Future of Florida's Families Committee

September 14, 2005
10:15 AM – 11:00 AM
12 House Office Building

MEETING PACKET

Allan Bense
Speaker

Bill Galvano
Chair

Florida House of Representatives

Future of Florida's Families Committee

AGENDA

September 14, 2005
12 HOB
10:15 a.m. – 11:00 a.m.

Opening Remarks Chair Galvano

Presentation of the Florida Interprogram Task Force report entitled, "Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010."

Lucy D. Hadi, Secretary
Department of Children & Families

Closing Remarks Chair Galvano

Schedule for Public Hearings
Prevention of Child Abuse and Neglect

CITY	DATE	VENUE	THEME(S)
Tallahassee	Wednesday, September 14, 2005	12 House Office Building	Legislative Unveiling of Report prepared by the Florida Interprogram Task Force entitled, "Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010" Secretary Lucy Hadi, DCF
Jacksonville	Thursday, September 22, 2005	St. James Building 1st Floor City Council Chambers 117 West Duval Street Jacksonville, FL 32202 (904) 630-1377 Contact: Robin White or Sheryl Brown	Developing the Framework to Shape Public Policies to Foster Stronger and Healthier Families PREVENTION and EARLY INTERVENTION: How and When Do We Educate to Prevent Abuse?
Tampa	Thursday, September 29, 2005	Frederick B. Karl County Center 2nd Floor Bd. Of County Commissioners 601 East Kennedy Blvd. Tampa, FL 33601 (813) 272-6698 Contact: Sandra Charbonaire	Recognizing an Abused Child from the Eyes of a Parent, Teacher, and Health Care Provider What Happens Once Abuse, Neglect, or Abandonment Has Been Detected? Perspective of Protective Investigators and Law Enforcement

Miami	**Monday, October 3, 2005**	**Miami City Hall (Main Chambers) 3500 Pan American Drive Miami, FL 33133 (305) 250-5360 Contact: Anelle Rodriguez**	**Profile of a Child Abuser - Risk Factors:** • **Alcohol and Substance Abuse;** • **Mental Health Problems;** • **Poverty ;** • **Childhood Physical or Sexual Abuse;** • **Domestic Violence; and** • **Lack of Parenting or Communication Skills** **What Research Is Telling Us** **Protective Factors for Child Abuse and Neglect: Child Factors; Parent and Family Factors, and Social and Environmental Factors**
West Palm Beach	**Tuesday, October 11, 2005**	**Jane M. Thompson Memorial Chambers 301 North Olive Avenue, 6th Floor West Palm Beach, FL 33401 (561) 355-6726 Contact: Tonya Johnson**	**Consequences of No Prevention or Early Intervention: Foster Care; Juvenile Detention; Prison; or Death** **Role of the Community and Government: Integration of the Delivery Services** **Cost of Not Preventing Child Abuse and Neglect**
Tallahassee	**Week of October 17th**	**12 House Office Building**	**Wrap-Up**

Florida's State Plan for the **Prevention of Child Abuse, Abandonment, and Neglect:**

July 2005 through June 2010

Together, we have the power to prevent child abuse.

Developed by The Florida Interprogram Task Force

June 2005

Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect:

July 2005 through June 2010

Developed by
The Florida Interprogram Task Force
June 2005

Vision

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

Table of Contents

Letter from the Secretaries

Executive Summary 1

Introduction

Why Does Florida Need a Prevention Plan for Child Maltreatment? 7

How was *Florida's State Plan for Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010* developed? 7

Figure 1. Prevention Continuum Programs (as reported by the Planning Partners, March 2005) 10

Vision, Mission, and Goals 11

How Will the Plan be Implemented and Evaluated? 11

Background

Current Status of Abuse, Abandonment, and Neglect in Florida 13

Child Maltreatment Risk and Protective Factors 16

Effects of Maltreatment 19

Implications – The Importance of Prevention 22

Realizing Prevention Through Planning 25

The Context for Planning 27

Critical Elements of Effective Planning 29

Conclusion 31

Goals, Objectives, and Indicators

Objectives and Indicators 34

Goal 1: All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being 34

Goal 2: State, local, and community resources comprise a collaborative, responsive, family-centered service delivery system that promotes the well-being and safety of children, families, and communities 48

Goal 3: The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively 55

Goal 4: The prevention continuum's accountability system ensures the evidence-based effectiveness of planning and resource utilization 58

Relationship between Community Priorities and Objectives 61

Table 1. Recommended Statewide Prevention Priorities by District and Related Statewide Objectives 61

How Will Florida Achieve These Objectives? 62

Local Planning Priorities

Identification of Local Priorities 67

Table 2. Summary of Priorities Aligned with Community Strengths and Challenges 69

Summary of Community Priorities 77

Appendices

Appendix 1: Florida Interprogram Task Force Members 79

Appendix 2: Prevention Continuum Programs and Funding Sources 81

Appendix 3: Statutory Foundation 93

Appendix 4: References for Background Section 103

Appendix 5: Glossary 105

Technical Appendices

Appendix A: Prevention Plans as Submitted by the 13 Districts and Suncoast Region
Appendix B: Recommended Strategies for the Prevention of Child Abuse, Abandonment, and Neglect

Index of Figures

Executive Summary:
Child Maltreatment Rate (Per 1,000) ... 4
Percent of Children Re-abused Within Six Months of Initial Report ... 5
Introduction:
Figure 1. Prevention Continuum Programs (as reported by the Planning Partners, March 2005) ... 10
Indicators:
Child Maltreatment Rate (Per 1,000) ... 33
Percent of Children Re-abused Within Six Months of Initial Report ... 34
Goal 1 Indicators:
Low Birthweight Rate ... 35
Child Mortality Rate (Per 1,000 Children under 5) ... 36
Percent of Children with BMIs in the Normal Range (5th – 84th percentile) ... 36
Percent of Children Living in Poverty ... 37
Percent of Families Living in Poverty ... 37
Homeless Children Rate (per 1,000 children) ... 38
Percent of Kindergarteners Ready to Learn ... 38
Percent of Students Graduating From High School ... 39
Births to Girls Under 19 (per 1,000) ... 39
Percent of Births to Unwed Mothers ... 40
Percent Crowded Housing Units ... 40
Juvenile Referral Rates per 1,000 At-Risk Youth ... 41
Domestic Violence Reports per 100,000 People ... 41
Child Violence Related Injury Death Rate (per 100,000 Children) ... 42
Child Unintentional Injury Death Rate (per 100,000 Children) ... 42
Number of Counties with Unintentional Injury Partnerships ... 43
Percent of Children Covered by Health Insurance ... 43
Percent of Children Immunized in Kindergarten ... 44
Average Wage at Job Entry ... 45
At-Risk Children on Waiting List for Subsidized Child Care ... 45
Number of Children on Waiting List: Subsidized Child Care ... 46
Percent of Children With Access to Licensed or Legally Exempt Child Care ... 46
Goal 2 Indicators:
Percent of Counties with Web-based Access to a Comprehensive List of Community Resources ... 50
Percent of Children with Improved CFARS After Receiving Services ... 50
Percent of SED Students who Receive In-School Suspensions ... 51
Percent of SED Students Who Receive Out-Of-School Suspensions ... 51
Percent of Youth Using Alcohol or Illicit Drugs ... 52
Illicit Drug Use Among 18 to 25-Year Old Adults ... 52
Illicit Drug Use Among 26 Years and Older Adults ... 52
Binge Drinking in Adults 18 to 25 Years of Age ... 53
Binge Drinking Among 26 Years and Older Adults ... 53
Percent of Youth Who Remain Crime Free For One Year After Receiving Delinquency Prevention Services ... 53
Goal 3 Indicators:
Percent of Counties with a Comprehensive List of Community Resources ... 57

June 20, 2005

The Honorable Jeb Bush, Governor of Florida
The Honorable Tom Lee, President of the Senate
The Honorable Allan G. Bense, Speaker of the House

Dear Governor, Mr. President and Mr. Speaker:

As required by section 39.001, Florida Statutes, our departments have collaborated to develop the attached *Florida's Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010.* We are committed to work together 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. The plan recognizes that prevention of child maltreatment will require a multidisciplinary, interagency effort involving collaboration among state agencies, local public officials, and private service providers.

The Florida Interprogram Task Force, consisting of members from each of our departments and representatives of providers and advocacy organizations, developed this plan under the auspices of the Department of Children and Families. The state plan is enhanced by the inclusion of local plans, which represent priorities identified by every county in the state.

Our signatures on this letter represent our commitment to ensure that Florida attains the goals set forth in this plan. We support the plan and intend to fully participate in its implementation and annual evaluation.

Sincerely,

John O. Agwunobi MD, MBA, MPH, Department of Health, Secretary

Shelly Brantley, Agency for Persons with Disabilities, Director

Lucy D. Hadi, Department of Children and Families, Secretary

Susan Pareigis, Agency for Workforce Innovation, Director

Anthony Schembri, Department of Juvenile Justice, Secretary

Guy Tunnell, Florida Department of Law Enforcement, Commissioner

John Winn, Department of Education, Commissioner

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

Executive Summary

Executive Summary

The purpose of *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010* is to reduce child maltreatment and its reoccurrence in Florida. Abuse, abandonment, and neglect are much more likely to occur under certain known child, family, and community conditions. To prevent abuse, abandonment, and neglect from occurring in the first place, the state must focus on enhancing protective factors, conditions ordinarily associated with low levels of maltreatment. Simultaneously, Florida must make an effort to reduce risk factors, conditions which, when present, are associated with increased likelihood of abuse.

A careful examination of these risk and protective factors shows that they run the gamut from prenatal care to education levels and from wages to substance abuse. They include economic factors, educational factors, health and safety factors, and socio-emotional factors. Therefore, to successfully **prevent** child abuse, abandonment, and neglect, Florida must address child, family, and community factors associated with maltreatment. No department or agency working alone can succeed. This plan requires that multiple state and local agencies and private providers work closely together. It's the only way to prevent abuse.

To reduce child maltreatment rates and to prevent re-occurrence, this plan recommends three priorities:

- Promoting safe, stable, and nurturing families and communities.
- Ensuring that state and local service providers have the capacity to meet family and community needs, are responsive to those needs, and successfully meet the needs.
- Measuring the implementation and impact of statewide and local prevention efforts.

This plan represents the initial steps that articulate the goals and objectives that set the stage for what Florida must do to prevent child maltreatment. The next steps will articulate the strategies to be implemented, including identification of responsible parties and funding recommendations, to accomplish the goals and objectives culminating in full implementation of the plan.

Overview of the Plan

Based on legislative guidance and evidence-based practice, the multi-disciplinary, statewide Florida Interprogram Task Force committed to the development of an active and multi-disciplinary planning document with a focus on primary prevention. The mission of this plan is 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. *Florida's Children: Needs Assessment 2003/2004* served as a basis for identifying

individual, family, community, and societal risk and protective factors associated with child maltreatment and guided deliberations on prevention goals and objectives. The integration of state and local planning ensures that the plan is responsive to local needs. It meets the requirements of legislation and, if implemented, will prevent child maltreatment in Florida by addressing the underlying factors associated with abuse, abandonment, and neglect. The vision, desired outcomes, goals and objectives are:

Vision

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

Desired Outcomes

Two ambitious outcomes are sought for Florida in this plan:

1. By June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children.

2. By June 30, 2010 the re-abuse rate within six months of initial abuse will be reduced from the 2003 statewide rate of 8.8% to 4.0%.

Goals

In order to achieve the desired outcomes, the achievement of four goals is sought for Florida in this plan:

1. All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.
2. State, local, and community resources comprise a collaborative, responsive, family-centered service delivery system that promotes the well-being and safety of children, families, and communities.
3. The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively.
4. The prevention continuum's accountability system ensures the evidence-based effectiveness of planning and resource utilization.

Objectives

Building upon the status of the risk and protective factors documented in Florida that are associated with the abuse, abandonment and neglect of children, the Florida Interprogram Task Force developed objectives and indicators and identified responsible entities for each of the four plan goals. Prioritization, implementation costs, and lead responsibilities remain to be assigned to these objectives during the development of the implementation plan.

Goal 1: All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Achieving this goal requires building on the strengths of families and their communities to reduce the likelihood of child maltreatment. Taking a multifaceted approach to prevention is the best way to reach prevention goals. Therefore, thirty (30) objectives that address this goal will:

- Address child and family health;
- Provide for adequate housing and economic security; and
- Ensure children's needs for nurturance are addressed to promote intellectual, social, and emotional development.

Goal 2: State, local, and community resources comprise a collaborative, responsive, family-centered service delivery system that promotes the well-being and safety of children, families, and communities.

Agencies and organizations working to promote child safety and well-being can achieve better outcomes if they collaborate instead of working in isolated silos. The collaboration must be responsive to the needs of local families and children. Therefore, the sixteen (16) objectives to address this goal will:

- Encourage collaboration among service providers;
- Develop an accessible, comprehensive, and well-maintained database containing local programs and services for families and children;
- Ensure that children and families have access to needed services related to family support, mental health, substance abuse, parenting and marriage/relationship skills education, and delinquency; and
- Hold communities accountable for the outcomes of their programs.

Goal 3: The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively.

In order to be effective, programs addressing the prevention of child abuse, abandonment, and neglect must be staffed by well trained personnel qualified to deliver services or manage programs. Therefore, the eight (8) objectives developed to achieve this goal will:

- Develop and enforce credentialing and performance criteria for service providers;
- Develop the capacity of local communities to identify and address service gaps and to measure program effectiveness; and
- Ensure that all agencies serving families and communities address family preservation and the best interests of the child.

Goal 4: The prevention continuum's accountability system ensures the evidence-based effectiveness of planning and resource utilization.

Planning and implementing strategies designed to prevent child abuse is not enough. Florida must be able to evaluate the plan's impact on children and families. The use of effective strategies must be encouraged throughout the state while ineffective strategies should be replaced by those known to work. Therefore, the seven (7) objectives designed to address this goal will:

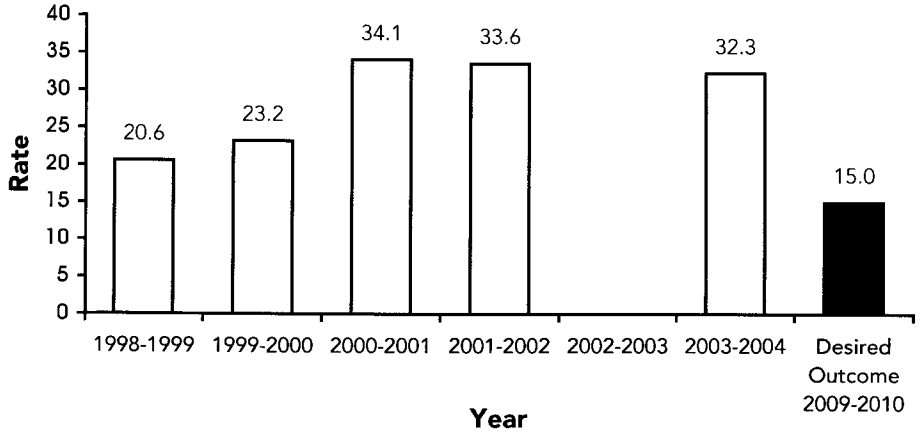
- Evaluate the implementation and outcomes of both statewide and local plans annually; and
- Measure the outcomes of all programs and services.

The Planning Context

Child abuse, abandonment, and neglect often have immediate and long-lasting effects on health, brain development, cognition, and psychological and emotional development for individuals. The immediate and long-term costs to Florida communities and the state are tremendous. The outlay of resources for early education and care and public schools; child welfare and other social service agencies; health care systems; and law enforcement, judicial, and correctional systems required as a result of child maltreatment weigh heavily on community and state resources. The loss of future productivity and success from maltreated individuals creates additional fiscal and social costs.

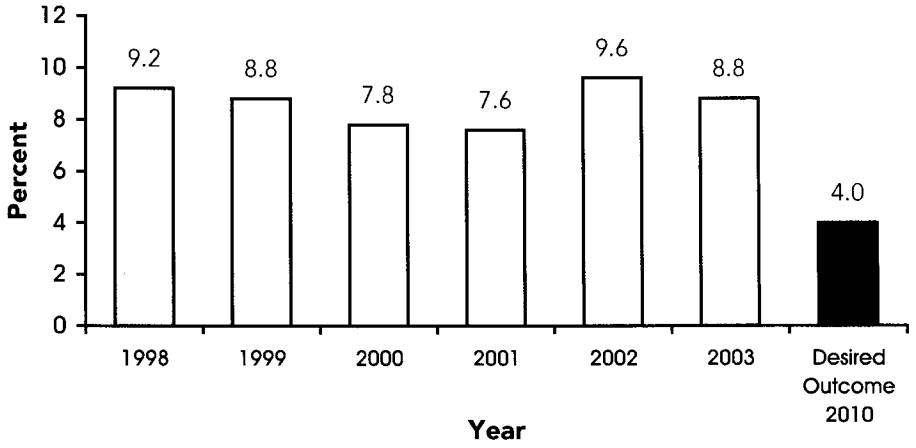
Florida's expenditure of federal, state, and local dollars to address the challenges of child maltreatment has recently produced small improvements in the level of child abuse, abandonment, and neglect. There were 32.3 victims of maltreatment per 1,000 children in fiscal year 2003-04, a drop from 2000-01 and 2001-02 levels of 34.1 and 33.6 per 1,000 children, respectively. Likewise, Florida has experienced modest improvements in re-abuse rates. Of children abused in 2003, 8.8% were re-abused within six months; while the comparable value for 2002 was 9.6%. Although Florida is slowly improving child and family well-being, there remain far too many children and families at risk of and suffering from child abuse, abandonment, and neglect. Florida's child maltreatment and re-abuse rates exceed national averages and the standard set by the federal government.

Child Maltreatment Rate (Per 1,000)



Source: Department of Children and Families (2002-2003 data not available), US Census Bureau

Percent of Children Re-abused Within Six Months of Initial Report



Source: Department of Children and Families

The Florida Legislature, in recognition of the importance of reducing maltreatment by addressing conditions that are likely to promote the prevention of abuse, mandated that the Department of Children and Families develop a statewide plan for child abuse prevention. Florida Statutes (F.S.) require that *"The health and safety of the children served shall be of paramount importance"* (section 39.001, F.S.) and that the state must *"... ensure the safety, well-being, and self-sufficiency of the people served."* (section 20.19, F.S.).

Following guidelines set forth in Florida statute, the Department of Children and Families established the Florida Interprogram Task Force to work at the state level and with local communities to develop a statewide plan for the prevention of child abuse, abandonment, and neglect. ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010*** is the outcome of this work.

State-Level Planning

Working with the Community Enhancement and Educational Development (CEED) Program of the Lawton and Rhea Chiles Center of the University of South Florida, the Department of Children and Families convened the 20-member Florida Interprogram Task Force, to develop a plan to reduce child maltreatment. Task Force members represented:

- Agency for Persons with Disabilities
- Agency for Workforce Innovation
- Community Alliances
- Community-Based Care
- Florida Department of Children and Families
- Florida Department of Education
- Florida Department of Health
- Florida Department of Juvenile Justice
- Florida Department of Law Enforcement
- Miccosukee Tribe

- Prevent Child Abuse Florida
- Parents

Representatives from the Department of Children and Families and the Department of Health served as Task Force co-conveners. The Task Force met as a group five times between July 2004 and June 2005, with smaller subcommittee meetings held as needed.

Local Planning

Local planning was essential to the development of ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010***. Section 39.001, F. S., describes state requirements for developing a local plan for the prevention of child abuse, abandonment, and neglect. Community efforts were guided through a collaborative analysis of strengths and challenges and an integrated approach to services and policies aimed at the prevention of child maltreatment. Efforts were coordinated with Community Alliances, as referenced in section 20.19(6)(b), F. S.

Local planning efforts were guided by resources and training developed by CEED staff with guidance from the Florida Interprogram Task Force. In February, community priorities developed by local planning teams were forwarded to the Task Force. Information and data gathered through this process functioned as the basis for the development of the statewide plan by the Florida Interprogram Task Force.

Next Steps

The Florida Interprogram Task Force recognizes that ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010*** will be of little use to the state unless it is implemented. The Task Force recommends capitalizing on the momentum resulting from the completion of the plan to move forward with the development of an implementation plan. The implementation plan will address timeframes, statewide and local strategies for each goal, cost and funding recommendations, implementation teams and their responsibilities, communication strategies, and evaluation processes. In this manner, Florida can ensure the reduction of child maltreatment and the improved well-being of its children, families, and communities.

Introduction

Introduction

Why Does Florida Need a Prevention Plan for Child Maltreatment?

Florida's record with respect to prevention of child maltreatment leaves room for improvement. Compared to other states, in 2002, Florida was among only three other states and the District of Columbia in having the highest child maltreatment rate. In fiscal-year 2001-2002, the rate was 33.6 children maltreated out of 1,000 children. The fiscal-year 2003-2004 rates were comparable, 32.3 victims of abuse per 1,000 children. The state's rate of re-abuse within six months of initial abuse was 9.6% in 2002, above the national standard of 6.5%. The 2003 value stood at 8.8%. It is with this picture in mind that Florida agencies have come together to take a new approach to planning for the prevention of child maltreatment.

Implementation of ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010*** is designed to prevent child maltreatment by addressing underlying factors related to child abuse, abandonment, and neglect. Its implementation will strengthen protective factors and reduce risk factors known to be associated with maltreatment. The plan will serve as a blueprint that, when implemented, will 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.

Florida's Legislature recognizes the importance of reducing maltreatment by addressing conditions that are likely to promote abuse. Section 39.001, F.S. (see ***Appendix 3***), spells out both the need for and the approach to dealing with the causes of maltreatment. It mandates that the Department of Children and Families work with an interdisciplinary task force to develop a statewide plan for child abuse prevention. The statute defines how the statewide plan should be developed and reviewed, the relationship between statewide prevention planning and local prevention planning efforts, and how local plans are to be developed. In addition, section 20.19(6), F.S. (see ***Appendix 3***), requires that the Department of Children and Families establish Community Alliances for the express purpose "... to provide a focal point for community participation and governance of community-based services." The statute requires that, to best address community needs, local Community Alliances, consisting of multiple and diverse community stakeholders, play a well-defined role in setting community priorities and planning.

How was *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010* developed?

Working with the Community Enhancement and Educational Development (CEED) Program of the Lawton and Rhea Chiles Center, of the University of South Florida, the Department of Children and Families convened a 20-member interdisciplinary task force, the Florida Interprogram Task Force, to develop a plan to reduce child maltreatment. The Task Force co-conveners represent the Department of Children and Families and the Department of Health.

Florida Interprogram Task Force Members represented:

- Agency for Persons with Disabilities
- Agency for Workforce Innovation
- Community Alliances
- Community-Based Care
- Florida Department of Children and Families
- Florida Department of Education
- Florida Department of Health
- Florida Department of Juvenile Justice
- Florida Department of Law Enforcement
- Miccosukee Tribe
- Prevent Child Abuse Florida
- Parents

Since October 2004, the Task Force met five times, with smaller subcommittees meeting as needed to develop this plan. From the outset, the Task Force has been committed to an active and multidisciplinary implementation of the plan. The Task Force members recognized that radical changes needed to be proposed and implemented in order to create a safer environment for Florida's children. The Task Force also emphasized goals and objectives that focus on primary prevention. ***Florida's Children: Needs Assessment 2003/2004*** served as a basis for identifying both risk factors and protective factors associated with child maltreatment during the deliberations of the statewide Task Force and for local planning teams. Task Force meetings progressed from determining the scope of the plan and the protocol for local plans; to defining a vision, mission, and goals; to developing objectives for each goal; to planning next steps.

To be effective, the statewide plan must be responsive to local needs. Florida Statute requires the Interagency Task Force to develop a format for local plans (see section 39.001(7)(b)1.b., F.S.). Therefore, In November 2004, the Task Force developed guidelines, in the form of a workbook, for local planners to use in their local prevention planning efforts. In January 2005, local planners, including the leaders of Community Alliances and Community-Based Care Agencies (CBCs) participated in a statewide training session sponsored by the Task Force to assist with the development of local prevention plans. At the end of February, local planning teams submitted their community priorities to the Task Force. The Local Planning Priorities section of this plan contains a description of the local planning process and the priorities identified in every district in the state. Those priorities were analyzed by the Task Force to ensure that the statewide plan addressed all major community priorities. ***Technical Appendix A: Prevention Plans as Submitted by the 13 Districts and Suncoast Region*** contains the complete local plans from every Department of Children and Families District.

As the statewide plan evolved, the Task Force found that the state's efforts to reduce child abuse, abandonment, and neglect did not begin with the publication of this plan. Many statewide and local efforts already in place are designed to promote child and family well-being and to prevent child maltreatment. This plan's unique contributions are the commitment to coordinate those efforts in a way that increases their impact; to increase the focus on primary prevention efforts and, thus, reduce the need for deep-end services; to ensure that community and family needs are met

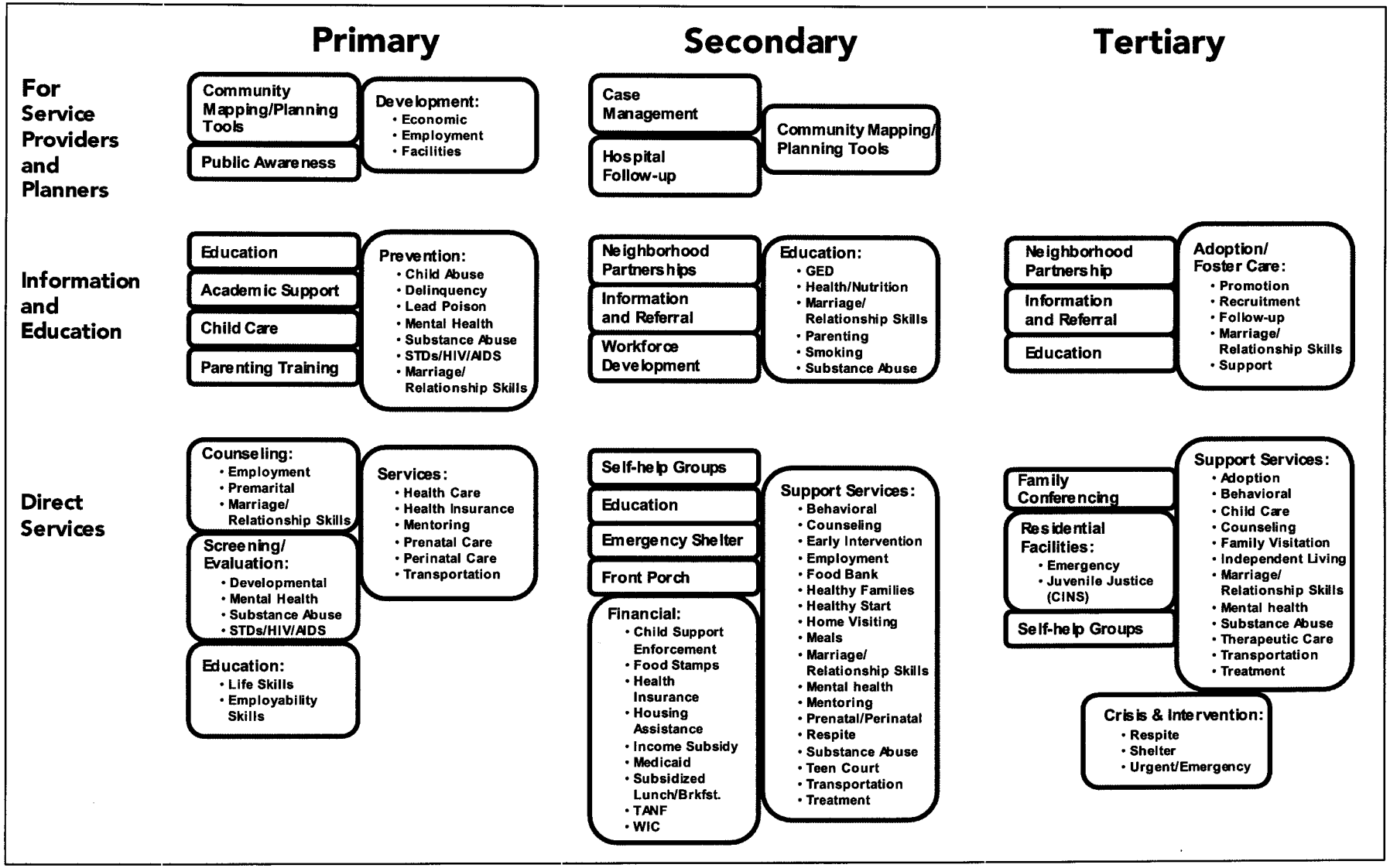
by addressing gaps in services; and to measure the impact of Florida's prevention efforts consistently around the state.

Florida's current programs and services addressing the prevention continuum in 2005 can be divided into three major categories:

> **Primary Prevention:** A program or service directed at the population at large and designed to prevent child maltreatment before it occurs.
>
> **Secondary Prevention:** A program or service directed at populations or persons identified as at risk for child abuse and designed to prevent child maltreatment before it occurs.
>
> **Tertiary Prevention:** A program or service provided to families and children after an incident of neglect, abuse, or abandonment has occurred. The intervention is designed to prevent future incidents of maltreatment from occurring.

Our state has both statewide and local programs addressing child maltreatment prevention at each of these three levels. ***Figure 1: Prevention Continuum Programs*** summarizes the types of programs supported at the statewide level by the agencies and organizations represented on the Florida Interprogram Task Force. An initial list of programs can be found in ***Appendix 2: Prevention Continuum Programs and Funding Sources***. Often, related programs are offered under the auspices of several departments, or, a family has multiple needs that require referrals to programs sponsored by several different departments. These circumstances cry out for an integrated approach on both the statewide and local levels. The time is right to address this problem strategically by implementing this plan.

Figure 1. Prevention Continuum Programs (as reported by the Planning Partners, March 2005)



Definitions: **Primary Prevention:** A program or service directed at the population at large and designed to prevent child maltreatment before it occurs.
Secondary Prevention: A program or service directed at populations or persons identified as at risk for child abuse and designed to prevent child maltreatment before it occurs.
Tertiary Prevention: A program or service provided to families and children after an incident of neglect, abuse, or abandonment has occurred. The intervention is designed to prevent future incidents of maltreatment from occurring.

Since *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010,* is multi-disciplinary in approach and requires collaboration among multiple state agencies, the Florida Interprogram Task Force modeled collaboration. Therefore, the leaders of each department having a hand in the plan's development through their Task Force members are jointly submitting this plan to the Legislature and the Governor.

