

**Cover Sheet: Local Child Abuse Prevention Plan  
District 15**

**Counties included in plan** Indian River, Martin, Okeechobee, and St. Lucie

**District Administrator** Vern Melvin

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**Due Date** March 28, 2005

List all members of your regional planning group and their affiliations

<b>Name</b>	<b>Organization(s) Represented</b>
Kathryn Basile	Children's Services Council St. Lucie County, Alliance
Doug Borrie	CASTLE
Sean Boyle	Children's Services Council of St. Lucie County, DJJ
Lawrence Brooks	Hibiscus Childrens Center
Chad Collins	United For Families
Christine Demetriades	Department of Children & Families
Christine Epps	Shared Services Network St. Lucie County Executive Roundtable
Theresa Garbarino-May	CASTLE
Michael Gray	Children's Home Society, Child Protection Team
Ellen Higinbotham	Department of Children & Families
Carol Hilson	St. Lucie County School Board Member
Jan S. Huffert, Chair	Hibiscus Childrens Center
Joyce Johnston-Carlson	Indian River County Human Services
Michael Kint	United Way of Indian River Co., Alliance
Sylvie Kramer	Kids Connected By Design, Alliance
Beverly B. O'Neill	Alliance
Mariamamma Pyngolil	Center for Emotional & Behavioral Health
Lenora Quimby	Indian River County School Board Member
Dawn Robinson	United For Families
Maureen Simmons	New Horizons Treasure Coast
Leslie Spurlock	Okeechobee Healthy Start Coalition
Detective Mike Sumner	St. Lucie County Sheriffs Office
Sharon Vinson	Shared Services Network of Okeechobee County
Joan Walker	Florida Legal Advocacy Council
Judith Warren	Children's Home Society
Larry Wilms	United For Families
Elizabeth Whittles	Children's Services Council of Martin County, Alliance
harry a. Yates	Children's Services Council of Martin County, Alliance Chair

The Local Prevention Planning Team is authorized by Florida Statute 39.001(7)(b)6 and outlined by Florida Department of Children & Families Secretary Luci Hadi and the TEAM Florida Partnership. Florida Statute 39.001 requires that a state level, cross-agency inter-program task force, under the leadership of the Department of Children and Families develop a five-year plan for the prevention of abuse, neglect and abandonment. This planning effort requires that the State plan be built upon local or district plans for prevention of abuse, neglect and abandonment. The district plans are to be developed by the local planning teams appointed by the District Administrators.

In late November, 2004, District 15 District Administrator Vern Melvin invited community leaders to begin the process of developing a plan for the prevention of child abuse, neglect and abandonment for 2005-2009. The District 15 Local Planning Team began meeting on December 17, 2004, attended training provided by the University of South Florida CEED Project, and utilizing the *Florida's Children: Needs Assessment 2003/2004* began to identify community strengths, challenges, and priorities.

The Florida Resiliency Mapping Project recently completed *The Florida Children: Needs Assessment*. This needs assessment is based on the principles that to be resilient and safe children must be:

- ◆ Born healthy
- ◆ Nurtured within families that have the wherewithal to meet their needs
- ◆ Supported during infancy and early childhood in a way that prepares them to arrive at school age safe and physically and emotionally ready to learn,
- ◆ Live in communities that support families to raise their children.

Having a profile of risk and protective factors present in Florida communities enables those communities to focus efforts where the greatest results can be realized. Incorporating into those efforts decisions to use programs that can demonstrate that they increase or build protective factors and/or decrease known risk factors enables communities to maximize the return on their investments in natural and specialized supports.

The initial planning team recruited representation from the community including:

- Community mental health centers
- Guardian ad litem programs
- School boards
- Local advocacy councils
- Programs with expertise in working with children who have been sexually, physically and emotional abused, abandoned, or neglected and their families
- Healthy Start programs
- Healthy Families programs
- Child Protection Teams
- Day care centers
- DCF district office staff
- Community Alliances & Community Based Care organizations
- Parents, foster parents, and other consumers
- Other community partners

The Local Planning Team is working in close partnership with United for Families, the community based care lead agency, to ensure this plan is in alignment with the prevention plan they are charged with developing and implementing.

The District 15 Local Planning Team adopted the planning strategies in the format outlined by the Florida Department of Children & Families, University of South Florida CEED Project, and TEAM Florida Partnership. This report is a compilation of data collected related to Steps 1 through 6, as follows:

- Step 1 – Assemble Your 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

While the process was clearly delineated in the information and training provided, our Planning Team found it difficult to remain within the constraints of those definitions. Some of the concerns identified early on related to the data provided. The data ranged from 1999 to 2003. Clearly the catastrophic events the State of Florida suffered were not reflected in the data and the long term impact is unknown. While Florida was impacted by four Category 2 to Category 4 hurricanes in 2004, the magnitude of two direct hits significantly impacting our district could not have been included. Prevention planning is more critical than ever in light of these events.

