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CHILD
ABUSE
AND
NEGLECT
PREVENTION

112839

1987 - 1988

State Plan

Preface

The Department of Health and Rehabilitative Services (HRS) has prepared this report in compliance with requirements of Section 415.501, Florida Statutes: Prevention of abuse and neglect of children; state plan. Due biennially (January 1, 1987 to December 31, 1988), chapters within the report provide information relating to the mandates of the law as follows:

- I. Introduction - provides a summary of the intent and activities undertaken by HRS to meet specific requirements of the legislation, background on legislation, data about the Interprogram Task Force, district's Child Abuse and Neglect Prevention Task Forces and Chairpersons as well as information concerning the need for prevention services.
- II. Statewide Analysis - offers scope and depth of conditions and needs, variations based on population or geographic areas, and identifies problems/barriers for Florida. A description of the continuum of services necessary for a comprehensive approach for prevention of child abuse and neglect is also presented. This continuum is a strategy recommended for use by the National Committee for Prevention of Child Abuse. This section includes dissemination of information provided from the eleven district plans and their continuum of programs and services available. The 47 prevention projects that are available in Florida, provided through Mills' Bill appropriations, are listed.
- III. Plan for Detection and Intervention - presents efforts and implementation activities for instructing appropriate liaisons on prevention of child abuse and neglect (i.e. parents, school personnel, law enforcement and the Department of Education).
- IV. Prevention of Migrant Child Abuse and Neglect - addresses a specific population at risk for child abuse and neglect.
- V. Florida Committee for the Prevention of Child Abuse - provides clarification of goals and objectives for this committee, as an affiliation of the National Committee for Prevention of Child Abuse.
- VI. Appendices - presents a data section with additional information, both statewide and by district. Includes a copy of a brochure to be distributed through elementary schools and child day care facilities addressing the

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ACQUISITIONS

1986 amendment to Section 415.501, F.S. This portion also includes information on some outreach initiatives pertinent to current prevention efforts.

STATE PLAN
A COMPREHENSIVE APPROACH FOR THE PREVENTION
OF CHILD ABUSE AND NEGLECT IN FLORIDA

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EXECUTIVE SUMMARY

The impact that abuse 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 and neglect shall be a priority of this state.

Section 415.501, Florida Statutes

The needs of children and families in Florida must become a top priority for future decision-makers by investing financial resources and talent in the prevention of health, mental health, and educational disabilities, child abuse and neglect, and family dysfunction.

Governor's Proclamation
September, 1986

Prevention efforts have surfaced to the forefront in human service initiatives. More than ever, our society is realizing the philosophy of pay now or pay later. Early investment in prevention programs and services is one of the strongest and most effective long-range economic measures, both in terms of fiscal cost and human potential.

There are over 2,500,000 children (0-17 years old) living in Florida. Between 1980-1985 there were over 319,000 indicated reports of child abuse and neglect. All of these children hold the promise for Florida's future.

Florida has a lead position in prevention efforts. In 1982 the Florida Legislature adopted a comprehensive planning approach for prevention of child abuse and neglect, often referred to as Mills' Bill appropriations. Due biennially, this plan has attempted to pull together Florida's eleven district's initiatives in prevention of child abuse and neglect, in a cohesive manner.

In order to address the requirements in Section 415.501, F.S., coordinated efforts begin at the local level, to include each district's plan for prevention of child abuse and neglect. Serving in a district partnership capacity, each district's Child Abuse and Neglect Prevention Task Force provides an impetus in development of a plan for their specific geographical area. Each plan has been submitted to the Interprogram Task Force, appointed by the Legislature and representative of various groups in human service disciplines, to provide technical assistance to the districts. All of these coordination activities have lead to the preparation of this report to include the collapsing of information obtained from all eleven district plans in development of a statewide analysis. Discussion within the statewide analysis includes a section reflecting general conditions and needs, problems and barriers. Each district's plan includes their individual recommendations for change.

The Governor's proposed budget for 1987-89 addresses several of the recommendations identified in the local district plans:

<u>Governor's Proposed Budget Recommendations</u>	<u>FY 87-88</u>	<u>FY 88-89</u>
o Pilot Projects for Parent Aide Services for Investigating CAN	650,177	1,702,835
o Child Day Care/Case Management (Workload: Expansion of ICCP)	952,500	2,657,571
o Child Day Care/Case Management (Homemaker Services Expansion)	1,113,422	1,113,422
o Child Day Care/Case Management (Workload: Increase in PS Staffing)	1,252,985	1,300,167
o Child Day Care/Case Management (Expansion of Pre-Protective Services)	1,016,699	1,227,511
o Child Day Care/Case Management Continuum of CAN Prevention Service	4,094,517	6,942,727

I. INTRODUCTION

The demand for services to aid victims and their families in prevention and reoccurrence of child abuse and neglect is overwhelming, throughout Florida. Escalating reports of abuse and neglect have resulted in increased demands on the state's child protective service agency. Nationally, the American Humane Association reports that there were 1,928,000 cases of child abuse and neglect in 1985. This is an increase of 11.6% over 1984 data. Florida's Client Information System (CIS) reports 106,028 cases of child abuse and neglect in 1985. This is a statewide increase of more than 9% over 1984 data.

This is the third State Plan for the prevention of child abuse and neglect to be presented to the Governor, the Speaker of the House and President of the Senate. A primary distinction for this report is an inclusion of district plans in their entirety.

Serving in a district partnership capacity, each district's Child Abuse and Neglect Prevention Task Force provides an impetus in development of a plan for their specific geographical area. Each plan has been submitted to the Interprogram Task Force, appointed by the Legislature and representative of various groups in human service disciplines, to aid in providing technical assistance to the districts. Preparation of this report has included the collapsing of information obtained from the district plans, cooperative plans with the Department of Education, and the plan of action for coordination and integration of departmental activities into a comprehensive approach. The statewide analysis section presents a broad perspective regarding general conditions and needs, problems and barriers. Each district plan provides an additional analysis of local needs. In addressing the requirements, each district has specified unmet needs and has included budgetary information regarding needed resources to maximize and strengthen the child abuse and prevention continuum of programs and services in the district.

The continuum referenced throughout this report is recommended for use by the National Committee for Prevention of Child Abuse to map the strategy for the prevention of abuse and neglect. Districts have given a picture of what is already available and the impact, cost-effectiveness and current funding levels of existing resources. The "formula" which was used by each district's plan is: CONTINUUM MINUS CURRENT PROGRAMS EQUALS NEEDS. The local plans were required to include at a minimum the following elements:

- o Documentation of the magnitude of the problem of child abuse, including sexual abuse, physical abuse, and emotional abuse, and neglect in the geographic area.
- o A description of programs currently serving abused and neglected children and their families and child abuse and neglect prevention programs, including information on impact of programs, their cost-effectiveness, and sources of funding.
- o A continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention as well as a brief description of such programs and services.
- o A description, documentation, and priority ranking of local needs related to child abuse and neglect prevention based upon the continuum.
- o A plan for meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and 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.
- o A description of barriers to accomplishment of a comprehensive approach to child abuse and neglect prevention.
- o Recommendations for changes that can be accomplished only at the state program level or by legislative action.

I. A. Background on Legislation

During the Fall of 1981, the Health and Rehabilitative Services/Criminal Justice Subcommittee of the Appropriations Committee of the Florida House of Representatives embarked upon a series of oversight tours of all major institutions operated by the Department of Health and Rehabilitative Services. The tours, conducted during August, September, and October of 1981, were attended by all committee members under the leadership of Representative Jon L. Mills, Chairman (Democrat-Gainesville).

During this period, all major prisons, developmental services programs, mental health institutions and children's residential facilities were visited. Considerable data was gathered regarding all clients residing in these facilities. Chairman Mills and other committee members were particularly impressed with similarly alarming statistics regarding some history of child abuse in the lives of all client groups.

The findings of the committee revealed that the incidence of known child abuse and neglect had increased rapidly over the past years. The impact of that abuse and neglect on the victimized child, siblings and family structure had been tremendous in both human suffering and state responsibility.

Findings also revealed that, previously, the State of Florida had taken a piecemeal approach to the child abuse problem, though initial recognition of the abuse of children came as early as 1899. It was not until 1951, with the passage of the Florida Child Molester Act, that child molestation was recognized as a crime, and penalties were provided for violators. Legislation dealing with child abuse victims was enacted in 1901, 1923, 1965, 1971 and 1974. In 1975, the current Chapter 415 (then Chapter 827), Florida Statutes, was enacted, providing for mandatory reporting of suspected child abuse, designating responsibilities of public agencies, establishing a statewide abuse registry and providing for confidentiality of reports and records.

Based on these findings, on December 16, 1981, Representative Mills filed House Bill 296, an act relating to the prevention of child abuse and neglect. House Bill 296 required the Department of Health and Rehabilitative Services to develop a comprehensive state plan for the prevention of child abuse and neglect, to be submitted to the Governor, the President of the Senate and the Speaker of the House on January 1, 1983. The

bill created an Interprogram Task Force which required participation by the Department of Education and local agencies and organizations, and provided for specific duties of the task force.

Each district of the Department of Health and Rehabilitative Services was mandated to develop a district plan and to establish a district task force. The plans were required to include an enhancement of coordination efforts and interpretation of the goals, activities and funding pertaining to the prevention of child abuse and neglect. And the specific content of the eleven district plans as stated in the Introduction was provided for in the bill.

The Department of Health and Rehabilitative Services and the Department of Education were additionally mandated to develop methods of instruction for public school personnel, in the detection of child abuse and neglect, and to develop curriculum on child abuse and neglect. The bill required the Florida Department of Law Enforcement and the Department of Health and Rehabilitative Services to jointly develop ways of informing and instructing appropriate law enforcement personnel in the detection of child abuse and neglect and the appropriate methods of handling suspected cases. The Department of Health and Rehabilitative Services was further required to endeavor to educate the general public regarding child abuse and neglect.

The Florida Legislative Session of 1982 adopted the Mills' Bill which represented the first substantial effort to develop a comprehensive statewide legislative study of the child abuse problem in Florida, incorporating a set of recommendations and legislation designed to contribute to the recognition and further alleviation of the problem.

An appropriation of \$1,100,000 was initially included in House Bill 296 for the implementation of the Act. The bill provided that all future appropriations for child abuse and neglect prevention efforts be based upon the state plan. The Mills' Bill appropriation for prevention projects throughout Florida, now exceeds \$4,000,000 and provides funding for forty-seven programs throughout the state.

Although the appropriations allotted to the Mills' Bill have been increased by the Legislature, evidence continues to illustrate an enormous need for additional prevention funds. Additional funds are required for providing prevention efforts and treatment services to child abuse victims and their families.

During the Session in 1986, the Legislature amended Section 415.501, F.S., related to the provision of training programs in the local school districts, to include information pertaining to family stress, parenting, parental support, child development, as well as the relationship of child abuse to handicaps in young children. In response to this amendment, the Interprogram Task Force, in coordination with the Department of Education, developed a brochure, "What Every Parent Needs to Know..." (see Appendix VI, L). The brochures will be distributed to parents through all elementary schools in Florida and through child care facilities to parents of preschool children. Not only do these brochures provide necessary knowledge pertaining to issues of abuse and neglect and services available in the local community, but this initiative will be a cost-effective means of delivering critical information.

Legislation regarding the prevention of child abuse and neglect can be found on the following pages.

I. - A.

1. ~~CHAPTER 82-62, LAWS OF FLORIDA~~

~~Committee Substitute for Committee Substitute For House Bill No. 296~~

An act relating to the prevention of child abuse and neglect; creating s. 827.075, Florida Statutes; providing legislative intent; requiring a state plan for a comprehensive approach to the prevention of child abuse and neglect; providing for state and local coordination; providing for district plans; providing that funding for child abuse and neglect prevention efforts be based upon the state plan; requiring biennial revisions of the state plan; providing for distribution of funds; providing an effective date.

WHEREAS, in calendar year 1980 there were 71,522 children involved in reported cases of abuse and neglect representing a 192 percent increase of the reported number in fiscal year 1974-1975, and

WHEREAS, of all abuse and neglect cases disposed over the last 2½ calendar years only 18 to 23 percent were required either voluntarily or involuntarily to receive counseling or services and only 9 percent of the cases were judicially handled, and

WHEREAS, in 1979 the number of reported cases of sexual assault on children in Florida increased by 600 percent and national studies indicate that 1 in 10 females will be victims of sexual assault by relatives during childhood, and

WHEREAS, 70 percent or more of all sex offenders have themselves been the victims of a sexual assault or have experienced a sexual trauma during their childhood, and

WHEREAS, some studies on prison populations have indicated that as many as 80 to 90 percent of the inmates had been abused as children, and

WHEREAS, almost 65 percent of the dependent children admitted to state hospitals in 1978 had histories of abuse and neglect, and

WHEREAS, studies of dependency case files in Florida have indicated that 38 percent of those children who were abused or neglected have later known histories of status offense or delinquent behavior, and

WHEREAS, national studies have shown that child abuse is the reason 1,500 children a year develop cerebral palsy as a result of brain damage and that many children become mentally retarded, and

WHEREAS, the Legislature recognizes the costs associated with child abuse and neglect not only with regard to the victimized child and the child's family but also the hidden costs of child abuse in later generations, and

WHEREAS, the ever increasing number of children who are abused heightens the concern of the Legislature about the need to save lives of children who are abused and neglected, to avoid the physical and emotional suffering caused by the abuse and neglect, and the need to reevaluate the approach the state has heretofore taken with regard to this immensely complex and important family problem, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida;

Section 1. Section 827.075, Florida Statutes, is created to read:

827.075 Prevention of abuse and neglect of children.--

- (1) LEGISLATIVE INTENT.--The incidence of known child abuse and neglect has increased rapidly over the past 5 years. The impact that abuse and 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 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 child abuse and neglect be developed for the state and that this planned, comprehensive approach be used as a basis for funding.
- (2) PLAN FOR COMPREHENSIVE APPROACH.--
 - (a) The Department of Health and Rehabilitative Services shall develop a state plan on the prevention of child abuse and neglect and shall submit the plan to the Speaker of the House, the President of the Senate, and the Governor no later than January 1, 1983. The Department of Education shall participate and fully cooperate in the development of the state plan at both the state and local level. 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 center, guardian ad litem program for children under the circuit court, school board of the local school districts, district human rights advocacy committee, private or public organization or program with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, or neglected and with the families of such children, private or public program or organization with expertise in maternal and infant health care, multidisciplinary child protection team, child daycare center, law enforcement, and circuit court, if a guardian ad litem program is 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 of Health and Rehabilitative Services shall establish an interprogram task force comprised of representatives from the Children, Youth and Families Program Office, the Children's Medical Services Program Office, the Alcohol, Drug Abuse and Mental Health Program Office, the Health Program Office, the Developmental Services Program Office, and the Office of Evaluation. 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 the following:

- a. Developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse 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, the task force shall inform the districts of the deficiency and request 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, 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, 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 of Education and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct appropriate district school personnel in all school districts in the detection of child abuse and neglect and the proper action that should be taken in suspected cases of abuse and neglect. The plan for accomplishing this end shall be included in the state plan.
 3. The Department of Law Enforcement and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse and neglect and the proper action that should be taken in suspected cases of abuse and neglect.
 4. Within existing appropriations, the Department of Health and Rehabilitative Services 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 and neglect and the proper action that should be taken in suspected cases of abuse and neglect. The plan for accomplishing this end shall be included in the state plan.

5. The Department of Education and the Department of Health and Rehabilitative Services shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on child abuse and neglect identification, intervention, and prevention. 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 on child abuse and neglect prevention.
6. Each district of the Department of Health and Rehabilitative Services shall develop a plan for its specific geographic 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 child abuse and neglect treatment and prevention. In order to accomplish this the district administrator in each district shall establish a task force on the prevention of child abuse and neglect. The district administrator shall appoint the members of the task force in accordance with the membership requirements of this act. 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 not be limited to:
 - a. Documentation of the magnitude of the problem of child abuse, including sexual abuse, physical abuse, and emotional abuse, and neglect in its geographical area.
 - b. A description of programs currently serving abused and neglected children and their families and child abuse and neglect prevention programs, including information on impact of programs, cost effectiveness, and sources of funding.
 - c. A continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention 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 and neglect prevention based upon the continuum.
 - 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 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 accomplishment of a comprehensive approach to child abuse and neglect prevention.
- g. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

The district local plan of action shall be submitted to the interprogram task force by November 1, 1982.

(3) FUNDING AND SUBSEQUENT PLANS.--

- (a) All budget requests submitted by the Department of Health and Rehabilitative Services, the Department of Education, or any other agency to the Legislature for funding of child abuse and neglect prevention efforts shall be based on the state plan developed pursuant to this section.
- (b) At least biennially, the Department of Health and Rehabilitative Services at the state and district levels and other agencies listed in subsection (2)(a) shall readdress the plan and make necessary revisions. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than January 1, 1985, and by January 1 of alternate years thereafter.

Section 2.

- (1) Any appropriation provided for the implementation of this act shall be distributed to each district based on the percentage of the total state reported cases of abuse and neglect reported in the district and the percentage of the total state population at risk of abuse and neglect in the district with equal weight being given to each factor. The distribution of the funds to each district shall be contingent upon the completion of the plan of action for the prevention of child abuse and neglect for the district as required in section 1 of this act and acceptance of the plan as being complete by the interprogram task force. If a district fails to provide a local plan of action that includes all of the required elements by November 1, 1982, all funds identified for use by that district shall be redistributed by the Department of Health and Rehabilitative Services to one or more districts based upon additional proposals submitted for utilization of the forfeited funds for prevention programs for child abuse and neglect. The interprogram task force shall select the proposals to be funded.
- (2) By utilizing the information contained in the district local plan of action and the priorities established in the plan, the district shall develop a request for proposals to obtain proposals for meeting identified priority needs. Such proposals shall be ranked by the group that participated in the development of the district plan. The priority ranking shall be made according to the extent the proposals meet identified needs, criteria for cost effectiveness, provision for an evaluation component that will provide outcome data, provision for a parenting education component, and a determination that the proposal provides a mechanism for coordinating and integrating services with other services that are considered necessary for

working with the target population. Once the proposals have been analyzed and ranked in order of preference, the list shall be submitted to the interprogram task force. After each district's proposals have been determined to be complete, each district will be notified and the funding released to the district.

Section 3.

This act shall take effect upon becoming a law, except that section 2 shall take effect July 1, 1982.

Approved by the Governor March 29, 1982.

Filed in Office Secretary of State March 29, 1982

I. - A.

2. 415.501, FLORIDA STATUTES

Prevention of abuse and neglect of children; state plan -

- (1) LEGISLATIVE INTENT - The incidence of known child abuse and child neglect has increased rapidly over the past 5 years. The impact that abuse 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 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 and neglect of children be developed for the state and that this planned, comprehensive approach be used as a basis for funding.
- (2) PLAN FOR COMPREHENSIVE APPROACH -
 - (a) The Department of Health and Rehabilitative Services shall develop a state plan for the prevention of abuse 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 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 district human rights advocacy committees; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, 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 of Health and Rehabilitative Services shall establish an interprogram task force comprised of representatives from the Children, Youth and Families Program Office; the Children's Medical Services Program Office; the Alcohol, Drug Abuse, and Mental Health Program Office; the Health Program Office; the Developmental Services Program Office; and the Office of Evaluation. 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 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 populations 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 of Education and the Department of Health and Rehabilitative Services 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 and neglect and in the proper action that should be taken in a suspected case of child abuse 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 of Law Enforcement and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect.
 4. Within existing appropriations, the Department of Health and Rehabilitative Services 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 and neglect and in the proper action that should

be taken in a suspected case of child abuse or neglect. The plan for accomplishing this end shall be included in the state plan.

5. The Department of Education and the Department of Health and Rehabilitative Services 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 and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressive 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 and child neglect.
6. Each district of the Department of Health and Rehabilitative Services 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 and neglect. In order to accomplish this, the district administrator in each district shall establish a task force on the prevention of child abuse 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 neglect in its geographical area.
 - b. A description of programs currently serving abused and neglected children and their families and a description of programs for the prevention of child abuse 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 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 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 and neglect.
- g. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

The district local plan of action shall be submitted to the interprogram task force by November 1, 1982.

(3) FUNDING AND SUBSEQUENT PLANS -

- (a) All budget requests submitted by the Department of Health and Rehabilitative Services, the Department of Education, or any other agency to the Legislature for funding of efforts for the prevention of child abuse and neglect shall be based on the state plan developed pursuant to this section.
- (b) At least biennially, the Department of Health and Rehabilitative Services at the state and district levels and the other agencies listed in paragraph (2)(a) shall readdress the plan and make necessary revisions. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than January 1, 1985, and by January 1 of alternate years thereafter.

History - s. 1, ch. 82-62, s. 62, ch. 85-81, s. 10, ch. 85-248.

Note - As amended by s. 10, ch. 85-248; s. 11, ch. 85-248 provides that "[t]his legislation is not intended to duplicate or supersede existing programs in child abuse and neglect prevention that are being utilized by the local school districts to meet these needs, provided that all of the elements required by sections 1 through 10 of this act are being met."

Note - Former s. 409-70.

B. Interprogram Task Force

Committee Substitute for House Bill 296 mandated the development of an Interprogram Task Force (IPTF); specifically it states:

The Department of Health and Rehabilitative Services shall establish an interprogram task force comprised of representatives from the Children, Youth and Families Program Office, the Children's Medical Services Program Office, the Alcohol, Drug Abuse and Mental Health Program Office, the Health Program Office, the Developmental Services Program Office, and the Office of Evaluation.

Following on the next page is a current list of Interprogram Task Force members.

CHILD ABUSE AND NEGLECT PREVENTION
INTERPROGRAM TASK FORCE MEMBERS

APPOINTMENTS

Carla J. Repetosky
Acting Program Staff Director
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Program Staff Director
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Charles P. Carbone
Acting Program Staff Director
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Health Program Office
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E. Charlton Prather, M.D., MPH
Acting Program Staff Director
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Marcia Hill
Acting Program Staff Director
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Director
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Betsy Webb
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Mary Kendrick
PDCMS - Child Protection
Team
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Sarah Meachen/John Tolliver/
Lon Sweat
PDHEHM - Maternal and Child
Health
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904/488-2834/same/487-1321
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Barbara Brabham
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OSIG
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**CHILD ABUSE AND NEGLECT PREVENTION
INTERPROGRAM TASK FORCE MEMBERS**

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Retha Nero
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C. District's Child Abuse and Neglect Prevention Task Force and Chairpersons

"Each district of the Department of Health and Rehabilitative Services shall develop a plan for its specific geographic area."

Chapter 82-62, Laws of Florida

The district administrator in each district established a task force on the prevention of child abuse and neglect. Each district's Child Abuse and Neglect Prevention Task Force serves in a district partnership capacity, and has provided an impetus toward development of a plan for every specific geographical area. Each plan was submitted to the Interprogram Task Force for utilization in preparing the state plan.

The following list represents those chairpersons, appointed by each district's administrator, to serve on the Child Abuse and Neglect Prevention Task Force.

DISTRICT CHILD ABUSE AND NEGLECT PREVENTION
TASK FORCE CHAIRPERSONS

District 1

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District 10

District Program Manager
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II. Statewide Analysis

A. **COMPREHENSIVE STATE PLAN**

1. **General Conditions and Needs**

In analyzing the information from all eleven district plans and their compliance with Section 415.501, F.S., as well as review of the two previous plans, there appears to be little change in the problems surrounding child abuse and neglect. In fact, with the sharp cuts in federal funding and Florida's continued growth in population (at least 895 new Floridian's arriving each day), the problems have broadened. Yet, the 2,500,000 children (0-17 years old) who live in this state hold the promise for Florida's future.

Treatment programs tend to receive support from public agencies interested in social problems, because results are visible. The impact of prevention programs is hard to measure and their value is difficult to demonstrate. Prevention programs have fared least well in the rigorous competition for scarce resources. However, today human service agencies have to consider the long-term cost savings of preventive efforts. Policy-makers need to consider a social investment strategy, particularly with the increased scarcity of funds. Social investment will have more impact in the long run, rather than competing among priorities for limited funds.

