law Enforcement Communities – <i>The Florida Cooperative Law Enforcement Child Abuse Prevention Plan</i>	Law Enforcement <i>Memorandum of Understanding</i> Review Design				✓		✓	
	Law Enforcement Annual Reviews and Updates						✓	
	Law Enforcement Future Plans						✓	

Table 14. Crosswalk of the Prevention Strategies and Objectives with the *Five Protective Factors*

Prevention Strategies	Prevention Objectives	Five Protective Factors				
		Nurturing and Attachment	Knowledge of Parenting and of Child and Youth Development	Parental Resilience	Social Connections	Concrete Supports for Parents
Prevention Strategy 1: Infuse the <i>Five Protective Factors</i> into Florida Systems that Serve Parents and Children	Early Education and Care	✓	✓	✓	✓	✓
	Home Visiting Programs	✓	✓	✓	✓	✓
	Head Start Programs	✓	✓	✓	✓	✓
	Medicaid Child Health Check-Up Program		✓			✓
	Technical Assistance to Circuits	✓	✓	✓	✓	✓
	Faith-Based and Community-Based Efforts	✓	✓	✓	✓	✓
Prevention Strategy 2: Strengthen Florida Systems to Better Serve the Needs of Florida Families	Whole Child	✓	✓	✓	✓	✓
	Healthy Families Florida	✓	✓	✓	✓	✓
	Healthy Start	✓	✓	✓	✓	✓
	Education Services for Parents/Caregivers of Newborns	✓	✓	✓	✓	✓
Prevention Strategy 3: Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live in Stable Environments that Promote Well-being	Public Awareness and Education	✓	✓	✓	✓	✓
	Evidence-Based Parenting Programs	✓	✓		✓	
	Child Death Review		✓			
Prevention Strategy 4: Inform and Instruct Education Communities – <i>The Florida Cooperative Education Child Abuse Prevention Plan</i>	Professional Development for School Personnel		✓			✓
	Resources for Parents of School Children	✓	✓	✓		✓
	Resource Awareness	✓	✓	✓	✓	✓
	Multidisciplinary Curricula	✓	✓	✓	✓	✓
Prevention Strategy 5: Inform and Instruct Law Enforcement Communities – <i>The Florida Cooperative Law Enforcement Child Abuse Prevention Plan</i>	Law Enforcement <i>Memorandum of Understanding</i> Review Design					✓
	Law Enforcement Annual Reviews and Updates					✓
	Law Enforcement Future Plans					✓

Infuse the *Five Protective Factors* into as Many Family Support Systems and Services Areas as is Practicable

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' protective factors with timely, effective help. The intentional incorporation of the *Five Protective Factors* to prevent child maltreatment has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, this Strengthening Families approach is being applied in 36 states. This strategy for dealing with child abuse and neglect shows great promise because:

- The *Five Protective Factors* have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the *Five Protective Factors* can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.

The *Five Protective Factors* are:

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

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

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

This plan provides for infusing the *Five Protective Factors* into an array of Florida programs and services:

- Early education and care
- Education services for parents/caregivers of newborns
- Evidence-based parenting programs
- Faith-based and Community-based prevention efforts
- Head Start programs
- Healthy Families Florida
- Healthy Start
- Home visiting programs
- Medicaid Child Health Check-Up Program
- Public awareness campaigns
- Whole Child

This plan provides action steps for strengthening and supporting an array of Florida programs. Some of these benefit all Florida families (universal strategies), some benefit those families at risk of poor child well-being outcomes (selected strategies) and some benefit both. In particular, efforts will be made to enable those Floridians who would meet the screening criteria for services to have the opportunity to have access to quality services. Such services include:

- Education Services for parents/caregivers of newborns
- Healthy Families Florida
- Healthy Start
- Whole Child

Knowledge is power. Many people do not know what they do not know. Thus, this plan also provides for informing and instructing professionals, parents, caregivers and community members about those things that would build resilience in families; provide for the safety of our children; and strengthen parents and communities. These will be accomplished through development of:

- All child death reviews
- Evidence-based parenting programs
- Evidence-based parenting services
- Public awareness campaigns

All Child Death Reviews

2,843 children under the age of 18 died in Florida during 2008. Of those, 465 (16%) were reported to the Florida Abuse Hotline. Of the 465 child deaths reported to the hotline, 201 (43%) were the result of verified child abuse or neglect. It is the mandated responsibility of the 2010 State Child Abuse Death Review Committee, administered by the Florida Department of Health's Children's Medical Services to review cases of the 201 children who died in 2008 as a result of verified findings of child maltreatment. Additionally, the State Committee is mandated to submit an annual Child Abuse Death Review Report. The most recent 2008 Child Death Review Report represents the 10th annual report submitted to the Governor and Legislature. It includes information on how these children died, factors that contributed to the death caused by their caretakers and data-driven recommendations for preventing future child abuse and neglect deaths. It is important to note that the State Committee's mandate is limited to the review of the 201 children who died as a result of a verified finding of child abuse or neglect, which is **only 7 percent** of the 2,843 children who died in Florida during 2008.

Limiting the review restricts the Committee's ability to gain a greater understanding of the causes and contributing factors of all child deaths in Florida. As a result, the patterns and trends identified in this report are limited to the verified child abuse and neglect deaths and may or may not be generalizable to all the children who died in Florida during 2008. Additionally, not all child abuse and neglect cases are reported or verified. Thus, the review excluded those children who died for which abuse and neglect cases were not reported or verified.

In an effort to reduce child deaths in Florida, we must first have the ability to understand the mitigating factors of these deaths. This plan proposes to increase the purview of the review of child death reviews in two phases: first to review the deaths of all children for whom there were calls to the hotline, and then to expand further to include reviews of all child deaths. By expanding child abuse death reviews to include all child deaths reported to the Florida Abuse Hotline Information System Florida will have the opportunity to learn from all child deaths and; identify the causes, as well as gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to child abuse deaths. The information gleaned from these deaths is critical to the development of community based initiatives that can help prevent future child abuse deaths and develop strategies to reduce avoidable child neglect deaths. Additionally, an all child death review process would allow implementation of selected prevention efforts based on the results of the review of all child deaths in Florida instead of learning from just a very small percentage (7%) of deaths as is done today. These expanded efforts will enable the state and local communities to be more proactive in avoiding many preventable and foreseeable accidental deaths of Florida children. It should be noted that there are local teams that review fetal and infant deaths; mostly sponsored by Healthy Start Coalitions. A state level team under the Department of Children and Families reviews domestic violence fatalities. And another state team under the Department of Health reviews pregnancy associated deaths. During the course of this five year plan, it will be incumbent on our partners to find ways to share results and collaboratively work to develop recommendations and plans of actions across these reviews.

Early Education and Care

Across the country, early care and education programs are working to build and support the *Five Protective Factors* in the families they serve. According to a 2003 study by the National Association for the Education of Young Children (NAEYC), 97 percent of child care providers wanted to do more to prevent child maltreatment and stated that they need the tools necessary to do so. In December 2008, the early education and care community in Florida noted, that although it has access to a wide array of parenting materials, they are disparate in nature, focus and content (because of the many

systems developing and disseminating them). It would be beneficial for the state to have a concerted and consistent effort to identify what is and what is not available to assist parents and to make this information available. Additionally, it was reported that Florida child care staff would benefit from instruction and supports that would assist them in talking with and providing guidance to parents. These efforts would encourage and equip providers to respond to inquiries and requests from parents. For example, they would be able to respond with developmentally appropriate and evidence-based parenting assistance and advice, as well as provide information and encouragement to help parents to seek parenting assistance and supports. This prevention strategy seeks to infuse the *Five Protective Factors* into the Florida early education and care systems as they serve parents and children. There are many tools and systems available for use in Florida. And, the Agency for Workforce Innovation will focus on developing an infrastructure that will facilitate and support the use of the *Five Protective Factors* by the Early Learning Coalitions and their early education and care systems.

Evidence-Based Parenting Programs and Services

The plan provides supports to identify and infuse evidence-based parenting programs and services where feasible and appropriate. Three plan objectives will support these endeavors. Knowledge of parenting and of child and youth development is a critical protective factor in the prevention of child abuse. It has the capacity of impacting two other protective factors – parental resilience and nurturing and attachment/social and emotional competence of children. The state will research and create a listing of all evidenced-based parenting programs and make it available throughout Florida. And the state will provide technical assistance to those circuits seeking to provide more evidence-based parenting programs and infuse the *Five Protective Factors* within their service arrays. Additionally, this plan will support Healthy Start in its quest to incorporate more evidence-based parenting services within its service arrays.

Faith-Based and Community-Based Prevention Efforts

An effective and dependable way to serve and ensure that the needs of Florida's children are being met is to engage Florida's communities and empower Florida's families. The vision is to engage Florida faith-based and community-based systems so that they can empower our families to prevent child abuse, abandonment and neglect, promote adoption and support adoptive families. The state explored and planned for the implementation of a faith-based and community-based prevention initiative that would provide for either universal or selected efforts in which the community is engaged to provide family and community supports that would build the *Five Protective Factors*. In April 2010, the Governor's Office of Adoption and Child Protection hosted an interfaith roundtable to educate faith and community leaders on the prevention of child abuse, abandonment and neglect, the *Five Protective Factors*, targeted child recruitment, and supporting the needs of adoptive families within their communities. The faith and community leaders from across the state were also asked for their input on how to strengthen the tool kit as well as the work of this plan. This initiative, **Prevention Objective 1.6**, will work in tandem with the faith-based and community-based initiatives in the two sister plans: **Promotion of Adoption Objective 2.1** and the **Support of Adoptive Families Objective 2.3**. Developing intentional outreach that would build the *Five Protective Factors* for the families they serve will position the our communities to further their efforts for the prevention of child maltreatment. Examples would include:

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

Head Start

Head Start is a national school readiness program that provides comprehensive education, health, nutrition, and parent involvement services to children from low-income families. In Florida there are three Head Start services areas: Early Head Start, Preschool Head Start and Migrant Head Start. The Early Head Start program serves pregnant women and children from birth to Age 3. The Preschool Head Start program serves children Ages 3 to 5. The Migrant Head Start program serves children from six weeks to Age 5.

In 2008, 40,439 children and 319 pregnant women received Florida's Head Start services. There were 727 Head Start Centers with a total of 1,983 classrooms. The program employed 7,518 staff members. Some of these staff members, as a part of the service array also make home visits to families. According to the National Head Start Association's (NHSA) Quality Initiative, Florida has 12 (52%) of the current NHSA Programs of Excellence. In order to reach this high level of achievement, programs must participate in a self study, maintain full compliance with the Head Start Program Performance Standards, and demonstrate their impact on the community.

Recent *Head Start Family and Children Experience Survey (FACES)* data show that Head Start graduates, by the spring of their kindergarten year, were essentially at national norms in early reading and early writing, and were close to meeting national norms in early math and vocabulary knowledge. Reliable studies have found that Head Start children have increased achievement test scores, and that they experience favorable long-term effects on grade repetition, special education, and graduation rate. In addition, research has shown that adults who were Head Start children are self-sufficient and more stable economically. Findings from the *Early Head Start Impact Study* show that Early Head Start children on average had a higher cognitive development score and a higher level of social emotional development than their control group. For an extensive look at national research findings, visit the website of the National Head Start Association at www.nhsa.org.

While the 2007-2008 program year predated this current national economic crisis, the families served by Florida Head Start Programs were already vulnerable to an economic downturn. The annual Program Information Report (PIR) data shows 89% of families met the income criteria of the federal poverty guidelines which were less than \$21,000 for a family of four. Less than 8% of families received Temporary Aid to Needy Families (TANF) support. More than 64% of children lived in single parent head of household homes. More than 18,200 parents had not graduated high school. Over 1,080 families were homeless. Florida Head Start Programs assist families by connecting them with resources and agencies. The recession felt by Florida will put an even greater strain on the state's vulnerable families and the agencies that serve them. These programs have been supporting building many of the *Five Protective Factors*. The opportunities for intentionally infusing and planning for building the *Five Protective Factors* in Head Start Families throughout the service arrays of the programs abound.

Healthy Families Florida

Healthy Families Florida is a critical component of the continuum of services dedicated to improving early childhood outcomes and is designed to prevent child abuse and neglect before it ever happens. Created by the Florida Legislature in 1998, Healthy Families Florida is an evidence-based, nationally accredited voluntary home visiting program that prevents child abuse and neglect in high-risk families by providing quality services that are intensive, comprehensive, long-term, flexible and culturally appropriate. It is a paraprofessional/professional home visitation model that initiates services during pregnancy or soon after the birth of a baby. Highly trained family support workers provide frequent, intensive services to families in their homes with intensity decreasing over time according to the needs of the family and their progress toward establishing a stable and nurturing home environment. Services can last for up to five years, depending on the unique needs of the family. The family support workers use a strength-based comprehensive curriculum in their work with families to introduce topics intended to support parent-child relationships, including basic care, cues and compassion, social and emotional development, play and stimulation, and brain development. In addition, family support workers teach problem solving skills, conduct screening for developmental delays, provide social support, connect parents and children to a medical provider and make referrals to other family support services as needed. This collaboration with community partners such as Healthy Start, domestic violence shelters, child care centers, community based care agencies and others links families to the services they need beyond home visiting without duplication of effort. By increasing the knowledge and skills of new parents, Healthy Families Florida empowers parents to accept personal responsibility for their future and the future of their families.

Healthy Families Florida serves first time mothers as well as new mothers with other children, as research shows a significant relationship between child abuse and neglect and families with more than one child under the age of five. Healthy Families Florida determines program eligibility through a conversational, family-focused assessment process using a validated tool that identifies a combination of factors associated with increased risk of child maltreatment. These factors include, but are not limited to, social isolation, substance abuse, family violence, poor mental health, maternal depression, family history of abuse and limited knowledge of parenting skills. This unique assessment process enables Healthy Families Florida to identify families that need and want intensive home-visiting services. Additionally, the assessment enables Healthy Families to make referrals for families who decline the offer of home visiting services or do not meet the threshold criteria for home visiting services to other available services they may need in the community. Family support workers are trained to identify issues related to family violence, substance abuse and poor mental health and to refer them to the appropriate services in the community for help and/or treatment. Family Support workers develop a strong bond and trusting relationship with their families which helps the families recognize problems and accept outside services.

An independent rigorous five-year evaluation concluded that Healthy Families Florida has a significant impact on preventing child abuse and neglect in Florida's highest-risk families. The comparison study shows that children in families who received intensive Healthy Families services experienced 58 percent less child abuse and neglect than families who received little or no Healthy Families services. Evaluators also concluded that Healthy Families services improve maternal and child health, parent-child interaction and increase family self-sufficiency. Healthy Families Florida continues to sustain remarkably high performance. The most recent data (SFY 2008-2009) show:

- 98 percent of the children served by Healthy Families Florida are free from abuse and neglect.
- 91 percent of children in Healthy Families Florida are fully immunized by age two.

- 97 percent of mothers participating in Healthy Families Florida do not have a subsequent pregnancy within two years.
- 70 percent of Healthy Families program participants who were unemployed at enrollment are employed when they leave the program.

Research and experience indicate that it can cost Florida taxpayers \$64,377 a year to care for an abused or neglected child. This estimate is conservative and includes only costs for child welfare services, hospitalization, special education and juvenile justice. Healthy Families prevents child abuse and neglect for \$1,671 a year per child.

In State Fiscal Year 1998 -1999, Healthy Families Florida was available in 26 counties and by State Fiscal Year 2009-2010 the Legislature expanded the availability of the program to all 67 counties. However, despite the program's twelve-year proven track record, Healthy Families sustained a \$10 million dollar budget reduction in State Fiscal Year 2010-2011. The reduction in funding resulted in the elimination of services in 11 of the 67 counties and the loss of services to 3,500 high-risk families and their 5,800 children who need and want Healthy Families services. Restoring these services and then expanding to serve all who would qualify is a focus of this plan. Additionally, the *Five Protective Factors* will be infused within the systems as they work with families to build resilient and stable homes.

Healthy Start

The Child Abuse Prevention and Permanency Advisory Council supports sustaining and investing in Florida's Healthy Start programs and will assist the Department of Health and the Healthy Start Coalitions with formally incorporating the *Five Protective Factors* into their services, developing processes to ensure adequate funding, and assisting with implementing evidence-based parenting services during the next five years.

Florida's Healthy Start initiative was signed into law on 4 June 1991. The Healthy Start legislation (§383.216, FS) provides for community-based prenatal and infant health care efforts statewide in order to establish partnerships among the private sector, the public sector, state government, local government, community alliances, and maternal and child health care providers, for the provision of coordinated community based prenatal and infant health care. The Healthy Start (i.e., prenatal and infant health care) coalitions are directed by statute to work in a coordinated, non-duplicative manner with local health planning councils established pursuant to §408.033, Florida Statutes.

Healthy Start Coalitions are non-profit organizations dedicated to improving the health of pregnant and interconceptional women and children up to the age of three. There are 31 coalitions in the State of Florida who contract with the Florida Department of Health. They are local public and private partnerships representing of medical professionals, hospitals, schools, charities, social service agencies, the United Way, the March of Dimes and other key stakeholders in the community. There are two counties in the state that do not have an established coalition (DeSoto and Gadsden). In those counties, staff manages a memorandum of agreement between the department and the county health department for the Healthy Start program. The statutes mandate that in communities without an established coalition, the Florida Department of Health is responsible for all the functions of a coalition.

Healthy Start offers universal prenatal and infant risk screening to identify pregnant women with an increased risk of pregnancy complications or poor birth outcomes due to environmental, medical, nutritional, or behavioral risk factors and infants with an increased risk for post neonatal mortality. Other Healthy Start services may include: information and referral; comprehensive assessment of service needs; ongoing care coordination and support; psychosocial, nutritional and smoking cessation counseling; childbirth, breastfeeding and parenting support and education; interconceptional education and home visiting.

The goal of the Healthy Start program is to identify and resolve local health issues that affect pregnant women and their families. This is a comprehensive program that promotes optimal prenatal health and developmental outcomes for all pregnant women and babies in Florida. Fundamental goals of the Healthy Start program are:

- To reduce infant morbidity and mortality.
- To reduce the number of low birth weight babies.
- To improve infant and children (up to age 3) health and developmental outcomes.

Every obstetrical health care provider in the state of Florida is required to offer a Healthy Start Screening to all pregnant women and their babies. If a woman agrees, or initials “Yes”, to screening on the Healthy Start Prenatal or for their infant on the Infant Risk Screen, she will know within minutes if she or her baby has any health risks. A case manager from Healthy Start will be assigned and can assist in coordinating services, making referrals for identified needs, providing education (e.g., childbirth, breastfeeding, nutrition, etc.), and offering parenting support and guidance. These services are primarily, but not exclusively delivered through home visitation. During home visits, individual progress can be assessed and the interaction between parent(s) and infant can be observed. Additionally the coalitions provide public awareness on such health and safety issues as safe sleeping, shaken baby, sudden and unexplained infant death, and safe swimming.

Fetal and Infant Mortality Review (FIMR) projects were initiated through the Healthy Start coalitions with the goal to enhance the health and well-being of women, infants, and families by improving community health resources and service systems available to them. The FIMR process brings together key members of the community to review information from individual cases of fetal and infant death in order to identify factors associated with those deaths, determine if they are due to system problems that require change, develop recommendations for change, assist in the implementation of change and determine community effects. Community based FIMR is an action-oriented, continuous quality improvement process that preserves and supports effective system components while identifying gaps in the system that need to be addressed.

Many health indicators for mothers and children are improving. Based upon data in the 2009 Healthy Start Annual Report:

- The percentage of 2-year-olds completing their immunizations rose from 63.2 percent in 1991 to 85.6 percent in 2008.
- The infant mortality rate has continued to decline since 1991, decreasing from 8.9 per 1,000 live births in 1991 to 7.2 in 2008, with a decline in the black population from 16.3 in 1991 to 12.9 in 2008.
- Fewer teenagers are having babies with the rate of births to teens ages 15-17 dropping from 45.3 per 1,000 in 1991 to 20.4 per 1,000 in 2008.
- The percentage of women beginning prenatal care during the first trimester rose from 74.9 percent in 1991 to 76.9 percent in 2008. The method for calculating trimester of entry changed in 2004. The new method of calculation brought the rate down, so the improvement in trimester entry rate is actually greater than indicated by these rates.

- The percentage of women reporting tobacco use during pregnancy has declined since Healthy Start began, from 17 percent in 1991 to 6.8 percent in 2008.
- Healthy Start services are available in all 67 counties, as Desoto and Seminole counties provide Healthy Start services through the county health department.
- The toll-free *Family Health Line*, 1-800-451-BABY, provides statewide information and referral to the general public as a way of increasing access to prenatal and infant care.

While the Healthy Start system of services is securing information and funding to identify and implement evidence-based parent education services, using the Healthy Start infrastructure and the membership and planning of the Healthy Start coalitions, they will work with local communities to plan, develop and potentially implement community based models for providing education services for parents and caregivers of newborns so that those who do not have access to or are not eligible for specialized services (e.g., Healthy Start, Healthy Families Florida, etc.) would have the opportunity to access to education services as appropriate. Healthy Start through its coalitions has the capacity to bring together a wide array of community partners and professionals. Working with this infrastructure, Healthy Start will investigate in each of its service areas, options that could be taken to provide outreach and education services for all parents and caregivers of newborns. The purpose of this outreach effort would be to offer all parents of newborns the opportunity to have both support and information to promote healthy parent-child interactions and maximize their child's health and developmental potential.

Home Visiting Programs

Home visitation for parents is a widespread early-intervention strategy nationwide. In many areas, home visiting is free to families, voluntary, not income-related, and embedded in comprehensive social services and maternal and child health systems. Traditional pediatric care is often based on the assumption that parents have the basic knowledge and resources to provide a nurturing, safe environment and to provide for the emotional, physical, developmental, and health care needs of their infants and young children. Unfortunately, many families have insufficient knowledge of parenting skills and an inadequate support system of friends, extended family, or professionals to help with these vital tasks. Home visitation programs offer an effective mechanism to ensure ongoing parental education, self-sufficiency, social support, and linkage with public and private community services and amelioration of the risk factors that are present in the families served by these programs. In order to facilitate communication and transfer of information a coalition of home visiting programs was formed. This coalition will work with Healthy Families Florida to bring all Florida home visiting programs together to learn about the *Five Protective Factors* and to develop ways for these to be incorporated into their efforts as appropriate. This is a natural support system for parents to learn about the *Five Protective Factors* and take an active role in building them and their own resiliency for themselves with the help of their home visitors.

Medicaid Child Health Check-Up Program

Medicaid's Child Health Check-Up Program, is known federally as Early and Periodic Screening, Diagnosis and Treatment (EPSDT). It provides comprehensive and preventive service to eligible children, while adhering to the recommendations of the American Academy of Pediatrics and federal regulations. In and of itself, this program currently assists families with building two of the *Five Protective Factors*.

To assess the effectiveness of EPSDT programs, all states report program statistics annually to the federal government. The federal goal is for 80 percent of children to receive a check-up. Florida is above the national participation rate for children having check-ups, with Florida at 70 percent and the national participation rate at 63 percent (2008 CMS 416 Report Data). A recent ten-state study by the Department of Health and Human Services, Office of the Inspector General, chose five states with the lowest combined participation scores and five states with the highest scores as sample states for its analysis. Florida was included in the report as one of the five *high* scoring states.

Increasing the awareness of the importance of routine preventive care to children through ongoing outreach is critical. Program staff members participate on interagency health care committees and community events (e.g., health fairs), collaborate with sister agencies such as the Department of Health's Childhood Lead Poisoning Prevention Program Data sharing initiative, and distribute Child Health Check-Up awareness materials such as brochures, check-up schedule cards and posters.

Increasing medical providers' awareness is also critical to the effectiveness of the program. To help ensure providers conduct and document all elements of this comprehensive check-up, a medical record form was developed 16 years ago to assist providers. The form has been updated through the years, with the most current update provided by a team of physicians under the direction of the Florida Pediatric Society, Florida's chapter of the American Academy of Pediatrics. In addition, Medicaid provides training, reviews of medical records, advice on reporting requirements and policy, and other technical assistance as appropriate.

Multiple avenues are available through this program to reach professionals, providers, families and children to encourage wellness through prevention. Identifying ways that the *Five Protective Factors* could be infused within the program and the many areas it touches would provide more opportunities to build family resilience throughout Florida.

Public Awareness and Education

Reinforcement through public media and venues Florida public awareness campaigns would seek to encourage and teach parents to use positive parenting techniques and encourage parents to seek parenting assistance and supports before major crises occur. Florida will seek ways to share materials, information, training and supports related to the *Five Protective Factors* and the prevention of child maltreatment. The focus will be to build upon the work of the Pinwheels for Prevention, Safe Sleep and Safe Swimming public awareness campaigns developed and implemented by Prevent Child Abuse Florida with funding and support from the Department of Children and Families and the Department of Health. The state has the opportunity to explore ways and avenues for developing and disseminating a year's worth of newsworthy briefs and articles for print in newspapers, newsletters and Internet blogs and discussion arenas as well as a series of public service announcements to broadcast year round in English, Spanish and possibly Creole through television, radio, iPods and the Internet. The intent would be to make positive parenting the "in thing" to do, reinforce parents for seeking parenting assistance and support, and offer developmentally appropriate and evidence-based parenting assistance and advice. The collective purpose of these efforts is to empower parents and families to do what they could and should do for themselves and their families. Building the *Five Protective Factors* within themselves and their families would build resilience and stability. Seeking universal and public communications vehicles to share knowledge of parenting and encouraging parents to seek assistance would provide supports to ensure that Florida's children are raised in safe, stable, and nurturing homes.

Whole Child

The Lawton Chiles Foundation, in partnership with local communities in Florida and Electronic Training Solutions, Inc. created Whole Child, assisting communities to ensure that all children thrive. It is not just another program but a philosophy that uses strategic planning, web-based technology, performance measurement and broad-based community engagement to build communities where everyone works together to make certain their children thrive. The Whole Child project initially focused on families with children ages 0-5 and is expanding in some communities to Age 8 and even adulthood. In most communities it uses Whole Child Connection Web-based technology to:

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

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

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

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

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

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

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

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

Over the next five years, the Lawton Child Foundation will partner with the State of Florida to support those communities that have Whole Child and assist those communities that want to create Whole Child in their areas. Additionally, the *Five Protective Factors* closely align with the six dimensions of a child’s well-being. These will be intentionally infused within the Whole Child efforts and the *Whole Child Florida Toolkit* as appropriate.

Part 5 – Plans of Action for the Prevention of Child Abuse, Abandonment and Neglect

Plans of Action for Prevention Strategy 1: Infuse the *Five Protective Factors* into Florida Systems that Serve Parents and Children.

Prevention Strategy 1: Infuse the *Five Protective Factors* into Florida Systems that Serve Parents and Children. By 30 June 2015, Florida-based programs, supports and services will have intentionally incorporated the *Five Protective Factors* as a foundation for their work.

Prevention Strategy 1 Objectives:

- 1.1 Early Education and Care.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within its early education and care systems.
[Lead: Agency for Workforce Innovation]
- 1.2 Home Visiting Programs.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within Florida’s home-visiting programs.
[Lead: Healthy Families Florida]
- 1.3 Head Start Programs.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within Florida’s Head Start programs.
[Leads: Florida Head Start Collaboration Office and Florida Head Start Association]
- 1.4 Medicaid Child Health Check-Up Program.** By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* within Florida’s Medicaid Child Health Check-Up Program as appropriate.
[Lead: Agency for Health Care Administration]
- 1.5 Technical Assistance to Circuits.** By 30 June 2015, the State of Florida will have provided assistance to circuits seeking to incorporate the *Five Protective Factors* within local prevention services and systems.
[Lead: Department of Children and Families]
- 1.6 Faith-Based and Community-Based Efforts.** By 30 June 2015, the State of Florida will have provided information and resources to promote and build efforts by faith-based and community-based systems to provide family and community supports that would build the *Five Protective Factors*.
[Lead: Executive Office of the Governor]

Prevention Objective 1.1: Early Education and Care

1.1. Early Education and Care. By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within its early education and care systems.

[Lead: Agency for Workforce Innovation]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

- 1.1.1 Materials and Information.** By 30 December 2011, the State of Florida will have developed training modules and supplemental materials for the family strengthening initiative for use statewide in early education and care.
- 1.1.2 Support and Training.** By 31 December 2013, the Agency for Workforce Innovation will have facilitated ongoing support and training for early learning coalition staff including Child Care Resource and Referral personnel and professional networks.
- 1.1.3 Family and Provider Materials.** By 31 December 2013, the Agency for Workforce Innovation will have identified and developed supplemental materials and dissemination vehicles for families and providers.
- 1.1.4 Monitoring.** By 31 December 2015, the Agency for Workforce Innovation will have utilized a professional development registry and assessment tools for monitoring and assessing the use of the *Five Protective Factors* within early learning.

Plan of Action for Early Education and Care, Materials and Information

Prevention Objective 1.1, Tactic 1.1.1: Early Education and Care, Materials and Information. By 30 December 2011, the State of Florida will have developed training modules and supplemental materials for the family strengthening initiative for use statewide in early education and care.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
<p>1.1.1.1 Designate a project facilitator.</p> <p>1.1.1.2 Analyze the Prevent Child Abuse and Neglect (PCAN) curriculum and other curricula as appropriate.</p> <p>1.1.1.3 Identify/Develop training module(s) and materials.</p> <p>1.1.1.4 Explore delivery options (statewide meeting, symposium session, webinar, regional events).</p> <p>1.1.1.5 Determine alignment of <i>Five Protective Factors</i> to Core Competencies.</p> <p>1.1.1.6 Identify/Develop supplemental materials for Child Care Resource and Referral (CCR&R) personnel, professional network members (Inclusion Specialists, Infant & Toddler Specialists, and Preschool Specialists within local early learning coalitions) for example: <i>CONNECTIONS</i>, Research Bulletin, supplemental training materials, etc.</p> <p>1.1.1.7 Develop possible relationships and opportunities with Zero to Three and others who could help with funding in order to provide Prevent Child Abuse and Neglect Train-the-Trainer training in Florida.</p>	<p>1.1.1.1 – 1.1.1.7 By 30 December 2011, the State of Florida will have identified/developed training and materials and shared information for the family strengthening initiative for use statewide in early education and care.</p>	<p>Agency for Workforce Innovation, Office of Early Learning</p>	<ul style="list-style-type: none"> • Department of Children and Families, Child Care • Department of Children and Families, Office of Family Safety • Department of Education, Office of Early Learning • Early Childhood Associations in Florida • Early Learning Coalition Miami-Dade County • Early Learning Coalition Palm Beach County • Florida Children’s Services Council • Governor’s Office of Adoption and Child Protection • Head Start State Collaboration Office • Additional Early Learning Coalitions as Appropriate • Other Partners as Appropriate 	<p>07/01/2010</p>	<p>12/30/2011</p>

Plan of Action for Early Education and Care, Support and Training

Prevention Objective 1.1, Tactic 1.1.2: Early Education and Care, Support and Training. By 31 December 2013, the Agency for Workforce Innovation will have facilitated ongoing support and training for early learning coalition staff including Child Care Resource and Referral personnel and professional networks.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
<p>1.1.2.1 Deliver training developed in 2010-2011.</p> <p>1.1.2.2 Provide targeted technical assistance for Child Care Resource and Referral personnel and professional networks (e.g., Inclusion Specialists, Infant and Toddler Specialists, and Preschool Specialists within local early learning coalitions).</p> <p>1.1.2.3 Provide family support endorsement for early care and education practitioners:</p> <ul style="list-style-type: none"> • Achievable through formal or informal professional development pathway • Supported by demonstration of Core Competencies aligned with the <i>Five Protective Factors</i>. • Formal adoption through steering committee • Data field in Professional Development Registry • Analysis of alignment within Department of Children and Families state mandated training courses, FCCPC/CDA and AA/AS/AAS degree programs. 	<p>1.1.2.1 – 1.1.2.3 By 31 December 2013, the Agency for Workforce Innovation will have facilitated ongoing support and training for early learning coalition staff including Child Care Resource and Referral personnel and professional networks.</p>	<p>Agency for Workforce Innovation, Office of Early Learning</p>	<ul style="list-style-type: none"> • Department of Children and Families, Child Care • Department of Children and Families, Office of Family Safety • Department of Education, Office of Early Learning • Early Childhood Associations in Florida • Early Learning Coalition Miami-Dade County • Early Learning Coalition Palm Beach County • Florida Children’s Services Council • Head Start State Collaboration Office • Additional Early Learning Coalitions as Appropriate • Other Partners as Appropriate 	<p>01/04/2012</p>	<p>12/31/2013</p>

Plan of Action for Early Education and Care, Family and Provider Information

Prevention Objective 1.1, Tactic 1.1.3: Early Education and Care, Family and Provider Information. By 31 December 2013, the Agency for Workforce Innovation will have identified and developed supplemental materials and dissemination vehicles for families and providers.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
<p>1.1.3.1 Identify/develop supplemental materials for families and providers:</p> <ul style="list-style-type: none"> • Align Family Guide with the <i>Five Protective Factors</i> and Standards • Family support materials for providers delivered as supplemental materials for registry approved trainers to use when training providers and designed to be used within other modules as well as specifically for family strengthening endorsement trainings. 	<p>1.1.3.1 By 31 December 2013, the Agency for Workforce Innovation will have identified and developed supplemental materials for families and providers.</p>	<p>Agency for Workforce Innovation, Office of Early Learning</p>	<ul style="list-style-type: none"> • Department of Children and Families, Child Care • Department of Children and Families, Office of Family Safety • Department of Education, Office of Early Learning • Early Childhood Associations in Florida • Early Learning Coalition Miami-Dade County • Early Learning Coalition Palm Beach County 	<p>01/04/2012</p>	<p>12/31/2013</p>
<p>1.1.3.2 Identify and secure access to the most commonly used and accessed Web portals and other dissemination vehicles for making strengthening families materials and resources available for those seeking this information.</p>	<p>1.1.3.2 By 31 December 2013, the Agency for Workforce Innovation will have identified and secured access to the most commonly used and accessed Web portals and other dissemination vehicles.</p>		<ul style="list-style-type: none"> • Florida Children’s Services Council • Head Start State Collaboration Office • Additional Early Learning Coalitions as Appropriate • Other Partners as Appropriate 	<p>01/04/2012</p>	<p>12/31/2013</p>

Plan of Action for Early Education and Care, Monitoring and Assessment

Prevention Objective 1.1, Tactic 1.1.4: Early Education and Care, Monitoring and Assessment. By 31 December 2015, the Agency for Workforce Innovation will have utilized a professional development registry and assessment tools for monitoring and assessing the use of the <i>Five Protective Factors</i> within early learning.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
<p>1.1.4.1 Access the Professional Development Registry data to analyze implementation of professional development strategies.</p> <ul style="list-style-type: none"> • Numbers of providers participating in family strengthening endorsement training • Numbers of endorsements awarded • Correlation to child progress and/or program evaluation data <p>1.1.4.2 Use a Strengthening Families Assessment tool to evaluate integration of the <i>Five Protective Factors</i> as an integral part of the early learning system.</p> <ul style="list-style-type: none"> • State-systems level assessment • Next steps for the professional development system <p><i>Note: The work accomplished in Objective 1.3, Head Start Programs will be beneficial and serve to inform these efforts.</i></p>	<p>1.1.4.1 – 1.1.4.2 By 31 December 2015, the Agency for Workforce Innovation will have utilized a professional development registry and assessment tools for monitoring and assessing the use of the <i>Five Protective Factors</i> within early learning. <i>[Note the plan ends on 30 June 2015]</i></p>	<p>Agency for Workforce Innovation, Office of Early Learning</p>	<ul style="list-style-type: none"> • Department of Children and Families, Child Care • Department of Children and Families, Office of Family Safety • Department of Education, Office of Early Learning • Early Learning Coalition Miami-Dade County • Early Learning Coalition Palm Beach County • Florida Children’s Services Council • Florida Head Start Collaboration Office • Head Start Protective Factors Workgroup • Other Partners as Appropriate 	<p>01/06/2014</p>	<p>12/31/2015</p>

Prevention Objective 1.2: Home Visiting Programs

1.2. Home Visiting Programs: By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* as a foundation for work within Florida's home-visiting programs.