In addition, the short turnaround time for the information requested could be short sighted and have a negative impact on quality planning for the State and our district. While the date for this information to be forwarded to the State was changed, members of the local planning team questioned the validity of the planning process. The District 15 Local Prevention Planning Team is committed to meeting the request for information with the time limited constraints placed upon it, however, views this as a beginning and respectfully requests the ability to continue to submit updates on a regularly scheduled basis.

**District 15 Local Prevention Planning Team  
(Step 1)**

<b>Name</b>	<b>Organization(s) Represented</b>
Kathryn Basile	Children's Services Council St. Lucie County, Alliance
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harry a. Yates	Children's Services Council of Martin County, Alliance Chair

**DEFINING THE MAGNITUDE OF CHILD ABUSE**  
**(Step 2)**

While St. Lucie, Martin and Indian River rank among the 17 counties at “least risk” for child maltreatment and re-abuse rates based on data collected between 2001 and 2003, the team believes there is still room for improvement. The data shows:

County	State Rate	Child Maltreatment Rate	Least or Most Risk Based	State Rate	% of Children Re-abused within 6 mos.	Least or Most Risk Based
St. Lucie		16.0	Least		5.3	Least
Martin		15.6	Least		5.6	Least
Indian River		16.3	Least		3.8	Least
Okeechobee		27.1			10.1	

While Okeechobee is not identified among the 17 counties at “most risk”, the team believes there is cause for concern based on the data collected.

St. Lucie, Martin and Okeechobee rank amongst the 17 counties at “most risk” for children removed from their parental homes. Indian River county does not meet the definition of at “most risk” or at “least risk”. Based on the most current child protection risk assessment and an increase in the child maltreatment and child deaths in District 15, the team certainly perceives child abuse as a problem it would like to target for further investigation.

**STRENGTH AND PROTECTIVE FACTORS**  
**(Step 3)**

Historically, District 15 has identified a wealth of strength and protective factors providing a significant advantage in the District. Counties in the District rank in the highest seventeen counties in the state for many of the protective indicators monitored in The Florida Children: Needs Assessment 2003/2004.

NOTE: “\*” indicates that the County ranked in the best seventeen counties in the State of Florida for this indicator. “A” indicates the county ranked higher than the state average, however, not in the top 17 counties.

The local planning group wants to emphasize that in looking at this data, we need to be mindful that the State of Florida ranks 34<sup>th</sup> out of the 50 states in child well being (as reported in the Annie E. Casey Kids Count Data Book 2004).

STRENGTH INDICATORS	St. Lucie	Martin	Indian River	Okeechobee
<b>CHILD MALTREATMENT</b>				
<i>Child Maltreatment Rate (2001-02)</i>	*	*	*	
Percent of Abused children Removed from Parental Home (2000-01)				
<i>Percent of Children Re-Abused Within Six Months (9/03-3/03)</i>	*	*	*	
<b>ECONOMIC</b>				
<b>Protective Factors</b>				
Percent of Homes that are Owner Occupied (2000)				
Rate of Job Growth (2002)		*		
<b>Risk Factors</b>				
Percent of Crowded Houses (2002)	A	*	A	A
Percent of Population under Age Five (2002)	A	*	*	
Child Poverty Rate (1999)		*		
<b>EDUCATION</b>				
<b>Protective Factors</b>				
Percent of Kindergarten Children Ready to Learn (2001-02)	A	*		*
<i>Graduation Rate (2001-02)</i>	*	*	*	
<b>Risk Factors</b>				
Percent of D and F (K-5 Grade) Elementary Schools		A	*	*
Percent of Elementary School Aged Children in Special Education	*		*	
Percent of Students (K-12) with Out-of-School Suspensions				
Percent of Children on Waiting List for Subsidized Childcare		*		
<b>HEALTH &amp; SAFETY</b>				
<b>Protective Factors</b>				
Health Insurance Rate for Children Under 19		*		
<b>Risk Factors</b>				
Birth-Spacing	*		*	
Rate of Calls to Police for Domestic Violence (per 100,000 Population)	A	*	*	A
Child Death Rate (per 1,000 Children (1-4))				
Percent of Children Enrolled in Children's Medical Services (CMS)			*	
Infant Mortality Rate (per 1,000 Live Births)	*		A	*
Low Birth Weight (2001)		*	A	*
Percent of children in lowest 5 <sup>th</sup> percentile weight for height (2002)		*		
Percent of Pregnant Women Who Smoked		*		
Sexually Transmitted Diseases (2001)		*	A	A
Substance Exposed Newborns Rate per 1,000 live births (1997)				
Percent of Adults Using Alcohol (2002)	A	A		*
Rate of Serious Mental Illness per 1,000 adults (2002-03)				
<b>SOCIO-EMOTIONAL</b>				
<b>Protective Factors</b>				
Percent of Two-Parent Households (2000)				
<b>Risk Factors</b>				
Crude Divorce Rate (2002)	*	A	A	