2. **Variations Based on Population or Geographic Areas**

"Children learn what they live"

D. L. Nolte

Florida's population change over the last 35 years has increased 300%. There are three determining factors which have contributed to this expansion: (1) vital events (see Appendices VI,A), (2) movement or migration of persons in and out of Florida's population, and (3) epidemiology (disease patterns). Population size, distribution and composition, as well as demographic diverseness, all play significant roles when considering prevention efforts and investment of a social strategy.

Demographically speaking, Florida is extremely diverse in nature. There are many immigrants and descendents of immigrants in its population. In more

recent years, other racial and ethnic groups have come into Florida. Over the past 25 years, there has been a great influx of Cubans. There are also other Hispanics that make up a large number of the population, particularly in the Miami/Dade County area and other close by counties. Also, immigrants from Haiti and other Caribbean countries have entered and remained in southeastern Florida. These populations, including the large number of retired people who come back during winter months and eventually become residents, make up the tremendous variation in composition of Florida's citizens.

Employment circumstances vary a great deal around the state. As a whole, the proportion of retired to employed persons is higher in Florida than the rest of the United States. For instance, there are several areas in south Florida where the concentration of retired persons outnumbers the younger employed persons. A large number of younger employed persons make up the service industry in tourist-related and health care services, while there are many who are employed in educational and government-related positions. However, agriculture is an extremely important part of Florida's economy. The agricultural system is dependent on migrant workers, who work during winter months and are primarily concentrated in the southern half of Florida, farming citrus and vegetables. After harvest they move north. Due to a nomadic lifestyle, it is difficult to reach the numbers of migrants and it is unlikely that they are all counted for during census years.

Comparatively, north Florida is far more rural in nature. Many more inhabitants are native-born to Florida. There are about the same amount of whites; however, they tend to be younger. Also, there are more individuals living below 150% of the poverty level. Because the northern part of Florida tends to be more agrarian, there is not the tourism or demand for services as in south Florida. However, there has been an enormous decline in agriculture for generating revenue. Due to varying degrees of these factors, the unemployment and underemployment rates tend to be very high.

When distinguishing the diversity in Florida's economic structure, it is important to keep the cost of living standards in mind. While there may be more jobs and opportunities for employment in south Florida, the cost of living is much greater.

In north Florida the cost of living is relatively less, but there is a severe scarcity in jobs and employment opportunities.

As of September 1986, the poverty level for a family of four was approximately \$10,900. The population living in poverty is disproportionately composed of children, households headed by females, and the elderly.

3. Identified Problems/Barriers

When considering any type of prevention strategy, the primary barrier is a lack of adequate funding. This has been, and continues to be, a major obstacle in the healing of children who have been or may be abused or neglected. The largest problem for agencies and organizations interested in this enormous social problem may be inadequate resources, but the problems don't stop there.

As stated earlier, Florida has a lead position in prevention efforts. However, considering Florida's huge growth and diverseness of population, these efforts are still grossly lacking in meeting needs. Prevention programs must be developed at the local level, and tailored to local needs, values and norms. This is an extremely hard task for most communities in Florida, but Section 415.501, F.S., has attempted to address this critical problem for prevention and reoccurrence of abuse and neglect to Florida's children and their families.

A challenge for human service providers is to provide attractive, useful and available programs, especially to those individuals or families who are difficult to get involved in services. Identifying and reaching out to isolated families are examples of the challenges that prevention programs must address.

The continuum of services used throughout this report (by the National Committee for Prevention of Child Abuse) can be a prime impetus for a comprehensive approach for prevention efforts. In fact, if used in a cost-effective, coordinated fashion at the local level, this continuum can aid a community in recognizing what is already available and what is needed for detouring problems surrounding abuse and neglect, while at the same time providing the "means" or services in order that families may stay together and heal their difficulties.

In analyzing the district plans, the cries from each district were redundant throughout the state and can be narrowed into three categories:

- (1) increase funding
- (2) increase staff
- (3) increase pay for staff, to decrease turnover rate and enhance effectiveness in the outcome of services.

Each of the district's plan enumerated specific barriers and recommendations for change in their individual prevention plans.

B. A CONTINUUM OF SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

"A continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention as well as a brief description of such programs and services." Section 415.501 (2)(6)6.c, Florida Statutes

The continuum described here is based on the National Committee for Prevention of Child Abuse publication "An Approach to Preventing Child Abuse". The district task forces began with this model as a basis for their own continuum which they describe in their district plans. Each district had the option of adding to or deleting programs in this model to meet local needs and the vision of each task force.

This approach to preventing child abuse is made up of community programs that are targeted to different populations and reflect phases of the family life cycle. To cope successfully with their roles in the family, both parents and children require certain supports, training and information. Based on what is known or believed to enhance an individual's ability to function in a healthy way within a family, program areas that contribute to a strategy for prevention can be identified. These programs are:

- o Support programs for new parents
- o Education for parents
- o Early and regular child and family screening and treatment
- o Child care opportunities
- o Programs for abused children and young adults
- o Life skills training for children and young adults
- o Self-help groups and other neighborhood supports
- o Family support services

These program areas begin with the prenatal period, furnishing prospective parents with information and skills related to child care and child development. They continue with services and support programs for parents of infants and young children, and include services for the child throughout the school years. Although a community may choose not to offer services in all program areas, as a group they respond to the needs of all family members.

To help ensure the efficient and appropriate implementation of the prevention plan, community support activities have been identified:

- o Community organization activities
- o Public information and education on child abuse prevention

The Prevention Programs and Services

1. Support Programs for New Parents - The purpose of support programs for new parents, such as perinatal support programs, is to prepare individuals for the job of parenting. Such programs should include supports during both the prenatal and postnatal periods. Prenatal pro-

grams can build on existing medical programs and educate about-to-be parents in child development, parent-child relationships, and adult relationships. Information on community resources available to new parents and to infants and children should be provided. In supplying information and in teaching skills for coping with the challenges of being a parent, special emphasis should be placed on developing techniques useful in communicating with the new baby. One focus of these services should be to develop group activities that form a social network among new parents, thereby creating peer relations and peer support. Although such programs should be available to all parents, special attention should be paid to first time, teenage and single parents.

Prenatal and postnatal medical care is clearly important, particularly since low-birthweight babies and babies otherwise sick in infancy are at risk for being abused. Many prospective parents now participate in prenatal care programs that go beyond the medical needs of the pregnant mother and the growing fetus to include attention to the demands of parenting. All prenatal care programs should provide prospective parents with parenting education and other supports to ease the difficulties associated with having a new infant in the home.

Studies suggest that in families in which parent-child bonding is weak the child is at greater risk for abuse. Part of the function of perinatal support programs should, therefore, be to enhance parent-child bonding. Childbirth procedures involving both parents, rooming-in, and unlimited visiting privileges for parents with their infants are important. Minor changes in hospital procedures should facilitate opportunities for families to get to know their newest member, while enhancing the opportunities for early and effective parent-child bonding. Many hospitals offer prospective parents the opportunity to participate in programs that enhance the bonding process. All hospitals should offer such options.

2. Education for Parents -As a continuation of the prenatal program and as part of perinatal support programs, all new parents should have an opportunity to participate in a program to increase their skills in caring for a new baby. The program should be directed toward the creation of social networks, through new-parent groups or by pairing first time parents with experienced parents, and toward the continuation of instruction in child care and child development.

Having a new infant in the home creates stress in any family. When, however, the infant requires extra or special care, stress can be greatly increased, putting the child at greater risk for abuse. To reduce the additional stresses created for parents by infants with special problems following birth - for example, premature babies or those with illnesses, abnormalities, or defects - a special education support program should be available. The program should focus on group support from parents with similar children, and it should educate parents about the particular needs of their child and how to deal with those needs in

a family environment. Every attempt should be made to furnish supports that minimize distortion of the parents' perception of their new child. Separating newborns from their families to provide intensive care can require special adjustments for parents, and they should receive help that is sensitive to this unique stress.

Among the problems experienced by families with young children is isolation from and lack of knowledge about health and social services in the local community. Coupled with a lack of knowledge of how to detect and handle many childhood problems, this puts a family at risk for abuse. As an ongoing source of support and information for parents, education support programs should include home visitor services that consist of periodic visits to the home following childbirth until the child begins school.

These visits should be made by a trained Home Health Aide under the supervision of medical professionals. The Aide should provide information and advice to parents on child care, nutrition, and home management and should carry out routine health checkups on young children. In addition, the Aide should refer parents to needed social and health services in the community. In some communities the services of the home visitor can be effectively rendered through a local well-baby program.

3. Early and Regular Child and Family Screening and Treatment - Because abusive behavior is cyclic, many health and developmental problems in childhood can lead to behavioral problems in adulthood, including abusive behavior. For this reason detecting and treating health and developmental problems early in life is important. Early childhood screening services, such as those offered by the home visitor. The purpose of such programs should be to detect problems children may be having, including abuse and neglect, and to ensure that these children receive the necessary health, mental health, and other services that will best protect them from becoming abusive parents.

Screening and treatment programs exist throughout the United States in preschools and schools; they should be available to all children. All screening programs, however, need to be sensitive to the possibility that a child may be inappropriately labeled, with long-term negative consequences.

4. Child Care Opportunities - The purpose of child care or day care programs is to furnish parents with regular or occasional out-of-home care for their children. While child care is a necessity in households in which all adults are employed, such services are also beneficial for parents who do not work outside the home but who find continuous child care responsibility very stressful. Child care programs also provide opportunities for children to learn basic social skills. Head Start programs in particular provide a rich mix of child care development services.
5. Programs for Abused Children - It has been argued that prevention of

abuse is in part tied to providing therapeutic treatment to children or young people who have been abused or neglected. To minimize the long-term effects of abuse, age-appropriate treatment services should be available to all maltreated children.

Treatment programs for abused children should include a thorough diagnosis of physical and developmental (social, psychological, and emotional) problems. Comprehensive therapeutic services should be offered to alleviate identified problems. Assistance should be rendered on the basis of an individual child's needs and should include individual and group services as well as an enriched day care program.

6. Life Skills Training for Children and Young Adults - The purposes of life skills training are first to equip children, adolescents, and young adults with interpersonal skills and knowledge that are valuable in adulthood, especially in the parenting role; and second, to provide children with skills to help them protect themselves from being abused. Knowledge and skills can be imparted in a variety of ways; irrespective of the specific techniques, educational classes or supports should be provided through adult education centers.

Skill and knowledge building should be stressed in areas of child development, family and life management, self-development, self-actualization, and methods of seeking help. For adolescents in particular, education in sexuality, pregnancy prevention, and issues related to parenting should be provided.

7. Self-Help Groups and Other Neighborhood Supports - Social isolation, not having anyone to turn to in times of need, plagues most families who are at high risk for abuse and neglect. The purpose of self-help groups is to reduce the isolation experienced by many parents through the development of peer support systems.

Beginning with social networks created through parent groups in the prenatal and perinatal programs, a variety of opportunities should be offered for parents to participate in group activities or to establish social contacts. Examples include parent groups stemming from local child care programs. Foster Grandparent Programs, Parents Anonymous, and comparable problem-oriented self-help or support groups. The mutual aid programs should also focus on the development or strengthening of neighborhood-based natural helping networks.

8. Family Support Services - Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse or neglect. To provide immediate assistance to parents in times of stress, crisis care programs should be available on a 24-hour basis and should include the following services: telephone hot line, crisis caretakers, crisis babysitters, crisis nurseries, and crisis counseling. Through these programs, parents facing immediate problems could receive immediate support to alleviate the stresses of a particular situation. Help should be available over the phone or through in-person counseling.

The program should also offer parents the options of having someone come into their homes on a temporary basis to assist with child and home care or of taking the child to a crisis nursery. Because crisis care is temporary and short-term, such programs should be equipped to refer parents to long-term services as needed.

The Community Supports

Based on what is currently known, these preceding program areas form a strategy for preventing child abuse. Community supports are essential, however, in putting into place these or any other prevention services and in assuring that such services are responsive to a community's needs.

9. Community Organization Activities - To increase the availability of social service, health, and education resources and of the other supports that reduce family stress, community organization activities will be necessary. A community-based planning or coordinating body is certainly required, one that represents the views of different community groups and agencies. This body will have an important role in determining priorities for proposed prevention programs.

As programs are implemented, a plan for ongoing evaluation and assessment of them is also necessary. This will ensure that the programs are indeed effective, and that they are continually responsive to those they are intended to help.

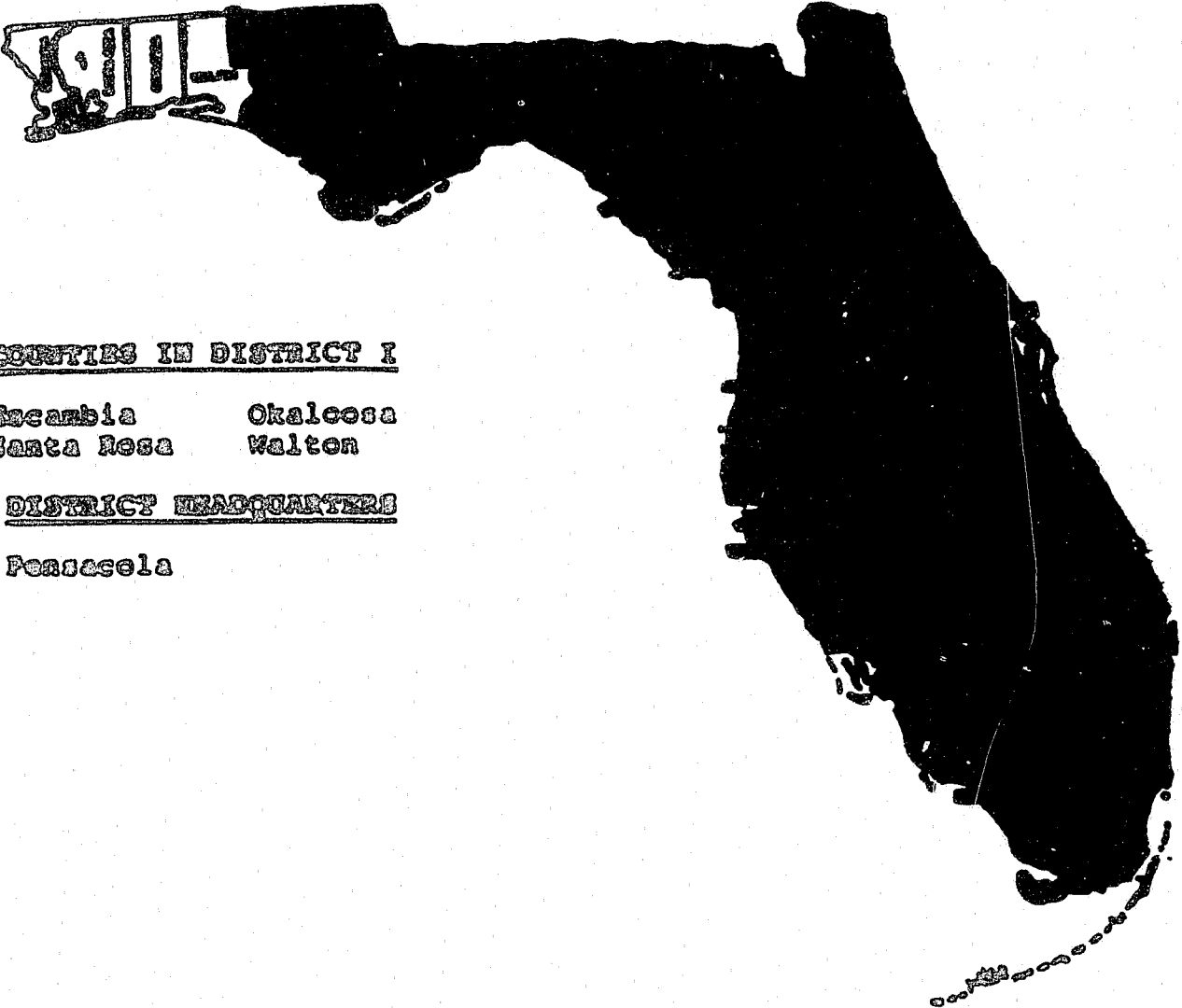
10. Public Information and Education on Child Abuse Prevention - Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role, and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services.

Awareness on the part of professionals and volunteers is also essential to the effectiveness of a community's prevention programs. It is particularly important that those who come into contact with families, such as physicians and teachers, receive training in the dynamics of child abuse and information on the availability of prevention programs in the community.

"Each district of the Department of Health and Rehabilitative Services shall develop a plan for its specific geographic area."

Chapter 82-62, Laws of Florida

DISTRICT I



COUNTIES IN DISTRICT I

Escambia Okaloosa
Santa Rosa Walton

DISTRICT HEADQUARTERS

Pennacola

Richard E. Grimm
District Administrator

John Bilbrey, Ph.D.
Chairperson
District Child Abuse & Neglect
Prevention Task Force



DISTRICT 1
A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT

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DISTRICT 1

I. DISTRICT CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

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904 478-1100

Local School Board Representative(s)
(VACANT)

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Committee (VACANT)

Mrs. Judy Murphy, Director
COPE Center, Inc.
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904 892-5333

Law Enforcement Representative
(VACANT)

Other (VACANT)

II. STATEMENT OF PURPOSE

The purpose of the District Task Force is to develop a plan of action for enhancement of coordination and interpretation of the goals, activities and funding pertaining to the prevention of child abuse and neglect in District 1. Members of the District Task Force represent various social, economic and geographic associations in the district to ensure that the plan is representative of the needs of the entire four county district. The comprehensive district plan, as developed by the District Task Force, shall be the basis for funding appropriated by the Florida Legislature. The original state plan was submitted to the legislature and executive branches on January 1, 1983. An updated district plan, developed in the summer of 1984, was submitted to the Interprogram Task Force for utilization in updating the state plan in December 1984. The 87-88 District plan is now finalized.

Elements of the district plan, as developed by the District Task Force, are produced in accordance with statutory requirements and the instructions included in the state plan guidelines. All activities of the District Task Force shall be guided by the four objectives stated in Article II of the By-Laws.

The District Task Force has met regularly to monitor the progress of the district plan. The District Task Force has prioritized goals of the programs and service areas to be targeted for future expansion. The District Task Force has had regular reports and viewed all materials prepared by the providers. The District Task Force has just completed a serious effort to develop this district plan and will be using the plan as a basis for activities during the next two years.

III. OPERATING PROCEDURES

A. CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE BY-LAWS

B. ARTICLES

ARTICLE I--Authority and Title -

The HRS District Administrator is responsible for establishing a local District Task Force for implementing Section 415.501, F.S., prevention of child abuse and neglect of children, state plan. The District Task Force is called the District 1 Task Force for the prevention of child abuse and neglect, hereafter referred to as the District Task Force.

ARTICLE II—Objectives -

The objectives of the District Task Force are as follows:

- (1) provide for a comprehensive approach to the prevention of child abuse and neglect
- (2) provide for state and local coordination efforts in this endeavor
- (3) develop a district (Escambia, Santa Rosa, Okaloosa and Walton Counties) plan to meet these overall responsibilities
- (4) ensure that funding for child abuse and neglect prevention efforts are based on the state plan

ARTICLE III—Purpose -

The purpose of the District Task Force is to develop a plan of action for the enhancement of coordination efforts and interpretation of the goals, activities and funding pertaining to the prevention of child abuse and neglect in District 1. Members of the District Task Force representing various social, economic and geographic associations in the area to ensure that the plan is representative of the needs of this four county district. The comprehensive plan as developed by the District Task Force shall be the basis for funding appropriated by the Florida Legislature for this district. The plan developed at the district level shall be submitted to the Interprogram Task Force for utilization in preparing the state plan.

ARTICLE IV—Responsibilities -

It is the responsibility of the District Task Force to develop plans to accomplish the following activities, report on progress and/or problems and accomplish the charge as set forth in the law:

- (1) develop the district plan to include the information required by the state plan guidelines
- (2) determine areas of responsibility of District Task Force members and to establish activities, accountability, beginning dates and completion dates for each plan of action
- (3) utilize existing groups within the district to fulfill some of the overall responsibilities
- (4) provide feedback to the local HRS unit and Community Task Forces regarding problems in the community's service delivery system, thus upgrading preventive and treatment services

- (5) evaluate the impact of the operational plan for implementation of Section 415.401 F.S.

ARTICLE V—Membership -

Members of the District Task Force are to be appointed by the HRS District Administrator and shall include representatives from, but not limited to, the following:

- o Community Mental Health Center
- o Guardian Ad Litem Program
- o School board of the local district
- o HRS District Human Rights Advocacy Committee (HRAC)
- o private or public organizations with recognized expertise in working with children who are sexually, physically, and emotionally abused or neglected, as well as the families of these children
- o private or public programs and organizations with expertise in maternal and infant health care
- o multidisciplinary child protection team
- o child day care centers
- o law enforcement

The District Task Force shall be comprised of at least fifteen (15) members from both rural and urban areas within the district.

Voting members are those individuals appointed to the District Task Force by the HRS District Administrator. When vacancies occur, nominations will be solicited from the committee membership, screened, selected and recommended to the District Administrator.

Any member who fails to attend three (3) consecutive meetings, without a valid excuse as determined by the Chairperson of the District Task Force, shall be deemed to have resigned.

The terms of service for the elected Chairperson and members shall be one year. Members may be reappointed by the HRS District Administrator for additional years.

Resignation of any member of the District Task Force shall be submitted in writing to the District Administrator and a copy sent to the Chairperson.

The Chairperson will be elected by the District Task Force in November of each year. The Chairperson shall:

- (1) prepare an agenda for each meeting
- (2) conduct transactions according to the operating procedures
- (3) record and forward the minutes of all meetings to each

- District Task Force member
- (4) maintain committee reports, carry on necessary correspondence as assigned and take attendance at meetings

ARTICLE VI—Rules of Order -

Meetings shall be held at least quarterly, time and location to be determined by the members. Special meetings may be summoned by the Chairperson, or by request from a majority of the members. At least seven (7) days notice in writing pertaining to each meeting shall be mailed to every member on the District Task Force at his/her place of business or residence.

Five members must be present to constitute a quorum for transaction of business.

- O Procedures for the conducting of District Task Force meetings should include:
 - (1) roll call
 - (2) reading of minutes of previous meeting
 - (3) report from the Chairperson
 - (4) report from Task Force Members
 - (5) discussion/reaction to reports
 - (6) transaction of other business
 - (7) assignments and responsibilities for the next meeting and
 - (8) adjournment

- O Voting procedures shall include the right of every member to one vote, in person, upon every proposal properly submitted at any meeting of the District Task Force. Votes will be cast by voice; however, should voice vote be unclear or if any member requests, a show of hands will be taken. In all cases, majority rule shall prevail and in the event of a tie, the vote of the Chairperson shall break the tie. Not less than five (5) members shall constitute a quorum, but if at any meeting there should be less than a quorum, a majority of those present may conduct business that does not require a vote. Members shall not be permitted to vote by proxy. Members shall abstain from voting on issues which constitute a conflict of interest. A conflict of interest occurs when a voting member is an employer, employee or board member of a particular agency subject to a given vote.

- O A vote is required in regard to the following issues:
 - (1) adoption of the district plan
 - (2) priority listing of needs and related requests for proposals

- (3) recommendations for funding
- (4) recommendations of membership to the District Administrator
- (5) any other issue deemed to require a vote by the Chairperson

Special work groups for the completion of tasks may be established using agency personnel, volunteers, consultants or students. There will be no standing subcommittees.

The District Administrator of HRS may be requested to supply specific information for the completion of assignments as set forth in the law.

Compensation to District Task Force members, for travel and personal expenses, shall be the responsibility of each member unless his/her organization or agency has the provisions to defray such costs.

ARTICLE VII--By-Laws Amendment -

These By-Laws may be amended by vote of the District Task Force. Any member may propose an amendment to the By-Laws. The proposed amendments will be mailed to each member no less than 30 days prior to the vote on the amendment.

DISTRICT 1 -

Proposed Amendments -

The District Task Force has discussed 2 issues which will be addressed as amended in accordance with Article VII.

1. Definition of quorum. It is proposed that the current definition of quorum be defined as half the membership, in keeping with a statewide standard for quorum size.
2. Purchasing decisions. The District Task Force has indicated that the Request For Proposal (RFP), competitive bid process, would be used only when the project or services to be funded fall outside of the expertise of the current Provider. The District Task Force is generally using a comprehensive approach to child abuse and neglect prevention.