[Lead: Healthy Families Florida]

Levels of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

- 1.2.1 Self Assessment and Planning.** By 30 June 2011, each Florida home visiting program will have completed a self-assessment and developed a plan of action for incorporating those areas missing and enhancing those areas already in place in order for the *Five Protective Factors* to serve as a foundation for their work as appropriate.
- 1.2.2 Implementation and Monitoring.** By 30 June 2015, each Florida home visiting program will have incorporated the *Five Protective Factors* to serve as a foundation for their work as appropriate.

Plan of Action for Home Visiting Programs, Implementation and Monitoring

Prevention Objective 1.2, Tactic 1.2.2: Home Visiting Programs, Implementation and Monitoring. By 30 June 2015, each Florida home visiting program will have incorporated the *Five Protective Factors* to serve as a foundation for their work as appropriate.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.2.2.1 Representatives from each home visiting program will develop a plan of action, including a timeline for incorporating the <i>Five Protective Factors</i> to serve as a foundation for their work, as appropriate.	1.2.2.1 By 29 June 2012, each program will have developed a plan of action for incorporating those areas missing and enhancing those areas already in place in order for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.	Healthy Families Florida Home Visiting Protective Factors Workgroup	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Florida Home Visiting Coalition Steering Committee • Governor's Office of Adoption and Child Protection • Nurse Family Partnership • Other Partners as Appropriate 	07/01/2011	06/29/2012
1.2.2.2 Each home visiting program implements their plans for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.	1.2.2.2.1 By 28 June 2013, each program will have begun implementing the plan of action for incorporating those areas missing and enhancing those areas already in place in order for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.			07/02/2012	06/28/2013
	1.2.2.2.2 By 30 June 2015, the plans will have been fully implemented in all identified programs.			07/01/2013	06/30/2015

Prevention Objective 1.3: Head Start Programs

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

[Leads: Agency for Workforce Innovation and Head Start State Collaboration Office]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

- 1.3.1 Statewide Education and Support.** By 30 June 2011, the Head Start Protective Factors Workgroup will have developed a plan of action for disseminating the *Five Protective Factors* throughout each of the Head Start program areas (i.e., Early Head Start, Head Start and Migrant).
- 1.3.2 Self Assessment and Planning.** By 29 June 2012, each interested program will have completed a self-assessment and developed a plan of action for incorporating those areas missing and enhancing those areas already in place in order for the *Five Protective Factors* to serve as a foundation for their work as appropriate.
- 1.3.3 Implementation and Monitoring.** By 30 June 2015, each program will have incorporated the *Five Protective Factors* to serve as a foundation for their work as appropriate.

Plan of Action for Head Start Programs, Statewide Education and Support

Prevention Objective 1.3, Tactic 1.3.1: Head Start Programs, Statewide Education and Support. By 30 June 2011, the Head Start Protective Factors Workgroup will have developed a plan of action for disseminating the <i>Five Protective Factors</i> throughout each of the Head Start program areas (i.e., Early Head Start, Head Start and Migrant).					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
<p>1.3.1.1 Develop a Head Start Protective Factors Workgroup.</p> <p><i>Note: The accomplishments of this workgroup will serve to inform the efforts of Objective 1.1, Early Education and Care as they incorporate the Five Protective Factors into the work of the Early Learning Coalitions. Additionally, the work accomplished in Objective 1.2, Home Visiting Programs will be beneficial to the efforts of this workgroup in that one of the services provided by the Head Start Programs is home visiting.</i></p>	<p>1.3.1.1 By 31 August 2010, leadership representatives from Early Head Start, Head Start and Migrant will have been identified and invited to participate in the initiative.</p>	<p>Florida Head Start Association</p> <p>Florida Head Start Collaboration Office</p>	<ul style="list-style-type: none"> • Early Head Start Grantee Representatives • Federal Grantee Program Representatives • Migrant Head Start Grantee Representatives • Parent Leaders • Preschool Head Start Grantee Representatives • Other Partners as Appropriate 	07/01/2010	08/31/2010
<p>1.3.1.2 Review the tool kit and materials provided by the Center for the Study of Social Policy and the Strengthening Families Networks.</p> <p>1.3.1.3 Review the materials developed by the Home Visiting Coalitions (See Objective 1.2).</p> <p>1.3.1.4 Determine tools and materials for use by local Head Start programs.</p> <p>1.3.1.5 Develop a plan of action that includes local planning templates, self-assessments, a timeline and monitoring process.</p>	<p>1.3.1.2 – 1.3.1.5 By 30 June 2011, a plan of action that includes a monitoring process for incorporating the <i>Five Protective Factors</i> in each Head Start program area will have been finalized.</p>	Head Start Protective Factors Workgroup	<ul style="list-style-type: none"> • Early Head Start Grantee Representatives • Federal Grantee Program Representatives • Florida Head Start Association • Florida Head Start Collaboration Office • Healthy Start Protective Factors Workgroup • Home Visiting Coalition Steering Committee • Migrant Head Start Grantee Representatives • Preschool Head Start Grantee Representatives • Other Partners as Appropriate 	07/01/2010	06/30/2011

Prevention Objective 1.3, Tactic 1.3.1: Head Start Programs, Statewide Education and Support. By 30 June 2011, the Head Start Protective Factors Workgroup will have developed a plan of action for disseminating the <i>Five Protective Factors</i> throughout each of the Head Start program areas (i.e., Early Head Start, Head Start and Migrant).					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.3.1.6 Provide information and technical assistance to the local grantees based upon the plan of action.	1.3.1.6.1 By 30 December 2011, the plan of action and accompanying materials will have been shared with the local grantees.	Head Start Protective Factors Workgroup	<ul style="list-style-type: none"> • Early Head Start Grantee Representatives • Federal Grantee Program Representatives • Florida Head Start Association • Florida Head Start Collaboration Office • Migrant Head Start Grantee Representatives • Preschool Head Start Grantee Representatives • Other Partners as Appropriate 	07/01/2011	12/30/2011
	1.3.1.6.2 By 30 December 2011, the provision of technical assistance will have begun with local grantees interested in incorporating the <i>Five Protective Factors</i> as part of the foundation for their work, as appropriate.			07/01/2011	12/30/2011

Plan of Action for Early Education and Care, Self Assessment and Planning

Prevention Objective 1.3, Tactic 1.3.2: Head Start Programs, Self Assessment and Planning. By 29 June 2012, each interested program will have completed a self-assessment and developed a plan of action for incorporating those areas missing and enhancing those areas already in place in order for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
1.3.2.1 Develop local plans of action for incorporating the <i>Five Protective Factors</i> to serve as part of the foundation for their work, as appropriate.	1.3.2.1.1 By 29 June 2012, each interested grantee will have completed the Self Assessment Tool to determine the extent to which their program builds the <i>Five Protective Factors</i> in the families they serve.	Local Grantees	<ul style="list-style-type: none"> • Florida Head Start Association • Florida Head Start Collaboration Office • Head Start Programs Leadership Team • Parent Leaders • Other Partners as Appropriate 	01/04/2012	06/29/2012
	1.3.2.1.2 By 31 December 2012, each program will have developed a plan of action for incorporating those areas missing and enhancing those areas already in place in order for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.			07/02/2012	12/31/2012
	1.3.2.1.3 By 31 December 2012, each program will have developed a process for monitoring and reporting implementation progress.			07/02/2012	12/31/2012

Prevention Objective 1.3, Tactic 1.3.3: Head Start Programs, Implementation and Monitoring. By 30 June 2015, each program will have incorporated the *Five Protective Factors* to serve as a foundation for their work as appropriate.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.3.3.1 Implement local plans for the <i>Five Protective Factors</i> to serve as a foundation for serving families as appropriate.	1.3.3.1.1 By 28 June 2013, each local grantee will have begun implementing the plan of action for incorporating those areas missing and enhancing those areas already in place in order for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.	Local Grantees Implementing Plans	<ul style="list-style-type: none"> • Florida Head Start Association • Florida Head Start Collaboration Office • Head Start Programs Leadership Team • Other Partners as Appropriate 	01/03/2013	06/28/2013
	1.3.3.1.2 By 30 June 2015, the plans will have been fully implemented in all identified programs.			01/07/2012	06/30/2015
1.3.3.2 Assess implementation progress.	1.3.3.2 By 28 June 2013, and annually thereafter, cross program implementation will be reported, summarized and discussed in a statewide forum.	Florida Head Start Association Florida Head Start Collaboration Office	<ul style="list-style-type: none"> • Florida Head Start Association • Head Start Programs Leadership Team • Local Grantees Implementing Plans • Other Partners as Appropriate 	07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015
1.3.3.3 Obtain technical assistance as needed.	1.3.3.3 By 28 June 2013, and annually thereafter, programs will have requested and received technical assistance as needed from peer grantees and representatives from the Head Start Programs Leadership Team.	Head Start Protective Factors Workgroup	<ul style="list-style-type: none"> • Florida Head Start Association • Florida Head Start Collaboration Office • Head Start Programs Leadership Team • Local Grantees Implementing Plans • Other Partners as Appropriate 	07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015

Prevention Objective 1.4: Medicaid Child Health Check-Up Program

1.4. Medicaid Child Health Check-Up Program. By 30 June 2015, the State of Florida will have incorporated the *Five Protective Factors* within Florida's Medicaid Child Health Check-Up Program as appropriate.

[Lead: Agency for Health Care Administration]

Levels of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

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

1.4.2 Implementation and Monitoring. By June 2015, the Medicaid program will have incorporated the *Five Protective Factors* into the Medicaid Child Health Check-Up Program according to the action plan developed by the workgroup.

Plan of Action for Medicaid Child Health Check-Up Program, Self Assessment and Planning

Prevention Objective 1.4, Tactic 1.4.1: Medicaid Child Health Check-Up Program, Self Assessment and Planning. By 30 June 2011, the Child Health Check-Up Program Protective Factors Workgroup will have examined the <i>Five Protective Factors</i> and developed a plan of action for incorporating the <i>Five Protective Factors</i> into the Child Health Check-Up as appropriate.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
<p>1.4.1.1 Identify Child Health Check-Up Program areas.</p> <p>1.4.1.2 Invite the area Medicaid Child Health Check-Up Coordinators and representatives from sister state agencies to participate in the initiative and have representation on the Child Health Check-Up Protective Factors Workgroup.</p>	<p>1.4.1.1 – 1.4.1.2 By 30 September 2010, Florida’s Child Health Check-Up Program area representatives will have been identified and invited to participate in the initiative.</p>	<p>Agency for Health Care Administration, Bureau of Medicaid Services</p>	<ul style="list-style-type: none"> • Governor’s Office of Adoption and Child Protection • Medicaid Child Health Check-Up Coordinators • Other Partners as Appropriate 	<p>08/01/2010</p>	<p>09/30/2010</p>
<p>1.4.1.3 The Child Health Check-Up Protective Factors Workgroup will review the program and assess opportunities for incorporating the <i>Five Protective Factors</i>.</p> <p>1.4.1.4 The Child Health Check-Up Protective Factors Workgroup will develop a work plan for implementing the activities identified during the assessment.</p>	<p>1.4.1.3 By 29 April 2011, the Child Health Check-Up Protective Factors Workgroup will have completed an assessment of the program and identified opportunities for incorporating the <i>Five Protective Factors</i>.</p> <p>1.4.1.4 By 31 August 2011, the Child Health Check-Up Protective Factors Workgroup will have an approved action plan for implementation.</p>	<p>Child Health Check-Up Protective Factors Workgroup</p>	<ul style="list-style-type: none"> • Agency for Health Care Administration • Governor’s Office of Adoption and Child Protection • Medicaid Child Health Check-Up Coordinators • Other Partners as Appropriate 	<p>10/01/2010</p> <p>05/02/2011</p>	<p>04/29/2011</p> <p>08/31/2011</p>

Plan of Action for Medicaid Child Health Check-Up Program, Implementation and Monitoring

Prevention Objective 1.4, Tactic 1.4.2: Medicaid Child Health Check-Up Program, Implementation and Monitoring. By June 2015, the Medicaid program will have incorporated the <i>Five Protective Factors</i> into the Medicaid Child Health Check-Up Program according to the action plan developed by the Workgroup.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
<p>1.4.2 The Agency for Health Care Administration will implement the actions identified by the Child Health Check-Up Protective Factors Workgroup.</p>	<p>1.4.2 By 30 June 2015, Florida’s Medicaid program will have implemented the actions recommended by the Child Health Check-Up Program Protective Factors Workgroup.</p>	<p>Agency for Health Care Administration, Bureau of Medicaid Services</p>	<ul style="list-style-type: none"> • Other Partners as identified in the implementation plan 	<p>09/01/2011</p>	<p>06/30/2015</p>

Prevention Objective 1.5: Technical Assistance to Circuits

1.5. Technical Assistance to Circuits. By 30 June 2015, the State of Florida will have provided assistance to circuits seeking to incorporate the *Five Protective Factors* within local prevention services and systems.

[Lead: Department of Children and Families]

Levels of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Technical Assistance to Circuits

Prevention Objective 1.5: Technical Assistance to Circuits. By 30 June 2015, the State of Florida will have provided assistance to circuits seeking to incorporate the <i>Five Protective Factors</i> within local prevention services and systems.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.5.1 Develop a technical assistance process to aid the circuits with information related to the <i>Five Protective Factors</i> for incorporation into their local services and systems.	1.5.1.1 By 30 September 2010, a Local Plan Family Strengthening Initiative Support Team will be established.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> • Agency for Workforce Innovation, Office of Early Learning • Department of Education • Department of Health • Florida Children’s Services Council • Governor’s Office of Adoption and Child Protection • Head Start State Collaboration Office • Healthy Start Coalition • Other Partners as Appropriate 	07/01/2010	09/30/2010
	1.5.1.2 By 30 September 2010, a technical assistance process will be completed.	Ounce of Prevention Fund of Florida		07/01/2010	09/30/2010
1.5.2 Develop and distribute technical assistance materials for use by the local planning teams.	1.5.2 By 31 December 2010, a distribution list to include the local planning teams and participating state-level agencies will be created.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> • Local Plan Family Strengthening Initiative Support Team • Other Partners as Appropriate 	09/30/2010	12/31/2010
1.5.3 Coordinate on-going technical assistance to the local planning teams, as requested (and as appropriate).	1.5.3 By 30 June 2015, 100 percent of all requests will have been achieved.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> • Local Plan Family Strengthening Initiative Support Team • Other Partners as Appropriate 	07/01/2010	06/30/2015

Prevention Objective 1.6: Faith-Based and Community-Based Efforts

1.6. Faith-Based and Community-Based Efforts. By 30 June 2015, the State of Florida will have provided information and resources to promote and build efforts by faith-based and community-based systems to provide family and community supports that would build the *Five Protective Factors*.

[Lead: Executive Office of the Governor]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

- 1.6.1 Tool Kit Enhancements.** By 30 June 2015, the State of Florida will have provided ongoing guidance, technical assistance, access to materials and user-friendly communications strategies as needed to each circuit in order to initiate and continue the engagement of faith-based and community-based systems in the prevention of child abuse using the *Five Protective Factors* (See **Prevention Objective 1.6**), promotion of public adoption (See **Promotion of Adoption Objective 2.1**), and support of adoptive families (see **Support of Adoptive Families Objective 2.3**).
- 1.6.2 Best Practices.** By 30 June 2015, the State of Florida will have created and implemented a review team to continue to research and report on best and promising practices state and nationwide to help circuits with their initiatives.
- 1.6.3 Leadership Summits.** By 30 June 2015, the State of Florida will have held annual Faith Based Leader Summits to engage faith and community leaders and update them on evidence-informed prevention and permanency practices and provide tools and resources to local faith and community leaders to engage local faith-based and community-based systems in prevention and permanency roundtable discussion meetings at the local level.

Please Note: The plan of action for this objective mirrors that of the **Prevention Objective 1.6**, **Promotion of Adoption Objective 2.1**, and **Support of Adoptive Families Objective 2.3**. The implementation of this plan of action is designed to accomplish all three objectives in concert with one another.

Plan of Action for Faith-Based and Community-Based Efforts, Tool Kit Enhancements

Prevention Objective 1.6, Tactic 1.6.1: Faith-Based and Community-Based Efforts, Tool Kit Enhancements. By 30 June 2015, the State of Florida will have provided ongoing guidance, technical assistance, access to materials and user-friendly communication strategies as needed to each circuit in order to initiate and continue the engagement of faith-based and community-based systems in the prevention of child abuse using the <i>Five Protective Factors</i> , promotion of public adoption and support of adoptive families.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.6.1.1 Establish an advisory capacity to review tool kit enhancements and communications strategies to initiate and sustain connections with faith-based and community-based systems (include faith and community leaders in this workgroup).	1.6.1.1.1 By 31 August 2010, the advisory representatives to the Faith Based Workgroup will have been designated.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Faith-based and Community-based Leaders and Organizations • Other Partners as Appropriate 	07/01/2010	08/31/2010
	1.6.1.1.2 By 31 August 2010, the tool kit enhancements and communications strategies will have been reviewed.			07/01/2010	08/31/2010
1.6.1.2 Develop a content outline for the Web site/clearinghouse to post new materials and resources.	1.6.1.2 By 31 August 2010, the content outline for the Web site will have been produced.	Governor's Office of Adoption and Child Protection Faith-Based and Community-Based Workgroup	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based and Community-Based Leaders and Organizations • Guardians ad Litem • Healthy Start Parent Education Workgroup • Healthy Start Protective Factors Workgroup • Heart Galleries • Home Visiting Protective Factors Workgroup • Parent Leaders • Private Organizations • Other Partners as Appropriate 	07/01/2010	08/31/2010

Prevention Objective 1.6, Tactic 1.6.1: Faith-Based and Community-Based Efforts, Tool Kit Enhancements. By 30 June 2015, the State of Florida will have provided ongoing guidance, technical assistance, access to materials and user-friendly communication strategies as needed to each circuit in order to initiate and continue the engagement of faith-based and community-based systems in the prevention of child abuse using the <i>Five Protective Factors</i> , promotion of public adoption and support of adoptive families.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.6.1.3 Develop a draft Web site/clearinghouse to post new materials and resources.	1.6.1.3 By 30 September 2010, the initial draft for the Web site will have been produced.	Governor's Office of Adoption and Child Protection Faith-Based and Community-Based Workgroup	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Community-Based Organizations • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based Organizations • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	09/01/2010	09/30/2010
1.6.1.4 Populate the Web site/clearinghouse with initial materials and resources.	1.6.1.4 By 30 December 2011, the information will have been received and posted on the Web site/clearinghouse use.	Governor's Office of Adoption and Child Protection Faith-Based and Community-Based Workgroup	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Community-Based Organizations • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based Organizations • Guardians ad Litem • Heart Galleries • Parent Leaders • Private Organizations • Other Partners as Appropriate 	10/01/2010	12/30/2011
1.6.1.5 Launch the Web site/clearinghouse .	1.6.1.5 By 29 June 2012, the Web site will have been operational and advertised.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based and Community-Based Leaders and Organizations • Faith-Based and Community-Based Workgroup • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	01/04/2012	06/29/2012

Prevention Objective 1.6, Tactic 1.6.1: Faith-Based and Community-Based Efforts, Tool Kit Enhancements. By 30 June 2015, the State of Florida will have provided ongoing guidance, technical assistance, access to materials and user-friendly communication strategies as needed to each circuit in order to initiate and continue the engagement of faith-based and community-based systems in the prevention of child abuse using the <i>Five Protective Factors</i> , promotion of public adoption and support of adoptive families.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.6.1.6 Maintain and update the Web site/clearinghouse.	1.6.1.6 By 28 June 2013, and annually thereafter, the Web site will have been current and updated.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based and Community-Based Leaders and Organizations • Faith-Based and Community-Based Workgroup • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015
1.6.1.7 Develop a distribution list for notifications and updates.	1.6.1.7 By 30 June 2011, and annually thereafter, regular emails of notifications will have been sent to the distribution list.	Governor's Office of Adoption and Child Protection Faith-Based and Community-Based Workgroup	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Community-Based Organizations • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based Organizations • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
1.6.1.8 Create a methodology for receiving feedback from circuits for revisions and updates to the Web site/clearinghouse .	1.6.1.8 By 30 June 2011, the methodology for receiving feedback from circuits for revisions and updates to the Web site/clearinghouse use will have been developed.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Community-Based Organizations • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based Organizations • Florida Coalition for Children • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	04/01/2011	06/30/2011

Prevention Objective 1.6, Tactic 1.6.1: Faith-Based and Community-Based Efforts, Tool Kit Enhancements. By 30 June 2015, the State of Florida will have provided ongoing guidance, technical assistance, access to materials and user-friendly communication strategies as needed to each circuit in order to initiate and continue the engagement of faith-based and community-based systems in the prevention of child abuse using the *Five Protective Factors*, promotion of public adoption and support of adoptive families.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
1.6.1.9 Implement methodology for receiving feedback from circuits for revisions and updates to the Web site/clearinghouse .	1.6.1.9 By 29 June 2012, and annually thereafter, the methodology for receiving feedback from circuits for revisions and updates to the Web site/clearinghouse will have been implemented.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Community-Based Organizations Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based Organizations • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/29/2012 06/28/2013 06/30/2014 06/30/2015

Plan of Action for Faith-Based and Community-Based Efforts, Best Practices

Prevention Objective 1.6, Tactic 1.6.2: Faith-Based and Community-Based Efforts, Best Practices. By 30 June 2015, the State of Florida will have created and implemented a review team to continue to research and report on best and promising practices state and nationwide to help circuits with their initiatives.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
1.6.2.1 Create a Best Practices Review Team.	1.6.2.1 By 30 September 2010, the Best Practices Review Team will have been created.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Community-Based Organizations • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based Organizations • Florida Coalition for Children • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	07/01/2010	09/30/2010
1.6.2.2 Design a research and distribution methodology.	1.6.2.2 By 31 December 2010, the methodology will have been designed.	Best Practices Review Team	<ul style="list-style-type: none"> • Florida Coalition for Children • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	10/01/2010	12/31/2010
1.6.2.3 Conduct the research and develop the report and update annually.	1.6.2.3 By 30 June 2011, and annually thereafter, findings will have been posted on the Web site and communicated to distribution list that includes the Adoption Information Center, faith and community partners, and local circuit team, etc.	Best Practices Review Team	<ul style="list-style-type: none"> • Adoption Information Center • Best Practices Review Team • Florida Coalition for Children • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	01/05/2011 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
1.6.2.4 Implement the distribution methodology of the report.	1.6.2.4 By 29 June 2012, and annually thereafter, reports will have been distributed statewide to help circuits, with the areas in most need being targeted.	Best Practices Review Team	<ul style="list-style-type: none"> • Adoption Information Center • Best Practices Review Team • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/29/2012 06/28/2013 06/30/2014 06/30/2015

Plan of Action for Faith-Based and Community-Based Efforts, Leadership Summits

Prevention Objective 1.6, Tactic 1.6.3: Faith-Based and Community-Based Efforts, Leadership Summits.					
By 30 June 2015, the State of Florida will have held annual Faith Based Leader Summits to engage faith and community leaders and update them on evidence-informed prevention and permanency practices and provide tools and resources to local faith and community leaders to engage local faith-based and community-based systems in prevention and permanency roundtable discussion meetings at the local level.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
1.6.3.1 Create an ongoing Faith-Based and Community-Based Summit Committee to plan statewide summits and provide support in the engagement of faith and community leaders with local congregations in local roundtables.	1.6.3.1 By 30 September 2010, the Faith-Based and Community-Based Summit Committee will have been created.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Child Welfare Providers • Community Based Care Lead Agencies • Community-Based Organizations • Department of Children and Families • Department of Health • Department of Juvenile Justice • Faith-Based Organizations • Guardians ad Litem • Heart Galleries • Private Organizations • Other Partners as Appropriate 	07/01/2010	09/30/2010
1.6.3.2 Plan the Annual Faith Based Summit.	1.6.3.2 By 30 June 2011, and annually thereafter, the Faith Based Leader Summit will have been held.	Faith-Based and Community-Based Summit Committee	<ul style="list-style-type: none"> • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	10/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
1.6.3.3 Provide support to local roundtables as needed.	1.6.3.3 By 29 June 2012, and annually thereafter, local roundtables will have been supported.	Faith-Based and Community-Based Summit Committee	<ul style="list-style-type: none"> • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/29/2012 06/28/2013 06/30/2014 06/30/2015

**Plans of Action for Prevention Strategy 2:
Strengthen Florida Systems to Better Serve the Needs of Florida Families.**

Prevention Strategy 2: Strengthen Florida Systems to Better Serve the Needs of Florida Families. By 30 June 2015, the State of Florida will have supported and built the capacity of Florida-based parenting and support programs and services to incorporate the *Five Protective Factors* as a foundation for their work and provide sustainable, accessible quality services for Florida families.

Prevention Strategy 2 Objectives:

- 2.1 Whole Child.** By 30 June 2015, the State of Florida will have provided the vision, tools, encouragement, and expertise to support new and existing Whole Child Communities.
[Lead: Lawton Chiles Foundation]
- 2.2 Healthy Families Florida.** By 30 June 2015, the State of Florida will have increased funding for Healthy Families Florida at levels necessary to sustain the quality of services, restore and expand funding to ensure the availability of services in all counties, and enhance the program's capacity to better serve families at high risk of child maltreatment due to domestic violence, substance abuse and mental health issues.
[Leads: Department of Children and Families and Healthy Families Florida]
- 2.3 Healthy Start.** By 30 June 2015, the State of Florida will have funded Healthy Start at a level necessary to sustain the quality of services, expand the availability of services and increase the program's capacity to better serve families at risk of experiencing poor child health outcomes.
[Leads: Department of Health and Florida Association of Healthy Start Coalitions]
- 2.4 Education Services for Parents/Caregivers of Newborns.** By 30 June 2015, the State of Florida will have developed and implemented a plan for providing educational services for all parents/caregivers of newborns that provides both support and information to promote the *Five Protective Factors* and healthy parent/caregiver-child interactions, and maximizes their children's health and developmental potential.
[Leads: Department of Health, Florida Association of Healthy Start Coalitions and Florida Home Visiting Coalition]

Prevention Objective 2.1: Whole Child

2.1. Whole Child. By 30 June 2015, the State of Florida will have provided the vision, tools, encouragement, and expertise to support new and existing Whole Child Communities.

[Lead: Lawton Chiles Foundation]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

2.1.1 Statewide Commitment and Dissemination. By 30 June 2011, the State of Florida will have developed a statewide commitment to the Whole Child philosophy through partnerships and networks to disseminate information to newly interested Whole Child Communities.

2.1.2 Impact of State Support. By 30 June 2015, the State of Florida will have developed a tracking system to measure the impact of state support.