In at least three out of four counties, District 15 showed strengths in:

- Child Maltreatment Rate
- Percent of Children Re-Abused Within Six Months
- Graduation Rates

In addition, while not falling within the top ranked seventeen counties, three out of four counties ranked higher than the State average in:

- Percent of Crowded Houses
- Percent of Population after Age Five
- Percent of Kindergarten Children Ready to Learn
- Percent of D & F Elementary Schools
- Rate of Calls for Domestic Violence
- Infant Mortality Rates
- Low Birth Weight
- Sexually Transmitted Diseases
- Percent of Adults Using Alcohol
- Crude Divorce Rate

Based on more current data, the Local Planning Team did question the data related to:

- Child Maltreatment Rate
- Percent of crowded houses (hurricane related)
- Rate of Calls for Domestic Violence
- Infant Mortality
- Sexually Transmitted Diseases
- Percent of Adults Using Alcohol

#### **CHALLENGES AND RISK FACTORS** **(Step 4)**

District 15 profiles identified by the Assessment note a disadvantage for the children in the District. Counties in the District rank in the worst seventeen counties in the state for many of the needs indicators monitored in the Assessment.

NOTE: “\*” indicates that the county ranked in the lowest seventeen counties in the State of Florida for these needs indicators. “M” indicates that the county ranked at higher risk than the State average, however not ranked in the lowest seventeen counties.

	St. Lucie	Martin	Indian River	Okeechobee
<b>CHILD MALTREATMENT</b>				
Child Maltreatment Rate (2001-02)				
<b>Percent of Abused children Removed from Parental Home (2000-01)</b>	*	*		*
Percent of Children Re-Abused Within Six Months (9/03-3/03)				
<b>ECONOMIC</b>				
<b>Protective Factors</b>				
Percent of Homes that are Owner Occupied (2000)				
Rate of Job Growth (2002)	M		M	M
<b>Risk Factors</b>				
Percent of Crowded Houses (2002)				*
Percent of Population under Age Five (2002)				*
Child Poverty Rate (1999)				
<b>EDUCATION</b>				
<b>Protective Factors</b>				
Percent of Kindergarten Children Ready to Learn (2001-02)			*	
Graduation Rate (2001-02)				
<b>Risk Factors</b>				
Percent of D and F (K-5 Grade) Elementary Schools	*			
Percent of Elementary School Aged Children in Special Education				
Percent of Students (K-12) with Out-of-School Suspensions	*		M	*
Percent of Children on Waiting List for Subsidized Childcare	*		*	*
<b>HEALTH &amp; SAFETY</b>				
<b>Protective Factors</b>				
Health Insurance Rate for Children Under 19				
<b>Risk Factors</b>				
Birth-Spacing				
Rate of Calls to Police for Domestic Violence (per 100,000 Population)				
Child Death Rate (per 1,000 Children (1-4))	*	M		M
Percent of Children Enrolled in Children's Medical Services (CMS)	*			*
Infant Mortality Rate (per 1,000 Live Births)		*		
Low Birth Weight (2001)				
Percent of children in lowest 5 <sup>th</sup> percentile weight for height (2002)				*
Percent of Pregnant Women Who Smoked	M		M	M
Sexually Transmitted Diseases (2001)				
Substance Exposed Newborns Rate per 1,000 live births (1997)	*		*	*
Percent of Adults Using Alcohol (2002)			*	
Rate of Serious Mental Illness per 1,000 adults (2002-03)	M	M		M
<b>SOCIO-EMOTIONAL</b>				
<b>Protective Factors</b>				
Percent of Two-Parent Households (2000)		*	*	M
<b>Risk Factors</b>				
Crude Divorce Rate (2002)				*



In at least three out of four counties, District 15 showed significant areas of risk in the following areas:

- Percent of Children Removed from Parental Home
- Percent of Children on Waiting List for Subsidized Childcare
- Substance Exposed Newborns

In addition, while not falling within the lowest ranked seventeen counties, three out of four counties ranked higher than the State average in:

- Rate of job growth
- Percent of Students (K-12) with Out-of-Home School Suspensions
- Child Death Rate
- Percent of Pregnant Women Who Smoked
- Rate of Serious Mental Illness
- Percent of Two-Parent Households

In 14 of the 29 indicators, Okeechobee County ranked lower than the state average. The local planning team will pay special attention to these risk factors.