The current provider won the bid through the formal RFP process in 1983. A single contract was negotiated in keeping with the comprehensive approach. The District Task Force is very satisfied with the Provider, the services of-

ferred and the cost-effectiveness in providing the services. Reports from the Provider are reviewed quarterly to ensure quality of service.

IV. INTRODUCTION TO CONTINUUM OF PREVENTION SERVICES

The continuum described here is based primarily on the National Committee for Prevention of Child Abuse publication on "An Approach to Preventing Child Abuse". This approach to preventing child abuse is made up of community programs that are targeted to different populations and reflect phases of the family life cycle. To cope successfully with their roles in the family, both parents and children require certain supports, training and information. Based on what is known or believed to enhance an individual's ability to function in a healthy way within a family, program areas that contribute to a strategy for prevention can be identified.

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

1. Support Programs for New Parents -

The purpose of support programs for new parents, such as perinatal support programs, is to prepare individuals for prenatal and postnatal periods. Prenatal programs can build on existing medical programs and educate about-to-be parents in child development, parent-child relationships and adult relationships. Information on community resources available to new parents and to infants and children should be provided. In supplying information and in teaching skills for coping with the challenges of being a parent, special emphasis should be placed on developing techniques useful in communicating with the new baby. One focus of these services should be to develop group activities that form a social network among new parents, thereby creating peer relations and peer support. Although such programs should be available to all parents, special attention should be paid to first time, teenage and single parents.

Prenatal and postnatal medical care is clearly important, particularly since low-birthweight babies, and babies otherwise sick in infancy, are at risk of being abused. Many prospective parents now participate in prenatal care programs that go beyond the medical needs of the pregnant mother and the growing fetus, by focusing attention on the demands of parenting. All prenatal care programs and services should provide parents-to-be with parenting education and supple-

mental supports, to ease the difficulties associated with having a new infant in the home.

Studies suggest that in families where parent-child bonding is weak, the child is at greater risk for abuse. The function of perinatal support programs should expand to include enhancement of parent-child bonding.

2. Group Education for New Parents -

As a continuation of the prenatal program and as part of the perinatal support program, all new parents should have an opportunity to increase their skills in caring for a new baby. The program should be directed toward the creation of social networks, via new parent groups or by pairing first time parents with experienced parents, and toward the continuation of instruction in child care and development.

Having a new infant in the home creates stress for any family. An infant that requires extra or special care greatly increases stress for family members, and puts the baby at greater risk of possible abuse and neglect. The parents of infants with special problems, for example, premature babies or those with handicapping conditions need special educational support services available. These services should focus on obtaining group support from parents whose children have had difficulties. Instruction should focus upon the particular needs of each child and how to deal with those needs in a family environment. Every attempt should be made to provide supports to minimize distortion of the parent's perception of their new child. Separating newborns from their families, to provide intensive care, can require special adjustments for parents and they should receive help that is sensitive to this unique stress. Families, particularly the parents, experience a great deal of stress when their babies are separated from them due to critical problems involving neonatal intensive care. The parents of these infants need support for this stress.

3. In-Home Education and Support -

Among the problems experienced by families with young children, is isolation from and lack of knowledge about health and social services in the local community. When coupled with a lack of knowledge of how to detect and handle many childhood experiences, a family may become at risk for abuse and/or neglect. As an ongoing source of support and information for parents, educational support in the form of home visitor services should include periodic visits to the home following childbirth, until the child begins school.

These visits should be made by a trained Home Health Aide who is in a position to provide information and advice to parents on child care, nutrition home management and how to seek routine health checkups for their young children. In addition, the Aide should refer parents to needed social and health services in the community. In some communities, the services of the home visitor can be effectively rendered through a local well-baby program.

4. Early and Regular Child and Family Screening and Treatment -
Because abusive behavior is cyclic, many health and developmental problems in childhood can lead to behavioral problems in adulthood to include abusive behavior. For this reason, detecting and treating health and developmental problems early in life is critical. Early childhood screening and treatment programs should be seen as a continuation of the preschool screening services, such as those offered by the home visitor. The purpose of such programs should be to detect problems children may be having, including abuse and neglect. It should be ensured that these children receive the necessary health, mental health and other services that will best protect them from becoming abusive parents, thus breaking the cycle of abuse.

5. Child Care Opportunities -
The purpose of child care, to include day care programs, is to furnish parents with regular or occasional out-of-home care for their children. While child care is a necessity in households where parents are employed, such services are also beneficial to parents who may not work outside the home but need relief from continuous child care responsibilities. Referred to as respite care, this service can ease stress related factors. Child care programs also provide opportunities to children for learning basic social skills.

6. Self-Help Groups and Other Neighborhood Supports -
Social isolation and not having anyone to turn to in times of need, can plague families at high risk for abuse and neglect. The purpose of self-help groups are to reduce the isolation experienced by many parents, through the development of peer support systems.

Beginning with social networks created through parent groups in the prenatal and perinatal programs, a variety of opportunities should be made available for parents. Participation in group activities and establishing social contacts can aid parents in coping with stress. Stemming from self-help groups and other neighborhood supports are Foster Grandparent Pro-

grams, Parents Anonymous and comparable problem-oriented associations. These types of mutual aid programs should also focus on the development and strengthening of neighborhood-based, natural helping networks.

7. Ongoing Parent Education -

As the children become older, parents encounter new challenges or problems for which they are unprepared. Parent education programs provide information and a forum for parents to learn and develop skills they need in raising their toddlers, pre-adolescents and adolescents.

8. Life Skills Training for Children and Young Adults -

The purpose of life skills training is first to equip children, adolescents and young adults with interpersonal skills and knowledge that are valuable in adulthood, especially in the parenting role, and second, to provide children with skills to help them protect themselves from being abused. Knowledge and skills can be imparted in a variety of ways; regardless of the specific techniques, educational classes or supports should be provided through the school system and through adult education centers.

Skill and knowledge building should be stressed in areas of child development, family and life management, self-development, self-actualization and methods for seeking help. For pre-adolescents and adolescents, education in sexuality, pregnancy prevention and issues relating to parenting should be provided.

9. Family Support and Crisis Services -

Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse and neglect. To provide immediate assistance to parents in times of stress, crisis care programs should be available on a 24-hour basis and should include the following services: telephone hot lines, crisis caretakers, crisis babysitters, crisis nurseries and crisis counseling. Through these programs, parents facing immediate problems could receive immediate support to alleviate the stresses of a particular situation. Help should be available over the phone or through in-person counseling.

The program should also offer parents the option of having someone come into their home on a temporary basis to assist with child and home care, or of taking the child to a crisis nursery. Because crisis care is temporary and short term, such programs should be equipped to refer parents to long term services as needed.

10. Programs for Abused Children -

It has been argued that prevention of abuse is, in part, tied to providing therapeutic treatment to children or young people who have been abused or neglected. To minimize the long term effects of abuse, age appropriate treatment services should be available to all maltreated children.

Treatment programs for abused children should include a thorough diagnosis of physical and developmental (social, psychological and emotional) problems. Comprehensive therapeutic services should be offered to alleviate identified problems. Assistance should be rendered on the basis of an individual child's needs and should include individual and group services as well as an enriched day care program.

11. The Community Supports -

Based on what is currently known, the preceding program areas form a strategy for preventing child abuse. Community supports are essential in putting into place these or any other prevention services, and in assuring that such services are responsive to a community's needs.

12. Community Organization Activities -

To increase the availability of social service, health and education resources and other supports that reduce family stress, community organization activities are necessary. A community based planning or coordinating body is required, one that represents the views of different community groups and agencies. This body will have an important role in determining priorities for proposed prevention programs.

As programs are implemented, a plan for ongoing evaluation and assessment of them is also necessary. This will ensure that the programs are indeed effective, and that they are continually responsive to those they are intended to help.

13. Public Information and Education on Child Abuse and Neglect Prevention -

Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services.

Awareness on the part of professionals and volunteers is also essential to the effectiveness of a community's prevention

programs. It is particularly important that those who come into contact with families, such as physicians and teachers, receive training in the dynamics of child abuse and information on the availability of prevention programs in the community.

B. CONTINUUM OF EXISTING PROGRAMS AND SERVICES

As a major part of our current coordination efforts, the Prevention Project is sponsoring local child abuse and neglect task groups in each of the following communities in District 1:

- O Century
- O Pensacola
- O Milton
- O Gulf Breeze
- O Crestview
- O Niceville/Valpariso
- O Ft. Walton Beach
- O DeFuniak Springs
- O South Walton County

These groups were asked to detail existing resources in their area and to establish priority needs. This section represents a comprehensive listing of current programs or services. Some services are not truly available in a given locale; a drive into a neighboring community may be necessary. Because a certain amount of such commuting for services may always be necessary, programs are listed by county. Further, to highlight the continuum, existing programs and services are listed on the next pages by each element of the continuum.

SUPPORT PROGRAMS FOR NEW PARENTS

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBLA
<u>Midwife Services</u>	X			
<u>Prenatal Classes - Hospitals</u>		X		X
<u>Prenatal Classes - Eglin AFB</u>		X		
<u>Prenatal Classes - Health Dept.</u>		X	X	X
<u>Prenatal Classes - Private Doctors</u>		X	X	X
<u>American Red Cross - Mother's Aid courses and parental preparation</u>		On Request		
<u>Lanase Classes</u>		X	X	X
<u>Children's Home Society Teenage Pregnancy Program</u>	X	X	X	X
<u>Mother To Mother (perinatal support program-Prevention Project)</u>		X	X	X
<u>Toes N' Teens - Prevention Project</u>		X		X
<u>Children's Home Society--assistance to natural parents with problem pregnancies</u>	X	X	X	X
<u>Laloché League--breastfeeding, nutrition, weaning</u>		X	X	X
<u>L.I.P.E., Inc.--counseling, R.N. for post natal follow-up, preventive program for 3 months</u>		X		
<u>March of Dimes Birth Defects prenatal counseling, neo-natal scanning</u>		X	X	X
<u>Mothers of Twins Club for expectant multibirth families</u>		X		
<u>Prenatal Classes--Wellness Center-Twin Cities Hospital</u>		X		
<u>Improved Pregnancy Outcome Program</u>	X	X	X	X
<u>Our Mother's Home--medical care through birth, parent training</u>			X	X
<u>Perinatal Clinic--Sacred Heart Hospital and Children's Hospital--prenatal for high risk</u>	All Counties Can Use Services X			
<u>Prenatal program--Santa Rosa Hospital low risk, income based</u>			X	
<u>Medically Needy Program--HRS</u>	X	X	X	X

GROUP EDUCATION FOR NEW PARENTS

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Women and Infant Care Program Health Department	X	X	X	X
Parent to Parent support for parents of children w/disabilities	X	X		
Cygnis--Teen Parent Group		X		X
Okaloosa Guidance Clinic Play Groups		X		
Okaloosa Guidance Clinic Developmental Ed. Series		X		
Tots N'Teens--Prevention Project		X		X
Mothers of Twins Club		X		
School Of Hope		X		
Children's Home Society Parenting education--Systematic Training for Effective Parenting		X		X
Compassionate Friends--group for parents whose child has died		X	X	X
HHS Developmental Services	X	X	X	X
LaLoche League		X	X	X
One Day At A Time--parents whose children have life threatening illness		X	X	X
USAF Eglin (CHAP) families with handicapped children		X		
Twin Cities Wellness Center-- parenting, stress management		X		
Eglin Air Force Base Family Advocacy Program--parenting classes		X		
Association for Retarded Citizens-- Children's Services Parent/Infant Education Program		X	X	X
Systematic Training for Effective Parenting/Mental Health Department			X	
Systematic Training for Effective Parenting/Community Schools		X	X	
Veteran's of Intensive Care parent support group/training			X	X
Special Parents--monthly parent to parent group			X	X
"You and Your Baby--Pensacola Junior College and Prevention Project				X
West Florida Hospital--Parenting				X
Sacred Heart Hospital--Parenting				X
Teen Pregnancy Program	X	X	X	X

IN-HOME EDUCATION AND SUPPORT

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Infant Learning Project - weekly home visits for education & support-birth to 1 year (Prevention Project)	X			
Public Health Nurses--by referral	X	X	X	X
Mother To Mother - perinatal support for high risk families--Prevention Project		X	X	X
Family Outreach--home visits to families under stress	Sched. Fall	X	X	X
Intensive Crisis Counseling--Children's Home Society--for families faced with the possibility of removal of a child from the home (HRS Referral)	X	X	X	X
Therapeutic Homemakers--HRS Referral	limited	X	limited	X
Children's Home Society--Teenage Pregnancy Program	X	X	X	X
Home-school Liaison (schools)		X		
Head Start--for enrolled parents		X		
HRS Protective Services	X	X	X	X
Association for Retarded Citizens				
Homebound Infant Stimulation Program-birth to 5 years	X	X	X	X
E-MA-CHAMPEE Boys Camp 7-17 years				
Social Worker assists parents	X	X	X	X
High Risk Infant Surveillance Program--Health Department			X	
Expanded Food and Nutrition Education Program - home visits to help with homemaking skills for families with young children				X
Homebound Teacher (schools)	X	X	X	X

EARLY AND REGULAR CHILD AND FAMILY SCREENING AND TREATMENT

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Health Department, DDST (Denver Developmental Screening Test)	X	X	X	X
HRS Developmental Services	X	X	X	X
EPSDT/Medicaid--screening of Medicaid recipients	X	X	X	X
School Health Programs	X	X	X	X
Lion's Club--glasses	X	X	X	X
Mother To Mother--in home DDST		X	X	X
School Of Hope--therapy		X		
Silver Sands		X		
Child Find		X	X	X
Speech and Hearing Program		X		X
Bureau of Blind Services	X	X	X	X
Children's Medical Services--clinics, treatment of chronic illnesses	X	X	X	X
March of Dimes Birth Defects Foundation--neo-natal scanning of low birth weight children		X	X	X
Head Start--dental services		X		
Health Department--Well Baby Clinic	X	X	X	X
Children's Home Society teen parent follow-up testing for one year	X	X	X	X
Health Department dental services			X	
Health Department High Risk Infant Surveillance			X	
Shriner's Hospital for Crippled Children	X	X	X	X
Women and Infant Care--Health Department	X	X	X	X
Association For Retarded Citizen's Pearl Nelson Center				X

CHILD CARE OPPORTUNITIES

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Chataqua Neighborhood Center Child Care 2-12 yrs. single parents, working or handicapped, students at Okaloosa Walton Junior College	X			
Head Start--4 & 5 yr olds income eligible, 10% handicap	X	X	X	X
Private Babysitters	X	X	X	X
Okaloosa County Day Care for low income families 3 mo.-12 yrs.		X		
Okaloosa Guidance Clinic Early Childhood Project Therapeutic Preschool for learning, behavioral, emotional problems 2-5 years		X		
Family Day Care Home Providers	X	X	X	X
Private Preschool	X	X	X	X
Mothers Day Out		X	X	
Vo-Tech Preschool		X		
Okaloosa Walton Junior College Preschool		X		
West Florida Child Care Latchkey Program			X	X
West Florida Child Care subsidized low income			X	X
Y.W.C.A. Child Care for school holidays 3-12 yrs.			X	X
Private Day Care	X	X	X	X
Pre-Kindergarten programs-school system			X	
Association for Retarded Citizens Infant Stimulation Center for developmentally delayed infants to 5 years		X	X	X
Y.W.C.A. After School Program				X

SELF HELP AND OTHER NEIGHBORHOOD SUPPORT GROUPS

	HALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Al-Anon	X	X	X	X
Client Support Group (COPE Center)	X			
Parent To Parent (parents of children with disabilities)	X	X		
Parents Without Partners		X		
Alateen		X	X	X
Alcoholics Anonymous	X	X	X	X
Toughlove	X	X	X	X
Compassionate Friends		X	X	X
American Cancer Society "I Can Cope" program		X		X
Juvenile Diabetes Association support for diabetic youth, family and friends		X	X	X
Mothers Against Drunk Driving		X	X	X
Multiple Sclerosis Society support group of patients		X	X	X
Narcotics Anonymous		X	X	X
Panhandle Chapter of National Society for Autistic Children and Adults		X		
Parents Anonymous		Tenta- tive		X
Mothers of Twins		X		X
Advocates for Victimized Children			X	
One Day At A Time		X	X	X
SOLO - for all separated, divorced or widowed		X		X
Students Against Drunk Drivers		X		
USAF Eglin--"Children Have A Potential" Children with Handicaps		X		
Special Parents--Association for Retarded Citizens sponsor			X	X
Whiting Field--Family Service Center peer support group			X	
Parents of Gays				X
Operation Involvement--Family Dynamics--HRS			X	

**SELF HELP AND OTHER NEIGHBORHOOD SUPPORT GROUPS
(CONTINUATION)**

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Foster Grandparents				X
Family Outreach--Adopt A Family A community group becomes involved with a family in stress and offers support and guidance				X
Favor House--group for abusers				X
Parents of Hearing Impaired Children-Escambia School System				X

LIFE SKILLS TRAINING FOR CHILDREN AND YOUNG ADULTS

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Prevention Project Programs K-6th	X	X	X	X
Child Protection Team or Prevention Project--Personal Safety programs for Life Management classes	X	X	X	X
Child Protection Team or Prevention Project--Child Abuse and Neglect for Life Management classes	X	X	X	X
School System--9th grade Life Management required	X	X	X	X
School System--10th grade Life Management required		X		
School Health Nurse "Growing Up Series"	X			
Prevention Project--Personal Safety for preschoolers	X	X	X	X
Pregnancy Prevention program--Health Department		X		X
WFSE radio broadcasts weekly "Teen Talk" show--Twin Cities Prevention Task Force		X		
Association for Retarded Citizens provides programs for eligible children	X	X	X	X
"I'm Thumbody" self-awareness program for K-5th grade--Mental Health Assoc.		X	X	X
Cycnis program--pregnant school-aged students	Sched.	X	Sched.	X
Public Health Department--health information to schools		X	X	X
Children's Home Society--"Say No" Middle Schools	X	X	X	X
Couple To Couple League--education program on sexuality/on request			X	X
March of Dimes--speakers for home economics in high schools on health			X	X
Mental Health Facility prevention program for elementary on drug abuse		X	X	X
United Cerebral Palsy--birth defects for Child Development classes			X	X
Community Drug and Alcohol Commission 7 day drug ed. for 7th graders				X
American Cancer Society--cancer, smoking in elementary/high school				X
Sheriff's Department--sexual assault and incest program				X
Pensacola Jr. Women's Club drug and alcohol programs in the school				X
Pensacola Jr. College--course called Learning to Be Responsible for Me				X

LIFE SKILLS TRAINING FOR CHILDREN AND YOUNG ADULTS.
(CONTINUATION)

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Y.W.C.A. classes and seminars for women				X
Teen Pregnancy Prevention Children's Home Society	X	X	X	X

ON-GOING PARENT EDUCATION

	WALTON	OKE- LOOSA	SANTA ROSA	ESCAMBIA
Head Start	X	X		X
Toughlove	X	X	X	X
Systematic Training for Effective Parenting Classes		X	X	X
Systematic Training for Effective Parenting Teen Classes		X	X	X
Okaloosa Guidance Clinic Positive Parenting Classes		X		
Twin Cities Wellness Center Mental Health Association		X		
Okaloosa Guidance Clinic play groups, developmental classes		X		
Operation Involvement		X	X	X
Church groups-family life education, active parenting series		X		
Eglin Air Force Base Parenting Classes		X		
Attention Deficit Disorder Workshop		X		
Okaloosa Walton Junior College Parenting Classes		X		
Association for Retarded Citizens Parents of eligible children		X	X	X
Health Department-Well Baby Clinic		X	X	X
Women and Infant Care Education Program	X	X	X	X
Children's Home Society	X	X	X	X
Santa Rosa Extension Service			X	
Homemaker's Club				
Special Parents			X	
Pensacola Junior College 7 o'clock series "Raising Responsible Children, Parenting Your Teenager"				X
Community Drug and Alcohol Commission Parent Education Task Force				X
Family Outreach	Fall	X	X	X
HRS Developmental Services	X	X	X	X
Parent Education & Prevention Program/"at risk" drug abuse education--Mental Health Dept.			X	

FAMILY SUPPORT AND CRISIS SERVICES

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
FLA-LOVE Number	X	X	X	X
Crisis Line or Help Line	X	X	X	X
Family Support Group-COPE Center	X			
Crisis Counseling-COPE Center	X			
Private Counseling	X	X	X	X
Teen Alive		X		
Family Outreach	Sched. Fall	X	X	X
Intensive Crisis Counseling Program—HRS referral only	X	X	X	X
Waterfront Mission		X		X
Family Life Center		X		
Baptist Children's Home		X		
Family Advocacy Officer Mental Health		X		
Mental Health Services (on-call)			X	
Whiting Field (Chaplain and Family Service Center			X	
HRS—Crisis babysitting-restricted to Developmental Services			X	
Lakeview Center				X
Children's Home Society Kugleman Family Counseling				X
Favor House				X
Impact Program of the Child Pro- tection Team				X
Naval Air Station Family Service Center				X
West Florida Rape Crisis Center				X
Rape Victim Advocate Program				X

PROGRAMS FOR ABUSED CHILDREN

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
COPE Center-contract/HRS	X			
Guardian Ad Litem	X	X	X	X
HRS Intake, Protective Services and Foster Care	X	X	X	X
Child Protection Team	X	X	X	X
Therapeutic Preschool/Okaloosa Guidance Clinic		X		
Gulf Coast Hospital		X		
HRS Family Therapist	P/T X	X	P/T X	X
Community Mental Health Centers	X	X	X	X
Private Counseling	X	X	X	X
Family Advocacy Officer-Eglin		X		
Girl's Group Home/Okaloosa Guidance Clinic		X		
Alatcen		X	X	X
Rape Victim Advocate Children's Advocate		X		
Child Sexual Abuse Treatment Team-Crestview/Okaloosa Guidance Clinic		X		
Children's Home Society/Intensive Crisis Counseling Program	X	X	X	X
HRS Protective Services Title XX Day Care	X	X	X	X
Whiting Field-Family Service Center			X	
The Pavillion Adolescent Stress Center			X	
IMPACT Sexual Abuse Treatment Team				X
Lakeview Center				X
Favor House				X
Therapeutic Foster Home Program (CHIPS)				X

COMMUNITY ORGANIZATION ACTIVITIES

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Child Abuse Prevention Task Forces-Prevention Project	X	X	X	X
Community Services Coordinating Council	X	X		
Parenting Education Network		X		X
Florida Association for Health & Social Services		X		
Rainbow of Services Helping Hands		X		X
Chamber of Commerce Youth Task Force		X		
Destin Friends of Youth		X		
Teen Alive		X		
West Florida Child Care Advisory Board			X	
Public School Multi-disciplinary team			X	
Governor's Constituency for Children				X
Interagency Council				X
Children of Alcoholics				X
Pensacola Association for Children Under Six				X
Okaloosa Association for Children Under Six		X		
Judges Coordination Meeting Juvenile Justice Center				X

PUBLIC INFORMATION AND EDUCATION ON CHILD ABUSE AND NEGLECT PREVENTION

	WALTON	OKA- LOOSA	SANTA ROSA	ESCAMBIA
Prevention Project	X	X	X	X
Sheriff's Department	X	X	X	X
Police Department		X	X	X
Child Protection Team	X	X	X	X
Public Health Department	X	X	X	X
FLA-LOVE number	X	X	X	X
Dept. of HRS	X	X	X	X
Family Outreach	Sched. Fall	X	X	X
Crime Prevention Association		X		X
Children's Home Society	X	X	X	X
County Association for Children Under Six		X		X
Crisis Line or Help Line	X	X	X	X
Advocates for Victimized Children			X	
Florida Missing Childrens' Clearing House	X	X	X	X
Mental Health Crisis Training			X	
Governor's Constituency For Children			X	
Stress Center-Baptist Hospital				X

V. PRIORITY OF NEEDS

Current resources were identified in relationship to the types of programs outlined in the model described by the National Committee for Prevention of Child Abuse. An analysis of these existing resources revealed gaps in services and programs which need to be expanded. Further analysis of needs that were met, given the current funding level, were completed with impetus upon needs changing over time. Based upon a prioritization, the District Task Force chose to display a ranking of needs for the elements within the desired continuum. The most crucial individual and specific need per element was then delineated. This process seemed to work well for the District Task Force and it preserved attention to the continuum throughout the planning activity. The priority needs are as follows:

1. Life Skills Training For Children And Young Adults -

- o Personal safety programs should be available to all children in District 1. Additional funds are needed (through the Prevention Project) to guarantee appropriate coverage in Escambia County. The approximate cost would be \$20,000.
- o Child development and parenting skills should be made available to all adolescents in District 1. This program is only available in some schools. It should be required through out the school system by state law.
- o Human sexuality education should be made available to all preadolescent children. There is a lack of community consensus for these programs. The District Task Force will need to advocate for such programming through community education. Additionally, voluntary human sexuality education should be made available through existing agencies or the Prevention Project in all four counties.