Plan of Action for Whole Child, Statewide Commitment and Dissemination

Prevention Objective 2.1, Tactic 2.1.1: Whole Child, Statewide Commitment and Dissemination. By 30 June 2011, the State of Florida will have developed a statewide commitment to the Whole Child philosophy through partnerships and networks to disseminate information to newly interested Whole Child Communities.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.1.1.1 Convene a Whole Child Leadership Team comprised of key stakeholders across the state.	2.1.1.1 By 30 September 2010, the Whole Child Leadership Team will have been identified and confirmed (with representation from the Lawton Chiles Foundation, Whole Child Anchor Community, Child Abuse Prevention and Permanency Advisory Council, Office of Governor, Department of Health, Department of Children and Families, Early Learning Coalitions, and the Department of Education).	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Chambers of Commerce • Children's Services Councils • Early Learning Coalitions • Healthcare Industry • Lawton Chiles Foundation • Whole Child 2009-2010 Workgroup of the Child Abuse Prevention and Permanency Advisory Council • Other Partners as Appropriate 	01/07/2010	09/30/2010
2.1.1.2 Develop an inventory of networks available throughout all agencies across the state, including statewide associations, Children's Services Councils, and conferences and summits that could be feasible conduits to disseminate information on Whole Child Community development.	2.1.1.2.1 By 31 December 2010, an inventory list of networks will have been developed. 2.1.1.2.2 By 30 June 2011, and annually thereafter, the inventory will have been updated and shared with the Whole Child Communities.	Lawton Chiles Foundation	<ul style="list-style-type: none"> • Chambers of Commerce • Children's Services Councils • Healthcare Industry • Lawton Chiles Foundation • Whole Child Leadership Team • Other Partners as Appropriate 	09/01/2010 01/05/2011 07/01/2011 07/02/2012 07/01/2013 07/01/2014	12/31/2010 06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
2.1.1.3 Solicit a commitment from the Whole Child Leadership Team to promote Whole Child through their networks by posting basic information and/or links to the statewide Web site www.wholechildflorida.org .	2.1.1.3 By 30 June 2011, the number of links to the Foundation's Web site will have equaled or exceeded the number of Web sites under the control of the Whole Child Leadership Team members.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Lawton Chiles Foundation • Whole Child Leadership Team • Other Partners as Appropriate 	07/01/2011	06/30/2011

Prevention Objective 2.1, Tactic 2.1.1: Whole Child, Statewide Commitment and Dissemination. By 30 June 2011, the State of Florida will have developed a statewide commitment to the Whole Child philosophy through partnerships and networks to disseminate information to newly interested Whole Child Communities.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.1.1.4 Identify a core group of Whole Child experts from anchor communities to serve as mentors for new communities in addition to the support offered by the Foundation.	2.1.1.4 By 29 June 2012, and annually thereafter, the number of mentors signed up to provide support to new communities will have equaled or exceeded the number of communities that have expressed an interest in beginning the Whole Child development process.	Lawton Chiles Foundation	<ul style="list-style-type: none"> • Lawton Chiles Foundation • Whole Child Communities • Whole Child Leadership Team • Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/29/2012 06/28/2013 06/30/2014 06/30/2015
2.1.1.5 Identify geographically new community interest and delegate a member of the Whole Child Leadership Team to provide facilitative support to solidify interest in Whole Child.	2.1.1.5.1 By 30 June 2011, the number of Whole Child Leadership Team members signed up to facilitate community interest in new communities will have equaled or exceeded the number of communities that have expressed an interest in learning more about the Whole Child development process.	Lawton Chiles Foundation	<ul style="list-style-type: none"> • Lawton Chiles Foundation • Whole Child Leadership Team • Other Partners as Appropriate 	01/05/2011	06/30/2011
	2.1.1.5.2 By 30 December 2011, each Whole Child Leadership Team member signed up to facilitate community interest in new communities will have assisted with at least one community forum or meeting in the new community.			01/05/2011	12/30/2011

Prevention Objective 2.1, Tactic 2.1.1: Whole Child, Statewide Commitment and Dissemination. By 30 June 2011, the State of Florida will have developed a statewide commitment to the Whole Child philosophy through partnerships and networks to disseminate information to newly interested Whole Child Communities.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.1.1.6 Incorporate the <i>Five Protective Factors</i> within the Whole Child Six Dimensions as appropriate.	<p>2.1.1.6.1 By 30 June 2011, 100 percent of the existing Whole Child Communities will have been provided with material and information on the <i>Five Protective Factors</i> and will have indicated whether or not they will work on this effort.</p> <p>2.1.1.6.2 By 15 December 2011, self-selected Whole Child Communities will have assessed the extent to which their efforts incorporate all of the <i>Five Protective Factors</i>.</p> <p>2.1.1.6.3 By 29 June 2012, these Whole Child Communities will have made adjustments to ensure all <i>Five Protective Factors</i> are addressed, if indicated.</p> <p>2.1.1.6.4 By 29 June 2012, a section on the <i>Five Protective Factors</i> will have been added to the <i>Whole Child Florida Toolkit</i>.</p>	<p>Governor's Office of Adoption and Child Protection</p> <p>Lawton Chiles Foundation</p>	<ul style="list-style-type: none"> • Whole Child Communities • Whole Child Leadership Team • Other Partners as Appropriate 	<p>07/01/2010</p> <p>07/01/2011</p> <p>07/01/2011</p> <p>07/01/2011</p>	<p>06/30/2011</p> <p>12/15/2011</p> <p>06/29/2012</p> <p>06/29/2012</p>
2.1.1.7 Determine the feasibility of partnering with statewide networks to develop a Whole Child Summit.	2.1.1.7 By 30 June 2011, a decision will have been made whether to develop a Whole Child Summit.	<p>Governor's Office of Adoption and Child Protection</p> <p>Lawton Chiles Foundation</p>	<ul style="list-style-type: none"> • Whole Child Communities • Whole Child Leadership Team • Other Partners as Appropriate 	01/05/2011	06/30/2011
2.1.1.8 Identify needs for ongoing support and amend the plan as appropriate.	2.1.1.8 By 29 June 2012, and annually thereafter, plan amendments will have been drafted and submitted to the Governor's Office of Adoption and Child Protection if deemed appropriate.	Lawton Chiles Foundation	<ul style="list-style-type: none"> • Governor's Office of Adoption and Child Protection • Whole Child Leadership Team • Other Partners as Appropriate 	<p>07/01/2011</p> <p>07/02/2012</p> <p>07/01/2013</p> <p>07/01/2014</p>	<p>06/29/2012</p> <p>06/28/2013</p> <p>06/30/2014</p> <p>06/30/2015</p>

Plan of Action for Whole Child, Impact of State Support

Prevention Objective 2.1, Tactic 2.1.2: Whole Child, Impact of State Support. By 30 June 2015, the State of Florida will have developed a tracking system to measure the impact of state support.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.1.2.1 Develop a comprehensive communication through the Whole Child Leadership Team by meeting at least quarterly either in person or via conference call with a standardized agenda to include a review of the stated benchmarks each quarter.	2.1.2.1 By 30 June 2011, and annually thereafter, the Whole Child Leadership Team will have met and discussed progress at least four times using the assessment methodology provided in the <i>Whole Child Florida Toolkit</i> .	Whole Child Leadership Team	<ul style="list-style-type: none"> • Lawton Chiles Foundation • Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
2.1.2.2 Develop a system of tallying and assessing Whole Child communities (e.g., number and status level) for evaluating impact of support from the Whole Child Leadership Team.	2.1.2.2 By 30 June 2011, and annually thereafter, the Lawton Chiles Foundation and the Whole Child Leadership Team will have reviewed the impact and progress using the assessment methodology in the <i>Whole Child Florida Toolkit</i> .	Lawton Chiles Foundation	<ul style="list-style-type: none"> • Whole Child Leadership Team • Other Partners as Appropriate 	01/05/2011 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015

Prevention Objective 2.2: Healthy Families Florida

2.2. Healthy Families Florida: By 30 June 2015, the State of Florida will have increased funding for Healthy Families Florida at levels necessary to sustain the quality of services, restore and expand funding to ensure the availability of services in all counties, and enhance the program's capacity to better serve families at high risk of child maltreatment due to domestic violence, substance abuse and mental health issues.

[Lead: Department of Children and Families and Healthy Families Florida]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

- 2.2.1 Advocacy.** By 30 June 2015, Healthy Families Florida will have worked with partners at the federal, state and local level, including parents, families and other citizens, to advocate as one voice to promote investments in Healthy Families Florida and to support other child and family programs and services.
- 2.2.2 Restored and Increased Funding.** By 30 June 2015, Healthy Families Florida will have secured sufficient funding to sustain the quality, and restore and increase the availability of Healthy Families Florida services.
- 2.2.3 Enhanced Funding.** By 30 June 2015, Healthy Families Florida will have secured sufficient funding to enhance the Healthy Families Florida model to better serve families experiencing domestic violence, substance abuse, and mental health issues.
- 2.2.4 Parent Support Groups.** By 30 June 2015, Healthy Families Florida will have increased the availability of parent support groups, including opportunities for fathers, within Healthy Families Florida projects as another strategy to increase the *Five Protective Factors* in families.
- 2.2.5 Quality Improvement.** By 30 June 2015, Healthy Families Florida will have continued ongoing quality improvement efforts to ensure fidelity to the program model and to sustain the quality of services.

Plan of Action for Healthy Families Florida, Advocacy

Prevention Objective 2.2, Tactic 2.2.1: Healthy Families Florida, Advocacy. By 30 June 2015, Healthy Families Florida will have worked with partners at the federal, state and local level, including parents, families and other citizens, to advocate as one voice to promote investments in Healthy Families Florida and to support other child and family programs and services.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.2.1.1 Engage Healthy Families Florida parents, families and community leaders to advocate for Healthy Families Florida.	2.2.1.1.1 By 30 June 2011, and annually thereafter, at least two advocacy trainings will have been presented by the Ounce of Prevention Fund of Florida.	Healthy Families Florida	<ul style="list-style-type: none"> • Healthy Families Florida Advisory Committee/Strategy 5 Workgroup • Local Healthy Families Florida Projects • Other Partners as Appropriate 	07/01/2010	06/30/2011
	2.2.1.1.2 By 30 June 2011, and annually thereafter, every project will have at least one parent leader trained as a Healthy Families Florida advocate.			07/01/2011	06/29/2012
	2.2.1.1.3 By 30 June 2011, and annually thereafter, at least one article or letter will be published advocating for Healthy Families Florida.			07/02/2012	06/28/2013
2.2.1.2 Implement advocacy strategies to align with Healthy Families Florida's legislative priorities.	2.2.1.2 By 30 June 2011, and annually thereafter, 100 percent of advocacy strategies will have aligned with Healthy Families Florida legislative priorities and messages.	Healthy Families Florida	<ul style="list-style-type: none"> • Community Partners • Healthy Families Florida Advisory Committee/ Strategy 5 Workgroup • Local Healthy Families Florida Projects • Ounce of Prevention Fund of Florida, Board of Directors • Other Partners as Appropriate 	07/01/2010	06/30/2011
				07/01/2011	06/29/2012
				07/02/2012	06/28/2013
2.2.1.3 Incorporate Healthy Families Florida participant success stories in to Healthy Families Florida advocacy efforts.	2.2.1.3 By 30 June 2011, and annually thereafter, 100 percent of advocacy materials will include participant quotes and/or success stories.	Healthy Families Florida	<ul style="list-style-type: none"> • Local Healthy Families Florida Projects • Other Partners as Appropriate 	07/01/2010	06/30/2011
				07/01/2011	06/29/2012
				07/02/2012	06/28/2013
				07/01/2013	06/30/2015
				07/01/2014	06/30/2015

Plan of Action for Healthy Families Florida, Restored and Increased Funding

Prevention Objective 2.2, Tactic 2.2.2: Healthy Families Florida, Restored and Increased Funding. By 30 June 2015, Healthy Families Florida will have secured sufficient funding to sustain the quality, and restore and increase the availability of Healthy Families Florida services.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.2.2.1 Develop and submit legislative budget requests to the Department of Children and Families to restore the 2010-11 funding cut and adjust the base-funding for price level and work load increases to sustain quality.	2.2.2.1.1 By 31 August 2010, a legislative budget request will have been submitted to the Department of Children and Families to restore the 2010-11 funding cut.	Healthy Families Florida Department of Children and Families	<ul style="list-style-type: none"> • Agency for Healthcare Administration • Department of Children and Families, Budget Office • Department of Children and Families, Office of Family Safety Office • Healthy Families Florida Advisory Committee/ Strategy 5 Workgroup • Other Partners as Appropriate 	07/01/2010	08/31/2010
	2.2.2.1.2 By 31 August 2011, and annually thereafter, a legislative budget request is submitted to the Department of Children and Families.			07/01/2011 07/02/2012 07/01/2013 07/01/2014	08/31/2011 08/31/2012 08/30/2013 08/29/2014
2.2.2.2 Develop state level and grassroots advocacy strategies to avoid reductions in Healthy Families Florida and increase base funding.	2.2.2.2.1 By 28 February 2011, a list of advocacy strategies will be created and distributed to state and local partners for implementation.	Healthy Families Florida	<ul style="list-style-type: none"> • Agency for Healthcare Administration • Healthy Families Florida Advisory Committee/ Strategy 5 Workgroup • Local Healthy Families Florida Projects • Local Planning Teams Initiatives, as Appropriate • Other Partners as Appropriate 	07/01/2011	02/28/2011
	2.2.2.2.2 By 28 February 2012, and annually thereafter, the advocacy strategies will be updated and distributed to state and local partners for implementation.				01/04/2012 01/03/2013 01/06/2014 01/05/2015

Prevention Objective 2.2, Tactic 2.2.2: Healthy Families Florida, Restored and Increased Funding. By 30 June 2015, Healthy Families Florida will have secured sufficient funding to sustain the quality, and restore and increase the availability of Healthy Families Florida services.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.2.2.3 Work with projects to determine unmet need in each community and the associated costs.	2.2.2.3 By 31 December 2010, 100 percent of local projects will have submitted a report to Healthy Families Florida on unmet needs that will be used to develop a budget issue for expanding the availability of services.	Healthy Families Florida	<ul style="list-style-type: none"> Local Healthy Families Florida Projects Other Partners as Appropriate 	07/01/2010	12/31/2010
2.2.2.4 Develop and submit to the Department of Children and Families legislative budget requests to phase in expansion of Healthy Families Florida services.	2.2.2.4 By 31 August 2012, and annually thereafter, legislative budget requests will have been submitted to the Department of Children and Families will include expansion of services.	Healthy Families Florida	<ul style="list-style-type: none"> Agency for Healthcare Administration Department of Children and Families Healthy Families Florida Advisory Committee, Strategy 5 Workgroup Other Partners as Appropriate 	07/02/2012 07/01/2013 07/01/2014	08/31/2012 08/30/2013 08/29/2014
2.2.2.5 Identify additional community organizations that are willing to contribute funds and/or community organizations that are willing to increase their contribution to serve additional families.	<p>2.2.2.5.1 By 29 June 2012, and annually thereafter, a list of additional community organizations interested in contributing and/or community organizations interested in increasing their contribution will have been identified and created.</p> <p>2.2.2.5.2 By 30 June 2015, at least five percent of the additional organizations will be contributing funds.</p>	Local Healthy Families Florida Projects	<ul style="list-style-type: none"> Community Based Organizations Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014 07/01/2010	06/29/2012 06/28/2013 06/30/2014 06/30/2015 06/30/2015

Plan of Action for Healthy Families Florida, Enhanced Funding

Prevention Objective 2.2, Tactic 2.2.3: Healthy Families Florida, Enhanced Funding. By 30 June 2015, Healthy Families Florida will have secured sufficient funding to enhance the Healthy Families Florida model to better serve families experiencing domestic violence, substance abuse, and mental health issues.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.2.3.1 Develop and submit legislative budget requests to the Department of Children and Families to add high-risk specialists to the core staffing.	2.2.3.1 By 31 August 2010, and annually thereafter, legislative budget requests submitted to the Department of Children and Families will have included requests for enhancement.	Healthy Families Florida Department of Children and Families	<ul style="list-style-type: none"> Agency for Healthcare Administration Local Healthy Families Florida Projects Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	08/31/2010 08/31/2011 08/31/2012 08/30/2013 08/29/2014
2.2.3.2 Seek state level funding opportunities in addition to submitting legislative budget requests.	2.2.3.2.1 By 30 June 2015, at least one grant proposal will have been submitted. 2.2.3.2.2 By 30 June 2015, at least one additional contribution will have been acquired.	Healthy Families Florida Department of Children and Families	<ul style="list-style-type: none"> Agency for Healthcare Administration Local Healthy Families Florida Projects Other Partners as Appropriate 	07/01/2010 07/01/2010	06/30/2015 06/30/2015
2.2.3.3 Explore the feasibility of Community Based Care lead agencies contributing prevention funds to provide mental health and substance abuse services to Healthy Families Florida families.	2.2.3.3 By 30 June 2015, all local Healthy Families Florida projects will have met with their Community Based Care lead agency at least once to discuss the feasibility of contributing prevention funds to Healthy Families Florida families.	Local Healthy Families Florida Projects Department of Children and Families	<ul style="list-style-type: none"> Community Based Care Lead Agencies Other Partners as Appropriate 	07/01/2010	06/30/2015

Plan of Action for Healthy Families Florida, Parent Support Groups

Prevention Objective 2.2, Tactic 2.2.4: Healthy Families Florida, Parent Support Groups. By 30 June 2015, Healthy Families Florida will have increased the availability of parent support groups, including opportunities for fathers, within Healthy Families Florida projects as another strategy to increase the <i>Five Protective Factors</i> in families.					
Action Steps	Measures/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.2.4.1 Identify parent leaders within each Healthy Families Florida project to assist in the coordination, facilitation and/or content development of parent support groups.	2.2.4.1.1 By 29 June 2012, and annually thereafter, at least one potential parent leader will have been identified by each local project.	Local Healthy Families Florida Projects	<ul style="list-style-type: none"> • Ounce of Prevention Fund of Florida, Prevention Services Unit • Other Partners as Appropriate 	07/01/2010	06/29/2012
	2.2.4.1.2 By 30 June 2015, each local project will have at least one parent leader assisting in the coordination, facilitation, and/or content development of parent support groups.			07/01/2010	06/30/2015
2.2.4.2 Seek state level grant opportunities to support parent groups and father involvement.	2.2.4.2 By 30 June 2015, at least one grant proposal will have been submitted.	Healthy Families Florida Department of Children and Families	<ul style="list-style-type: none"> • Local Healthy Families Florida Projects • Other Partners as Appropriate 	07/01/2010	06/30/2015
2.2.4.3 Encourage local programs to seek grants, community contributions and local sponsorships.	2.2.4.3.1 By 30 June 2015, each local project will have applied for or requested at least one community grant or additional funding source.	Healthy Families Florida	<ul style="list-style-type: none"> • Local Healthy Families Florida Projects • Other Partners as Appropriate 	07/01/2010	06/30/2015
	2.2.4.3.2 By 30 June 2015, each local project will have acquired at least one additional contribution.			07/01/2010	06/30/2015

Plan of Action for Healthy Families Florida, Quality Improvement

Prevention Objective 2.2, Tactic 2.2.5: Healthy Families Florida, Quality Improvement. By 30 June 2015, Healthy Families Florida will have continued ongoing quality improvement efforts to ensure fidelity to the program model and to sustain the quality of services.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.2.5.1 Conduct focus groups with participants and staff.	2.2.5.1 By 29 June 2012, at least one focus group will have occurred.	Healthy Families Florida	<ul style="list-style-type: none"> Local Healthy Families Florida Projects Other Partners as Appropriate 	07/01/2010	06/29/2012
2.2.5.2 Continue to administer and analyze the annual Healthy Families Florida participant satisfaction survey.	2.2.5.2 By 31 January 2011, and annually thereafter, 95 percent of Healthy Families Florida participants will have reported satisfaction with services.	Ounce of Prevention Fund of Florida, Research, Evaluation and Systems Unit	<ul style="list-style-type: none"> Local Healthy Families Florida Projects Ounce of Prevention Fund of Florida, Healthy Families Florida Central Office Other Partners as Appropriate 	09/01/2010 09/01/2011 09/01/2012 09/01/2013 09/01/2014	01/31/2011 01/31/2012 01/31/2013 01/31/2014 01/30/2015
2.2.5.3 Continue to conduct Quality Improvement groups with project staff, as needed.	2.2.5.3 By 30 June 2015, at least one Quality Improvement group will have been conducted and the products disseminated to projects.	Healthy Families Florida	<ul style="list-style-type: none"> Local Healthy Families Florida Projects Other Partners as Appropriate 	07/01/2010	06/30/2015
2.2.5.4 Continue to identify best practices and share between projects.	2.2.5.4 By 30 June 2011, a list of best practices will have been created and updated annually thereafter and distributed to projects.	Healthy Families Florida	<ul style="list-style-type: none"> Local Healthy Families Florida Projects Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
2.2.5.5 Identify how current Healthy Families Florida services increase the <i>Five Protective Factors</i> in families.	2.2.5.5 By 31 March 2011, a summary will have been completed and distributed to projects and partners.	Healthy Families Florida	<ul style="list-style-type: none"> Local Healthy Families Florida Projects Other Partners as Appropriate 	10/01/2010	03/31/2011
2.2.5.6 Revise Healthy Families Florida Level Forms to incorporate the <i>Five Protective Factors</i> language.	2.2.5.6.1 By 31 March 2011, the Healthy Families Florida Level forms will have been revised. 2.2.5.6.2 By 30 June 2011, the revised Level Forms will have been implemented.	Healthy Families Florida	<ul style="list-style-type: none"> Local Healthy Families Florida Projects Other Partners as Appropriate 	10/01/2010 10/01/2010	03/31/2011 06/30/2011

Prevention Objective 2.2, Tactic 2.2.5: Healthy Families Florida, Quality Improvement. By 30 June 2015, Healthy Families Florida will have continued ongoing quality improvement efforts to ensure fidelity to the program model and to sustain the quality of services.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.2.5.7 Implement an evaluation tool to measure the <i>Five Protective Factors</i> .	2.2.5.7 By 30 June 2015, an evaluation tool to measure the <i>Five Protective Factors</i> will be implemented.	Ounce of Prevention Fund of Florida, Healthy Families Florida Central Office Ounce of Prevention Fund of Florida, Research, Evaluation and Systems Unit	<ul style="list-style-type: none"> • Department of Children and Families • FRIENDS National Resource Center • Other Partners as Appropriate 	07/01/2010	06/30/2015

Prevention Objective 2.3: Healthy Start

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

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

- 2.3.1 Five Protective Factors.** By 30 June 2014, Healthy Start will have formally incorporated the *Five Protective Factors* into the planning process and foundation of the Healthy Start system of services.
- 2.3.2 Sustained and Increased Funding.** By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding to sustain the quality and increase the availability of Healthy Start services.
- 2.3.3 Fetal and Infant Mortality Review.** By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding to establish the Fetal and Infant Mortality Review process statewide and will continue to collaborate with the State Child Abuse Death Review Team regarding mutual strategies to reduce child deaths.
- 2.3.4 Parent Education and Support.** By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding to implement evidence-based parent education services for those who meet service criteria.
- 2.3.5 Quality Improvement.** By 30 June 2015, Healthy Start will have continued ongoing quality improvement efforts to utilize evidence-based services and identify and integrate new promising practices to ensure the program is delivering effective services that improve child health and development.

Plan of Action for Healthy Start, Five Protective Factors

Prevention Objective 2.3, Tactic 2.3.1: Healthy Start, Five Protective Factors. By 30 June 2014, Healthy Start will have formally incorporated the <i>Five Protective Factors</i> into the planning process and foundation of the Healthy Start system of services.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
<p>2.3.1.1 Designate a Healthy Start Protective Factors Workgroup to lead this initiative.</p> <p><i>Note: The work accomplished in Objective 1.2, Home Visiting Programs will be beneficial to the efforts of this workgroup in that one of the services provided by the Healthy Start system of services is home visiting.</i></p>	<p>2.3.1.1 By 31 December 2010, a Healthy Start Protective Factors Workgroup will have been formed and begun working.</p>	<p>Florida Association of Healthy Start Coalitions</p>	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Florida Home Visiting Coalition Steering Committee • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Local Healthy Start Coalitions • Other Partners as Appropriate 	<p>07/01/2010</p>	<p>12/31/2010</p>
<p>2.3.1.2 Review the tool kit and materials developed by the Center for the Study of Social Policy, the Strengthening Families Network, and the Florida Home Visiting Coalition (See Objective 1.2).</p> <p>2.3.1.3 Determine tools and materials for use by local Healthy Start programs.</p> <p>2.3.1.4 Develop a plan of action that includes local planning templates, self-assessment guidelines, a timeline and monitoring process.</p>	<p>2.3.1.2-2.3.1.4 By 30 December 2011, a plan of action that includes local planning templates, self-assessment guidelines, a timeline and monitoring process will have been finalized.</p>	<p>Healthy Start Protective Factors Workgroup</p>	<ul style="list-style-type: none"> • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition Steering Committee • Governor’s Office of Adoption and Child Protection • Local Healthy Start Coalitions • Other Partners as Appropriate 	<p>01/05/2011</p>	<p>12/30/2011</p>

Prevention Objective 2.3, Tactic 2.3.1: Healthy Start, Five Protective Factors. By 30 June 2014, Healthy Start will have formally incorporated the *Five Protective Factors* into the planning process and foundation of the Healthy Start system of services.

Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.3.1.5 Develop and implement plans of action, including timelines for incorporating the <i>Five Protective Factors</i> to serve as a foundation for Healthy Start work, as appropriate.	2.3.1.5.1 By 30 March 2012, each Healthy Start Coalition will have completed the Self-Assessment Tool to determine the extent to which they build the <i>Five Protective Factors</i> in the families they serve.	Healthy Start Protective Factors Committee	<ul style="list-style-type: none"> • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition Steering Committee • Governor's Office of Adoption and Child Protection • Local Healthy Start Coalitions • Other Partners as Appropriate 	01/01/2011	03/30/2012
	2.3.1.5.2 By 29 June 2012, each Healthy Start Coalition will have developed a plan of action for incorporating those areas missing and enhancing those areas already in place in order for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.			04/02/2012	06/29/2012
	2.3.1.5.3 By 28 September 2012, each program will have begun implementing the plan of action for incorporating those areas missing and enhancing those areas already in place in order for the <i>Five Protective Factors</i> to serve as a foundation for their work as appropriate.			07/02/2012	09/28/2012
	2.3.1.5.4 By 30 June 2014, the plans will have been fully implemented in all identified programs.			10/01/2012	06/30/2014

Plan of Action for Healthy Start, Sustained and Increased Funding

Prevention Objective 2.3, Tactic 2.3.2: Healthy Start, Sustained and Increased Funding. By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding to sustain the quality and increase the availability of Healthy Start services.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.3.2.1 Continue to monitor the number of births, the number of Healthy Start families served and the number of services provided monthly and compile annually.	2.3.2.1 By 31 March 2011, and annually thereafter, the Department of Health will have compiled information on the number of births, the number of Healthy Start families served and the number of services provided to them.	Department of Health	<ul style="list-style-type: none"> • Florida Association of Healthy Start Coalitions • Healthy Start Coalitions • Healthy Start Parent Education Workgroup • Other Partners as Appropriate 	01/05/2011 01/04/2012 01/03/2013 01/06/2014 01/05/2015	03/31/2011 03/30/2012 03/31/2013 03/31/2014 03/31/2015
2.3.2.2 Determine whether additional data and information are necessary to assess the needs in each community for services and supports.	2.3.2.2.1 By 31 March 2011, and annually thereafter, the need for additional data/information will have been assessed by the lead and partners. 2.3.2.2.2 By 29 April 2011, and annually thereafter, the need for additional data/information will have been addressed by the lead and partners.	Department of Health	<ul style="list-style-type: none"> • Florida Association of Healthy Start Coalitions • Healthy Start Coalitions • Healthy Start Parent Education Workgroup • Other Partners as Appropriate 	01/05/2011 01/04/2012 01/03/2013 01/06/2014 01/05/2015	03/31/2011 03/30/2012 03/31/2013 03/31/2014 03/31/2015 04/29/2011 04/30/2012 04/30/2013 04/30/2014 04/30/2015
2.3.2.3 Determine unmet needs in each community and estimated costs for services.	2.3.2.3 By 30 June 2011, and annually thereafter, 100 percent of Healthy Start Coalitions will have submitted an analysis of their unmet needs that will contain data used to develop issue proposals for the Department of Health to use in preparing a Legislative Budget Request for increased need for funding.	Department of Health	<ul style="list-style-type: none"> • Florida Association of Healthy Start Coalitions • Healthy Start Coalitions • Other Partners as Appropriate 	01/05/2011 01/04/2012 01/03/2013 01/06/2014 01/05/2015	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015

Prevention Objective 2.3, Tactic 2.3.2: Healthy Start, Sustained and Increased Funding. By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding to sustain the quality and increase the availability of Healthy Start services.

Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.3.2.4 Develop and submit to the Department of Health legislative budget requests that meet unmet needs for Healthy Start services.	2.3.2.4 By 31 August 2011, (or within the department planning deadlines if different), and annually thereafter, the Healthy Start program will have submitted to the Department of Health a budget issue proposal to meet the unmet need for Healthy Start services.	Department of Health	<ul style="list-style-type: none"> • Florida Association of Healthy Start Coalitions • Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014	08/31/2011 08/31/2012 08/30/2013 08/29/2014
2.3.2.5 Collaborate with the Agency for Health Care Administration to submit the Medicaid Healthy Start waiver application every two years.	2.3.2.5 By 15 August 2010, and biennially thereafter, the Department of Health will have contacted the Agency for Health Care Administration regarding the waiver renewal application.	Department of Health	<ul style="list-style-type: none"> • Agency for Health Care Administration • Florida Association of Healthy Start Coalitions • Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2010 07/02/2012 07/01/2014	08/15/2010 08/15/2012 08/15/2014
2.3.2.6 Explore the advisability of adding the Medicaid Healthy Start waiver services to the State Medicaid Plan instead of a 1915 (b) waiver.	2.3.2.6 By 1 July 2011, the Department of Health will have determined if an opportunity exists and whether it is advisable to add Medicaid Healthy Start waiver services to the State Medicaid Plan.	Agency for Health Care Administration	<ul style="list-style-type: none"> • Department of Health • Florida Association of Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2010	07/01/2011

Plan of Action for Healthy Start, Fetal and Infant Mortality Review

Prevention Objective 2.3, Tactic 2.3.3: Healthy Start, Fetal and Infant Mortality Review. By 30 June 2015, Healthy Start will have secured sufficient funding to establish the Fetal and Infant Mortality Review process statewide and will continue to collaborate in collaboration with the State Child Abuse Death Review Team regarding mutual strategies to reduce child deaths.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.3.3.1 Develop and submit legislative budget requests to the Department of Health to fund Fetal and Infant Mortality Review (FIMR) Projects for all Healthy Start Coalitions.	2.3.3.1 By 31 August 2011, (or within the department planning deadlines if different), and annually thereafter, the Healthy Start program will have submitted to the Department of Health a budget issue proposal for a statewide system of Fetal and Infant Mortality Review Projects.	Department of Health	<ul style="list-style-type: none"> • Florida Association of Healthy Start Coalitions • Local Child Abuse Death Review Teams • Local Fetal and Infant Mortality Review Teams • State Child Abuse Death Review Team • Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014	08/31/2011 08/31/2012 08/30/2013 08/29/2014
2.3.3.2 Explore avenues to secure funding from local community based organizations to fund local Fetal and Infant Mortality Review (FIMR) Projects.	2.3.3.2 By 31 December 2010, 100 percent of the 30 Healthy Start Coalitions will have explored local funding opportunities.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Chambers of Commerce • Department of Health • Healthcare and Medical Associations • Healthcare Industry • Local Child Abuse Death Review Teams • Local Fetal and Infant Mortality Review Teams • State Child Abuse Death Review Team • Other Partners as Appropriate 	07/01/2010	12/31/2010

Prevention Objective 2.3, Tactic 2.3.3: Healthy Start, Fetal and Infant Mortality Review. By 30 June 2015, Healthy Start will have secured sufficient funding to establish the Fetal and Infant Mortality Review process statewide and will continue to collaborate in collaboration with the State Child Abuse Death Review Team regarding mutual strategies to reduce child deaths.

Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.3.3.3 Develop and implement a plan for collaborating with the State Child Abuse Death Review (CADR) Team, the State Domestic Violence Fatality Review (DVFR) Team and the Pregnancy Associated Mortality Review (PAMR) Team.	2.3.3.3.1 By 30 June 2011, the Department of Health will have met with representatives from the four death review teams to identify ways for collaborating and sharing results and recommendations.	Department of Health	<ul style="list-style-type: none"> • Department of Health, Children’s Medical Services • Pregnancy Associated Mortality Review Team • State Child Abuse Death Review Team • State Domestic Violence Fatality Review Team • Other Partners as Appropriate 	07/01/2010	06/30/2011
	2.3.3.3.2 By 29 June 2012, the Department of Health will have completed a plan for ongoing collaboration with the State Child Abuse Death Review Team and the others as appropriate.			07/01/2011	06/29/2012
	2.3.3.3.3 By 28 June 2013, and annually thereafter, (if created) the State Fetal and Infant Mortality Review representatives will have met with the State Child Abuse Death Review Team and the other teams as appropriate to craft prevention priorities and strategies.			07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015
2.3.3.4 Develop and implement plans for collaborating with the local Child Abuse Death Review Teams.	2.3.3.4.1 By 30 June 2011, and annually thereafter, the Department of Health will have developed and maintained an inventory of all Fetal and Infant Mortality Review (FIMR) and Child Abuse Death Review (CADR) teams in Florida with the contact information for the chairmen.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Local Child Abuse Death Review Teams • Local Fetal and Infant Mortality Review Teams • Local Health Departments • Local Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2010	06/30/2011
	2.3.3.4.2 By 29 June 2012, 100 percent of the Healthy Start Coalitions will have completed plans for collaboration with their local Child Abuse Death Review Teams.			07/01/2011	06/29/2012
	2.3.3.4.3 By 28 June 2013, and annually thereafter, representatives from 100 percent of the existing local Fetal and Infant Mortality Review teams will have met with their peer local Child Abuse Death Review Teams to craft local prevention priorities and strategies.			07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015

Plan of Action for Healthy Start, Parent Education and Support

Prevention Objective 2.3, Tactic 2.3.4: Healthy Start, Parent Education and Support. By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding implement evidence-based parent education services for those who meet service criteria.					
Action Steps	Measures/ Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.3.4.1 Designate a Healthy Start Parent Education Workgroup to lead this initiative.	2.3.4.1 By 31 December 2010, a Healthy Start Parent Education Workgroup will have been formed and begun working.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Evidence-Based Parenting Programs Workgroup • Florida Home Visiting Coalition Steering Committee • Governor's Office of Adoption and Child Protection • Local Fetal and Infant Mortality Review Teams • Local Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2010	12/31/2010
2.3.4.2 Obtain data on Florida infant mortality and morbidity, child maltreatment and other indicators that are correlates of poor child-well being.	2.3.4.2 – 2.3.4.3 By 31 March 2011, data will have been obtained.	Healthy Start Parent Education Workgroup	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Governor's Office of Adoption and Child Protection • Local Fetal and Infant Mortality Review Teams • State Child Abuse Death Review Team • Other Partners as Appropriate 	01/05/2011	03/31/2011
2.3.4.3 Obtain the data that is monitored by the Coalitions and the Department of Health (See 2.3.2.1).					
2.3.4.4 Determine whether additional data and information are necessary to assess the needs in each community for parent education services and supports.	2.3.4.4.1 By 31 March 2011, the need for additional data/information will have been assessed. 2.3.4.4.2 By 30 June 2011, the need for additional data/information will have been addressed.	Healthy Start Parent Education Workgroup	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Evidence-Based Parenting Programs Workgroup • Florida Association of Healthy Start Coalitions • Other Partners as Appropriate 	01/05/2011 01/05/2011	03/31/2011 06/30/2011

Prevention Objective 2.3, Tactic 2.3.4: Healthy Start, Parent Education and Support. By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding implement evidence-based parent education services for those who meet service criteria.					
Action Steps	Measures/ Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.3.4.5 Review data to determine which areas have the greatest need for parent education.	2.3.4.5 By 30 September 2011, areas with the greatest need for parent education will have been identified.	Healthy Start Parent Education Workgroup	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Florida Head Start Collaborative Office • Florida Home Visiting Collaboration • Prevent Child Abuse Florida • Other Partners as Appropriate 	07/01/2011	09/30/2011
2.3.4.6 Review the listing of evidence-based parenting programs developed by the Evidence-based Parenting Programs Workgroup <i>(See Prevention Objective 3.2).</i> 2.3.4.7 Develop a listing of evidence-based parent education services and the costs of those curricula. 2.3.4.8 Provide the information to the local Healthy Start Coalitions.	2.3.4.6 - 2.3.4.8 By 30 December 2011, a listing of evidence-based parenting education services and costs will have been provided to the local Healthy Start Coalitions.	Healthy Start Parent Education Workgroup	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Evidence-Based Parenting Programs Workgroup • Florida Association of Healthy Start Coalitions • Local Healthy Start Coalitions • Other Partners as Appropriate 	10/01/2011	12/30/2011
2.3.4.9 Analyze the resources available in the Healthy Start communities to provide evidence-based parenting education services.	2.3.4.9 By 29 June 2012, 100 percent of Healthy Start Coalitions will have completed reviews of their resources.	Local Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Evidence-Based Parenting Programs Workgroup • Florida Association of Healthy Start Coalitions • Florida's Home Visiting Coalition • Local Child Abuse Prevention and Permanency Planning Teams • Other Partners as Appropriate 	01/04/2012	06/29/2012

Prevention Objective 2.3, Tactic 2.3.4: Healthy Start, Parent Education and Support. By 30 June 2015, Healthy Start will have put processes in place to have sufficient funding implement evidence-based parent education services for those who meet service criteria.