### **NEED FOR FURTHER STUDY**

The Assessment states that “county-level data are only a beginning, of course. It will be crucial over the next year to identify sources of small-area data that can help community stakeholders do the same type of geographic targeting that state planners will now be able to do. Likely sources of local needs assessments, community profiles or Geographical Information Systems (GIS) capacity include the United Way, local health councils, city/county planning councils, local Youth Risk Behavior Surveys done through the school districts and Children’s Services Councils.”

The Local Prevention Planning Team has already begun to collect this data through a variety of sources including Children’s Services Councils, Healthy Start, Healthy Families, Juvenile Justice, and others in the Treasure Coast.

The Planning Team struggled with remaining in the confines of the protective and risk factors identified. Additional issues the Team determined to be of significance in our community included:

- Children’s mental health/illness
- Juvenile Crime
- Substance Abuse
- Unplanned and unwanted pregnancies
- Unwillingness to protect children from harm
- Homelessness

**DEVELOPING COMMUNITY PRIORITIES**  
**(Step 5)**

In developing community priorities and beginning the process of ranking the priorities, we developed the table provided in the Needs Assessment based on our community outcomes. In the development of our plan, we did not consider the “neither extreme counties” relevant if the county ranked at or above the state benchmarks; however, the data is captured below. The table follows:

<b>Indicators</b>	<b>At “Least Risk” Counties</b>	<b>Neither Extreme Counties</b>	<b>At “Most Risk” Counties</b>
<b>Economic</b>			
Percent of Homes that are Owner-Occupied		St. Lucie, Indian River, Martin, Okeechobee	
Rate of Job Growth	Martin	St. Lucie, Indian River, Okeechobee	
Percent of Crowded Houses	Martin	St. Lucie, I.R.	Okeechobee
Percent of Population Under Age Five	Martin, Indian River	St. Lucie	Okeechobee
Child Poverty Rate	Martin	St. Lucie, Indian River, Okeechobee	
<b>Education</b>			
Percent of Kindergarten Children Ready to Learn	Martin, Okeechobee	St. Lucie	Indian River
Graduation Rate	St. Lucie, Indian River, Martin	Okeechobee	
Percent of D and F (K-5 Grade) Elementary Schools	Indian River, Okeechobee	Martin	St. Lucie
Percent of Elementary School Aged Children in Special Education	St. Lucie, Indian River	Martin, Okeechobee	
Percent of Students (K-12) with Out-of-School Suspensions		Martin, Indian River	St. Lucie, Okeechobee

Indicators (continued)	At "Least Risk" Counties	Neither Extreme Counties	At "Most Risk" Counties
<b>Education (Cont.)</b>			
Percent of Children on Waiting List for Subsidized Childcare	Martin		St. Lucie, Indian River, Okeechobee
<b>Health and Safety</b>			
Health Insurance Rate for Children Under 19	Martin	St. Lucie, Indian River, Okeechobee	
Birth Spacing	St. Lucie, Indian River	Martin, Okeechobee	
Rate of Calls to Police for Domestic Violence (per 100,000 Population)	Martin, Indian River	St. Lucie, Okeechobee	
Child Death Rate (per 1,000 Children (1-4))		Martin, Indian River, Okeechobee	St. Lucie
Percent of Children Enrolled in Children's Medical Services (CMS)		Martin, Indian River	St. Lucie, Okeechobee
Infant Mortality Rate (per 1,000 Live Births)	St. Lucie Indian River, Okeechobee		Martin
Low Birth weight Rate	Martin, Okeechobee	St. Lucie, Indian River	
Percent of Children in Lowest 5th Percentile Weight for Height	Martin	St. Lucie, Indian River	Okeechobee
Percent of Pregnant Women who Smoked	Martin	St. Lucie, Indian River, Okeechobee	
Sexually Transmitted Diseases Rate (per 100,000 Population)	Martin	St. Lucie, Indian River, Okeechobee	
Substance Exposed Newborns Rate (per 1,000 Live Births)		Martin	St. Lucie, Indian River, Okeechobee
Percent of Adults Using Alcohol	Okeechobee	St. Lucie, Martin	Indian River

<b>Indicators (Continued)</b>	<b>At “Least Risk” Counties</b>	<b>Neither Extreme Counties</b>	<b>At “Most Risk” Counties</b>
Rate of Serious Mental Illness (per 1,000 Adults)		St. Lucie, Indian River, Martin, Okeechobee	
<b>Socio-emotional</b>			
Percent of Two-Parent Households		St. Lucie, Okeechobee	Martin, Indian River
Crude Divorce Rate (per 1,000 Population)	St. Lucie	Martin, Indian River	Okeechobee