2. Child Care Opportunities -

- o The number of day care slots should be expanded for children at risk in all four counties. Currently, through the Prevention Project, only \$2,000 is available to purchase such care in Santa Rosa and Okaloosa Counties. District 1 needs approximately \$25,000 at minimum, unless the HRS budget begins to provide day care slots through the CYF, Protective Services budget.
- o There should be an increase in the availability of night/weekend infant care throughout District 1. There are very few public or private slots for such care in the District. The District Task Force will advocate for such slots through HRS, other central agencies and the private sector.

- o A Head Start Program should be developed for Santa Rosa County. This is the only county in District 1 without this resource. The Milton Task Force, sponsored through the Prevention Project, will plan with local interest groups.
- o Latch key programs should be expanded throughout District 1. There are several programs in both Escambia and Okaloosa Counties, but needs are still unmet. The District Task Force will advocate through the school systems and HRS for resources in Century, Okaloosa and Walton Counties.
- o District 1 has very limited resources for crisis care. Specific free standing programs may not be feasible, due to other priority needs and costs. The District Task Force must promote Mothers Day Out Programs and the development of crisis slots within existing programs. The Prevention Project could dedicate, at minimum, \$15,000 for purchase of such care in the same manner that is currently functional for at risk children.
- o The existing Comprehensive Early Childhood Therapeutic Preschool Program, located in Ft. Walton Beach, requires approximately \$10,000 to provide free services to low income families. The current contract through HRS does not provide for these services.
- o Public day care services, in general, need to be expanded throughout District 1. Currently, the district receives approximately 68% of a fair share Title XX allocation. While this percentage will improve during fiscal year 1986/1987, efforts to raise additional match dollars should be undertaken. The District Task Force must advocate for additional match dollars through local interest groups.

3. In-Home Education and Support Programs -

- o The Mother to Mother Program, currently sponsored through the Prevention Project, should be expanded to ensure that in-home visits and ongoing services are made available to all infants of high risk mothers in District 1, especially those who are not in the Children's Home Society (CHS) teen pregnancy program. Additional Project Aides are necessary for Pensacola, Milton, Crestview, and DeFuniak Springs. Cost estimates, including expenses and training materials, would total \$95,000.
- o Routine new-baby home visits, by Public Health Nurses, are no longer available in District 1. HRS, County Public Health Units, could provide these services with additional Nursing or Home Health Aide positions. A minimum of five positions would

be required district-wide. Estimated costs would total \$100,000.

- o Family Outreach Services should be promoted in District 1. All locations, except Century, have programs in various degrees of size and stability. Enhancing publicity and volunteer recruitment are required. Two volunteer coordinator positions, for assistance to the existing programs, would cost approximately \$30,000.
- o The Prevention Project should secure a good parenting information series to be utilized through the appropriate media. Cost estimation would total \$3,000.

4. Support Programs for New Parents -

- o There is need for affordable obstetrical care throughout District 1, within each community. Due to liability insurance costs, affordable obstetrical care has become a nationwide concern as more doctors refuse to deliver babies. This problem should be addressed by the Interprogram Task Force. In light of the lack of physicians in various areas of the district, transportation becomes extremely important. The District Task Force could use approximately \$10,000 to help with pregnant teens.
- o Prenatal and infant care classes should be provided in rural areas. Programs are needed in Century, Santa Rosa, Crestview and Walton Counties. A minimum of three Project Aides would be required. Cost, including expenses and training materials, would total \$55,000.
- o Programs for new fathers should be provided. The District Task Force would require no specific allocation for this program. It could be provided through staff secured for prenatal and infant care, as determined above.

5. Group Education and Support -

- o Infant care classes are needed in Santa Rosa and Okaloosa Counties, as well as other rural areas. The District Task Force would like to develop a Parenting Center in the Milton area as a model, to include a transportation component. Cost for this program, including rent for a small facility and staff, is estimated to be \$100,000. Recognizing the funding limitations, a practical approach would be use of project staff, particularly in the rural areas. Costs for three additional staff and expenses would total \$55,000. A total of \$155,000 is desired. This allocation would also cover needs related to parent education.

- o There are very few, if any, programs in District 1 for parents whose children have disabilities. The District Task Force will advocate for this program through HRS, Developmental Services.
 - o There is need to expand the Tots N° Teens Program to selected areas. This program is well established in Okaloosa County but should be expanded to include Walton and Santa Rosa Counties. Two additional Project Aides are required, at a cost of approximately \$35,000.
6. Public Information and Education on Child Abuse Prevention -
- o The FLA-LOVE number needs more publicity in District 1. The District Task Force should be able to address this problem locally, through the media.
 - o The Prevention Project should secure a well organized parent education series to be utilized through the appropriate media. Cost estimates would total \$3,000. This item corelates with item 3.
7. Community Organization Activities -
- o Greater representation is needed on the District Task Force, especially from the school systems and law enforcement. Despite efforts to secure such membership, these groups are not adequately represented.
 - o There is a need in Escambia County for enhanced coordination between the local prevention group and the Governor's Constituency for Children.
8. Ongoing Parent Education -
- o While District 1 appears to have a fairly wide array of parent education programs, with exception to Santa Rosa, Walton, and Century Counties, there is lack of incentives and transportation which represent obstacles for participation. As noted in item 5, the District Task Force would like to develop a Parenting Center in the Milton area, to be used as a model with transportation provided as a component. Cost for this program is estimated at \$100,000. For the rural areas, a practical approach would be provided through use of project staff. These services could be provided through the same allocations as proposed for item 5, at a cost of \$55,000. A total of \$155,000 is desired for both issues.
 - o More public awareness is needed to aid in increasing attendance at existing programs in Escambia and Okaloosa Counties. Such needs include the possibility of actually doing some parental education on TV. Expenses related to public service

announcements and programming would total \$5,000.

9. Self-Help Groups and Other Neighborhood Support Programs -

- o Support groups are represented well in Escambia County, as well as in the Pensacola metropolitan area, and to a lesser extent in the Ft. Walton Beach area. Interested parties in the other areas need assistance in putting support groups together. It is suggested that one position be established through this project to advise and coordinate the development of such programs, particularly where local interest has been minimally established. Costs would total approximately \$16,000.

10. Family Support and Crisis Services -

- o While each community is served by a mental health center or clinic, crisis resources are limited. The District Task Force would like to see each center have crisis capability, i.e., on the spot counseling services available throughout most of the day. In Escambia County, a full time crisis therapist is needed at a cost of approximately \$25,000.

In other locations, similar allocations for crisis services would be necessary to supplement existing staff resources. It is estimated that another \$25,000 would be required, totaling \$50,000.

- o It is recognized that District 1 has no free-standing crisis day care program. Such a facility would be extremely beneficial, particularly in Escambia County, and could possibly be tied into the center for battered women. The District Task Force is recommending the purchase of slots on an as needed basis. If additional funding is made available, this program will be pursued.

11. Early and Regular Child and Family Screening and Treatment -

- o While there are needs expressed throughout District 1 concerning better access to acute care services for low income families, no major initiatives are expressed at this particular time. The District Task Force is hopeful that the new Medically Needy Program, effective July 1, 1986, will meet the medical needs of more low income families.

12. Programs for Abused Children -

- o The District has just implemented two sexual abuse treatment programs. One is funded through mental health dollars and the other is funded through a special allocation of state dollars appropriated through HRS, Children's Medical Services. The District Task Force made this a priority issue when the plan was updated in 1984. The District Task Force is proud of its ac-

accomplishments in helping to address this particular need.

- o There is need for low cost family counseling services, which could be provided through the existing network of mental health centers and clinics. The District Task Force will advocate through the Mental Health Planning Council for additional core staff for the clinics.

VI. Barriers

Barriers to the accomplishment of a comprehensive approach to child abuse and neglect prevention, as identified by the District Task Force, are listed by elements within the prevention continuum.

1. Life Skills Training for Children and Youth Adults -

- o The school systems are not required to provide child development, marriage or family planning classes.
- o There is no community consensus on issues pertaining to sexuality. Thus, no one dares to teach human sexuality to children. In Escambia County, such teaching is especially prohibited by school board policy.

2. Child Care Opportunities -

- o Finding adequate facilities for the opening of new day care centers is a very difficult task. In rural areas, it is particularly difficult.
- o Transportation to existing programs is a problem throughout the district.
- o In Okaloosa County the school system recently voted not to initiate school-based latch key programs.
- o High liability insurance costs remain a barrier for those willing to "start up" day care operations.
- o District 1 has yet to provide evidence that it can expend the full share of Title XX Day Care dollars.

3. In-Home Education and Support Programs -

- o It is difficult to find volunteers for existing programs in rural areas, such as the Mother to Mother Program.
- o HRS, County Public Health Units, can no longer afford the provision of routine new-baby visits.

- o It is not always possible to enter into homes of high risk families. In some areas of District 1, individual and community apathy is a true barrier.
4. Support Programs for New Parents -
 - o Due to insurance costs, obstetricians are moving or refusing to provide services.
 - o Physicians are refusing to accept medicaid reimbursement rates.
 - o Transportation to existing programs is a barrier, particularly for those individuals living in rural areas.
 5. Education for New Parents -
 - o There are negative feelings related to the need for parenting classes, which stem primarily from parents and members of the communities.
 6. Public Information and Education on Child Abuse and Neglect Prevention -
 - o There has been public bewilderment in relation to the 1-800-FLA-LOVE number. The FLA-LOVE number, which is a parent helpline sponsored by Parents Anonymous, has been mistaken by some as the Abuse Registry number.
 - o There is some evidence of "backlash". There are members within the communities expressing negative concerns relative to infringement of parental rights.
 - o There is concern, targeted toward the rural areas, that has proven it difficult for blacks and whites to work together. Apathy and a lack of a tradition in working together to accomplish a common goal, appear to be the major problems.
 7. Community Organization Activities -
 - o Certain school districts seem to prefer to work in relative isolation to the social agencies.
 - o In some instances, particularly with police departments, there appears to be a limited number of personnel available which can enhance the involvement of coordination for meetings and activities.
 8. Ongoing Parent Education Programs -
 - o Provision of transportation for individuals to existing programs is a barrier to service delivery.
 - o Stigmas are attached to participation while there is a lack of

incentives for attending the programs.

9. Self-Help Groups and Other Neighborhood Support Programs -

- o Many of the self-help groups are located in the metropolitan area of Pensacola. Areas with a smaller population base do not necessarily have enough participants to form a core group. Transportation to the metropolitan area is a barrier to service delivery.
- o Stigmas are attached to participation for many individuals, while there is a lack of incentives for attending the programs. Often abuse has occurred before participation becomes a priority to the individual.

10. Family Support and Crisis Services -

- o There is absence of a community case management system which is independent of a given agency. Usually the crisis must be defined by a particular problem such as a suicide threat, alcohol abuse or family violence.
- o Funding needs for sizeable projects, such as a family center or a crisis nursery, seem insurmountable.

11. Early and Regular Child and Family Screening and Treatment -

- o Funding for prescription medicines and screening services for those individuals who are not eligible for service is an issue. This is primarily due to a lack of consistent need, as well as an appropriate funding mechanism.

12. Programs for Abused Children -

- o Provision of transportation for individuals to existing programs is a barrier to service delivery.

VII. Action Plan

Action plans for steps taken in meeting the needs will be delineated by the twelve elements within the prevention continuum.

1. Life Skills Training for Children and Young Adults -

The District Task Force will use Prevention funds, if available, to enhance personal safety programming in Escambia County. Advocacy with the Escambia County School System may be necessary to ensure that all schools are covered. Representation for the District Task Force, from this particular school board, will be sought to smooth relations and to enhance communication and coordination efforts.

Human sexuality education is a controversial subject in this

particular area of the state. The District Task Force will carefully weigh the possible means of establishing such programs through volunteer participants. Little may change or be done through the school systems until a change in leadership and community attitude occurs.

2. Child Care Opportunities -

There is a good chance that HRS will receive some additional dollars this fiscal year, to purchase day care slots for Protective Services clients. The District Task Force will coordinate with HRS to ensure appropriate usage of this funding. If possible, the District Task Force would like to purchase additional slots for at risk children through the Prevention Contract.

In addition to services that may need to be purchased directly, the District Task Force will advocate for expansion of Title XX Day Care throughout District 1. The District Task Force is already involved in negotiations for additional matching dollars from United Way of Escambia County. Such efforts will be continued. Agencies such as the Governor's Constituency for Children and local chapters of the Florida Association for Children Under Six will be enlisted for support.

3. In-Home Education and Support Programs -

Most of the programs sponsored by the District Task Force are heavily reliant on volunteers. Thus, they are relatively inexpensive. But to move into rural areas and enlist community support, some one person must devote a great deal of time and energy to the development of programs. The District Task Force is comfortable with the concept of using paid Project Aides to campaign various initiatives. Such positions can be used and discontinued as needs arise, which in effect is avoiding a large on-going payroll. Also, local residents can be hired from the target community to help guarantee participation and impact. Hopefully, additional funding will be made available to expand programming for this stage of the continuum, using the method described.

The County Public Health Units have a great deal of expertise in working with families in their own homes. The District Task Force will enter into talks with the Health Units to consider ways to enhance their support, along with strengthening coordination efforts. It is recognized that expansion of services will require additional funding.

The District Task Force has already asked HRS to strengthen its commitment to the Family Outreach Program. Specific performance

standards may be applied for key administrators to aid in clarification of responsibility and to stress the necessity for support. With additional funding, the District Task Force would like to strengthen its commitment through enhanced volunteer coordination and training capacity.

4. Support Programs for New Parents -

The District Task Force will complete an additional study related to the lack of affordable obstetrical care in District 1. This issue would seem to be best addressed through legislation, i.e., limits on liability. Some changes have been proposed this year through expansion of adoptions under SOBRA (Sixth Omnibus Budget Reconciliation Act) Legislation, although the direct impact is not known at this particular time.

Through the use of Project Aides, as described in Section 3, the District Task Force wishes to expand perinatal and infant care classes to rural areas if funding permits.

5. Group Education and Support -

Many of the programs outlined in the continuum are closely related. The District Task Force proposes to model the delivery of such programming through a free standing, parenting center. Such a center would provide a focal point to a given community for many resources related to the care of children. It would also serve as a meeting place for self-help groups and various parenting classes. The District Task Force will attempt to put together such a plan using some project funds if available, as well as resources from other agencies. The actual site for the plan will be based upon community support.

The District Task Force will advocate for programs in District 1 for parents of children who have handicapping conditions. The District Task Force will ask HRS to explore ways to enhance the existing CYF Comprehensive Early Childhood Programs in Ft. Walton Beach, primarily to make them more responsive to the needs of these parents. The District Task Force will also work through HRS, Developmental Services Program Office, to establish a more thorough understanding of the available resources for programming that may be forthcoming.

6. Public Information Education -

The Prevention Project is heavily committed to public information and education at this time. This emphasis will continue for the foreseeable future until such time as the District Task Force feels more comfortable with the knowledge base of our children, citizens and professionals. In addition, the District Task Force will attempt new ventures through the mass media to

continue educational activity.

7. Community Organizational Activities -

The District Task Force is now in the process of strengthening its membership. The District Administrator may be asked for assistance if the group is unable to secure appropriate membership nominations from law enforcement and school systems.

The Prevention Project is currently devoting a great deal of resources to coordination activities. These activities include the sponsorship of local child abuse and neglect prevention task force groups in nine local communities. This organizational strength has been heavily committed to coordinated efforts. The District Task Force will continue these efforts for the foreseeable future based on the success of these ventures, with hope of bringing awareness and coordination to the local level. The local groups will be asked to directly assist in the development of specific projects and to help advocate for additional resources.

8. Ongoing Parent Education -

The District Task Force has learned that there are several parent education programs available in District 1. Further study of these initiatives, including the use of HRS contractual funding for this purpose, may be necessary to enhance availability and participation. The District Task Force will also attempt to extend the publicity of programming through the mass media.

9. Self-Help Groups and Other Neighborhood Support Programs -

The District Task Force intends to devote new Prevention Project allocation to enhance the development of self-help groups in District 1, particularly in rural areas. The expertise for the development of these groups is available. Manpower for planning, coordination and support is required.

10. Family Support and Crisis Services -

The District Task Force will advocate for additional mental health services for families, particularly those families at risk of crisis. It is recognized that many of our local centers and clinics have become specialized, perhaps to the point that they cannot afford to have personnel available for the crisis situation. Additional funding for these skills will be required. The District Task Force will work through the Mental Health Planning Council for additional resources. The District Task Force will also support efforts to enhance local contributions for these services through United Way organizations, city and county government.

The District Task Force would like to pursue the development of a crisis nursery, perhaps linked to an existing program for battered-women. Additional funding, if available, will be used to purchase crisis day care slots or to develop a free standing program.

11. Early and Regular Child and Family Screening and Treatment -

The District Task Force will ensure that all groups and individuals which are currently providing services, within the child abuse prevention continuum, are aware of the new benefits under the HRS, Medically Needy Program.

12. Programs for Abused Children -

The District Task Force will monitor the development of the two new sexual abuse treatment programs which are presently being developed in District 1. The District Task Force will also advocate increasing funds for additional core counseling staff positions within the mental health centers and clinics.

VIII. RECOMMENDATIONS

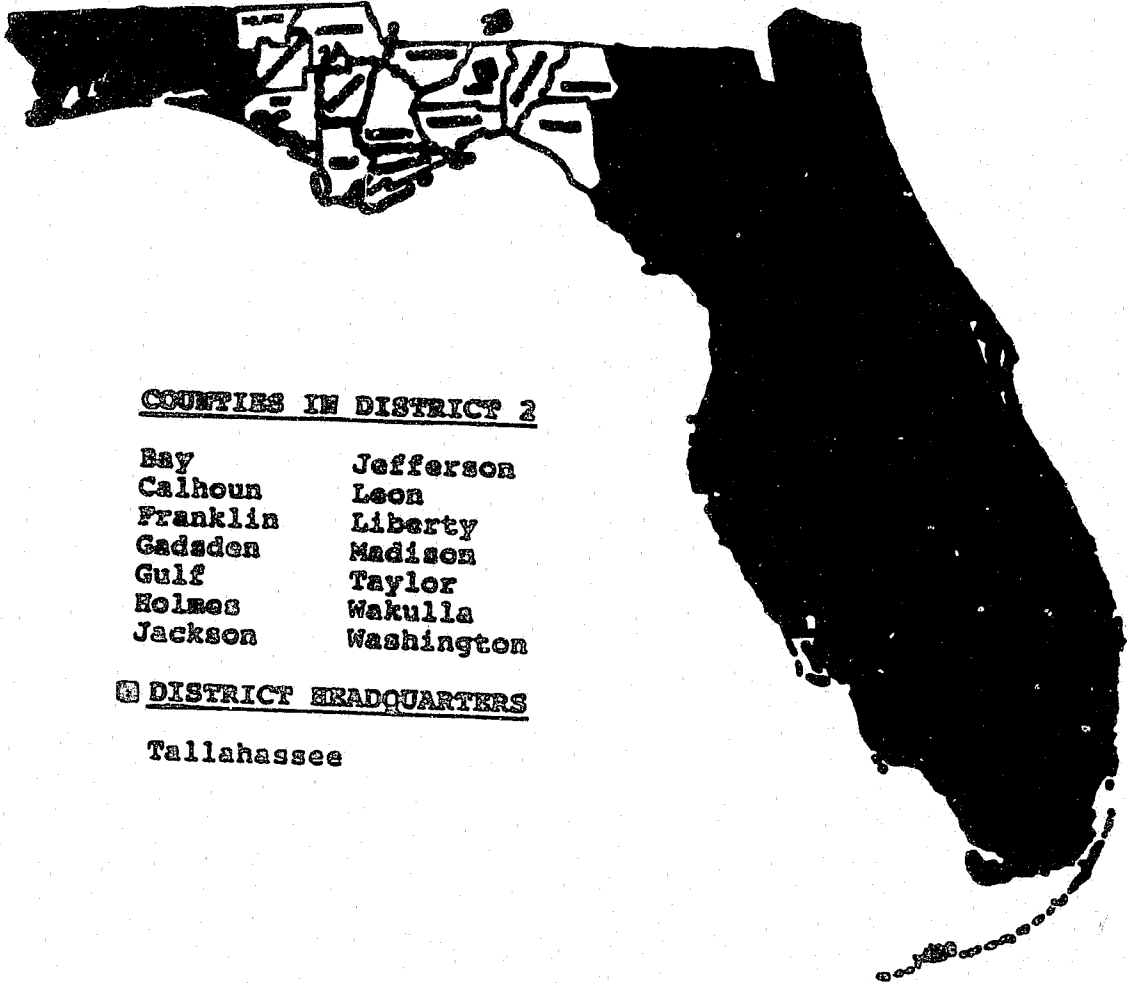
1. It is well known that the rising costs of liability insurance has reduced the number of physicians available for delivery of services, particularly for obstetrical care. This is presently a nationwide concern. The new liability limiting law in Florida may help address this problem. But, there is some evidence that this law may simply drive more physicians out of state, due to their insurance carriers dropping physician coverage. It is recommended that the District Task Force closely monitor this situation and appropriately advise legislative planning offices as developments occur.
2. Transportation problems are a serious barrier to the appropriate delivery of services. More dollars are needed for the HRS, CYF, Coordinated Transportation Service. It is recommended that the District Task Force support the CYF budget issue for fiscal year 87-88 particularly concerning transportation funding for these types of various dependency services. In addition, it may prove beneficial to pursue a special Child Abuse and Neglect Prevention appropriation for CYF Coordinated Transportation Service over and beyond normal requests.
3. In applying day care rules (10M-12) to latch key services, conflicts arise which limit the development of these services. School playgrounds are not necessarily fenced, particularly where large open grounds exist. The rules require fencing. Schools are re-

fusing to provide fencing, thus children are deprived of services. It is recommended that this rule be rewritten for latitude within latch key services.

In addition, current law requires background screening for registered day care providers. It is important to know who these providers are, as well as requiring appropriate training for them. But, to require full screening to providers is tantamount to driving them underground. Enforcements will become extremely difficult and may make a sham of the concept. The home concept of day care is often more appropriate for many parents, because of availability and their children receiving individual attention. Agencies need to draw in these providers, not push them out of the system. It is recommended that screening requirements, for registered day care providers, be amended and incentives for registration be developed.

4. There is some concern with the District Task Force Members that impetus for prevention of child abuse and neglect, and children's It is recommended that HRS consider the advantages and disadvantages of establishing an office for prevention to strengthen the prevention effort. The District Task Force members are convinced that a broad range of social problems are directly related to child abuse and neglect. Further, the District Task Force members are committed more than ever to their role and function in these efforts. Hopefully, the legislature and the administrative leadership will remain equally committed.