Vision, Mission, and Goals

The Task Force developed the following vision for Florida, the mission for this plan, and the goals to be achieved by the implementation of the plan. The four goals begin with a community focus, move to provide for well-developed systems that are effective and culminate with providing for accountability of all levels supporting the prevention of child abuse, abandonment, and neglect.

Vision

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

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.

Goals

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

2. State, local, and community resources comprise a collaborative, responsive, family-centered service delivery system that promotes the well-being and safety of children, families, and communities.

3. The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively.

4. The prevention continuum's accountability system ensures the evidence-based effectiveness of planning and resource utilization.

How Will the Plan be Implemented and Evaluated?

In order for Florida to provide a safer, more nurturing environment for its children and families, *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010* must be implemented. The Task Force recommends we capitalize on the momentum resulting from the plan's development to draft an implementation plan by October 31, 2005, that will clarify strategies to be used and timeframes for action. The Task Force

recommends that the implementation plan be developed by a statewide multidisciplinary work group in consultation with local planners, and include:

First, the implementation plan will address timeframes for implementation of statewide and local strategies that must be executed to achieve each goal. Strategies will include but not be limited to seeking necessary statutory changes; identifying responsible persons and agencies; identifying funding requirements and sources; recommending efficient and evidence-based practices and collaborations; providing education and information implementing statewide and local evaluation processes and implementing a host of modifications to statewide and local practices. The breadth of strategies that will be considered as the implementation plan is developed is included in ***Technical Appendix B: Recommended Strategies for the Prevention of Child Abuse, Abandonment, and Neglect***. Driving forces for all strategies will be to enhance primary prevention efforts and promote collaboration among the parties that interact with Florida's families.

Second, the implementation plan will outline communication strategies. Communication strategies will include informing local employees and providers of the content of the statewide plan, the statewide plan's relationship to local plans, local actions required by the statewide plan, and outcomes expected in each community. To engage local participation in plan implementation, the first step in communication will be to share the plan content with statewide personnel of all involved departments and local service providers by July 15, 2005. Communication will also involve continuously marketing the importance of prevention to service providers and the public at many levels and through a variety of mediums.

Third, the implementation plan will describe the strategies that will be used to evaluate statewide and local planning and prevention efforts. Evaluation will include measures of the process of plan implementation as well as measures of its impact on Florida's children and families. An annual review of progress in meeting plan objectives will also be part of the evaluation process.

By June 30, 2006, the statewide and local prevention plans will be operating synergistically. Local plans will address objectives in the statewide plan and the statewide implementation plan will incorporate and support systemic strategies being used around the state. All involved state agencies and statewide and local organizations will be collaborating to promote and measure Florida's success in preventing child maltreatment.

Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010 begins by describing current conditions in Florida that serve as a basis for the plan. Then, for each goal, the Task Force developed several measurable objectives that set the stage for statewide and local actions. Measurable progress toward achieving each objective will move Florida closer to achieving its goals and producing the desired and admittedly ambitious changes for our children. If implemented, this plan will lead to two outcomes: by June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children and by June 30, 2010 the re-abuse rate within six months of initial abuse will be reduced from the 2003 statewide rate of 8.8% to 4.0%.

Background

Background

Floridians have seen increased state investments and better outcomes in maternal and child health, early education and care, and early intervention programs for the prevention of child abuse, abandonment and neglect during the last three decades. Florida is slowly improving its child and family well-being ratings in relation to other states, moving from 43rd in 1990 to 34th in 2004 (based on 2001 data, Kids Count, 2004). Numerous prevention efforts locally and statewide are demonstrating positive outcomes for children, families, and communities.

The promise of prevention is stronger than ever as research documentation increasingly demonstrates the benefits of primary prevention and early interventions. Comprehensive, coordinated services that approach families holistically offer much promise for building strong local communities (Ghazvini & Foster, 2003; Lind, 2004; National Research Council & Institute of Medicine, 2000; Thomas, Leicht, Hughes, Madigan, & Dowell, 2003). The following information documents the threats and protections to child and family well-being in Florida that underscore the importance of prevention and describes the planning elements that are necessary to create prevention services that can deliver positive outcomes for Florida's children, families, and communities.

Though we are making progress, there is still much work to be done to maximize prevention efforts and keep pace with inflation and population growth. Many programs for children and families continue to focus on "fixing" problems rather than preventing them. There are some notable exceptions to this trend. Recognizing the importance of healthy family formation and marriage in the creation of safe and stable environments for children, in 2003, the Department of Children and Families received federal funding to implement three of the nations seven pilot projects aimed at increasing relationship skills and providing marriage education. These projects are designed to increase protective factors and decrease risks for children.

Many state programs are funded through myriad federal, state, and local public and private sources each with unique standards, rules, and requirements frequently resulting in disjointed and difficult to access services that prevent many families with young children from obtaining the information, supports, and financial assistance that they need (Feaver & Strickland, 2003; Ghazvini & Foster, 2003).

Current Status of Abuse, Abandonment, and Neglect in Florida

There is no single profile of the child victim or the perpetrator of abuse, abandonment, or neglect. We do know, however, that victims are more likely to be children under the age of four who have been prior victims of maltreatment. Young adults in their mid-20s, without a high-school diploma, living at or below poverty, who are depressed and have difficulty coping with stressful situations, have characteristics that are common among perpetrators. Often they have experienced violence first-hand.

Prevalence of Maltreatment

In 2002, Florida's population of children under 18 was just over 3.8 million (3,882,271). During the same year, 142,547 investigations of abuse or neglect, involving 254,856 children, were completed. Approximately one-half of the investigations were substantiated or indicated the presence of abuse or neglect. Although this rate exceeds the national rate of substantiated cases (28.1%), it reflects a decrease from 2001 when 82% of 151,039 investigations were substantiated or indicated (Child Welfare League of America, 2004). Florida was among only three other states and the District of Columbia in having the highest national child maltreatment rate, greater than 20 victims per 1,000 children (Florida's rate was 31.5 per 1,000 children; Department of Health and Human Services, 2004). Equally disturbing is the 9.6% of cases in Florida that are due to maltreatment recurrence within 6 months. This reflects an increase from 7.8% in 2000 and 7.6% in 2001 (Florida Department of Children and Families and the U.S. Census Bureau, 2005).

In 2002, fifteen percent of the child maltreatment cases in Florida were categorized as physical abuse, 32% as neglect, 2% as medical neglect, 5% as sexual abuse, 3% as psychological maltreatment, and 66% as "other" ("other" includes abandonment, threats of harm, congenital drug dependency, and other forms of maltreatment that do not fall into one of the major categories). Reflective of the differences across states in definitions of child maltreatment, Florida categorized the type of child maltreatment as "other" more often than any other state. Percentages add up to more than 100% because many children were victims of more than one type of maltreatment (Department of Health and Human Services, 2004).

Nationwide 48.1% of child victims were boys and 51.9% were girls. The percentages were even closer in Florida with boys making up 49.4% of child victims and girls making up 50.6%. Younger children were particularly at risk in Florida. Whereas the youngest children had the highest rate of maltreatment across the nation (with a rate of 16 per 1,000 children for children under the age of 4), in Florida the rate of child victims under the age of four was 42.5 per 1,000 and a rate of 35.2 for children age four to seven. African-American children have the highest rates of victimization in Florida at 44.8 per 1,000 children. The rates for Caucasian and Hispanic children are 34.8 and 12.6 respectively (Department of Health and Human Services, 2004).

Child deaths are the most tragic consequence of abuse and neglect. To better understand the causes and contributing factors in these cases, in 1999, the Florida Legislature established a statewide multi-agency Child Abuse Death Review Team to review the circumstances of child deaths due to abuse and neglect. Findings for the five-year period (from 1999 through 2003) included the following:

- Neglect deaths are more frequent (52%) than abuse deaths (48%).
- The majority of abuse deaths involved direct attacks resulting in physical trauma.
- Twelve children died from trauma resulting from shaking/impact.
- Drowning was the leading cause of neglect deaths.
- Thirteen of the children died from a fatal gunshot wound; 9 were intentionally shot by an adult.
- Co-sleeping contributed to the deaths of 4 children under the age of 3 months.
- Five or more family risk factors were present at the time of the child's death in 57% of the cases.

Threats to Data Accuracy and Consistency

National child abuse incidence rates increased each year from 1990 to 1993 and subsequently decreased each year through 1999. Many factors may be involved in these fluctuations (Thomas et al., 2003). Greater public awareness of reporting systems; reporting system changes such as centralized intake, more effective intake assessment, use of standardized tools, and new data systems; and increased rates of substance abuse affect reporting and findings. Cultural and community definitions of child abuse and neglect, as well as formal governmental standards and definitions, vary and may also affect incidence rates (Prevent Child Abuse North Carolina, 2004).

Emotional and psychological abuse receives the least attention of all types of maltreatment despite evidence of widespread occurrence (Prevent Child Abuse North Carolina, 2004). Emotional abuse often appears in conjunction with other types of abuse and neglect, but few children are identified as emotionally abused within child protection systems. Although its consequences on self-worth and identity can be severe and long-lasting, there is little research studying associated risk factors.

In addition, many researchers and practitioners believe child fatalities due to abuse and neglect are underreported. According to recent studies in Colorado and North Carolina, 50% to 60% of deaths due to abuse or neglect are not reported (National Clearinghouse on Child Abuse and Neglect Information, 2004a). The following inconsistencies are thought to contribute to underreporting:

- Variation in state child fatality review processes
- Variations among reporting requirements and in states' definitions of key terms such as "child homicide", "abuse", and "neglect"
- Inaccurate reporting and lack of comprehensive investigations for many child deaths
- Lack of national standards for child autopsies or death investigators and lack of consensus in coding of abuse on death certificates
- Use in some states of medical examiners or elected coroners who do not have specific child abuse and neglect training
- Different roles child protective services agencies in different jurisdictions play in the investigation process
- Amount of time (as long one year in some cases) that it takes a fatality review team to declare abuse or neglect as cause of death

These concerns are echoed in Florida. Variations in reporting, underreporting, and issues of emotional abuse have been noted. Concerned with their ability to thoroughly review all cases and make recommendations to prevent child abuse and neglect, the State Child Abuse Death Review Team (2004) recommended restoration of confidentiality protections that were "sunset" in 2004, preventing the state committee from viewing important aspects of child abuse and neglect deaths. The Team has also consistently called for the power to review all child deaths. Currently only child deaths verified by the Department of Children and Families are reviewed. The Team recommended law enforcement training include indicators of child abuse and neglect; documentation by law enforcement of the specific details in the sleeping environment when a child is injured or dies due to overlay in co-sleeping arrangements, and immediate reporting when a child is injured or dies due to being improperly or not restrained in motor vehicle crashes. In addition, emotional abuse or psychological maltreatment was recorded in only 3% of cases in

Florida in 2003 (Department of Health and Human Services, 2004). Improvements in data accuracy and consistency are essential to understanding the causes of child maltreatment and the prevention of future maltreatment.

Child Maltreatment Risk and Protective Factors

The same community, family, and individual strengths that promote healthy development in children also serve as protective factors against child abuse, abandonment, and neglect. Promotion of these protective factors is an effective primary prevention strategy. Just as there are multiple protective factors for individual children, there are multiple risk factors associated with child maltreatment. Abuse and neglect happens in all types of families; known risk factors do not always lead to family violence; and factors that may cause violence in one family may not result in violence in another (Thomas et al., 2003). Many researchers and practitioners use an ecological model of human development to better understand the complexities of abuse and neglect. Each domain of the model – individual, family, community, and society – offers possibilities for risk and protection. Understanding each child's and family's risk and protective factors is important to developing targeted prevention and treatment services for families at-risk of or experiencing maltreatment (Prevent Child Abuse North Carolina, 2004).

A note of caution is warranted. Research examining risk and protective factors for different types of maltreatment is uneven. There is strong evidence regarding factors associated with physical abuse, and fewer data on child neglect and sexual abuse. There has been very little research on factors related to emotional abuse. Thus, research is limited and should be viewed with caution (Windham, Rosenberg, Fuddy, McFarlane, Sia, & Duggan, 2004).

Child Characteristics

Children are in no way responsible for the maltreatment that they suffer. There are, however, child characteristics that are associated with risk and resiliency. Age is a risk factor as younger children are more likely to be victims of abuse, abandonment, and neglect, and pubescent children are at greatest risk for sexual abuse (although case histories suggest the abuse may start at younger ages) (North Carolina Institute of Medicine, 2004; Thomas et al., 2003). Gender is a risk factor associated with sexual abuse, as female children are more likely to be maltreated than males. Children with disabilities such as mental retardation are also more likely to be maltreated (National Clearinghouse on Child Abuse and Neglect Information, 2005) as are infants born at low birth weight (Wu, Ma, Carter, Ariet, Roth, Feaver, & Resnick, 2003) and children with significant health problems (University of Florida & University of South Florida, 2004).

Other child characteristics serve as protective factors. These include:

- Easy temperament
- Ability to recognize danger and adapt
- Above-average intelligence
- Interest in hobbies and other activities
- Good peer relationships
- Positive disposition
- Active coping style

- Positive self-esteem
- Good social skills
- Internal locus of control
- Ability to balance the need to seek help and to exert autonomy (National Center on Child Abuse and Neglect Information, 2005; Prevent Child Abuse North Carolina, 2004; Thomas et al., 2003).

Family Characteristics

Most of the research on factors related to child maltreatment has involved mothers and not fathers, and therefore, information on risk and resiliency factors is more likely to address characteristics of mothers. Nonetheless, the information is important to the development of successful prevention efforts and programs.

Poverty and lack of resources is strongly associated with child maltreatment, particularly neglect; however, maltreatment occurs across the socio-economic continuum. Additional family risk factors associated with child maltreatment include:

- Substance abuse (between 1/3 and 2/3 of child maltreatment cases involve substance abuse)
- Mothers with less than a high school education
- Single mothers
- Smoking during pregnancy
- Receiving inadequate prenatal care
- Interpregnancy intervals of less than 15 months
- Mothers over 30 years of age (their children are at significant risk in the first year of life, but not in subsequent years)
- Mothers under the age of 20 (their children are a significant risk from ages two to six)
- Mothers drinking alcohol during pregnancy (risk factor primarily during the child's first year)
- Mothers with health problems during pregnancy
- Families with more than two children
- Mothers with a previous adverse pregnancy experience (National Clearinghouse on Child Abuse and Neglect Information, 2003; North Carolina Institute of Medicine, 2004; Prevent Child Abuse North Carolina, 2004; University of Florida & University of South Florida, 2004; Wu et al., 2003)

Some research has focused on risk factors specific to different types of abuse. For example, young age of parents, limited coping and communication skills, rigid sets of expectations about child behavior, difficulty controlling anger, having a large number of children, inadequate housing, maternal depression, partner conflict and violence, and lack of social support are characteristics significantly associated with **physical abuse** (Prevent Child Abuse North Carolina, 2004; Windham et al., 2004). Factors associated with **neglect** include single parenthood, large number of children, unplanned pregnancies, poverty, inadequate housing, maternal feelings of despair and hopelessness, substance abuse, maternal depression and other types of mental illness, and

unresponsive/indifferent or hostile and rejecting interactions with children (Prevent Child Abuse North Carolina, 2004).

Risk factors for **emotional abuse** include maternal depression, maternal substance abuse, partner conflict and/or violence, parental low self-esteem, and maternal perception of the child's demand level (Prevent Child Abuse North Carolina, 2004; Windham et al., 2004). **Sexual abuse** is associated with family transitions that result in mother absence or rejection or situations in which there is interference with parental supervision (e.g., divorce, substance abuse). In addition, a previous history of maternal sexual victimization is a strong risk factor for sexual abuse (Prevent Child Abuse North Carolina, 2004).

Family protective factors include:

- Secure parent-child attachment
- Parental reconciliation with own childhood history
- Two-parent households
- Psychological well-being
- Strong social support
- Regular household routines, rules, and rituals
- Strong parent-child communication
- Monitoring of children
- Engagement in parent-child activities
- Extended family support
- Family expectations of pro-social behaviors
- High parental education (Prevent Child Abuse North Carolina, 2004; Thomas et al., 2003)

Community Characteristics

Neighborhoods with high residential turnover, high rates of poverty, significant unemployment, violence, lack of accessible and effective human services infrastructure, and less contact and trust between neighbors are high-risk environments. In addition, communities with a strong military presence and areas where natural disasters or crises have occurred have higher child maltreatment rates. Strong community informal and formal support networks, effective service delivery systems, adequate housing, strong faith communities, good schools, supportive adults outside of the family, and effective prevention and treatment strategies serve as community protective factors (Lind, 2004; North Carolina Institute of Medicine, 2004; Prevent Child Abuse North Carolina, 2004; Thomas et al., 2003; Windham et al., 2004).

Certain aspects of community service delivery may increase the potential for protection of children and families. The State Child Abuse Death Review Team (2004) recommended the inclusion of drowning risk factors in all risk assessments and continued public awareness and education on drowning prevention. Training for child welfare and judicial staff on domestic violence issues, review and revision to policies and procedures for interagency communication, improved polices and procedures for voluntary placement cases, and prioritization of children at risk for subsidized child care dollars were also recommended in order to increase protective factors and reduce risks.

Societal Characteristics

Culture also plays an important role in the incidence of abuse, abandonment, and neglect. Definitions of acceptable parent-child interactions vary by culture and community. Tolerance and promotion of violence, acceptance of corporal punishment, poor understanding of child development, and lack of social and economic supports impair parents' ability to nurture and protect their children (Prevent Child Abuse North Carolina, 2004). Maltreatment is also higher in cultures that afford children poor legal status or view children as possessions (North Carolina Institute of Medicine, 2004). On the other hand, commitment to child and family supports and strong service delivery systems provide important protections for children. Countries that provide these supports evidence better outcomes on child and family indicators of well-being (Ghazvini & Foster, 2003).

In Florida, there are gaps in the kinds of support that families need in order to increase protective factors and decrease risk factors. Per capita income in Florida is slightly lower than the national average ($29,559 compared to $30,832; Florida Department of Education, 2005), and the percentage of children living in poverty is 18% compared to 16% on average in the nation (Kids Count, 2004). African-American and Hispanic children are much more likely to be poor and for longer periods of time than white children, and despite higher rates of poverty, children in Florida when compared to national averages are less likely to be recipients of food stamps. Complicated rules, changes in requirements, sanctions, time-limits, and lack of service coordination discourage many families from accessing family support programs. In addition, funding in Florida for social welfare supports is typically lower than the national average (Ghazvini & Foster, 2003).

Florida also exceeds the national average in the percent of low-birth weight babies, the infant mortality rate, and the percent of teens that are high-school drop-outs (Kids Count, 2004). Median home sales prices have increased significantly in the last three years as well as unemployment rates (Florida Department of Education, 2005). Although the State Children's Health Insurance Program, Florida KidCare, has enrolled more than 1.4 million previously uninsured children, there remain a substantial number of children and many parents without any form of health insurance. Mental health services are infrequently coordinated and often of short duration with a focus on crisis intervention. Early education and care services are frequently difficult to access and too often of poor to mediocre quality (Ghazvini & Foster, 2003).

Effects of Maltreatment

Outcomes of individual cases of child maltreatment vary widely and are affected by a combination of factors. The child's age and developmental status when the abuse or neglect occurs; the type of abuse; the frequency, duration, and severity of the abuse; and the relationship between the child and the abuser are some of the factors associated with the effects of maltreatment (National Clearinghouse on Child Abuse and Neglect Information, 2005). Seldom are the effects limited to one area of development. The following information highlights some of the major effects associated with physical, cognitive, social, emotional, and behavioral development.

Physical Effects

The immediate physical effects of child abuse and neglect may include broken bones, physical disability, speech delays, poor fine motor coordination, gross motor delays, mutilation, sensory impairment, or death (North Carolina Institute of Medicine, 2004; Thomas et al., 2003). Shaken

baby syndrome is associated with vomiting, concussion, respiratory distress, seizures, and death in the short-term; and blindness, learning disabilities, mental retardation, cerebral palsy, and paralysis in the long-term. Several studies have found a relationship between child maltreatment and subsequent long-term health problems such as sexually-transmitted diseases, obesity, heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (National Clearinghouse on Child Abuse and Neglect Information, 2005).

Child maltreatment is also associated with altered brain activity and impaired brain development (Perry, 1995). Although the basic brain structure is intact at birth, much of the brain's growth occurs during the first few years. The first areas of the brain to fully develop are the brainstem and midbrain, areas that govern autonomic bodily functions necessary for life. The limbic system, involved in regulating emotions, and the cortex, involved in abstract thought, are the last regions of the brain to fully develop. Each region manages functions through complex processes using chemical messengers such as neurotransmitters and hormones, and growth in each region is largely dependent on stimulation.

Post-natal brain development focuses on creating, strengthening, and discarding connections among neurons because very few connections have been formed at birth. These connections are called synapses. This ability of the brain to change, its plasticity, is the reason the child's environment plays such a vital role in brain development. Children must be exposed to experiences that activate and strengthen the synaptic connections. If they are not, the pathways developed in anticipation of these experiences may be discarded and development of related capabilities will not occur as expected. Research has shown that the brain of a child raised in an environment characterized by persisting trauma (e.g., domestic violence, physical abuse, community violence) or developmental neglect can be profoundly altered: an over development of brain stem and midbrain (e.g., anxiety, impulsivity, poor affect regulation, motor hyperactivity) and an underdevelopment of limbic and cortical neurophysiology and functions (e.g., empathy, problem solving skills) which can lead to violent behavior (Perry, 1995).

Because the brain adapts to the environment, it will adapt to a negative environment just as readily as it will adapt to a positive environment (National Clearinghouse on Child Abuse and Neglect Information, 2001). Maltreatment leads to altered brain activity, wiring, and structure. The chemicals released during stressful situations lead to arousal and stress response. Maltreated children must focus most of their energy on figuring out how to get out of danger. They do not use their frontal lobes, designed for higher decision-making, during times of stress. Children under the age 3 are most at risk as they are more likely to have changes in brain function and structure (North Carolina Institute of Medicine, 2004).

Children exposed to repeated violence exhibit over-developed lower and mid-brain functions and under-developed higher level brain functions. This change in brain structure impacts their ability to form relationships, perform in school, and make thoughtful decisions. The "hyper-arousal" response associated with the stress of violence may result in hyperactivity, sleep disturbances, and memory difficulties (National Clearinghouse on Child Abuse and Neglect Information, 2001, 2005; Perry, 1995; Prevent Child Abuse North Carolina, 2004). Exposure to alcohol and other drugs in utero can significantly impair brain formation, altering the development of the cortex, reducing the number of neurons, affecting chemical messengers, and leading to difficulties with attention, memory, problem-solving, and abstract thinking (National Clearinghouse on Child Abuse and Neglect Information, 2001; Perry, 1995).

Cognitive Effects

The cognitive effects of child maltreatment can be far-reaching. Children who have been abused or neglected tend to score lower than the general population on measures of intelligence, cognitive capacity, language development, abstract reasoning, executive functioning, and academic achievement. They are more likely to be diagnosed with attention deficit/hyperactivity disorders, conduct disorders, and learning and memory difficulties (National Clearinghouse on Child Abuse and Neglect Information, 2005; North Carolina Institute of Medicine, 2004).

Social, Emotional, and Behavioral Effects

Perhaps most detrimental is the potential of abuse and neglect to affect long-term social relationships. If a child's caregivers are unresponsive or threatening, and the attachment process is disrupted, the child's ability to form any healthy relationships during his or her life may be impaired (National Clearinghouse on Child Abuse and Neglect Information, 2001). Other social and emotional implications include increased rates of:

- Depression, anxiety, post-traumatic stress, sensory integration, reactive attachment, personality, and panic disorders
- High risk behaviors such as smoking, over-eating, and abusing alcohol and drugs
- Social deficiencies
- Self-injurious behaviors
- Diminished interest in activities
- Restricted range of affect
- Nightmares and night terrors
- Aggression toward self, others, and animals
- Sleeping or eating problems
- Sexual acting out
- Impaired social cognition or awareness of self in relation to others
- Hyper-arousal resulting in sensitivity to "threatening" environmental cues and increased aggressiveness and anxiousness
- Difficulties in school and enrollment in special education
- Teen pregnancy
- Suicide attempts
- Prostitution
- Delinquency
- Violent adult criminal behavior
- Abusing children as adults (Fromm, 2001; National Clearinghouse on Child Abuse and Neglect Information, 2001, 2005; North Carolina Institute of Medicine, 2004; Thomas et al., 2003; Travis, 1996).

Researchers have often found these associations with maltreatment independent of poverty, gender, and race.

Societal Effects

The societal effects of child maltreatment are tremendous. Schools are affected due to the association between the poor academic and social performance of maltreated children and special education placement and grade repetition (North Carolina Institute of Medicine, 2004). Social service agencies are impacted with increased need for Medicaid, income maintenance programs, food stamps, and mental health services. Child protective service professionals are responsible for large caseloads and complex service planning requirements. Foster care placements require extraordinary resources, and children abused or neglected by substance-abusing parents (a high percentage) are more likely to be placed in foster care and remain there longer than maltreated children from non-substance-abusing families (National Clearinghouse on Child Abuse and Neglect Information, 2003). Law enforcement, judicial, and correctional systems bear remarkable costs, workload problems, and jail crowding problems. Health care systems must provide assistance that is costly and often long-term (National Clearinghouse on Child Abuse and Neglect Information, 2005; Thomas et al., 2003).

The costs of child maltreatment to society are beginning to be seriously studied and considered. Cost of injury, cost-benefit, and cost-effectiveness analyses are being conducted (National Clearinghouse on Child Abuse and Neglect Information, 2004b). National estimates of direct and indirect costs range from $67 to $94 billion each year (Fromm, 2001; National Clearinghouse on Child Abuse and Neglect Information, 2005, 2004b; Thomas et al., 2003), and many argue that these estimates are likely to understate the true costs due to the difficulty in capturing the full range of indirect costs such as cash and food assistance. Direct costs include hospitalization, chronic health problems, mental health care systems, child welfare systems, law enforcement, and judicial systems. Indirect costs include special education, mental health and health care, juvenile delinquency, lost productivity to society, and adult criminality.

Implications – The Importance of Prevention

Child abuse, abandonment, and neglect often have immediate and long-lasting effects on a child's health, brain development, cognition, and psychological and emotional development.

Prevention Works

Most of the risk factors associated with child maltreatment are malleable but infrequently addressed by government supports (Windham et al., 2004), and there are many opportunities to increase protective factors for children and families. In order to have a real impact on child maltreatment rates, policymakers need to develop income support policies that ensure livable wages, facilitate improved educational levels for all parents, facilitate and support healthy family formation and marriage, support family planning and abstinence programs to reduce teen pregnancies, lengthen interpregnancy intervals, and reduce unplanned pregnancies; provide ample and effective mental health and substance abuse prevention and treatment programs; provide supports for parents with newborns that have significant health problems; and promote economic and social policies that encourage both parents to be engaged in the care and nurturing of their children.

Policy discussions around child maltreatment often focus on improving the child protection system, ignoring the root causes and opportunities for prevention. Even the best prevention programs typically focus on parental behaviors without changing the social, economic, or health conditions that create or contribute to the negative behaviors (University of Florida & University of South Florida, 2004). At present, the costs associated with treatment of child abuse and neglect dwarf prevention spending by 400 to 1 (Prevent Child Abuse North Carolina, 2004). A paradigm shift is needed from providing a "safety net" to creating a community-wide commitment to support all parents and children with a range of services from universal supports to the intensive, individualized services for those most in need (Lind, 2004; Whiteside, 2005).

Time factors exert additional difficulties. Quick fixes are preferred, often for budgetary reasons, and prevention efforts typically require more extensive and comprehensive investments. For example, agencies face strict time frames under the Adoption and Safe Families Act of 1997 that do not necessarily coincide with the realities of substance abuse treatment. Because treatment is likely to take many months and not include children, families in such situations are less likely to reunify and are subject to alternative permanency decisions in greater numbers. Thus children remain in the system longer and have poorer outcomes (Lind, 2004; National Clearinghouse on Child Abuse and Neglect Information, 2003).

Prevention can save lives and precious resources. Despite the potential long-term benefit of preventing child abuse and neglect, only a small percentage of all resources specifically earmarked for child maltreatment in the United States are actually devoted to prevention (Thomas et al., 2003). In a study of primary prevention efforts in Florida, researchers found federal and state sources funded $1,360 per year, per child under age five, on primary prevention programs and concluded that Florida's investments in primary prevention programs for young children were at levels insufficient to significantly reduce expenditures on deep-end services. The costs of foregoing prevention include lost productivity, wasted human potential, and reduced quality of life associated with escalation of preventable conditions to chronic, debilitating, and destructive states (Feaver & Strickland, 2003).

Prevention Approaches and Effectiveness

Practitioners typically recognize three levels of prevention services. Primary prevention services are those that are directed at the general population and often provide universal access. Public service announcements, public awareness campaigns, and education and support programs fall into this category. Public service announcements and public awareness campaigns have the potential to reach diverse community audiences and have demonstrated benefits. Campaigns have contributed to reduced alcohol-related deaths, AIDS incidence, adolescent pregnancy, and smoking prevalence (Thomas et al., 2003). Education and support programs have included efforts to teach children safety and protection skills and to teach parents positive parenting skills. The tremendous variability in curricula, intensiveness, and purpose make it difficult to assess the effectiveness of such efforts.

Secondary prevention services target individuals or families at risk and may include parent education programs; parent support groups; skills-based marriage and relationship education to strengthen couple and parent relationships; domestic violence, substance abuse, and mental health screening and outreach; home visiting; respite care; and family resource centers.

Targeting families where abuse has already occurred is the focus of tertiary prevention services. Many of the same types of service delivery strategies are used for tertiary prevention as for secondary prevention. Intensive family preservation services, parent mentor programs, parent

support groups, residential programs, and mental health services are examples of tertiary prevention services (Lind, 2004: Thomas et al., 2003).

Many parent education and support programs directed to at-risk groups focus on developing and practicing positive discipline, learning age-appropriate child development, promoting positive play and interaction, and locating and accessing community services (Thomas et al., 2003). Because parenting can include a wide range of behaviors from "nurturing and sensitive" to "threatening and maltreating" and because some parents exhibit chronic and severe maltreating behaviors while the negative behaviors of others are sporadic and less severe (Prevent Child Abuse North Carolina, 2004), effective parent education and support efforts can not be one size fits all. Unfortunately, research on the effectiveness of parent education and support programs is neither rich nor compelling, and little is known about the impact of these programs on child maltreatment in the long-term (Thomas et al., 2003). These factors reinforce the need for further evaluation of program effectiveness for primary and secondary prevention services.