Action Steps	Measures/ Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.3.4.10 Consult with parents and coalition general members in Healthy Start Coalition catchment areas for advice on the optimum ways to present evidence-based parenting education services to Healthy Start families.	2.3.4.10 By 31 October 2012, the information will have been gathered, analyzed and incorporated into the planning processes.	Local Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Evidence-Based Parenting Programs Workgroup • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Healthy Start Parents • Local Child Abuse Prevention and Permanency Planning Teams • Other Partners as Appropriate 	01/04/2012	10/31/2012
2.3.4.11 Select the evidence-based parenting education services curricula best suited for Healthy Start families.	2.3.4.11 By 29 March 2013, the evidence-based parenting education services curricula will have been selected by 100 percent of Healthy Start Coalitions in collaboration with parents and coalition general members.	Local Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Evidence-Based Parenting Programs Workgroup • Florida Association of Healthy Start Coalitions • Florida's Home Visiting Coalition • Healthy Start Parents • Local Child Abuse Prevention and Permanency Planning Teams • Other Partners as Appropriate 	11/01/2012	03/29/2013
2.3.4.12 Work with their local communities to develop strategies to provide evidence-based parenting education services to their clients.	2.3.4.12 By 30 June 2014, 100 percent of the selected direct service providers will have attended curriculum training and become certified providers of the evidence-based parenting education services.	Local Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Florida Association of Healthy Start Coalitions • Local Child Abuse Prevention and Permanency Planning Team • Other Partners as Appropriate 	01/15/2013	06/30/2014
2.3.4.13 Monitor implementation fidelity of evidence-based parenting education services.	2.3.4.13 By 30 June 2015, 100 percent of the Healthy Start contracted parent education and support providers will have been monitored for fidelity of implementation of the evidence-based parenting education services curricula.	Local Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Florida Association of Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2014	06/30/2015

Plan of Action for Healthy Start, Quality Improvement

Prevention Objective 2.3, Tactic 2.3.5: Healthy Start, Quality Improvement. By 30 June 2015, Healthy Start will have continued ongoing quality improvement efforts to utilize evidence-based services and identify and integrate new promising practices to ensure the program is delivering effective services that improve child health and development.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.3.5.1 Conduct research on evidence-based services which improve child health and developmental outcomes.	2.3.5.1 By 31 December 2010, research will have been completed.	Department of Health	<ul style="list-style-type: none"> • Agency for Health Care Administration • Florida Association of Healthy Start Coalitions • Universities/Colleges • Other Partners as Appropriate 	07/01/2010	12/31/2010
2.3.5.2 Convene a meeting of the Healthy Start Coalitions, the Department of Health and other partners to review the research.	2.3.5.2 By 31 January 2011, meeting will have been held.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Universities/Colleges • Other Partners as Appropriate 	12/31/2010	01/31/2011
2.3.5.3 Develop workgroups within the Florida Association of Healthy Start Coalitions to develop recommendations on service improvements and program evaluation.	2.3.5.3 By 31 July 2011, workgroups will have been developed.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Universities/Colleges • Other Partners as Appropriate 	02/01/2011	07/31/2011
2.3.5.4 Incorporate additional input from key stakeholders as well as information on new federal home visiting legislation.	2.3.5.4 By 31 October 2011, key stakeholder input will have been solicited.	Department of Health	<ul style="list-style-type: none"> • Agency for Health Care Administration • Department of Children and Families • Early Learning Coalitions • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Universities/Colleges • Other Partners as Appropriate 	08/01/2011	10/31/2011

Prevention Objective 2.3, Tactic 2.3.5: Healthy Start, Quality Improvement. By 30 June 2015, Healthy Start will have continued ongoing quality improvement efforts to utilize evidence-based services and identify and integrate new promising practices to ensure the program is delivering effective services that improve child health and development.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.3.5.5 Determine which evidence-based services will be incorporated into the Healthy Start model.	2.3.5.5 By 31 July 2012, evidence based services will have been selected.	Department of Health Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Agency for Health Care Administration • Universities/Colleges • Other Partners as Appropriate 	11/01/2011	07/31/2012
2.3.5.6 Develop a plan for evaluating the effectiveness of the selected services.	2.3.5.6 By 31 July 2012, a plan for evaluating the effectiveness of the selected services will have been drafted.	Department of Health Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Agency for Health Care Administration • Universities/Colleges • Other Partners as Appropriate 	11/01/2011	07/31/2012
2.3.5.7 Revise the Healthy Start Standards and Guidelines to incorporate the selected services.	2.3.5.7 By 31 July 2013, the selected evidence based services will have been incorporated in the Healthy Start Standards and Guidelines.	Department of Health	<ul style="list-style-type: none"> • Agency for Health Care Administration Florida • Association of Healthy Start Coalitions • Universities/Colleges • Other Partners as Appropriate 	08/31/2012	07/31/2013
2.3.5.8 Healthy Start Coalitions will work with their local communities to develop strategies to provide evidence-based services.	2.3.5.8 By 31 October 2013, 100 percent of direct service providers have attended training on the revised Healthy Start Standards and Guidelines.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Agency for Health Care Administration • Department of Health • Universities/Colleges • Other Partners as Appropriate 	08/01/2013	10/31/2013
2.3.5.9 Healthy Start Coalitions will monitor fidelity to evidence-based services.	2.3.5.9 By 30 June 2014, 100 percent of direct service providers will have been monitored for fidelity to the evidence-based services.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Other Partners as Appropriate 	01/06/2014	06/30/2014

Prevention Objective 2.4: Education Services for Parents/Caregivers of Newborns

2.4. Education Services for Parents/Caregivers of Newborns. By 30 June 2015, the State of Florida will have developed and implemented a plan for providing educational services for all parents/caregivers of newborns that provides both support and information to promote the *Five Protective Factors* and healthy parent/caregiver-child interactions, and maximizes their children's health and developmental potential.

[Leads: Department of Health and Florida Association of Healthy Start Coalitions]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

2.4.1 Core Components. By 28 June 2013, the State of Florida will have developed one or more community-based models that incorporate the components critical for local efforts to successfully provide educational services for all parents/caregivers of newborns using a family-centered approach.

2.4.2 Community Development. By 30 June 2015, the State of Florida will have increased child maltreatment prevention efforts utilizing the Healthy Start infrastructure as a vehicle for local collaboration and implementation.

Please Note: While the Healthy Start system of services is securing information and funding to identify and implement evidence-based parent education services (Prevention Objective 2.3), using the Healthy Start infrastructure and the membership and planning of the Healthy Start coalitions, this objective will work with local communities to plan, develop and potentially implement community-based models for providing education services for parents and caregivers of newborns so that those who do not have access to or are not eligible for specialized services (e.g., Healthy Start, Healthy Families Florida, etc.) would have the opportunity to access to education services as appropriate.

Plan of Action for Education Services for Parents/Caregivers of Newborns, Core Components

Prevention Objective 2.4, Tactic 2.4.1: Education Services for Parents/Caregivers of Newborns, Core Components. By 28 June 2013, the State of Florida will have developed one or more community based models that incorporate the components critical for local efforts to successfully provide educational services for all parents/caregivers of newborns using a family-centered approach.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.4.1.1 Create and implement a statewide Leadership Team for implementation of the Education Services for Parents/Caregivers of Newborns.	2.4.1.1 By 31 August 2010, the Education Services for Parents/Caregivers of Newborns Leadership Team will have been identified.	Department of Health	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Prevent Child Abuse Florida • Universities/Colleges • Other Partners as Appropriate 	07/01/2010	08/31/2010
2.4.1.2 Appoint a workgroup to investigate “new parent” educational efforts in Florida and nationally, including caregiver input, and gap analysis.	2.4.1.2 By 15 October 2010, the sub-workgroup will have convened and begun to develop an action plan to identify core components for parent/caregiver educational services.	Education Services for Parents/Caregivers of Newborns Leadership Team	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Prevent Child Abuse Florida • Universities/Colleges • Other Partners as Appropriate 	08/31/2010	10/15/2010

Prevention Objective 2.4, Tactic 2.4.1: Education Services for Parents/Caregivers of Newborns, Core Components. By 28 June 2013, the State of Florida will have developed one or more community based models that incorporate the components critical for local efforts to successfully provide educational services for all parents/caregivers of newborns using a family-centered approach.

Action Steps	Measures/ Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.4.1.3 Identify the core components of state and national efforts.	2.4.1.3 By 31 January 2011, the report will have been presented to the Leadership Team on procedures used, content, and critical components of other state/national programs.	Education Services for Parents/ Caregivers of Newborns Research Workgroup	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Department of Health • Education Services for Parents/ Caregivers of Newborns Leadership Team • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Prevent Child Abuse Florida • Universities/Colleges • Other Partners as Appropriate 	11/01/2010	01/31/2011
2.4.1.4 Identify the expressed needs for information and supports by parents/caregivers, including fathers, during the six-month post-birth of an infant.	2.4.1.4.1 By 15 December 2010, parents, caregivers and other stakeholders will have identified their needed and useful information and supports during the six-month post-birth of an infant.	Education Services for Parents/ Caregivers of Newborns Leadership Team	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection 	11/01/2010	12/15/2010
	2.4.1.4.2 By 15 February 2011, an analysis of the parent information will have been completed.	Education Services for Parents/ Caregivers of Newborns Research Workgroup	<ul style="list-style-type: none"> • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Parents and Caregivers • Prevent Child Abuse Florida • Universities/Colleges • Other Partners as Appropriate 	01/05/2011	02/15/2011

Prevention Objective 2.4, Tactic 2.4.1: Education Services for Parents/Caregivers of Newborns, Core Components. By 28 June 2013, the State of Florida will have developed one or more community based models that incorporate the components critical for local efforts to successfully provide educational services for all parents/caregivers of newborns using a family-centered approach.

Action Steps	Measures/ Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.4.1.5 Develop a report based upon research; state and national models; and with parent, caregiver, and stakeholder input.	2.4.1.5 By 15 April 2011, a “critical components” report will have been completed.	Education Services for Parents/ Caregivers of Newborns Leadership Team Education Services for Parents/ Caregivers of Newborns Research Workgroup	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Parents and Caregivers • Prevent Child Abuse Florida • Universities/Colleges • Other Partners as Appropriate 	08/31/2010	04/15/2011
2.4.1.6 Identify mechanisms and resources necessary to meet the education needs of parents and caregivers of newborns.	2.4.1.6 By 31 August 2011, an analysis of parent feedback and draft list of program components that highlights state/local service gaps will have been completed.	Education Services for Parents/ Caregivers of Newborns Leadership Team	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Local/Community agencies • Parents and Caregivers • Prevent Child Abuse Florida • Universities/Colleges • Whole Child Initiative • Other Partners as Appropriate 	04/29/2011	08/31/2011

Prevention Objective 2.4, Tactic 2.4.1: Education Services for Parents/Caregivers of Newborns, Core Components. By 28 June 2013, the State of Florida will have developed one or more community based models that incorporate the components critical for local efforts to successfully provide educational services for all parents/caregivers of newborns using a family-centered approach.

Action Steps	Measures/ Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
2.4.1.7 Identify current and potential resources at the community, state and national levels to support this educational effort.	2.4.1.7.1 By 30 December 2011, an analysis of resources necessary to provide needed educational services to parents and caregivers of newborns will have been completed.	Education Services for Parents/ Caregivers of Newborns Leadership Team	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Local/community agencies • Parents and Caregivers • Prevent Child Abuse Florida • Universities/Colleges • Whole Child Initiative • Other Partners as Appropriate 	09/01/2011	12/30/2011
	2.4.1.7.2 By 15 March 2012, a listing of current and potential funding resources will have been completed.			09/01/2011	03/15/2012
2.4.1.8 Develop one or more models, as appropriate for providing education services effort for all parents/caregivers of newborns.	2.4.1.8 By 28 June 2013, one or more models of community based education services efforts that include minimum components, basic implementation guidelines and cost analyses will be completed and presented to the Child Abuse Prevention and Permanency Advisory Council.	Education Services for Parents/ Caregivers of Newborns Leadership Team	<ul style="list-style-type: none"> • Agency for Workforce Innovation • Chambers of Commerce • Department of Children and Families • Department of Health • Florida Association of Healthy Start Coalitions • Florida Home Visiting Coalition • Governor’s Office of Adoption and Child Protection • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Local/community agencies • Parents and Caregivers • Prevent Child Abuse Florida • Universities/Colleges • Whole Child Initiative • Other Partners as Appropriate 	04/01/2012	06/28/2013

Plan of Action for Education Services for Parents/Caregivers of Newborns, Community Development

Prevention Objective 2.4, Tactic 2.4.2: Education Services for Parents/Caregivers of Newborns, Community Development. By 30 June 2015, the State of Florida will have increased child maltreatment prevention efforts utilizing the Healthy Start infrastructure as a vehicle for local collaboration and implementation.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
2.4.2.1 Convene a workgroup to develop strategies for disseminating and diffusing one or more models of community based education services efforts in local communities.	2.4.2.1.1 By 30 August 2013, a workgroup will have been developed and the first meeting will have been held.	Education Services for Parents/ Caregivers of Newborns Leadership Team	<ul style="list-style-type: none"> • Chambers of Commerce • Department of Health • Florida Association of Healthy Start Coalitions • Healthcare and Medical Associations • Healthcare Industry • Healthy Families Florida • Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2013	08/30/2013
	2.4.2.1.2 By 15 November 2013, guidelines for dissemination and implementation will have been developed.			07/01/2013	11/15/2013
2.4.2.2 Disseminate information on the models to the Healthy Start Coalitions.	2.4.2.2 By 31 January 2014, the local Healthy Start Coalitions will have been informed about the models and their critical components.	Florida Association of Healthy Start Coalitions	<ul style="list-style-type: none"> • Department of Health • Education Services for Parents/ Caregivers of Newborns Leadership Team • Healthy Start Coalitions • Other Partners as Appropriate 	07/01/2013	01/31/2014
2.4.2.3 Build on the Healthy Start Coalition planning efforts to investigate, plan, develop and assist communities with implementation of education services for parents/caregivers of newborns.	2.4.2.3.1 By 30 June 2014, each Healthy Start Coalition will have worked with their membership and community partners to assess and plan, where feasible, to implement education services for parents/ caregivers of newborns.	Healthy Start Coalitions	<ul style="list-style-type: none"> • Community Partners • Department of Health • Education Services for Parents/ Caregivers of Newborns Leadership Team • Florida Association of Healthy Start Coalitions • Healthy Start Coalitions • Other Partners as Appropriate 	12/01/2013	06/30/2014
	2.4.2.3.2 By 30 June 2015, the Healthy Start Coalitions will have provided the support of their membership as partners to those communities that elect to implement a model for education services for parents/caregivers of newborns.			07/01/2014	06/30/2015

**Plans of Action for Prevention Strategy 3:
Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live
in Stable Environments that Promote Well-being.**

Prevention Strategy 3: Provide Information on Ways to Ensure that Children are Safe and Nurtured and Live in Stable Environments that Promote Well-being. By 30 June 2015, the State of Florida will have implemented statewide, public awareness and education campaigns that provided information to the general population on child development, positive parenting practices, community action that promotes and supports each of the *Five Protective Factors*, and ways to prevent child deaths.

Prevention Strategy 3 Objectives:

- 3.1 Public Awareness and Education.** By 30 June 2015, the State of Florida will have implemented statewide, year-round public awareness campaigns with an emphasis in April by providing information to the general population on child development, positive parenting practices, child safety and community action that promotes and supports each of the *Five Protective Factors* for Florida's families.
[Lead: Prevent Child Abuse Florida]
- 3.2 Evidence-Based Parenting Programs.** By 30 June 2015, the State of Florida will have provided information and resources to promote and build evidence-based parenting programs that support the *Five Protective Factors* as enhancement within circuit planning team local prevention services and systems.
[Lead: Department of Children and Families]
- 3.3 Child Death Review.** By 30 June 2015, the State of Florida will have implemented selected prevention efforts based upon the findings of an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.
[Leads: Child Abuse Death Review Team and the Department of Children and Families]

Prevention Objective 3.1: Public Awareness and Education

3.1. Public Awareness and Education. By 30 June 2015, the State of Florida will have implemented statewide, year-round public awareness campaigns with an emphasis in April by providing information to the general population on child development, positive parenting practices, child safety and community action that promotes and supports each of the *Five Protective Factors* for Florida's families.

[Lead: Prevent Child Abuse Florida]

Levels of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Public Awareness and Education

Prevention Objective 3.1: Public Awareness and Education. By 30 June 2015, the State of Florida will have implemented statewide, year-round public awareness campaigns with an emphasis in April by providing information to the general population on child development, positive parenting practices and community action that promotes and supports each of the <i>Five Protective Factors</i> for Florida’s families.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.1.1 Identify subgroups in each of Department of Children and Families’ circuits willing to partner in year round public awareness efforts in accordance with Prevent Child Abuse Florida’s messaging standards.	3.1.1 By 15 October 2010, and annually thereafter, 100 percent of subgroup members were identified and contact information has been delivered to Prevent Child Abuse Florida.	Department of Children and Families, Office of Family Safety Prevent Child Abuse Florida	<ul style="list-style-type: none"> Department of Children and Families Circuits Governor’s Office of Adoption and Child Protection Local Planning Teams Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	10/15/2010 06/30/2011 06/29/2012 06/28/2013 06/30/2015
3.1.2 Provide training to local subgroups on research related to public awareness efforts regarding child abuse prevention and effectively communicating messages to the media.	3.1.2 By 31 December 2010, 100 percent of members in the local subgroups will have been trained on Prevent Child Abuse America’s reframing effort and Florida’s Winds of Change evaluation and efficacy study findings.	Department of Children and Families, Office of Family Safety Prevent Child Abuse Florida	<ul style="list-style-type: none"> Governor’s Office of Adoption and Child Protection Local subgroups Other Partners as Appropriate 	07/01/2010	12/31/2010
3.1.3 Develop and disseminate an annual toolkit that includes messaging standards and samples for utilization in public awareness efforts on a variety of topics.	3.1.3 By 28 February 2011, and annually thereafter, the toolkit will have contained current media samples from a child development and community engagement frame and promoted activities that support the <i>Five Protective Factors</i> and prevent child abuse and neglect.	Prevent Child Abuse Florida	<ul style="list-style-type: none"> Department of Children and Families, Office of Family Safety Local subgroups Other Partners as Appropriate 	02/01/2011 02/01/2012 02/01/2013 02/01/2014 02/01/2015	02/28/2011 02/29/2012 02/28/2013 02/28/2014 02/27/2015
3.1.4 Disseminate Prevent Child Abuse Florida’s Pinwheels for Prevention materials, including the Community Resource Packet with Parenting and Advocate Guide and Poster, throughout the year with emphasis during April.	3.1.4 By 30 December 2011, and annually thereafter, 100 percent of the local subgroups will have disseminated materials ordered through the campaign to local child and family serving organizations, provided at no cost to communities.	Prevent Child Abuse Florida	<ul style="list-style-type: none"> Department of Children and Families, Office of Family Safety Local subgroups Other Partners as Appropriate 	05/01/2011 05/01/2012 05/01/2013 05/01/2014 05/01/2015	12/30/2011 12/31/2012 12/31/2013 12/31/2014 06/30/2015

Prevention Objective 3.1: Public Awareness and Education. By 30 June 2015, the State of Florida will have implemented statewide, year-round public awareness campaigns with an emphasis in April by providing information to the general population on child development, positive parenting practices and community action that promotes and supports each of the <i>Five Protective Factors</i> for Florida's families.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.1.5 Submit to local media outlets sample press releases, opinion editorials, and letters to the editor promoting local efforts that support the <i>Five Protective Factors</i> and emulate the samples provided in the campaign tool kit.	3.1.5 By 30 June 2011, and annually thereafter, 100 percent of printed media will have met the requirements of the Prevent Child Abuse Florida's messaging standards.	Local Subgroups	<ul style="list-style-type: none"> • Department of Children and Families, Office of Family Safety • Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida • Other Partners as Appropriate 	04/01/2011 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
3.1.6 Circulate messaging to local subgroups with information on child development and other prevention related topics for inclusion in newsletters and on social marketing sites.	3.1.6 By 30 June 2011, and annually thereafter, 100 percent of local subgroups will have received information on child development and other prevention related topics.	Prevent Child Abuse Florida	<ul style="list-style-type: none"> • Children's Week • Department of Children and Families Circuits • Department of Children and Families, Office of Family Safety • Florida Chambers of Commerce • Governor's Office of Adoption and Child Protection • Local Planning Teams • Other Partners as Appropriate 	01/05/2011 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015

Prevention Objective 3.1: Public Awareness and Education. By 30 June 2015, the State of Florida will have implemented statewide, year-round public awareness campaigns with an emphasis in April by providing information to the general population on child development, positive parenting practices and community action that promotes and supports each of the *Five Protective Factors* for Florida’s families.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.1.7 Broadcast television and radio public service announcements communicating the importance of preventing child abuse and neglect with resources on where to find more information.	3.1.7 By 29 June 2012, and annually thereafter, 100 percent of Florida’s media markets will have broadcasted television and radio Public Service Announcements that are aligned with Prevent Child Abuse America’s reframing effort.	Prevent Child Abuse Florida	<ul style="list-style-type: none"> • Department of Children and Families, Office of Family Safety • Other Partners as Appropriate 	04/01/2011 07/02/2012 07/01/2013 07/01/2014	06/29/2012 06/28/2013 06/30/2014 06/30/2015

Prevention Objective 3.2: Evidence-Based Parenting Programs

3.2. Evidence-Based Parenting Programs. By 30 June 2015, the State of Florida will have provided information and resources to promote and build evidence-based parenting programs that support the *Five Protective Factors* as enhancement within circuit planning team local prevention services and systems.

[Lead: Department of Children and Families]

Levels of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

3.2.1 Training and Technical Assistance. By 30 June 2015, the State of Florida will have provided training and technical assistance to build a culture of evaluation and evidence within the circuits and increase the capacity of evidence-based programming.

3.2.2 Listing of Evidence-based Programs. By 30 June 2015, the State of Florida will have annually published and maintained a current listing of evidence-based parenting programs that support the *Five Protective Factors*.

Plan of Action for Evidence-based Parenting Programs, Training and Technical Assistance

Prevention Objective 3.2, Tactic 3.2.1: Evidence-based Parenting Programs, Training and Technical Assistance. By 30 June 2015, the State of Florida will have provided training and technical assistance to build a culture of evaluation and evidence within the circuits and increase the capacity of evidence-based programming.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.2.1.1 Provide training to local communities on the concept of evidence-based programming upon request.	3.2.1.1 By 30 June 2011, and annually thereafter, for those trainings have occurred locally, training agendas and rosters will have been placed on file.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
3.2.1.2 Provide technical assistance to local communities on how to assess and build capacity to move programs along the evidence-based continuum.	3.2.1.2 By 30 June 2011, and annually thereafter, there will be documentation of technical assistance requests and 100 percent of the requests will have been fulfilled.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup Local Planning Teams Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015

Plan of Action for Evidence-based Parenting Programs, Listing of Evidence-based Programs

Prevention Objective 3.2, Tactic 3.2.2: Evidence-based Parenting Programs, Listing of Evidence-based Programs. By 30 June 2015, the State of Florida will have annually published and maintained a current listing of evidence-based parenting programs that support the <i>Five Protective Factors</i> .					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.2.2.1 Create and implement a team to ensure up-to-date research on evidence-based parenting programs is available.	3.2.2.1 By 30 July 2010, the Child Abuse Prevention and Permanency Evidence-based Parenting Programs Workgroup members will have been identified.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> Children’s Services Councils Department of Children and Families Department of Health Executive Office of the Governor Florida Head Start Collaboration Office Local Planning Teams Ounce of Prevention Fund of Florida Universities/Colleges Other Partners as Appropriate 	07/01/2010	07/30/2010

Prevention Objective 3.2, Tactic 3.2.2: Evidence-based Parenting Programs, Listing of Evidence-based Programs. By 30 June 2015, the State of Florida will have annually published and maintained a current listing of evidence-based parenting programs that support the <i>Five Protective Factors</i> .					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.2.2.2 Develop distribution list and distribution strategies.	3.2.2.2 By 31 August 2010, a distribution list will have been created with 100 percent of the local planning team conveners included.	Department of Children and Families, Office of Family Safety Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup Local Planning Teams Other Partners as Appropriate 	08/01/2010	08/31/2010
3.2.2.3 Maintain distribution list.	3.2.2.3 By 30 June 2011, and annually thereafter, a distribution list will have been maintained with 100 percent of the local planning team conveners included.	Department of Children and Families, Office of Family Safety Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup Local Planning Teams Other Partners as Appropriate 	09/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
3.2.2.4 Clarify and provide definition of the terms "evidence-based" and "parenting program".	3.2.2.4.1 By 30 September 2010, a definition of the term "evidence-based" consistent with the Community Based Child Abuse Prevention (CBCAP) grant will be adopted. 3.2.2.4.2 By 30 September 2010, the term "parenting program" will have been adopted.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup FRIENDS, National Resource Center for Community Based Child Abuse Prevention Healthy Start Parent Education Workgroup Local Planning Teams Universities/Colleges Other Partners as Appropriate 	08/01/2010 08/01/2010	09/30/2010 09/30/2010

Prevention Objective 3.2, Tactic 3.2.2: Evidence-based Parenting Programs, Listing of Evidence-based Programs. By 30 June 2015, the State of Florida will have annually published and maintained a current listing of evidence-based parenting programs that support the <i>Five Protective Factors</i> .					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.2.2.5 Establish core components of evidence-based parenting programs that will be appropriate for the list.	3.2.2.5 By 30 September 2010, the core components to evidence-based parenting programs will have been identified.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup FRIENDS, National Resource Center for Community Based Child Abuse Prevention Healthy Start Parent Education Workgroup Local Planning Teams Universities/Colleges Other Partners as Appropriate 	08/01/2010	09/30/2010
3.2.2.6 Develop compiled listings of evidence based parenting programs.	3.2.2.6.1 By 30 September 2011, the initial listing of evidence based parenting programs will have been developed. 3.2.2.6.2 By 30 September 2012, and annually thereafter, updated listings of evidence-based parenting programs will have been developed.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup Healthy Start Parent Education Workgroup Local Planning Teams Other Partners as Appropriate 	10/01/2010	09/30/2011
3.2.2.7 Distribute listing of evidence-based parenting programs to local planning teams.	3.2.2.7 By 31 October 2011, and annually thereafter, there will be documentation of distribution date(s) and recipients, including the Governor's Office of Adoption and Child Protection for use in its annual report.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> Evidence-based Parenting Programs Workgroup Healthy Start Parent Education Workgroup Local Planning Teams Other Partners as Appropriate 	10/01/2011 10/01/2012 10/01/2013 10/01/2014	10/31/2011 10/31/2012 10/31/2013 10/31/2014

Prevention Objective 3.3: Child Death Review

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

[Leads: Child Abuse Death Review Team and the Department of Children and Families]

Levels of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Tactics:

3.3.1 All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.

3.3.2 All Child Death Review. By 30 June 2015, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have established an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.