DISTRICT 2



COUNTIES IN DISTRICT 2

Bay	Jefferson
Calhoun	Leon
Franklin	Liberty
Gadsden	Madison
Gulf	Taylor
Holmes	Wakulla
Jackson	Washington

DISTRICT HEADQUARTERS

Tallahassee

John M. Awad, Ph.D.
District Administrator

Catherine Hill
Chairperson
District Child Abuse & Neglect
Prevention Task Force

DISTRICT 2



A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT

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I. DISTRICT CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

<u>NAME</u>	<u>ADDRESS</u>	<u>AGENCY/DISCIPLINE REPRESENTED</u>
Diane Alexander	Someplace Else 1313 Linda Ann Dr. Tallahassee, FL 32301 878-2763	Emergency/Runaway Shelter
Elaine Bartolt	Apalachee Community Mental Health Center P.O. Box 1782 Tallahassee, FL 32302 487-2936	Community Mental Health
Leoise Beeno	P.O. Box 36 Dadecon, FL 32423 (904) 969-2020	(Jackson Co.) School Board
Norman Boyd	Parents Anonymous 1100 Thomasville Rd. Tallahassee, FL 32303 408-9437	Parents Anonymous
Joanne Brossell	HRS-Children, Youth and Families 2639 North Monroe St. Tallahassee, FL 32303 480-0377	District Program Office
George Brown	HRS-Children, Youth and Families 2005 Apalachee Parkway Tallahassee, FL 32301 488-9800	HRS-Subdistrict 2B
Key Colvin	Psychological & Coun- seling Institute 1640 Metropolitan Way Tallahassee, FL 32308 386-9313	Private Mental Health
Phyllis Crooms	Community Coordinated Child Care 1241 E. Avonue Panama City, FL 32401 (904) 769-8316	Child Day Care

Charles Diekey	School Resource Officer Madison Co. High School Route 3, Box 2003 Madison, FL 32340 (904) 973-4173	School/Law Enforcement
Rick Everitt	Panhandle Area Educational Cooperative 411 W. Boulevard Chipley, FL 32420 S/C 231-4709	Nine (9) County School Systems
Peggy Fleming	Brother Institute for Human Services 429 E. Call Street Suite 22 Tallahassee, FL 32301 222-0609	District 2 Pro- vention Provider
Ivor Greves	Brother Institute for Human Services 429 E. Call Street Suite 22 Tallahassee, FL 32301 222-0609	District 2 Pro- vention Provider
Margaret Hall	HRS 117 S. Waukasha St. Bonifay, FL 32425 480-0070	HRS Subdistrict 2A
Ormond Harriott	Guardian Ad Litem P.O. Box 2466 Panama City, FL 32401 (904) 789-7400	Guardian Ad Litem Program
Catherine Hill	Community Coordinated Child Care 2003 Apalachee Parkway Tallahassee, FL 32301 870-0636	Child Day Care
Eva Hulloman	2306 Hartsfield Court Tallahassee, FL 32303 386-4225	Family Outreach Program
Elizabeth Jackson	Child Protection Team 2420 E. Plaza Drive Tallahassee, FL 32303 487-2038	Child Protection Team

Barbara Johnson	State Attorney's Office 900 First Florida Bank 819 S. Monroe St. Tallahassee, FL 32301 488-0701	State Attorney's Office
Meredith Martin	Gadsden County Health Department P. O. Box 507 Quincy, FL 32391 (904) 627-7921	Maternal and Infant Health
Lowell McDonald	Leon County Sheriff's Department Tallahassee, FL 32303 228-4740	Law Enforcement
Margaret Paschal	HRS-Children, Youth and Families 2030 North Monroe Tallahassee, FL 32303 488-0977	District Program Office
Ruth Postle	Florida State University Center for Family Ser- vices-College of Home Economics Tallahassee, FL 32306 644-5770	FSU-Homemaker Services
Sharon Ruis	Children's Medical Services 2303 Phillips Rd. Tallahassee, FL 32308 487-2004	Children's Medical Services
Donna Uzzell	Tallahassee Police Department 236 Seventh Avenue Tallahassee FL 32303 681-4251	Law Enforcement
Carol Wartenberg	Bay Co. Guidance Clinic 615 N. MacArthur Panama City, FL 32401 (904) 768-9481	Community Mental Health
To Be Announced	Children's Home Society P.O. Box 3474 Tallahassee, FL 32303 877-9176	District Human Rights Advocacy Committee and Children's Home Society

TO BE ANNOUNCED

**Alcohol, Drug
Abuse, Mental
Health Program
Office**

TO BE ANNOUNCED

**Developmental
Services**

II. STATEMENT OF PURPOSE

To assist the HRS District Administrator in the development and implementation of a comprehensive plan to prevent child abuse and neglect in the 14 counties within District 2.

OBJECTIVES:

- O to biennially update the district plan of action for prevention of child abuse and neglect, including an annual review and supplementation as appropriate
- O to determine priority needs of District 2, performing needs assessments as appropriate, at least every three years
- O to determine what prevention services in District 2 can be funded with available allocations
- O to promote and encourage innovative methods of preventing child abuse and neglect
- O to review and prepare a written analysis of the program evaluations which have been conducted by HRS staff or its designee
- O to annually rank proposals for meeting identified priority needs of the district and recommend distribution of funds
- O to strengthen public awareness concerning the prevention of child abuse and neglect
- O to determine training and educational needs for the prevention of child abuse and neglect
- O to advocate for additional resources for the prevention of child abuse and neglect

III. OPERATING PROCEDURES

Composition:

The District 2 Task Force shall consist of representatives from the following types of agencies or disciplines:

Voting Members:

Child Protection Team
Law Enforcement
Child Day Care - Subdistricts 2A and 2B

County School Board(s)
Parents Anonymous
Private Child Welfare Agency
Community Mental Health - Subdistricts 2A and 2B
Guardian Ad Litem Program/Circuit Courts
Maternal and Infant Health
In-home service provider, e.g., Family Outreach Program, Homemaker
Program
Community Emergency Shelter or Runaway Program
Private Mental Health Agency
State Attorney's Office
Human Rights Advocacy Council

Non-Voting Members:

HRS District CYF Program Staff
District 2 Mills' Bill provider
Children's Medical Services
Developmental Services
Alcohol, Drug Abuse and Mental Health

Membership:

There shall be at least 11 members and not more than 30. Members shall be appointed for 1 year terms and may be reappointed to successive terms. The District Task Force is encouraged to identify additional candidates for membership, as appropriate, to represent the districts' needs and resources. Vacancies which may occur will be filled by replacements which are recommended by the District Task Force to the District Administrator.

Voting:

Members may choose to abstain from voting; members shall abstain from voting when such a vote would, in reality or appearance, maintain a conflict of interest. Concerns pertaining to conflict of interest will be made specifically to the Chairman who will address them to the parties concerned.

Voting may be conducted upon request of any member by secret ballot or hand count depending on the issue.

Member Attendance:

Members are expected to attend all District Task Force meetings. If an absence is unavoidable, the member should notify the Chairperson prior to the meeting. Members may designate alternates to represent and vote for them.

When possible, alternates should be consistently the same persons. Four absences in any twelve month period from meetings for which written notice is provided no less than three weeks in advance,

constitute cause for automatic termination of District Task Force membership. A member may petition the District Task Force for consideration of his or her reinstatement to the District Task Force.

Frequency and Location of Meetings:

The District Task Force shall meet bimonthly or more often as necessary. The date, time and location of each meeting shall be established by the Chairperson and communicated in writing to each member.

Officers:

The officers shall be composed of a Chairperson and Vice-Chairperson.

Election of Chairperson and Vice-Chairperson:

The District Task Force Chairperson and Vice-Chairperson serve for one year, extending from August 1 through July 31. A Chairperson and Vice-Chairperson may be elected for no more than two consecutive terms. Nomination for Chairperson and Vice-Chairperson for the following year shall be voted by secret ballot whether or not more than one nomination has been made. Voting members, in good standing, are eligible for elected office.

Responsibilities of the Chairperson:

- O schedule time and place of District Task Force meetings and ensure members are notified
- O preside over District Task Force meetings
- O appoint members of committees
- O respond to correspondence addressed to the District Task Force
- O monitor District Task Force membership to ensure that the composition reflects legal requirements and district needs
- O be available to HRS staff and District Task Force members for consultation regarding District Task Force activities

Responsibilities of the Vice-Chairperson:

- O Act as Chairperson in the Chairperson's absence

Responsibilities of HRS Support Staff:

- O develop and distribute requests for proposals (RFP) and oversee the review of responses
- O monitor Mills' Bill funded projects and present reports to the District Task Force

- O develop evaluation methodologies for projects, oversee the evaluation activities and ensure annual evaluation reports are submitted to the District Task Force
- O manage contracts
- O prepare District Task Force meeting agendas in consultation with the Chairperson and mail with the meeting notice to the membership
- O prepare and distribute minutes of each District Task Force meeting
- O perform other responsibilities as assigned by the District Administrator

Procedure for Conducting Meetings:

A quorum is defined as at least half of the current voting membership. Voting will take place only when a quorum is present. District Task Force meetings will be conducted in a manner which will promote the greatest amount of consideration on issues among District Task Force members. Robert's Rules of Order shall govern the conduct of the meetings.

All District Task Force decisions shall be by majority vote. Such decisions shall be presented as recommendations to the District Administrator. HRS staff shall consider the District Task Force recommendations, appeals of the recommendations or any other relevant information in making their decisions. Where decisions do not reflect District Task Force recommendations, HRS staff should communicate facts and reasoning to the District Task Force.

Guests may be present, but are not considered to be participants in discussions unless specifically requested to participate by the Chairperson, HRS staff or the District Task Force.

Committees:

Three standing committees of the District Task Force shall be established. They are Advisory/Monitoring, Needs Assessment and Advocacy. Appointment of committee members is the responsibility of the Chairperson; the appointments should be limited to District Task Force members. For formal action to occur, action of any committee must be reported in full to the District Task Force.

The role of the Advisory/Monitoring Committee is to evaluate and monitor child abuse prevention programs and report findings to the District Task Force. This will include exploring the feasibility of new programs or activities, monitoring existing prevention pro-

viders, preparing reports and aiding in the selection of providers.

The role of the Needs Assessment Committee is to assess the status of prevention services and activities in the district. Done formally, at least every three years, the information will be used to develop the District Task Force plan of action, promote new programs, address training and educational needs, and to rank proposals in priority order.

The role of the Advocacy Committee is to research and advocate for additional resources and legislation for child abuse prevention. The committee will make recommendations for the District Task Force's consideration regarding improvements in Florida Statutes, as well as increases and improvements in resource allocations to be used for the reduction of child abuse and neglect.

Grievance Procedure:

The District Task Force is advisory in nature and has no policy to make decisions of authority on its own. Operating procedures and recommendations may, however, be appealed. If any individual or organization ascertains that the District Task Force or any of its members have not acted properly, a grievance may be filed within ninety (90) days of the action by submitting a letter to the Chairperson, and supplying a copy to the District Administrator. The letter should contain specific acts being challenged, reasoning for the appeal and the remedy being sought. A response from the District Task Force Chairperson will be mailed to the petitioner within thirty (30) days upon receipt of the original petition.

Procedures for the Selection of Prevention Service Providers:

Through the data collected from a complete needs assessment in District 2, the District Task Force will prioritize the needs identified and decide on a method for requesting bids or proposals in order to purchase the services. The formal RFP process, other informal solicitation of proposals and requests from particular providers, exemplify methods which may be used. The following criteria will be used to evaluate the proposed programs.

- O The program's ability to meet the need(s) identified by the District Child Abuse and Neglect Prevention Task Force. (Is the description of the program activities and services specific as to how the need(s) will be addressed? Will the activity and/or service resolve or contribute to the resolution of the need which has been identified?)
- O The cost-effectiveness of the program will be determined.

(Does the staffing pattern make sense? Are the numbers, types and salary levels of employees reasonably based on the service(s) to be provided, numbers of people to be served and level of responsibility of the employees? Are levels of other administrative costs reasonable?)

- O An evaluation component will be provided for outcome effectiveness. (Are the outcome measures stated so that they are specific, measurable and observable? Is the evaluation design, instrument and techniques used adequate in meeting the goals and objectives that the District Task Force has proposed? Does the evaluation design include a measure that will indicate, among other things, whether or not prevention services that are provided are effective in reducing child abuse and/or neglect?)
- O A parenting education component will be provided. Although many of the current prevention services are not called parent education programs, this criteria reminds us that teaching parents is an important component to all prevention services that we provide. Parent education is inherent in prenatal and perinatal support programs, parent support groups, in-home visitor programs and street theater. Regardless of how services are categorized, they will be observed closely. The content of what parents will be taught, what concepts and skills will be included, how they will be taught, if the content and methods are appropriately geared toward different ages and reading levels, are critical concepts to consider when reviewing needs being met.
- O A mechanism for coordinating and integrating all services deemed necessary for working with the target populations. (Does this program have a plan to increase comprehensiveness?)

IV. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

This section briefly describes the District 2 continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention. The following information offers a strategy for prevention as outlined by the National Committee for Prevention of Child Abuse.

1. Prenatal Support For Expectant Parents - programs which provide support to parents during the prenatal period for maternity med-

ical care and education for expectant parents, including information about community resources.

2. Postnatal Education and Support - programs which provide support to new parents pertaining to infant medical care, group and individual education, as well as providing information on available community resources.
3. In-Home Education and Support - programs designed to reach isolated families in need of ongoing support, while providing information and assistance in basic child care, routine health needs, nutrition and home management.
4. Early and Regular Educational, Medical and Psychological Screening - programs geared toward early and regular detection of health, developmental and psychological problems.
5. Medical and Psychological Treatment - programs which provide comprehensive therapeutic services for all children at risk and their families based on individual needs.
6. Child Day Care - programs to furnish parents regular or occasional respite, out-of-home care, for their children.
7. Self-Help Groups - a variety of social networks and peer supports created to reduce the isolation of parents at risk, as well as offer group activities and aid in their establishment of social contacts.
8. Parent Education and Training - - programs to provide education for parents and aid in the development of skills needed to rear children at any age.
9. Life Skills Training - programs which provide training and education to children, adolescents and young adults. These types of programs provide parents with knowledge and interpersonal skills to aid in preventing abuse, to prepare them for adulthood, as well as preparing parents for their roles.
10. Family Crisis and Intervention Support - programs that provide immediate assistance to parents in times of stress. These programs are available on a 24-hour basis and provide referral to long-term services.
11. Treatment and Intervention Services - programs designed to minimize the long-term effects of abuse and neglect through a variety of age-appropriate and situation-appropriate services, including individual and group treatment and therapeutic child day care.

12. Community Organization - community-based planning or coordinating bodies which are representative of different community groups and agencies. The primary goals are to increase the availability of social service, health and education resources which address the reduction of family stress.

13. Public Information - public awareness efforts, through the aid of media campaigns, which educate parents regarding stress in the parenting role and providing information on where to obtain help. These efforts also increase awareness and alert professionals regarding the dynamics of abuse and neglect.

A. CONTINUUM OF EXISTING PROGRAMS AND SERVICES

District 2 is composed of 14 counties located in northwest Florida. Approximately half a million people reside in the 9,400 square mile area. With the exception of Leon and Bay Counties, each county is predominately rural, amid numerous small towns and communities, with many people living in isolated and under-developed areas.

This section will consist of descriptions of the major programs, existing in District 2, which deal with child abuse and neglect as well as existing prevention efforts. The programs will fall into 13 categories which make up the continuum of child abuse and neglect prevention services. Some programs fall into more than one category within the continuum. They will be described once, and referenced as appropriate.

1. PRENATAL SUPPORT FOR PARENTS

Children's Home Society -

The Children's Home Society (CHS) of Florida provides prenatal support services to teenagers and young women who are undergoing and preparing for an unplanned pregnancy. Services include counseling, information and referral, maternity home care and assistance with medical care and delivery. The Tallahassee division serves District 2B, to include approximately 65 clients a year. The Panama City office of CHS services make up the remainder of the District.

HRS County Public Health Units - Improved Pregnancy Outcome Program - (IPO) -

The purpose of the Improved Pregnancy Outcome (IPO) Program is to provide a comprehensive, improved pregnancy outcome care delivery system through direct services. The emphasis is on prevention and/or reduction of maternal complications

and pre-term infant delivery, resulting in the birth of healthier infants.

Since the 1985-86 fiscal year, all 14 counties in District 2 have operational IPO Programs. The allocation for FY 85-86 was \$624,814 and approximately 1,623 clients were served.

Project HOPE -

Project Healthy Opportunity for Parent Enrichment (HOPE) is a risk-prevention project for newborns. The primary goal of HOPE is prevention of abuse and neglect for children in families identified as high risk, immediately following the birth of a child. A model project is being developed and implemented in Gadsden County, with ongoing plans to adapt and implement similar projects in other rural counties within District 2.

Families are screened for high risk, referrals are accepted from the community agencies, and services are provided in conjunction with the school-based health clinic and the local hospital. Prepared childbirth and parenting classes are taught, while volunteers are recruited and trained to provide home-based follow-up services prior to and following the infant's birth. An evaluation mechanism is in place for measurement of the effectiveness for these services.

Funding for this project is approximately \$25,000 (funding is a portion of the Child Abuse Prevention Project's budget; See Section 9). In FY 85-86, there were 61 referrals made to the project: 28 families were provided the full range of project services and 15 additional families were provided one-time or limited services.

Infant Abuse and Neglect Prevention Project -

The Northwest Florida Mental Health Center Project provides early intervention services for teenage parents of newborn infants in Bay County. Studies have proven that parents are at high risk for abuse and neglect to their children. The project provides screening of new teenage mothers, prevention education, training, counseling, case management and support services. Approximately 52 families were served by this project during FY 85-86, funded through the combination of a Federal grant and special state allocations, which total \$38,554.

This program serves one county, with one professional staff member.

2. POSTNATAL EDUCATION AND SUPPORT

United Cerebral Palsy -

The Early Childhood Development Program, through United Cerebral Palsy in cooperation with the Leon County School System, serves children from birth through four years of age with a developmental delay or any physical or mental handicapping condition. The Tallahassee center serves 50-80 children from Leon, Wakulla and Gadsden Counties in Florida, and Grady and Thomas Counties in Georgia. A satellite center in Monticello provides services to 16-18 children from Madison, Jefferson and Taylor Counties.

An important component of the Early Childhood Development Program is early referral and screening. The initial developmental assessment is available for any child with a suspected developmental delay in any area. There is no financial charge for these services.

A support group for mothers meets weekly at the Tallahassee center. The Involved Parents of Exceptional Children (IPEC) meet to share educational information and discuss future directions for their children. The cost of running both centers is approximately \$300,000 annually.

Children's Home Society -

The Children's Home Society of Florida, through funding provided by the Developmental Disabilities Planning Council, serves families in Subdistrict 2B who have high risk infants. In-home parent training and support services are also available. Services are designed to minimize or prevent physical disabilities in infants born premature and graduates of a Regional Perinatal Intensive Care Center (RPICC).

(HRS) Women, Infants and Children's Program - (WIC) -

WIC is a federally funded special supplemental food program for pregnant women, breast-feeding women, infants up to one year and children from ages 1 to 5. Participants must meet the income and nutritional guidelines. Nutrition education is a major component of the program. This program is available throughout District 2 and services are provided through the County Public Health Units (CPHU).

3. IN-HOME EDUCATION AND SUPPORT

Family Outreach -

This program uses trained volunteers to provide support for

Individual families who are at high risk for abusing or neglecting their children. The volunteers are matched with families, and the volunteer activities are supervised by professional social work coordinators. Approximately 50-60 families per year are served by the program which covers Leon, Wakulla, Gadsden and Taylor Counties. The volunteer group in Leon County has incorporated and is governed by a board of directors. It is expected that this incorporated agency will, in the coming months, take on more of the organizational and training functions for the program.

Homemaker Services -

This program provides in-home service for parents to aid in maintaining children in their own homes. Trained Homemakers serve as role models for parents and instruct them in regards to homemaking and parenting skills. Homemaker services are an integral part of the child protective plan, to prevent removal of children from their homes and promote healthy family functioning. Currently, there is \$13,089 available for Homemaker Services in District 2. A contract for \$9,087 with Florida State University, College of Home Economics, provides these services in Gadsden, Leon, Wakulla and Jefferson Counties; in Jackson County these services are available under contract for \$1,500. There are approximately 25-30 families served over a one year period. Families receive Homemaker Services for an average of three to six months.

Housekeeper Services -

This in-home service is provided for families and their children in need of immediate, temporary and chore services. This type of aid can prevent removal of children from their homes when parents are temporarily incapacitated or absent. Individual private providers are located, often by the family itself, and are paid for through hourly rate agreements. In District 2, \$14,200 is available to provide this service.

4. EARLY AND REGULAR EDUCATIONAL, MEDICAL AND PSYCHOLOGICAL SERVICES

Primary Care -

Primary Care is a HRS, Children's Medical Service (CMS) program that contracts service provisions with the Tallahassee Pediatric Foundation. The program provides acute pediatric medical care to HRS clients ages 0-21 who are medically indigent. Payment for services is on a per capital basis. Physicians receive \$5.25 per child, per month. The

program aims to provide each child a medical home for the provision of medical care, 24-hours a day, 7 days a week. In addition to physician services, each child and family is assigned a case management nurse who coordinates all patient services and operates as an advocate for obtaining needed services to the family.

There are 5,000 people enrolled in the program that is available in all 14 counties within District 2. The FY 85-86 budget was \$320,000 for patient services and administration.

Early and Periodic Screening Diagnosis and Treatment (EPSDT)
EPSDT is a free health examination and treatment service for all medicaid recipients under the age of 21. The purpose of EPSDT is to discover the onset of health problems before their seriousness increases. Ten health areas, including dental check-ups, immunizations and referrals to other doctors, are covered in the medical screening. Through a composite of providers, including HRS County Public Health Units, private clinics and doctors, the EPSDT service is available in all 14 counties.

Child Protection Team (CPT) -

Through Children's Medical Services (CMS), the CPT provides medical, psychological, social and legal consultants to assist HRS, Children, Youth and Families (CYF) staff and other professionals working with child abuse and neglect. The ultimate goal of the program is to protect the child and prevent further abuse. The program attempts to meet this goal through diagnostic services made available and use of a team approach to the problems of abuse and neglect.

The CPT budget for District 2, FY 1985-86, was \$375,273. The approximate number of cases served by the program in one year is 763.

5. MEDICAL AND PSYCHOLOGICAL TREATMENT

Primary Care - See Section 4

Children's Medical Services (CMS) -

CMS is a program which provides medical care to those children who meet financial eligibility and who have chronic or handicapping ailments.

CMS in District 2 served approximately 3,257 clients monthly in fiscal year 85-86, with a budget of \$2,989,329 for patient services and administration.

Community Mental Health Services - See Sections 10 and 11.

6. CHILD DAY CARE

Community Coordinated Child Care (4-C) -

There are two 4-C Councils under contract with HRS to provide subsidized child day care services in District 2. Big Bend 4-C, Inc., serves Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla Counties, and Bay County 4-C, Inc., serves Bay, Calhoun, Franklin, Gulf, Holmes, Jackson and Washington Counties.

During FY 86-87, Big Bend 4-C, Inc. will receive \$1,596,179 from HRS and contribute \$228,025 local match for a total of \$1,824,204. Of this amount, \$1,612,184 will be used to provide subsidized child day care, while the remainder (\$212,020) will be utilized to operate Big Bend 4-C.

During FY 86-87, Bay County 4-C will receive \$1,012,616 from HRS and contribute \$144,659 local match, resulting in a total of \$1,157,276. Of this amount, \$1,022,421 will be used to provide subsidized child day care, while the remainder (\$134,854) will be utilized to operate Bay County 4-C. Although subsidized child day care funding should serve all income eligible families and at risk referrals, services provided through CYF receive the first priority.

Big Bend 4-C is currently serving approximately 895 children, 87 (approximately 10%) of which are CYF at risk clients. There is a waiting list of 1,182 children, none of which are CYF at risk clients.

Bay County 4-C is currently serving approximately 677 children, 71 (approximately 10%) of which are CYF at risk clients. There is a waiting list of 557 children, none of which are CYF at risk clients.

7. SELF-HELP GROUPS

Parents Anonymous -

Parents Anonymous is a national self-help organization for parents who wish to improve relationships with their children. Parents meet once a week to discuss their feelings and problems, work together towards solutions, learn new parenting skills, make new friends and be supportive of one another. Each group has a sponsor who is a professional who volunteers time to serve as a group consultant. There are no dues, fees or religious affiliations and parents are al-

ways assured of complete confidentiality. Free child care is provided and transportation can be arranged in most cases. Parents Anonymous also operates a 24-hour hotline in Florida. In addition to obtaining crisis counseling, one can also receive information about PA groups in local communities and information on other family resources. District 2 served approximately 60-75 parents and children last year.

Family Outreach - See Section 8.