### **RANKING COMMUNITY PRIORITIES** **(Step 6)**

Based on the identified risk factors and those the Planning Team identified, the five risk factors chosen and ranked include:

1. Rate of serious mental illness (adults)
2. Domestic violence
3. Substance abuse
4. Child poverty
5. Unplanned/unwanted pregnancies

### **GOALS FOR TOP FIVE RISK FACTORS** **(Step 8)**

Risk Factor 1: Rate of Serious Mental Illness in Adults

Goal 1 – All adults, children and families will have access to quality and appropriate mental health services in a timely manner

Objective 1: To create and implement an integrated behavioral health system in all four counties by June 2008

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Survey/inventory existing mental health services to develop baseline for continuum	Alliance	Prevention Planning Team	June 2005	September 2005

Educate the community about availability and access of services	Alliance	Prevention Planning Team	June 2005	On-going
Assess and/or develop county based "mental health roundtables" consisting of all mental health funders and providers in all 4 counties. The roundtables will serve as a central point for service delivery, funding, and resolution of turf issues in a non bureaucratic way	Alliance	Selected lead entities in each county	September 2005	January 2006
Explore other funding partners to help develop and invest in behavioral health system	Alliance	Mental Health Roundtables	January 2006	On-going
Develop a list of all the current barriers to providing mental health services and implement strategies to remove barriers	Alliance	Mental Health roundtables	January 2006	June 2006
To explore and create ways to co-locate and make services and make better use of existing community assets including schools, faith based organizations and make better roots agencies	Alliance	Mental Health roundtables	June 2006	January 2007

Explore and develop ways to either provide transportation for clients or provide mobile mental health services.	Alliance	Mental Health roundtables	January 2007	March 2007
Develop universal client application for mental health services that allows funding to follow the client	Alliance	Mental Health Roundtables	March 2007	March 2008
Explore other funding partners to help develop and invest in behavioral health system	Alliance	Mental Health Roundtables	January 2006	On-going

Goal 2 – In the four County area, there will be adequate mental health services available to children, adults and families in need.

Objective 1: To eliminate the current wait lists for all mental health professionals providing service in the four counties by June 2008

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Survey local mental health professionals about retention, recruitment strategies	Alliance	Prevention Planning Team	June 2005	September 2005

Explore creative ways to supplement current funding of mental health professionals as an incentive	Alliance	Mental Health Round tables	January 2006	On-going
Advocate State legislature for increased funding for mental health service dollars	Alliance	TC3 Legislative Group	On-going	On-going

Please reference Alliance Mental Health Outcomes adopted May 24, 2002 (see below)

**Alliance Mental Health Outcomes. Adopted May 24, 2002**

1. **FUNDING:** Maximize dollars by pooling resources to insure provision of needed services to children and their families.
  - Increase funding by 25% overall by 2004 through aggressive grant writing to non-profit and federal sources and other fund raising techniques. Identify existing funding sources by January 2003.
  - Pool funding from all sources.
  - Direct dollars to best practice programs for children/families currently undeserved.
  
2. **ACCESS:** In order to reach the goals above, we will provide prompt, accessible, quality services for children and their families with a single point of entry and guided by a single case manager, if needed.
  - Develop a single point of entry system by 7-1-03
  - 100% will enter the system through a single point of entry
  - 100% will have a single case manager, if determined that one is needed
  - 100% of requests will be responded to in a timely manner
    - a. Request for information on available services will be provided within one working hour of request. 1-1-03
    - b. When an appointment is requested for mental health services, an appointment date and time will be provided by the close of business on the day following the request for an appointment 95% of the time.
    - c. An appointment date for services will occur within five working days of the request 95% of the time.
    - d. 100% of children will receive crisis counseling within 24 hours.
    - e. 95% of children will be referred to services, based on identified needs in their comprehensive assessment within 5 days.
  - Services will be offered at times and locations that are convenient for the family as indicated by the satisfaction survey.

3. **SERVICES:** Provide research-based services based on the identified needs of children and their families that offer choice, are family-centered, individualized and built on family strengths.
  - 100% of children accessing services will have an identified support network of individuals with a vested interest in the child's well being. This support network may include biological relatives, friends, mentors and other stakeholders willing to actively participate in the well-being of the child.
  - 100% of the time this support network will be involved in the treatment planning process and will actively participate in the implementation of the plan.
  - 100% of the treatment plans shall be directly related to the needs identified in the assessments and will be updated at least quarterly or more often as clinically necessary.
  - Services identified and implemented will be maintained until goals are met or not longer appropriate.
  - 85% of services will be based on research-based models.
  