Plan of Action for Child Death Review, All Hotline Calls Child Death Review

Prevention Objective 3.3, Tactic 3.3.1: Child Death Review, All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.1.1 Develop a means for collaboration (e.g., <i>Memorandum of Understanding</i>) among key agencies that employ or contract for those who are likely to investigate a child death (e.g., first responders, emergency medical technicians, child protective investigators, etc.).	3.3.1.1 By 30 September 2010, a <i>Memorandum of Understanding</i> template will have been created and a plan for dissemination will exist.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sheriff's Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/01/2010	09/30/2010
3.3.1.2 Provide training for the hotline workers to ensure that they are prepared to receive the calls made to the hotline.	3.3.1.2.1 By 31 December 2010, practices and policies for receiving hotline reports related to child deaths will have been developed.	Department of Children and Families, Office of Family Safety	<ul style="list-style-type: none"> • Child Abuse Death Review Team • Other Partners as Appropriate 	07/01/2010	12/31/2010
	3.3.1.2.2 By 31 December 2010, training materials will have been approved for use by Department of Children and Families regional trainers.			07/01/2010	12/31/2010
	3.3.1.2.3 By 31 December 2010, the training information will have been included within the inservice and preservice curricula for hotline workers and supervisors.			07/01/2010	12/31/2010

Prevention Objective 3.3, Tactic 3.3.1: Child Death Review, All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.1.3 Provide training for those who are likely to investigate a child death (e.g., first responders, emergency medical technicians, child protective investigators, etc.) on proper investigation practices and policies related to reporting to the Florida Abuse Hotline.	3.3.1.3.1 By 31 December 2010, practices and policies for the Florida Abuse Hotline reporting will have been developed.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Florida Department of Law Enforcement • Other Partners as Appropriate 	07/01/2010	12/31/2010
	3.3.1.3.2 By 31 December 2010, training materials will have been approved for use by the Department of Health, the Department of Children and Families, the Department of Law Enforcement, and others as appropriate.			07/01/2010	12/31/2010
	3.3.1.3.3 By 31 December 2010, the training information will have been included within the inservice and preservice curricula for the Department of Health, the Department of Children and Families, the Department of Law Enforcement, and others as appropriate.			07/01/2010	12/31/2010
3.3.1.4 Revise the Florida Statutes, as appropriate, to expand the review to all children who died in Florida for whom a report has been made to the Florida Abuse Hotline.	3.3.1.4.1 By 30 August 2010, draft legislative language will have been drafted.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families 	07/01/2010	08/30/2010
	3.3.1.4.2 By 29 June 2012, the Florida Statutes will have been amended to include all children who died in Florida for whom there had been a report made to the Florida Abuse Hotline.	Department of Health	<ul style="list-style-type: none"> • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	09/01/2010	06/29/2012

Prevention Objective 3.3, Tactic 3.3.1: Child Death Review, All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.1.5 Revise the Rules of the Department of Children and Families to reflect the expanded scope of the child death review.	3.3.1.5 By 31 December 2012, the Department of Children and Families rule on death investigations will have been updated.	Department of Children and Families	<ul style="list-style-type: none"> Department of Health Florida Department of Law Enforcement Other Partners as Appropriate 	07/02/2012	12/31/2012
3.3.1.6 Procure funding, as appropriate, for expanding the scope of the child abuse death review.	3.3.1.6 By 29 June 2012, funding will have been identified and secured to support the review of child deaths that are reported to the Florida Abuse Hotline.	Child Abuse Death Review Team Department of Children and Families Department of Health	<ul style="list-style-type: none"> Attorney General's Office Chiefs of Police Department of Children and Families Department of Education Department of Health Florida Department of Law Enforcement Florida Sherriff's Association Medical Examiners Commission Prosecuting Attorneys' Association Other Partners as Appropriate 	07/01/2011	06/29/2012
3.3.1.7 Train local teams in the instrumentation and protocols for an all child death review process.	3.3.1.7 By 31 December 2012, 100 percent of local teams will have been trained on the instrumentation and protocols.	Child Abuse Death Review Team	<ul style="list-style-type: none"> Attorney General's Office Chiefs of Police Department of Children and Families Department of Education Department of Health Florida Department of Law Enforcement Florida Sherriff's Association Medical Examiners Commission Prosecuting Attorneys' Association Other Partners as Appropriate 	01/04/2012	12/31/2012

Prevention Objective 3.3, Tactic 3.3.1: Child Death Review, All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
<p>3.3.1.8 Identify statewide and local stakeholders that would utilize the critical issues identified by the Child Death Review Team.</p>	<p>3.3.1.8 By 31 December 2012, an initial contact listing of statewide and local stakeholders that would utilize the critical issues identified by the Child Death Review Team will have been developed.</p>	<p>Child Abuse Death Review Team</p>	<ul style="list-style-type: none"> • Chambers of Commerce • Children’s Services Councils • Domestic Violence Fatality Review Team • Faith-based and Community-based, and other relevant organizations • Fetal and Infant Mortality Review • Florida Alcohol and Drug Abuse Association • Florida Coalition for Children • Florida Early Childhood Associations • Florida Pediatric Society • Healthcare and Medical Associations • Healthcare Industry • Healthy Families • Healthy Start • Pregnancy Associated Mortality Review Team • Safe Kids Coalitions • Universities/Colleges • Other Statewide and Community Organizations that Interact with Families as Appropriate • Other Partners as Appropriate 	<p>07/02/2012</p>	<p>12/31/2012</p>

Prevention Objective 3.3, Tactic 3.3.1: Child Death Review, All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.1.9 Develop annual opportunities to convene with local and statewide organizations for purposes of providing the critical issues relative to prevention efforts identified through the child death review annual report.	3.3.1.9.1 By 31 December 2012, a plan for informing local and statewide organizations about critical issues relative to prevention efforts identified through the child death review annual report will have been developed.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Attorney General's Office • Chambers of Commerce • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Domestic Violence Fatality Review Team • Fetal and Infant Mortality Review Team • Florida Department of Law Enforcement • Florida Early Childhood Associations • Florida Sherriff's Association • Healthcare and Medical Associations • Healthcare Industry • Medical Examiners Commission • Pregnancy Associated Mortality Review Team • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/01/2010	12/31/2012
	3.3.1.9.2 By 28 June 2013, and annually thereafter, annual opportunities to convene with local and statewide organizations will have been conducted.			01/03/2013 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015

Prevention Objective 3.3, Tactic 3.3.1: Child Death Review, All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.1.10 Develop and implement a follow-up procedure for local and statewide organizations that had specific recommendations for action in the Child Abuse Death Review (CADR) annual report for selected prevention efforts.	3.3.1.10.1 By 31 December 2012, a procedure for recommendations will have been developed.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/01/2010	12/31/2012
	3.3.1.10.2 By 28 June 2013, and annually thereafter, a procedure for recommendations follow-up will have been implemented.			01/03/2013 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015
3.3.1.11 Provide technical assistance to local and statewide organizations on incorporating the Child Abuse Death Review team recommendations into their community and strategic plans.	3.3.1.11 By 28 June 2013, and annually thereafter, a 100 percent of requests for technical assistance will have been fulfilled.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	01/03/2013 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015

Prevention Objective 3.3, Tactic 3.3.1: Child Death Review, All Hotline Calls Child Death Review. By 29 June 2012, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have an established Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline and who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.1.12 Develop a protocol for sharing child-specific death review information with other state death review programs.	3.3.1.12 By 31 December 2013, protocol for sharing child specific death review information with other states will have been developed.	Child Abuse Death Review Team Department of Health	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/02/2012	12/31/2013
3.3.1.13 Revise the Florida Statutes, as appropriate, for sharing child specific death review information with other state's death review programs.	3.3.1.13 By 29 June 2012, the Florida Statutes will have been modified to provide for sharing child specific death review information with other state-level death review programs.	Child Abuse Death Review Team Department of Health	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/01/2010	06/29/2012

Plan of Action for Child Death Review, All Child Death Review

Prevention Objective 3.3, Tactic 3.3.2: Child Death Review, All Child Death Review. By 30 June 2015, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have established an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.					
Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.2.1 Revise the Florida Statutes, as appropriate, to expand the review.	3.3.2.1 By 30 June 2014, the Florida Statutes will have been amended to include a review of all children who died in Florida.	Child Abuse Death Review Team Department of Health	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's' Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/02/2012	06/30/2014
3.3.2.2 Procure funding, as appropriate, for the All Child Death Review.	3.3.2.2 By 30 June 2015, funding to support the review process will have been identified and secured.	Child Abuse Death Review Team Department of Health	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's' Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/02/2012	06/30/2015

Prevention Objective 3.3, Tactic 3.3.2: Child Death Review, All Child Death Review. By 30 June 2015, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have established an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.2.3 Develop instrumentation and protocols for expanded local and state reviews.	3.3.2.3 By 31 December 2014, instrumentation and protocols for an all child death review process will have been developed.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's' Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/01/2014	12/31/2014
3.3.2.4 Train local teams in the instrumentation and protocols for an all child death review process.	3.3.2.4 By 30 June 2015, 100 percent of local teams will have been trained on the instrumentation and protocols for an all child death review process.	Child Abuse Death Review Team	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's' Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	01/05/2015	06/30/2015

Prevention Objective 3.3, Tactic 3.3.2: Child Death Review, All Child Death Review. By 30 June 2015, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have established an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.2.5 Revise, as appropriate, and implement a process for impacting state and local policies and public awareness related to identified and selected prevention efforts based upon the All Child Death Review.	3.3.2.5 By 30 June 2015, a process for impacting state and local policies to prevent further child deaths, based on the all child death review will have been established.	Child Abuse Death Review Team Department of Health	<ul style="list-style-type: none"> • Attorney General's Office • Chambers of Commerce • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Early Child Hood Associations • Florida Sherriff's' Association • Healthcare and Medical Associations • Healthcare Industry • Medical Examiners Commission • Prosecuting Attorneys' Association • Universities/Colleges • Other Partners as Appropriate 	06/01/2014	06/30/2015
3.3.2.6 Revise protocol, as appropriate, for sharing child specific death review information with other state level death review programs.	3.3.2.6 By 30 June 2015, a protocol for sharing child death review trends and statistics with other states will have been developed.	Child Abuse Death Review Team Department of Health	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's' Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/01/2014	06/30/2015

Prevention Objective 3.3, Tactic 3.3.2: Child Death Review, All Child Death Review. By 30 June 2015, the State of Florida, for the purposes of identifying and targeting prevention efforts, will have established an All Child Death Review process that provides for the review of the deaths of all children from birth until the age of 18 who died in Florida.

Action Steps	Measures/Benchmarks	Lead(s)	Potential Partner Organizations	Begin Date	End Date
3.3.2.7 Implement interstate sharing of child specific death review information from the All Child Death Review with other state level teams.	3.3.2.7 By 30 June 2015, the interstate sharing of child specific death review information from the All Child Death Review will have been implemented.	Child Abuse Death Review Team Department of Health	<ul style="list-style-type: none"> • Attorney General's Office • Chiefs of Police • Department of Children and Families • Department of Education • Department of Health • Florida Department of Law Enforcement • Florida Sherriff's' Association • Medical Examiners Commission • Prosecuting Attorneys' Association • Other Partners as Appropriate 	07/01/2014	06/30/2015

**Plans of Action for Prevention Strategy 4:
Inform and Instruct Education Communities.**
The Florida Cooperative Education Child Abuse Prevention Plan: July 2010 – June 2015

Prevention Strategy 4: Inform and Instruct Education Communities – *The Florida Cooperative Education Child Abuse Prevention Plan.* By 30 June 2015, the State of Florida will have collaboratively worked through Florida’s educational communities to prevent and respond appropriately to child abuse, abandonment and neglect.

Prevention Strategy 4 Objectives:

- 4.1 Professional Development for School Personnel.** By 30 June 2015, the State of Florida will have provided professional development opportunities to school personnel for child abuse prevention and intervention.
[Leads: Department of Education and Cooperative Education Planning Team]
- 4.2 Resources for Parents of School Children.** By 30 June 2015, the State of Florida will have provided materials and resources for parents of school children related to child abuse prevention and intervention.
[Leads: Department of Education and Cooperative Education Planning Team]
- 4.3 Resource Awareness.** By 30 June 2015, the State of Florida will have increased the awareness of the availability of child abuse prevention and intervention resources among school personnel, parents and students.
[Leads: Department of Education and Cooperative Education Planning Team]
- 4.4 Multidisciplinary Curricula.** By 30 June 2015, the State of Florida will have made available multidisciplinary curricula as viable options for use by Florida’s educational communities.
[Leads: Cooperative Education Planning Team and Monique Burr Foundation]

Prevention Objective 4.1: Professional Development for School Personnel

4.1. Professional Development for School Personnel. By 30 June 2015, the State of Florida will have provided professional development opportunities to school personnel for child abuse prevention and intervention.

[Leads: Department of Education and Cooperative Education Planning Team]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Professional Development for School Personnel

Prevention Objective 4.1: Professional Development for School Personnel. By 30 June 2015, the State of Florida will have provided professional development opportunities to school personnel for child abuse prevention and intervention.					
Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.1.1 Develop and implement training that could be used by instructional staff regarding health education, incorporating child abuse prevention related concepts and/ or skills.	4.1.1.1 By 31 January 2011, Web-based training on basic health education incorporating child abuse prevention related concepts and/or skills for school instructional staff will have been developed.	Department of Education, Office of Healthy Schools	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Devereux Kids • Florida Association of District School Superintendents • Florida Coalition Against Domestic Violence • Florida School Boards Association • Governor’s Office of Adoption and Child Protection • Monique Burr Foundation • Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida • Other Partners as Appropriate 	07/01/2010	01/31/2011
	4.1.1.2 By 28 February 2011, training to health curriculum coordinators will have been marketed.			02/01/2011	02/28/2011
	4.1.1.3 By 31 March 2011, the first training will have been conducted for those who opted to participate.			03/01/2011	03/31/2011
	4.1.1.4 By 30 June 2015, at least seven additional trainings will have been conducted for those who opted to participate.			07/01/2011	06/30/2015

Prevention Objective 4.1: Professional Development for School Personnel. By 30 June 2015, the State of Florida will have provided professional development opportunities to school personnel for child abuse prevention and intervention.					
Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.1.2 Develop training that could be used by school personnel, including instructional staff members, regarding state requirements and procedures for detecting, reporting and responding to child abuse.	4.1.2.1 By 31 January 2011, appropriate <i>Sourcebook</i> content and training module sequence related to state requirements and procedures for detecting, reporting and responding to child abuse will have been determined.	Department of Education, Bureau of Exceptional Education and Student Services	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Devereux Kids • Florida Association of District School Superintendents • Florida Coalition Against Domestic Violence • Florida School Boards Association • Governor's Office of Adoption and Child Protection • Monique Burr Foundation • Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida • Other Partners as Appropriate 	07/01/2010	01/31/2011
	4.1.2.2 By 30 June 2011, self-assessments to identify primary training needs for school-based personnel consistent with this objective will have been developed.			07/01/2010	06/30/2011
	4.1.2.3 By 31 January 2014, an Instructor's Manual for Training that would include linkages and information about partners' major child abuse prevention training efforts (e.g., Monique Burr Foundation Child Abuse Prevention Education curricula, Florida Coalition against Domestic Violence high school projects, etc.) will have been developed.			07/01/2011	01/31/2014
	4.1.2.4 By 30 June 2014, and annually thereafter, information will have been provided to major child abuse prevention training efforts (e.g., Monique Burr Foundation Child Abuse Prevention Education curricula, Florida Coalition against Domestic Violence high school projects, etc.).			02/01/2014 07/01/2014	06/30/2014 06/30/2015
4.1.3 Develop and implement training in identified Child Abuse Prevention Education program for pilot districts.	4.1.3 By 31 December 2010, pilot training sessions will have been completed for the Child Abuse Prevention Education curricula in pilot districts.	Monique Burr Foundation	<ul style="list-style-type: none"> • Department of Education • Governor's Office of Adoption and Child Protection • Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida 	10/01/2010	12/31/2010

Prevention Objective 4.1: Professional Development for School Personnel. By 30 June 2015, the State of Florida will have provided professional development opportunities to school personnel for child abuse prevention and intervention.

Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.1.4 Develop and implement training in identified child abuse prevention and reporting.	4.1.4 By 29 June 2012, and annually thereafter, training and tutorial modules (that are in alignment with state and local requirements for in-service training and licensure credits) will have been provided for those districts that have identified the need for this instruction.	Cooperative Education Planning Team	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Florida Association of District School Superintendents • Florida Coalition Against Domestic Violence • Florida School Boards Association • Governor’s Office of Adoption and Child Protection • Monique Burr Foundation • Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida • Other Partners as Appropriate 	01/05/2011 07/02/2012 07/01/2013 07/01/2014	06/29/2012 06/28/2013 06/30/2014 06/30/2015

Prevention Objective 4.2: Resources for Parents of School Children

4.2. Resources for Parents of School Children. By 30 June 2015, the State of Florida will have provided materials and resources for parents of school children related to child abuse prevention and intervention.

[Leads: Department of Education and Cooperative Education Planning Team]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Resources for Parents of School Children

Prevention Objective 4.2: Resources for Parents of School Children. By 30 June 2015, the State of Florida will have provided materials and resources for parents of school children related to child abuse prevention and intervention.					
Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.2.1 Provide parent resources on healthy family development and child abuse prevention. <i>Examples:</i> <ul style="list-style-type: none"> • Those compiled by the Child Abuse Prevention and Permanency Educational Cooperative Planning Team. • Monique Burr Foundation Child Abuse Prevention Education project. • Florida Coalition against Domestic Violence DELTA project. • Department of Children and Families inservice education. • Department of Education parent resources. 	4.2.1.1 By 30 September 2010, information will have been disseminated to family education liaisons in each school district and state parent organizations (such as the Florida Parent Teacher Association, Florida State Parental Information and Resource Center of the Family Network on Disabilities, and other state parent organizations).	Department of Education, Bureau of Family and Community Outreach	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Devereux Kids • Florida Association of District School Superintendents • Florida Coalition Against Domestic Violence 	07/01/2010	09/30/2010
	4.2.1.2 By 31 January 2012, Web-based instructional resources will have been made available for use by early childhood providers, teen parent programs, faith- and community-based organizations, etc.		<ul style="list-style-type: none"> • Florida School Boards Association • Governor’s Office of Adoption and Child Protection 	10/01/2010	01/31/2012
	4.2.1.3 By 31 January 2013, a field assessment tool to gauge usefulness of resources for providers and parents will have been developed and implemented.		<ul style="list-style-type: none"> • Monique Burr Foundation • Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida 	10/01/2010	01/31/2013
	4.2.1.4 By 31 January 2014, and ongoing through 30 June 2015, activities of the Department of Education Office of Family Community Outreach and the Cooperative Education Planning Team based on responses from the assessment feedback will have been reviewed and revised.		<ul style="list-style-type: none"> • Parent Leaders • Title I and other Compensatory Education Programs • Other Partners as Appropriate 	02/01/2013 02/01/2014	01/31/2014 06/30/2015

Prevention Objective 4.3: Resource Awareness

4.3. Resource Awareness. By 30 June 2015, the State of Florida will have increased the awareness of the availability of child abuse prevention and intervention resources among school personnel, parents and students.

[Leads: Department of Education and Cooperative Education Planning Team]

Levels of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Resource Awareness

Prevention Objective 4.3: Resource Awareness. By 30 June 2015, the State of Florida will have increased the awareness of the availability of child abuse prevention and intervention resources among school personnel, parents and students.					
Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.3.1 Identify, develop and share, via the Web, information and resources related to the prevention of child abuse and neglect that would be appropriate for public school personnel, parents and students.	4.3.1.1 By 30 June 2011, a Department of Education child abuse prevention Web page will have been created for access to information and resources with a hot button and logo to link from the Department of Education splash page.	Department of Education, K-12 Division	<ul style="list-style-type: none"> Department of Children and Families Department of Education, Bureau of Exceptional Education and Student Services 	07/01/2010	06/30/2011
	4.3.1.2 By 30 June 2011, a Florida Department of Education child abuse prevention Web page will have included a clarifying notation to reflect that information and resources listed were approved by the Cooperative Education Planning Team of the Child Abuse Prevention and Permanency Council.		<ul style="list-style-type: none"> Department of Education, Bureau of Family and Community Outreach Department of Education, Office of Healthy Schools 	07/01/2010	06/30/2011
	4.3.1.3 By 31 January 2012, the Department of Education will have compiled child abuse prevention and intervention resources, major child abuse prevention training efforts (e.g., Monique Burr Foundation projects, Florida Coalition against Domestic Violence DELTA project, Department of Children and Families inservice education, etc.).		<ul style="list-style-type: none"> Department of Health Devereux Kids Florida Coalition Against Domestic Violence Florida School Boards Association Governor's Office of Adoption and Child Protection 	07/01/2010	01/31/2012
	4.3.1.4 By 29 June 2012, identified information and resources on the Florida Department of Education Web site will have been published.		<ul style="list-style-type: none"> Monique Burr Foundation Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida 	07/01/2011	06/29/2012
	4.3.1.5 By 29 June 2012, the Department of Education will have identified and linked to Web sites that could serve as resources.		<ul style="list-style-type: none"> Parent Leaders Other Partners as Appropriate 	07/01/2011	06/29/2012
	4.3.1.6 By 28 June 2013, and annually thereafter, the Department of Education will have updated and maintained the Web pages.				

Prevention Objective 4.3: Resource Awareness. By 30 June 2015, the State of Florida will have increased the awareness of the availability of child abuse prevention and intervention resources among school personnel, parents and students.

Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.3.2 Provide awareness and dissemination opportunities for informing school personnel, parents and youth about the prevention of child abuse and neglect.	<p>4.3.2.1 By 30 June 2011, and annually thereafter, the Department of Education will have provided opportunities for Child Abuse Prevention and Permanency Advisory Council and Cooperative Education Planning Team members to write articles for electronic newsletters provided by the Florida Department of Education and associated education organizations.</p> <p>4.3.2.2 By 30 June 2011, and annually thereafter, the Department of Education will have identified and facilitated opportunities for the Child Abuse Prevention and Permanency Advisory Council and the Cooperative Education Planning Team members to make presentations to education-related audiences as appropriate.</p>	Department of Education, K-12 Division	<ul style="list-style-type: none"> • Department of Children and Families • Department of Education, Bureau of Exceptional Education and Student Services • Department of Education, Bureau of Family and Community Outreach • Department of Education, Office of Healthy Schools • Department of Health • Devereux Kids • Florida Coalition Against Domestic Violence • Florida School Boards Association • Governor's Office of Adoption and Child Protection • Monique Burr Foundation • Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida • Parent Leaders • Other Partners as Appropriate 	<p>07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014</p> <p>07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014</p>	<p>06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015</p> <p>06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015</p>

Prevention Objective 4.4: Multidisciplinary Curricula

4.4. Multidisciplinary Curricula. By 30 June 2015, the State of Florida will have made available multidisciplinary curricula as viable options for use by Florida's educational communities.

[Leads: Cooperative Education Planning Team and Monique Burr Foundation]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Primary Prevention Continuum Addressed by this Objective:

- Community Development
- Community Support for Families
- Family Supportive Programs/Services
- Information Referral and Helplines
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Multidisciplinary Curricula

Prevention Objective 4.4: Multidisciplinary Curricula. By 30 June 2015, the State of Florida will have made available multidisciplinary curricula as viable options for use by Florida’s educational communities.					
Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.4.1 Identify existing multidisciplinary curricula (K-12) that would be appropriate to be implemented in Florida’s schools where feasible.	4.4.1 By 30 June 2011, and annually thereafter, a matrix of all appropriate educational curricula will have been developed and posted on the Department of Education child abuse prevention Web site.	Department of Health, Children’s Medical Services	<ul style="list-style-type: none"> • Cooperative Education Planning Team • Department of Children and Families • Department of Education • Devereux Kids • Florida Coalition of Domestic Violence • Monique Burr Foundation • Ounce of Prevention Fund of Florida • Other Partners as Appropriate 	07/01/2010 07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/30/2011 06/29/2012 06/28/2013 06/30/2014 06/30/2015
4.4.2 Approve a child abuse prevention education program to pilot in a representative sample of Florida’s elementary schools (Grades 3 and 5).	4.4.2 By 31 July 2010, the curriculum will have been developed and the Cooperative Education Planning Team will have reviewed it and provided feedback.	Cooperative Education Planning Team	<ul style="list-style-type: none"> • Arizona State University • Childhelp, Inc. • Cooperative Education Planning Team • Department of Education • Monique Burr Foundation • Other Partners as Appropriate 	07/01/2010	07/31/2010
4.4.3 Implement a child abuse prevention education program in identified counties for pilot sites.	4.4.3.1 By 31 August 2010, the child abuse prevention education program will have been listed on the school districts’ approved program lists.	Monique Burr Foundation	<ul style="list-style-type: none"> • Local Partners • Other Partners as Appropriate 	07/01/2010	08/31/2010
	4.4.3.2 By 30 September 2010, facilitators will have been trained for implementation of the pilot.			07/01/2010	09/30/2010
4.4.4 Evaluate the impact of the pilot program and make necessary revisions to the curriculum.	4.4.4.1 By 31 October 2010, the pilot of the curricula will have been completed.	Monique Burr Foundation	<ul style="list-style-type: none"> • Cooperative Education Planning Team • Local Partners • Universities/Colleges • Other Partners as Appropriate 	09/01/2010	10/31/2010
	4.4.4.2 By 31 December 2010, the curricula will have been revised and finalized based upon the pilot.			09/01/2010	12/31/2010

Prevention Objective 4.4: Multidisciplinary Curricula. By 30 June 2015, the State of Florida will have made available multidisciplinary curricula as viable options for use by Florida's educational communities.

Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.4.5 Launch the child abuse prevention education program in school districts willing to participate.	4.4.5.1 By 28 June 2013, and annually thereafter, the final child abuse prevention education program will have been listed on the school districts' approved program lists.	Monique Burr Foundation	<ul style="list-style-type: none"> Cooperative Education Planning Team Local Partners Other Partners as Appropriate 	01/05/2011	06/28/2013
	4.4.5.2 By 28 June 2013, and annually thereafter, facilitators will have been trained for implementation of the final curricula.			07/01/2013	06/30/2014
				07/01/2014	06/30/2015
4.4.6 Explore the feasibility of implementing curricula that supports the promotion of healthy relationships in Grades 6-8.	4.4.6 By 30 June 2011, a plan for developing and implementing curricula that supports the promotion of healthy relationships in grades 6-8 will have been developed.	Cooperative Education Planning Team	<ul style="list-style-type: none"> Department of Children and Families Department of Education Department of Health Devereux Kids Florida Chamber of Commerce Florida Coalition Against Domestic Violence Florida School Boards Association Governor's Office of Adoption and Child Protection Monique Burr Foundation Ounce of Prevention Fund of Florida Universities/Colleges Other Partners as Appropriate 	07/01/2010	06/30/2011
4.4.7 Analyze data collection from existing educational efforts for the promotion of healthy relationships in Grades 6-8.	4.4.7 By 30 December 2011, topics appropriate for inclusion in a middle school curriculum will have been identified and compiled.	Florida Coalition Against Domestic Violence	<ul style="list-style-type: none"> Cooperative Education Planning Team Department of Children and Families Department of Education Department of Health Devereux Kids Florida Chamber of Commerce Monique Burr Foundation Ounce of Prevention Fund of Florida Universities/Colleges Other Partners as Appropriate 	07/01/2010	12/30/2011

Prevention Objective 4.4: Multidisciplinary Curricula. By 30 June 2015, the State of Florida will have made available multidisciplinary curricula as viable options for use by Florida's educational communities.					
Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.4.8 Create curricula promoting healthy relationship skills for middle schools if funding permits.	4.4.8 By 29 June 2012, a curriculum will have been finalized and available for use in Florida's middle schools, if funding permits.	Cooperative Education Planning Team	<ul style="list-style-type: none"> • Department of Children and Families • Department of Education • Department of Health • Devereux Kids • Florida Coalition Against Domestic Violence • Monique Burr Foundation • Ounce of Prevention Fund of Florida • Universities/Colleges • Other Partners as Appropriate 	01/04/2012	06/29/2012
4.4.9 Explore the feasibility of implementing curricula that supports the promotion of healthy relationships in Grades 9-12.	4.4.9 By 28 June 2013, a plan will have been produced for developing and implementing curricula that supports the promotion of healthy relationships in Grades 9-12.	Cooperative Education Planning Team	<ul style="list-style-type: none"> • Department of Children and Families • Department of Education • Department of Health • Devereux Kids • Florida Chamber of Commerce • Florida Coalition Against Domestic Violence • Florida School Boards Association • Governor's Office of Adoption and Child Protection • Monique Burr Foundation • Ounce of Prevention Fund of Florida • Universities/Colleges • Other Partners as Appropriate 	07/02/2012	06/28/2013
4.4.10 Analyze data collection from existing educational efforts for the promotion of healthy relationships in Grades 9-12.	4.4.10 By 31 December 2013, topics appropriate for inclusion in a high school curriculum will have been identified and compiled.	Florida Coalition Against Domestic Violence	<ul style="list-style-type: none"> • Department of Children and Families • Department of Education • Department of Health • Devereux Kids • Florida Chamber of Commerce • Monique Burr Foundation • Ounce of Prevention Fund of Florida • Universities/Colleges • Other Partners as Appropriate 	07/02/2012	12/31/2013

Prevention Objective 4.4: Multidisciplinary Curricula. By 30 June 2015, the State of Florida will have made available multidisciplinary curricula as viable options for use by Florida's educational communities.					
Action Steps	Support/Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
4.4.11 Create curricula promoting healthy relationship skills for Florida high schools if funding permits.	4.4.11 By 30 June 2014, a curriculum will have been finalized and available for use in Florida's high schools, if funding permits.	Cooperative Education Planning Team	<ul style="list-style-type: none"> • Department of Children and Families • Department of Education • Department of Health • Devereux Kids • Florida Coalition Against Domestic Violence • Monique Burr Foundation • Ounce of Prevention Fund of Florida • Universities/Colleges • Other Partners as Appropriate 	01/06/2014	06/30/2014

**Plans of Action for Prevention Strategy 5:
Inform and Instruct Law Enforcement Communities**
The Florida Cooperative Law Enforcement Child Abuse Prevention Plan: July 2010 – June 2015

Prevention Strategy 5: Inform and Instruct Law Enforcement Communities – *The Florida Cooperative Law Enforcement Child Abuse Prevention Plan.* By 30 June 2015, the *Cross Agency Memorandum of Understanding on Training* with the embedded core learning objectives will be viable and working to promote cross agency prevention training in the law enforcement community.

Prevention Strategy 5 Objectives:

- 5.1 Law Enforcement Memorandum of Understanding Review Design.** By 30 June 2011, the State of Florida will have developed a process for the ongoing review of the implementation of the *Cross Agency Memorandum of Understanding on Training*.
[Leads: Governor’s Office of Adoption and Child Protection and Cooperative Law Enforcement Planning Team]
- 5.2 Law Enforcement Annual Reviews and Updates.** By 29 June 2012, and annually thereafter, the State of Florida will have revised the *Cross Agency Memorandum of Understanding on Training* and agency-specific training as appropriate based upon systematic reviews.
[Lead: Cooperative Law Enforcement Planning Team]
- 5.3 Law Enforcement Future Plans.** By 30 June 2015, the State of Florida will have developed plans for continuation and expansion of the *Cross Agency Memorandum of Understanding on Training* to be included in the 2015-2020 state prevention and permanency plan.
[Lead: Cooperative Law Enforcement Planning Team]

Prevention Objective 5.1: Law Enforcement *Memorandum of Understanding* Implementation Review

5.1. Law Enforcement *Memorandum of Understanding* Implementation Review. By 30 June 2011, the State of Florida will have developed a process for the ongoing review of the implementation of the *Cross Agency Memorandum of Understanding on Training*.

[Leads: Governor's Office of Adoption and Child Protection and Cooperative Law Enforcement Planning Team]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Law Enforcement Memorandum of Understanding Implementation Review

Prevention Objective 5.1: Law Enforcement Memorandum of Understanding Implementation Review. By 30 June 2011, the State of Florida will have developed a process for the ongoing review of the implementation of the Cross Agency Memorandum of Understanding on Training.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
5.1.1 Obtain a signed Memorandum of Understanding that provides for cross training of employees who work child abuse cases.	5.1.1 By 31 October 2010, the Memorandum of Understanding will have been signed by all appropriate agencies.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement 	07/01/2010	08/31/2010
5.1.2 Re-establish a Cooperative Law Enforcement Planning Team.	5.1.2.1 By 30 July 2010, the Cooperative Law Enforcement Planning Team members will have been identified.	Governor's Office of Adoption and Child Protection	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Department of Law Enforcement • Other Partners as Appropriate 	07/01/2010	07/30/2010
	5.1.2.2 By 31 August 2010, the Cooperative Law Enforcement Planning Team will have begun meeting.			08/01/2010	08/31/2010
5.1.3 Design and develop training review and research strategies.	5.1.3 By 30 June 2011, a training review and research protocol will have been developed and approved by the Cooperative Law Enforcement Planning Team members representing the Department of Children and Families, the Department of Health, the Department of Juvenile Justice and the Florida Department of Law Enforcement.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Governor's Office of Adoption and Child Protection • Child Abuse Prevention and Permanency Advisory Council • Other Partners as Appropriate 	08/01/2010	06/30/2011

Prevention Objective 5.2: Annual Reviews and Updates

5.2. Law Enforcement Annual Reviews and Updates. By 29 June 2012, and annually thereafter, the State of Florida will have revised the *Cross Agency Memorandum of Understanding on Training* and agency-specific training as appropriate based upon systematic reviews.

[Lead: Cooperative Law Enforcement Planning Team]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Law Enforcement Annual Reviews and Updates

Prevention Objective 5.2: Law Enforcement Annual Reviews and Updates. By 29 June 2012, and annually thereafter, the State of Florida will have revised the <i>Cross Agency Memorandum of Understanding on Training</i> and agency-specific training as appropriate based upon systematic reviews.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
5.2.1 Identify changes needed based on implementation of the training review and research.	5.2.1 By 29 June 2012, and annually thereafter, the recommendations from the annual reviews will have been identified and approved.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Governor’s Office of Adoption and Child Protection • Other Partners as Appropriate 	07/01/2011 07/02/2012 07/01/2013 07/01/2014	06/29/2012 06/28/2013 06/30/2014 06/30/2015
5.2.2 Revise training materials as appropriate.	5.2.2 By 28 June 2013, and annually thereafter, the training materials will have been revised in accordance with the annual review recommendations.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Other Partners as Appropriate 	07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015
5.2.3 Revise implementation plans as appropriate.	5.2.3 By 28 June 2013, and annually thereafter, the agency implementation plans will have been revised in accordance with the annual review recommendations.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Other Partners as Appropriate 	07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015
5.2.4 Revise the evaluation plan and strategies as appropriate.	5.2.4 By 28 June 2013, and annually thereafter, the training review and research strategies will have been revised based upon the experiences and lessons learned from annual review.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Governor’s Office of Adoption and Child Protection • Other Partners as Appropriate 	07/02/2012 07/01/2013 07/01/2014	06/28/2013 06/30/2014 06/30/2015

Prevention Objective 5.3: Future Plans

5.3. Law Enforcement Future Plans. By 30 June 2015, the State of Florida will have developed plans for continuation and expansion of the *Cross Agency Memorandum of Understanding on Training* to be included in the 2015-2020 state prevention and permanency plan.

[Lead: Cooperative Law Enforcement Planning Team]

Level of Prevention Addressed by this Objective:

- Primary Prevention/Universal Strategies
- Secondary Prevention/Selected Strategies

Secondary Prevention Continuum Addressed by this Objective:

- Adult Education
- Community Development
- Community Support for Families
- Concrete Services
- Family Supportive Programs/Services
- Public Awareness and Education Campaigns
- Workforce

Socio-Ecological Model Level(s) Influenced by this Objective:

- Societal Level
- Relationship Level
- Community Level
- Individual Level

Protective Factors that should be Built/Supported by this Objective:

- Nurturing and Attachment
- Knowledge of Parenting and of Child and Youth Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents

Plan of Action for Law Enforcement Future Plans

Prevention Objective 5.3: Law Enforcement Future Plans. By 30 June 2015, the State of Florida will have developed plans for continuation and expansion of the <i>Cross Agency Memorandum of Understanding on Training</i> to be included in the 2015-2020 state prevention and permanency plan.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
5.3.1 Assess the applicability and feasibility of future training reviews for implementation in 2015-2020, or sooner if appropriate.	5.3.1 By 30 June 2015, additional systems assessment will have been completed.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	07/01/2014	06/30/2015
5.3.2 Conduct a review of the experiences and results from the four years of implementation.	5.3.2 By 30 June 2015, the review will have been completed.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	07/01/2014	06/30/2015
5.3.3 Draft an initial plan for a five-year initiative for implementation within other state trainings as well as expansion with other trainings.	5.3.3 By 30 June 2015, the draft plan will have been completed and reviewed.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	07/01/2014	06/30/2015

Prevention Objective 5.3: Law Enforcement Future Plans. By 30 June 2015, the State of Florida will have developed plans for continuation and expansion of the *Cross Agency Memorandum of Understanding on Training* to be included in the 2015-2020 state prevention and permanency plan.

Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
5.3.4 Finalize plans for continuation and expansion to be included in the 2015-2020 state prevention and permanency plan.	5.3.4 By 30 June 2015, the plan will have been reviewed and approved by the Child Abuse Prevention and Permanency Advisory Council.	Cooperative Law Enforcement Planning Team	<ul style="list-style-type: none"> • Child Abuse Prevention and Permanency Advisory Council • Department of Children and Families • Department of Health • Department of Juvenile Justice • Florida Department of Law Enforcement • Governor's Office of Adoption and Child Protection • Other Partners as Appropriate 	07/01/2014	06/30/2015

Plans of Action for Prevention Strategy 6: Monitor and Evaluate Plan Implementation.