8. PARENT EDUCATION AND TRAINING (CYF)

Parent Education Training (CYF) -

HRS was allocated \$22,349 for the provision of parent education in fourteen counties. The present population of children aged 0 to 18 is 135,067. By 1990 this figure is estimated to rise to 128,785.

In working with the population at risk of child abuse and neglect, Parent Trainers attempt to develop individualized service plans which include 6 - 8 weeks of training.

The Parent Trainers are recruited from local communities to work closely with CYF counselors in addressing parent needs, and work individually with the families referred to them. Through weekly in-home visits, parent trainers provide general and behavior specific parent education training. Most of these parents would not be able or willing to attend more formal parent education training classes offered at a central location. The benefit of this type of service is specific to individual parenting problems and needs, while the level of presentation and teaching can be adjusted to meet the abilities of the recipients.

Parent Education - Developmental Services (DS) -

Presently HRS, District 2 has a \$60,000 contract to provide services for children aged birth to 4 years who are determined at risk for developmental delay/mental retardation. There are three Parent Trainer positions which cover a fourteen-county area. The major focus of the program is provision of services to children born to mentally handicapped adults. These children are typically handicapped or born with spinal bifida.

As in most cases, there is no money directly funnelled for child abuse and neglect of these children, and often CYF must make referrals. A typical CYF referral would, for example, be a 6-year old Down's syndrome child left in charge

of two younger siblings, while the mother is away for hours. HRS, DS, is left with such decisions as using approximately 160 labor hours to conduct parent training with one family, where the children have been removed for abuse and the mother was a former Sunland client or they may have to work with five other families with developmentally delayed parents and physically handicapped children at approximately 30 labor hours each.

Family Outreach, Homemaker and Housekeeper Services -
See Section 3

Intensive Crisis Counseling Program (ICCP) -
The purpose of ICCP is to prevent removal of children from their homes during crisis situations precipitated by abuse, neglect or status offence behavior. The program provides immediate services to families in their own homes. After the counselors have assisted the family through the immediate crisis, they meet with them on a regular basis for up to six weeks to aid and instruct family members with new skills for prevention of a recurrence of the crisis.

The program serves all 14 counties in District 2 and the funding available for these services is \$184,000. Approximately 150 families are served per year.

Home Extension Services -
The state Home Extension Services presently conducts parenting program such as "Building Family Strengths" in local churches, and 4-H Youth programs. Additionally, a Parent-Child Interaction Project is targeted for 3 and 4 year old children, in order that they may develop cognitive and perceptual skills. This service is designed to last six to nine weeks. In 1985, 108 children were served. There are currently no funds allocated for services to children at risk of child abuse and neglect.

9. LIFE SKILLS TRAINING

Child Abuse and Neglect Prevention Project -
The community-based program for the prevention of child abuse and neglect continues through the efforts of five locally-based Community Resource Coordinators and one Newborn Risk Prevention Coordinator. The major emphasis of the project is five fold.

- (1) provide information and training to professional groups which have frequent contact with children and

families for the detection and proper action taken to suspected cases, of abuse and neglect

- (2) public awareness for the prevention of child abuse and neglect
- (3) assist school district in training school-aged children, in all 14 counties of District 2, to recognize and avoid abuse where possible; to assist in the development and implementation of programs for the parents of school-aged children designed to increase parent readiness skills
- (4) develop, advocate and publicize an early intervention program for at risk infants and parents in their homes
- (5) instruct parents and professionals by supplying a broader perspective relating to child development, including alternative approaches to discipline

The project approach follows the enabling legislation, with consideration given to local priorities, needs and those approaches which take into account the uniqueness of individual communities.

The cost of the Child Abuse and Neglect Prevention Project (CAPP) is \$158,000 and last year reached 38,854 people. Ideally, CAPP would like to reach all at risk parents and all at risk children through the school system and development of local community services.

School Resource Officer Program -

This is an elective program run by the Sheriff's departments. The program is not operational in all 14 counties of District 2, and there are variations in existing program structures.

The program is educationally oriented with Sheriff's deputies housed either at the school or at the Sheriff's office. This Resource Officer does presentations on: drug and alcohol abuse prevention, child abuse prevention, suicide prevention and educating students on facts of the law. The program is usually jointly funded through the school system and the sheriff's departments.

School District Curriculum -

Twelve classes are available throughout the 14 counties in

District 2, to secondary students in public schools. However, of the 12 classes, only one is mandatory. These classes have the potential of reaching all the secondary public school population. Some of the classes are Psychology; Sociology; Leadership Skills Development; Life Management (mandatory); Family Living and Parenting II; Health for Expectant Parents. (Also see the Apalachee Prevention Program described below in section 10).

10. FAMILY CRISIS INTERVENTION AND SUPPORT

Intensive Crisis Counseling Program - See Section 8.

Child Protection Team - See Section 4.

Parents Anonymous - See Section 7.

Apalachee Community Mental Health Services -

Apalachee Community Mental Health Services provide comprehensive services to residents of Leon, Jefferson, Madison, Taylor, Wakulla, Gadsden, Liberty and Franklin Counties through offices located in each county. Outpatient services include counseling for individuals and families who are experiencing a variety of emotional problems and life crisis circumstances.

The Family Living Center in Tallahassee, and related service components in 7 other counties, provide therapeutic intervention for children, adolescents and their parents/caregivers suffering a wide-range of emotional and behavioral problems.

The alcohol and drug abuse programs offer counseling to teenagers and their families. The client's use of Alcoholics Anonymous and/or Narcotics Anonymous is supported.

The Apalachee Prevention Program provides teachers, coaches and parents with training to appropriately handle such issues with their children in the areas of sex education, alcohol and drug use, and effectiveness as parents. In addition, the program provides the school systems with a prevention curriculum for kindergarten through high school age children for classroom use.

The school prevention services reached 138 facilities and 3,912 students for a cost per contract hour of \$5.50. The Family Living Center (8 counties) had a total of 661 clients, for a cost to the state of \$156/client.

~~Northwest Florida Community Mental Health Center -~~
The Northwest Florida Community Mental Health Center (NWFCMHC), with headquarters in Panama City, provides services to the six county area of Subdistrict 2A.

The Family Enrichment Program (FEP) targets teenage mothers by providing training in bonding and stimulation techniques. This is an in-home program and referrals come from a variety of community resources. (See Infant Abuse and Neglect Prevention Project in Section 1).

The Children's Outpatient Counseling and Consultation Program provides services to individuals, group and family counseling, parenting training, assessment and evaluations. These clients are already neglected, dependent and delinquent children and their families. ICCP provides up to six weeks of intervention and training services to families in their home for situations precipitated by abuse, neglect or status offense behavior. The Intrafamilial Sexual Abuse Treatment Program (ISATP) offers counseling to victims, non-offending caregivers and offenders involved in family related sexual abuse. The modality is primarily group therapy for pre-adolescents, adolescents, mothers and offenders (when appropriate and/or accessible). Some individual therapy is also available, as is training for community workers. The ISATP is available in Bay, Holmes and Washington Counties.

The cost per family for FEP is \$741; for ICCP is \$1,022 and for ISATP is \$605.

11. TREATMENT AND INTERVENTION SERVICES

Community Mental Health - See Section 10.

Guardian Ad Litem Program (GAL) -

The GAL Programs of the 2nd, 3rd and 14th Judicial Circuits support District 2 for abused and/or neglected victims and monitor those services provided. The GAL is initiated by court appointment of a trained and approved volunteer or staff person, to advocate for the rights and well being of the child/adolescent who has been brought into the court system due to dependency, delinquency or custody issues.

The 2nd Circuit GAL Program served 200 clients in 85-86 and maintains 40 active volunteers. The approximate per capita cost was \$278. The 3rd Circuit served 789 children for a per capita cost of \$573, however, no children from Madison

and Taylor Counties were included in the number served. The 14th Circuit served a total of 134 victims at a per capita cost of \$345. There is no cost to the victim for the service.

12. COMMUNITY ORGANIZATION

Severely Emotionally Disturbed (SED) Network -

This network is a multi-agency effort directed at the development and improvement of programs and services for severely emotionally disturbed children, adolescents and their families for the 8 counties of Subdistrict 2B. The SED Network advocates in the areas of education, mental health and residential treatment for the SED population and their families. The SED Network is funded by the Department of Education.

Governor's Constituency for Children -

These associations promote a high quality of life for all children in Florida through an informed citizenry, a coordinated system of public and private services, and the active involvement of individuals in communities throughout Florida where the affairs of children are concerned.

Presently not all counties have local Governor's Constituency for Children. Some of the small rural counties now have Interagency Councils and could not support both.

Local Child Abuse and Neglect (CAN) Teams -

The Child Abuse and Neglect Team in Leon County is a voluntary group of professionals who meet bimonthly to network and discuss issues relating to child abuse. The CAN Team has addressed issues involving the interviewing of children on school property, training of professionals, (i.e., teachers, one strike initial interviewing) and an incest treatment program. The CAN Team has attempted to address the shortage of foster homes in Leon County.

District 2 has similar groups in existence, however there is not one in every county. There aren't any costs associated with the CAN Teams, besides the costs of reproducing and mailing out the minutes and meeting notices.

13. PUBLIC INFORMATION

Florida Center for Children and Youth (FCCY) -

This agency primarily promotes advocacy for children and youth throughout Florida. The agency disseminates information and legislative news, publishes a newsletter and pro-

vides training and coalition-building.

Florida Association for Health and Social Services, Inc. -
This agency serves as a catalyst through which citizen participation is directed toward improvement of human services to the people in Florida. The purposes of the agency include: ascertaining health and social service needs by collecting, assembling and evaluating pertinent data; and serving as a planning body for the establishment of long range health and social service goals and policies.

The costs of these services are unknown and the agency only covers three counties in District 2.

Child Protection Team - See Section 5.

Child Abuse Prevention Project - See Section 9.

V. PRIORITY OF NEEDS

The needs described below correspond to sections within the continuum, however they are ranked in priority order.

PRIORITY #1: Prenatal Support for Parents -

There is need to increase accessibility of prenatal care to indigent women. Pregnancy prevention and support services for pregnant teenagers should be made available.

Indigent women can receive prenatal care through the **Improved Pregnancy Outcome (IPO) Programs**, which provide services through County Public Health Units (CPHU) in all 14 counties. It is estimated that approximately 35% of live births (2,500) are to low-income families. The IPO Projects served 1,623 persons during FY 85-86. It is estimated that 1,000 women may not have received adequate and complete prenatal care during FY 85-86. Based on a per capita expenditure of **\$384 per client**, IPO would require an additional **\$384,000** to meet the need.

Teenage births represented 17% of the total births in District 2 during 1984. There were 1,222 births of mothers under the age of 19, and thirty-seven of these births were to mothers under 15 years of age. Only four of the fourteen counties have programs specifically designed to provide training and support services to teenage mothers. Expansion of these services to each county would require approximately **\$300,000**. Our experience with existing programs conclude that support services to pregnant teenagers is a critical element in preventing a

cycle of abuse and neglect.

PRIORITY #2: Postnatal Education and Support

PRIORITY #3: In-home Education and Support

PRIORITY #4: Parent Education and Training -

With three funding sources for Homemaker Services (\$13,089), Housekeeper Services (\$14,200) and Parent Education Training (\$22,349), the current options to expand professional and para-professional staff is very limited.

Using a small service area in District 2, like Gulf and Franklin Counties as examples, there is an allocation of \$936 to purchase parent education services. In the first three months of 1986, Franklin County had eight cases of substantiated child abuse and neglect and Gulf County had six. Using these figures as a basis, the estimated number of substantiated cases for 1986 is 56. Under this fiscal allocation, Gulf and Franklin Counties spent only \$16.71 per family to conduct parent training.

Homemaker Services cost approximately \$10.00 per unit (hour) of service. Housekeeper Services cost approximately \$3.50 per unit of service and Parent Education Training costs approximately \$12.50 per unit of service. The average cost for this type of in-home parenting assistance service is \$8.67 per unit. Using 1984-85 figures, 57 percent of District 2 reported 1,526 abuse and neglect indicated referrals. If each family was provided eight units of service (including homemaker, housekeeper or parent trainer) at a total cost of \$69.36 per family, the total need would come to \$104,317.

PRIORITY #5: Child Day Care -

Subsidized child day care services are not available in three counties in District 2 (Calhoun, Franklin and Washington Counties). Of the counties that do have some services (Gulf, Jackson, Jefferson and Wakulla Counties), subsidized infant care is not available. Further, Gadsden, Jackson and Wakulla Counties do not have subsidized after-school care. Although some services are provided, many of these communities are underserved and gaps are apparent throughout District 2.

The Community Coordinated Child Care (4-C) Councils are not sufficiently funded to serve all eligible clients in the fourteen county area. The Councils are only able to serve 55% of the eligible clients needing child care services. An additional \$1 million to serve the 1,739 children presently on waiting lists is critical.

PRIORITY #6: Early and Regular Educational, Medical and Psychological Services -

Specific needs in this section of the continuum, are **Therapeutic Child Day Care services**. Of the 1,572 children served by the subsidized child day care programs, 158 are being served as CYF at risk clients. Many, if not all, of these children could benefit from a therapeutic day care program with an increase in staff to child ratio and therapeutic interventions.

At a daily rate of \$10 for each child, 150 children could receive therapeutic child day care provided through existing centers and programs. Should each child receive this service 131 days per year, \$196,500 would be needed.

PRIORITY #7: Family Crisis Intervention and Support -

Funding for one or more **Intensive Crisis Counseling Programs (ICCP)** in Subdistrict 2B is needed. Current allocations provide approximately \$117,000 for ICCP to serve approximately 115 families in Subdistrict 2A. Subdistrict 2B uses a combination of funds to contract for ICCP services for approximately 70 families. The minimum funds necessary are \$128,000 for an ICCP in Subdistrict 2B.

PRIORITY #8: Treatment and Intervention Services -

One of the largest gaps in the continuum of child abuse and neglect prevention, is the **lack of intervention services to abusive families**. Research clearly indicates that abuse is a vicious cycle passed on from one generation to the next.

The number of indicated cases of child abuse and neglect in District 2, in 1984, was 2,678. Current fiscal funding does not include any dollars specifically allocated for provision of intensive therapeutic intervention to families identified as at risk. District 2 has a need for the development of a model therapeutic intervention program which is a combination of clinical approaches including case management and evaluation components. To pilot a program with 50 families, \$125,000 per year is needed. The benefits of this intervention could best be evaluated through operation for a minimum of two years.

PRIORITY #9: Public Information -

Child abuse and neglect is highly emotional and emphasis is on reporting incidents of abuse and neglect. The District Task Force wishes to approach prevention from a constructive perspective by emphasizing positive steps that parents can take in responding to their children.

There is a need to instruct some parents on alternative ways in responding to children and their inappropriate behaviors. In addition, parents need to learn how to direct frustrations and stress, derived from any source, away from their children.

A planned, coordinated media campaign is needed in District 2 which

provides information in regards to common and uncommon stresses of parenthood including how and where to get help in dealing with these stresses. Funding of \$8,000 is needed to contract for professional medical consultation to work with the current child abuse prevention providers. The purpose is to develop a focused media campaign using: (1) public service announcements on prime time television emphasizing positive aspects of parenting and providing information on a variety of local resources for parents, (2) announcements in local newspapers about parenting issues, concerns and help that is available, and (3) a special one time event in conjunction with Child Abuse Prevention Month in April.

PRIORITY #10: Additional Funds Requested -

Presently the District 2 Task Force is advisory in nature and performs many services which require support personnel. The basic purpose of the District Task Force, according to law, is to prepare a biennial report on the prevention of child abuse and neglect. Preparing the report necessitates research and typing, editing, xeroxing, etc. Additionally, the District Task Force is charged with the responsibility of collecting data to guide in the development of funding requests, a task which must be accomplished every three years. The 1986 District Task Force is conducting a key informant survey of some 100 professionals who possess knowledge regarding rank ordering of child abuse and neglect services. This will enable the District Task Force to give priority programs the most serious consideration for future funding.

While the District Task Force maintains these responsibilities, there is no fiscal budget. This researching, devising, printing, collecting and analyzing data, report writing, traveling, etc., for the key informant survey must be done gratis. The results are non-systematic and often somewhat "catch as can". To cover support service costs, the District 2 Task Force requests a budget of \$5,000 for the 1986-88 biennial report.

VI. BARRIERS

The demographic features of District 2 have a strong impact on service provision. There are 14 counties covering the second largest geographic area of any district in the state.

All but two counties are predominantly rural and sparsely populated. Public transportation is not available for a majority of the district's residents. Extra transportation expense is incurred by any provider who hires staff to cover large geographic areas.

In addition to client transportation needs, 11 of the 14 counties in District 2 have the highest poverty rates in the state. Poverty, in the general population, limits likelihood that a wide range of service

providers will be located throughout the district including the two urban areas. This limits the actual use of existing providers by impoverished, isolated and potential clients. Staff for prevention services are concentrated in the urban areas, limiting the effective provision of services in the outlying areas.

Some specific barriers with regard to programs and services in our continuum are prioritized below:

1. **PRENATAL SUPPORT FOR PARENTS -**

In District 2, rural counties have extremely limited OB-GYN medical services and hospital maternity services.

One county has experienced the resistance of a small, but vocal group of local citizens, to services provided through a school-based health clinic. Services are provided to students on school premises, with parental consent only.

2. **EARLY AND REGULAR EDUCATIONAL, MEDICAL AND PSYCHOLOGICAL SERVICES**

Some barriers in this category include too few CMS certified doctors to adequately serve the outlying counties and too few case management nurses.

3. **CHILD DAY CARE -**

In this category there are barriers unique to the development and expansion of subsidized day care services. These include limited availability of subcontractors in underdeveloped and inadequately served areas, potential subcontractors are deterred from participation due to an inability to obtain required local match funding, possible racial or other prejudice, misunderstanding of program requirements and the inability to meet purchase of service requirements.

4. **FAMILY CRISIS INTERVENTION AND SUPPORT -**

Specific barriers to services in this category include, client concerns regarding the stigma of receiving services, denial of the need for services and lack of parental recognition for their children's needs.

VII. ACTION PLAN

The previous sections displayed programs, needs and barriers for existing prevention services in District 2. While we are pleased that there are significant changes occurring in some areas of the district, none of the services and programs identified begin to meet the full needs in any area of the continuum. In general, Leon and Bay Counties

come closer to meeting substantial portions of the need than the other 12 counties. Even in Bay and Leon, there are still gaps in accessibility to prenatal care, lack of adequate parenting training services, lack of day care services and insufficiencies in public education concerning the needs of children.

District 2 Task Force has identified and prioritized five major areas to be addressed during 1987-88.

- (1) prenatal support
- (2) parenting support
- (3) adequate day care for all children
- (4) support for therapeutic intervention services to at risk families
- (5) increased public education concerning the mental, emotional and developmental needs of all children

This section discusses district action which is proposed for January 1987 to December 1988.

O Prenatal Support for Families -

If all women had early and regular prenatal care, Florida's low birthweight infants could be reduced from 74 per 1,000 to 30 per 1,000. March of Dimes research found that only 2% of the women who receive early and regular prenatal care delivered low birthweight babies, versus 9% for those who do not. In Florida, nearly 25% (3,450) of white mothers and nearly 48% (11,245) of black mothers receive inadequate prenatal care. (Statewide Prevention Task Force Report)

Until these objectives are achieved, District 2 Task Force maintains that adequate prenatal and postnatal care for all mothers will be a major priority.

ACTION STEPS -

Existing programs and services provided in District 2, including IPO, WIC and the school-based health clinic in Gadsden County need support through participation and the activities of the local Interagency Councils (i.e. CAN Teams, Governor's Constituency for Children, Gadsden County Pre-Kindergarten Handicapped Interagency Council).

Each county will continue to develop services to insure that all pregnant teenagers are receiving adequate prenatal and postnatal care. Project HOPE should be expanded to at least five additional counties in District 2 during 1987, making the project available in 7 counties.

0 Parenting Support for Parents -

Awareness in a child's capacity to learn, understand, emotionally relate and behave has grown extensively in recent years. A major key to preventing abuse and neglect is giving families a better understanding of the capacities and needs of their children, as well as providing techniques for constructively supporting and addressing the needs.

ACTION STEPS -

Expansion of Project HOPE will provide additional in-home support and parent training for pregnant teenagers.

Providing additional training to middle and high school students related to personal responsibility and parenting, will be accomplished through coordinated efforts with the Child Abuse and Neglect Prevention Coordinators, guidance counselors and existing curriculum.

Funds provided for parent training and in-home supports will be developed, coordinated and implemented for maximum service delivery.

0 Adequate Day Care for Children -

The benefits of providing adequate day care have been well documented. Unfortunately, a waiting list for subsidized day care continues to exist, as does a growing need for after-school day care. It is the position of the District Task Force that no child should be without proper care due to unavailability of day care services.

ACTION STEPS -

A priority for the District Task Force is to support the above recommendations and to advocate on the part of local CAN Teams, Governor's Constituency for Children, other Interagency Councils and support legislative actions and budget requests for expanding child day care services.

The Child Abuse and Neglect Coordinators will also continue as resource persons, to assist in the training of child day care staff as requested.

0 Increased Support for Therapeutic Interventions -

It is anticipated that District 2 will receive approximately 8,000 abuse and neglect reports during FY 85-86. The current year's data indicate that approximately 50%, or 4,000, cases will be substantiated or indicated. The Child Abuse and Neglect Prevention Coordinators identified a number of children through school systems, where abuse or neglect could not be proven, but symptomatology and problems related indicated their status to be at risk for abuse

and neglect.

A major contributing factor to abuse is finding out a family has a history of abuse and neglect. Prevention is an impetus to breaking the cycle of abuse and/or neglect.

The District Task Force recognizes that providing intensive therapeutic intervention to some families in an attempt to break the cycle of abuse.

ACTION STEPS -

The District Task Force will actively support a funding request for a model therapeutic intervention program through coordinated efforts with Governor's Constituency for Children, the Florida Center for Children and Youth, Interagency Councils and other agencies interested in these services.

0 Increased Public Education Concerning the Emotional and Developmental Needs of Children -

Child abuse and neglect is highly emotional and frequently emphasis is on reporting incidents of abuse and neglect. The District Task Force wishes to approach prevention from a constructive perspective by emphasizing positive steps that parents can take in responding to their children.

There is a need to instruct some parents on alternative ways in responding to children and their inappropriate behavior. In addition, parents need to learn how to direct frustrations and stresses, derived from any source, away from their children.

ACTION STEPS -

The Child Abuse and Neglect Prevention Coordinators will contact all local television stations to encourage the use of National Committee for Prevention of Child Abuse public service announcements.

The District Task Force and the Prevention Project will work together for the development of a publicity campaign during 1987, that can be used for the promotion of positive parenting practices.