4. **ACCOUNTABILITY:** Provide research-based, measurable, outcome-focused, quality services with timely feedback loops to all stakeholders.
  - Utilizing a QA/QI process develop outcome measures that demonstrate:
    - ❖ Access
    - ❖ Services
    - ❖ Coordination and collaboration
    - ❖ Treatment success
    - ❖ Responsiveness to child/family needs
 Utilize an external mechanism to validate non-research based programs
  - Develop a mechanism to validate non-research based programs.
  - Identify and utilize satisfaction surveys for use by consumers/community by July 2003.
  - Identify and utilize grievance procedures by July 2003.
  
5. **COORDINATION/COLLABORATION:** Provide wrap-around services along a continuum of care through effective coordination and collaboration.
  - Establish a single point of entry to assure wrap-around services along a continuum of care by July 1, 2003.
    - The support network will continue to be actively involved in the implementation of the treatment plan in order to avoid duplication of services and promote coordination.
  
6. **RESOURCES:** Maintain a comprehensive, current database of available human and programmatic resources accessible to the community.
  - Identify current, available resources available by September 2002.
  - Identify gaps in resources by January 2003.
  - Develop plan to eliminate gaps in resources by March 2003.
  - Secure funding to maintain a comprehensive database by July 2003.

**TIMETABLE:**

- 100% of children/families in the care of the Department of Children & Families will be served by July 1, 2003.



- 100% of children/families in the care of the Department of Juvenile Justice will be served by July 1, 2003.
- The system will be accessible to all children and families in need by July 1, 2004.

Objective 2: To increase the flexibility and amount of current funding available for mental health services in the four county area by June 2008

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Advocate State legislature for increased mental health service dollars	Alliance	TC3 Legislative Group	On-going	On-going
Develop a "white paper" regarding the benefits of flexible mental health dollars to present to legislature	Alliance	TC3 Legislative Group – Mental Health	June 2005	On-going
Research ways that current funding may be able to leverage other federal, state, local of other funding	Alliance	Mental Health Round tables	January 2006	On-going

Risk Factor 2: Domestic Violence

Goal 1 – To reduce Domestic Violence as a risk factor in child abuse.

Objective 1: To increase the number and types of domestic violence intervention and prevention services (including transitional housing) that address the victim and/or minor children by June 2008 (baseline: results of needs assessment and program inventory)

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Assess gaps in domestic violence prevention and	Alliance	Domestic Violence	June 2005	June 2006

intervention and respite services including an analysis of transitional housing. Work with local funders or providers that may be conducting needs assessments to include domestic violence piece		Task Force Local funders, providers		
Educate State and Federal legislative representatives on gaps in domestic violence services and advocate for increased funding (if applicable)	Alliance	Domestic Violence Task Force TC3	June 2005	ongoing
Upon completion of needs assessment, identify and apply to funders to fill gaps	Alliance	Domestic Violence Task Force	June 2006	ongoing

Objective 2: Develop a collaborative response system among domestic violence providers, child protection, judicial system, mental health providers, and law enforcement agencies that responds to all victims of domestic violence including adults and minors by June 2008

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Expand current Domestic Violence Task Force to include all providers, child protection agencies, judicial system, mental health providers and law enforcement from all four counties and Department of Juvenile Justice	Alliance	Domestic Violence Task Force	June 2005	September 2005

Develop a shared framework for responding to episodes of domestic violence when the victim has minor children	Alliance	Domestic Violence Task Force	September 2005	June 2006
Develop county wide implementation plans that include a coordinated response procedure for adults and minor children	Alliance	Domestic Violence Task Force	June 2006	June 2007
Implement and monitor the coordinate response procedure	Alliance	Law Enforcement Service providers Child protection	June 2007	June 2008

Objective 3: To increase the public awareness of the effect of Domestic Violence on minor children by June 2008 as measured by the number of organized public awareness campaigns

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Develop a public awareness campaign strategy that targets parents, students (schools), prevention program providers, and legislators	Alliance	Domestic Violence Task Force	June 2005	May 2006

Educate the community about existing domestic violence prevention and intervention services	Alliance	Domestic Violence Task Force	June 2005	June 2008
Develop consistent message about Domestic Violence prevention to be implemented into all prevention programs as a uniform message about the effects of Domestic Violence	Alliance	Domestic Violence Task Force Prevention Program Providers	June 2006	January 2007

Risk Factor 3: Rate of Substance Abuse

Goal 1 – To reduce substance misuse (use and/or abuse) as a risk factor in child abuse.

Objective 1: To increase screening and outreach services to pregnant women by June 2008.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Assess programs currently available in the four county area that provide services to substance using pregnant women	Alliance	Prevention Planning team	June 2005	July 2005
Educate private OB providers of the need to universally screen pregnant women for substance use	Alliance	Healthy Start Coalitions	June 2005	June 2006

Incorporate into the prevention programs a uniform message about the health risks associated with substance use during pregnancy	Alliance	All non-profit prevention programs (if not already doing it)	June 2005	June 2006
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Objective 2: To increase the protective factors of youth in the community as measured by non-profit organizations using developmental assets strategies in their programs by June 2008.