Prevention Strategy 6: Monitor and Evaluate Plan Implementation. By 30 June 2015, leadership of plan implementation will have monitored and annually assessed the progress and effectiveness of the plan-based initiatives.

Prevention Strategy 6 Objectives:

- 6.1 Instrumentation and Procedures Design.** By 30 March 2011, the State of Florida will have created procedures and instrumentation for use by the plan workgroups for monitoring and annually reviewing progress.
[Lead: Executive Office of the Governor]
- 6.2 Progress Monitoring.** By 30 June 2015, the State of Florida will have implemented an ongoing monitoring of plan implementation progress and used the findings to refine the action plans for future implementation.
[Lead: Executive Office of the Governor]
- 6.3 Annual Review and Assessment.** By 30 June 2015, the State of Florida will have implemented annual progress reviews and used the findings to refine the strategies and objectives for future implementation.
[Lead: Executive Office of the Governor]

Prevention Objective 6.1: Instrumentation and Procedures Design

6.1. Instrumentation and Procedures Design. By 30 March 2011, the State of Florida will have created procedures and instrumentation for use by the plan workgroups for monitoring and annually reviewing progress.

[Lead: Executive Office of the Governor]

Because this is an objective that supports implementation of all of the strategies and objectives in the five-year plan, the standard format for identifying the areas of the prevention continua, the levels of the socio-ecological model, and the protective factors addressed is not included. One could conclude that all levels are impacted because of the support role of this objective, or one could conclude that none of the levels should be checked because it provides only a supporting role in the effort.

It is elected that the efforts taken to accomplish each plan objective will be monitored and assessed annually in order to address both implementation and effectiveness. This will entail two levels of oversight and study. One is the **monitoring** of the ongoing progress of the implementation of the plan. It is important that all of the planning and implementing partners be actively involved on a regular basis to discuss their efforts and determine how, collectively, they are taking action as a continuous process. This will provide opportunities to determine and celebrate the producing of measurable improvement in the well-being of Florida’s communities and in the performance of the actions contributing to these results. The second is the **annual review of progress** with a focus on the summary accomplishments of the process as well as what results or changes have been noted as a result of the work each year. See Appendix G for an example of an annual review.

During the first year of plan implementation, the lead partners for each objective (CAPP Plan Leaders) will be involved in designing the final monitoring tool to be used. Skilled evaluators in private practice and affiliated with Florida universities will be tapped to provide assistance with this effort. Instrumentation and procedures will be developed that will lend themselves to serving as a management tool for the leadership and partners for each of the plan objectives. Below is the plan of action for the development of the monitoring and evaluation instrumentation and procedures.

Plan of Action for Instrumentation and Procedures Design

Prevention Objective 6.1: Instrumentation and Procedures Design. By 30 March 2011, the State of Florida will have created procedures and instrumentation for use by the plan workgroups for monitoring and annually reviewing progress.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
6.1.1 Form an Evaluation Design Team.	6.1.1 By 31 August 2010, the Evaluation Design Team will have been created.	Governor’s Office of Adoption and Child Protection	<ul style="list-style-type: none"> • CAPP Plan Leaders • Professional Evaluators • Universities/Colleges • Other Partners as Appropriate 	07/01/2010	08/31/2010

Prevention Objective 6.1: Instrumentation and Procedures Design. By 30 March 2011, the State of Florida will have created procedures and instrumentation for use by the plan workgroups for monitoring and annually reviewing progress.

Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
<p>6.1.2 Develop the procedures for instrumentation for the ongoing monitoring system.</p> <p>6.1.3 Develop the instrumentation for the ongoing monitoring system.</p> <p>6.1.4 Test the instruments and procedures.</p> <p>6.1.5 Revise and finalize instruments and procedures as appropriate.</p> <p>6.1.6 Distribute the instruments and procedures to the CAPP Plan Leaders.</p>	<p>6.1.2 – 6.1.6 By 31 December 2010, the procedures and instrumentation for monitoring progress will have been completed and distributed to the CAPP Plan Leaders.</p>	<p>Evaluation Design Team</p>	<ul style="list-style-type: none"> • CAPP Plan Leaders • Governor’s Office of Adoption and Child Protection • Professional Evaluators • Universities/Colleges • Other Partners as Appropriate 	<p>09/01/2010</p>	<p>12/31/2010</p>
<p>6.1.7 Develop the procedures for instrumentation for the annual review.</p> <p>6.1.8 Develop the instrumentation for the annual review.</p> <p>6.1.9 Test the instruments and procedures.</p> <p>6.1.10 Revise and finalize instruments and procedures as appropriate.</p> <p>9.1.11 Distribute the instruments and procedures to the CAPP Plan Leaders.</p>	<p>6.1.7 – 6.1.11 By 30 March 2011, the procedures and instrumentation for annual reviews will have been completed and distributed to the CAPP Plan Leaders.</p>	<p>Evaluation Design Team</p>	<ul style="list-style-type: none"> • CAPP Plan Leaders • Governor’s Office of Adoption and Child Protection • Professional Evaluators • Universities/Colleges • Other Partners as Appropriate 	<p>09/01/2010</p>	<p>03/30/2011</p>

Prevention Objective 6.2: Progress Monitoring

6.2. Progress Monitoring: By 30 June 2015, the State of Florida will have implemented an ongoing monitoring of plan implementation progress and used the findings to refine the action plans for future implementation.

[Lead: Executive Office of the Governor]

Because this is an objective that supports implementation of all of the strategies and objectives in the five-year plan, the standard format for identifying the areas of the prevention continua, the levels of the socio-ecological model, and the protective factors addressed is not included. One could conclude that all levels are impacted because of the support role of this objective, or one could conclude that none of the levels should be checked because it provides only a supporting role in the effort.

While the monitoring and evaluation instrumentation and procedures are being developed, at least one statewide learning community will be formed. The participants will serve as the key informants throughout the plan implementation period. Leadership and other partners for each plan objective will be invited to serve as active members of the statewide prevention learning community. There will be at least one representative from each plan objective. They will serve as the leads for conducting performance reviews at the objective level and for informing and advising the learning community at the state level. At this time we will call them CAPP Plan Leaders. However, these leaders could appoint designees to stand in their stead.

Objective Level

A lead will be identified for each of the twenty (20) objectives for the first five (5) prevention plan strategies. Each CAPP Plan Leader will assume the responsibility for convening the workgroup partners for the initiative on a regularly scheduled basis. The purpose of these meetings (either in person or via conference call) will be to prepare a performance report that covers such areas as:

- The customers or recipients reached or served by the initiative during the period.
- How well have we implemented the action plan? What has worked well? What has not? What should we do about it? [This is not a blow by blow of everything the workgroup has done, but a more strategic look at whether or not what needed to happen did happen; why or why not.]
- How successful have we been in engaging our partners? Is anyone missing and if so, what should we do about it?
- What do we need to do in this next period to continue our stellar performance or make it even better? What will we do and who will do it?

The final reporting areas will be addressed and defined by the work on **Prevention Objective 6.1**. These reports will be used to plan mid-course adjustments in order to maintain stellar implementation or improve performance as appropriate. They will also be used as the basis for the conversation with the statewide learning community.

State Level

This learning community will be involved in regularly scheduled conference calls. These will be held at least quarterly and more often if the community decides to do so. During the calls, participants will be asked to:

- Report on the status of implementation for each objective.
- Share successes
- Share barriers to implementation and solutions generated if applicable.
- Brainstorm new or possible solutions.

The final discussion areas will be addressed and defined by the work on **Prevention Objective 6.1** Instrumentation and Procedures Design. These state level reports will be used to assist with planning for mid-course adjustments in order to maintain stellar implementation or improve performance as appropriate.

Additionally, spokespersons for the learning community will be identified. Reports will be prepared based upon the state level meetings. These reports will be presented and discussed with the Child Abuse Prevention and Permanency Advisory Council as a standing agenda item at the Advisory Council meetings during the five-year period.

Plan of Action for Progress Monitoring

Prevention Objective 6.2: Progress Monitoring: By 30 June 2015, the State of Florida will have implemented an ongoing monitoring of plan implementation progress and used the findings to refine the action plans for future implementation.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
6.2.1 Identify leads or key informants for each objective. 6.2.2 Form the statewide learning community. 6.2.3 Develop a statewide meeting schedule.	6.2.1 – 6.2.3 By 30 December 2010, the statewide learning community will have been appointed and the meeting schedule will have been set.	Governor’s Office of Adoption and Child Protection	<ul style="list-style-type: none"> • CAPP Plan Leaders • Professional Evaluators • Universities/Colleges • Other Partners as Appropriate 	07/01/2010	12/30/2010
6.2.4 Conduct regularly scheduled progress monitoring meetings of the workgroups.	6.2.4 By 30 June 2011, and annually thereafter, the key informants for each objective will have held regularly scheduled meetings and developed reports and recommendations for sharing with the statewide learning community.	CAPP Plan Leaders	<ul style="list-style-type: none"> • Statewide Learning Community • Workgroup Partners • Other Partners as Appropriate 	09/01/2010 07/01/2011 07/01/2012 07/01/2013 07/01/2014	06/30/2011 06/30/2012 06/30/2013 06/30/2014 06/30/2015
6.2.5 Conduct regularly scheduled meetings of the statewide learning community.	6.2.5 By 30 June 2011, and annually thereafter, the learning community will have held regularly scheduled meetings and informed future plan implementation.	Governor’s Office of Adoption and Child Protection	<ul style="list-style-type: none"> • CAPP Plan Leaders • Other Partners as Appropriate 	09/01/2010 07/01/2011 07/01/2012 07/01/2013 07/01/2014	06/30/2011 06/30/2012 06/30/2013 06/30/2014 06/30/2015
6.2.6 Give status update presentations at the meetings of the Child Abuse Prevention and Permanency Advisory Council.	6.2.6 At 100 percent of the Child Abuse Prevention and Permanency Advisory Council meetings, a status update will have been discussed.	CAPP Plan Leaders	<ul style="list-style-type: none"> • Statewide Learning Community • Workgroup Partners • Other Partners as Appropriate 	TBA	TBA

Prevention Objective 6.3: Annual Review and Assessment

6.3. Annual Review and Assessment. By 30 June 2015, the State of Florida will have implemented annual progress reviews and used the findings to refine the strategies and objectives for future implementation.

[Lead: Executive Office of the Governor]

Because this is an objective that supports implementation of all of the strategies and objectives in the five-year plan, the standard format for identifying the areas of the prevention continua, the levels of the socio-ecological model, and the protective factors addressed is not included. One could conclude that all levels are impacted because of the support role of this objective, or one could conclude that none of the levels should be checked because it provides only a supporting role in the effort.

The annual reporting procedures will be developed as a result of implementation of **Prevention Objective 6.1** Instrumentation and Procedures Design. Once this is completed, it will be shared with each of the CAPP Plan Leaders during a statewide learning community meeting. At least annually, the instrument will be completed for each objective by the CAPP Plan Leader and discussed at the statewide learning community meeting. The individual reports and the results of the discussion will be codified into an annual report that will be delivered to the Executive Office of the Governor and to the Governor’s Child Abuse Prevention and Permanency Advisory Council. This information will also be provided to a workgroup that will conduct a “turn the curve” exercise to monitor and discuss population level changes and future direction. The product of these exercises will be made available to the Children and Youth Cabinet of Florida.

Plan of Action for Annual Review and Assessment

Prevention Objective 6.3: Annual Review and Assessment. By 30 June 2015, the State of Florida will have implemented annual progress reviews and used the findings to refine the strategies and objectives for future implementation.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
6.3.1 Conduct an annual progress review meeting of the workgroups.	6.3.1 By 15 August 2011, and annually thereafter, the key informants for each objective will have held at least one annual review meeting of the workgroup and developed an annual report of progress.	CAPP Plan Leaders	<ul style="list-style-type: none"> • Statewide Learning Community • Workgroup Partners • Other Partners as Appropriate 	07/01/2011 07/01/2012 07/01/2013 07/01/2014	08/15/2011 08/15/2012 08/15/2013 08/15/2014
6.3.2 Conduct an annual progress review meeting of the statewide learning community.	6.3.2 By 30 September 2011, and annually thereafter, the learning community will have held at least one annual review meeting and developed an annual report of progress.	Statewide Learning Community	<ul style="list-style-type: none"> • CAPP Plan Leaders • Governor’s Office of Adoption and Child Protection • Other Partners as Appropriate 	08/16/2011 08/16/2012 08/16/2013 08/16/2014	09/30/2011 09/30/2012 09/30/2013 09/30/2014

Prevention Objective 6.3: Annual Review and Assessment. By 30 June 2015, the State of Florida will have implemented annual progress reviews and used the findings to refine the strategies and objectives for future implementation.					
Action Steps	Measures/ Benchmarks	Lead	Potential Partner Organizations	Begin Date	End Date
<p>6.3.3 Conduct an annual turn the curve population accountability session.</p> <p>6.3.4 Prepare an annual turn the curve report.</p> <p>6.3.5 Provide the annual report to the Children and Youth Cabinet of Florida.</p>	<p>6.3.3 – 6.3.5 By 31 October 2011, and annually thereafter, the turn the curve workgroup will have provided an annual report to the Children and Youth Cabinet of Florida.</p>	<p>Governor's Office of Adoption and Child Protection</p>	<ul style="list-style-type: none"> • CAPP Plan Leaders • Turn the Curve Workgroup • Statewide Learning Community • Workgroup Partners • Other Partners as Appropriate 	<p>10/01/2011 10/01/2012 10/01/2013 10/01/2014</p>	<p>10/31/2011 10/31/2012 10/31/2013 10/31/2014</p>
<p>6.3.6 Draft the annual report.</p> <p>6.3.7 Deliver the annual report to the Executive Office of the Governor.</p> <p>6.3.8 Deliver the annual report to the Child Abuse Prevention and Permanency Advisory Council.</p>	<p>6.3.6 – 6.3.8 By 30 December 2011, and annually thereafter, the annual report of progress will have been published in the Office of Adoption and Child Protection Annual Report to the Legislature.</p>	<p>Governor's Office of Adoption and Child Protection</p>	<ul style="list-style-type: none"> • CAPP Plan Leaders • Statewide Learning Community • Workgroup Partners • Other Partners as Appropriate 	<p>10/01/2011 10/01/2012 10/01/2013 10/03/2014</p>	<p>12/30/2011 12/31/2012 12/31/2013 12/31/2014</p>
<p>6.3.9 Update the state plan.</p>	<p>6.3.9 By 29 June 2012, and annually thereafter, the annual report of progress will have been submitted to update the state plan.</p>	<p>Governor's Office of Adoption and Child Protection</p>	<ul style="list-style-type: none"> • CAPP Plan Leaders • Statewide Learning Community • Workgroup Partners • Other Partners as Appropriate 	<p>01/03/2012 01/03/2013 01/06/2014 01/05/2015</p>	<p>06/30/2012 06/30/2013 06/30/2014 06/30/2015</p>
<p>6.3.10 Review the monitoring reports.</p> <p>6.3.11 Review the annual reports.</p> <p>6.3.12 Prepare the biennial update to the state plan.</p>	<p>6.3.10 – 6.3.12 By 30 June 2012, and biennially thereafter, the state plan will have been revised as appropriate based on changing needs and program evaluation results.</p>	<p>Governor's Office of Adoption and Child Protection</p>	<ul style="list-style-type: none"> • CAPP Plan Leaders • Statewide Learning Community • Workgroup Partners • Other Partners as Appropriate 	<p>01/03/2012 01/03/2013 01/06/2014 01/05/2015</p>	<p>06/30/2012 06/30/2013 06/30/2014 06/30/2015</p>

Part 6 – Overview of the Local Circuit Prevention Plans

The following summaries and tables are based on the *Prevention of Child Abuse, Abandonment and Neglect Plans: July 2010 – June 2015* developed by the local planning teams. The composition of the planning teams was designed to mirror and hopefully exceed that of the Governor’s Child Abuse Prevention and Permanency Advisory Council. The Department of Children and Families Circuit Administrators were tapped as the lead of the planning efforts in each circuit. This section provides summaries of the plans’:

- Local priority needs
- Planned objectives and strategies
- Barriers to plan implementation
- Recommendations for changes in policy and legislation.

Local Plan Priority Needs by Circuit and County

Table 15. Local Plan Priority Needs by Circuit and County

Local Prevention Plan Priorities							
Circuit	County	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
1	Escambia	Reduce child abuse of children aged 0 to 5 in early education and care settings.	Reduce child abuse for elementary school children in high risk geographic areas by implementing the five protective factors in the school setting.	Reduce child abuse of children by building community resources, enhancing public awareness, developing and coordinating prevention programs, and facilitating advocacy activities.			
1	Santa Rosa Okaloosa Walton	Reduce child abuse of children aged 0 to 5 in early education and care settings.	Reduce child abuse of children by building community resources, enhancing public awareness, developing and coordinating prevention programs, and facilitating advocacy activities.				
2	Franklin Jefferson Leon Wakulla	Reduce the rate of abuse and neglect for families with young children and families with teens.	Reduce the rate of maltreatments related to family violence.	Reduce the rate of maltreatments related to substance abuse.			
2	Gadsden	Reduce the rate of abuse and neglect for families with young children and families with teens.	Reduce the rate of maltreatments related to family violence.				

Local Prevention Plan Priorities							
Circuit	County	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
2	Liberty	Reduce the rate of abuse and neglect for families with young children and families with teens.		Reduce the rate of maltreatments related to substance abuse.			
3	Columbia Dixie Hamilton Lafayette Suwannee	Reduce the incidence of child abuse and neglect by strengthening families through collaborative efforts to increase prevention resources.	Reduce the incidence of child abuse and neglect by sustaining and supporting capacity for Healthy Families model programs.				
3	Madison Taylor	Reduce the incidence of child abuse and neglect by strengthening families through collaborative efforts to increase prevention resources.	Reduce the incidence of child abuse and neglect by sustaining and supporting capacity for Healthy Families model programs.	Reduce the incidence of child abuse and neglect by supporting the Whole Child Community in Madison/Taylor Counties.			
4	Duval Clay	Reduce the rate of child abuse and neglect by family violence.	Reduce the rate of child abuse and neglect by parental substance misuse.	Reduce the rate of child abuse and neglect by threatened harm and inadequate supervision.			
4	Nassau	Reduce the rate of child abuse and neglect by parental substance misuse.	Reduce the rate of child abuse and neglect by family violence.	Reduce the rate of child abuse and neglect by threatened harm and inadequate supervision.			
5	Citrus Highlands Lake Marion Sumter	Geographical areas within circuit that have higher incidence of risk factors related to child abuse and neglect, including unemployment, poverty, homelessness, substance abuse and social isolation. (all five counties). These same areas have higher number of investigations.	The highest number of children with serious findings in the Circuit (and all counties) are 5 years and younger.	The general public is often unaware of resources available to help them as they raise their children. Additionally, community residents do not know how they can effectively support families and children. Many do not believe it is their responsibility.	Data from the Prevention Workgroup, diversion referrals and Kinship Care support suggests that we have many young single parents head of households, and relative care givers who are raising children in circuit 5 and in need of support.	In 2008, Circuit 5 had 30 child deaths. Statewide 54% of all child deaths was the result of co-sleeping and 48% drowning, both considered neglect and are avoidable deaths.	
6	Pasco Pinellas	Reduce the incidence of child abuse and neglect by decreasing the number of verified findings of family violence threatens child.	Reduce the incidence of child abuse and neglect by decreasing the number of verified findings of substance misuse.				

Local Prevention Plan Priorities							
Circuit	County	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
7	Flagler Putnam St. Johns Volusia	Reduce the rate of maltreatment by families with young children.	Reduce the rate of maltreatment by families with substance abuse issues.	Reduce the rate of maltreatment by families with domestic violence issues.	Reduce the rate of maltreatment by helping families learn to prepare their children for preschool.		
8	Alachua Baker Bradford Gilchrist Levy Union	Reduce the incidence of child abuse and neglect by strengthening families through collaborative efforts to increase prevention resources.	Reduce the incidence of child abuse and neglect by sustaining and supporting capacity for Healthy Families model programs.				
9	Orange Osceola	Safe and Nurturing Environment - to reduce incidents of family violence.	Physical and Mental Health – to increase community awareness, availability and utilization of services for both mental health and substance abuse.	Social Interaction and Competence – increase use of healthy community supports and social connectedness.			
10	Hardee Highlands Polk	Reduce the number of verified findings of abuse for maltreatments including environmental hazards, family violence threatens child, inadequate supervision, substance misuse and threatened harm.					
11	Miami-Dade	A commitment to incorporate existing strategies and incorporate community provider prevention plans, strategic plans, and goals to maximize resources within community agencies.	Follow through on the evidence based implementation of Family Centered Practice Principles.	A commitment to address the diverse populations of the Miami-Dade County due to the diversity of the community.	Incorporate a plan that can provide evidence of success.		
12	Manatee	Reduce the shelter action rate in Desoto County, Sarasota County and the five red flag zip codes in Manatee County.	Reduce the rate of abuse and neglect in children under the age of 6.	Reduce the rate of family violence.	Reduce the rate of substance misuse.	Reduce overrepresentation of Blacks and Other in the alleged maltreatment count.	Provide free home visiting services to expectant mothers and families caring for newborns who are identified as at risk for child maltreatment.
13	Hillsborough	Reduce the incidents of child abuse and neglect by family violence.	Reduce the incidents of child abuse and neglect by parental substance abuse	Reduce the incidents of child abuse and neglect by parental inadequate supervision.			

Local Prevention Plan Priorities							
Circuit	County	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
14	Bay Calhoun Gulf Holmes Jackson Washington	Provide free home visiting services to expectant mothers and families caring for newborns that are identified as at risk for child maltreatment.	Reduce the rate of abuse and neglect by young mothers. Reduce the rate of physical abuse rate of children under the age 5. Reduce the rate of neglect in all children.	Ensure high level of awareness of Pinwheels for Prevention™ Campaign.	To ensure systematic support for families caring for children in crisis.		
15	Palm Beach	Enhance Focus on Early Childhood.	Increased Access to Basic Needs Services.	Increased Early Access to Services (Domestic Violence).	Increased Service Coordination & Access for Targeted Populations.		
16	Monroe	Expand Family Centered Practice in the community.	Increase Substance Abuse programs like “Too Good for Drug”.	Increase funding for Healthy Families and Healthy Start programs.	Increase daycare and afterschool programs.	Increase services for homeless families.	
17	Broward	Drowning Prevention Strategies. A leading cause of death in Broward for children 1-4yrs is <u>Drowning</u> .	Education, Awareness and Training on Safe Sleep Practices. A leading cause of death for children under the age of 4 is an <u>unsafe sleep</u> environment.	Increase prenatal care. Black infants are dying at nearly twice the rate of White infants.	Educate and train professional staff, caregivers on the <u>Five Protective Factors</u> in order to prevent child abuse and neglect.	Targeted outreach and education to <u>teen parents</u> . Broward’s percentage of girls age 15-19 who have had a repeat birth has increased from 16.9 in 2007 to 18.1 in 2008.	Decrease the incidence of <u>Intimate Partner Violence</u> . It is a significant factor in child abuse and neglect. The Broward rate of intimate partner violence per 100,000 is 441.5.
		Priority 7	Priority 8	Priority 9	Priority 10	Priority 11	Priority 12
		Decrease incidence of <u>Substance Misuse and Abuse</u> .	Increase prenatal screening and services. Broward is lagging in <u>Healthy Start prenatal screening</u> rates from 66.31% in 2008 vs. 74.05% for the State. For 2009.	Increase the provision of Home visiting services to expectant mothers and families caring for newborns who are identified as at risk for child maltreatment.	Screening and early identification of children to ensure they are developmentally, emotionally and physically on target.	Increase enrollment of eligible households to public assistance programs. Less than a quarter of households below poverty in Broward receive <u>food stamps</u> between 2004 and 2007.	Increase the <u>targeted niche outreach</u> efforts of child abuse prevention to the multi-ethnic communities of Broward County.
		Priority 13					
		Caregivers of children with <u>Special Needs</u> need education, training and community support. Children with Special Needs are at higher risk of abuse and neglect.					

Local Prevention Plan Priorities							
Circuit	County	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6
18	Brevard	Prevent child abuse and neglect by reducing substance abuse & domestic violence, by augmenting current programs & increase community awareness of service availability.	Support early childhood development and increase parent education.	Increase access to child and adult mental health services and augment current programs.			
18	Seminole	Prevent child abuse and neglect by reducing substance abuse & by augmenting current programs & enhancing community awareness of availability.	Prevent child abuse and neglect by reducing domestic violence & augmenting current services.	Augment child care & early childhood development/Parent education.	Augment mental health care.		
19	Indian River Martin	Reduce the incidence of verified abuse cases involving substance misuse.	Reduce the incidence of verified abuse involving family violence.	Heighten the general public's awareness of and support for the resources needed and efforts ongoing to prevent child abuse in the community.			
19	St. Lucie	Reduce the incidence of verified child abuse cases involving children under age five.	Reduce the incidence of verified abuse cases involving family violence.	Heighten the general public's awareness of and support for the resources needed and efforts ongoing to prevent child abuse in the community.			
19	Okeechobee	Reduce the incidence of verified abuse cases involving family violence.	Reduce the incidence of verified abuse cases involving children under age five.	Heighten the general public's awareness of and support for the resources needed and efforts ongoing to prevent child abuse in the community.			
20	Charlotte Collier Glades Henry Lee	Reduce the incidents of child abuse and neglect when domestic violence is involved.	Reduce the incidents of child abuse and neglect when substance abuse is involved.	Promote and support Healthy Families Florida.	Promote developmental assets in the communities of Circuit 20.	Involve the faith-based community in prevention of child abuse and neglect.	Increase public awareness.

Local Plan Strategies and Objectives by Circuit and County

Table 16. Local Plan Strategies and Objectives by Circuit and County

Circuit	County	Prevention Strategy	Prevention Objective
1	Escambia Santa Rosa Okaloosa Walton	<i>Strategy 1</i> By 30 June 2015, Circuit 1 will have implemented the Family Strengthening Initiative within its early education and care systems and investigate other possible avenues for implementation.	Objective 1.1 By June 30, 2011, Circuit 1 will have designed and developed the strengthening families initiative. Objective 1.2 By 30 June 2012, the first phase of implementation of the family strengthening initiative will have commenced. Objective 1.3 By 30 June 2013, the first phase of implementation of the family strengthening initiative will have been reviewed and the second phase of implementation will have commenced. Objective 1.4 By 30 June 2014, the second phase of implementation of the family strengthening initiative will have been reviewed and the third phase of implementation of the family strengthening initiative will have commenced.
1	Escambia Santa Rosa Okaloosa Walton	<i>Strategy 2</i> Circuit 1 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 – June 2015.	Objective 2.1 Circuit 1 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 – June 2015.
1	Escambia Santa Rosa Okaloosa Walton	<i>Strategy 3 – Pinwheels for Prevention™ Public Awareness Campaign</i> By 30 June 2015, Circuit 1 will have public awareness efforts emphasizing April that provide information to the general population on child development, positive parenting practices and community action.	Objective 3.1 Ensure high level of awareness of Pinwheels for Prevention™ Campaign. Objective 3.2 Increase knowledge of child development to members in our community. Objective 3.3 Increase knowledge of positive parenting practices. Objective 3.4 Increase knowledge of community supports and social connections. Objective 3.5 Increase knowledge of child disciplinary techniques that promote nurturing and attachment between child and caregiver. Objective 3.6 Increase public perception that child abuse and neglect can be prevented before it ever occurs.
1	Escambia Santa Rosa Okaloosa Walton	<i>Strategy 4</i> By 30 June 2015, Circuit 1 will have implemented a faith-based prevention initiative that will provide for either universal or targeted efforts in which the faith based community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.	Objective 4.1 Engage faith-based organizations in the promotion of child abuse prevention using the protective factors with emphasis on social connections and concrete support in time of need by June 30, 2015.

Circuit	County	Prevention Strategy	Prevention Objective
1	Escambia, Santa Rosa, Okaloosa Walton	<i>Strategy 5</i> By 30 June 2015, Circuit 1 will have implemented a substance abuse prevention initiative that will provide for either universal or targeted efforts to provide family and community supports in conjunction with the Family Strengthening Initiative.	Objective 5.1 Implement Substance Abuse prevention initiatives targeting families with children.
2	Leon Gadsden Wakulla Jefferson Franklin Liberty	<i>Strategy 1</i> By 30 June 2015, Circuit 2 will fully implement a family strengthening initiative throughout all counties in Circuit 2.	Objective 1.1 Expand strengthen the interconnectivity of local team-based systems for information and data sharing and early recognition and response activities in order to promote the five protective factors. Objective 1.2 Strengthen partnerships with prevention services providers through enhanced coordination and integration of services to build upon the five protective factors. Objective 1.3 Provide access to and knowledge of various resources, including community supports and social connections, available in the communities to community residents. Objective 1.4 Increase community outreach and media activities to raise public awareness of child abuse and child abuse prevention. Objective 1.5 Support and enhance activities related to the Whole Child communities within Circuit 2. Objective 1.6 Support Child Abuse Prevention activities during the nationally recognized month and year-round.
2	Leon Gadsden Wakulla Jefferson Franklin Liberty	<i>Strategy 2</i> Circuit 2 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 – June 2015.	Objective 1.1 Continue, enhance, and expand Healthy Families Florida.

Circuit	County	Prevention Strategy	Prevention Objective
3	Columbia Dixie Lafayette Hamilton Madison Suwannee Taylor	<i>Strategy 1</i> By 30 June 2015, Circuit 3 will increase collaborative efforts and coordinated resources available to strengthen families and prevent child abuse and neglect in high risk areas in both Circuits.	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.
3	Columbia Dixie Lafayette Hamilton Madison Suwannee Taylor	<i>Strategy 2</i> Circuits 3 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.	Objective 2.1 Continue, enhance and expand Healthy Families Florida.
3	Madison and Taylor	<i>Strategy 3</i> By 30 June 2015, Circuit 3 will have developed and supported the Whole Child Community of Madison and Taylor Counties.	Objective 3.1 Develop county-level strategies to develop and implement a Whole Child Community in Madison County by 30 June 2011. Objective 3.2 Attain Level 2 status of the <i>Madison</i> Whole Child Community by 30 June 2013.
4	Duval Nassau Clay	<i>Strategy 1</i> By 30 June 2015, Circuit 4 will increase public knowledge and utilization of primary prevention programs and services, in community-specific approaches through Neighborhood Centers.	Objective 1.1 By June 2015, identified Circuit 4 grassroots champions and community organizations will have been engaged in Neighborhood Center development and expansion. Objective 1.2 By June 2015, Circuit 4 will have incorporated the five protective factors in the enhancement and expansion of Neighborhood Center primary prevention efforts. Objective 1.3 By June 2015, Circuit 4 will have expanded the use of educational systems, businesses and other community resources to support Neighborhood Center initiatives for sustainability.
4	Duval Nassau Clay	<i>Strategy 2</i> By 30 June, 2015, Circuit 4 will have built the capacity for providing evidence based parenting practices and Substance Abuse Primary Prevention programs across the circuit.	Objective 2.1 By June 2015, Circuit 4 will have built the capacity to offer evidence-based parenting programs across circuit. Objective 2.2 By June 2015, Circuit 4 offer evidence based Substance Abuse Primary Prevention programs across circuit.

Circuit	County	Prevention Strategy	Prevention Objective
4	Duval Nassau Clay	<i>Strategy 3</i> By 2015; Circuit 4 will have promoted and expanded Primary Prevention Awareness Campaign and continued support of Healthy Families Florida.	Objective 3.1 Ensure Circuit wide awareness of Pinwheels for Prevention Campaign. Objective 3.2 Continue promoting support of Health Families Florida beginning.
5	Citrus Hernando Lake Marion Sumter	<i>Strategy 1 - Neighborhood Project</i> By 30 June 2015, Circuit 5 will have a network of neighborhood focused prevention efforts with the purpose of strengthening families, promoting the development of protective factors and addressing the comprehensive needs of families, especially those that research has demonstrated increase the risk of maltreatment.	Objective 1.1 To continue to develop and expand the neighborhood project model in Circuit 5 Objective 1.2 To increase parental and community protective factors to positively impact the well being of children.
5	Citrus Hernando Lake Marion Sumter	<i>Strategy 2 – Healthy Families</i> Circuit <u>5</u> 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 – June 2015.	Objective 2.1 Continue, enhance and expand Healthy Families Florida.
5	Citrus Hernando Lake Marion Sumter	<i>Strategy 3 – Public Awareness and Community Education and Engagement</i> By June 30, 2015, Circuit 5 will have year-round events, public education opportunities and campaigns to build awareness of child well being, positive parenting and civic responsibility to ensure the well being of all children.	Objective 3.1 Ensure high level of awareness of Pinwheels for Prevention™ Campaign. Objective 3.2 Increase knowledge of child development, positive parenting and discipline techniques to members in our community. Objective 3.3 Increase knowledge of community supports and social connections. Objective 3.4 Increase public perception that child abuse and neglect can be prevented before it ever occurs.
5	Citrus Hernando Lake Marion Sumter	<i>Strategy 4</i> By 30 June 2015, Circuit 5 will continue to build upon and provide a variety of support services to improve access to resources, keep families stable and support young parents and relative caregivers in times of need.	Objective 4.1 To enhance early childhood prevention services to build upon strengths and improve resiliency of young parents and young children. Objective 4.2 To continue to support and expand services to relative caregivers. Objective 4.3 To support parents in providing safe and responsive care for children during out of school hours. Objective 4.4 To expand sustain programs that provide shelter/homes for parents and caregivers.
5	Citrus Hernando Lake Marion Sumter	<i>Strategy 5</i> By 30 June 2015, Circuit 5 will continue to work with Safe Kids Coalitions, Early Learning Coalitions, Health Department, and Healthy Start/Healthy Families to implement public awareness initiatives to reduce incidences of avoidable death within the circuit.	Objective 5.1 Ensure that each county has a public awareness initiative related to the issues that result in preventable deaths in children.
6	Pasco Pinellas	<i>Strategy 1</i> Circuit 6 will support the statewide effort to promote the five protective factors: parental emotional resilience, social connections, knowledge of parenting and child development, concrete services in times of need, and nurturing and attachment over the five-year period from July 2010 – June 2015.	Objective 1.1 Increase public knowledge of the five protective factors. Objective 1.2 Continue to educate community partners on the five protective factors and advocate that they are incorporated in the strategic planning process.