Home visiting programs offer a different strategy for service delivery, and different programs utilize different approaches including family-focused services, structured visits, informal visits, and telephone calls. There is evidence that home visiting can be an effective approach. In particular, the nurse home visiting model developed by Dr. David Olds has amassed over 20 years of research indicating positive short-term and long-term outcomes for young mothers and their children, including decreased rates of child maltreatment, juvenile delinquency, maternal criminality, increased economic self-sufficiency, and increased child social-emotional development (Thomas et al., 2003; Whiteside, 2005). The challenges for most struggling programs appear to be enrolling, engaging, and retaining families. Leventhal (1997; as reported in Thomas et al., 2003) suggests that there are nine factors necessary for successful home-based services:

- Early intervention
- Intensive services over a sustained period
- Development of a therapeutic relationship between home visitor and parent
- Careful observation of home situation
- Focus on parenting skills
- Child-centered services
- Provision of "concrete" services (e.g., shelter, health care)
- Inclusion of fathers in services
- Ongoing review of family needs to determine frequency and intensity of services

Florida has a number of statewide home visiting programs geared to a variety of risk groups. These programs include Healthy Families, Healthy Start, Early Start and Head Start's early intervention program. In addition, Florida's participation in federal pilot projects will provide more information regarding healthy marriage and family formation programs as a means of achieving safety, permanency, and well-being for children and families.

Respite care programs and family resource centers are two additional vehicles for delivering important prevention services. Respite care programs offer short-term care to children with disabilities or chronic or terminal illnesses. These children have characteristics that put them at increased risk of abuse or neglect. For caregivers in stressful situations, respite provides temporary relief from ongoing responsibilities. Crisis care is a unique form of respite for families in crisis. Family resource centers are designed to bring together community members to develop specific

services that meet the needs of people in the community. They often serve as a central support within the community and facilitate the development and coordination of formal and informal networks of support for families (Thomas et al., 2003; Whiteside, 2005). A relatively recent development, research on the effectiveness of family resource centers is not decisive, but they have the potential to offer comprehensive, holistic services for children and families.

Realizing Prevention through Planning

Prevention is about providing a continuum of care. Children and families at-risk are often of low socio-economic status and frequently face multiple challenges, such as substance abuse, mental illness, domestic violence, and inadequate housing. Coordinated, comprehensive supports and services help mitigate sources of stress and instability that may contribute to child abuse, abandonment, and neglect (Ghazvini & Foster, 2003; Lind, 2004). Such efforts require extensive planning at the federal, state, and local levels.

The Importance of Planning

In order to maximize prevention services and efforts, state and local policymakers and service providers need to engage in on-going and systematic planning. Planning is particularly important in the prevention arena due to fiscal considerations, system changes, and the complexity of needs in the population.

Fiscal Considerations

Several fiscal issues underscore the importance of planning. The coordination of multiple funding sources requires careful and systematic planning. For example, federal sources for prevention funding include:

- Title IV-E, Foster Care and Adoption Assistance
- Title IV-B, Subpart 1, Child Welfare Services
- Title IV-B, Subpart 2 Promoting Safe and Stable Families
- Child Abuse Prevention and Treatment Act State Grants (CAPTA, Title I)
- Community-Based Grants for the Prevention of Child Abuse and Neglect (CAPTA, Title II)
- Title IV-E Waivers
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- Social Services Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Maternal and Child Health Services Block Grant
- Community Mental Health Services Block Grant (Lind, 2004)

At the state level, actual and potential sources of funding include general revenue, a variety of federal grants, trust funds, and private contributions. Similarly, at the local level, state, federal, local government, and local charities provide service funding. Different funding sources frequently

have diverse and often divergent statutory requirements, rules, and/or criteria requiring initial and on-going planning and implementation.

Because current funding sources often inhibit the development of a comprehensive, integrated system of prevention services, it is imperative that service providers understand fiscal issues and develop mechanisms to plan across programs and systems. The focus on treatment rather than prevention and the use of categorical funding limits local flexibility and the provision of a continuum of care. Funding is typically tied to one "problem" or service area resulting in fragmentation and disregard of family circumstances. In addition, there is often a process orientation to funding that encourages a focus on procedures and maintenance of caseloads and discourages careful planning and a long-range view. This orientation often fuels turf issues that limit cooperation and coordination (Ghazvini & Foster, 2003). These challenges are most likely to be minimized or fiscal innovations discovered through careful planning.

Another fiscal issue relates to the limitations on funding. Prevention programs are typically under-funded, and in economic downturns, funding is even more limited (Lind, 2004; Thomas et al., 2003). In an environment of limited resources, service provision must be based on evidence of efficacy. Planning is required to ensure that evaluative evidence is available to support prevention program choices.

System Changes

The system of child and family service provision is undergoing dramatic changes in Florida. Services, once developed, implemented, and monitored by state-level entities, are being developed, implemented, and often, monitored by local-level entities. From child welfare to early education and care to family support, local entities are assuming responsibility for child and family services. Privatization of services requires careful definition of vision, mission, goals, measurable objectives and strategies which then can serve as a guide for services, distribution of resources among categories of services, and standards for outcome accountability. Even prior to privatization, service delivery systems were fragmented and now have the potential for even greater fragmentation. Planning efforts are required to coordinate and integrate service access and delivery.

Local communities may be the most likely places to effectively link resources and programs across systems and agencies, and communities with existing planning structures may be at an advantage as system changes occur. In addition, Section 20.19, F.S., establishes Community Alliances throughout Florida "...to provide a focal point for community participation and governance of community-based services." Children's services councils, located in 16 counties across Florida, have the potential to provide a forum for community service prevention planning. Established in Chapter 125 of the Florida Statutes, children services councils are created by local communities. Local voters in these districts may also choose to levy local property taxes designated for children's services (Ghazvini & Foster, 2003). Planning for the well-being of children in the county is the focus of these boards.

Complexity of Child and Family Needs

Children and families at risk typically face multiple challenges. Too often, poverty, substance abuse, domestic violence, inadequate housing, and mental illness occur simultaneously in the same family. Individual programs or agencies are unlikely to have the resources or services to

meet all the needs of children and families. This complexity of family life further underscores the importance of planning across systems (National Research Council & Institute of Medicine, 2000).

Planning is also required to address the significant gaps in supports and services that are needed to meet the complex needs of children and families. For example, substance abuse is strongly correlated with child abuse and neglect, but only 31% of at-risk children and families with substance abuse problems receive treatment. Post-permanency services also are often lacking. Many kinship caregivers do not receive essential food, housing, or financial assistance. Only 36% of low-income kinship care families receive a living stipend in the form of a foster care payment or child-only TANF payment (Lind, 2004).

In addition, planning can ensure a balance of programs. The problems of families are complex and interconnected, and one type of prevention effort will not meet the needs of all families (Thomas et al., 2003). Efforts must focus on providing a continuum of programs that help reduce risk factors as well as build protective factors. In 1994 Congress required child and family service reviews (CFSRs) to be conducted to evaluate the performance of state child welfare agencies. Service array is one of six systemic factors against which state performance is measured, and the provision of a continuum of care has the potential to improve this and several other CFSR outcome measures (Lind, 2004). In order to provide more comprehensive and integrated services, planning across agencies, both public and private, will be required.

The Context for Planning

Changes in Florida's child welfare system as well as the impact of multiple service entities create complexities for planning efforts at the state and local levels.

The Changing Child Welfare System

The Adoption and Safe Families Act of 1997 and its amendments in 2001 emphasize the importance of planning and coordination, require state planning, and identify key stakeholders to assist in the planning process. The Child Abuse and Treatment Prevention Act also includes requirements for state planning. Based on these federal mandates and state legislation, the Florida Department of Children and Families has developed a vision for community-based care with an emphasis on coordination across systems to maximize efficiency, limited resources, and better outcomes for children and families (Florida Department of Children and Families, 2002).

Several pieces of Florida legislation are pertinent to the goals established by the Department of Children and Families. Chapter 20.19 of F.S. established Community Alliances, local entities designed to assist the Department in meeting its mission to work in partnership with local communities. Community Alliance members are charged with conducting local needs assessments and identifying community priorities, planning for local resource utilization, establishing local outcome goals, facilitating community resource development, and promoting prevention and early intervention services (Florida Department of Children and Families, 2002).

Chapter 39 of F.S. establishes Florida's child protection system, emphasizes partnerships with local communities, and requires the development of a state plan for the prevention of child abuse, abandonment, and neglect. Privatization of foster care and related services is the intent of Chapter 409.1671 of Florida Statutes. Local plans for privatization are required to be developed with local community member participation (Florida Department of Children and Families, 2002).

Multiple Service Systems

There is ample evidence of the importance of coordination across programs and services. More than half the children who enter the child welfare system come from families eligible for income supports. Children in families with annual incomes below $15,000 are 22 times more likely to be abused or neglected than children in families with annual incomes above $30,000. Children with substance abusing parents are nearly three times as likely to be abused and more than four times as likely to be neglected. It is estimated that between 40% and 50% of children who come to the attention of the child welfare system each year live in families with alcohol or substance abuse problems, and children who enter the system often experience school transfers resulting in lost credit, delays in record transfers, and grade repetition. In addition, 60% of children requiring out-of-home placements have mental health problems (Lind, 2004). The numerous risk and protective factors associated with child maltreatment underscore the complexities of family life as well as the multitude of supports that can provide benefits to families. Families are not likely to access the range of the supports they need without coordination across multiple service systems.

Coordination across agencies and organizations can also improve understanding about the need for prevention efforts and child abuse outreach as well as lead to innovative joint policies and programs. Forms of coordination can include parenting classes, joint site visits, joint case planning, staff cross-training, shared information and tracking systems, staff collocation, integrated administration, various wraparound services, common intake and assessment forms, support and services that promote healthy parent-child interactions, intensive in-home services, and coordinated funding (Ghazvini & Foster, 2003; Lind, 2004).

Prevention services in Florida are spread across a wide array of state agencies and state and local service providers. State-level entities include:

- Agency for Health Care Administration
- Agency for Persons with Disabilities
- Agency for Workforce Innovation
- Florida Coalition for Domestic Violence
- Florida Department of Children and Families
- Florida Department of Education
- Florida Department of Health
- Florida Department of Juvenile Justice
- Florida Department of Law Enforcement
- Florida Head Start
- Healthy Families Florida
- Healthy Start
- Ounce of Prevention Fund of Florida
- Prevent Child Abuse Florida

At the local level, there are additional entities involved, including Community Alliances, Community-based Care agencies, state level coalitions, local early learning coalitions, school systems, local governments, children's services councils (in some areas), early education and care programs, health care providers, law enforcement, local regional workforce boards, and local child advocacy organizations. These multiple organizations and entities frequently have different and, at times, conflicting requirements. Without careful and thoughtful planning and coordination, it is easy to see how families would have difficulty accessing and utilizing available services.

Critical Elements of Effective Planning

Community-wide strategic planning helps communities improve health and quality of life. Effective planning helps communities form important partnerships, identify and use their resources wisely, and take into account their unique circumstances and needs. Broad community participation is essential because a wide range of organizations and individuals contribute to child and family well-being (Florida Department of Health, 2004). The optimal outcome of effective planning is implementation of a sustainable integrated continuum of child and family services. In addition, effective planning places a major focus on evaluation in order to ensure the success of future prevention efforts.

Planning for Sustainability

Planning for sustainability of comprehensive, integrated prevention services requires attention to several critical components. The Policy Group for Florida's Families and Children (Ghazvini & Foster, 2003) identified nine critical elements for sustaining successful service integration efforts. They include:

Critical Component 1: A Longer View of Change
A longer view of change recognizes that all generations are negatively impacted by shortsighted, quick fixes. In order to produce important outcomes, time is needed to launch an initiative, develop relationships, and provide necessary supports.

Critical Component 2: A Coherent Framework for Implementing a Comprehensive Initiative
A coherent framework requires the development of a vision, mission, goals, objectives, and a long-term strategic plan to identify progress and correct problems.

Critical Component 3: High-level Leadership
Leaders, knowledgeable of systems and solutions, skilled at building consensus and resolving conflicts, and able to communicate effectively, are needed to help develop and advance planning and implementation of prevention efforts.

Critical Component 4: Broad-based Involvement of People at the Local Level
Long-term, sustainable policy change requires building a public will to support such change and attending to culture and values that influence individual and community behavior.

Critical Component 5: A Mechanism for Strategic Communications
Development of a mechanism for strategic communications helps build common understandings, public will, multi-partisan support, and champions. Key messages are delivered to ensure informed decision-making.

Critical Component 6: Partnerships between Formal Systems and Community-based Organizations
In order to provide all the services and supports that families need, partnerships between formal systems (e.g., government-sponsored systems and programs), typically with more significant fiscal and administrative resources, and community-based organizations, better equipped to identify and address community needs, are needed to maximize resources.

Critical Component 7: Multi-partisan Support
Incorporating viewpoints and strategies that cross political boundaries helps to ensure adequate representation and build support.

Critical Component 8: Balance between Regulation and Accountability
The way programs are funded, regulated, and held accountable can support or undermine the attributes of effectiveness. Accountability, as well as local flexibility and responsiveness, are essential to intervention success.

Critical Component 9: Incorporation of On-going Research and Evaluation
Progress depends on an evolving knowledge base that informs policy direction and guides public investments.

Effective planning should also include the following elements:

- Involvement of parents and families throughout planning, implementation, and evaluation processes
- Assessment of the current strengths in state and local systems and communities for preventing child maltreatment
- Review of national and state models of prevention programs
- Consideration of the full array of systems and services that address all dimensions of child and family well-being
- Attention to funding availability and flexibility in order to respond to child and family needs in a holistic fashion
- Assessment and advocacy for sufficient requirement flexibility from state and local entities in order to customize services to local needs and environments
- Consideration of the appropriate role of state and local governments, community-based planning and advisory bodies, and the private sector (e.g., the faith community, early childhood programs, schools, and health care providers) in the provision of prevention services (Feaver & Strickland, 2003; Whiteside, 2005)

Planning to Evaluate

One of the most critical features of effective planning is attention to evaluation. Strong theory-based and empirically-based strategies should be incorporated into program planning and implementation. Evaluation of programmatic strategies is critical to future prevention efforts in order to identify promising practices, make sure services are having the intended effect, glean information for program refinement, and ensure the connection between interventions and long-term outcomes of public investments (Ghazvini & Foster, 2003).

The National Research Council and the Institute of Medicine (2000) noted that the empirical database on the efficacy of childhood interventions is not as rich or widely endorsed as the conceptual foundation of child development. General findings have highlighted the importance of individualization of service delivery; program quality; timing, intensity, and duration of services; service provider knowledge, skills, and relationships with the family; and a family-centered, community-based, coordinated orientation. Relatively limited in the knowledge base guiding child and family policies and programs is:

- Availability of systematic and rigorous evaluations of program
- Documentation of causal relations between specific interventions and specific outcomes and the underlying mechanisms of change
- Assessments of program costs and benefits

The National Research Council and the Institute of Medicine call for the integration of basic research on human development and applied research on the efficacy of interventions. They note that too often evaluation is used to simply gather data to support a specific program. Evaluation must focus on confirming effectiveness and identifying ineffectiveness.

State and local-level planning, separately and cooperatively, is essential to the development of evaluation strategies that can best support prevention efforts. The desired outcomes of many programs are long-term in nature; yet, results must be documented in the short-term. Evaluation should be an on-going process, using a variety of approaches and sources. Partnerships with universities, federal agencies, and other research entities are more likely to bring together the resources that are needed for thorough evaluation. The costs, both financial and in terms of the effects on children and families, are too great to exclude evaluation from planning and program implementation efforts.

Conclusion

Prevention efforts are worthwhile and cost effective, however, continued research is needed to provide more concrete evidence on which prevention methods are most beneficial. The challenges of funding restraints and the requirement to address the immediate, critical needs of maltreated children limits our ability to focus on primary prevention-oriented efforts. With the participation of community institutions, civic groups, and others, prevention planning has the potential to increase social supports and community linkages that can serve as protective factors for children and families. Prevention works best when there are strong connections between formal helping agencies and informal, primary supports for children and families (Ghazvini & Foster, 2003; Whiteside, 2005).

In order to ensure the well-being and success of Florida's children and families, prevention must become a priority for the state's leaders and citizens. ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010*** is an effort to identify important steps for the state to take toward this goal. Planning and implementing a continuum of care across health, mental health, early education and care, child welfare, and parenting supports is the prevention model most likely to build strong connections between formal and informal family support systems and help advance optimal outcomes for families.

Goals, Objectives, and Indicators

Goals, Objectives, and Indicators

Private and public entities throughout Florida will have to collaborate to ensure the accomplishment of the goals established in this plan. The objectives and strategies outlined in this plan are designed to equip Florida to meet four goals dealing with the prevention of abuse, abandonment and neglect. These goals are:

Goal 1: All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Goal 2: State, local, and community resources comprise a collaborative, responsive, family-centered service delivery system that promotes the well-being and safety of children, families, and communities.

Goal 3: The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively.

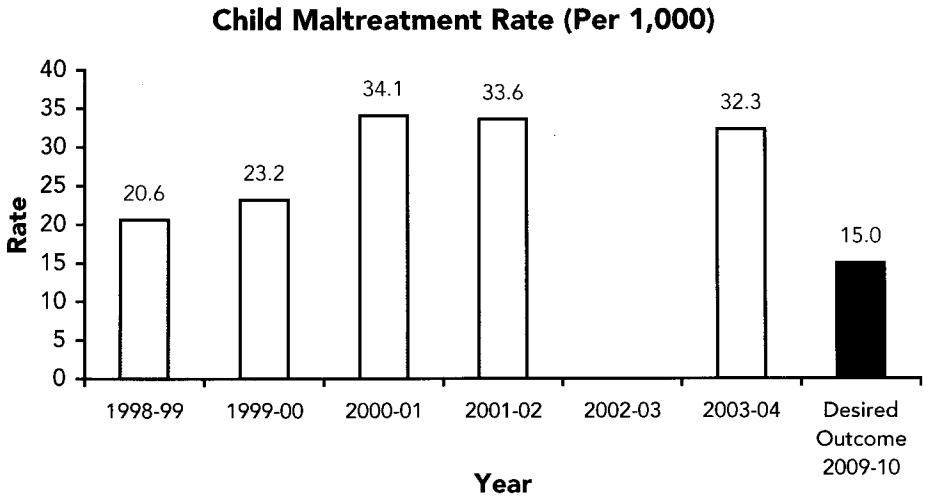
Goal 4: The prevention continuum's accountability system ensures the evidence-based effectiveness of planning and resource utilization.

The attainment of each goal will require that multiple and diverse objectives are pursued. Some objectives can be addressed by a single statewide organization but most require a cooperative effort among many agencies and organizations.

The purpose of this entire plan is to ensure that Florida does a better job preventing child maltreatment of all kinds and is successful in preventing re-abuse once it occurs. These are the two ultimate outcomes we seek.

The first outcome is:

By June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children.

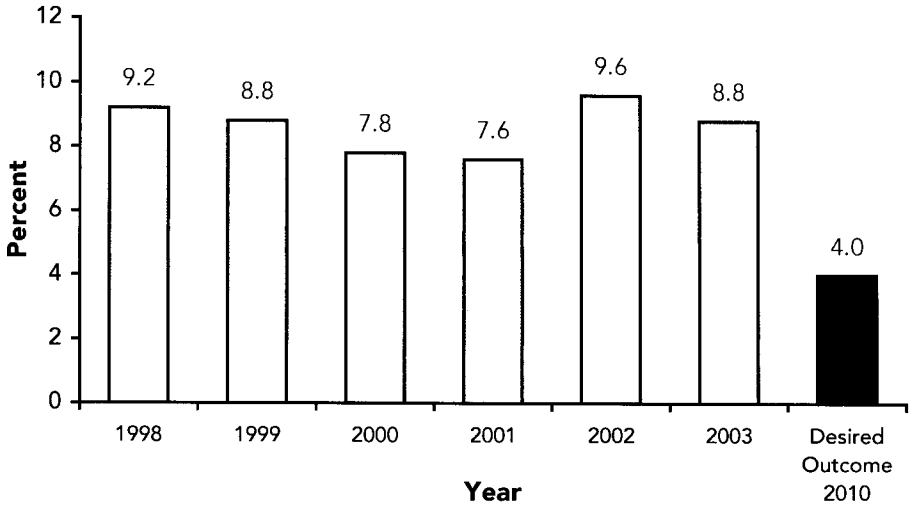


Source: Department of Children and Families (2002-2003 data not available), U.S. Census Bureau

The second outcome is:

By June 30, 2010 the re-abuse rate within six months of initial abuse will be reduced from the 2003 statewide rate of 8.8% to 4.0%.

Percent of Children Re-abused Within Six Months of Initial Report



Source: Department of Children and Families

This section contains measurable objectives that address each goal. For each objective, one or more indicators are defined that will be used to measure progress towards the objective and the goal. For each objective, recent trends for the indicators are reported, the data source is defined, and the primary agencies and organizations that will be involved in ensuring the objective is attained are identified.

Objectives and Indicators

Goal 1: All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Why is this important?

Child abuse or neglect not only causes lasting damage to the child but such maltreatment costs the community and society throughout the life of the child. Therefore, the best way to deal with child abuse is to prevent it from ever happening.

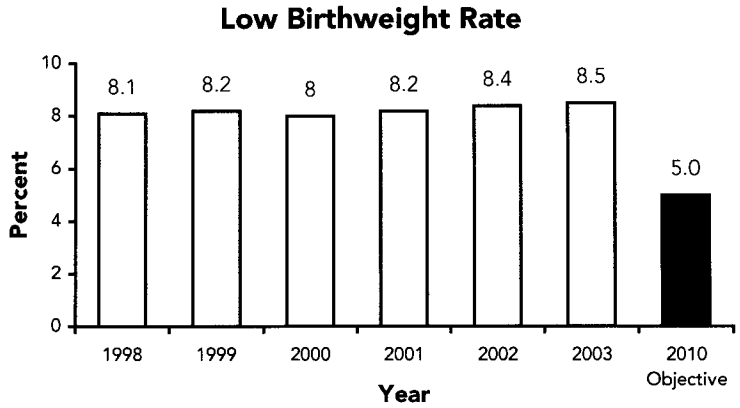
To prevent child maltreatment from ever occurring, each community must build on its strengths and the strengths of its families. Families must have the tools they need to create safe environments for their children. To create this environment, many families need support from their communities along multiple dimensions. The child must be protected from health hazards. She must be well supervised and cared for at all times and experience the benefits of a high-quality educational environment: optimum cognitive and social development. In addition, each family must have the financial security to meet its basic needs: food and a safe and nurturing home and neighborhood. When a family's circumstances are destabilized, the community must have and use the resources needed to help restore family stability.

The first goal has 30 objectives. Should these objectives be achieved, the primary impact of this goal will be:

> *By June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children.*

Objective 1.1: By June 30, 2010, the low birth weight rate will be reduced from the 2003 statewide rate of 8.5% to 5.0%.

Indicator: Percent of live births with birth weights of less than 5.5 pounds.



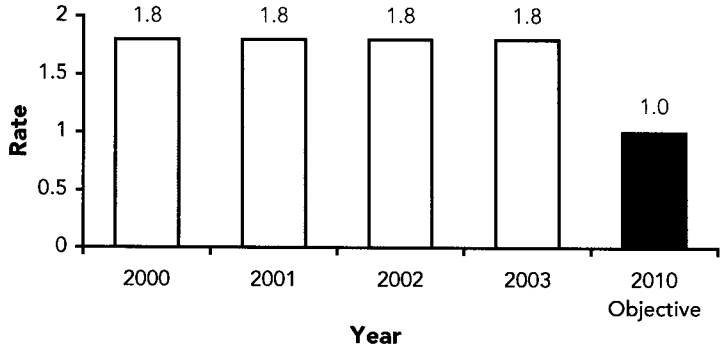
Source: 2004 Kids Count Data Book and Florida Community Health Assessment Resource Tool Set (CHARTS)

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Health and Florida Department of Children and Families.

Objective 1.2: By June 30, 2010, the child death rate will be reduced from the 2001 statewide rate of 1.8 to 1.0 per 1,000 children.

Indicator: Number of children that die before their fifth birthday, per 1,000 children under five years of age.

Child Mortality Rate (Per 1,000 Children under 5)



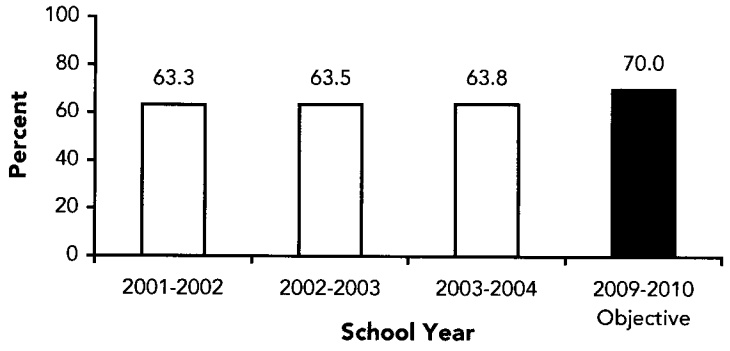
Source: Department of Health CHARTS System and U.S. Census Population Estimates: Table 2

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, and Florida Department of Law Enforcement.

Objective 1.3: By June 30, 2010, the percent of children with normal BMIs (Body Mass Index) will be increased from the 2003-2004 school year statewide level of 63.8% to 70.0%.

Indicator: Percent of children with a BMI between the 5th and 84th percentile for their age.

Percent of Children with BMIs in the Normal Range (5th – 84th percentile)

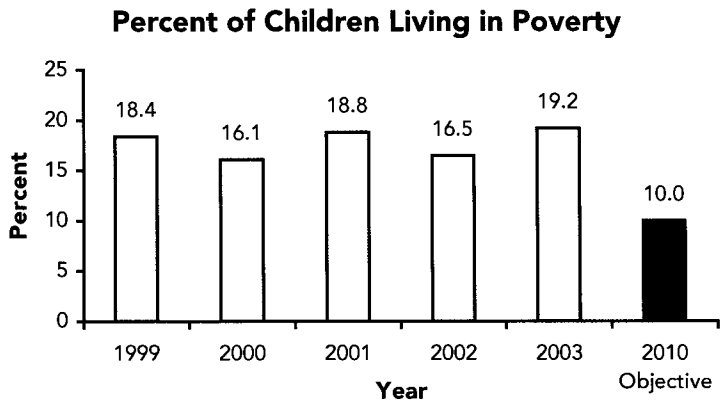


Source: Department of Health

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Health and Florida Department of Education.

Objective 1.4: By June 30, 2010, the percent of children living in poverty will be reduced from the 2003 statewide level of 19.2% to 10%.

Indicator: The percent of children under 18 living in poverty.

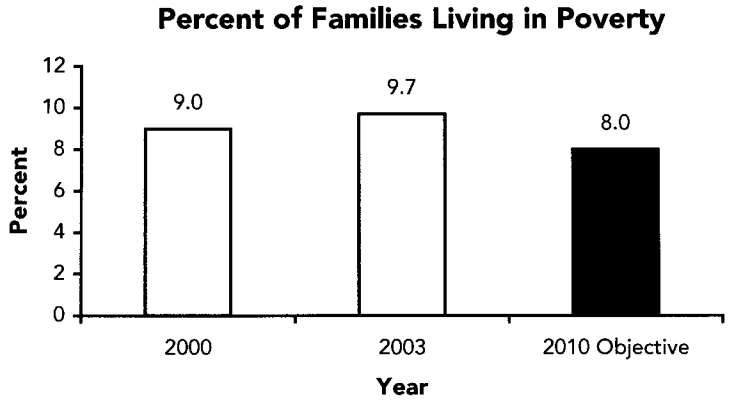


Source: U.S. Census Bureau Statistics

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, and Florida Department of Health.

Objective 1.5 – By June 30, 2010, the percent of families living in poverty will be reduced from the 2003 statewide level of 9.7% to 8.0%.

Indicator: The percent of families below the poverty level.



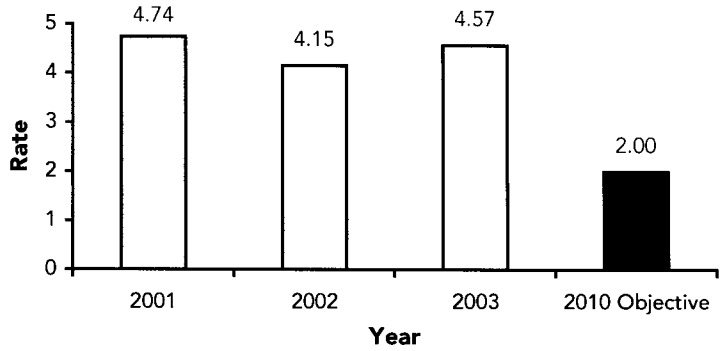
Source: U.S. Census Bureau Statistics

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, and Florida Department of Health.

Objective 1.6: By June 30, 2010, the homeless children rate will be reduced from the 2003 statewide rate of 4.57 to 2.00 per 1,000 children.

Indicator: The number of children (under 18 years of age) that are homeless per 1,000 children.

Homeless Children Rate (per 1,000 children)



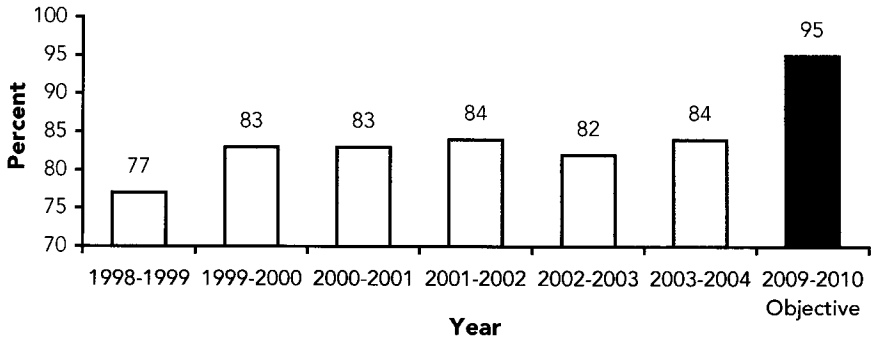
Source: Department of Children and Families and the U. S. Census Bureau

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Community Affairs, and Florida Department of Education.

Objective 1.7: By June 30, 2010, the percent of kindergarten children ready to learn will be increased from the 2003-2004 statewide level of 84% to 95%.

Indicator: Percent of children entering kindergarten evaluated as ready to learn.