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Provide technical assistance to county leaders to develop a train the trainer model to disseminate developmental assets to communities	Alliance	Lead entities in each of the 4 counties	June 2005	June 2006
Expand developmental assets training being done in Martin County to be done in all four counties	Alliance	Executive Roundtable Steering Committees	June 2005	June 2007
Develop an incentive for non-profit youth serving organizations to incorporate developmental assets in their programs	Alliance	Local Funders Executive Roundtables	October 2006	On-going

Objective 3: To increase the number and types substance abuse prevention and intervention services that are available in a timely manner to children and families in need in all four counties by June 2008

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Conduct a survey of the types of existing services and identify gaps	Alliance	Prevention Planning Team	June 2005	August 2005
Advocate for funding for services that are evidence based services to fill gaps	Alliance	Executive Roundtables	June 2005	On-going
Fund expansion of successful or additional substance abuse programs including screening and outreach that meet the identified gaps through application to local funders, State, Foundation, or federal	Alliance	Prevention Planning Team, Executive Roundtables, funders	October 2005	On-going
Educate the community both public and providers about existing services and programs	Alliance	All service providers, government agencies, funders	August 2005	On-going

Risk Factor 4: Rate of Child Poverty

Goal 1 – Children in the child protective system are overwhelmingly from families living in poverty or marginal economic circumstances (Pecora et al., 1992). No child will be a victim of child abuse or neglect due to family poverty.

Objective 1: To increase the number and types of services available which are designed to mitigate the effects of poverty on families (TANF, WIC, Food Stamps, etc.)

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Conduct a survey of existing programs/services that support low income families and identify gaps (to include homeless services, faith-based programs, community programs and state programs)	Alliance	Prevention Planning Team	June 2005	September 2005
Develop a priority list of service needs based on the survey	Alliance	DCF, Prevention Planning Team	September 2005	December 2005
Educate on, and advocate for, the identified priorities with state and federal legislative representatives	Alliance	DCF	December 2005	August 2006
Complete an analysis of the impact of the devolution of federal programs such as Child Welfare Reform programs, on poverty in our community. Communicate this analysis to state and federal legislative representatives	Alliance	Prevention Planning Team, DCF	June 2005	June 2006

Objective 2: Increase the number of service providers who assess family economic status and develop a plan to reduce the risk this poses to children.

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
Provide an incentive, and then technical assistance, to providers who wish to address family poverty	Alliance	DCF, Prevention Planning Team	June 2006	June 2007
Educate and support single parent households with information on Child Support - DOR, community childcare, applications for state benefits such as: cash assistance, food stamps and Medicaid	Alliance	Service Providers	June 2007	ongoing
Educate the community about DCF's new community based web application that allows the community to apply for cash benefits, food stamps and Medicaid privately	Alliance	DCF, Prevention Planning Team	June 2007	ongoing
Educate families on services and supports designed to raise household income (job training, workforce development services, e.g.)	Alliance	Service Providers	June 2007	ongoing



Risk Factor 5: Rate of Unwanted/Unplanned Pregnancies

Goal 1 – To create seamless, supportive systems of care for women of child bearing age.

Objective 1: To remove the application barriers for the Medicaid family planning waiver by June 2008

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
To educate the legislature about the existing barriers in the Medicaid family planning waiver process	Alliance	TC3 and Healthy Start Coalitions	June 2005	ongoing
Educate the community about Medicaid family planning waiver and process	Alliance	Healthy Start Coalitions	June 2005	ongoing
To advocate a change in the eligibility process so that women are eligible for two years after the birth of the child without re-application; to include all women regardless of age in the eligibility process, even those under age 18 years at the time of their child's birth	Alliance	TC3 and Healthy Start Coalitions	June 2005	ongoing

Goal 2 – To ensure that all babies are born healthy and wanted, to parents who are capable of nurturing them.