Circuit	County	Prevention Strategy	Prevention Objective
6	Pasco Pinellas	<i>Strategy 2</i> Circuit 6 will increase the accessibility and capacity of primary and secondary prevention services over the five-year period from July 2010 – June 2015.	Objective 2.1 Identify, coordinate, and connect primary and secondary prevention efforts. Objective 2.2 Prioritize the continuation, enhancement, and expansion of effective primary and secondary prevention models, programs, and strategies.
7	Flagler Putnam St. Johns Volusia	<i>Strategy 1</i> Circuit 7 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 – June 2015.	Objective 1.1 Continue, enhance and expand Healthy Families Florida.
7	Flagler Putnam St. Johns Volusia	<i>Strategy 2</i> By 30 June 2015, Circuit 7 will reduce the abuse of prescription drugs by developing an awareness program for both the medical community and the community at large.	Objective 2.1 Develop a community task force to organize prescription drug abuse prevention efforts in Circuit 7. Objective 2.2 Develop a community awareness program to prevent prescription drug abuse. Objective 2.3 Develop a program within the medical community to prevent prescription drug abuse.
7	Flagler Putnam St. Johns Volusia	<i>Strategy 3</i> By 30 June 2015, Circuit 7 will support the statewide efforts to increase the knowledge and awareness of sexual violence prevention across the lifespan.	Objective 3.1 Provide at least one sexual violence prevention education program to each school/s during each academic year.
7	Flagler Putnam St. Johns Volusia	<i>Strategy 4</i> By 30 June 2015, Circuit 7 will support the statewide efforts to Influence Social Norms that contribute To Gender Equality, Respect and Safety for Men, Women and children.	Objective 4.1 Collaborate with members of the Sexual Assault Response/Task Force teams to encourage community agencies to unite their efforts to influence policies of their counties.
7	Flagler Putnam St. Johns Volusia	<i>Strategy 5</i> By 30 June 2015, Circuit 7 will support the efforts of the Community Agenda's Thrive by Five collaborative to provide the community supports needed to ensure the children of Volusia and Flagler counties are emotionally and physically healthy and prepared to enter kindergarten ready to learn.	Objective 5.1 Provide support and collaboration for the desired outcomes of the Thrive by Five (Whole Child Florida Affiliation community initiative).

Circuit	County	Prevention Strategy	Prevention Objective
8	Alachua Baker Bradford Gilchrist Levy Union	<i>Strategy 1</i> By 30 June 2015, Circuit 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.	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.
8	Alachua Baker Bradford Gilchrist Levy Union	<i>Strategy 2</i> Circuits 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.	Objective 2.1 Continue, enhance and expand Healthy Families Florida.
9	Orange Osceola	<i>Strategy 1</i> By 30 June 2015, Circuit 9 will have implemented a community-wide effort of universal and targeted objectives related to various dimensions of the Whole Child Project.	Objective 1.1 Develop and implement circuit-wide objectives that increase protective factors for Safe and Nurturing Environments for Children and their families by June 30, 2015.
9	Orange Osceola	Information not provided	Objective 2.1 Develop and implement circuit-wide objectives that increase protective factors for Physical and Mental Health for children and their families by June 30, 2015.
9	Orange Osceola	Information not provided	Objective 3.1 Develop and implement circuit-wide objectives that increase factors for Social Interaction and Competence for children and their families by June 30, 2015.
10	Hardee, Highlands Polk	<i>Strategy 1</i> By 30 June 2015, Circuit 10 will have implemented a faith-based prevention initiative that would provide for both universal and targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors for families within the identified communities.	Objective 1.1 Develop circuit level strategies to engage faith-based and community-based systems in each county in the promotion of child abuse prevention focusing on the use of protective factors by 30 June 2015.
10	Hardee, Highlands Polk	<i>Strategy 2</i> By 30 June 2015, Circuit 10 will have developed and supported Whole Child Communities in the Circuit.	Objective 2.1 Develop circuit-level strategies to develop and implement a Whole Child Community serving each county by 30 June 2015.

Circuit	County	Prevention Strategy	Prevention Objective
11	Miami-Dade	<i>Strategy 1</i> By 30 June 2015, Circuit 11 will embrace, plan, develop, and implement community based outreach to families in Miami-Dade County.	Objective 1.1 Due to the nature of Miami-Dade County many of the prevention activities are yet to be revealed to the Circuit 11 CAPP committee. Therefore, it is necessary to bring to the table all agencies, providers and community partners that are involved and can be involved in child maltreatment prevention. Objective 1.2 Identify all community provider prevention plans, strategic plans, and goals that incorporate prevention of child maltreatment. Objective 1.3 Implement a plan to incorporate all of the prevention plans occurring in Miami-Dade County.
11	Miami-Dade	<i>Strategy 1</i> By 30 June 2015, Circuit 11 will embrace, plan, develop, and implement community based outreach to families in Miami-Dade County.	Objective 2.1 Connect families to services.
11	Miami-Dade	<i>Strategy 1</i> By 30 June 2015, Circuit 11 will embrace, plan, develop, and implement community based outreach to families in Miami-Dade County.	Objective 3.1 Building community capacity to address prevention needs for the Hispanic population. Objective 3.2 Utilize community awareness campaigns to target the Hispanic population in order to promote and educate this population on safety, well-being and self-sufficiency.
11	Miami-Dade	<i>Strategy 1</i> By 30 June 2015, Circuit 11 will embrace, plan, develop, and implement community based outreach to families in Miami-Dade County.	Objective 4.1 Document a research method with built in statistical validity and reliability.
12	Manatee Sarasota DeSoto	<i>Strategy 1</i> By 30 June 2015, Circuit 12 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 – June 2015.	Objective 1.1 Continue, enhance and expand Healthy Families Florida in all 3 counties.
12	Manatee, Sarasota DeSoto	<i>Strategy 2</i> By 30 June 2015, Circuit 12 will support the statewide efforts with regard to developing and enhancing current resource directories in order to establish within communities and throughout the state a system for identification of prevention services and interventions.	Objective 2.1 Sarasota County to explore expansion efforts of current resource cataloging system. Objective 2.2 Manatee County to expand current Whole Child Project to include programs up to age 18 years; and to explore expansion efforts of current resource cataloging system. Objective 2.3 Desoto County to research and explore resource directory.
12	Manatee, Sarasota DeSoto	<i>Strategy 3</i> By 30 June 2015, Circuit 12 will enhance and expand upon current child abuse prevention initiatives and programs within the community.	Objective 3.1 Development of Media/Educational Committee. Objective 3.2 Advocate and support continued efforts of agencies and programs that are already involved with prevention and educational programs.
12	Manatee, Sarasota DeSoto	<i>Strategy 4</i> By 30 June 2015, Circuit 12 will support the statewide initiative to identify and seek informal support systems of support within the community, specifically related to the Faith-Based and Community-Based Systems.	Objective 4.1 Engagement of Faith-Based and Community-Based Systems regarding current services that are offered to community at large.

Circuit	County	Prevention Strategy	Prevention Objective
13	Hillsborough	<i>Strategy 1</i> By 30 June 2015, Circuit 13 will plan, develop, and implement community-specific public awareness and education campaigns to prevent child abuse.	Objective 1.1 Utilize existing mortality review teams to identify opportunities for advocacy, education and awareness beginning July 1, 2010. Objective 1.2 Ensure high level of awareness of Hillsborough County’s Collaborative Child Abuse Prevention Campaign Pinwheels for Prevention beginning March 1, 2010. Objective 1.3 Increase knowledge of Hillsborough community supports, social connections, and access to them beginning July 1, 2010. Objective 1.4 Utilize community awareness campaigns to educate the community on substance abuse and its impact on children beginning July 1, 2010. Objective 1.5 Utilize Domestic Violence Awareness Month activities to educate the community about domestic violence issues and its impact on children beginning October 1, 2010.
13	Hillsborough	<i>Strategy 2</i> Circuit 13 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 – June 2015. (Decreased funding may necessitate a slight reduction in services.)	Objective 2.1 Continue, enhance and expand Healthy Families Florida beginning July 1, 2010. Objective 2.2 Continue, enhance and expand the Targeted Case Management (TCM) for children at-risk of entering the child welfare system beginning July 1, 2010.
13	Hillsborough	<i>Strategy 3</i> By 30 June 2015, Circuit 13 will implement tracking mechanisms, assessment tools, and provider awareness regarding domestic violence, substance misuse and inadequate supervision.	Objective 3.1 Track “Parent in Need of Assistance” referrals targeting the reduction of open investigations and recidivism rates beginning July 1, 2010. Objective 3.2 Families under investigation by HCSO-CPID for domestic violence, substance misuse, or inadequate supervision, and who do not warrant ongoing child welfare intervention, are provided prevention supports to address their needs thus preventing child abuse or neglect post calls to the Florida Abuse Hotline beginning July 1, 2010. Objective 3.3 Continue to promote best practices and coordination in the child welfare and domestic violence systems of care beginning July 1, 2010.
14	Bay Calhoun Gulf Holmes Jackson Washington	<i>Strategy 1</i> Circuit 14 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 in Bay and Gulf Counties over the five-year period from July 2010 – June 2015.	Objective 1 By 30 June 2015, the State of Florida will have funded Healthy Families Florida at levels necessary to sustain the quality of services, expand the availability of services statewide, and enhance the program’s capacity to better serve families at risk of child maltreatment, especially those experiencing domestic violence, mental health and substance abuse issues.
14	Bay Calhoun Gulf Holmes Jackson Washington	<i>Strategy 2</i> Circuit 14 will support the statewide efforts to increase the availability and capacity of Healthy Families Florida in Calhoun, Holmes, Jackson and Washington Counties 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 – June 2015.	Objective 2 Continue, enhance and expand Healthy Families Florida.

Circuit	County	Prevention Strategy	Prevention Objective
14	Bay Calhoun Gulf Holmes Jackson Washington	<i>Strategy 3</i> By 30 June 2015, Circuit 14 will have implemented a faith-based prevention initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.	Objective 3.1 Develop systems for identifying existing and/or needed faith oriented child abuse prevention resources available across the faith community that strengthen families in the Circuit by 30 June 2011. Objective 3.2 Develop county-level strategies to engage at least two faith-based and community-based systems in the promotion of child abuse prevention with emphasis on social connections, concrete support in times of need, and knowledge of parenting and child development in each of the six counties in Circuit 14 by 30 June 2012. Objective 3.3 Achieve full implementation and support of the faith –based initiatives in Circuit 14 by 30 June 2015.
14	Bay Calhoun Gulf Holmes Jackson Washington	<i>Strategy 4 – Pinwheels for Prevention™ Public Awareness Campaign</i> By 30 June 2015, Circuit 14 will have year round public awareness efforts with an emphasis in April that provides information to the general population on child development, positive parenting practices and community action.	Objective 4.1 Ensure high level of awareness of Pinwheels for Prevention™ Campaign. Objective 4.2 Increase knowledge of child development to members in our community. Objective 4.3 Increase knowledge of positive parenting practices. Objective 4.4 Increase knowledge of community supports and social connections. Objective 4.5 Increase knowledge of child disciplinary techniques that promote nurturing and attachment between child and caregiver. Objective 4.6 Increase public perception that child abuse and neglect can be prevented before it ever occurs.
14	Bay Calhoun Gulf Holmes Jackson Washington	<i>Strategy 5</i> Circuit 14 will support families caring for children in crisis.	Objective 5.1 Increase caregiver awareness of role as child’s primary teacher and reduce instances of abuse and neglect due to unrealistic expectations of child through an increased understanding of the principles of child development. Objective 5.2 Increase systematic communication between partners in order to reduce duplicative goals and requirements for caregivers while increasing organized support to assist families in reach sequential goals/requirements. Objective 5.3 To increase support to Caregivers who may not have the basic furnishings and developmental toys available to ensure a successful transition for the child while reducing child’s stress levels through targeted toys and materials not readily available to the caregiver.
15	Palm Beach	<i>Strategy 1</i> By 30 June 2015, Circuit 15 will implement all 5 levels of Triple P; strategically infusing Triple P throughout Palm Beach County using a population approach.	Objective 1.1 Update and revise the strategic plan. Objective 1.2 Train at least 5 non-CSC funded programs. Objective 1.3 Conduct 1 series of the Mini-Seminars in a strategic geographic location. Objective 1.4 Collaborate with Business Information Systems and others continue to refine and expand the database for Triple P.

Circuit	County	Prevention Strategy	Prevention Objective
15	Palm Beach	<i>Strategy 2</i> By 30 June 2015, Circuit 15 will benefit from an established network of “Community Hubs” focused on early childhood development and awareness, parent education/support and associated family support within areas of Palm Beach County that have the weakest child outcomes.	Objective 2.1 Close-out of existing Beacon and Family Resource Center contracts. Objective 2.2 Development of planning, start-up, and implementation contracts for new community hub community based organizations. Objective 2.3 Monitor the planning, start-up, and implementation inclusive of contract/budget development, partnership and interagency agreements as applicable. Objective 2.4 Expand services provided at community hubs and assess hub service delivery for possible expansion to other targeted zip codes. Objective 2.5 Design a management system for the ongoing effectiveness of the hubs for internal/external system integration.
15	Palm Beach	<i>Strategy 3</i> By 30 June 2015, Circuit 15 will establish a coordinated and well developed Infant Mental Health service delivery system and infrastructure.	Objective 3.1 Collect data/information on existing infant mental health services. Objective 3.2 Identify gaps in current systems of care and services. Objective 3.3 Develop a training plan to provide infant mental health training and support transfer of learning. Objective 3.4 Develop a timeline and implementation plan for services. Objective 3.5 Benchmark/performance indicators established.
15	Palm Beach	<i>Strategy 4</i> By 30 June 2015, Circuit 15 will increase access to Health and Human Service Programs across Palm Beach County through the use of a Common Eligibility Tool.	Objective 4.1 Contribute to and monitor implementation of regional business plan. Objective 4.2 Develop Governance Structure and by-laws. Objective 4.3 Obtain final funding commitments from identified and potential funders. Objective 4.4 Develop ITN for Centralized Oversight Agency. Objective 4.5 Develop the technical implementation plan, which includes but is not limited to identifying the programs, users, interfaces (up to 5) and training to implement One-e-App software. Objective 4.6 Go live with the One-e-App software solution up and running by December 1, 2010.
15	Palm Beach	<i>Strategy 5</i> By 30 June 2015, Circuit 15 Domestic Violence Steering Committee will link affected families with supportive services at the earliest opportunity.	Objective 5.1 Develop common plain language marketing materials for delivery to all survivors of domestic violence calls. Objective 5.2 Streamline access to local victim advocacy services –by mapping system entry points and paths to an advocate for all community stakeholder use. Objective 5.3 Implement <i>Touchpoints</i> client engagement training for partner agencies and DCF/CFC. Objective 5.4 Cross train community stakeholders on the “Clerk Connect” system.

Circuit	County	Prevention Strategy	Prevention Objective
16	Monroe	<i>Strategy 1</i> Circuit <u>16</u> 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 – June 2015.	Objective 1.1 Continue, enhance and expand Healthy Families Florida.
16	Monroe	<i>Strategy 2</i> By 30 June 2015, Circuit 16 will support the efforts of the Domestic Abuse Shelter and other community partners to educate the community on gender equity, healthy relationships, and positive approaches to expressing feelings and constructive ways to deal with conflict, thus reducing the number of domestic violence related cases by 2015.	Objective 2.1 To engage a diverse group of community partners in Monroe County to address primary prevention of domestic violence. Objective 2.2 To partner with faith based programs and/or the Monroe County School District to educate middle school students on gender equity, healthy relationships, and positive approaches to expressing feelings and constructive ways to deal with conflict.
16	Monroe	<i>Strategy 3 Wesley House Prevention Department</i> Circuit <u>16</u> will support the statewide efforts to increase the availability and capacity of WHFS to provide family-centered, solution oriented, and skill based intervention services to assist families in crisis with identifying and accessing needed resources, and improving family functioning and stability in-home for families in need of parenting education and support over the five-year period from July 2010 – June 2015.	Objective 3.1 Continue, enhance and expand Prevention Services in Monroe County.
16	Monroe	<i>Strategy 4 Guidance Clinic/ Care Center</i> Circuit 16 will support efforts to increase the availability and capacity of substance abuse prevention, intervention and treatment programs and services for children at high risk for abuse and neglect and families in need of substance use related services over the five year period from July 2010 to June 2015.	Objective 4.1 Identify and support programs that improve children and families skills to engage in positive and constructive relationships.
17	Broward	<i>Strategy A.1</i> Over the five year period from July 2010- June 2015, Circuit 17 will engage in a comprehensive campaign to educate the community both parents and professionals on Drowning Prevention strategies targeted to the Infant/Toddler age group and Unsafe Sleep Practices which are the leading causes of death in the County.	Objective 1.1 Create an Infant/Toddler Drowning Prevention Initiative and a Community wide Drowning Prevention Action Plan. Objective 1.2 Community Drowning Prevention Action Plan. Objective 1.3 Educate and provide awareness and training on Drowning Deaths and Unsafe Sleep Practices.
17	Broward	<i>Strategy B.1</i> Over the five year period from July 2010- June 2015, Circuit 17's Early Care and Education Community will infuse in their Quality Enhancement Initiative an emphasis on training of Child Care staff regarding the prevention of Child Abuse and Neglect and work with the local Child Care Licensing Office to ensure staff are receiving ongoing education.	Objective 1.1 Provide child abuse/neglect training to child care facility personnel. Objective 1.2 Quality Improvement Initiative/Positive Behavior Support will be implemented to enhance professional development of child care center personnel, providing them with the skills and resources needed to effectively work with children and parents, leading to the integration of the Five Protective Factors.
17	Broward	<i>Strategy B. 2</i> Over the five year period from July 2010- June 2015, Circuit 17 through the School Board of Broward County will implement a school wide initiative that increases the health and well being of children and families.	Objective 1.1 Embed information about the five protective factors in the school district's Parent Involvement webpage. Objective 1.2 Establish a relationship between School Board's Child Abuse Services and the Broward County Council of PTAs.

Circuit	County	Prevention Strategy	Prevention Objective
17	Broward	<i>Strategy B.3</i> Over the five year period from July 2010-June 2015, Circuit 17 through the School Board of Broward County will implement a school wide initiative that increases the health and well being of children and families.	Objective 1.1 All programs within Broward County Public Schools' Student Support Department (SSD), the Office of Prevention Programs (OPP), and the Pre-K Thru 2 Dept. will receive training concerning the 5 protective factors. Objective 1.2 Programs will develop standards and mechanisms for the implementation of protective factors in their work with students and families.
17	Broward	<i>Strategy B.4</i> Over the five year period from July 2010-June 2015, Circuit 17 through the School Board of Broward County will implement a school wide initiative that increases the health and well being of children and families.	Objective 1.1 Provide training to teen parent social workers and the teen parent advisory committee about the five protective factors. Objective 1.2 Articulate ways in which these protective factors are already addressed by the teen parent program and additional points at which they may be introduced. Objective 1.3 Develop and implement a plan to address safe sleep practices at multiple points in interaction with teen parents. Objective 1.4 Develop and implement a plan for drowning prevention for teen parents of infants, toddlers, and pre-school age children. Objective 1.5 Reduce percentage of babies born to teenage mothers.
17	Broward	<i>Strategy B.5</i> Over the five year period from July 2010-June 2015, Broward County will reduce acceptance of intimate partner violence through an increase in knowledge about intimate partner violence and healthy relationships among youth.	Objective 1.1 Provide age appropriate primary prevention education to Broward County youth about the promotion of healthy relationships, non-violent conflict resolution, reaching out to adults for help, and encouraging productive action when witnessing violence through Women In Distress' multi-session youth prevention curricula—Hands Are For Helping, Get Real About Violence, Imagine...A World Where Love Doesn't Hurt, and Men Advocating Social Change. Objective 1.2 Increase school personnel and other adult's capacity to support youth's own primary prevention and social change initiatives in their schools and community through ongoing professional education, training and support. Objective 1.3 Foster continued and further collaborations between school personnel and other community stakeholders to build diverse partnerships addressing intimate partner violence, bullying and teen dating violence.
17	Broward	<i>Strategy B.6</i> Over the five year period from July 2010-June 2015, Circuit 17 will implement a community initiative on Sexual Violence Prevention.	Objective 1.1 Increase knowledge and awareness of sexual violence prevention. Objective 1.2 Reach youth groups with sexual violence prevention education programs.
17	Broward	<i>Strategy C.1</i> Over the five-year period from July 2010 – June 2015, Circuit 17 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.	Objective 1.1 Continue, enhance and expand Healthy Families Florida.

Circuit	County	Prevention Strategy	Prevention Objective
17	Broward	<i>Strategy C.2</i> Over the five year period from July 2010-June 2015, Circuit 17 will implement strategies to strengthen the Maternal/Child Health service continuum in order to screen, assess and provide early interventions to new at risk mothers.	Objective 1.1 Increase Healthy Start Services to children ages 0 to 3. Objective 1.2 Educate the community on Infant Mental Health. Objective 1.3 Educate the community on available services for mothers with Maternal Depression and expand quality mental health services for mothers with Maternal Depression.
17	Broward	<i>Strategy C.3</i> Over the five year period from July 2010-June 2015, Circuit 17 will educate the community on the importance of Mental Health Screenings of Children and Pregnant/New Mothers as well as the Developmental Screening of children.	Objective 1.1 Develop strategies to educate Caregivers and Pediatricians in the importance of mental health and developmental screenings. Objective 1.2 Develop strategies to educate OB/Gyns on the importance of mental health screenings of pregnant/new mothers. Objective 1.3 To establish a School District-wide database that proactively addresses the needs of children K-12 who are exhibiting risk factors that suggest difficulty with successful performance academically, socially or emotionally and creates a single entry point for district support services.
17	Broward	<i>Strategy C.4</i> Over the five year period from July 2010-June 2015, Circuit 17 will utilize the School Board of Broward County's School Based Mental Health Team to develop initiatives that increase the health and well being of children and families.	Objective 1.1 To provide intensive mental health case management services to the Hallandale, Dillard, Boyd Anderson, and Coconut Creek BCPS innovation zones that will support students and families with appropriate service provision and facilitate ongoing collaboration between families, schools and service providers.
17	Broward	<i>Strategy D.1</i> Over the five year period from July 2010-June 2015, Circuit 17 will have implemented a faith-based prevention initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.	Objective 1.1 Develop county-level strategies to engage at least two faith-based and community-based systems in Broward County and in the promotion of child abuse prevention using the protective factors with emphasis on social connections, concrete support in times of need, and knowledge of parenting and child development by 30 June 2011. Objective 1.2 Develop systems for identifying existing and/or needed faith oriented child abuse prevention resources available across the faith community that strengthens families using the five protective factors by for all five counties in the circuit by 30 June 2012. Objective 1.3 Achieve full implementation and support of the faith-based initiatives in Broward County and by 30 June 2013.
17	Broward	<i>Strategy D.2</i> Over the five year period from July 2010-June 2015, Circuit 17 will enhance the outreach and education to the Haitian/Caribbean community on the 5 Protective Factors.	Objective 1.1 Develop systems to engage Haitian/Caribbean community in the prevention of child abuse through public relations, community education, and provision of parent education services. Objective 1.2 The Circuit will support intermediate and long-term needs of Haitian children and families that arrived in Broward County after the January 2010 earthquake in Haiti.

Circuit	County	Prevention Strategy	Prevention Objective
17	Broward	<i>Strategy D.3</i> Over the five year period from July 2010-June 2015, Circuit 17 will support a comprehensive and coordinated system of care for children with Special Needs.	Objective 1.1 Increase funding allocation across funders to reduce service gaps. Objective 1.2 Support a coordinated system of care for children with special needs. Objective 1.3 Strengthen and empower families to foster the best possible development and outcomes for children birth to 5 with special needs.
17	Broward	<i>Strategy D.4</i> Over the five year period from July 2010-June 2015, Circuit 17 will support the Tri-County effort to streamline the eligibility process for health and human services agencies to ensure increased access to Health Care and Public Benefits over the five-year period from July 2010 – June 2015.	Objective 1.1 To implement a uniform eligibility system to increase access and enrollment of eligible clients to public assistance programs. Objective 1.2 To implement a uniform eligibility system to increase access and enrollment of eligible clients to healthcare and human services.
18	Brevard Seminole	<i>Strategy 1</i> By 30 June 2015, Circuit 18 will have implemented the Family Strengthening Initiative within the current provider community and continued with public and provider awareness campaigns.	Objective 1.1 Implement the Family Strengthening Initiative in the Substance Abuse provider network. Objective 1.2 Implement the Family Strengthening Initiative in the Domestic Violence provider network. Objective 1.3 Implement the Family Strengthening Initiative in the Mental Health provider network. Objective 1.4 Implement the Family Strengthening Initiative in the Early Education provider network. Objective 1.5 Year round public awareness efforts with an emphasis in April that provides information to the general population and provider network on child development, positive parenting practices and community resources.
18	Brevard Seminole	<i>Strategy 2</i> By 30 June 2015, Circuit 18 will build a Whole Child Community by having at least one Whole Child Project in the judicial circuit that has attained a Level 2 status as outlined in the Recognition Criteria in the Whole Child Tool Kit.	Objective 2.1 Develop and support the Whole Child Community in Brevard County. Objective 2.2 Explore implementing the Whole Child Connection in Seminole County.
18	Brevard Seminole	<i>Strategy 3</i> By 30 June 2015, Circuit 18 will have implemented prevention initiatives in conjunction with the faith-based community that will provide for universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the family strengthening initiative.	Objective 3.1 Develop strategies to engage the Brevard County Interfaith coalition in the promotion of child abuse prevention using the protective factors with emphasis on social connections, concrete supports, and knowledge of parenting and child development. Objective 3.2 Develop strategies to engage Resource point in the promotion of child abuse prevention with emphasis on social connections and concrete supports in times of need. (Resource Point provides access to resources and service provided by local agencies through an online platform.) Objective 3.3 Develop strategies to engage Pathways to Home in the promotion of child abuse prevention through provision of concrete supports to families facing homelessness and case management services to increase parental resilience in Seminole County.

Circuit	County	Prevention Strategy	Prevention Objective
18	Brevard Seminole	<i>Strategy 4</i> Circuit 18 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 – June 2015.	Objective 4.1 Continue, enhance and expand Healthy Families Florida.
19	Indian River Martin St. Lucie Okeechobee	<i>Strategy 1</i> By June 30, 2015, each county in Circuit 19 will have an increased number of agencies focused on building protective factors in parents and those working with children (i.e. teachers, childcare workers, service providers).	Objective 1.1 Utilizing a survey, identify communities/neighborhoods or service providers within the socio-economic continuum of primary/universal strategies without programs that build protective factors. Objective 1.2 All Circuit 19 counties will increase the number of communities/neighborhoods or service providers that build the protective factor “parental emotional resilience” into their program or curriculum. Objective 1.3 All Circuit 19 counties will increase the number of communities/neighborhoods or service providers that build the protective factor “nurturing and attachment” into their program or curriculum <i>and</i> create ways to bring this protective factor beyond their staff and clientele. Objective 1.4 All Circuit 19 counties will increase the number of communities/neighborhoods or service providers that assist families in making “social connections” as a result of agency programs and practices. Objective 1.5 100% of Circuit 19 counties’ elementary and middle schools, and 75% of the licensed pre-schools, will increase the “knowledge of parenting and child development” in their staff, and in the parents of children in their schools. Objective 1.6 Conduct a survey that mirrors the survey done in year one of the plan to determine the incorporation and dissemination of protective factors by communities/neighborhoods or service providers in the counties of Circuit 19.
19	Indian River Martin St. Lucie Okeechobee	<i>Strategy 2</i> By June 30, 2015, Circuit 19 will have replicated available Whole Child Communities from one county to four counties.	Objective 2.1 Establish Community Leadership support for expansion of Whole Child Communities in Okeechobee, Indian River and St Lucie County. Objective 2.2 Engage Community in the development of community needs assessment. Objective 2.3 Develop County level community plans based on needs assessments. Objective 2.4 Create County Specific Action teams. Objective 2.5 Create a ‘No Wrong Door Culture’ through Technology. Objective 2.6 Launch Active Whole Child Websites.

Circuit	County	Prevention Strategy	Prevention Objective
19	Indian River Martin St. Lucie Okeechobee	<i>Strategy 3</i> By June 30, 2015, the community will have increased Circuit-wide coverage for community awareness campaigns related to child abuse prevention.	Objective 3.1 Identify current child abuse prevention awareness efforts and gaps in the Circuit (in particular as related to Child Abuse Prevention Month). Objective 3.2 Expand message to under-served areas of each county.
19	Indian River Martin St. Lucie Okeechobee	<i>Strategy 4</i> Circuit 19 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 – June 2015.	Objective 4.1 Continue, enhance and expand Healthy Families Florida.
20	Charlotte Collier Glades Hendry Lee	<i>Strategy 1 Domestic Violence</i> Circuit 20 will heighten awareness and increase social change to reduce the incidents of child abuse and neglect when domestic violence is a factor.	Objective 1.1 Provide primary prevention activities to the general population, designed to actively promote healthy, non-violent relationships. Objective 1.2 Development of a collaborative effort to prevent domestic violence.
20	Charlotte Collier Glades Hendry Lee	<i>Strategy 2 Domestic Violence</i> Circuit 20 will heighten awareness and increase social change to reduce the incidents of domestic violence among those who have risk factors for violence.	Objective Provide education activities to at risk populations, designed to promote healthy and non-violent relationships.
20	Charlotte Collier Glades Hendry Lee	<i>Strategy 1 Substance Abuse</i> Circuit 20 will provide year round substance abuse prevention efforts with an emphasis on those who are at high risk for early development of substance use.	Objective 1.1 Increase enhancement of protective factors that reduce risk to youth that are identified for developing substance abuse issues through outreach and services.
20	Charlotte Collier Glades Hendry Lee	<i>Strategy 2 Substance Abuse</i> Circuit 20 will provide community education and teach healthy living skills regarding the use of substances.	Objective 1.1 Increase the knowledge to prevent substance use by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.
20	Charlotte Collier Glades Hendry Lee	<i>Healthy Families Florida</i> Healthy Families Florida. By 30 June 2015, the State of Florida will have funded Healthy Families Florida at levels necessary to sustain the quality of services, expand the availability of services statewide, and enhance the program's capacity to better serve families at risk of child maltreatment, especially those experiencing domestic violence, mental health and substance abuse issues.	Objective 1.1 Healthy Families Florida. By 30 June 2015, the State of Florida will have funded Healthy Families Florida at levels necessary to sustain the quality of services, expand the availability of services statewide, and enhance the program's capacity to better serve families at risk of child maltreatment, especially those experiencing domestic violence, mental health and substance abuse issues.
20	Charlotte Collier Glades Hendry Lee	<i>Strategy 1 Developmental Assets</i> Circuit 20 will support local efforts to connect additional young people, from birth to age 20, to all five fundamental resources (Ongoing relationships with caring adults, safe places and structured activities during non-school hours, a healthy start for a healthy structure, marketable skills through effective education, and opportunities to serve).	Objective 1.1 Continue, enhance and expand the knowledge of 40 Developmental Assets.
20	Charlotte Collier Glades Hendry Lee	<i>Strategy 1 Involve the Faith-Based Community</i> By 30 June 2015, Circuit 20 will have implemented a faith-based prevention initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.	Objective 1.1 Develop county-level strategies to engage faith-based and community-based systems in Circuit 20 (Lee, Hendry, Glades, Charlotte, Collier) in the promotion of child abuse prevention by 30 June 2011. Achieve implementation and support of the faith-based initiatives in Circuit 20 (Lee, Hendry, Glades, Charlotte, Collier) by 30 June 2015.