VIII. RECOMMENDATIONS

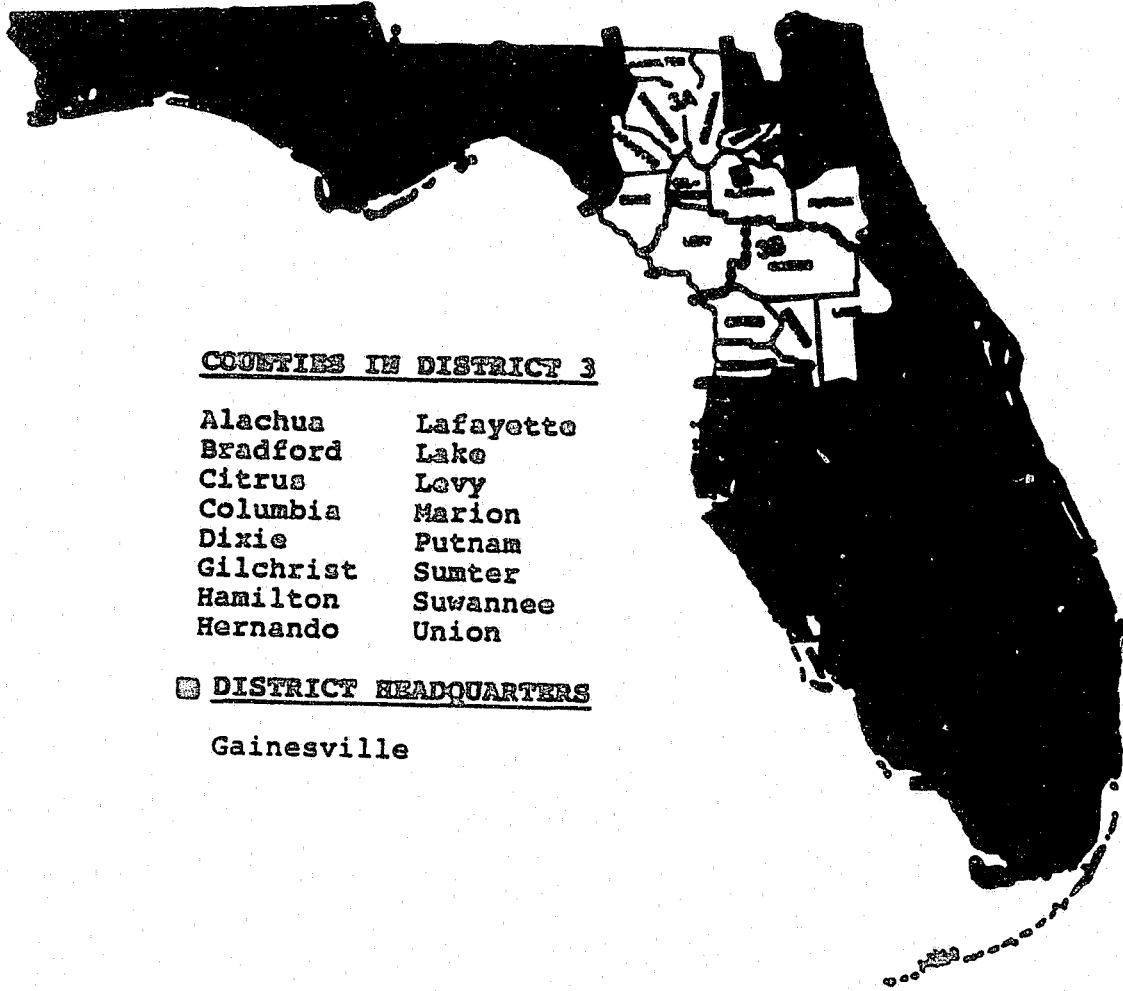
Given the extensive documentation in the preceding pages, District 2 has two broad recommendations:

1. HRS should prepare and submit a legislative budget request to fund

needed programs and services identified in the continuum for child abuse and neglect prevention services.

2. The Florida Legislature should fund the programs and services identified in the legislative budget request.

DISTRICT 3



COUNTIES IN DISTRICT 3

Alachua	Lafayette
Bradford	Lake
Citrus	Levy
Columbia	Marion
Dixie	Putnam
Gilchrist	Sumter
Hamilton	Suwannee
Hernando	Union

DISTRICT HEADQUARTERS

Gainesville

Susanne Casey

Susanne Casey
District Administrator

Al Tracy

Al Tracy
Chairperson
District Child Abuse and Neglect
Prevention Task Force
Carol E. Zeigler for

Marianne Bennink
Chairperson 1986-87
District Child Abuse and Neglect
Prevention Task Force

DISTRICT 3



A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT

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DISTRICT 3

I. CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

County	Name	Agency
Alachua	Louis Dunbar Jim Spencer Claire Walsh Carole Zegel	Department of Migrant Education Child Protection Team University of Florida Guardian Ad Litem
Bradford	E. W. Hodges, Jr. Wayne Whiffen *Tom Elwell	County Commission Optometrist State Attorney's Office
Citrus	Linda Lee	Foster Parent
Columbia	Neal Nydem Diana Rivera *John Lewis	Sheriff's Department Private Practice City Government
Dixie	George Butler Pauline Sauls	Community Mental Health Public Schools
Gilchrist	Marianne Bennink	Guardian Ad Litem
Hamilton	Ron Hobbs Priscilla Rye	Public School Principal Sheriff's Department
Hernando	Robert Taylor	Private Citizen/Retired
Lake	Elaine Butterfield Lauren Strickland	Private Citizen Public Schools
Levy	Ted Alexander	Private Business
Marion	John Moore Catherine Eastwood Cherrietta Prince *Carol Balbes *Betty Cluster	International Order of Foresters County Public Health Unit Administrative Assistant to City Manager Marion/Citrus Mental Health School Board Member
Putnam	Peggy Kelly Lois Townsend	Educational Consortium Private Citizen

II. STATEMENT OF PURPOSE

1. The District Task Force shall operate under the direction of the District 3 Administrator or designee for the purpose of participating in the development of a comprehensive plan for the prevention of child abuse and neglect in District 3.
2. District 3 consists of a sixteen (16) county geographic area including: Lake, Sumter, Hernando, Citrus, Marion, Putnam, Alachua, Bradford, Union, Dixie, Lafayette, Gilchrist, Columbia, Suwannee, Hamilton and Levy. The district is further divided into Subdistricts A and B. Five (5) service networks are contained within the two (2) Subdistricts.
3. The membership of the District Task Force shall include but not be limited to representatives from: Community Mental Health Center; Guardian Ad Litem Program; School Board of the local school districts; District Human Rights Advocacy Committee; private or public organizations or programs with recognized expertise in working with children who are sexually, physically, emotionally abused or neglected, and with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary Child Protection Team; child day care center; law enforcement; and circuit court. Guardian Ad Litem Program is not available in the local area. The District 3 Administrator shall appoint the members of the District Task Force in accordance with the membership requirements of Section 415.501, Florida Statutes.
4. The responsibilities of the District Task Force will include but not be limited to developing:
 - a. Documentation of the magnitude of the problem of child abuse including sexual, physical and emotional abuse and neglect in its geographical area.
 - b. A description of programs currently serving abused and neglected children and their families and child abuse and neglect prevention programs, including information on impact of programs, cost-effectiveness and sources of funding.
 - c. A continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention, 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 and neglect prevention based upon

the continuum.

- e. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication costs, and alternative funding strategies 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 child abuse and neglect prevention.
 - g. Recommendations for changes that can be accomplished only at the state program level or by legislative action.
 - h. Serve in an advisory capacity to the District 3 Children, Youth and Families Program Office and contract provider regarding implementation of the plan within budgetary constraints.
- 5. The District Task Force will review a district draft plan and provide specific recommendations regarding additions, deletions and revisions.
 - 6. All recommendations will be presented and a final draft plan will be prepared by the District 3 Children, Youth and Families Program Office and the Child Abuse and Neglect Prevention Project.
 - 7. The District Plan will then be reviewed by the District 3 Executive Committee, forwarded to the District 3 Children, Youth and Families Program Office and the District Administrator for submission to the State Children, Youth and Families Program Office as outlined in Statutes.
 - 8. The plan will be updated biennially.

A. STATEMENT OF COUNTY CITIZENS ADVISORY BOARDS

- o County Citizens Advisory Boards shall operate under the direction and coordination of the project County Service Coordinators for the purpose of participating in the development of a comprehensive plan for the prevention of child abuse and neglect in District 3.
- o The County Citizens Advisory Boards provide assistance to the County Service Coordinators to assure that local needs in child abuse and neglect prevention are identified and met as fully as possible within budgetary constraints.

- O The membership of the County Citizens Advisory Boards will follow the same guidelines as does the District Task Force. Membership should also include community leaders with interest or expertise in child abuse and neglect prevention or treatment.
- O The child abuse prevention project County Service Coordinators will invite individuals to serve on the County Citizens Advisory Boards. The County Citizens Advisory Boards' Chairperson will be elected by the board members.
- O The responsibilities of the County Citizens Advisory Board will be to:
 - a. Provide input to the District Task Force to be considered for incorporation in the biennial updated state plan.
 - b. Seek to implement the plan in their county.
 - c. Address advocacy needs for children and families in their communities.
 - d. Encourage interagency communication and cooperation in their communities.

III. OPERATING PROCEDURES

1. The Chairperson will be elected by the Task Force for a term of one year.
2. The Chairperson will conduct all scheduled meetings.
3. The recorder of the minutes for the meetings shall be selected by the Project Director.
4. Meetings will be scheduled on a quarterly basis or as needed.
5. Meetings will be held in the Child Abuse Prevention Project Office, located at 5700 S.W. 34th Street, Suite 1310, Gainesville, Florida, or in other predetermined locations.
6. Robert's Rules of Order will be used for conducting meetings.
7. In order to avoid any conflicts of interest, District Task Force Members will be prohibited from voting on the allocation of funds to their own agencies.

8. A quorum will be 30% of the Task Force Members and one-half of the counties in the district represented.
9. A quorum is required whenever a vote is required by the District Task Force.
10. Members of the District Task Force shall be appointed for a two year period or until replaced as in membership policy as listed below. Members may be appointed to more than one term.
 - a. Each County Citizens Advisory Board may nominate a primary and alternate member of the District Task Force. The Advisory Board will provide background information to include discipline, agency or area of expertise of the nominated individuals.
 - b. Each County Citizens Advisory Board or current District Task Force Member may nominate at-large members in addition to the primary and alternate members. Background information as in paragraph (a) above will be provided by the nominating group on these nominees.
 - c. The District Task Force will forward all nominations to the District Administrator for approval.
 - d. Each primary member and at-large member will have one vote on issues before the District Task Force. Alternate members will have one vote only when attending in place of an absent primary member.
 - e. Immediately following the second consecutive absence of a primary or alternate member that results in no representation of a county, the District Task Force will notify the Citizens Advisory Board of that county that a replacement should be nominated.
 - f. Immediately following the second consecutive absence of an at-large member, the District Task Force shall inform that member that he/she has been removed from the membership rolls for non-attendance. If the said member desires, he/she can request the District Task Force to consider his/her reinstatement.
11. In lieu of establishing standing committees, committees will be appointed by the chair as needed.
12. Voting will be by hand count unless a majority requests a secret ballot.

13. The District Task Force will provide advice and consultation to the contract manager and the contract provider regarding the implementation of prevention programs and use of any new resources for prevention in District 3.
14. The district will follow the contract guidelines and selection criteria as established by HRS policy, as follows:

The District 3 Child Abuse Prevention Project is currently contracted with The University of Florida, Department of Pediatrics. The original contract was competitively bid and has been renewed each year.

District 3 has evaluated utilization of new funds each year and has awarded all new funds to the current provider. The District will continue to evaluate utilization of new funds on a yearly basis.

Should the district or a provider decide not to renew a prevention contract, a request for proposal (RFP) will be developed and the contract competitively bid. The renewal decisions by District 3 will be made yearly, based on quality of service provision.

IV. INTRODUCTION TO CONTINUUM

The continuum described here is based largely on the National Committee for Prevention of Child Abuse publication "An Approach to Preventing Child Abuse". This approach is made up of community programs that are targeted to different populations to reflect phases in the family life cycle. Both children and parents are targeted in this continuum. This continuum of services and programs is individualized for specific services which District 3 envisions as necessary to prevent child abuse and neglect. Prior to any implementation of prevention programs it is necessary to build professional and community support and demand for such efforts.

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

1. Public Information and Education on Child Abuse and Neglect Prevention -

An informed public that recognizes and understands the need for comprehensive services to families is a vital first step. As outlined in the District 3 Action Plan, this remains the number one priority on which to base the continuum of services described below.

2. Community Organization Activities -

To increase the availability of social service, health and education resources and of the other supports that reduce family stress, community coordination and organization is necessary. This starts with education of professionals working with children and their families to recognize and report child abuse and neglect. Building from this knowledge base, communities can organize to promote inter-agency cooperation, resource sharing and finally development of effective support services for families.

3. Support Programs for New Parents and Ongoing Parent Education

- The purpose of support programs for new parents is to prepare individuals for the job of parenting. Although such programs should be available to all parents, special attention should be paid to first time, teenage and single parents. As children grow, parents need new skills to face new challenges or problems related to their child's development.

The District Task Force regards development of a range of parenting education and support services as a priority in each of the sixteen counties. As developed appropriately they may include group education for new parents, a "Parenting Skills Mobile Unit", Family Resource Centers, increased services for high risk families providing in-home education, support and self-help groups, such as Parents Anonymous. Many of these resources would also address the need for on-going parent education.

4. Child Care Opportunities -

The purpose of child care or day care programs is to furnish parents with regular or occasional out-of-home care for their children, as well as provide opportunities for children to learn basic social skills. These child care services include latch key programs and other after school care programs for children.

5. Life Skills Training for Children and Young Adults -

Children and adolescents need to learn interpersonal and problem solving skills to prepare them for adulthood, especially in the parenting role. In addition, children need the skills to help protect themselves from abuse. Services in this category include programs in day care centers, public and private schools, as well as youth activity centers, job training and placement programs for youth, and appropriate recreational events.

6. Family Support and Crisis Services -

To provide immediate assistance to parents in times of stress, when children are at a significantly greater risk for abuse, crisis care programs should be available on a 24-hour basis.

7. Programs for Abused Children -

To minimize the long-term effects of abuse, age appropriate treatment services should be available to all maltreated children. An increase in family therapy services and development of Big Brother/Big Sister Programs are included in the continuum of planning in the District. Included are a variety of services such as Guardian Ad Litem Programs, and emergency and therapeutic foster homes.

B. CONTINUUM OF EXISTING PROGRAMS AND SERVICES

District 3 resources are categorized according to the continuum of services necessary for a comprehensive approach. Each program is listed as being available district wide or in specifically named counties. Program descriptions are given only the first time each resource is listed.

1. Public Information and Education on Child Abuse and Neglect Prevention

O CHILD ABUSE PREVENTION PROJECT - district wide

Funding: Legislative appropriations

Responsible for implementation of a comprehensive action plan for the prevention of child abuse and neglect. The Project's goals include efforts to stimulate, encourage and coordinate community-based initiatives in six areas: development and provision of public awareness activities, education of professionals who work with families and children, prevention education programs for children, parenting education and parent support, coordination of support services, resources and development of services to high risk families.

O COOPERATIVE EXTENSION SERVICES - district wide

Funding: Legislative appropriations

Programs provide education in home economic areas, to include parenting education, nutrition and budget planning.

O MINISTERIAL ALLIANCES, MINISTERS AND CHURCHES - district wide

Funding: Supported by congregational donations

Provides spiritual leadership and community, social action programs, counseling and program development.

- O LAW ENFORCEMENT AGENCIES - district wide
 Funding: Federal, State and County
 Provides criminal investigations of abuse cases, while working with other agencies in the disposition of cases. Also involved in education and awareness programs.
- O SED NET (SEVERELY EMOTIONALLY DISTURBED CHILDREN'S NETWORK)
 - district wide
 Programs to facilitate a multi-agency network for the delivery of services to severely emotionally disturbed children.
- O CHILDREN'S HOME SOCIETY - district wide
 Funding: Private
 Counseling services to unwed mothers, adoption screening and adoption services.
- O SEXUAL AND PHYSICAL ABUSE RESOURCE CENTER (SPARC) - Alachua County
 Provides emergency shelter for battered women and children. Provides emergency housing, food and basic necessities for victims of abuse in a protected, secure environment.
- O PARENT AIDE PROGRAM- Alachua and Marion Counties
 This program is designed to meet the needs of abusive or potentially abusive parents by providing supportive, long-term intervention through the use of trained volunteers.
- O ACCEPT - Alachua County
 ACCEPT is sponsored by the School Board. This program is an alternative school program for pregnant teens with emphasis on life skills and parenting skills included in the curriculum.
- O FOSTER PARENTS ASSOCIATION - Alachua, Bradford, Citrus, Hernando and Marion Counties.
 This association holds meetings and programs for couples who serve as HRS foster parents, including Therapeutic Foster Care.
- O BIG BROTHER/BIG SISTER PROGRAMS - Alachua County
 Trained volunteers matched one-on-one with children who are experiencing adjustment problems of single parent homes.
- O CORNER DRUG STORE - Alachua County
 Education, public awareness, intervention and treatment for substance abuse.

- FAMILY RESOURCE CENTER - Alachua County
Education, support and informational services to family members of all ages on a variety of issues pertaining to parenting, money management, step-families, grandparents, etc.
- RAPE VICTIM ADVOCATE PROGRAM - Alachua County
This program provides support services and counseling to victims of sexual assault.
- ELKS DRUG AWARENESS PROGRAM - Hernando County
Provides information for parents, teachers and students on drug abuse prevention.
- CREATIVE SERVICES, INC. - Marion County
Services include a 24-hour hotline. As a rape crisis program, the services include counseling, public education and victim advocacy with a spouse abuse shelter and related services.
- SPOUSE ABUSE SHELTER - Marion County
Provides emergency shelter for battered women and children. Provides emergency housing, food and counseling for victims in a protected, secure environment.

2. Community Organization Activities

- CHILD ABUSE PREVENTION PROJECT - district wide
- MINISTERIAL ALLIANCE, MINISTERS AND CHURCHES - district wide
- LAW ENFORCEMENT AGENCIES - district wide
- SED NET (Severely Emotionally Disturbed Children's Network) - district wide
- CHILDREN'S HOME SOCIETY - district wide
- PARENT AIDE PROGRAM - Alachua and Marion Counties
- FOSTER PARENTS ASSOCIATION - Alachua, Bradford, Citrus, Hernando and Marion Counties.
- BIG BROTHER/BIG SISTER PROGRAMS - Alachua County
- CORNER DRUG STORE - Alachua County

- O FAMILY RESOURCE CENTER - Alachua County
 - O RAPE VICTIM ADVOCATE PROGRAM - Alachua County
 - O HERNANDO COUNTY COMMUNITY ACTION AGENCY - Hernando County
Services include food pantry, crisis intervention, Helping Hand, and household repairs.
 - O LEVY ASSOCIATION FOR PARENTING - Levy County
Local organization for promoting the development of resources for parents: Daycare co-op, Family Resource Center and help for parents of handicapped children.
 - O SUWANNEE RIVER ECONOMIC COUNCIL - Suwannee County
Provides services to low income individuals and families.
3. Support Programs for New Parents and Ongoing Parenting Education
- O COUNTY PUBLIC HEALTH UNIT - district wide
Funding: Legislative appropriations
Services include Well-Baby Clinics, home visits, prenatal care, individual counseling in growth and development, Improved Pregnancy Outcome (IPO) Program, immunizations and services to sick children, and health education.
 - O CHILD ABUSE PREVENTION PROJECT - district wide
 - O COMMUNITY MENTAL HEALTH CENTER - district wide
Funding: Local, State and Federal appropriations and client fees
Comprehensive Community Mental Health Centers provide five major services: emergency care and/or crisis counseling, in-patient care, partial hospitalization, consultation and education, and outpatient services. Outpatient services constitute the bulk of service delivery and include individual, group, pre-marital and family counseling, diagnostic services, psychiatric and psychological evaluations, and parent education. Centers serving Alachua, Dixie, Levy, Gilchrist and Hernando Counties offer specialized funded treatment programs for victims of incest and sexual assault.
 - O COOPERATIVE EXTENSION SERVICES - district wide
 - O CHILDREN'S HOME SOCIETY - district wide
 - O EARLY ENRICHMENT FAMILY SUPPORT PROGRAM - Alachua County

This program will work with 3-5 year olds and their families who have been referred to Community Coordinated Child Care (4-C's) and Community Mental Health, in order to avoid abusive situations.

- O PARENT AIDE PROGRAM - Alachua and Marion Counties
- O ACCEPT PROGRAM - Alachua County
- O FAMILY RESOURCE CENTER - Alachua County
- O HEADSTART PROGRAM - Bradford, Hernando, Lake, and Suwannee Counties
Preschool for low income families.
- O PRENATAL CLASSES - Citrus County
Provides preparation for childbirth and information regarding the newborn's needs.
- O TOUGHLOVE PARENT SUPPORT GROUP - Alachua, Citrus and Hernando Counties
Locally sponsored support available to the general public.
- O S.T.E.P. PARENTING CLASSES - Citrus and Hernando Counties
Sponsored locally for the general public and court ordered parents.
- O THERAPEUTIC HOMEMAKER PROGRAM - Alachua, Hernando and Marion Counties
Provides in-home teaching of homemaking skills including parenting, nutrition, meal planning, budget management, etc.
- O ELKS DRUG AWARENESS PROGRAM - Hernando County
- O FARM WORKERS CLINIC - Lake County
Aids with the medical needs of low income families.
- O NEW BEGINNINGS, INC. - Hernando County
Provides rape crisis counseling, spouse abuse counseling and shelter related services.
- O HASES, INC. - Lake County
Provides shelter, counseling and related services to battered women.
- O LEVY ASSOCIATION FOR PARENTING - Levy County

- RURAL HEALTH CARE PROGRAM - Putnam County
Provides diagnosis, treatment, examinations and related services to rural residents of Putnam County.
- SUMTERVILLE PROJECT HEALTH PROGRAM - Sumter County
Aids in full medical clinic services for county residents at a sliding scale fee.

4. Child Care Opportunities

- MINISTERIAL ALLIANCES, MINISTERS AND CHURCHES - district wide
- DAY CARE SERVICES - district wide
Funding: Private and Legislative appropriations
Provides day care services for children, birth to 5 years old.
- SEXUAL AND PHYSICAL ABUSE RESOURCE CENTER - Alachua County
- HEADSTART PROGRAM - Bradford, Hernando, Lake and Suwannee Counties.
- LEVY ASSOCIATION FOR PARENTING - Levy County

5. Life Skills Training for Children and Young Adults

- CHILD ABUSE PREVENTION PROJECT - district wide
- COOPERATIVE EXTENSION SERVICES - district wide
- LAW ENFORCEMENT AGENCIES - district wide
- FLORIDA SHERIFF'S YOUTH FUND - district wide
Funding: Donations
Boys' Ranch is a residential group child care program for dependent and neglected boys from ages 8 - 18. Provides education, counseling and recreation services.
- TURNING POINT - district wide
Funding: Legislative appropriations
This is a residential facility for adolescents who are severely disturbed emotionally.
- NEW LIFE PROGRAM - district wide
Funding: Legislative appropriations
Provides residential group treatment for emotionally disturbed and ungovernable girls.

- O LEVY HOUSE - district wide
 Funding: Legislative appropriations
 This is a therapeutic group home for emotionally disturbed youngsters referred through HRS/CYF.
- O THERAPEUTIC FOSTER HOMES - district wide
 Funding: Legislative appropriations
 Foster homes for emotionally disturbed children in need of specialized care and referred through HRS/CYF Case Review Committee.
- O GRANT CENTER - district wide
 Funding: Private
 Private residential psychiatric facility for children and adults.
- O INTERFACE PROGRAM - district wide
 Funding: Legislative appropriations
 Residential facility for runaways, providing 24-hour services to youths, family counseling to deal with crisis situations and used as an emergency shelter for adolescents.

Youth Talk Line is another service provided by Interface. The telephone service is available from 6-10 p.m. for young people, for immediate intervention.
- O RODEHEAVER BOYS' RANCH - district wide
 Funding: Private
 Licensed residential child care facility supported by donations and clients. Families self-refer children for care.
- O FLORIDA HORSEMAN'S CHILDREN'S RANCH - district wide
 Funding: Private
 Private, residential child care facility that accepts private placements.
- O ECKERD CAMPS - district wide
 Funding: Private and Legislative appropriations
 Long-term residential child care facility accepting private and HRS/CYF referrals, serving boys and girls.
- O CHILDREN'S HOME SOCIETY - district wide
- O ADVENT CHRISTIAN VILLAGE - district wide
 Broad ministry to families including counseling and other services, and group homes for youngsters in need of foster care.

Eagle Bend Youth Continuum is a 25-bed residential facility for disturbed adolescent males. This clinically secure shelter provides stabilization and therapeutic assessment for adolescent males.

- SEXUAL AND PHYSICAL ABUSE RESOURCE CENTER - Alachua County
- ACCEPT PROGRAM - Alachua County
- BIG BROTHER/BIG SISTER PROGRAM - Alachua County
- CORNER DRUG STORE - Alachua County
- ELKS DRUG AWARENESS PROGRAM - Hernando County
- LAKE COUNTY BOY'S RANCH - Lake County
A privately owned and funded residential foster home for dependent males between the ages of 10-15.
- ARNETTE HOUSE - Marion County
Provides runaway shelter service for adolescents.

6. Family Support and Crisis Services

PARENTS ANONYMOUS TOLL FREE PARENT HELPLINE - district wide
1-800-FLA-LOVE

Funding: Private Support

A crisis hotline available for crises and other situations.