Percent of Kindergarteners Ready to Learn

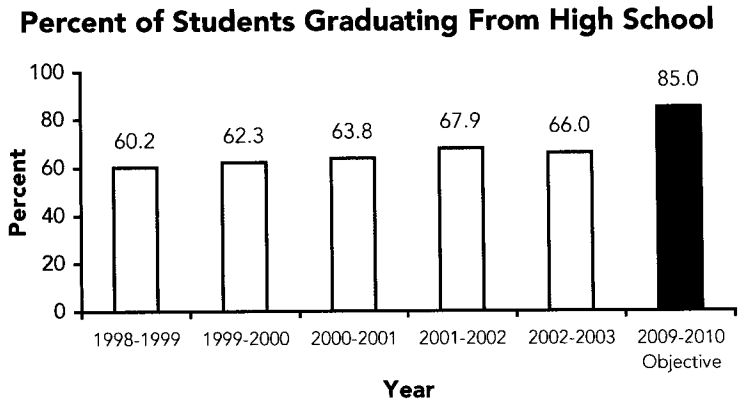


Source: Department of Education

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, and Florida Department of Education.

Objective 1.8: By June 30, 2010, Florida's graduation rate will be increased from the 2002-2003 statewide rate of 66.0% to 85.0%.

Indicator: Percent of students graduating from high school within four years of entering ninth grade.

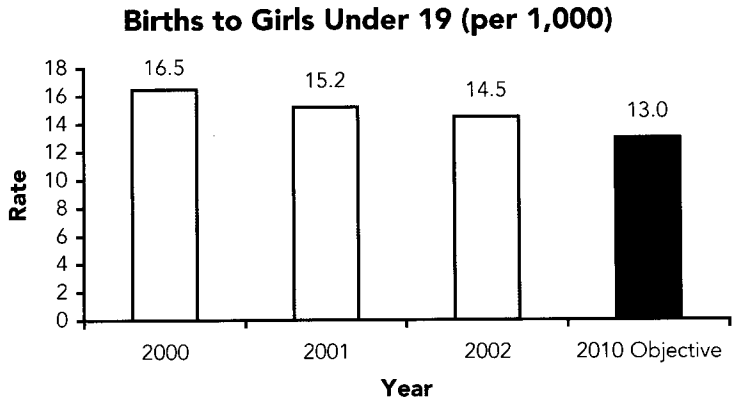


Source: Department of Education

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families and Florida Department of Education.

Objective 1.9: By June 30, 2010, the teen pregnancy rate will be reduced from the 2000 statewide rate of 16.5 to 13.0 per 1,000 teens.

Indicator: Number of births to girls under 19 years of age per 1,000 girls under 19 years of age.



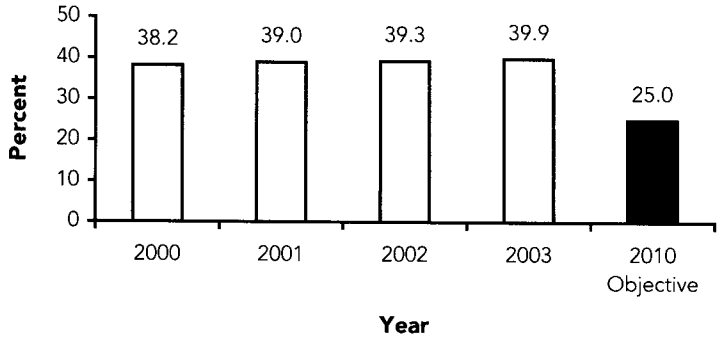
Source: Department of Health CHARTS system

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Education, and Florida Department of Health.

Objective 1.10: By June 30, 2010, births to unwed mothers will be reduced from a 2001 statewide level of 39.0% to 25.0%.

Indicator: Percent of births to unwed mothers.

Percent of Births to Unwed Mothers



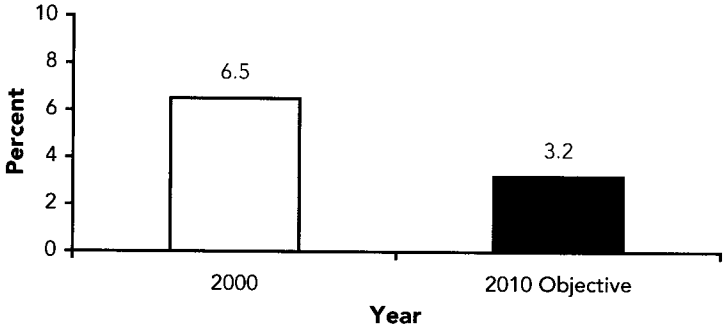
Source: Department of Health CHARTS system

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Education, and Florida Department of Health.

Objective 1.11: By June 30, 2010, crowded houses will be reduced from a 2000 statewide level of 6.5% to 3.2%.

Indicator: Percent of housing units with 1.01 or more occupants per room.

Percent Crowded Housing Units



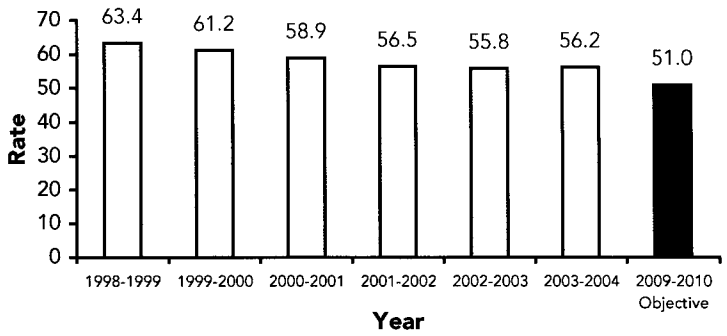
Source: U.S. Census Bureau

Primary agency/organization involved in ensuring the objective is obtained: Florida Department of Community Affairs.

Objective 1.12: By June 30, 2010, juvenile referrals for felonies, misdemeanors, and other delinquent offences will be reduced from the 2003-2004 statewide rate of 56.2 to 51.0 per 1,000 youth.

Indicator: Rate of juvenile referral for felonies, misdemeanors, and other delinquent offenses per 1,000 youth at risk as determined by Department of Juvenile Justice.

Juvenile Referral Rates per 1,000 At-Risk Youth



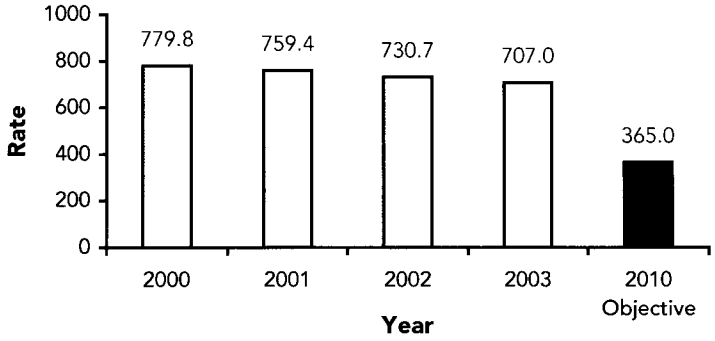
Source: Department of Juvenile Justice

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Education, and Florida Department of Juvenile Justice.

Objective 1.13: By June 30, 2010, the reported domestic violence rate will be reduced from the 2002 statewide rate of 730.7 to 365.0 per 100,000 population.

Indicator: Number of domestic violence reports per 100,000 population.

Domestic Violence Reports per 100,000 People



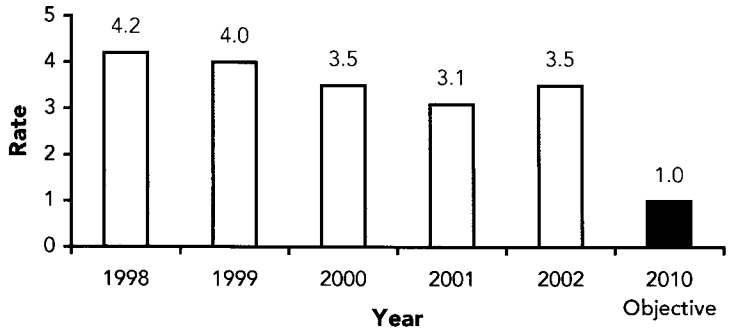
Source: Florida Department of Law Enforcement

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, and Florida Department of Law Enforcement.

Objective 1.14: By June 30, 2010, child deaths from violence related injury will be reduced from the 2002 statewide level of 3.5 to 1.0 per 100,000 children.

Indicator: Number of deaths from violence related injury (homicide or suicide) per 100,000 children (ages 0 to 18).

Child Violence Related Injury Death Rate (per 100,000 Children)



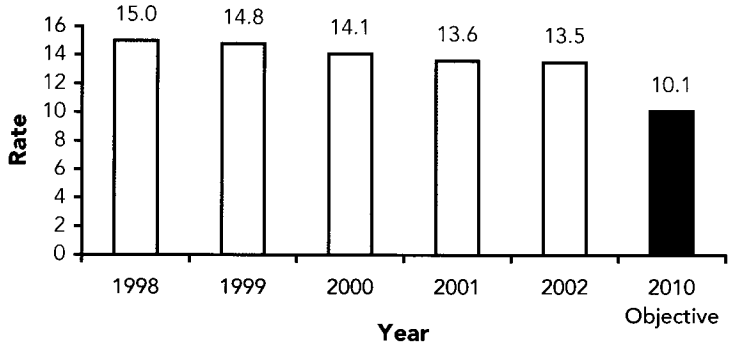
Source: Department of Health CHARTS system and U.S. Census Bureau

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement.

Objective 1.15: By June 30, 2010, child deaths from unintentional injury will be reduced from the 2002 statewide rate of 13.5 to 10.1 per 100,000 children.

Indicator: The rate of child deaths from unintentional injury per 100,000 children 17 years old and younger.

Child Unintentional Injury Death Rate (per 100,000 Children)



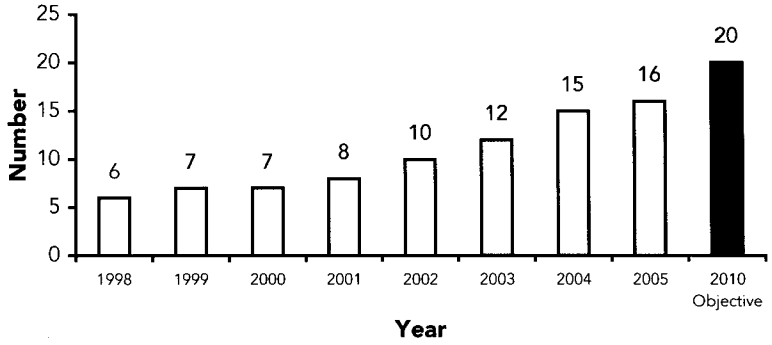
Source: Department of Health: Division of Health Access and Tobacco, Office of Injury Prevention

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement.

Objective 1.16: By June 30, 2010, the number of collaborative state-local unintentional injury partnerships will increase from the 2005 statewide level of 16 to 20.

Indicator: Number of counties with collaborative state-local unintentional injury partnerships, such as SAFEKIDS local coalitions and chapters.

Number of Counties with Unintentional Injury Partnerships



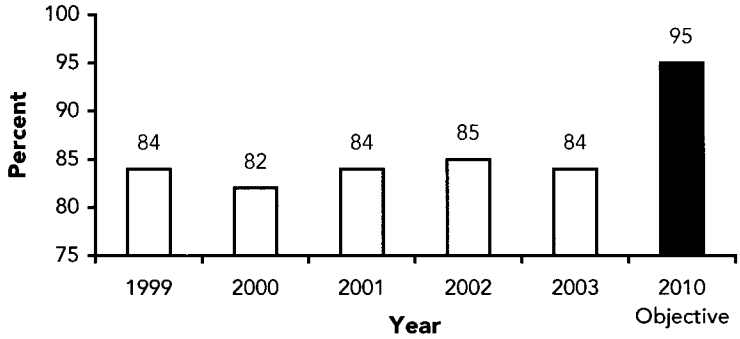
Source: Department of Health: Division of Health Access and Tobacco, Office of Injury Prevention

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, and Florida Department of Community Affairs.

Objective 1.17: By June 30, 2010, the health insurance (i.e., private and/or public) coverage rate for children under 18 will be increased from the 2003 statewide level of 84% to 95%.

Indicator: The percent of children under 18 covered by some form of health insurance.

Percent of Children Covered by Health Insurance



Source: U.S. Census Bureau

Primary agency/organization involved in ensuring the objective is obtained: Florida Department of Health.

Objective 1.18: By June 30, 2010, less than 25% of patients receiving care in emergency rooms will be seeking routine care.

Indicator: Percent of people receiving emergency room care coded with CPT Code 99281 (self-limited) and patient disposition status code 1.01 (discharged to home or self-care).

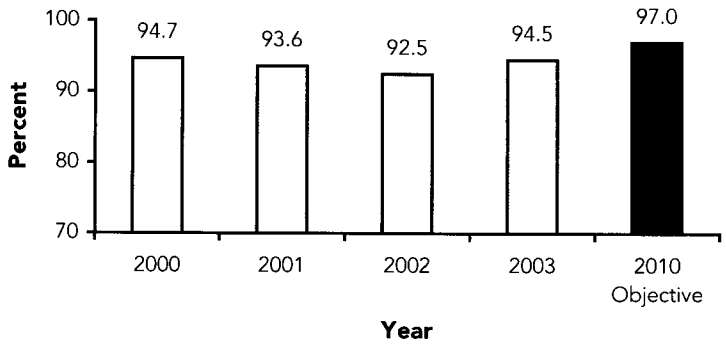
Data will be available from the Agency for Health Care Administration beginning with treatment year 2005.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Health Care Administration, Florida Department of Children and Families, Florida Department of Education, and Florida Department of Health.

Objective 1.19: By June 30, 2010, the kindergarten immunization rate will be increased from the 2003 statewide level of 94.5% to 97.0%.

Indicator: Percent of children in kindergarten whose immunization records were surveyed by the Department of Health whose records indicate that they have received all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for their age group.

Percent of Children Immunized in Kindergarten



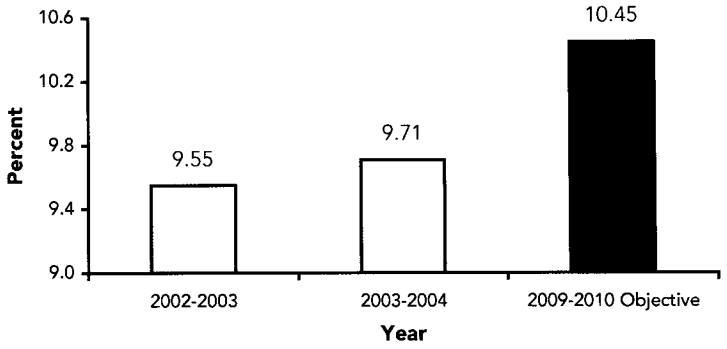
Source: Department of Health CHARTS system

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Education, Florida Department of Health.

Objective 1.20: By June 30, 2010, the wages at entry into the job market for job seekers served in Florida One-stop Career Centers will average $10.45.

Indicator: Average wages at job entry of Wagner Peyser registrants who enter employment.

Average Wage at Job Entry



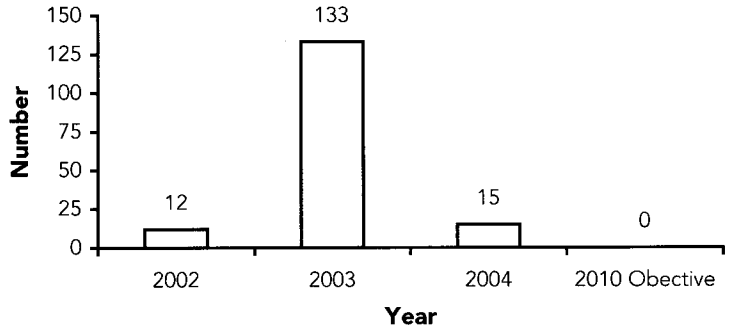
Source: Agency for Workforce Innovation

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation.

Objective 1.21: By June 30, 2008, subsidized child care will be available for all children at risk of abuse or neglect as defined by the Agency for Workforce Innovation.

Indicator: Number of children under investigation or protective supervision of the Department of Children and Families or a designee due to abuse, neglect, abandonment or exploitation on a waiting list for subsidized child care as of June 30 each year.

At-Risk Children on Waiting List for Subsidized Child Care



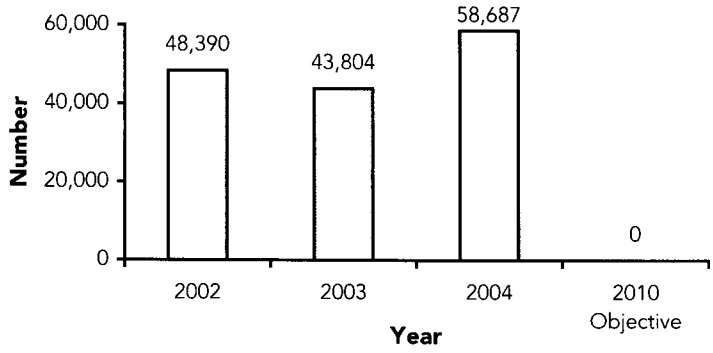
Source: Agency for Workforce Innovation Office of Early Learning

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, and Florida Department of Education.

Objective 1.22: By June 30, 2010, subsidized child care will be available to all eligible children.

Indicator: Number of eligible children on the waiting list for subsidized child care as of June 30 of each year.

Number of Children on Waiting List: Subsidized Child Care



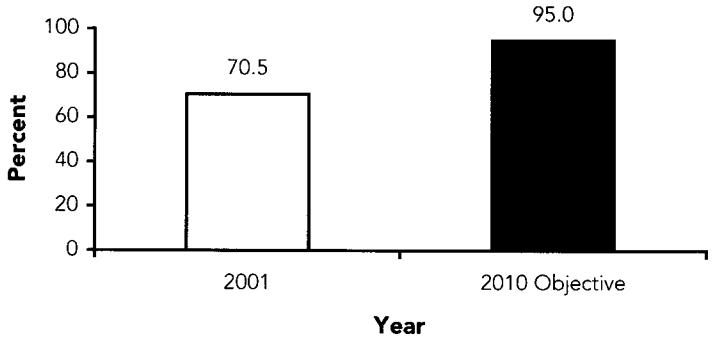
Source: Agency for Workforce Innovation Office of Early Learning

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, and Florida Department of Education.

Objective 1.23: By June 30, 2010, the percent of children with access to licensed or legally exempt child care will increase from a 2001 statewide level of 70.5 to 95.0.

Indicator: Percent of children under age 5 that actual capacities of licensed and legally exempt child care programs could serve.

Percent of Children With Access to Licensed or Legally Exempt Child Care



Source: Florida Children's Forum's, Charting the Progress: Child Care and Early Education in Florida: A County-by-County Needs Assessment, 2002

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, and Florida Department of Education.

Objective 1.24: By June 30, 2010, the statewide workgroup will develop a mechanism to track access to childcare for all at-risk children under 5.

Indicator: Percent of counties tracking availability of child care to all at-risk children under age 5.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Interprogram Task Force.

Objective 1.25: By June 30, 2010, all children ages 13 and under will have access to affordable, quality after school programs.

Indicator: Under development.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Workforce Innovation, Florida Department of Children and Families, and Florida Department of Education.

Objective 1.26: By June 30, 2008, determine the appropriateness, feasibility and methods of expanding Florida public school curricula to include course offerings that address prevention of: unintentional injuries, violence, suicide, tobacco use and addiction, alcohol and other drug use, unintended pregnancy, Human Deficiency Syndrome (HIV),/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) infection, unhealthy diet, inadequate physical activity, and environmental health.

Indicator: Under development

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Education, and Florida Department of Health.

Objective 1.27: By June 30, 2008, develop and implement a method to determine percent of middle schools in Florida offering courses to address parenting skills, developmentally appropriate expectations, and life management skills.

Indicator: Percent of middle schools in Florida offering courses addressing parenting skills, developmentally appropriate expectations, and life management.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education.

Objective 1.28: By June 30, 2010, the percent of students (K-12) with out-of-school suspensions who were suspended for non-violent behavior will decrease.

Indicator: Will be developed pursuant to the outcome of the study of procedures and programs school districts have implemented that are an alternative to suspending students from school sponsored by the Department of Education and conducted by Evaluation Systems Design, Inc.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education and Florida Department of Law Enforcement.

Objective 1.29: By June 30, 2008, all communities will offer marriage support services to all community residents.

Indicator: Percent of counties with marriage support services available to all residents.

Primary agency/organization involved in ensuring the objective is obtained: Florida Department of Children and Families.

Objective 1.30: By June 30, 2010, 100% of Florida's communities will provide awareness of and access to family crisis support services focused on maintaining family integrity and ameliorating situations that could lead to involvement in the child welfare or criminal justice system.

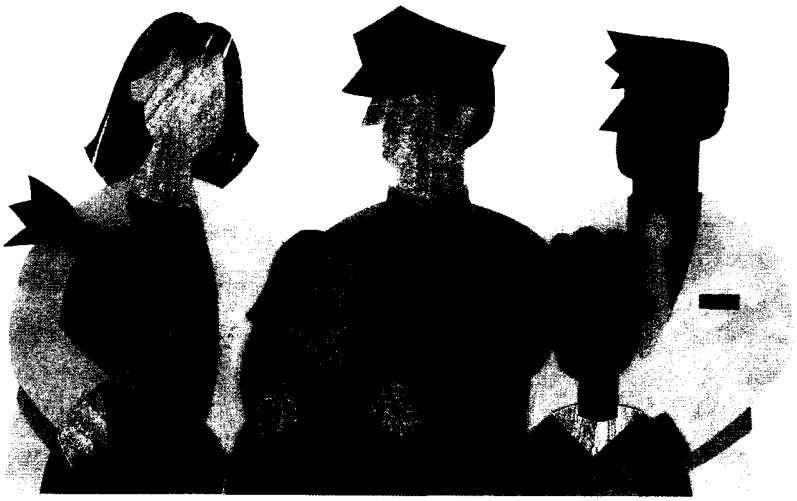
Indicator: Under development.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Persons with Disabilities, Florida Department of Children and Families, and Florida Department of Juvenile Justice.

Goal 2: State, local, and community resources comprise a collaborative, responsive, family-centered service delivery system that promotes the well-being and safety of children, families, and communities.

Why is this important?

Child and family welfare is everyone's business. Agencies and organizations working in isolated silos cannot provide children and families the kind of support they need to thrive and contribute positively to their communities and to the state of Florida. State government and statewide private organizations must work seamlessly with communities to ensure that programs and services available in each community are comprehensive, identify and meet the needs of all local families, and involve all the required service providers to create the kind of family resiliency that minimizes the likelihood of child maltreatment. Collaboration among programs and service providers is essential to promote healthy communities, but there must also be an easy-



to-access system in place so that all families and providers can identify programs and services that will meet a family's unique needs.

The second goal has sixteen (16) objectives. Should these objectives be achieved, the primary impact of the goal would be two-fold:

> *By June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children.*
>
> and
>
> *By June 30, 2010 the re-abuse rate within six months of initial abuse will be reduced from the 2003 statewide rate of 8.8% to 4.0%.*

Objective 2.1: By December 31, 2007, 100% of communities (DCF districts) will demonstrate an improvement in collaboration as measured by over 90% of parents surveyed being satisfied with community services.

Indicator: Under development. Survey must be developed and implemented annually.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Persons with Disabilities, Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Community Affairs, Florida Department of Education, Florida Department of Health, Florida Department of Juvenile Justice, and Florida Department of Law Enforcement.

Objective 2.2: By December 31, 2007, 100% of communities (DCF districts) will demonstrate collaboration as measured by 90% of the surveys of parents who have received services reporting good to excellent collaboration among service providers.

Indicator: Under development. Must develop and implement survey.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Persons with Disabilities, Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Community Affairs, Florida Department of Education, Florida Department of Health, Florida Department of Juvenile Justice, and Florida Department of Law Enforcement.

Objective 2.3: By December 31, 2007, 100% of communities demonstrate an improvement in collaboration as measured by over 90% of service providers surveyed reporting good to excellent collaboration among service providers.

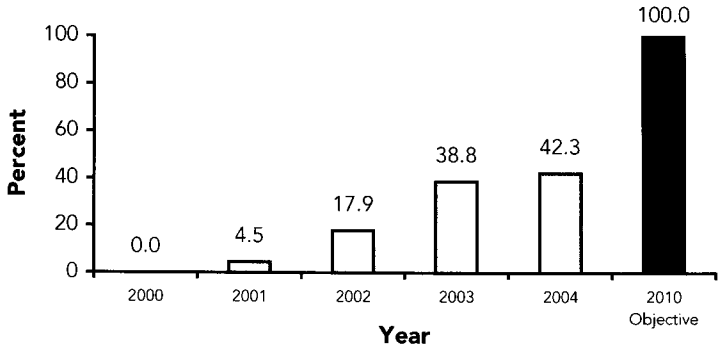
Indicator: Under development. Based on an annual survey of a sample of geographically balanced service providers serving children and families throughout Florida.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Persons with Disabilities, Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Community Affairs, Florida Department of Education, Florida Department of Health, Florida Department of Juvenile Justice, and Florida Department of Law Enforcement.

Objective 2.4: By June 30, 2010, all Florida citizens and service providers will have access to a well-maintained, easy-to-use database that provides information about services, programs, and providers in the prevention continuum.

Indicator: Percent of counties with web-based access to a complete listing of services, programs, and providers in the prevention continuum.

Percent of Counties with Web-based Access to a Comprehensive List of Community Resources



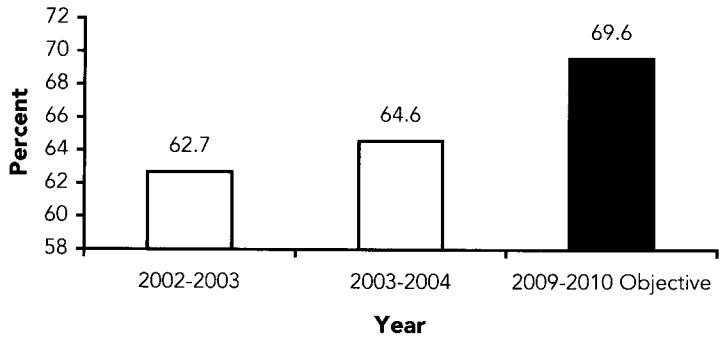
Source: Florida Alliance of Information Referral Services and personal communications

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Persons with Disabilities, Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Community Affairs, Florida Department of Education, Florida Department of Health, Florida Department of Juvenile Justice, and Florida Department of Law Enforcement.

Objective 2.5: By June 30, 2010, children with Severe Emotional Disturbance (SED) whose behavioral and mental health needs are met, will improve significantly from a 2003-2004 statewide level of 64.6% to 69.6% and a decrease in school suspensions of two percent from 2003-2004 levels.

Indicator: *Improvement in Functioning* - Percent of children with SED who experience an improvement in functioning as measured by the Children's Functional Assessment Score (CFARS) after receiving services.

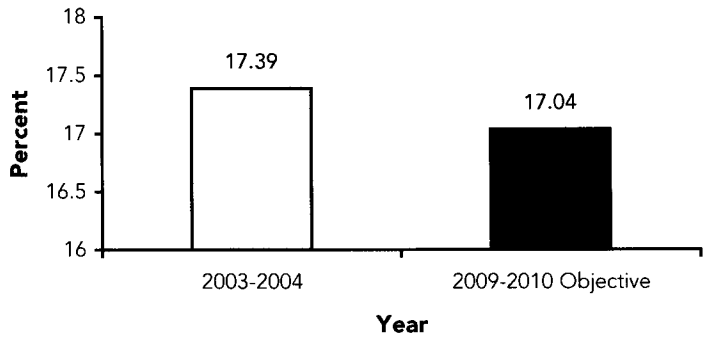
Percent of Children with Improved CFARS After Receiving Services



Source: Department of Children and Families Performance Measure

Indicator: *In-School Suspensions* - Percent of students with a primary disability of SED who receive in-school suspensions one or more times.

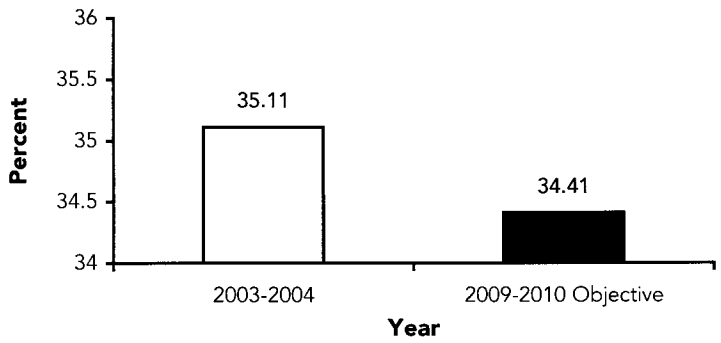
Percent of SED Students who Receive In-School Suspensions



Source: Florida Department of Education

Indicator: *Out-of-School Suspensions* - Percent of students with a primary disability of SED who receive out-of-school suspensions one or more times.

Percent of SED Students Who Receive Out-Of-School Suspensions



Source: Florida Department of Education

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Education, and Florida Department of Health.

Objective 2.6: By June 30, 2010, 70% of parents and caregivers surveyed will reflect a good to excellent level of protective parenting capacity (e.g., parenting knowledge and skills to anticipate and meet the developmental and individual needs of their children).

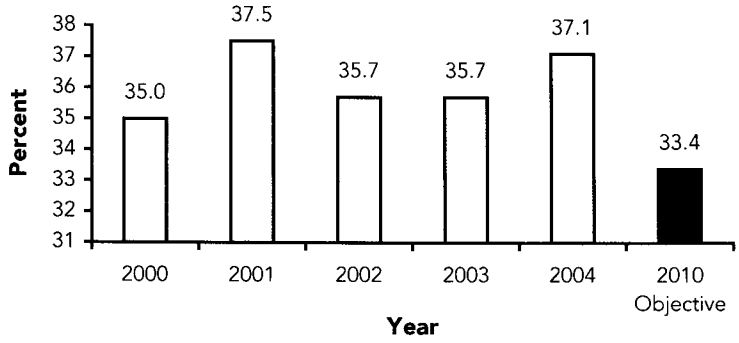
Indicator: Under development. Questions regarding protective parenting capacity will be included in the annual survey of parents and caregivers. Questions will be derived from established survey instruments like the Alabama Parenting Questionnaire (1996).

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Agency for Persons with Disabilities, Florida Department of Education.

Objective 2.7: By June 30, 2010, the percent of Florida youth who use alcohol or any illicit drug will decrease from the 2004 statewide level of 37.1 to 33.4.