Circuit	County	Prevention Strategy	Prevention Objective	
20	Charlotte Collier Glades Hendry Lee	<p><i>Strategy 2 Involve the Faith-Based Community</i></p> <p>By 30 June 2015, Circuit 20 will have implemented a faith-based prevention initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative who are identified as high risk (secondary prevention).</p>	Objective	Development of faith oriented services that strengthens families at risk using the five protective factors for Circuit 20 (Lee, Hendry, Glades, Charlotte, Collier) by 30 June 2015.
20	Charlotte Collier Glades Hendry Lee	<p><i>Strategy 1 – Pinwheels for Prevention™ Public Awareness Campaign</i></p> <p>By 30 June 2015, Circuit 20 will have year round public awareness efforts with an emphasis in April that provides information to the general population on child development, positive parenting practices and community action.</p>	<p>Objective 1.1</p> <p>Objective 1.2</p> <p>Objective 1.3</p> <p>Objective 1.4</p> <p>Objective 1.5</p> <p>Objective 1.6</p>	<p>Ensure high level of awareness of Pinwheels for Prevention™ Campaign.</p> <p>Increase knowledge of child development to members in our community.</p> <p>Increase knowledge of positive parenting practices.</p> <p>Increase knowledge of community supports and social connections.</p> <p>Increase knowledge of child disciplinary techniques that promote nurturing and attachment between child and caregiver.</p> <p>Increase public perception that child abuse and neglect can be prevented before it ever occurs.</p>

Anticipated Barriers for Local Plan Implementation by Circuit and County

Table 17. Anticipated Barriers for Local Plan Implementation by Circuit and County

Circuit	Barriers to the Prevention of Abuse, Abandonment, and Neglect of Children in the Circuit
<p>1 Escambia Santa Rosa Okaloosa Walton</p>	<ul style="list-style-type: none"> • Barriers to the implementation of the Strengthening Families Initiative include financial and cultural issues. Clearly there are no additional funds from the State available to implement this initiative. Additionally, funding opportunities are limited nationally as individuals and corporations have fewer resources to donate for philanthropic activities. • Organizations have developed a “culture” or way they do business and are reluctant to change. Many of the child care facilities believe they already demonstrate the five protective factors and do not see a need for change. This same culture exists in early education environments as well. We will need to work diligently to help early education and child care providers take that next step and look at the entire family in their service delivery system. • The final barrier is that there is a limited amount of human resources available to implement this plan. As financial resources are limited an extra burden has been placed on a smaller staff to accomplish perceived additional workloads. This is true not only in governmental agencies but not for profit organizations also.
<p>2 Leon Gadsden Wakulla Jefferson Franklin Liberty</p>	<ul style="list-style-type: none"> • The Florida Abuse Hotline is now accepting more reports that would have previously been prevention referrals. This increase has an impact on the level of service, as well as a negative impact on public perception of the agency. • Access to affordable, quality childcare is a barrier. Further cuts to budgets of Early Learning Coalitions mean that fewer children attain access to affordable, quality childcare. • Statewide cuts to behavior analyst specialist program led to the local behavior analyst services being reduced. • Funding for primary and secondary prevention services has historically been inadequate. The prevention programs that do receive funding are not fully funded to serve the needs. There is a need for increased funding for additional programs and services. • There are difficulties in the recruitment of service providers in outlying counties. • A lack of general public awareness of child abuse and child abuse prevention is a barrier. • Building the Medicaid Provider Network to include medical and dental care services • Overall complexity of Medicaid approval process has been reported as inefficient and burdensome on providers which deters from providing services to Medicaid recipients • Lack of transportation • Availability of substance abuse services in outlying counties • Lack of affordable housing • Lack of uniformity in the interpretation of confidentiality requirements can be a barrier to the sharing of information between agencies. • Current economic conditions and loss of jobs are more evident now through increase in persons reaching out for assistance.
<p>3 Columbia Dixie Lafayette Hamilton Madison Suwannee Taylor</p> <p>8 Alachua Baker Bradford Gilchrist Levy Union</p>	<ul style="list-style-type: none"> • 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
<p>4 Duval Nassau Clay</p>	<ul style="list-style-type: none"> • The lack of an accurate and uniformed system of data collection and sharing to create benchmarks, examine trends in child maltreatment. • Need for greater community program collaboration in Nassau and Clay Counties. Teams felt several programs continue to remain in silos. • Nassau County identified need for opportunities to improve transportation, healthy lifestyles i.e., food, green spaces, community/social environments and a unified effort to reduce health disparities. • Long waits for mental health or parental counseling appointments due to high need and lack of staff to provide services. • Clay County indicated a need for greater engagement of their local government in their prevention efforts.

Circuit	Barriers to the Prevention of Abuse, Abandonment, and Neglect of Children in the Circuit
<p>5 Citrus Hernando Lake Marion Sumter</p>	<ul style="list-style-type: none"> • Barriers related to developing a strong prevention approach, especially primary prevention, are enhanced by the lack of a public consensus on parental vs. children’s rights and on the true social costs of child maltreatment. The general public also lacks the political will to accept civic responsibility for the well being for all children. Despite our best efforts to shift the prevention approach from a deficit and risks model to a protective factor/strength based model, the general public still believes child abuse is caused by bad parents; will not happen to anyone they know; and there is little they can do about it. They do not understand the complex parental, familial and community factors that can lead to harm to children and/or are judgmental of what they perceive as poor parenting. Historically, parents who struggle with raising their children have been afraid to reach out because of a perceived adversarial system that was often not about supporting and partnering to help parents, but was more about ensuring compliance. Since then, there has been a shift towards a strength-based model for which continued progress needs to be pursued. • People in leadership roles too often believe that primary prevention is “fluff”: something that makes people feel good, but not effective in protecting children. Until we are effective in demonstrating that prevention strategies will positively impact the future rates of child maltreatment, this perception will continue. • Other challenges include: <ul style="list-style-type: none"> ▪ Engaging resident and community leaders in creating and implementing local solutions to issues or to build community protective factors. ▪ Difficulty in measuring outcomes related to prevention and the subsequent hesitation of funders to invest in prevention. The lack of cost effectiveness data from providers demonstrates another related challenge. ▪ Lack of true understanding of and appreciation of primary prevention. Many practitioners and decision makers continue to believe prevention is the prevention of children coming into the system or prevention of re-abuse. Prevention is about ensuring all children are raised in stable, safe and supporting homes and communities. ▪ The survey of providers produced a thick book of resources. Those resources are not valuable unless they are accessible for the families who need them. The size of the resource book and the fact that primarily state funded organizations responded to the survey may produce an unintended consequence. In our opinion, the real work is done at the community level and effectively engaging those resources as appropriate is the challenge for providers and families alike.
<p>6 Pasco Pinellas</p>	<ul style="list-style-type: none"> • Lack of a community-wide, comprehensive prevention strategy that encompasses both primary and secondary prevention, before a child is harmed. • Lack of focus to prevention-related issues that delayed or prohibited problem-solving efforts; these issues include but are not limited to lack of capacity (i.e. - waiting lists) or under-utilization of services; limiting eligibility criteria that prohibits children/families from being served; limited local prevention funding/ reduction of local prevention funding; etc. • Lack of funding to implement the statewide primary and secondary prevention goals.
<p>7 Flagler Putnam St. Johns Volusia</p>	<ul style="list-style-type: none"> • Lack of substance abuse service providers in Putnam County. • Lack of funding for substance abuse services in all counties. • Inability of medical and substance abuse providers to track prescription drug abuse
<p>9 Orange Osceola</p>	<ul style="list-style-type: none"> • It will be difficult to monitor and evaluate a comprehensive approach for prevention of child abuse, abandonment and neglect within Orange and Osceola Counties. The reason being is there is not a dedicated funding source for the necessary monitoring and evaluation activities to determine which actions steps have had the greatest success. Other funding deficits raise the common barriers of lack of primary prevention and early intervention activities, de-centralized data for tracking and monitoring of initiatives, lack of coordination among provider agencies and government entities, lack of transportation options for families and lack of coordination between child-serving systems. Sustainability of numerous primary prevention activities will be difficult based on pending budget cuts for Healthy Families. On a positive note Orange and Osceola Counties have numerous community strengthening initiatives related to other social issues areas: medical care, homelessness and adult mental health. These areas are typically correlated to child maltreatment and addressing them should positively contribute to the prevention of child maltreatment.
<p>10 Hardee Highlands Polk</p>	<ul style="list-style-type: none"> • The process to analyze maltreatment data is restricted by what is recorded in FSFN. When attempting to get an accurate picture of the demographics of perpetrators and victims to assess for any disproportions compared to the general population, only using three race categories is insufficient. Also, since general population numbers were not provided, use of census data became difficult due to the difference in how race/ethnicity is broken down by the census in comparison to FSFN. • The program inventory data provided has served as a great starting point to assess service availability within our Circuit. Since it was received late in the planning process, however, it limited the circuit’s ability to provide a true and accurate plan of service needs. The data will be incorporated locally into the Whole Child database from this point forward. Updates to service needs will be evaluated through the Whole Child Initiative for our Circuit, so that a more accurate picture will develop over time.

Circuit	Barriers to the Prevention of Abuse, Abandonment, and Neglect of Children in the Circuit
<p>11 Miami-Dade</p>	<ul style="list-style-type: none"> • Barriers to a commitment to incorporate existing strategies and incorporate community provider prevention plans, strategic plans, and goals to maximize resources within community agencies. According to the Children’s Trust, there is still too little coordination among the prevention services providers and the treatment and intervention providers. In part, this is the unfortunate but understandable turf war that exists for funding between prevention strategies and treatment/intervention strategies. Truly embracing a family- and community-based prevention approach necessitates taking the risk that in the long run prevention will lead to healthier results than repeated treatment interventions. State actors are uniquely positioned to prevail upon prevention and intervention providers to speak genuinely about this duality and to meet with community representatives to determine whether the balance is building better communities. To address this issue the Circuit 11 Child Maltreatment Work Group has implemented as its priority strategy an Action Plan to address the identification and information sharing of prevention resources in the Miami-Dade Community. As a committee we fully recognize the bridges that have to be built so that the prevention of Child Maltreatment can be successful. • Barriers in following through on the evidence based implementation of Family Centered Practice Principles. The barrier that exists in following through on the evidence based implementation of Family Centered Practice Principles is a minimal response to participation from providers in the community. To address this, the Child Maltreatment Work Group has developed several action steps to address this very issue. That being said, the priority action step in objective 2.1 is to strengthen the service provider network to incorporate Family Centered Practice. • Barriers encountered for a commitment to address the diverse populations of the Miami-Dade County due to the diversity of the community. Even though there is a concerted effort among the Miami-Dade community providers to address the needs of the diverse cultures in Miami, more can be done to improve outcomes for the Hispanic population. They are the largest population in Miami and they are indicating high outcomes for child maltreatment and also juvenile justice entry as well as other negative indicators. Therefore, it is important to understand what is preventing the Hispanic population from accessing services in times of need. In order to provide innovation in this area, the action steps provided in Strategy 3 are designed to overcome these barriers and provide a positive impact to the Hispanic community. The Child Maltreatment Work Group is focused on obtaining the voice of the Hispanic community in order to effectively deliver services. In addition to this initial focus, chosen for its greatest impact on the community, the committee will expand design a pilot to address the African American population as well as other diverse populations in Miami-Dade County. • Incorporate a plan that can provide evidence of success. Many plans have been implemented in Miami-Dade over the years. One of the most difficult obstacles is to show a direct correlation of effectiveness with the implementation of any plan. This is due to the sheer gravity of Miami-Dade County, as previously stated it houses the largest population in the state of Florida and ranks 8th nationwide in population density. In order to overcome this challenge the Child Maltreatment Work Group has decided to implement a plan that utilizes pilot implementation in certain zip codes. Built in to this plan is a measure for other zip codes to provide the basis of a control group. With this in place we are able to ascertain a controlled measure for effectiveness and overcome this barrier. • Incorporating the 5 Protective Factors. The barrier concerning the 5 Protective Factors will be the challenge to disseminate the information effectively to the diverse cultures in Circuit 11. Families that are entrenched in their culture are less open to the science behind the 5 Protective Factors. The Action Plan addresses the entrenched cultural beliefs of the families in Circuit 11. Therefore, the focus is to not only to educate the community on the 5 Protective Factors, but to help them assimilate this new information into their core belief system so that they may make better choices for their children and in turn impart their new belief system to future generations for a long term impact to the prevention of child maltreatment.
<p>12 DeSoto Manatee Sarasota</p>	<ul style="list-style-type: none"> • Building Medicaid provider network to include medical & dental care. • Difficulty in recruiting service providers in outlying counties. • Complexity of Medicaid Managed Care for Families. • Recruitment and retention of foster parents. • Lack of transportation resources for families in rural counties. • Lack of adequate, affordable, & accessible housing. • Need for funding for additional programs & services in the community. • Limited federal and state financial resources. • Lack of resources & funding in the community for prevention & diversion programs. • Funding silos inhibit collaboration & coordination of services. • Lack of funding for substance abuse prevention services. • Budget cuts at every level – state, local, & private, including cuts to TANF. Current budget cuts to treatment & service systems have immediate & long-term consequences.

Circuit	Barriers to the Prevention of Abuse, Abandonment, and Neglect of Children in the Circuit
<p>13 Hillsborough</p>	<ul style="list-style-type: none"> • Our inability to get standardized impact data regarding our Circuit’s prevention programs makes it difficult to measure success or develop benchmarks. • Although Hillsborough County has a strong base of community providers, our plan does not encompass the multitude of partners in our Circuit. As we move forward, we will look for ways to identify these missing partners so their programs can be incorporated into future needs analysis and plans. • The poor economic climate has adversely affected the jobless rate, foreclosures, homelessness and charitable giving. Areas that are suffering include housing, transportation and childcare. This depressed climate contributes to child abuse, abandonment and neglect. • Hillsborough County does not have adequate public transportation. Rural transit options are extremely limited or unavailable. Moreover, although metropolitan public transportation serves some primary corridors, routes are not always direct and secondary road service is nonexistent. • Organizations that provide prevention funding often have restrictions and limits on fund disbursements. Their guidelines may eliminate segments of the population that are in need of prevention assistance. • There is not a strong partnership between the workforce domain and the child welfare community. This gap makes prevention progress in the workplace a definite challenge.
<p>14 Bay Calhoun Gulf Holmes Jackson Washington</p>	<ul style="list-style-type: none"> • It is important for this plan to serve as a Circuit 14 community plan and be acknowledged and respected as such. The efforts identified, strategies put in place to achieve the efforts, and needs identified are those of the individuals with a vested interest in the local community. Members of the planning team and those taking active leads know the needs of Circuit 14 and their continued involvement and ideas to achieve the efforts must be supported by leadership outside of Circuit 14. • As with most plans and/or projects momentum comes and goes at periodic times during the process. It is of utmost importance that the efforts identified and actions to be taken are closely monitored to ensure continued progress by all involved. Losing momentum could mean jeopardizing or delaying much needed efforts in Circuit 14. The Department, through partnership with community providers and active circuit planning team members must commit to the sustainability of this plan to achieve best outcomes for the Circuit 14 community. Based on the current relationship within the Circuit 14 community and those committed to this plan this goal is achievable.
<p>15 Palm Beach</p>	<ul style="list-style-type: none"> • The multiple silos that exist in planning efforts focus energy into project rather than system oriented work. Moreover, these plans are sent to different places with different oversight and management structures. Examples include DCF CFSR, Homelessness Plans, Early Learning Coalition Plans etc. • Though the CAPP team roster requires a broad spectrum of participation- agency participation other than the Department of Children and Families is not structured to incentivize participation. • There is no funding currently associated with this plan. System management and integration funding is needed at a minimum. • Lack of integrated data systems inhibits analysis and coordinated action. • The direct support organization has not been established.
<p>16 Monroe</p>	<ul style="list-style-type: none"> • For Monroe County, the majority of youth are encountering barriers to employment. There are fewer jobs available, and many of the open positions are going to educated adults. For Monroe County, the summer is considered “off season” and there are many less jobs available than in the winter which is considered “season.” When youth are on summer break from school, there is a much lower rate of jobs available than when they are enrolled in school during the winter. • Transience of Population. Significant transience/ longevity of families due to economics in the Keys and Snowbirds. • Lack of Programs and Resources. Limited employment opportunities and training programs. Limited structured day program activities. • Administrative Control by Miami. Organization and service models from the Mainland do not often fit for the Keys. Delays in services due to added processing through Miami. • The geography of Monroe County, as described in the beginning of this document. • There is a lack of current prevention programs by the Children’s Trust. • Infrastructure is set up for court action and now majority of cases are voluntary. Family Treatment Court, Batterer’s Intervention, etc. • There is not enough funding to insure that the Guidance Care Center increases services to meet the substance abuse and mental health needs in our community. • The Geography and cultural differences between the Lower, Middle and Upper Keys makes it necessary to “triplicate” infrastructure and services in the Keys. • Complex economy of scale in the Keys due to small population, highest cost of living in the State of Florida and geopolitical infrastructure.

Circuit	Barriers to the Prevention of Abuse, Abandonment, and Neglect of Children in the Circuit
<p>17 Broward</p>	<ul style="list-style-type: none"> • One of the most significant barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect is inadequate funding to support an organization's priorities. As the economy weakens, our local and state revenues decline thus increasing the need for public programs for which there is no funding. In addition, existing programs and services are at risk of budget reductions with a subsequent loss of prevention services for our children and families. • Although the plan includes alternative funding strategies for meeting needs a loss of revenue may still jeopardize our plans and have a negative impact on our ability to carry out some of our actions to improve our performance. This begins a terrible cycle which results in gaps of much needed services that puts our children at risk of abuse and neglect. There are many studies that have shown a direct correlation of hard economic times with an increase in abuse and neglect of children. • Another barrier that may affect our approach is organizational differences that impact collaboration. Effective collaboration between organizations is essential in the development and successful integration of the local plan. The circuit's collaboration resulted in a comprehensive plan with a compilation of strategies, objectives and action steps that address the priority needs of Broward County. Balanced performance information will be necessary to fully assess progress and success during the monitoring and evaluation of the plan, however, different organizations may use very different approaches to strategy development and deployment. As the planning team(s) evaluate the results and progress toward meeting our objectives the challenge will be in aligning each organization's unique measurements for decision-making, resource allocation and performance management with the Circuit 17 Prevention Plan.
<p>18 Brevard Seminole</p>	<ul style="list-style-type: none"> • Funding is the largest barrier identified by the local planning teams to the prevention of abuse, abandonment and neglect of children. As the economy struggles, there is more demand for services from the community, yet funding of these services is being cut. The result is that organizations are continually trying to serve more people with fewer funds. Sometimes there is even competition among agencies to receive the same grant or funding stream. This can create programs that work in silos rather than in collaboration. The fact that insurance only covers certain types of services for families is often a barrier to them receiving the correct treatment for their particular issue. Funding also affects social welfare agencies due to the lower than average salaries available to front line staff, this can result in higher turnover and loss of knowledge and manpower to the system as a whole. • Public awareness has also been identified as a barrier to the prevention of child abuse, abandonment and neglect. Public awareness affects child abuse/ neglect prevention in two different ways. The first public awareness issue is that families experiencing trauma are not always aware that there is assistance available in the community. It is imperative that marketing plans continue to encompass outreach to families along side community and faith based organizations as well as county government officials. Another barrier may be that many current prevention strategies are deficit based thereby stigmatizing accessing community resources. The cultural values of some families may also be a barrier to child abuse/ neglect prevention as families are discouraged from accessing outside resources or even speaking about familial problems. • The second public perception issue is that the community at large does not understand that child abuse and neglect does occur in their community, and that they can play a role in preventing it. In addition, the community needs to be aware that child abuse/ neglect can have long lasting affects such as increased rates of criminal activity. With the movement to more localized community based care agencies, there may be some loss of saturation of message, as different agencies choose varying prevention campaigns. Relaxed public perception of harm and popularization by the media related to drug and alcohol use is also a barrier to child abuse/ neglect prevention. • A local barrier is the impending lay-offs created by the Space Center program cuts which are expected to result in the loss of 9,000 jobs with a ripple effect in the upcoming two years of another 21,000 jobs. Brevard County is heavily supported by the space industry and the resulting loss of employment and stability for families will result in increased housing issues, family violence, and mental health issues.
<p>19 Indian River Martin St. Lucie Okeechobee</p>	<ul style="list-style-type: none"> • Lack of clear understanding of primary prevention as strategies targeted to the community at large, and not solely to families with risk factors. • Ongoing and increasingly severe revenue shortfalls at both the state and local level continue to have a negative impact on primary and secondary prevention programs, at a time when service needs are increasing.
<p>20 Charlotte Collier Glades Hendry Lee</p>	<ul style="list-style-type: none"> • Lack of mental health services such as SIPP (Statewide Inpatient Psychiatric Program) for youth. • Community apathy. • Need for more community resources. • Lack of local staff resources for this full-time duty of supporting and coordinating the CAPP plan.

Local Planning Team Recommendations for State Level and Legislative Action

Table 18. Local Planning Team Recommendations for State Level and Legislative Action

Circuit	State Level and/or Legislative Action Recommendations
<p>1 Escambia Santa Rosa Okaloosa Walton</p>	<ul style="list-style-type: none"> Florida statutes require that funds for Foster Care and Related Services are to be included in the Community Based Care (CBC) contract. As such, all funds associated with the prevention of child abuse and neglect are included in the CBC contract. Therefore, if additional funds are acquired through the State for prevention efforts to implement this plan, they would be required to be included in the CBC contract and would not be available without the approval of the CBC lead agency. It would be helpful if these type funds of these funds remained in the Circuit and not have the requirement to include in the CBC Contract.
<p>2 Leon Gadsden Wakulla Jefferson Franklin Liberty</p>	<ul style="list-style-type: none"> Restore Fiscal Year 2009-2010 funding levels for Healthy Families and Healthy Start programs and other essential services that provide prevention services and support pregnant women and children. Increase funding to Healthy Families Florida to serve all zip codes in Leon County and to fully serve the needs of the at-risk populations in Gadsden, Franklin, Wakulla, Jefferson, and Liberty counties. Increase funding to Early Learning Coalitions to provide greater access to affordable, quality child care. Increase funding for primary and secondary prevention services. Continue supporting Title IV-E Waiver efforts and services.
<p>3 Columbia Dixie Lafayette Hamilton Madison Suwannee Taylor</p>	<ul style="list-style-type: none"> 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 Lunsford Act. Address growing disparity of resources between urban and more rural areas.
<p>8 Alachua Baker Bradford Gilchrist Levy Union</p>	
<p>4 Duval Nassau Clay</p>	<ul style="list-style-type: none"> Maintain funding for Healthy Start, Healthy Families programs and other essential services supporting pregnant women and young children. Continue supporting Title IVE Waiver efforts. Address Hotline issues: what constitutes abuse/neglect? Cultural Diversity training of department/agency staff needed to identify and address stigmas and historical distrust of the system by African-Americans through focus groups and survey in the community.
<p>5 Citrus Hernando Lake Marion Sumter</p>	<ul style="list-style-type: none"> Advocate for the continuation of the Title IV-E waiver. In Florida, many prevention services can be funded because of the Title IV-E waiver. As budgets need to be reduced, do not consider penalizing lead agencies that are doing a good job of reducing placements, reducing caseloads, and preventing children from being harmed by cutting their budgets. Instead encourage them to keep creating effective primary and secondary prevention strategies to keep more children from harm. Local lead agencies must be encouraged and allowed to pursue private funding sources to fund prevention initiatives. Engaging community resources in prevention strategies must be an intentional strategy. The Community Facilitation strategy initiated in the 1995 -2000 Prevention Plan should be encouraged. Right now the conveners of the local planning teams have the task of planning, monitoring and reporting as added responsibility. Community Facilitator are very effective at the neighborhood level in bringing the formal resources closer to the families needing them and engaging community resources in supporting families.
<p>6 Pasco Pinellas</p>	<ul style="list-style-type: none"> As prevention dictates, community visibility is essential for the ongoing protection of children from abuse and neglect, one of the most productive means to achieve community visibility is through the utilization of child care. Currently there exists multiple barriers to providing child care services to all those in need. Lack of funding continues to be the primary obstacle to the service. The Local Planning Team would recommend the expansion of childcare funding at the legislative level. In addition, we would like to recommend funding for the expansion of the Healthy Family model that has proven to be an effective child abuse prevention strategy by offering home visits to parents of newborns focused on promoting child health and development and positive parent-child interaction. The impact that fathers make in the lives of their children has been recognized and the LPT would like to advocate continuing funding for educating fathers of newborns. Based on the local child abuse data, 0-1 year olds are at the highest risk of abuse and if support is provided in home, hopefully the risk of child abuse or neglect for the youngest and most vulnerable children would be reduced.

Circuit	State Level and/or Legislative Action Recommendations
7 Flagler Putnam St. Johns Volusia	<ul style="list-style-type: none"> The Circuit 7 Local Planning Team will continue to contact local and state legislators to promote the increase of funding for prevention programs statewide. The Department of Children and Families Substance Abuse and Mental Health office will promote the community education of prescription drug abuse.
9 Orange Osceola	<ul style="list-style-type: none"> Need for Legislative mandates for a synchronized approach between state agencies and local providers of community mental health, child welfare, substance abuse, such as the DHHS System of Care priorities – allowing for cross-system case management processes.
10 Hardee Highlands Polk	<ul style="list-style-type: none"> It is recommended that the state look at opportunities to streamline the race/ethnicity fields in FSFN to be better in line with census data or provide the population data according to the same specifications that will allow for a more accurate analysis.
11 Miami-Dade	<ul style="list-style-type: none"> The traditional state funders must go further if they believe in primary and secondary prevention. They are the bodies that should, along with local judiciary (who are state actors), regularly convene locally funded and community stakeholders in prevention to determine whether the child welfare and juvenile justice response to maltreatment is effective in relation to the network of prevention services that already exist.
12 DeSoto Manatee Sarasota	<p><u>State Level Recommendations:</u></p> <ul style="list-style-type: none"> Review and revise the Medicaid Community Behavioral Health Handbook to increase provider qualifications and reorient the system of care to focus on resiliency in children. Strengthen access to care by contractually requiring that Medicaid managed care plans offer timely access to providers specializing in adoptions and attachment, among other specialties. Support the development of a system of infant mental health services for young children and their families in Florida. Provide a process for Medicaid recipients to extend care and exceed maximum service limitations through prior authorization to include children who have been adopted. Continue to allow adopted enrollees to maintain voluntary status in the managed care environment. Continue and expand efforts to improve inter-agency coordination for children served by multiple state agencies. Improve coordination among the agencies at the federal, state, and local level that receive funding to help and support low-income families. Ensure availability of appropriate and adequate behavioral services for children with developmental disabilities. Provide resources to serve all children with developmental disabilities in the child welfare system through the Home and Community Based Services waiver. Seek advice and assistance from parents who have adopted children with disabilities. Design and include child maltreatment course work/training to be available for certification and licensure for health care and social work professionals; and ongoing continuing education for health care, social work and related professionals. Develop a strategy to inform the general public and targeted audience of ways to enhance positive interaction with children and within the family. Enhance CMS Child Protection Teams so that substance abuse, developmental screening and psychosocial assessments are a routine component of the assessment process. <p><u>Prevention Of Child Maltreatment:</u></p> <ul style="list-style-type: none"> Maintain funding of Healthy Start, Healthy Families & other essential supports for pregnant women and young children. Continue support of Title IVE waiver initiatives. Create more funding flexibility to reduce silos and allow braided funding. Support and fund local community prevention services, including substance abuse prevention services. Allow foster children to be Medicaid eligible through high school and college.
13 Hillsborough	<ul style="list-style-type: none"> In analyzing our primary and secondary prevention programs, an obvious gap in the continuum of care was workforce strategies. This societal strategy entails family-friendly workplace policies and livable wage policies. These policies need to be initiated at a legislative level first if they are to impact society. The 3rd Annual Community Legislative Summit produced a variety of recommendations. Several that pertain to the prevention of child abuse, abandonment and neglect are included below: <ul style="list-style-type: none"> Protect funding for child welfare. Maintain the IV-E waiver by meeting federal “maintenance of effort” requirements. Support efforts to assure that Medicaid benefits are “portable” and follow children in placements throughout the state. Promote the Earned Income Tax Credit (EITC) to Florida’s families through public and private partnerships. Expand children’s health care to include 1) projected growth and necessary services, 2) dental coverage (increase Medicaid reimbursement rate and add “dental only” buy-in option to Florida KidCare, 3) Support 12-month continuous coverage across all children’s health insurance programs. Support legislative efforts that propose voluntary contributions for homeless relief on DMV forms. Support legislation to remove cap on the state Housing Trust Fund so that funds are used for affordable housing.

Circuit	State Level and/or Legislative Action Recommendations
14 Bay Calhoun Gulf Holmes Jackson Washington	<ul style="list-style-type: none"> The investment of resources in prevention programs is essential to the success of Florida's families. Research has proven it is more cost effective to fund front end services directed toward preventative or diversion programs rather than services, placements, or commitment facilities after the fact. The state needs to make a genuine effort to invest in these programs at all levels. An example of this is the recent cuts to the Healthy Families Florida program. It is imperative that the State of Florida fund this program at levels necessary to sustain the quality of services, expand the availability of services statewide, and enhance the program's capacity to better serve families at risk of child maltreatment, especially those experiencing domestic violence, mental health and substance abuse issues.
15 Palm Beach	<ul style="list-style-type: none"> Streamline multiple planning efforts/advisory committees. Adopt Florida's Early Childhood Framework to show related systems the benefit of coordination of planning efforts and common outcomes. Include related leading in addition to lagging indicators for maltreatment in planning data sets. Examples of the type of desired data include, graduation rates, teen pregnancy rates, number of healthy births. Data of this nature would be most helpful if indexed with CAPP rates and trended over time. Review of this information should influence the local planning instructions more directly in addition to the continuum of what is available. Emphasize outcomes over process including a meaningful definition of Evidence Based Programs.
16 Monroe	<ul style="list-style-type: none"> Continue to develop short-term strategies/ interventions for the prevention of child maltreatment in Monroe County. Continue to lobby legislators for adequate funding to expand develop programs. Increase decision-making and budgetary control by Keys administration. Recruit professionals in our community that are bilingual to meet the needs of our diverse population.
17 Broward	<ul style="list-style-type: none"> Circuit 17 recommends three issues for consideration at the state program level and/or by legislative action. The first recommendation is the extension of the Title IV-E Waiver which will expire in 2011. Initially, the implementation of this waiver, had a financial impact on the cost for children in out of home care. Subsequently, the state has been allowed to redirect funds for prevention and support of families. Although, some of the services may have been targeted to families already known to the Department, the overall increase in child safety has a positive effect on the community's planning processes and improves an organization's ability to reallocate existing resources. Also, in an effort to maintain the integrity of the current Five Year Local Planning Process and to move forward as outlined in the plan through June 30, 2015, it is hoped that a change in leadership in the Governor's Office will continue the current protocols to ensure ongoing effective coordination and facilitation of prevention planning by the Chief Child Advocate and Deputy Chief Child Advocate. The ongoing communication and assistance has been critical to the planning effort and will continue to be just as important as the state moves into the first and each subsequent year of the plan. The current support of the Executive Office of the Governor is valuable to the local planning team(s). In addition, it is hoped that our legislators can continue to shield child welfare services from future budget reductions. It will be a challenge to preserve the existing funding much less a reduction in allocation. It is imperative that the state have adequate funding to do its part in supporting and empowering parents and caretakers to provide a nurturing environment for their children.
18 Brevard Seminole	<ul style="list-style-type: none"> Funding should follow the needs of the child or family and not the organizational structure. Funding streams should be reconfigured to allow agencies to work in partnership rather than silos. Strong support for the Title IV E waiver should occur, to continue to allow agencies to use monies for prevention activities rather than foster care. As more funding is focused on prevention programs, a comprehensive data base to track these clients should be developed to insure that the families are being well served and we are providing positive outcomes for children. Medicaid and other Insurance carriers should be encouraged to be more flexible in their acceptance of providers to insure that families are receiving the appropriate services for their needs. The state should take the lead in evaluating and sharing evidence based practices. One way to increase public awareness would be to have Prevention Specialists in each Circuit. The Prevention Specialist could help coordinate evidence based practices and prevention messages across organizations so that the families are receiving consistent messaging. The Prevention Specialist would provide or arrange for trainings that reinforce a consistent prevention message. The Prevention Specialist could also directly handle the Prevention documents as generated by the hotline. The Prevention Specialist could insure that the messaging was culturally acceptable as well as strength based to help de-stigmatize accessing services.
19 Indian River Martin St. Lucie Okeechobee	<ul style="list-style-type: none"> These recommendations are drawn from the 2009 Treasure Coast Legislative Summit, an annual event organized by the Treasure Coast Advocacy Coalition (TCAC). The Summit is the forum by which a cooperative body of stakeholders presents priority legislative issues to the local legislative delegation on issues of critical importance to our community. The issues presented this past year under the Strengthening Families category that are linked to child abuse prevention include: <ul style="list-style-type: none"> Increase funding for Healthy Families to meet the additional demand for these critical services Increase Medicaid reimbursement for reproductive health services in order to reduce unplanned births and promote healthy birth outcomes
20 Charlotte Collier Glades Hendry Lee	<ul style="list-style-type: none"> Mandate a statewide children's tax with the money returning only to the community from which it came Legislate additional CPI and case manager positions; for as state mandates appropriately go up, so does the time factor to accomplish. Office of Adoption and Child Protection secure funding to help with hiring staff that has the time and expertise to complete and track tasks of the plan.