Objective 1: To reduce teen pregnancies in the four counties by 10% by June 2008 (baseline: 2004 teen pregnancy rate for youth ages 10-17 in the four counties)

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
To survey youth about where they get their information on contraceptives and sexual education to identify gaps	Alliance	Workforce Youth Council – Teen Summit	April 2005	June 2005
Continue to develop and fund community based pregnancy prevention programs that utilized best practice methodologies	Alliance	Provider agencies, funders, Executive Round Tables, prevention task force	June 2005	ongoing
Identify obstacles to comprehensive health education in the schools and develop a strategic plan to engage schools in comprehensive sexuality education	Alliance	Alliance	June 2005	May 2006
Educate and engage the faith based community and community based youth programs to develop outreach programs for teens that includes comprehensive sexuality education	Alliance	Healthy Start Coalitions Faith based providers	June 2005	ongoing

Objective 2: To reduce the number of unplanned pregnancies by 10% by June 2008 as measured by Healthy Start Coalitions surveys (baseline: 2004 Healthy Start Coalitions survey results)

Strategies:

What will be done?	Who will oversee?	Who will do it?	Start date	Finish date
To educate legislature on the proven success of abstinence plus programs in reducing unplanned pregnancies	Alliance	TC3 and Healthy Start Coalitions	June 2005	ongoing
To advocate legislature to increase funding to Healthy Start in the four counties to include pre conceptual care	Alliance	TC3 and Healthy Start Coalitions	June 2005	ongoing
To provide accessible, affordable contraceptive services to all women regardless of culture through education and outreach	Alliance	Community funders and providers	June 2006	ongoing

**REQUEST LOCAL AND STATEWIDE ACTION**  
**(Step 9)**

Increased funding for prevention services. Until adequate funding for prevention services is allocated, the primary state dollars will be utilized for deep end services. Community Prevention Initiative dollars were not annualized in the last legislative session, so funding was only available for approximately one quarter of the fiscal year. For instance, funding for Hibiscus Children’s Center Building Families Program was cut in half due to the reduction in available funds. Funding for innovative and time proven prevention services are key in preventing and reducing child abuse and neglect. The Planning Team recommends an additional \$4 million allocation to community based care providers this legislative session for prevention services. The Team will make recommendations each year of this strategic plan for prevention of child abuse.

Equity and adequacy in funding for child welfare services. The District 15 Community Prevention Planning Team advocates for equity and adequacy in funding for child welfare prevention services. As the third lowest funded district in the State, we are constantly challenged to provide a continuum of care that will balance prevention and

intervention services. The Planning Team recommends a \$25 million dollar allocation for equity and adequacy in funding this legislative session and increased funding until equity is reached.

Leveraging and maximizing revenue streams. Local funders have clearly demonstrated their willingness to assist the Department of Children & Families. Locally, the Children's Services councils on the Treasure Coast spearheaded efforts to provide matching funds for the initial implementation of community based care and continue to support the needs of children and families in our community. They have also expressed a keen interest in receiving additional training and opportunities to leverage local dollars to bring in additional state and federal funding.

Coordination of services across agency lines. The lack of coordination of services amongst agencies was evident in the planning meetings. Department of Children & Families, Department of Education, Department of Juvenile Justice, Healthy Start, Healthy Families, Children's Services Councils, United Way, and others provide funding and program services for prevention of child abuse and neglect. Coordinated planning and distribution of funding for community prevention services would ensure that a comprehensive system of care and delivery of services to meet these complex and diverse needs.

## **DESCRIBE THE PLANNING PROCESS** **(Step 10)**

In late December, Department of Children & Families District Administrator Vern Melvin convened a meeting of child welfare professionals to begin the process of developing the five year prevention of child abuse and neglect plan for children and families in our community. District 15 is comprised on Indian River, Martin, Okeechobee and St. Lucie counties. Representatives from the following organizations are members of the planning team:

- The Alliance of Okeechobee and the Treasure Coast
- Center for Emotional and Behavioral Health
- Children's Home Society
- Children's Services Councils of Martin and St. Lucie counties
- Children's Services Advisory Committee of Indian River County
- Department of Children & Families
- Exchange CASTLE
- Florida Legal Advocacy Council
- Healthy Start Coalitions
- Hibiscus Children's Center
- Indian River County Human Services
- Indian River County School Board
- Kids Connected by Design
- New Horizons of the Treasure Coast
- Shared Services Network and Executive Roundtable
- St. Lucie County School Board
- St. Lucie County Sheriff's Office

- United for Families
- United Way

Over ten representatives from the Treasure Coast attended the training provided by the CEED and The TEAM Florida Partnership at University of South Florida. Planning efforts began in earnest after this training and continued on a weekly basis through March 28. The process outlined in the materials provided were followed, ranking community priorities and developing goals, objectives and strategies to ameliorate the risks identified.

The group is committed to ensuring this is not a short-sighted plan, as we continue to work to increase child and family resiliency, work on specific goals and objectives, and to truly prevent child abuse and neglect in our community. The Planning Team will meet on a quarterly basis to review and evaluate the progress on our goals and objectives, provide a yearly update to the State, and continue the planning and evaluation process through 2009.

The Alliance of Okeechobee and the Treasure Coast is committed to ensuring prevention of child abuse, neglect and abandonment remains a priority in our community. They will take a leadership role in reviewing, evaluating, and making recommendations for change during the life of this strategic plan.