Indicator: The percent of middle and high school aged youth reporting alcohol or illegal drug use in the past 30 days on the Florida Youth Substance Abuse Survey.

Percent of Youth Using Alcohol or Illicit Drugs



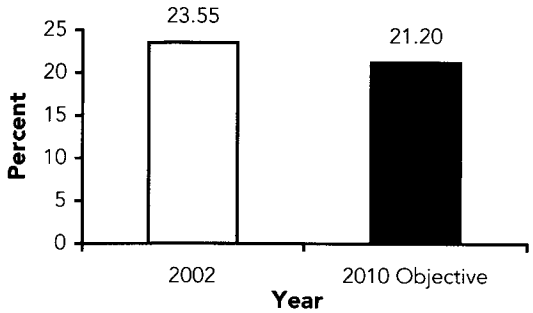
Source: Florida Youth Substance Abuse Survey

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Community Affairs, Florida Department of Juvenile Justice, and Florida Department of Law Enforcement.

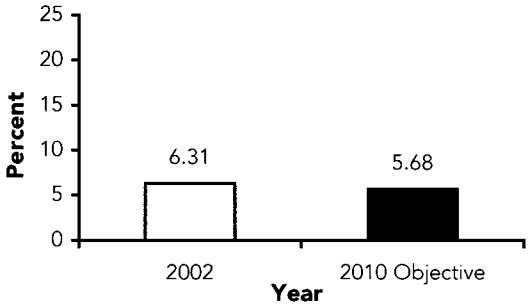
Objective 2.8: By June 30, 2010, adult illicit drug use and binge alcohol use will decrease by 10% from 2002 statewide levels.

Indicator: *Illicit drug use* - The percent of adults reporting use of any illicit drug (including marijuana/hashish, cocaine including crack, heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically) in the past 30 days.

Illicit Drug Use Among 18 to 25-Year Old Adults

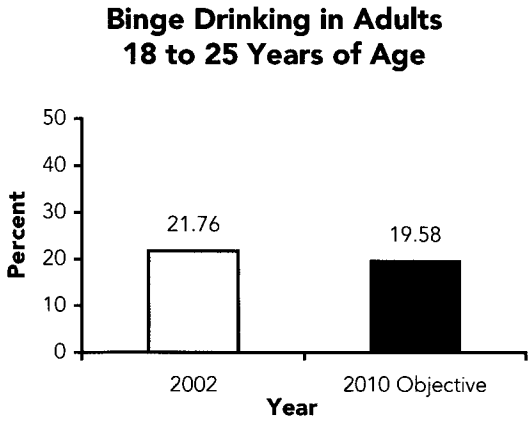


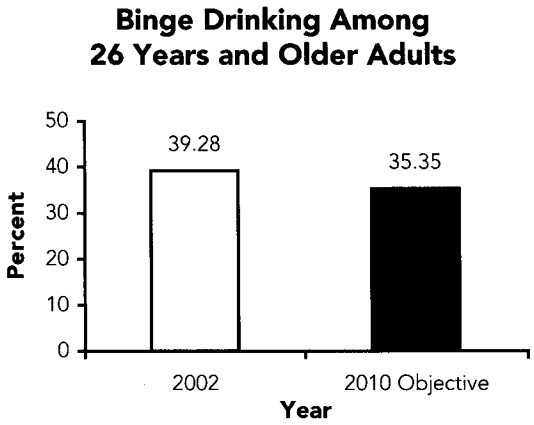
Illicit Drug Use Among 26 Years and Older Adults



Source: 2002 National Survey on Drug Use and Health, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Office of Applied Studies.

Indicator: *Binge alcohol use* - The percent of adults reporting binge alcohol use (drinking five or more drinks on the same occasion on at least 1 day in the past 30 days) in the past month.



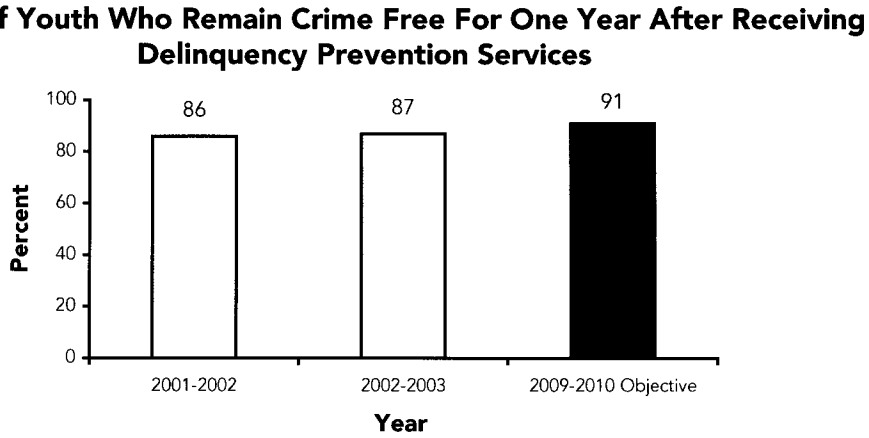


Source: 2002 National Survey on Drug Use and Health, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Office of Applied Studies.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, and Florida Department of Law Enforcement.

Objective 2.9: By June 30, 2010, the percent of youth who received delinquency prevention services that remain crime free for at least one year will increase from the 2002-2003 statewide value of 87% to 91%.

Indicator: Percent of youth who participate in delinquency prevention services with no subsequent adjudications or convictions within one year of release.



Source: Department of Juvenile Justice

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Community Affairs, and Florida Department of Juvenile Justice.

Objective 2.10: By December 2005, 100% of communities will have selected three indicators from the 2003/2004 Needs Assessment and will have a plan to achieve improvement.

Indicator: Percent of counties with three indicators selected by December 30, 2005.
Source: Survey of District Administrators

Primary agency/organization involved in ensuring the objective is obtained: Florida Department of Children and Families.

Objective 2.11: By December 2008, 100% of communities will demonstrate a 15% improvement in the three indicators selected from the 2003/2004 Needs Assessment.

Indicator: Percent of counties demonstrating a 15% improvement in all three of their selected indicators.

Primary agency/organization involved in ensuring the objective is obtained: Florida Department of Children and Families.

Objective 2.12: By December 31, 2006, 100% of community prevention plans will require demonstrated, active collaboration processes that include a customer survey to measure collaboration.

Indicator: Percent of counties whose prevention plans include an active collaboration process that includes an annual customer survey.
Source: Survey of District Administrators

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families and Florida Interprogram Task Force.

Objective 2.13: By December 31, 2007, 100% of family service plans will include assessment of strengths.

Indicator: Under development. Requires obtaining data from service providers.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Persons with Disabilities, Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Health, and Florida Department of Juvenile Justice.

Objective 2.14: By June 30, 2010, 95% of parents and caregivers will have knowledge of the resources available in their communities and will know how to access those resources.

Indicator: Percent of parents and caregivers surveyed that feel knowledgeable or very knowledgeable about the resources in their communities.

Primary agencies/organizations involved in ensuring the objective is obtained: Agency for Persons with Disabilities, Agency for Workforce Innovation, Florida Department of Children and Families, Florida Department of Community Affairs, Florida Department of

Education, Florida Department of Health, Florida Department of Juvenile Justice, and Florida Department of Law Enforcement.

Objective 2.15: By June 30, 2010, 100% of mental health services provided by community mental health centers for adults will include the exploration of needed support services for family members.

Indicator: Percent of counties in which children of adult mental health recipients routinely receive identification and referral for treatment services.
Source: Annual Survey of District Program Administrators or Supervisors

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families and Florida Department of Health.

Objective 2.16: By June 30, 2007, children in all educational settings, including public and private schools, will be protected from harm through legislation requiring school personnel to immediately report all suspected cases of child abuse to the central child abuse hotline for investigation either by local law enforcement agents or by the Department of Children and Families as required.

Indicator: The passage of such legislation.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Education, and the Florida Interprogram Task Force.

Goal 3: The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively.

Why is this important?

Direct service providers that interact with children and their families cannot meet the families' needs if they do not have training, experience, and qualifications that permit them to rise to the task. Community representatives must have credentials appropriate to the community services they provide. Teachers must be certified, social services staff must have appropriate training, and all must have the cultural sensitivity and interpersonal skills necessary to meet the needs of the families they are serving. It is absolutely imperative that any individual, who works with children in any capacity, undergoes a records check in the Child Safety Assessment in Home SafeNet. In addition, to ensure that every child or family receives the services it needs, everyone interacting with families in any capacity must have access to information regarding the array of services that families may need prior to making a referral to the provider.

The third goal has eight (8) objectives. Should these objectives be achieved the impact of this goal would be two fold:

By June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children.

and

By June 30, 2010 the re-abuse rate within six months of initial abuse will be reduced from the 2003 statewide rate of 8.8% to 4.0%.

Objective 3.1: By June 30, 2007, 100% of programs receiving public (i.e., federal, state or local) funding will report to their respective funding agencies continuous improvement on indicators representing outcomes of the services they provide either directly or through sub-contractors.

Indicator: Under development.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice.

Objective 3.2: By June 30, 2007, 100% of service providers will meet employment and performance criteria.

Indicator: Under development.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice, Florida Interprogram Task Force.

Objective 3.3: By June 30, 2009, 100% of service providers can identify and access the array of traditional and non-traditional supports necessary to meet the needs of the families they serve.

Indicator: Percent of service providers aware of a list of community support systems as determined by a survey of service providers.
Source: Annual survey of service providers.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice.

Objective 3.4: By June 30, 2008, 100% of public agencies will implement policies and procedures that support family preservation and the best interests of the child.

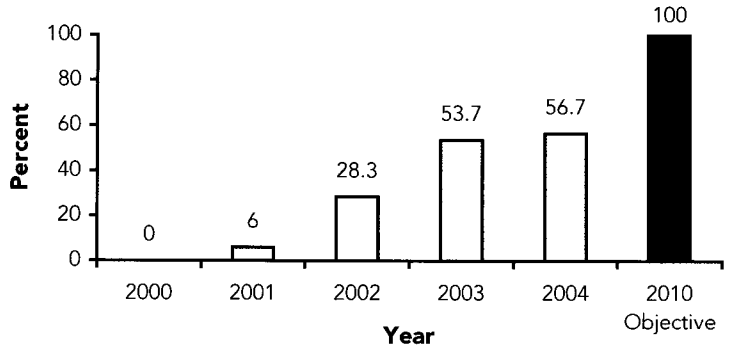
Indicator: Under development. Must identify all appropriate public agencies.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice.

Objective 3.5: By June 30, 2010, 100% of Florida's communities will establish and maintain a single telephone accessible comprehensive inventory of community resources.

Indicator: Percent of counties with a comprehensive and well-maintained list of community resources meeting the specification of 2-1-1.

Percent of Counties with a Comprehensive List of Community Resources



Source: Florida Alliance of Information Referral Services and personal communications

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice.

Objective 3.6: By June 30, 2007, 100% of Florida's communities will establish and maintain a method to identify and address population and service gaps.

Indicator: Percent of counties with documented and implemented method to identify and address population and service gaps.
Source: Annual survey of District Administrators or District Programs Supervisors

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice.

Objective 3.7: By June 30, 2008, 100% of Florida's communities will have implemented a process for the ongoing assessment of the community's capacity for prevention services.

Indicator: Percent of counties with a documented and implemented process for the ongoing assessment of the community's capacity for prevention services.
Source: Annual survey of District Administrators or District Program Supervisors

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, Florida Interprogram Task Force.

Objective 3.8: By June 30, 2010, 100% of Florida's communities will have implemented a continuous mechanism for evaluating the effectiveness of its child abuse prevention efforts.

Indicator: Percent of counties annually using the evaluation mechanism developed by the interagency workgroup. (See objective 4.6)
Source: Annual Survey of District Administrators

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Department of Health, Florida Interprogram Task Force.

Goal 4: The prevention continuum's accountability system ensures the evidence-based effectiveness of planning and resource utilization.

Why is this important?

Improving conditions for Florida's families and children is a gradual process. Implementation of some strategies will have large positive effects. Implementation of others may not improve the well-being of children and families. Given the limited resources available in the prevention continuum, it is important to direct funding and human resources to programs and services that are effective. Therefore, it is critical to continuously monitor the implementation of the statewide and local prevention plans and measure their impact on important risk and protective factors. It is also important to hold service providers accountable for producing positive effects for children and families.

An effective evaluation system will permit mid-course modifications that will allow Florida to attain its prevention goals more quickly.

This fourth goal has seven (7) objectives. Should these objectives be achieved the impact of this goal would be twofold:

By June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children.

and

By June 30, 2010 the re-abuse rate within six months of initial abuse will be reduced from the 2003 statewide rate of 8.8% to 4.0%.

Objective 4.1: Annually, the statewide prevention plan will be subject to process and impact evaluations the results of which will be used to modify the plan and subsequent funding decisions.

Indicator: Annual evaluation of the plan.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice, Florida Interprogram Task Force.

Objective 4.2: By June 30, 2007, 100% of programs and services supported by public funds (federal, state, local) will be evidence-based or will be collecting evidence toward substantiating its effectiveness.

Indicator: Under development.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice.

Objective 4.3: By June 30, 2010, universal measures of resiliency (for communities, families, and children) will be a mandatory component of all primary prevention programs.

Indicator: Percent of identified primary prevention programs using prescribed measures of resiliency to measure their outcomes.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities.

Objective 4.4: By December 2005, 100% of local planning teams will define/describe the components of their prevention continuum.

Indicator: Percent of districts with a complete description of their prevention continuum in their prevention plan.
Source: District prevention plans submitted March 28, 2005

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Interprogram Task Force.

Objective 4.5: By December 2005, 100% of local planning teams will institute an annual process to reassess the components of their prevention continuum.

Indicator: Percent of counties that reassess the components of their prevention continuum annually.
Source: Annual survey of District Administrators or District Program Supervisors

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Children and Families, Florida Interprogram Task Force.

Objective 4.6: By December 2006, the statewide workgroup will develop an evaluation mechanism to be used to evaluate the efficacy of local programs.

Indicator: Percent of counties using an evaluation mechanism.
Source: Annual survey of District Administrators or District Program Supervisors.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Interprogram Task Force.

Objective 4.7: By December 2010, 100% of programs supported by public funds (federal, state, and local) will be subject to evaluation using the evaluation mechanism developed by the statewide workgroup.

Indicator: Percent of counties evaluating 100% of their publicly funded programs using the evaluation mechanism.

Primary agencies/organizations involved in ensuring the objective is obtained: Florida Department of Education, Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Florida Department of Community Affairs, Agency for Workforce Innovation, Agency for Persons with Disabilities, Florida Department of Juvenile Justice, Florida Interprogram Task Force.

Relationship between Community Priorities and Objectives

The Florida Interprogram Task Force analyzed the priorities identified in the fourteen district plans. It compared district priorities with statewide objectives to ensure that the statewide plan addressed all critical local priorities. **Table 1** summarizes the priorities identified in local plans. Each of the top ten community priorities is addressed by at least one statewide objective. Eight of the fourteen districts identified substance abuse prevention and treatment as one of their top priorities; four objectives directly address issues related to substance abuse. Six of the fourteen districts listed economic development as a top priority; four objectives address issues related to this priority. Six of the fourteen districts identified domestic violence as a top priority; one objective relates directly to the prevention of domestic violence. Early education and care and family education and support were both top priorities in five out of fourteen districts; each of these priorities is addressed by seven or more objectives.

Table 1. Recommended Statewide Prevention Priorities by District and Related Statewide Objectives

Prevention Priorities	1	2a	2b	3	4	Suncoast	7	8	9	10	11	12	13	14	15	Related Objectives
Substance Abuse Prevention and Treatment	√	√	√			√			√			√	√	√	√	1.1, 1.26, 2.7, 2.8
Economic Development						√			√			√	√	√	√	1.4, 1.5, 1.6, 1.20
Domestic Violence Prevention and Services	√	√			√	√								√	√	1.13
Early Education and Care					√	√			√		√			√		1.7, 1.19, 1.20, 1.21, 1.22, 1.23, 1.24
Family Education and Support				√	√					√			√	√		1.2, 1.3, 1.9, 1.10, 1.14, 1.15, 1.19, 1.27, 1.29, 1.15, 1.30, 2.6, 2.13, 2.14
School Improvement						√			√		√			√		1.8, 1.26, 1.27, 1.28
Mental Health Prevention and Treatment		√	√		√										√	2.5, 2.15
Safe and Affordable Housing					√	√			√							1.6, 1.11, 1.28
Youth Services										√		√		√		1.12, 1.25, 2.9
Service Coordination and Integration	√		√			√										2.1, 2.2, 2.3, 2.4, 2.12, 2.14, 3.3, 3.5

How Will Florida Achieve These Objectives?

As shown, the objectives in this plan will be addressed through both statewide and local efforts. These efforts will result in the creation of safe environments for all of Florida's children through:

- Improving child care, education, economic stability, family formation, and health.
- Implementing meaningful, constructive, and responsive cross-agency collaborations both statewide and locally.
- Ensuring effective utilization of state and community resources.
- Evaluating Florida's progress.

Improving Child Care, Education, Economic Stability, Family Formation and Health

So many of our children spend part of their time in out-of-home care, yet the quality of care varies greatly both from a safety and educational perspective. This plan will require:

- Improving the regulation of child care facilities.
- Dedicating prevention funds to after-school care.
- Mandating quality standards for child care providers.
- Identifying funding sources and obtaining additional funding for child care.
- Evaluating the Voluntary Pre-kindergarten Program with the results being used to modify the enabling legislation.
- Exploring the passage of legislation related to curriculum change.

Many children and families do not have access to adequate preventive health care. Poor family and child health are major risk factors for child abuse. If we are going to be successful in preventing child maltreatment in Florida, we need to ensure quality health care for all our citizens. Implementation of these objectives requires:

- Expanding the availability of health care and health insurance.
- Expanding health insurance coverage for mental health.
- Providing support for emerging fields of specialization: infant mental health specialists, early interventionists, and developmental specialists.

To promote safety and well being for all of Florida's children, we need to improve the professional competency of people providing services to families, improve techniques for sharing information about threats to safety, and help to create safer environments in homes and communities.

Improved information sharing must include:

- Clarifying and disseminating the reporting of abuse process.
- Addressing missing data on child-on-child abuse.
- Expanding the Child Abuse Death Review.
- Making Florida Crime Information Center (FCIC) information available to educators.

- Providing the National Crime Information Center (NCIC) access to the abuse database at Florida Department of Children and Families (DCF).
- Making NCIC available to DCF.
- Maintaining and promoting the database of sexual offenders.

Creating safer family and community environments includes:

- Developing and implementing evidence-based strategies that help parents develop the skills they need to form and sustain healthy marriages.
- Protecting students from harm in all educational settings including public and private schools.
- Improving the child protective investigation process.
- Using Florida Abuse Hotline Information System (FAHIS) screening for potential employees as well as license holders. Right now, statutes require that the owner of an institution serving children be screened with respect to previous records of abuse, but employees at the institution are not screened.
- Implementing statewide criteria to determine qualifications for each type of service provider.
- Developing and implementing screening criteria and techniques to certify workers and volunteers that have contact with children and families.
- Preventing individuals who have been associated with child maltreatment or suspected maltreatment from serving families and children.
- Promoting economic stability for families.
- Providing appropriate supports and services to discourage substance abuse, promote mental health, and encourage protective parenting.

Implementing meaningful, constructive, and responsive cross-agency collaborations both statewide and locally

Ensuring that Florida's children are raised in healthy, safe, stable, and nurturing environments requires an unprecedented level of collaboration among state and local agencies and private providers. It is imperative that children and families receive the support they need regardless of who is the first to identify that need. Partnerships are crucial in planning cost effective provision of services, sharing of resources, and obtaining the needed level of cooperation. Collaboration strategies will include:

- Informing all providers of services to families about local and statewide child welfare plans.
- Designing and promulgating standard protocols for collaboration.
- Implementing statewide policies and procedures to ensure that case transfer and management support safety, permanence, and well-being across the continuum of care.
- Coordinating training and services across all family and child support services.

Ensuring effective utilization of state and community resources

Funds to support the prevention continuum must be utilized wisely to provide the maximum benefits to the families and children served. It is most efficient for Florida to expend more resources on primary prevention efforts to forestall excessive demands for expensive deep-end services. Effective use of Florida's resources requires careful planning, creation of an awareness of available resources on the part of the public and service providers, and promotion of best practices for prevention.

The Task Force recognizes that the plan objectives are issues which we feel should be targeted and addressed if at all possible within existing funding levels; however, the Task Force also recognizes that additional funding resources must be sought and realized before many of the objectives can be achieved.

Local and statewide planning strategies must include:

- Ensuring that local plans address local priorities as they are implemented.
- Effectively communicating the requirements placed on local providers by the statewide prevention plan.
- Examining all sources of funding on a statewide level.
- Capitalizing using potential new funding streams, such as TANF, for local and statewide prevention efforts.
- Recommending and implementing a funding tracking system that will create opportunities for collaboration and promotion of prevention.

In order to ensure the needs of each family are met, Florida must to do a better job of informing families and service providers about resources and programs that are available. The need for a comprehensive and current directory of programs throughout the state is tremendous. Efforts to educate the public about these directories would also need to take place.

Promotion of best practices and effective utilization of primary prevention strategies will include:

- Developing and maintaining a communications system so that all service providers are aware of best practices.
- Training staff and contract managers about how to measure the resiliency produced through primary prevention efforts.
- Developing criteria that will be used to determine if programs are evidence-based; setting funding guidelines and criteria that must be met for continued funding; and monitoring the implementation of these criteria.
- Offering family access to the service directory.

Evaluating Florida's progress

Developing statewide and local plans addressing prevention of child abuse, abandonment, and neglect is only a first step in improving conditions and outcomes for Florida's children. The implementation of these plans must continuously be evaluated. On both a statewide and a local level, mechanisms must be developed that help identify statutory impediments to implementation

and facilitate the passage of necessary statutory changes. The implementation of the statewide plan requires continuous communication with local agencies and providers both to inform local providers of expectations placed on them by the statewide plan and to maintain responsiveness to local needs. Desired outcomes must be communicated while allowing for local flexibility in implementation.

A first step in evaluating the impact and the implementation of the statewide plan will be to define indicators and, where possible, obtain baseline data for all the objectives. This step is necessary so Florida's progress can be measured. The second step in evaluation is to create a written implementation plan that will define what will be done differently to create the results defined in ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010.*** The implementation plan will contain a detailed description of how implementation and outcomes will be monitored annually. Effective evaluation will include:

- Developing and implementing a survey of parents that evaluates parenting skills and knowledge about, and experience with, the prevention continuum.
- Developing indicators, through a statewide-local collaboration, that can be used on a statewide and a local level to measure the outcomes expected from a variety of services, using existing models if possible.
- Developing an evaluation mechanism, through a statewide-local collaboration, to analyze indicators statewide, locally and by service provider for purposes of improving outcomes.
- Developing a mechanism that will assist the state in evaluating the impact of privatization of the prevention continuum including the effects of provision of block grants to Community-Based Care organizations.
- Defining criteria to be used to determine if programs are evidence-based and setting funding guidelines and criteria that must be met for continued funding based on outcomes.
- Providing training to local contract managers and providers on how to effectively evaluate prevention programs.

Local plans will also have an evaluation component. At a minimum, local providers will be required to submit additional data that will be analyzed in the evaluation of the statewide prevention plan. In addition:

- The evaluation mechanism developed on a statewide level will be used whenever government monies are used to support prevention programs.
- Local contracts with providers will include the requirement to report specified outcomes.
- Communities will be evaluated on their ability to build on community strengths to nurture children and families.

Local Planning Priorities

Local Planning Priorities

Local planning efforts serve as the foundation for the development of *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010.* Community efforts are best guided through a collaborative analysis of strengths and challenges and an integrated approach to services and policies aimed at the prevention of child abuse, abandonment, and neglect. Information and data gathered through this process function as the basis for the development of the statewide plan by the Florida Interprogram Task Force.

Section 39.001, F.S., describes state requirements for developing a local plan for the prevention of child abuse, abandonment, and neglect. Crucial to the development of local plans by local prevention task forces is coordination with Community Alliances, as referenced in Section 20.19(6)(b), F.S. Local communities have undertaken this collaborative process and identified strengths, challenges, and priorities pertinent to the prevention continuum from primary prevention through tertiary prevention or intervention/treatment.

Identification of Local Priorities

Local planning efforts were guided by resources developed by Community Enhancement and Educational Development (CEED) at the University of South Florida with guidance from the Florida Interprogram Task Force. A workbook for the local planning process provided step by step guidance for plan development. This 30-page workbook was provided to the districts by Secretary Lucy Hadi, Florida Department of Children and Families. A copy of the workbook can be viewed or downloaded from the TEAM Florida Partnership website: *www.teamfla.org.* This workbook broke the planning process into eleven steps. These steps included:

Step 1: Assemble the Local Planning Team.

Step 2: Define the Magnitude of Child Abuse.

Step 3: Analyze Strengths and Protective Factors.

Step 4: Analyze Challenges and Risk Factors.

Step 5: Develop Community Priorities.

Step 6: Rank Community Priorities.

Step 7: Describe Programs in the Local Community.

Step 8: Define Goals, Objective and Strategies.

Step 9: Request Local and Statewide Actions.

Step 10: Describe the Planning Process.

Step 11: Submit the Plan.

An outline was provided for use by the local planning teams for their Plans for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010. Districts were asked to submit plans that had the following organization:

I. The process used to develop the plan.

II. The magnitude of child abuse in the community.

III. Community protective factors and strengths.

IV. Community challenges and risk factors.

V. Prioritized community needs related to the prevention of child abuse, neglect and abandonment.

VI. Goals, measurable objectives and strategies to achieve each objective.

VII. Local and statewide action requests.

A strengths/needs assessment, the product of The Florida Resiliency Mapping Project conducted by CEED, provided statewide and local data regarding child maltreatment outcome measures and risk and resiliency factors. These factors, identified through an extensive research review process, were organized within four domains: economic, education, health and safety, and social-emotional. The CEED staff members, in collaboration with the Program Managers at the Florida Department of Children and Families and the Community-Based Child Abuse Prevention (CBCAP) Technical Assistance Center developed and conducted a statewide training workshop for prevention planning teams representing each of the districts in Florida. Along with the guidance in statute and information obtained in the training, the workbook and the strengths/needs assessment materials assisted local planners in identifying risk and resiliency factors in their communities. During the planning period, CEED staff members provided technical assistance and support via telephone and email. Based on these findings, district priorities were determined.

Table 2: Summary of Priorities Aligned with Community Strategies and Challenges provides an overview of the priorities identified in each district early in their planning process. There is not consistency across districts in the level of focus of priorities. Some districts have chosen very broad priorities that may encompass multiple service areas. Many districts have identified specific service areas that need attention. Selection of specific service area priorities may enable greater clarity in identifying and successfully implementing strategies. Having too many possibilities for consideration may dilute efforts.

In addition, local priorities are matched to strengths and challenges for their local areas. In many districts, local planning team members moved beyond the risk and resiliency factors identified for tracking by The Florida Resiliency Mapping Project. This analysis highlights the importance of a thorough review of community strengths and challenges. Communities that have carefully considered these factors are better prepared to identify specific priorities and are most likely to be in a position to develop realistic strategies that have the greatest potential for success. Technical Appendix A contains the complete text of all district plans.

Table 2: Summary of Priorities Aligned with Community Strengths and Challenges

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 1 *Escambia, Okaloosa, Santa Rosa and Walton counties*		
Domestic Violence Services and Partnerships	• Experienced nurses to evaluate home situation for potential danger • Good dependency court judges • First Call for Help • Increased awareness • Child Advocacy Center	• Increased domestic violence & dating violence among teens • Lack of parental awareness regarding need for improved parenting skills and appropriate discipline styles • Boiler plate service plans and court supervision • High number of cases diverts all but most serious • Lack of victim advocates • Placement of children in unsafe environments • Lack of law enforcement training
Substance Abuse Prevention and Treatment	• Healthy Start Substance Abuse Program • Collaboration between DCF and substance-abuse nurses	• Inconsistent urine drug screening in prenatal health care settings • Insufficient mental health & substance abuse services • Placement of children in unsafe environments
Service Coordination and Integration	• Cooperation & collaboration among agencies	• Need for a "team" approach • Downsizing of government sector • Low reporting rates in rural areas • Coordination of limited resources
District 2a *Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties*		
Substance Abuse Prevention and Treatment	• Stable foundation of health and safety service providers • Family service planning team program	• Increase in number of arrests and reports related to methamphetamine use • Increase in drug/narcotics-related arrests
Domestic Violence Prevention and Services	• Stable foundation of health and safety service providers • Family service planning team program • Faith-based support	• Under-reporting of domestic violence • Limited resources and services
Mental Health Prevention and Treatment	• Stable foundation of health and safety service providers • Family service planning team program • Faith-based support	• High rates of serious mental illness • Need for comprehensive assessments • Inadequate funding for services
District 2b *Franklin, Gadsden, Jefferson, Leon, Liberty, and Madison counties*		
Substance Abuse Prevention and Treatment	• Alternative support referrals through Outreach Coordination Program	• Limited services in rural areas • Lack of coordination of services • Lack of transportation
Mental Health Prevention and Treatment	• Alternative support referrals through Outreach Coordination Program	• Limited services in rural areas • Lack of coordination of services • Lack of transportation
Service Coordination and Integration	• Alternative support referrals through Outreach Coordination Program (where available)	• Coordination services are not available in all areas

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 3 *Alachua, Bradford, Columbia, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union counties*		
Family Education and Support	• Strong schools in many counties • Family stability	• Child poverty • School and academic performance concerns in several counties • Lack of access to child care • Need for greater birth spacing • Child health & safety concerns (related to child death rate) • Smoking during pregnancy
Family Mentoring	• Family stability	• Child poverty • Children with identified special needs • Need for greater birth spacing • Smoking during pregnancy • Child health & safety concerns (related to child death rate)
Resource Development and Coordination	• Stable economy	• Child poverty • Lack of health insurance • Limited access to needed services • Lack of knowledge regarding available resources
Public Media Campaign	• Family stability	• Lack of involvement and support regarding child abuse prevention • Stigma associated with seeking help • Child health & safety concerns (related to child death rate)
Training	• Family stability	• Lack of involvement and support regarding child abuse prevention • Child health & safety concerns (related to child death rate)
Respite Care	• Family stability	• Percentage of children enrolled in special education • Lack of respite care for families with children with special needs or for families in crisis
District 4 *Baker, Clay, Duval, Nassau, and St. Johns counties*		
Early Education and Care Services	• Family stability	• School and academic performance concerns • High population of young children • Waiting list for child care • Lack of transportation
Domestic Violence Prevention and Services	• Family stability	• High rates of domestic violence in some areas • High rates of serious mental illness in some areas • Child health & safety concerns • Under-reporting of problem • Lack of knowledge • Lack of transportation
Public Transportation		• Lack of transportation • Liability issues
Mental Health/Substance Abuse Prevention and Treatment	• Health insurance rate for children	• High rates of domestic violence • Child health & safety concerns • Limited service options

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 4 (continued) *Baker, Clay, Duval, Nassau, and St. Johns counties*		
Safe and Affordable Housing Options		• Housing concerns in some areas • Waiting list for housing assistance
Family and Community Education	• Family stability	• Child health & safety concerns • Parental risk behaviors (e.g., sexually transmitted diseases, prenatal habits) • Lack of knowledge regarding the importance of the early years
Suncoast Region *DeSoto, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota counties*		
Substance Abuse Prevention and Treatment	• Community collaboration • Strong service providers and community organizations	• Cultural influences • Lack of funding for treatment services • Long waiting lists • Lack of coordination to ensure comprehensive services • High rates of domestic violence • Need for dependency drug court • Lack of services in rural areas
Safe and Affordable Housing Options	• Community collaboration • Strong service providers and community organizations	• Lack of services and supports to help families move out of public housing • Loss of federal funding • Long waiting lists • Poor enforcement of housing codes • Lack of homeless shelter beds/transitional housing
Early Education and Care Services	• Community collaboration • Strong service providers and community organizations	• Lack of access to quality child care • Lack of evening and weekend child care • Lack of care for sick children • Lack of care for children with special needs • Lack of care for school-age children • Lack of respite care • Lack of parenting skills • High teen birth rates • Lack of services in rural areas
Service Coordination and Integration	• Community collaboration • Strong service providers and community organizations	• Lack of a formal process/mechanism to communicate service availability and supports • Lack of services to rural and outlying areas • Limited prevention funding and/or staff to develop needed resources • Lack of transportation • Limited state funding • Lack of services in rural areas
Economic Development	• Community collaboration • Strong service providers and community organizations	• Affordability issues related to child care, housing, health insurance, etc. for working poor • Low-wage employment • Lack of transportation
School Improvement	• Community collaboration • Strong service providers and community organizations	• Runaways and ungovernable children • High teen birth rates • High incidence of poverty and unemployment

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
Suncoast Region (continued) *DeSoto, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota counties*		
Address Language Barriers	• Community collaboration • Strong service providers and community organizations	• Large population of non-English speaking residents • Population expansion
Expansion of Services in Rapid Growth Areas	• Community collaboration • Strong service providers and community organizations	• Population expansion • Lack of services in rural and outlying areas • Infrastructure limitations
Domestic Violence Prevention and Services	• Community collaboration • Strong service providers and community organizations	• High rates of domestic violence • Differences in service provider philosophies • Lack of knowledge of "best practice" techniques, curricula, and service delivery mechanisms for anger management
District 7 *Brevard, Orange, Osceola, and Seminole counties*		
Build on Strong Educational System	• Strong service providers and community organizations • Excellent schools	• Lack of access to pre-kindergarten and child care for at-risk
Build on Strong Economic Development	• State and local incentives for business expansion • Workforce development programs	• Low home ownership rates
Build on Low Poverty Rate	• State and local incentives for business expansion • Workforce development programs	• Low home ownership rates
Build on High Percentage of Two-parent Households	• Strong service providers and community organizations	• Prevalence of domestic violence
Build on Spacing between Birth of Children	• Strong service providers and community organizations	• Lack of access to pre-kindergarten and child care for at-risk
District 8 *Charlotte, Collier, Glades, Hendry, and Lee counties*		
Foster and Sustain Community Efforts that Contribute to Low Rates of Child Abuse and Neglect	• High rate of job growth, particularly in construction industry • High rates of insurance coverage for children • Strong service agencies • Low rates of serious mental illness • Low rates of pregnant women who smoke • High birth spacing index	• Low job growth in Hendry County • Potential Medicaid changes • Large migrant population • Increased health and safety risks in Hendry County
Identify and Develop Community Partnerships to Foster Children's Health and Safety and Alleviate Environmental Stressors	• High rate of job growth, particularly in construction industry • High rates of insurance coverage for children • Strong service agencies • Low rates of serious mental illness • Low rates of pregnant women who smoke • High birth spacing index	• Significant number of transient migrant families living in over-crowded housing • Lack of access to affordable housing • Hurricane damage • Prevalence of alcohol use • Need for support services for parents under stress • Higher risks for specific communities • Low graduation rates in Hendry and Glades counties • Prevalence of single-parent families
District 9 *Palm Beach County*		
Safe and Affordable Housing Options	• Workforce development programs • Strong community partnerships • Strong leadership through Community Alliance	• Insufficient public housing • Lack of affordable housing

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 9 (continued) *Palm Beach County*		
Economic Development	• Workforce development programs • Strong community partnerships • Strong leadership through Community Alliance	• Lack of livable wages/benefits in entry level service jobs
School Improvement and Expansion of Educational Opportunities	• Workforce development programs • Strong community partnerships • Strong leadership through Community Alliance • Children's Services Council	• School and academic performance concerns • Low graduation rates • Lack of after-school programs • Lack of alternative education programs and support for failing youth
Early Education and Care Services	• Strong community partnerships • Strong leadership through Community Alliance • Children's Services Council	• Waiting list for child care • School and academic performance concerns • Lack of accessible, affordable child care
Substance Abuse Prevention and Treatment	• Strong partnership between DCF and law enforcement • Strong community partnerships • Strong leadership through Community Alliance	• Lack of neighborhood-based services with a multicultural focus • Lack of accessible intervention services
District 10 *Broward County*		
Family Education and Support	• Adoption of Broward County Children's Strategic Plan	• Lack of family support services for families identified by the child welfare system • Lack of early support to prevent problems • Lack of supportive and nurturing relationships between infants and parents • Lack of access to behavioral and developmental services for children with special needs • Diversity
Youth Services	• Adoption of Broward County Children's Strategic Plan	• Lack of family support services for families identified by the child welfare system • Lack of early support to prevent problems • Poor academic achievement in early elementary school • Need for expanded visitation centers for family court-involved families • Lack of foster and adoptive homes • Need for child welfare staff training and coaching • Lack of after-school and summer programs • Prevalence of childhood obesity and other health concerns • Lack of access to technology for low-income children • Financial support for foster care children ends at age 18

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 11 *Dade and Monroe counties*		
The Children's Trust Programs	• Local funding and support • Family stability • Establishment of 211 resource and referral system • Provision of funding for rating system for child care • Development of a comprehensive database of health and human service providers • Improved collaboration regarding child advocacy issues	• Shift from state to local funding • Widespread use of evidence-based practices not occurring • Unfunded mandates on service providers
Our Kids Services and Programs	• Family stability • Development of a comprehensive database of health and human service providers • Improved collaboration regarding child advocacy issues • Increased participation of faith-based organizations in social services • New domestic violence shelter in Dade	• Prevalence of domestic violence in Monroe County • Unfunded mandates on service providers • Lack of parent skill training • Lack of transitional housing for foster children
Early Education and Care Services	• Universal Pre-kindergarten programs • Development of Star Quality Rating System for child care centers • Merging of Dade and Monroe school readiness coalitions • Improved collaboration regarding child advocacy issues • United Way support for Center for Excellence in Early Education	• School and academic performance concerns • Widespread use of evidence-based practices not occurring • Unfunded mandates on service providers • Balancing quantity and quality of service needs
School Improvement	• New school superintendent • New tax dollars • Improved collaboration regarding child advocacy issues	• School and academic performance concerns • Low graduation rates • Overcrowding of schools • Lack of after-school programs
District 12 *Flagler and Volusia counties*		
Support a community norm that values parental nurturing efforts	• High number of two-parent families in Volusia County • Availability of Healthy Families throughout both counties • Strong commitment to timely family reunification • Circle of Parents™ support groups	• Low number of two-parent families in Flagler County • Social isolation due to transient nature of population • Language barriers
Substance Abuse and Mental Health Prevention and Treatment	• Strong partnerships between formal and informal community-based organizations • Availability of Healthy Families throughout both counties • Circle of Parents™ support groups • Strong community commitment to prevention efforts	• Prevalence of alcohol use • Prevalence of tobacco use by pregnant women • Insufficient long-term treatment • Lack of mental health care • Language barriers • Insufficient culturally competent service provision • Insufficient funding • Lack of comprehensive services • Access to mental health care (transportation, capacity, language challenges)

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 12 (continued) *Flagler and Volusia counties*		
Youth Services	• Strong partnerships between formal and informal community-based organizations • Family stability • Strong charter schools	• Prevalence of single-parent families • Insufficient culturally competent service provision • Lack of after-school youth activities • Insufficient funding
Adequate funding/innovative approaches to funding	• Strong partnerships between formal and informal Community-Based organizations • County school systems welcome partnerships that promote child well being • Strong community commitment to prevention efforts • Official designations from Weed & Seed, Front Porch Florida, etc.	• Need for new and innovative approaches to service provision without increased funding • Insufficient funding to meet level of need • Insufficient Medicaid providers - medical and dental • Wide disparity in socio-economic opportunities
Culturally competent service provision	• Strong partnerships between formal and informal Community-Based organizations • Strong community commitment to prevention efforts	• Language barriers • Social isolation due to transient nature of population • Insufficient culturally competent service provision • Skepticism from undocumented aliens when seeking services
District 13 *Citrus, Hernando, Lake, Marion, and Sumter counties*		
Funding Equity for D13	• Strong collaboration between formal and informal community organizations • Strong potential support from business community • Active Community Alliances	• Lack of sustainable funding • Tremendous population growth
Economic Development (Stable Environments)	• Strong collaboration between formal and informal community organizations • Provider expertise • Strong schools, early learning coalitions, and Head Start	• Lack of transportation • Lack of sustainable funding • Lack of safe and affordable housing • Tremendous population growth
Mental Health/Substance Abuse Prevention and Treatment	• Strong collaboration between formal and informal community organizations • Provider expertise	• Lack of transportation • Lack of mental health and substance abuse services • Lack of sustainable funding • Lack of marriage and family therapists
Family Education and Support	• Strong collaboration between formal and informal community organizations • Provider expertise • Strong teen pregnancy prevention programs • Domestic violence centers serving all counties	• Lack of sustainable funding • Importance of keeping families together, attachment issues • Increasing non-English speaking population • Lack of home-visiting programs • Lack of foster homes (including therapeutic foster homes)

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 14 *Hardee, Highlands, and Polk counties*		
Youth Services (Youth development, pregnancy prevention, structured after school activities, mentoring programs.)	• Strong collaboration between formal and informal community organizations • Array of youth services in Polk County to build upon. • Local business and philanthropist involved in fund raising for prevention resources. • Heartland for Children (CBC) has a strong commitment to primary prevention activities. • Prevention Workgroup in place to insure plan implementation. • Also a goal of Polk Vision.	• Cultural diversity • Language barriers • Lack of resources in rural areas
Access to Services (including Housing, Transportation, Food, Job Training, and Health care Access)	• Strong collaboration between formal and informal community organizations • Local business and philanthropist involved in fund raising for prevention resources. • Heartland for Children (CBC) has a strong commitment to primary prevention activities. • Prevention Workgroup in place to ensure plan implementation. • Information and referral resources to build upon. • Faith based organizations meeting basic needs. • Also goal of Polk Vision	• Cultural diversity • Language barriers • Lack of transportation • High migrant population • Hurricane damage in Hardee • Large homeless population in Polk • Lack of resources in rural areas
Family and Community Strengthening (Relationships, Domestic Violence Prevention, Parent Education, Community Education)	• Strong collaboration between formal and informal community organizations	• High rates of child maltreatment • Cultural diversity • Language barriers • Lack of resources in rural areas • Need for additional domestic violence services • Lack of support for single parents
Substance Abuse Prevention and Treatment and Mental Health Services	• Strong collaboration between formal and informal community organizations	• High rates of child maltreatment • High rates of substance abuse (methamphetamine capital of FL) • Cultural diversity • Language barriers • Lack of transportation • Lack of resources in rural areas
School Improvement	• Strong collaboration between formal and informal community organizations	• Cultural diversity • Language barriers
Early Education and Care	• Strong collaboration between formal and informal community organizations	• Cultural diversity • Language barriers • Lack of transportation • Lack of resources in rural areas
District 15 *Indian River, Martin, Okeechobee and St. Lucie counties*		
Mental Health Prevention and Treatment	• Strong collaboration between community partners and providers • Alliance committed to success of Community-Based Care • Funders committed to prevention • Mental Health collaborations	• Prevalence of children removed from parental home • Prevalence of serious mental illness

Priorities (in order of importance)	Alignment with Community Strengths	Alignment with Community Challenges
District 15 (continued) *Indian River, Martin, Okeechobee and St. Lucie counties*		
Domestic Violence Prevention and Treatment	• Strong collaboration between community partners and providers • Alliance committed to success of Community-Based care • Funders committed to prevention	• Prevalence of children removed from parental home
Substance Abuse Prevention and Treatment	• Strong collaboration between community partners and providers • Alliance committed to success of Community-Based care • Funders committed to prevention • Mental Health collaboratives	• Prevalence of substance exposed newborns • Prevalence of children removed from parental home • Rate of pregnant women who smoked
Child Poverty	• Strong collaboration between community partners and providers • Alliance committed to success of Community-Based care • Funders committed to prevention • Strong Chambers of Commerce and Workforce Development Boards	• Rate of job growth
Unplanned/ Unwanted Pregnancies	• Strong collaboration between community partners and providers • Alliance committed to success of Community-Based care • Funders committed to prevention • Strong Healthy Start and Healthy Families programs in all four counties	• Prevalence of single-parent households

Summary of Community Priorities

Local districts have convened prevention planning teams and developed prevention plans. With guidance from the Task Force, these plans have identified the strengths and challenges across communities in Florida and the priorities for prevention efforts during the next five years.

These priorities have been developed to serve as the basis of ***Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010.*** This analysis has identified substance abuse prevention and treatment, economic development, domestic violence prevention and services, early education and care, and family support and education as the most frequently cited local priorities.

Districts that solicited extensive input into the identification of strengths and challenges and moved beyond the risk and resiliency factors provided in the needs assessment had more detailed plans and were more likely to develop priorities that addressed multiple risk domains. As shown in the above table, a greater preponderance of district priorities addressed health and safety concerns. This may be related to the greater number of health and safety factors identified for tracking. District planning efforts may need additional members and resources that provide important knowledge and information regarding the other factors (i.e., economic, educational, and social-emotional) that impact child well-being.

Finally, there are many challenges faced by local communities and the state in preventing child abuse, abandonment, and neglect. Although planning efforts cannot address every challenge, it is important to acknowledge and re-examine the risks identified during local planning efforts.

Appendices

Appendix 1:
Florida Interprogram Task Force Members

Agency for Persons with Disabilities
Tom Rice
Operations Review Specialist

Agency for Workforce Innovation
Susan Simpler
Deputy Director for Workforce Services

Community Alliance
Marilyn J. Finney
Children's Services Council of Brevard County

Community Based Care
Steven Murphy
President/CEO, Partnership for Strong Families

Co-Participant: *Jennifer Justice*
Community Relations Manager, Partnership for Strong Families

Florida Department of Children and Families
Child Care Services/Child Care Licensing
Deborah Russo
Director, Child Care Services

Co-Participant: *Molly Jones*
Management Review Specialist

Child Welfare and Community Based Care
Maria L. Del Riesgo
Program Manager II

Beth Englander
Program Director for Family Safety

Kim Grosdidier, Co-Convener
Senior Management Analyst Supervisor

Theresa Leslie
Senior Management Analyst II

Sherri Michel-Singer
Administrator Permanency and Well-Being,
Child Welfare & Community-Based Care

Cassandra Williams
CBCAP Program Manager

Mental Health Program Office
Sue Ross
Bureau Chief, Children's Mental Health

Substance Abuse Prevention
Skip Forsyth
Prevention Unit Supervisor

Florida Department of Education
Student Support Services Project
Gria Davison
Consultant for School of Social Work Services/
Student Support Services Project

Florida Department of Health
Children's Medical Services
Peggy Scheuermann, Co-Convener
Deputy Division Director for Prevention and Intervention

Co-Participant: *Janet H. Evans*
Prevention Unit Director

Florida Department of Juvenile Justice
Rod Love
Director of Prevention Services

Co-Participant: *Marquita McGuire*
Partnership and Community Affairs Administrator

Florida Department of Law Enforcement
Terry Thomas
Special Agent, Crimes Against Children Unit

Miccosukee Tribe
Jay DeGaglia
Director of Social Services for Miccosukee Tribe of Florida

Parent
Elizabeth Jenkins

Prevent Child Abuse Florida
Ounce of Prevention Fund
Christie Ferris
Director of Prevent Child Abuse Florida

Appendix 2:

Prevention Continuum Programs and Funding Sources as reported by the planning partners, April 2005

Primary Prevention: *A program or service directed at the population at large and designed to prevent child maltreatment before it occurs.*

Primary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Academic Support Services	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
		Student Support Services	Local Revenue
	Florida Department of Education	Abstinence Education Program	Federal Revenue
	Florida Department of Health	Carolyn Brevard Elementary	Federal Revenue
After School Enrichment/Recreation	Florida Department of Education	After School Programs	Local Revenue
		Abstinence Education Program	Federal Revenue
	Florida Department of Health	The Ounce of Prevention Fund of Florida Prepare Kids for Life	Federal Revenue
Behavioral Support Services	Agency for Persons with Disabilities	Behavior Analysis Services	Federal and State Revenue
		Behavior Assistant Services	Federal and State Revenue
Child Abuse Prevention Awareness	Florida Department of Health	Prevention Unit-awareness activities	State Revenue
		IMRH Prevention Activities include: *Shaken Baby Education *Safe Sleep Education *Abandoned Baby Education	State Revenue
	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Prevent Child Abuse Florida	State Revenue
Child Care Services	Agency for Workforce Innovation	Office of Early Learning	Federal Revenue
		Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
	Florida Department of Education	Teenage Parent Programs	Local Revenue
	Florida Department of Health	The Ounce of Prevention Fund of Florida Prepare Kids for Life	Federal Revenue

Primary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Developmental Screening/Evaluation	Florida Department of Education	Child Find	Local Revenue
	Florida Department of Health	Children's Medical Services (CMS) Early Steps Program	Federal and State Revenue
		Primary Care	State Revenue
		Healthy Start	State Revenue
Domestic Violence Prevention and Education	Florida Department of Health	Sexual Violence Prevention Program-Screening and Intervention in County Health Departments	Non Funded
Health and Nutrition Education	Florida Department of Health	CMS Network-Care Coordination Program	Federal and State Revenue
		Osteoporosis Education Program	State Revenue
		School Health Program	State, Federal, and Local Revenue
		WIC Program	Federal and State Revenue
HIV/AIDS & STD Prevention and Education	Florida Department of Health	CMS HIV/AIDS Program	State Revenue
		School Health Program	Federal and State Revenue
		The Ounce of Prevention Fund of Florida Prepare Kids for Life	Federal Revenue
		The Ounce of Prevention Fund of Florida Project Neon	Federal Revenue
		Targeted Outreach for Pregnant Women (TOPWA) Program	
		County Health Departments	State Revenue
Lead Poisoning Prevention Programs	Florida Department of Health	Child Health Primary Care	Federal Revenue
Life Skills/ Management Training	Florida Department of Education	Florida Course Code Directory	State Revenue
		Course Title - Personal, Career, and School Development Skills	State Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		School Health Services Program	Federal, State, and Local Revenue
		The Ounce of Prevention Fund of Florida Transition to Adulthood	State Revenue
		The Ounce of Prevention Fund of Florida Jumpstart-Orange, Broward and Duval	Federal Revenue
Marriage and Relationship Skills Education/Counseling	Florida Department of Children and Families	Marriage Education Project	Federal Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue

Primary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Mental Health Screening and Support	Agency for Persons with Disabilities	Psychological Assessment	Federal and State Revenue
		Specialized Mental Health Services	Federal and State Revenue
	Florida Department of Health	Prenatal and Infant Healthy Start	State Revenue
		County Health Departments	State Revenue
		The Ounce of Prevention Fund of Florida Woman to Woman-Leon	State Revenue
Mentoring/Tutoring Services	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		Read for Health	None
		The Ounce of Prevention Fund of Florida Doula-Hillsborough, Osceola and Broward	Federal Revenue
Neighborhood Partnership Community Activities	Florida Department of Health	Abstinence Education Program	Federal Revenue
		The Ounce of Prevention Fund of Florida Devereaux	State Revenue
Parenting Education and Training	Agency for Persons with Disabilities	APD-sponsored seminars and workshops that provide instruction/training on caring for a child with a disability, accessing supports and services, and appropriate behavioral interventions.	State Revenue
		Behavioral Support Services (involving caregiver instruction in the appropriate use of child-specific behavioral interventions).	Federal and State Revenue
	Agency for Workforce Innovation	Office of Early Learning	Federal Revenue
		Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		Healthy Start	State Revenue
		School Health Program	State, Federal, and Local Revenue
		The Ounce of Prevention Fund of Florida Woman to Woman	Federal Revenue
Pre-Kindergarten Program	Agency for Workforce Innovation	Office of Early Learning	Federal and State Revenue
	Florida Department of Education	Universal Voluntary Pre-Kindergarten	To Be Determined
Premarital Counseling	Florida Department of Children and Families	The Florida Marriage and Family Research Institute	Federal Revenue

Primary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Prenatal/Perinatal Services	Florida Department of Health	CMS Regional Perinatal Intensive Care Center (RPICC) Program	Federal and State Revenue
		County Health Departments	State Revenue
		Healthy Start Coalitions	State Revenue
Substance Abuse Prevention and Education	Florida Department of Education	Safe & Drug Free Schools	Local Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		School Health Program	State, Federal, and Local Revenue
		Healthy Start	State Revenue
		The Ounce of Prevention Fund of Florida Prepare Kids for Life	Federal Revenue
		The Ounce of Prevention Fund of Florida Transition to Adulthood	Federal Revenue
	Florida Department of Law Enforcement	DARE Program (FDLE Academy)	Federal and State Revenue
Teen Court	Florida Department of Education	School District Partnership Agreements	Local Revenue
Workforce Development and Training (Employability Skills)	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
	Florida Department of Health	The Ounce of Prevention Fund of Florida Jumpstart-Orange, Broward, and Duval	Federal Revenue
		The Ounce of Prevention Fund of Florida Transition to Adulthood-Broward	Federal Revenue
		The Ounce of Prevention Fund of Florida Family Resource Center	Federal Revenue

Primary Prevention: Programs for Service Providers			
	Department/Organization	**Program**	**Funding Source**
Community Mapping/Development	Florida Department of Health	The Ounce of Prevention Fund of Florida Devereaux	State Revenue
High Wage/High Skill Employment Development	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
Job Creation	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue

Primary Prevention: Programs for Service Providers			
	Department/Organization	**Program**	**Funding Source**
Planning tools	Florida Department of Health	Abstinence Education Program	Federal Revenue
Public Awareness and Education Activities	Agency for Persons with Disabilities	Zero Tolerance Initiative	Federal and State Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		Prevention Unit-awareness activities	State Revenue
		Sexual Violence Prevention Program-Rape Risk Reduction Education	Federal Revenue
		The Ounce of Prevention Fund of Florida Shaken Baby Syndrome	State Revenue
		The Ounce of Prevention Fund of Florida Safe Sleeping	State Revenue
		Safe Sleep Training IMRH Program	State Revenue
Sexual Abstinence Education	Florida Department of Health	Abstinence Education Program	Federal Revenue
		School Health Program	State, Federal, and Local Revenue
		IMRH Program	
		The Ounce of Prevention Fund of Florida Project Neon	State Revenue
Substance Abuse Prevention	Florida Department of Health	School Health Program	State, Federal, and Local Revenue
Training/Technical Assistance	Agency for Persons with Disabilities	APD-Mandated Trainings for Service Providers (in the recognition of signs/symptoms of abuse and reporting requirements)	Federal and State Revenue
	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
	Florida Department of Health	Abstinence Education Program School Health Program	Federal Revenue
		Child and Adolescent Health Program	Federal Revenue
		Infant, Maternal and Reproductive Health Program	State Revenue
		Read for Health Program (Reach out and Read)	Federal Revenue
		Osteoporosis Program	State Revenue
	Governor's Office	Faith and Community-Based Initiative	State Revenue
		Governor's Faith Based Advisory Board	State Revenue
	Florida Department of Law Enforcement	(FDLE) Crimes Against Children Unit	State Revenue

Primary Prevention: Programs for Service Providers			
	Department/Organization	**Program**	**Funding Source**
Training/Technical Assistance (continued)	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Circle of Parents	State Revenue
		The Ounce of Prevention Fund of Florida Prevent Child Abuse Florida	State Revenue
	Circle of Parents	The Ounce of Prevention Fund of Florida Circle of Parents	State Revenue
Workshops/Seminars	Florida Department of Health	Abstinence Education Program	Federal Revenue
		School Health Program	State Revenue
		The Ounce of Prevention Fund of Florida Devereaux	State Revenue
	Florida Department of Law Enforcement	(FDLE) Crimes Against Children Unit	State Revenue

Secondary Prevention: *A program or service directed at populations or persons identified as at risk of child abuse and designed to prevent child maltreatment before it occurs.*

Secondary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Behavioral Support Services	Agency for Persons with Disabilities	Behavior Analysis Services	Federal and State Revenue
		Behavior Assistant Services	Federal and State Revenue
Delinquency Prevention	Florida Department of Health	The Ounce of Prevention of Florida Jumpstart	Federal Revenue
Developmental Screening/Evaluation	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Healthy Families Florida	Federal and State Revenue
Early Intervention Programs	Agency for Workforce Innovation	Office of Early Learning	Federal and State Revenue
	Florida Department of Education	Pre-K Disability Programs	Local and Federal Revenue
	Florida Department of Health	CMS Early Steps Program	Federal and State Revenue
Emergency Shelter (CINS/FINS, Domestic Violence, Substance Abuse, Mental Health)	Florida Department of Children and Families	CINS/FINS, Domestic Violence Task Force for Children's Justice Act	Federal and State Revenue

Secondary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Fatherhood Initiatives	Florida Department of Health	Abstinence Education Program	Federal Revenue
		The Ounce of Prevention Fund of Florida Nurturing Fathers	State Revenue
		The Ounce of Prevention Fund of Florida Nurturing Dads Initiative	State Revenue
Florida KidCare	Florida Department of Health	CMS Network	Federal Revenue
Food Stamps	Agency for Workforce Innovation	Food Stamp Employment and Training	Federal Revenue
Front Porch	Florida Department of Health	The Ounce of Prevention Fund of Florida Devereaux	State Revenue
GED	Florida Department of Education	School District/ Vocational Tech / Community Colleges	Local and State Revenue
Health and Nutrition Education	Florida Department of Education	Course Code Directory - Course Title, Health 1	State Revenue
	Florida Department of Health	Osteoporosis Program	State Revenue
		School Health Services	State, Federal, and Local Revenue
		WIC	Federal and State Revenue
Home Visiting Activities and Services	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Healthy Families Florida	Federal Revenue
	Agency for Persons with Disabilities	Support Coordinator (Quarterly Home Visits)	Federal and State Revenue
		APD Staff (Monthly Visits/Health and Safety Reviews of Licensed Homes)	Federal and State Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		School Health Program	State, Federal, and Local Revenue
		Healthy Start Program	State Revenue
Individual, Family or Group Counseling	Florida Department of Education	Student Support Services	Local Revenue
	Florida Department of Health	Sexual Abuse Treatment Programs	State Revenue
		The Ounce of Prevention Fund of Florida Prepare Kids for Life	Federal Revenue
Information and Referral	Florida Department of Health	Abstinence Education Program	Federal Revenue
		Child Protection Teams	Federal and State Revenue
		School Health Services	Federal, State, and Local Revenue
		Healthy Start	State Revenue

Secondary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Job Services	Agency for Workforce Innovation	Wager Peyser	Federal Revenue
		Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
Life Skills/ Management Training	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
	Florida Department of Education	Course Code Directory	State Revenue
		Course Title – Personal, Career, and School Development Skills	State Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		Healthy Start	Federal Revenue
		The Ounce of Prevention Fund of Florida Jumpstart	Federal Revenue
		The Ounce of Prevention Fund of Florida Transition to Adulthood	Federal Revenue
Marriage and Relationship Skills Education/Counseling	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Building Strong Families-Healthy Families Plus	Federal Revenue
		Children's Home Society Post Adoption Services	Federal Revenue
		Marriage Education Project	Federal Revenue
		North Florida African American Healthy Marriage Initiative	Federal Revenue
		Jacksonville Network for Strengthening Families Initiative	Federal and Local Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
Medicaid	Florida Department of Education	School/Medicaid Match	Federal Revenue
	Florida Department of Health	CMS Network	State Revenue
Mental Health Services	Agency for Persons with Disabilities	Psychological Assessment	Federal and State Revenue
		Specialized Mental Health Services	Federal and State Revenue

Secondary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
Mentoring/ Tutoring Services	Florida Department of Health	Abstinence Education Program	Federal Revenue
		Read for Health Program	None
		The Ounce of Prevention Fund of Florida Woman to Woman	Federal Revenue
		The Ounce of Prevention Fund of Florida Carolyn Brevard Elementary	Federal Revenue
Neighborhood Partnership Community Activities	Florida Department of Health	The Ounce of Prevention Fund of Florida Devereaux	State Revenue
Parent Support Groups	Agency for Persons with Disabilities	Family Care Council	State Revenue
		Parent-to-Parent Initiative	State Revenue
	Florida Department of Health	CMS Network-Family Centered Care Program	State Revenue
		Sexual Abuse Treatment Programs	State Revenue
	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Circle of Parents	Federal and State Revenue
	Florida Department of Education	Student Services/ Florida Diagnostic & Learning Resources Systems (FDLRS)	Federal, State, and Local Revenue
Parenting Education and Training	Agency for Persons with Disabilities	APD-sponsored seminars and workshops which provide instruction/training on caring for a child with a disability, accessing supports and services, and appropriate behavioral interventions.	Federal and State Revenue
		Behavioral Support Services (involving caregiver instruction in the appropriate use of child-specific behavioral interventions).	Federal and State Revenue
	Florida Department of Education	Student Services/ Florida Diagnostic & Learning Resources Systems (FDLRS)	Federal, State, and Local Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
		School Health Services	Federal, State, and Local Revenue
		Healthy Start	State Revenue
Prenatal/Perinatal Services	Florida Department of Health	CMS Regional Perinatal Intensive Care Services (RPICC) Program	Federal and State Revenue
		The Ounce of Prevention Fund of Florida Doula	Federal Revenue
		County Health Departments	State Revenue
Respite Care	Agency for Persons with Disabilities	Respite Care Services (rendered either in the family home or within an APD-licensed residential facility)	Federal and State Revenue
	Florida Department of Health	CMS Network	State Revenue

Secondary Prevention: Direct Services/Information or Education			
	Department/Organization	**Program**	**Funding Source**
TANF	Agency for Workforce Innovation	Welfare Transition	Federal Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue
Teen Court	Florida Department of Education	School District Partnerships	Local Revenue
Teen Parent/ Pregnancy Programs and Support Groups	Florida Department of Education	School District Programs	State Revenue
	Florida Department of Health	The Ounce of Prevention Fund of Florida Woman to Woman	State Revenue
		County Health Departments	State Revenue
	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Circle of Parents	Federal Revenue
Treatment Services	Florida Department of Health	Sexual Abuse Treatment Programs/Child Protection Teams	Federal and State Revenue
Urgent/Emergency Services	Agency for Persons with Disabilities	Crisis Enrollment into Medicaid Waiver Program (pending review/approval of individual cases based upon established criteria and availability of funding)	Federal and State Revenue
		APD approval of emergency funding for services to be rendered to eligible children with developmental disabilities (contingent upon sufficient funding).	State Revenue
	Florida Department of Health	Child Protection Teams	Federal and State Revenue
		CMS Network	Federal and State Revenue
Workforce Development	Agency for Workforce Innovation	Workforce Investment Act	Federal Revenue
		Welfare Transition	Federal Revenue
	Florida Department of Health	Abstinence Education Program	Federal Revenue

Secondary Prevention: Oversight Functions			
	Department/Organization	**Program**	**Funding Source**
Case Management	Agency for Persons with Disabilities	Support Coordination	Federal and State Revenue
	Florida Department of Health	Child Protection Teams	Federal and State Revenue
		Sexual Abuse Treatment Programs	Federal and State Revenue

Secondary Prevention: Planning Tools			
	Department/Organization	**Program**	**Funding Source**
Community Mapping/ Development	Florida Department of Health	The Ounce of Prevention Fund of Florida Devereaux	State Revenue

Tertiary Prevention: A program or service provided to families and children after an incident of abuse, abandonment, or neglect has occurred. The intervention is designed to prevent future incidents from occurring.

Tertiary Prevention: Information or Education			
	Department/Organization	**Program**	**Funding Source**
Information and Referral	Florida Department of Health	Abstinence Education Program	Federal Revenue
Neighborhood Partnership Referrals	Florida Department of Health	Abstinence Education Program	Federal Revenue

Tertiary Prevention: Individual Direct Service			
	Department/Organization	**Program**	**Funding Source**
Adoption Support Services	Florida Department of Children and Families	Children's Home Society Post Adoption Services	Federal Revenue
		Marriage Education Project	Federal Revenue
		North Florida African American Healthy Marriage Initiative	Federal Revenue
		Jacksonville Network for Strengthening Families Initiative	Local and Federal Revenue
Crisis and Intervention Services	Agency for Persons with Disabilities	Crisis Enrollment into Medicaid Waiver Program (pending review/approval of individual cases based upon established criteria and availability of funding)	Federal and State Revenue
	Florida Department of Health	Child Protection Teams	Federal and State Revenue
		Sexual Abuse Treatment Programs	Federal and State Revenue
Crisis/Respite Care	Agency for Persons with Disabilities	Respite Care Services (rendered either in the family home or within an APD-licensed residential facility)	Federal and State Revenue
Family Visitation Services (Services instead of Center)	Florida Department of Health	Abstinence Education Program	Federal Revenue

Tertiary Prevention: Individual Direct Service			
	Department/Organization	**Program**	**Funding Source**
Foster Care Support Services	Florida Department of Health	CMS Network-Medical Foster Care Program	State Revenue
		The Ounce of Prevention Fund of Florida Broward Medical Home for Foster Kids	Federal Revenue
Independent Living	Florida Department of Health	The Ounce of Prevention Fund of Florida Transition to Adulthood	Federal Revenue
Individual, Family or Group Counseling	Florida Department of Health	Sexual Abuse Treatment Programs	State Revenue
		The Ounce of Prevention Fund of Florida Prepare Kids for Life	Federal Revenue
Life Management/Skills and Training	Florida Department of Health	Abstinence Education Program	Federal Revenue
Mental Health Services	Agency for Persons with Disabilities	Psychological Assessment	Federal and State Revenue
		Specialized Mental Health Services	Federal and State Revenue
	Florida Department of Health	CMS Network	Federal and State Revenue
Self-Help Groups/ Support Groups	Agency for Persons with Disabilities	Family Care Council	State Revenue
		Parent-to-Parent Initiative	State Revenue
	Florida Department of Children and Families	The Ounce of Prevention Fund of Florida Circle of Parents	Federal Revenue
	Circle of Parents	The Ounce of Prevention Fund of Florida Circle or Parents	State Revenue
Treatment Services	Florida Department of Health	Sexual Abuse Treatment Programs	State Revenue
Urgent/Emergency Services	Agency for Persons with Disabilities	Crisis Enrollment into Medicaid Waiver Program (pending review/approval of individual cases based upon established criteria and availability of funding)	Federal and State Revenue
		APD approval of emergency funding for services to be rendered to eligible children with developmental disabilities (contingent upon sufficient funding)	State Revenue
	Florida Department of Health	CMS Network	Federal and State Revenue

Appendix 3:
Statutory Foundation

Section 39.001, F.S., Purposes and intent; personnel standards and screening.--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) A permanent and stable home.

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

(d) Adequate nutrition, shelter, and clothing.

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

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

(g) Access to preventive services.

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

(4) SUBSTANCE ABUSE SERVICES.--The Legislature finds that children in the care of the state's dependency system need appropriate health care services, that the impact of substance abuse on health indicates the need for health care services to include substance abuse services to children and parents where appropriate, and that it is in the state's best interest that such children be provided the services they need to enable them to become and remain independent of state care. In order to provide these services, the state's dependency system must have the ability to identify and provide appropriate intervention and treatment for children with personal or family-related substance abuse problems. It is therefore the purpose of the Legislature to provide authority for the state to contract with community substance abuse treatment providers for the development and operation of specialized support and overlay services for the dependency system, which will be fully implemented and utilized as resources permit.

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

(6) LEGISLATIVE INTENT FOR THE PREVENTION OF ABUSE, ABANDONMENT, AND NEGLECT OF CHILDREN.--The incidence of known child abuse, abandonment, and neglect has increased rapidly over the past 5 years. The impact that abuse, abandonment, or neglect has on the victimized child, siblings, family structure, and inevitably on all citizens of the state has caused the Legislature to determine that the prevention of child abuse, abandonment, and neglect shall be a priority of this state. To further this end, it is the intent of the Legislature that a comprehensive approach for the prevention of abuse, abandonment, and neglect of children be developed for the state and that this planned, comprehensive approach be used as a basis for funding.

(7) PLAN FOR COMPREHENSIVE APPROACH.--

(a) The department shall develop a state plan for the prevention of abuse, abandonment, and neglect of children and shall submit the plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than January 1, 1983. The Department of Education and the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the Florida local advocacy councils; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, abandoned, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies, and the circuit courts, when guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

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

1. The department shall establish an interprogram task force comprised of the Program Director for Family Safety, or a designee, a representative from the Child Care Services Program Office, a representative from the Family Safety Program Office, a representative from the Mental Health Program Office, a representative from the Substance Abuse Program Office, a representative from the Developmental Disabilities Program Office, and a representative from the Division of Children's Medical Services Prevention and Intervention of the Department of Health. Representatives of the Department of Law Enforcement and of the Department of Education shall serve as ex officio members of the interprogram task force. The interprogram task force shall be responsible for:

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

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

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

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

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

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

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

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

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

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

6. Each district of the department shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the interprogram task force for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in paragraph (a), as well as representatives from those departmental district offices participating in the treatment and prevention of child abuse, abandonment, and neglect. In order to accomplish this, the district administrator in each district shall

establish a task force on the prevention of child abuse, abandonment, and neglect. The district administrator shall appoint the members of the task force in accordance with the membership requirements of this section. In addition, the district administrator shall ensure that each subdistrict is represented on the task force; and, if the district does not have subdistricts, the district administrator shall ensure that both urban and rural areas are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

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

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

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

d. A description, documentation, and priority ranking of local needs related to child abuse, abandonment, and neglect prevention based upon the continuum of programs and services.

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

f. A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect.

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

(8) FUNDING AND SUBSEQUENT PLANS.--

(a) All budget requests submitted by the department, the Department of Health, the Department of Education, or any other agency to the Legislature for funding of efforts for the prevention of child abuse, abandonment, and neglect shall be based on the state plan developed pursuant to this section.

The department at the state and district levels and the other agencies listed in paragraph (7)(a) shall readdress the plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. An annual progress report shall be submitted to update the plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the prevention of child abuse, abandonment, and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required above.

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

Section 20.19, F.S., Department of Children and Family Services.--There is created a Department of Children and Family Services.

(1) MISSION AND PURPOSE. --

(a) The mission of the Department of Children and Family Services is to work in partnership with local communities to ensure the safety, well-being, and self-sufficiency of the people served.

(b) The department shall develop a strategic plan for fulfilling its mission and establish a set of measurable goals, objectives, performance standards, and quality assurance requirements to ensure that the department is accountable to the people of Florida.

(c) To the extent allowed by law and within specific appropriations, the department shall deliver services by contract through private providers.

(2) SECRETARY OF CHILDREN AND FAMILY SERVICES; DEPUTY SECRETARY.--

(a) The head of the department is the Secretary of Children and Family Services. The secretary is appointed by the Governor, subject to confirmation by the Senate. The secretary serves at the pleasure of the Governor.

(b) The secretary shall appoint a deputy secretary who shall act in the absence of the secretary. The deputy secretary is directly responsible to the secretary, performs such duties as are assigned by the secretary, and serves at the pleasure of the secretary.

[1](c)

1. The secretary shall appoint an Assistant Secretary for Substance Abuse and Mental Health. The assistant secretary shall serve at the pleasure of the secretary and must have expertise in both areas of responsibility.

2. The secretary shall appoint a Program Director for Substance Abuse and a Program Director for Mental Health who have the requisite expertise and experience in their respective fields to head the state's substance abuse and mental health programs.

a. Each program director shall have line authority over all district substance abuse and mental health program management staff.

b. The assistant secretary shall enter into a memorandum of understanding with each district or region administrator, which must be approved by the secretary or the secretary's designee, describing the working relationships within each geographic area.

c. The mental health institutions shall report to the Program Director for Mental Health.

d. Each program director shall have direct control over the program's budget and contracts for services. Support staff necessary to manage budget and contracting functions within the department shall be placed under the supervision of the program directors.

(d) The secretary has the authority and responsibility to ensure that the mission of the department is fulfilled in accordance with state and federal laws, rules, and regulations.

(3) PROGRAM DIRECTORS.--The secretary shall appoint program directors who serve at the pleasure of the secretary. The secretary may delegate to the program directors responsibilities for the management, policy, program, and fiscal functions of the department.

(4) PROGRAM OFFICES AND SUPPORT OFFICES.--

(a) The department is authorized to establish program offices and support offices, each of which shall be headed by a director or other management position who shall be appointed by and serves at the pleasure of the secretary.

(b) The following program offices are established:

1. Adult Services.
2. Child Care Services.
3. Domestic Violence.
[2]4. Economic Self-Sufficiency Services.
5. Family Safety.
[1]6. Mental Health.
7. Refugee Services.
[1]8. Substance Abuse.

(c) Program offices and support offices may be consolidated, restructured, or rearranged by the secretary, in consultation with the Executive Office of the Governor, provided any such consolidation, restructuring, or rearranging is capable of meeting functions and activities and achieving outcomes as delineated in state and federal laws, rules, and regulations. The secretary may appoint additional managers and administrators as he or she determines are necessary for the effective management of the department.

(5) SERVICE DISTRICTS.--

(a) The department shall plan and administer its programs of family services through service districts and subdistricts composed of the following counties:

1. District 1.--Escambia, Santa Rosa, Okaloosa, and Walton Counties.
2. District 2, Subdistrict A.--Holmes, Washington, Bay, Jackson, Calhoun, and Gulf Counties.
3. District 2, Subdistrict B.--Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, and Taylor Counties.
4. District 3.--Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Levy, Union, Bradford, Putnam, and Alachua Counties.
5. District 4.--Baker, Nassau, Duval, Clay, and St. Johns Counties.
6. District 5.--Pasco and Pinellas Counties.
7. District 6.--Hillsborough and Manatee Counties.
8. District 7, Subdistrict A.--Seminole, Orange, and Osceola Counties.
9. District 7, Subdistrict B.--Brevard County.
10. District 8, Subdistrict A.--Sarasota and DeSoto Counties.
11. District 8, Subdistrict B.--Charlotte, Lee, Glades, Hendry, and Collier Counties.
12. District 9.--Palm Beach County.
13. District 10.--Broward County.
14. District 11, Subdistrict A.--Miami-Dade County.
15. District 11, Subdistrict B.--Monroe County.
16. District 12.--Flagler and Volusia Counties.
17. District 13.--Marion, Citrus, Hernando, Sumter, and Lake Counties.
18. District 14.--Polk, Hardee, and Highlands Counties.
19. District 15.--Indian River, Okeechobee, St. Lucie, and Martin Counties.

[3](b)

1. The secretary shall appoint a district administrator for each of the service districts. The district administrator shall serve at the pleasure of the secretary and shall perform such duties as assigned by the secretary. Subject to the approval of the secretary, such duties shall include transferring up to 10 percent of the total district budget, the provisions of ss. 216.292 and 216.351 notwithstanding.

2. For the 2003-2004 fiscal year only, the transfer authority provided in this subsection must be specifically appropriated in the 2003-2004 General Appropriations Act and shall be pursuant to the requirements of s. 216.292. This subparagraph expires July 1, 2004.

3. For the 2004-2005 fiscal year only, the transfer authority provided in this subsection is available to the department without further restriction other than as contained in this subsection. This subparagraph expires July 1, 2005.

(c) Each fiscal year the secretary shall, in consultation with the relevant employee representatives, develop projections of the number of child abuse and neglect cases and shall include in the department's legislative budget request a specific appropriation for funds and positions for the next fiscal year in order to provide an adequate number of full-time equivalent:

1. Child protection investigation workers so that caseloads do not exceed the Child Welfare League Standards by more than two cases; and

2. Child protection case workers so that caseloads do not exceed the Child Welfare League Standards by more than two cases.

(6) COMMUNITY ALLIANCES.--

(a) The department shall, in consultation with local communities, establish a community alliance of the stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services. An alliance may cover more than one county when such arrangement is determined to provide for more effective representation. The community alliance shall represent the diversity of the community.

(b) The duties of the community alliance shall include, but not necessarily be limited to:

1. Joint planning for resource utilization in the community, including resources appropriated to the department and any funds that local funding sources choose to provide.

2. Needs assessment and establishment of community priorities for service delivery.

3. Determining community outcome goals to supplement state-required outcomes.

4. Serving as a catalyst for community resource development.

5. Providing for community education and advocacy on issues related to delivery of services.

6. Promoting prevention and early intervention services.

(c) The department shall ensure, to the greatest extent possible, that the formation of each community alliance builds on the strengths of the existing community human services infrastructure.

(d) The initial membership of the community alliance in a county shall be composed of the following:

1. The district administrator.

2. A representative from county government.

3. A representative from the school district.

4. A representative from the county United Way.

5. A representative from the county sheriff's office.

6. A representative from the circuit court corresponding to the county.

7. A representative from the county children's board, if one exists.

(e) At any time after the initial meeting of the community alliance, the community alliance shall adopt bylaws and may increase the membership of the alliance to include the state attorney for the judicial circuit in which the

community alliance is located, or his or her designee, the public defender for the judicial circuit in which the community alliance is located, or his or her designee, and other individuals and organizations who represent funding organizations, are community leaders, have knowledge of community-based service issues, or otherwise represent perspectives that will enable them to accomplish the duties listed in paragraph (b), if, in the judgment of the alliance, such change is necessary to adequately represent the diversity of the population within the community alliance service districts.

(f) A member of the community alliance, other than a member specified in paragraph (d), may not receive payment for contractual services from the department or a community-based care lead agency.

(g) Members of the community alliances shall serve without compensation, but are entitled to receive reimbursement for per diem and travel expenses, as provided in s. 112.061. Payment may also be authorized for preapproved child care expenses or lost wages for members who are consumers of the department's services and for preapproved child care expenses for other members who demonstrate hardship.

(h) Members of a community alliance are subject to the provisions of part III of chapter 112, the Code of Ethics for Public Officers and Employees.

(i) Actions taken by a community alliance must be consistent with department policy and state and federal laws, rules, and regulations.

(j) Alliance members shall annually submit a disclosure statement of services interests to the department's inspector general. Any member who has an interest in a matter under consideration by the alliance must abstain from voting on that matter.

(k) All alliance meetings are open to the public pursuant to s. 286.011 and the public records provision of s. 119.07(1).

(7) PROTOTYPE REGION.--

(a) Notwithstanding the provisions of this section, the department may consolidate the management and administrative structure or function of the geographic area that includes the counties in the sixth, twelfth, and thirteenth judicial circuits as defined in s. 26.021. The department shall evaluate the efficiency and effectiveness of the operation of the prototype region and upon a determination that there has been a demonstrated improvement in management and oversight of services or cost savings from more efficient administration of services, the secretary may consolidate management and administration of additional areas of the state. Any such additional consolidation shall comply with the provisions of subsection (5) unless legislative authorization to the contrary is provided.

(b) Within the prototype region, the budget transfer authority defined in paragraph (5)(b) shall apply to the consolidated geographic area.

(c) The department is authorized to contract for children's services with a lead agency in each county of the prototype area, except that the lead agency contract may cover more than one county when it is determined that such coverage will provide more effective or efficient services. The duties of the lead agency shall include, but not necessarily be limited to:

1. Directing and coordinating the program and children's services within the scope of its contract.

2. Providing or contracting for the provision of core services, including intake and eligibility, assessment, service planning, and case management.

3. Creating a service provider network capable of delivering the services contained in client service plans, which shall include identifying the necessary services, the necessary volume of services, and possible utilization patterns and negotiating rates and expectations with providers.

4. Managing and monitoring of provider contracts and subcontracts.

5. Developing and implementing an effective bill payment mechanism to ensure all providers are paid in a timely fashion.

6. Providing or arranging for administrative services necessary to support service delivery.

7. Utilizing departmentally approved training and meeting departmentally defined credentials and standards.

8. Providing for performance measurement in accordance with the department's quality assurance program and providing for quality improvement and performance measurement.

9. Developing and maintaining effective interagency collaboration to optimize service delivery.

10. Ensuring that all federal and state reporting requirements are met.

11. Operating a consumer complaint and grievance process.

12. Ensuring that services are coordinated and not duplicated with other major payors, such as the local schools and Medicaid.

13. Any other duties or responsibilities defined in s. 409.1671 related to community-based care.

(8) CONSULTATION WITH COUNTIES ON MANDATED PROGRAMS.--It is the intent of the Legislature that when county governments are required by law to participate in the funding of programs, the department shall consult with designated representatives of county governments in developing policies and service delivery plans for those programs.

(9) PROCUREMENT OF HEALTH SERVICES.--Nothing contained in chapter 287 shall require competitive bids for health services involving examination, diagnosis, or treatment.

---

[1]**Note.**--Section 3, ch. 2003-279, provides that "[s]ection 20.19(2)(c), F.S., as created by this act, and section 20.19(4)(b)6. and 8., F.S., shall expire on October 1, 2006, unless reviewed and reenacted by the Legislature before that date."

[2]**Note.**--Section 114, ch. 2004-267, provides that:

"(1) In the Department of Children and Family Services' Economic Self-Sufficiency Services program, the department may provide its eligibility determination functions either with department staff or through contract with at least two private vendors, with the following restrictions:

"(a) With the exception of information technology, no contract shall be for a geographic area larger than a combined seven districts or combined three zones without the prior approval of the Legislative Budget Commission; and

"(b) Department employees must provide the functions in at least one area of the state if their proposed cost is competitive with private vendors.

"(2) This section shall take effect upon this act becoming a law."

[3]**Note.**--

A. Section 12, ch. 2004-269, amended paragraph (5)(b) "[i]n order to implement Specific Appropriation 251-445 of the 2004-2005 General Appropriations Act." Some proviso language relating to this appropriation was vetoed. *See* ch. 2004-268, the 2004-2005 General Appropriations Act.

B. Section 75, ch. 2004-269, provides that "[a] section of this act that implements a specific appropriation or specifically identified proviso language in the 2004-2005 General Appropriations Act is void if the specific appropriation or specifically identified proviso language is vetoed. A section of this act that implements more than one specific appropriation or more than one portion of specifically identified proviso language in the 2004-2005 General Appropriations Act is void if all the specific appropriations or portions of specifically identified proviso language are vetoed." Not all portions of specifically identified proviso language relating to the amendment of s. 20.19(5)(b) were vetoed.

Appendix 4:
References for Background Section

Child Welfare League of America. (2004). *Florida's Children 2004, Fact Sheet* [Available on-line at www.cwla.org]. Washington, D.C.

Department of Health and Human Services. (2004). *Child maltreatment 2002.* Washington, D.C.

Feaver, E. & Strickland, L. (2003). *The Lawton Chiles Foundation Whole Child Project prevention policy paper.* Tallahassee, FL: The Chiles Center.

Florida Department of Children and Families. (2002). *Module 0: Promoting safe and stable families in Florida.* Tallahassee, FL.

Florida Department of Education. (2004). *Florida education and community data profiles* [Available on-line at www.firn.edu/doe/eias/eiaspubs/pdf/fecdp2004.pdf]. Tallahassee, FL.

Florida Department of Health. (2004). *Florida MAPP Tour Book: Communities navigating to healthier futures.* Tallahassee, FL.

Fromm, S. (2001). *Total estimated cost of child abuse and neglect in the United States.* Chicago, IL: Prevent Child Abuse America.

Ghazvini, A. S., & Foster, B. F. (2003). *The Florida vision: A state that promotes the well-being of all of its children.* Tallahassee, FL: The Policy Group for Florida's Families and Children.

Kids Count. (2004). *Kids Count Databook 2004 On-line* [Available on-line at www.aecf.org]. Baltimore, MD: Annie E. Casey Foundation.

Lind, C. (2004). Developing and supporting a continuum of child welfare services, *Welfare Information Network*, 8 (6). [Available on-line at www.financeprojectinfo.org/win/]. Washington, D.C.: The Finance Project.

National Clearinghouse on Child Abuse and Neglect Information. (2005). *Long-term consequences of child abuse and neglect* [Available on-line at http://nccanch.acf.hhs.gov]. Washington, DC.

National Clearinghouse on Child Abuse and Neglect Information. (2004a). *Child abuse and neglect fatalities: Statistics and interventions* [Available on-line at http://nccanch.acf.hhs.gov]. Washington, DC.

National Clearinghouse on Child Abuse and Neglect Information. (2004b). *Making an economic case for prevention* [Available on-line at http://nccanch.acf.hhs.gov/topics/prevention]. Washington, DC.

National Clearinghouse on Child Abuse and Neglect Information (2003). *Substance abuse and child maltreatment* [Available online at http://www.calib.com/nccanch]. Washington, DC.

National Clearinghouse on Child Abuse and Neglect Information (2001). *In focus: Understanding the effects of maltreatment on early brain development* [Available on-line at http://www.calib.com/nccanch]. Washington, DC.

National Research Council and Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, (Eds.). Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and education. Washington, D.C.: National Academy Press.

North Carolina Institute of Medicine. (2004). *NCIOM task force on child abuse prevention* (October 8, 2004 Meeting). Raleigh, NC.

Perry, B. (1995, Nov./Dec.) *Incubated in terror: Neurodevelopmental factors in the cycle of violence: Children, youth and violence: Searching for solutions.* New York: The Guilford Press.

Prevent Child Abuse North Carolina (2004). *Understanding child maltreatment: An introduction to definitions, incidence, and risk/protective factors.* Raleigh, NC.

State Child Abuse Death Review Team. (2004). *Florida child abuse death review.* Tallahassee, FL.

Thomas, D., Leicht, C., Hughes, C., Madigan, A., & Dowell, K. (2003). *Emerging practices in the prevention of child abuse and neglect* [Available on-line at www.dhhs.gov). Washington, DC: U.S. Department of Health and Human Services.

Travis, J. (1996). *The cycle of violence revisited* [Available on-line at http://ncjrs.aspensys.com/pdffiles/cyclepre.pdf]. National Institute of Justice Research Preview. Washington, D.C.: U.S. Department of Justice.

University of Florida & University of South Florida (2004). *Relationship between maternal and infant risk factors and child maltreatment in Florida: Birth to six years of age.* Prepared by Maternal Child Health and Education Research and Data Center and The Lawton and Rhea Chiles Center for Healthy Mothers and Babies [Available on-line at http://phlox.biostat.ufl.edu/pubs/publications.htm or http://www.chilescenter.org].

Whiteside, J. T. (2005). *Child abuse prevention: Overview and new directions.* Presentation at Team Florida Partnership Meeting January 14, 2005. Raleigh, NC: Prevent Child Abuse North Carolina.

Windham, A. M., Rosenberg, L., Fuddy, L, McFarlane, E., Sia, C., and Duggan, A. K. (2004). Risk of mother-reported child abuse in the first 3 years of life. *Child Abuse and Neglect, 28*, 645-667.

Wu, S. S., Ma, C., Carter, R. L., Ariet, M., Roth, J., Feaver, E. A., Resnick, M. B. (2003). *Risk factors for infant maltreatment: A population-based study.* Gainesville, FL: Maternal Child Health and Education Research and Data Center and The Lawton and Rhea Chiles Center for Healthy Mothers and Babies.

Appendix 5:
Glossary

2-1-1. A community hotline providing free 24-hour access to information, referrals, and anonymous telephone counseling services.

Abandoned. 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 obligations. 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 Florida Statutes chapter 383.50 (The Infant Safe Haven legislation), a "child in need of services" as defined in chapter 984, F.S., or a "family in need of services" as defined in chapter 984, F.S.. The incarceration of a parent, legal custodian, or caregiver responsible for a child's welfare may support a finding of abandonment.

Abuse. Any act or threatened 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.

Abuse report. The initial report made to the hotline alleging maltreatment of a child by a parent, adult household member, or person responsible for the child's welfare. An abuse report always requires the commencement of a new investigation.

Abused or neglected. Investigation that is closed by the protective investigator as either "some indication" or "verified findings" for a case that is currently receiving services by the provider.

Accountability. Extent to which an organization is answerable to its community, the consumers of service, and/or to governing bodies. The concept of holding appropriate parties responsible for their actions or performance.

Addictions receiving facility. A community-based facility designated by the Department of Children and Families to receive, screen, and assess clients found to be substance abuse impaired, in need of emergency treatment for substance abuse impairment, or impaired by substance abuse to such an extent as to meet the criteria for involuntary admission in s. 397.675, F.S., and to provide detoxification and stabilization. An addictions receiving facility must be state-owned, state-operated, or state-contracted, and licensed pursuant to rules adopted by the department's Substance Abuse Program Office which include specific authorization for the provision of levels of care and a requirement of separate accommodations for adults and minors. Addictions receiving facilities are designated as secure facilities to provide an intensive level of care and must have sufficient staff and the authority to provide environmental security to handle aggressive and difficult-to-manage behavior and deter elopement.

Administration for Children and Families. Agency responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities.

Adoption. The act of creating the legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir by law, and entitled to all the rights and privileges and subject to all the obligations of a child born to such adoptive parents in lawful wedlock.

Adoption and Safe Families Act (ASFA) (1997) (PL 96-272). Requires that child safety be the foremost concern when making service provision, placement and permanency planning decisions, and clarifies that states are not required to make efforts to keep children with their parents when doing so would jeopardize the child's safety. The act also includes provisions that shorten the time frame for making permanency planning decisions and promotes the timely adoption of children who cannot return safely to their homes. Finally, ASFA endorses the concept that permanency planning efforts for children must begin as soon as a child enters out of home care and should be expedited by the timely provision of appropriate services to families.

Adult household member. A person 18 years of age or older who is present in the home on a permanent basis or who is present on a regular or established basis for either long or short duration and who is in a position of familial authority or perceived by the child as in a position of familial authority.

Alleged juvenile sexual offender.

(a) A child 12 years of age or younger who is alleged to have committed a violation of Florida Statutes chapter 794, chapter 796, chapter 800, s. 827.071, or s. 847.0133; or

(b) A child who is alleged to have committed any violation of law or delinquent act involving juvenile sexual abuse. "Juvenile sexual abuse" means any sexual behavior that occurs without consent, without equality, or as a result of coercion.

Juvenile sexual offender behavior ranges from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

Alleged maltreatment. Used in reference to an unconfirmed statement made by a reporter to the Florida Abuse Hotline of suspected abuse, neglect, or threatened harm to a child.

Alleged perpetrator. A person who has been named by a reporter as the person responsible for abusing, neglecting, or exploiting a vulnerable child or adult.

Appropriateness. The degree to which a particular service, placement, treatment, intervention, or activity is best suited to an individual's needs, is not excessive, unduly intrusive or restrictive, is anticipated to be effective and to achieve the desired and specified objectives. Or, the degree to which a performance measure is directly related to program objectives.

Appropriation. A legal authorization to make expenditures for specific purposes within the amounts authorized in the appropriations act.

Appropriations act. The authorization of the Legislature based upon legislative budgets or based upon legislative findings of the necessity for an authorization when no legislative budget is filed, for the expenditure of amounts of money by an agency, the judicial branch, or the legislative branch for stated purposes in the performance of the functions it is authorized by law to perform.

Assessment. An evaluation in which professional expertise and skills are exercised to collect and analyze data in order to understand and describe the nature of service needs by an individual, family, or group. The process of collecting data to measure the performance or capabilities of a person, group or system.

Assessments.

Pre-Placement Assessment. In accordance with section 39.523, F.S., an assessment completed by the department or contracted community-based agency that is used to determine a child's eligibility and need for comprehensive residential services programs.

Comprehensive Assessment. As required in sections 409.1676(4) and 409.1677(2), F.S., the provider completes a comprehensive assessment after the child is accepted for services. It is the gathering of information for the evaluation of a child's and caregiver's physical, psychiatric, psychological or mental health, educational, vocational, and social condition and family environment, as related to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services, as appropriate.

Serious Behavioral Problem Assessment. In accordance with sections 409.1676(2)(c) and 409.1677(1)(b), Florida Statues, a serious behavioral problem assessment is completed by a master's level human services/mental health professional licensed in Florida. This assessment determines whether a child's behaviors meet the criteria of s. 394.492(7), F.S., and if so, whether a child diagnosed with an emotional disturbance, as defined in s. 394.492(5)(6), F.S., is inappropriate for comprehensive residential care services.

Budget. A plan that outlines expected revenues and expenditures.

Budget entity. A unit of function at the lowest level in a state agency to which funds are specifically appropriated in the appropriations act. "Budget entity" and "service" have the same meaning.

Caregiver. The person or persons responsible for a child's welfare. The caregiver may be any combination of the following: foster parent, biological or adoptive parent, relative caregiver or other relative significant to a child, families who are applying to become an adoptive or foster parent, Family Safety employees of the Department of Children and Families or a contracted Community-Based agency.

Caretaker responsible. A parent (even if the parent is a minor), an adult household member found in the home continually or at regular intervals, another adult who has been entrusted with or voluntarily assumed responsibility for the care of the child, or another child who is an employee or volunteer of a childcare, private school, agency, summer camp or similar facility when given sole responsibility for the care of the child.

Case coordination. A process whereby activities are aimed at assisting client needs, developing and planning services, linking the service system to the client, coordinating various components and follow-up, and monitoring and evaluating service delivery.

Case management. A discrete, usually separately-funded and budgeted activity of service coordination on behalf of consumers, which includes assessment of the full range of services needed by the consumer, provision of support, coordination and monitoring of services and appropriate termination of services upon completion. Or a service provided to adoptive parents and children referred by the department, or contracted community-based care agency of the department, to facilitate scheduling adoptive services; provide community base therapeutic supportive services; assist in linking children and adoptive parents to other service providers; and provide other coordination of service needed to help initiate, maintain or strengthen adoptive placement.

Case manager. The person who coordinates all services rendered to the child or family and who serves as the single and continuous point of contact for the child and family from entry into services until exit from services.

Case plan. The casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment. It includes a concurrent case plan which describes efforts to place the child for adoption or with a legal guardian and efforts at the same time to preserve the child's in-home placement or reunify the child with the parent(s). The case plan follows the child from the provision of voluntary services through any dependency, foster care, or termination of parental rights proceeding or related activity or process.

Case planning conference. A meeting where specific parties participate in the development of a child's case plan. Case plans must be developed with the parent of the child and any court appointed guardian ad litem, if applicable.

Caseworker. Individual qualified to manage the case of a child under the care or supervision of the Department of Children and Families. Also, an individual qualified to teach Parent Education skills.

Child. Any unmarried person under the age of 18 years who has not been emancipated by order of the court.

Child Abuse Prevention and Treatment Act (CAPTA). Provides funds for states to improve their child protective service systems. Reauthorized by the CAPTA Amendments of 1996, the grant program requires states to submit a five-year plan and an assurance that the state is operating a statewide child abuse and neglect program that includes several programmatic requirements.

Child care services. Services provided to a child or children in a setting that meets applicable standards of state and local law, in a center or in-home, for a portion of a 24 hour day.

Child development. Growth or maturation that occurs primarily because of the emergence of underlying biological patterns, preconditions and environmental conditions.

Child Development Associate (CDA) Credential. The CDA is designed for employees in the field of early childhood education and certifies successful completion of courses in teaching methods in nursery schools and childcare centers. CDA credits may be applied to an associate degree program in Early Childhood Education.

Child maltreatment. Allegation of abuse or neglect following termination of services provided by the provider agency in which the protective investigator closed the case as "some indicators" or "verified findings."

Child-placing agency. Any person, corporation, agency, public or private, or other business entity other than the parent or legal guardian of the child or an intermediary acting pursuant to Chapter 63, F.S., and Chapter 65C-15, F.A.C., that receives a child for placement and places or arranges for the placement of a child in a family foster home, residential child-caring agency, or adoptive home.

Child protection team. A team of multi-disciplinary professionals established by the Department of Health to receive referrals from the protective investigators and protective supervision staff of the department and to provide specialized and supportive services to the program in processing child abuse, abandonment, or neglect cases. A child protection team shall provide consultation to other programs of the Department of Children and Families and other persons regarding child abuse, abandonment, or neglect cases and develop a comprehensive treatment plan.

Child protective investigations. The investigation of suspected abuse, abandonment, and neglect allegations received by the Florida Abuse Hotline.

Child protective services. Services provided to assess whether child abuse and/or neglect has occurred and implement specialized supportive services to ensure child safety and to achieve permanency.

Child support. A court-ordered obligation enforced under chapter 61, F.S., and ss. 409.2551-409.2597, F.S., for monetary support for the care, maintenance, training, and education of a child.

Child welfare services. Public social services which are directed toward the accomplishment of the following purposes: (A) protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children; (B) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; (C) preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; (D) restoring to their families children who have been removed, by the provision of services to the child and the families; (E) placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and (F) assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption.

Child who is found to be dependent. A child who is found by the court:

(a) To have been abandoned, abused, or neglected by the child's parent or parents or legal custodians;
(b) To have been surrendered to the Department of Children and Families, the former Department of Health and Rehabilitative Services, or a licensed child-placing agency for purpose of adoption;
(c) To have been voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, the Department of Children and Families, or the former Department of Health and Rehabilitative Services, after which placement, under the requirements of this chapter, a case plan has expired and the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;
(d) To have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption, and a parent or parents have signed a consent pursuant to the Florida Rules of Juvenile Procedure;
(e) To have no parent or legal custodians capable of providing supervision and care; or
(f) To be at substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians.

Children at risk of abuse or neglect. Children under investigation or protective supervision of the Department of Children and Families or a designee due to abuse, neglect, abandonment or exploitation whether the child resides in his or her own home, in emergency shelter or in a court ordered out-of-home placement, including long-term custody or guardianship of a relative following termination of supervision.

Children in need of services/families in need of services (CINS/FINS). A program supported by the Florida Department of Juvenile Justice that provides services to families if a child is threatening to run away or has run away, is beyond parental control, or is truant from school or at risk for these behaviors. Services include but are not limited to, assessment, individual, family, and group counseling, case management and referrals.

Circuit. Any of the 20 judicial circuits as set forth in s. 26.021, F.S.

Closed. The investigation has been completed, reviewed and signed off by the investigator and supervisor and the abuse report has been locked in the FAHIS computer system.

Community. Any group of people brought together for a common purpose or compelling reason.

Community Alliances. Authorized by the Florida Legislature in Florida Statute section 20.19, Community Alliances are deemed to be the central source of broad-based community input and interagency coordination. They are groups made up of stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services. An Alliance may cover more than one county when such arrangement is determined to provide more effective representation. The Community Alliance shall represent the diversity of the community. They work to identify the desired outcomes and the best system of care for their own communities.

Community-based care. The initiative of the Department of Children and Families to work in partnership with local communities to ensure safety, well-being and self sufficiency for the people they serve. Community-based care involves privatizing child protection services through contracts with community-based agencies. The vision of community-based care is to provide a comprehensive, full array of supportive services available to all children and families who reside in Florida through an integrated community-based delivery system.

Confidentiality. Concerned with the protection of sensitive information from unauthorized disclosure. An ethical and practice principle to which human service workers adhere concerning prohibitions on disclosing information about a person served without his or her consent.

All materials obtained and compiled by contract monitors are classified and not discussed with anyone except the contract monitor's supervisor during the period of monitoring. After the final report has been submitted, records which are restricted, such as client identification or location of domestic violence shelters, remain secret; other working papers are public record.

Consumer. The individual, family, group or community that seeks or is provided with services.

Contract. A contract, for the purposes of this document, is a formal written agreement between a department and an individual or organization for the procurement of services. Per Chapter 287, F.S., a contract must be signed by both parties prior to services being rendered.

Contracted community-based care agency. A not-for-profit provider with whom the department contracts for the provision of pre- and post-adoption services. In accordance with s. 409.1671, F.S., a not-for-profit provider with whom the Department of Children and Families contracts for the provision of services to dependent children.

Contractor. A person who contracts to sell contractual services or commodities to an agency. In its contracts and contract-related activities, the department uses the term "provider." [subsection 287.012(6), F.S.]

Contractual services. The rendering by a provider of its time and effort rather than the furnishing of specific commodities. Such services may include, but are not limited to: evaluations, consultations, maintenance, accounting, security, management systems, management consulting, education training programs, research, and development studies or reports on the findings of consultants engaged thereunder, and professional, technical, and social services. Contractual services are those services rendered by individuals or firms who are independent contractors.

Co-sleeping. A caregiver or parent sharing a bed with an infant.

Counseling services. A therapeutic intervention aimed at addressing personal, family, situational or occupational problems in order to bring about a positive resolution of the identified problem or improved individual or family functioning or circumstances.

Culture. The customs, habits, values, skills, technology, beliefs, and religious, social, and political behaviors of a group of people in a specified period of time.

Department. Florida Department of Children and Families, unless otherwise stated.

Dependency. A legal finding by the circuit court under Chapter 39, F.S.

Dependent child. Any unmarried person under the age of eighteen years who has not been emancipated by order of the court and who is found by the court, pursuant to chapter 39, F.S., to have been or to be substantial risk of imminent abuse, abandonment, or neglect by the child's parent, parents, or legal custodians.

Developmentally appropriate. Teaching based on a knowledge of how children at different ages learn, specifically through opportunities for direct experience, and of synthesizing this experience through activities.

Diagnosis. The process involving the collection and analysis of relevant information by which a social, physical, or mental problem and its underlying causes are identified and a plan of action formulated toward a resolution of the problem.

Discharge. A voluntary or involuntary process describing the point at which an organization no longer assumes responsibility for provision of services to a particular person or persons served; also known as "termination".

District administrator. The chief operating officer of each service district of the Department of Children and Families as defined in s. 20.19(5), F.S., and, where appropriate, includes any district administrator whose service district falls within the boundaries of a judicial circuit.

Domestic violence. Abusive relationships in a family setting.

Early childhood. The stage of life from birth through age five.

Early education and care (Quality Child Care). A program that makes the healthy development and education of children its first objective and accomplishes this objective.

Eligibility. An individual's, family's, group's or community's qualification to receive goods, benefits, or services.

Evaluation. Review and assessment of organizational operations, program, and services.

Family-centered. Valuing and assisting individuals based on the well-being of the family as a whole.

Family. A collective body of persons, consisting of a child and a parent, legal custodian, or adult relative, in which:

(a) The persons reside in the same house or living unit; or

(b) The parent, legal custodian, or adult relative has a legal responsibility by blood, marriage, or court order to support or care for the child.

Families may include biological, adoptive, foster, relative caregiver, guardian, and extended families. A single adult (18 years or older) living alone and with no support from, or relational contact with, an extended family may be counted as one family. If a child does not have a family by the statute definition (due to abandonment, termination of parental rights, institutional care, etc.) he or she counts as one family.

Family preservation services. Services for children and families designed to help families (including adoptive and extended families) at risk or in crisis, including (A) service programs designed to help children (i) where safe and appropriate, return to families from which they have been removed; or (ii) be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement; (B) pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; (C) service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement; (D) respite care of children to provide temporary relief for parents and other caregivers (including foster parents); (E) services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition; and (F) infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law.

Family support services. Community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development.

Finding. All investigative decisions are based on the weighing of information which is recorded in "findings" regarding whether the allegations are true and whether they are the result of abuse, neglect, or threatened harm.

Florida Abuse Hotline Information System. 1-800-96ABUSE, a statewide central abuse registry and tracking system (FAHIS) that receives all reports made pursuant to Chapter 39, F.S. People can call to report known or suspected child abuse, neglect, exploitation, or threatened harm of a child, aged person, or disabled adult 24-hours a day, seven days a week.

Foster care. 24 hours substitute care services provided to children placed away from their parents or guardians such as in a foster family or boarding home, group home, agency boarding home, child care institution, or any combination thereof and for whom the state agency has placement and care responsibility. A voluntary or court ordered, temporary, out-of-home care placement for a planned period of time for children whose own families are unable to care for them.

Foster home. A private residence licensed pursuant to section 409.175, F.S., in which children who are unattended by a parent or legal guardian are provided 24-hour care to include emergency shelter, family homes, family foster homes, therapeutic foster homes, and medical foster homes for children with special needs.

Goal. The long-term end toward which all programs and activities are ultimately directed.

Grievance. An expression of dissatisfaction or discomfort, either from consumers, paid personnel, or volunteer staff, with a service outcome or manner of treatment or with personnel matters such as supervision, evaluation, promotion, or demotion.

Guardian ad litem. A court appointed advocate to represent the best interests of children who are alleged to be abused, neglected or abandoned and who are involved in court proceedings.

A lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the "best interest" of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Harm. To a child's health or welfare can occur when any person

(a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury.
(b) Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.
(c) Engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child.
(d) Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.
(e) Has allowed a child's sibling to die as a result of abuse, abandonment, or neglect.
(f) Makes the child unavailable for the purpose of impeding or avoiding a protective investigation.

Healthy Families Florida. The single largest funded child abuse and neglect primary prevention program in Florida, is a community-based, voluntary home visiting program designed to promote positive parent/child interaction and healthy childhood growth and development. It offers pregnant mothers and families of newborns living in targeted areas and who are experiencing stressful life situations, home visiting services that are delivered by trained family support workers. Services may be offered for up to five years with the intensity and duration based on families' needs.

Home-based services. In-home services provided to individuals or families to assist with household or personal care and improve or maintain adequate family well-being. These include homemaker/housekeeper, chore, home maintenance, and household management services.

Incentive. A mechanism, as described in s. 216.163, F.S., for motivating agencies to achieve required performance standards.

Incidents. Events that put either consumers or staff at risk of physical or emotional harm or property damage.

Individualized Course of Action (ICA). A family case plan (process) that is strength based, focused on underlying needs of a family, and highly individualized.

Intake. The entry point at which eligibility is assessed against established criteria and a preliminary evaluation of the presenting problem occurs. The stage of the Child Protective Services (CPS) case process where the CPS caseworker screens and accepts reports of child maltreatment.

Intervention. A confrontational treatment technique or procedure used in some organizations to engage persons in treatment who are resistant to involvement or who deny the existence of a problem.

Isolation. The practice of placing individuals in seclusion.

Judge. The circuit judge exercising jurisdiction.

Judicial branch. All officers, employees, and offices of the Supreme Court, district courts of appeal, circuit courts, county courts, and the Judicial Qualifications Commission.

Kinship care. Formal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Lead agency. The licensed, non-profit, community-based provider or government entity responsible for coordinating, integrating and managing a local system of supports and services for child abuse, abandonment, and neglect victims and their families. The lead agency is also referred to as the "Provider."

Legal custodian. The person or entity in whom the legal right to custody is vested. For the purposes of this service and in accordance with chapter 39, F.S., when the phrase parent or legal custodian is used, it refers to rights or responsibilities of the parent and, only if there is no living parent with intact parental rights, to the rights or responsibilities of the legal custodian who has assumed the role of the parent.

Legal guardianship. A judicially created relationship between child and caretaker which is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision making. The term 'legal guardian' means the caretaker in such a relationship.

Legal services. Services provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity and legal separation.

Legislature. Florida's bicameral legislature, composed of the 40-member Senate and the 120-member House of Representatives. Each house is the sole judge of the qualifications and elections of its members and has the power to choose its own officers and establish its own rules of procedure. Either house may initiate legislation on any subject. Senators serve 4-year, staggered terms, and representatives serve 2-year terms.

Licensing. As defined by subsection 120.52(10), F .S., the issuance, denial, renewal, revocation, suspension, annulment, withdrawal, or amendment of license or imposition of terms for the exercise of a license.

Long-term foster care. A planned foster care service provided to children or youth, usually over the age of twelve, for whom placement with their birth or extended families or an adopted family is not indicated.

Maltreatment: Abuse, abandonment or neglect.

Medical foster care. A multi-agency supported program to provide family-based care for medically complex children (ages birth through 21) who cannot safely receive care in their own homes.

Mental health services. Services aimed at overcoming issues involving emotional disturbance or maladaptive behavior adversely affecting socialization, learning or development. Usually provided by public or private mental health agencies and includes both residential and non-residential services.

Mental illness. An impairment of the mental or emotional processes that exercise control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology.

Mentoring. A structured, managed program in which children are appropriately matched with screened and trained adult volunteers for one-on-one relationships, involving meetings and activities on a regular basis, intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.

Mission. A brief written description of the purpose of the organization.

National standards. Criteria established by national accrediting organizations, (i.e., the Council on Accreditation, the Rehabilitation Accreditation Commission, the Joint Commission on Accreditation of Healthcare Organizations, the National Committee for Quality Assurance and the Utilization Review Accreditation Commission) to evaluate organizational and service delivery quality.

Needs assessment. A formal systematic process to identify child, family or community needs. Used to determine priorities of program planning and service development for the organization as a whole.

Neglect. The failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. Physical neglect can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection. Educational neglect includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. Emotional neglect includes the lack of emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug or alcohol abuse.

Neighborhood. Geographically bounded territory within which people live, a locality recognized by local government and distinguishable on plat maps that can provide a shared frame of reference growing from a dynamic pattern of interactions, a shared history and common interests.

Nurturing. Caregiving conditions in which children have all they need to support healthy growth and development (e.g., positive parent role models, warm and open relationships, positive supervision and appropriate discipline).

Out-of-home. A placement outside of the home of the parents or a parent.

Out of home care. Child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

Outreach. Contact initiated by a human service provider to identify persons in need of services, to provide information to them about services and benefits, and to encourage the use of appropriate services.

Parent. A woman who gives birth to a child and a man whose consent to the adoption of the child would be required under s. 63.062(1), F.S. If a child has been legally adopted, the term "parent" means the adoptive mother or father of the child.

Parent education or parent training. Services that are designed to further and improve parenting. The service is based on a comprehensive, planned, and organized curriculum that is culturally sensitive and individualized for the parent or family receiving the same service. The curriculum offers education to parents and families with topics in the areas of appropriate expectations of a child, appropriate discipline techniques, appropriate parent-child roles, and effective communication skills.

Permanency. That condition under which a child can remain in a setting for the remaining years of the child's minority. Permanency shall include reunification with parent(s), adoption, guardianship, long-term custody, long-term licensed custody or independent living. In accordance with s. 39.623, F.S., the Adoptions and Safe Families Act (ASFA), and 45 Code of Federal Register, parts 1355, 1356 and 1357, the permanency options in the hierarchy of preference are: reunification, adoption, guardianship, and long-term custody (s. 39.623, F.S.).

Permanency planning. Goal-directed time-limited practice of providing services for dependent children who are removed from their home and placed in a child caring facility. Permanency planning services are identified on a case-by-case basis and consistent with the child's best interest. The permanency option must be identified in the case plan and approved by the court.

Physical abuse. The inflicting of a non-accidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Physical injury. Death, permanent or temporary disfigurement, or impairment of any bodily part.

Planning. The process of specifying objectives, evaluating the means for their achievement, and deliberate decision-making about appropriate courses of action.

Policies and procedures. The evaluation and validation of the provider's internal and external processes used to assure program compliance.

Positive parenting. The ability of an individual who is a parent or acting in the role of a parent to develop and maintain a healthy relationship with their child(ren) which is proactive, promotes positive behavior and self-control, encourages self responsibility, sets structure and routines, maintains limits and realistic expectations, uses verbal and non-verbal cues, and uses logical consequences and shared problem-solving techniques.

Prevention continuum. The spectrum of programs and services designed to prevent behaviors that threaten the safety and well-being of an individual or others with whom that individual has contact. If such programs and services are directed to the general population, they are described as primary prevention; those directed to at risk populations are secondary prevention; while those targeting people already engaging in the unsafe behavior are tertiary prevention.

Preventive services. Social services and other supportive and rehabilitative services provided to families and to the child for the purpose of promoting resiliency or averting the removal of the child from the home or disruption of a family which will or could result in the placement of a child in foster care. Social services and other supportive and rehabilitative services shall promote the child's need for physical, mental, and emotional health and a safe, stable, living environment; shall promote family autonomy; and shall strengthen family life, whenever possible.

Primary prevention. Activities geared to the general population to prevent child abuse and neglect from occurring. Also referred to as "universal prevention."

Primary prevention services. Action aimed at preventing child abuse or neglect from occurring for the first time in a family.

Primary supports and services. Voluntary activities, facilities and events provided by organizations and groups that are part of families' familiar social world. They offer opportunities for participation, avenues for contributing to the well being of others and sources of personal support.

Program. A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals and objectives based on legislative authorization.

Program component. A term used to describe a system of services offered by an organization. An aggregation of generally related objectives which, because of their special character, related workload, and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

Promoting Safe and Stable Families Grant. (Title IV-B, subpart 2) Program provides funds to states to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions. These services are primarily aimed at preventing the risk of abuse and promoting nurturing families, assisting families at risk of having a child removed from their home, promoting the timely return of a child to his/her home, and, if returning home is not an option, placement of a child in a permanent setting with services that support the family. As part of this program, the Dependency Court Improvement Program provides grants to help state courts improve their handling of proceedings relating to foster care and adoption.

Protective factors. Those elements that have been associated with positive school and life outcomes (e.g., stable family). Strengths and resources that appear to mediate or serve as a "buffer" against risk factors that contribute to vulnerability, to maltreatment, or against the negative effects of maltreatment experience.

Protective investigation. The acceptance of a report alleging child abuse, abandonment, or neglect, by the central abuse hotline or the acceptance of a report of other dependency by the Department of Children and Families; the investigation of each report; the determination of whether action by the court is warranted; the determination of the disposition of each report without court or public agency action when appropriate; and the referral of a child to another public or private agency when appropriate.

Protective investigator. An authorized agent of the Florida Department of Children and Families who receives and investigates reports of child abuse, abandonment, or neglect; who, as a result of the investigation, may recommend that a dependency petition be filed for the child; and who performs other duties necessary to carry out the required actions of the protective investigation function.

Protective services. Services provided to families who are under "protective supervision" which is a legal status in dependency cases, child in need of services cases, or family in need of services, which permits the child to remain in his or her own home. On a case-by-case basis, may also mean services provided to families affected by a natural disaster and living in a natural disaster area. Such services would include subsidized child care.

Protective supervision. A legal status in dependency cases which permits the child to remain safely in his or her own home or other non-licensed placement under the supervision of an agent of the Department of Children and Families and which must be reviewed by the court during the period of supervision. Those services arranged for or implemented by the department to protect disabled adults or elderly persons from further occurrences of abuse, neglect, or exploitation during an investigation or following a report that has been classified as proposed.

Protocol. An interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Provider. An organization or individual providing services or materials to the department in accordance with the terms of a contract. This term is also known as "contractor."

Psychological maltreatment. A pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term "psychological maltreatment" is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Quality. The extent to which contemporary and generally recognized standards for professional practice are met and exceeded and desirable service outcomes achieved.

Quality assurance. The objective and internal systematic monitoring of the appropriateness and quality of client care rendered by a service provider. Periodic external review activities conducted by the Department of Children and Families and the provider to assure that the agreed upon level of quality services is achieved and maintained by the provider and its subcontractors. Quality assurance activities will assess compliance with contract requirements, state and federal law and associated administrative rules, regulations, and operating procedures and validate quality improvement systems and findings.

Quality child care (aka early education and care). A child care program that makes the healthy development and education of children its first objective and accomplishes this objective.

Quality improvement. Actions taken that lead to incremental improvements in the provision of services or in the products provided to customers.

Referrals. The method by which families are directed to support and/or services.

Relative. A grandparent, great-grandparent, sibling, first cousin, aunt, uncle, great-aunt, great-uncle, niece, or nephew, whether related by the whole or half blood, by affinity, or by adoption. The term does not include a stepparent.

Reliability. A quality of data. It is the reproducibility of a set of data by independent means. For example, if two reviewers collect the same information from the same sources, will the two sets of data be identically reproduced?

Resiliency. Increased probability of school and life successes despite adversities caused by early character, conditions and experiences.

Respite care services. Short term care services provided in the temporary absence of the regular caregiver (parent, other relative, foster parent, adoptive parent, or guardian) to children who—(A) are in danger of abuse or neglect; (B) have experienced abuse or neglect; (C) have disabilities, chronic, or terminal illnesses. Such services shall be provided within or outside the home of the child, be short-term care (ranging from a few hours to a few weeks of time, per year), and be intended to enable the family to stay together and to keep the child living in the home and community.

Reunification. The process of returning a child to the parent(s) or caregiver from whom the child was removed following an out of home placement.

Reunification service. Social services and other supportive and rehabilitative services provided to the parent of the child, to the child, and, where appropriate, to the relative placement, non-relative placement, or foster parents of the child, for the purpose of enabling a child who has been placed in out-of-home care to safely return to his or her parent at the earliest possible time. The health and safety of the child shall be the paramount goal of social services and other supportive and rehabilitative services. Such services shall promote the child's need for physical, mental, and emotional health and a safe, stable, living environment, shall promote family autonomy, and shall strengthen family life, whenever possible.

Risk. The likelihood that a child will be maltreated in the future.

Risk assessment. To assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk factors. Those elements that have been associated with poor school and life outcomes (e.g., lack of adult supervision). Behaviors and conditions present in the child, parent, family, or community that will likely contribute to child maltreatment occurring in the future.

Runaway. In accordance with CFOP 175-85, Prevention and Services to Children Who Runaway While in Substitute Care, a runaway is a child with unreported or unknown whereabouts regardless of the child's age or length of time that the child's whereabouts are unreported or unknown.

School readiness. The range of developmental accomplishments (e.g., emerging literacy and numeracy skills, and small-motor skills,) and difficulties (e.g., such as restlessness and inattention, speech difficulties, and less than optimal health) that children bring with them when they arrive at kindergarten.

Secondary prevention services. Services voluntarily offered to families who are vulnerable to and have been determined to be at risk of child abuse or neglect. These families may have been reported for alleged child maltreatment, no maltreatment was found, but the family is in need of services because of their life situation. These situations are considered family preservation services.

Service. One or more organization-operated programs or activities having a common general objective and involving deployment of the organization's material and human resources in a planned and systematic manner.

Service plan. A written plan of action based on the assessment of consumer needs and strengths that identifies problems, sets goals, and describes a strategy for achieving these goals and engaging in joint problem-solving with the consumer.

Service providers. Providers of services in prevention continuum.

Sexual abuse of a child. One or more of the following acts:

(a) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.

(b) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

(c) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that this does not include any act intended for a valid medical purpose.

(d) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:

1. Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with, or affection for a child; or
2. Any act intended for a valid medical purpose.

(e) The intentional masturbation of the perpetrator's genitals in the presence of a child.

(f) The intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

(g) The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:

1. Solicit for or engage in prostitution; or
2. Engage in a sexual performance, as defined by Chapter 827, F.S.

Shelter. A placement with a relative or a nonrelative, or in a licensed home or facility, for the temporary care of a child who is alleged to be or who has been found to be dependent, pending court disposition before or after adjudication.

Social/emotional development. Children's feelings about themselves and others and the ways in which they form and maintain positive relationships and get along in group settings.

Some indication. The investigation determined that there is credible evidence, which does not meet the standard of being a preponderance to support that the specific injury, harm or threatened harm was the result of abuse or neglect that occurred.

Standard. The level of performance of an output or outcome.

State agency. Any official, officer, commission, board, authority, council, committee, or department of the executive branch of state government.

Strategic planning. A long-term, iterative, and future-oriented process of assessment, goal-setting, and decision making that maps an explicit path between the present and the future. The strategic planning process identifies critical issues which must be addressed.

Strengthening Families Initiative. The initiative is designed to promote the health and well-being of Florida's families through collaboration among state agencies, businesses, faith and community-based organizations and nonprofits. The initiative is managed by the Volunteer Florida Foundation. Key objectives of this initiative include: Assisting parents in understanding how to improve their child's education, increasing adoptions to find permanent families for children, and supporting efforts to support family issues in the workplace.

Substance abuse. Using, without medical reason, any psychoactive or mood-altering drug, including alcohol, in such a manner as to induce impairment resulting in dysfunctional social behavior.

Supervision. Assumption of responsibility for the direct oversight and inspection of the act or process of a function or activity.

Temporary assistance for needy families. Funds are used to resolve the underlying conditions of child abuse, neglect or abandonment and to strengthen families so that children can be cared for in their own home or in the home of a relative. Eligibility must be re-determined at 12-month intervals.

Tertiary prevention services. Court ordered or voluntary services offered to families who have been identified by an investigative authority as abusive or neglectful. These intensive services, designed to prevent the recurrence of abuse or neglect, are considered family preservation services.

Threatened harm. A situation, circumstances, or behavior which leads a prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided.

Title IV-E Foster Care Program. Provides funds to states to assist with: the costs of foster care maintenance for eligible children; administrative costs to manage the program; and training for staff, for foster parents and for private agency staff. The purpose of the program is to help states provide proper care for children who need placement outside their homes, in a foster family home or an institution.

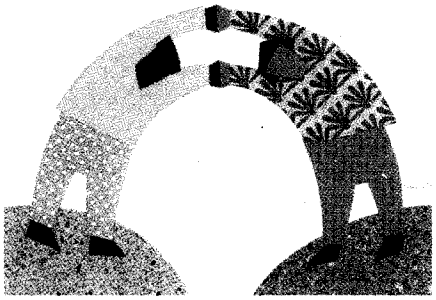
Vendor. A person who sells or offers to sell commodities or contractual services.

Verified. The investigation determined that a preponderance of the credible evidence results in a determination that the specific injury, harm or threatened harm was the result of abuse or neglect.

Victim. Any child who has sustained or is threatened with physical, mental, or emotional injury identified in a report involving child abuse, neglect, or abandonment, or child-on-child sexual abuse.

Vision. A description of how the organization sees its future and of how customers or clients will benefit from the organization's products and services.

Well-being. A state of being where children are healthy, safe and ready to learn at every age, families are stable, nurturing and economically self-sufficient, and communities are supportive of families raising children.



awi Agency for Workforce Innovation

apd agency for persons with disabilities State of Florida

Prevent Child Abuse Florida

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

Just Read, Florida! The New Department of Education

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Florida Coalition for Children touch the future

FLORIDA DEPARTMENT OF HEALTH