Local chapters with support groups in Citrus and Hernando Counties:

- COMMUNITY MENTAL HEALTH CENTERS - district wide
- MINISTERIAL ALLIANCES, MINISTERS AND CHURCHES - district wide
- LAW ENFORCEMENT AGENCIES - district wide
- SED NET (Severely Emotionally Disturbed Children's Network) - district wide
- TURNING POINT PROGRAM - district wide
- NEW LIFE PROGRAM - district wide
- LEVY HOUSE - district wide

- THERAPEUTIC FOSTER HOMES - district wide
- OUTWARD BOUND PROGRAM - district wide
- GRANT CENTER - district wide
- INTERFACE PROGRAM - district wide
- RODEHEAVER BOYS' RANCH - district wide
- FLORIDA HORSEMAN'S CHILDREN'S RANCH - district wide
- ECKERD CAMPS - district wide
- CHILDREN'S HOME SOCIETY - district wide
- ALCOHOLICS ANONYMOUS, AL-ANON, AL-ATEEN PROGRAMS - district wide
 Funding: Private
 Program providing group and peer support for alcoholics and their families.
- ADVENT CHRISTIAN VILLAGE - district wide
- SEXUAL AND PHYSICAL ABUSE RESOURCE CENTER - Alachua County
- EARLY ENRICHMENT FAMILY SUPPORT PROGRAM - Alachua County
- CRISIS CENTER - Alachua County
 Abuse hotline provides 24-hour crisis intervention services to parents and children in potentially abusive situations.
- PARENT AIDE PROGRAM - Alachua and Marion Counties
- CORNER DRUG STORE - Alachua County
- RAPE VICTIM ADVOCATE PROGRAM - Alachua County
- CUB - Citrus County
 County run resource center provides food, clothing and emergency shelter.
- CASA (SPOUSE ABUSE HOTLINE) - Citrus County
 Provides emergency shelter by transporting victims to a shelter in another county.
- TOUGHLOVE PARENT SUPPORT GROUP - Alachua, Citrus and Hernando Counties

- INTENSIVE CRISIS COUNSELING PROGRAM (ICCP) - Citrus, Hernando, Lake, Marion and Sumter Counties
Provides in-home crisis intervention services to families for prevention of removal of children due to abuse or neglect.
- NEW BEGINNINGS, INC. - Hernando County
- HERNANDO COUNTY COMMUNITY ACTION AGENCY - Hernando County
- HASES, INC. - Lake County
- ARNETTE HOUSE - Marion County
- CREATIVE SERVICE, INC. - Marion County
- SPOUSE ABUSE SHELTER - Marion County

7. Programs for Abused Children

- ABUSE REGISTRY - district wide
Funding: Legislative Appropriations
Statewide registry operates 24-hours a day, seven days a week to receive reports of abuse or neglect of children under 18.
- HRS/CYF SERVICES - district wide
Funding: Federal and State Appropriations
Program components Include:
 - * DISTRICT INTAKE - Investigate all complaints of abuse, neglect or exploitation, as well as runaways and children reportedly beyond the control of their parents. Intake counselors determine what action, if any, needs to be taken to ensure the safety of the child.
 - * PRE-PROTECTIVE SERVICES - Serves families who have been investigated by District Intake or referred by other agencies due to a determination of at risk for abuse and neglect of their children. The program provides voluntary, short-term and intensive in-home supervision.
 - * PROTECTIVE SERVICES - Ongoing counseling and supervision to families on a voluntary or court ordered basis. Counselors work in conjunction with a variety of community agencies to improve the abilities of the parents to care for their children.

- * FOSTER CARE - Supervision of the placement of children returned to the custody of the state, to insure their safety and well-being. Workers assist the parents in planning for the return of children as appropriate.
- * ADOPTION AND RELATED SERVICES - Prepares children for adoptive placement, recruits adoptive families and determines suitable placements. Staff also complete divorce custody studies on request from the circuit court and home studies for independent adoptions.
- O CHILD PROTECTION TEAM - district wide
 Funding: Legislative appropriations
 Provides a multidisciplinary approach to assist HRS staff and professionals working with known or suspected child abuse or neglect cases. Basic services provided include: medical diagnosis, evaluation and short term treatment; psychological diagnosis, evaluation and short term treatment; assistance in interviewing and case management; expert court testimony; team staffings; coordination of services to the child and/or family.
- O CHILDREN'S MEDICAL SERVICES - district wide
 Funding: Legislative appropriations
 Provides medical care for eligible individuals with chronic medical conditions or any condition which hinders normal growth and development. Abused and neglected children are eligible for services regardless of financial capabilities.
- O GUARDIAN AD LITEM PROGRAM - district wide
 Funding: Legislative appropriations
 Program provides abused or neglected children with representation in court. Guardians conduct independent investigations and monitor agencies involved with children and families to assure court orders are carried out.
- O COMMUNITY MENTAL HEALTH CENTERS - district wide
- O LAW ENFORCMENT AGENCIES - district wide
- O FLORIDA SHERIFF'S YOUTH FUND - district wide
- O TURNING POINT PROGRAM - district wide
- C NEW LIFE PROGRAM - district wide
- O LEVY HOUSE - district wide
- O THERAPEUTIC FOSTER HOMES - district wide

- O OUTWARD BOUND PROGRAM - district wide
- O GRANT CENTER - district wide
- O INTERFACE PROGRAM - district wide
- O RODEHEAVER BOY'S RANCH -- district wide
- O FLORIDA HORSEMAN'S CHILDREN'S RANCH - district wide
- O ECKERD CAMPS - district wide
- O CHILDREN'S HOME SOCIETY - district wide
- O ADVENT CHRISTIAN VILLAGE - district wide
- O SEXUAL AND PHYSICAL ABUSE RESOURCE CENTER - Alachua County
- O PARENT AIDE PROGRAM - Alachua and Marion Counties
- O ACCEPT PROGRAM - Alachua County
- O BIG BROTHER/BIG SISTER PROGRAM - Alachua County
- O RAPE VICTIM ADVOCATE PROGRAM - Alachua County
- O INTENSIVE CRISIS COUNSELING PROGRAM (ICCP) - Citrus, Her-
nando, Lake, Marion and Sumter Counties
- O LAKE COUNTY BOY'S RANCH - Lake County
- O ARNETTE HOUSE - Marion County
- O CREATIVE SERVICES, INC. - Marion County
- O SPOUSE ABUSE SHELTER - Marion County

V. **PRIORITY OF NEEDS**

This is the priority ranking of district needs related to child abuse and neglect prevention. Although the top six needs are the focus of the District 3 Contract Provider, the District Task Force wishes to include these in the prioritized listing to emphasize that these six broad areas encompass a wide range of needed services. The District Task Force also notes that needs #14 through #23 are "Advocacy Needs", not necessarily in the purview of primary and secondary prevention

efforts but are part of the development of a continuum of services for children. A notation following each listing indicates whether it is a primary, secondary or tertiary prevention effort.

Continued funding at current levels will enable continued service and some expansion of activities for needs #1 - 5.

1. **PUBLIC AWARENESS AND EDUCATION:** (Primary) This broad category addresses the need to develop means and methods to promote public understanding of methods of preventing child abuse and neglect, and to encourage reporting.
2. **PARENTING EDUCATION/SUPPORT GROUPS:** (Primary and Secondary) Included in these areas are the concepts of specific parenting education efforts needed for expansion, but requiring increased coordination of community efforts for deleting duplication of services and gaps in the programs available to the varied population needs. Included in this category is the development of parenting education programs, materials and making available training for implementation of those programs.
3. **PROFESSIONAL EDUCATION:** (Necessary to implementation of any prevention effort.) Included in this category is the coordination and implementation of training in child abuse and neglect and related areas for all persons who work with children and families. Target populations for training include foster parents, law enforcement personnel, lawyers and state attorneys, medical professionals, day care staff, teachers and other school personnel, HRS staff, and mental health professionals. Specific high stress occupations such as law enforcement and corrections personnel need access to training in personal skills development, parenting skills and family management.
4. **CURRICULUM FOR CHILDREN:** (Primary and Secondary) This encompasses the need to identify ways to implement and/or supplement existing educational programs for children for the prevention of child abuse and neglect. Also included in this broad goal is the effort to develop and implement programs addressing other broad social issues that may be interactive with child abuse and neglect such as drug and alcohol abuse, family violence, teenage suicide and teenage pregnancy. Incorporation of Life Skills Management classes which include topics such as parenting education and job seeking skills can further enhance the information available to our young people.
5. **SUPPORT SERVICES/INTERAGENCY COMMUNICATION:** (Primary) The most effective social action programs need involvement from the com-

munity in planning, development and expansion of services for children and families. Including in this need, the continuum recognized that no programming can meet with much success without interagency communication and cooperation, as well as having the population at large involved in developing solutions for problems.

6. **INCREASED SERVICES FOR HIGH RISK FAMILIES:** (Secondary) Review of current literature, research and descriptions of programs indicate that in-home services are most effective in aiding families at high risk for child abuse and neglect to change their parenting patterns. These programs are labor intensive and require adequate professional staff for training, supervision and support. Cost determination for provision of these programs must be based on the at risk population. Cost factors include personnel, materials, travel, insurance and provision of back-up services.
7. **INCREASED DAY CARE AND TITLE XXI DAY CARE PROVIDERS:** (Secondary) District 3 averages 1,500 children on a monthly basis who are on the waiting list for Title XX day care. The cost estimate in providing day care services to these children is \$3,000,000 per year. In addition, due to the rural nature of many of the areas in the district, even if funding was adequate, children would not be served due to a lack of transportation. Funding for transportation is essential to meeting this need. No cost estimate is available at this time.
8. **TEENAGE RECREATION AND JOB OPPORTUNITIES AND YOUTH ACTIVITY CENTERS:** (Primary) Supervised and structured recreational, life skills training, employability skills training and social opportunities for young people would indirectly address and prevent a variety of problems such as drug and alcohol abuse, teenage pregnancy, delinquency, etc. Cost factors to be considered include facility needs, transportation, personnel, administrative costs and materials to provide adequate programming for the affected population.
9. **AFTER SCHOOL CARE:** (Secondary) The need for after school care programs for children, whose parents are unavailable from school dismissal until the end of a regular working day, can be addressed by two basic models. The first is to provide programs to train parents and older children on how to safely manage a latch key situation. Cost of implementation would include determining the number of families needing service, while providing materials and training in easily accessible sites for them to attend. The second model is to make available low-cost, convenient, and uniformly high quality programs at local schools,

churches, youth program centers, day care centers, etc. Cost factors to be considered in implementation include families needs, administrative costs, personnel, transportation, materials and equipment.

10. **HIG BROTHER AND BIG SISTER PROGRAM:** (Primary and Secondary) These programs provide adult role models to children who have been abused or neglected and/or are at high risk for abuse or neglect. According to national figures, 20% of children aged 7-14, residing in single parent homes, need this type of program to reduce or eliminate the risk of abuse or neglect. Costs involved in providing this service include administration, fund raising, supervision of volunteers by professional staff, community networking, and recruitment, screening, and training of volunteers. Current funding levels do not meet the need in District 3. No cost estimate is available for district wide expansion of this program, which currently has only one provider serving in one county.
11. **CRISIS NURSERY:** (Secondary and Tertiary) The risk of abuse and/or neglect can be significantly reduced in some cases if day care services can be made available on an immediate basis. This can result in a reduction of family stress and an opportunity to deal constructively with a crisis situation. Up to fifty children each month may be appropriate for crisis nursery services (this figure is based on average referrals to Pre-Protective Services and is an estimate of need). The minimum level of service would be up to two days per week for up to four weeks per clients. Based on current rates for day care, the cost estimate is \$48,000.
12. **PARENTING SKILLS MOBILE UNIT:** (Primary) Because of the extremely rural nature of much of District 3, it is felt that mobile classrooms, to make parenting education and teaching resources available, would be a reasonable addition to the current and proposed parenting education programs. Cost of implementation would include purchase of converted vans in sufficient numbers to serve appropriate areas, educational materials, administrative costs and personnel.
13. **FAMILY RESOURCE CENTERS:** (Primary) These centers can provide part of the needed continuum for parenting education, support groups and related family services. Small centers need to be developed in many locales in the district to make them accessible for potential clients. Considerations for implementation include determination of needed facilities, materials, personnel and administrative costs.

14. **FAMILY CRISIS INTERVENTION:** (Secondary and Tertiary) The HRS, Intensive Crisis Counseling Program (ICCP) is a service designed to prevent the removal of children from their homes in a crisis situation of abuse and/or neglect. Only half of the district is currently served by this valuable and cost effective program. In order to expand this program districtwide, \$133,587 is needed. This would provide services for 122 families in crisis.
15. **A REDUCTION OF THE NUMBER OF FOSTER CARE REPLACEMENTS FOR CHILDREN IN CARE:** (Tertiary) Some children in foster care placements have to be moved to other foster homes after the original placement has been made. A variety of factors may be causing these multiple placements, including a shortage of appropriate foster homes, a need for enhanced training of foster parents, low board rates, lack of respite care and crisis counseling for foster parents, special needs populations, a need for more foster care staff, etc. Due to the variety of possible causative factors, no cost estimate is available at this time. It is suggested that this area be studied further to make more accurate decisions on meeting this need.
16. **INCREASE GUARDIAN AD LITEM PROGRAMS:** (Tertiary) Although technically available in all counties, additional volunteers need to be recruited and trained to extend services to all eligible children. This would require additional professional and support staff and travel allocations, in addition to the continuation of in-kind services such as office space and materials. Total estimated sufficient funding for the judicial circuits included in District 3 is \$200,000.
17. **DEVELOPMENT OF CRISIS HOTLINES:** (Secondary) In addition to the statewide Parents' Anonymous Warm-Line, locally based crisis hotlines need to be available for provision of immediate assistance to parents in times of stress in dealing with their children. The local nature of services is helpful due to the need to provide information and referral services. Total estimated cost through expansion of the Alachua County Crisis Center through increased staff, increased computer capability for updated information and referral, and the addition of toll free lines is \$350,000.
18. **GREATER ABILITY TO TRACK CHILDREN WHO MOVE OUT OF COUNTY:** (Tertiary) Many clients move frequently, making it difficult for social service agencies to insure consistent services are delivered in different geographic areas. There is a need for a social service provider network or clearinghouse which could interface with social service agencies in different geographic locations. The scope of such a project would be enormous and

would require service personnel, computer hardware and software, central administration and consistence throughout the district and/or statewide. No cost estimate is available at this time.

19. **MORE PLACEMENT CAPABILITY FOR ABUSED AND NEGLECTED CHILDREN:**
(Tertiary) There is a shortage of emergency shelter homes, therapeutic foster homes, and runaway shelters for abused and neglected children. There is also a need to establish secure facilities for some dependent children. In order to meet current and projected needs for emergency shelter homes and therapeutic foster homes, it is estimated that the cost would be \$396,000. This would provide for an additional twenty shelter homes and the establishment of a therapeutic group home which would serve approximately seven clients per year. No cost estimate for runaway shelters and development of secure facilities is available at this time.
20. **INCREASE FAMILY THERAPY/TREATMENT SERVICES:** (Secondary and Tertiary) Current funding traditionally is depleted approximately six months into the fiscal year. In order to meet current demand for counseling services for abused and neglected children and their families; a total yearly budget of \$187,000 will be required. Services should include specialized sexual abuse treatment programs and treatment of juvenile offenders. Also needed in this category are rape trauma centers for children for provision of uniform services to victimized children.
21. **SHELTERS FOR ABUSED WOMEN AND FAMILIES IN CRISIS:** (Tertiary) Many women have these services available to them, but only at great distance. There is a need to establish comprehensive spouse abuse shelters and outreach programs in many locations throughout the district. Cost considerations include facility needs based on population at risk, personnel, administration and program materials.
22. **INCREASED DRUG/ALCOHOL PREVENTION AND TREATMENT PROGRAMS:**
(Primary, Secondary, Tertiary) Drug and alcohol problems among both children and adults contribute significantly to the problems of child abuse and neglect. Public and professional education and awareness, as well as adequate funding for treatment programs, are essential in addressing this problem. No cost estimate is available at this time.
23. **INCREASED INTAKE STAFF:** (Tertiary) District 3 is currently funded for 60 District Intake Counselors serving 16 counties and grouped into 10 Intake Units. Statistics for April 1, 1985 - April 30, 1986 indicate an average caseload of 23.6 new referrals involving abuse or neglect each month. This figure ini-

tially appears quite manageable. However, it must be considered that abuse and neglect represent only a portion of the Intake Counselor's total caseload responsibilities. Given the statutory responsibilities of the Intake system, a lack of adequate staffing patterns and internal and external support services can create a functional barrier to successful prevention and treatment. An additional 22 Intake counselors, supervisors and clerical support staff will be necessary to fully fund the Intake program. The cost of full funding would be an additional \$396,000.

VI. BARRIERS

Any comprehensive approach to abuse and neglect prevention is a monumental task. What follows is a basic understanding of the major issues raised by the District Task Force which have a negative impact on the implementation and success of our prevention plan.

1. Geographic Size - District 3 consists of 16 counties and is the largest service district in the State of Florida. The counties are largely rural with extensive coordination efforts with 16 school districts, numerous HRS units, several judicial circuits, etc.

Regional power structures must be identified and substantial support and action taken in each county. Plans which incorporate a centrally located base and staff for prevention services or coordination will encounter difficulties in serving such a large area. The opposite approach, to localize efforts at a county level, also creates significant administrative costs and problems in the supervision of personnel and the coordination of programs and services implemented as part of a comprehensive prevention plan.

2. Funding Levels - Current levels of funding for abuse and neglect prevention in District 3 are not adequate to provide a comprehensive plan. As previously detailed in this plan, \$341,000 is sufficient to provide only programs for a minimum number of the needs. It is not possible to provide a more comprehensive continuum of services and coordination throughout the district with the current funding.
3. Differences in Treatment Approach - Variations in preferred treatment approaches often produce conflicts between concerned parties which seriously hamper the treatment process. While each model of treatment (legal, social, or medical) purports to represent the best interests of the child, strict adherence to a particular prevention and treatment model may not serve the best

interests of the child. Current law and research support a multi-disciplinary approach to child abuse and neglect prevention and to do otherwise may create barriers to successful prevention and treatment.

4. Uneven Access to Available Resources - Due to population distribution, there often are too few at risk families in rural areas to make it economically feasible to provide comprehensive services in those areas. Problems of travel, time, distance and costs faced by potential clients often effectively prevent these clients from accessing available resources.

Any prevention plan must attempt to equalize resources in order to be comprehensive in nature, by addressing community needs at the local level. While this equalization of resources is part of the District 3 plan, actual achievement remains a formidable task.

5. Need for Improvement of Commitment, Coordination and Cooperation Regarding Prevention, Identification and Treatment of Abuse and Neglect by the Florida School System at Both Local and State Levels - Florida public school systems are largely autonomous and have demonstrated an inconsistent approach to reporting abuse and neglect, and in implementing age-appropriate curriculum for the prevention of abuse and neglect.
6. Lack of a Separate Statutory Category for Families in Need of Services - There is a need for a different statutory classification of status offenders which would include the family as the focus, rather than just the child. A change in statutory language would result in a further need for services which specialize in the status offender family population. This change is needed as there is considerable overlap between abuse and neglect and status offense behavior.
7. Rule Requiring That Unfounded Reports of Child Abuse and Neglect be Expunged - Current state law requires all unfounded reports of abuse or neglect to be destroyed. Information contained in unfounded reports often proves valuable should future referrals be made.
8. Lack of Transportation to Services for Children and Families - The large geographic area and rural nature of District 3 creates problems for access to all available services for families with no transportation or limited means to finance transportation costs.

VII. ACTION PLAN BY COUNTY

The following action plan focuses on the plans of the District Task Force and is coordinated with the plans of the County Citizens Advisory Boards, which are located in several counties within District 3.

Alachua County

1. Networking
 - a. identify needs and resources
 - b. encourage agency cooperations
2. Encourage acceptance of Juvenile Welfare Board
 - a. increase awareness of potential
 - b. lobbying efforts and public education
3. Support Drop-Out Prevention Project
 - a. support school board
 - b. encourage implementation of curriculum
 - c. develop volunteer cadre of specialists to work in system

Bradford County

1. Continue pregnant teen program in high school and develop parenting program for them after birth of babies
2. Continue S.T.E.P. Program
3. Continue coordination and support of parenting
4. Coordination and support of Parenting Education Committee
5. Develop parenting program for parents of teenagers
6. Develop parenting education program in cooperation with the County Public Health Unit
7. Enhance Guardian Ad Litem Program

Columbia County

1. Provide consultative input on program development for parenting education and professional education programs
2. Develop plan for wider media use for public awareness
 - a. write and record radio public service announcements
 - b. write newspaper column on parenting or child development

Gilchrist County

1. Assist in public awareness activities
 - a. identify target audiences and outreach activities
 - b. develop appropriate materials by incorporating current Child Abuse Prevention Project materials

Hamilton County

1. Assist in implementing Mother's Day Out Programs
 - a. contact churches/ministers to determine available facilities and interests
 - b. provide resource material
2. Assist parenting classes at public library during story time
3. Assist with writing newspaper articles
4. Keep Legislators informed about child abuse activities
5. Help coordinate services with home extension agents

Harwando and Putnam Counties

1. Develop youth and family resource center with teen recreation and activities programs
 - a. develop coalition to address needs and issues
 - b. present findings to multi-agencies interested and involved in services
 - c. research funding sources
 - d. establish centers
 - e. make resources available related to abuse prevention, parenting and drug information

Marion County

1. Work toward passage of Juvenile Welfare Board
 - a. public awareness
 - b. lobbying efforts
2. Establish child abuse residential therapeutic center through cooperation with Exchange Club

Sumter County

1. Work on problem of teen pregnancy
 - a. establish Task Force
 - b. address issues of:
 - improved prenatal care
 - appropriate services to teen mothers
 - develop pregnancy prevention strategies

Suwannee County

1. Implement Active Parenting for high risk families and/or families referred by County Public Health Unit, Community Mental Health, and schools
2. Advocate for support groups for adolescent victims of sexual abuse
3. Provide instruction of crisis management skills to foster parents

Union County

1. Develop programs in middle schools for parenting, education and drug abuse prevention
2. Support service agreement between school system and Bradford-Union Guidance Clinic for parenting education program for correctional officers

VIII. RECOMMENDATIONS

1. **THE ESTABLISHMENT OF REALISTIC STANDARDS FOR AFTER SCHOOL CHILD CARE:** Current standards are not uniformly applicable and do not adequately encompass all forms of after school caring businesses.
2. **CONTINUED MANDATED CHILD ABUSE AND NEGLECT, FAMILY VIOLENCE AND LIFE SKILLS CURRICULUM IN THE PUBLIC AND PRIVATE SCHOOLS:** Students have a need to know about abuse and neglect and how it may affect them or someone they know. They are not adequately prepared by current curriculum for adulthood. This increases the stress potential, which can contribute to potential abuse and/or neglect.
3. **REQUIRE DEPARTMENT OF CORRECTIONS TO PROVIDE TRAINING IN-PERSON SKILL DEVELOPMENT, PARENTING SKILLS AND FAMILY MANAGEMENT:** In order to break the cycle of abuse, all populations must be reached, including prison staff and inmates.
4. **ESTABLISH REQUIRED TRAINING FOR STATE ATTORNEYS AND PUBLIC DEFENDERS IN THE DYNAMICS OF ABUSE AND NEGLECT, INCLUDING JUVENILE LAW AND JUVENILE COURT PROCEDURES:** Ideally, training should occur at both the law school and the practicing attorney levels.
5. **CREATE A PROVISION FOR SECURE FACILITIES FOR DEPENDENT CHILDREN:** In special circumstances, emergency shelter homes cannot meet the needs of dependent children. A secure facility for dependent children would provide the time needed to evaluate the child for special programming or intensive counseling so that they can be appropriately placed.
6. **ESTABLISH AN INTENSIVE CRISIS CARE PROGRAM STATEWIDE WITH 24-HOUR CAPABILITY:** This program provides for intensive in-home services for families in distress. The goal is to provide a cost effective program that prevents children from being removed from their homes.
7. **FUNDING AT 100% LEVEL FOR APPROVED POSITIONS, TRAINING AND SAL-**

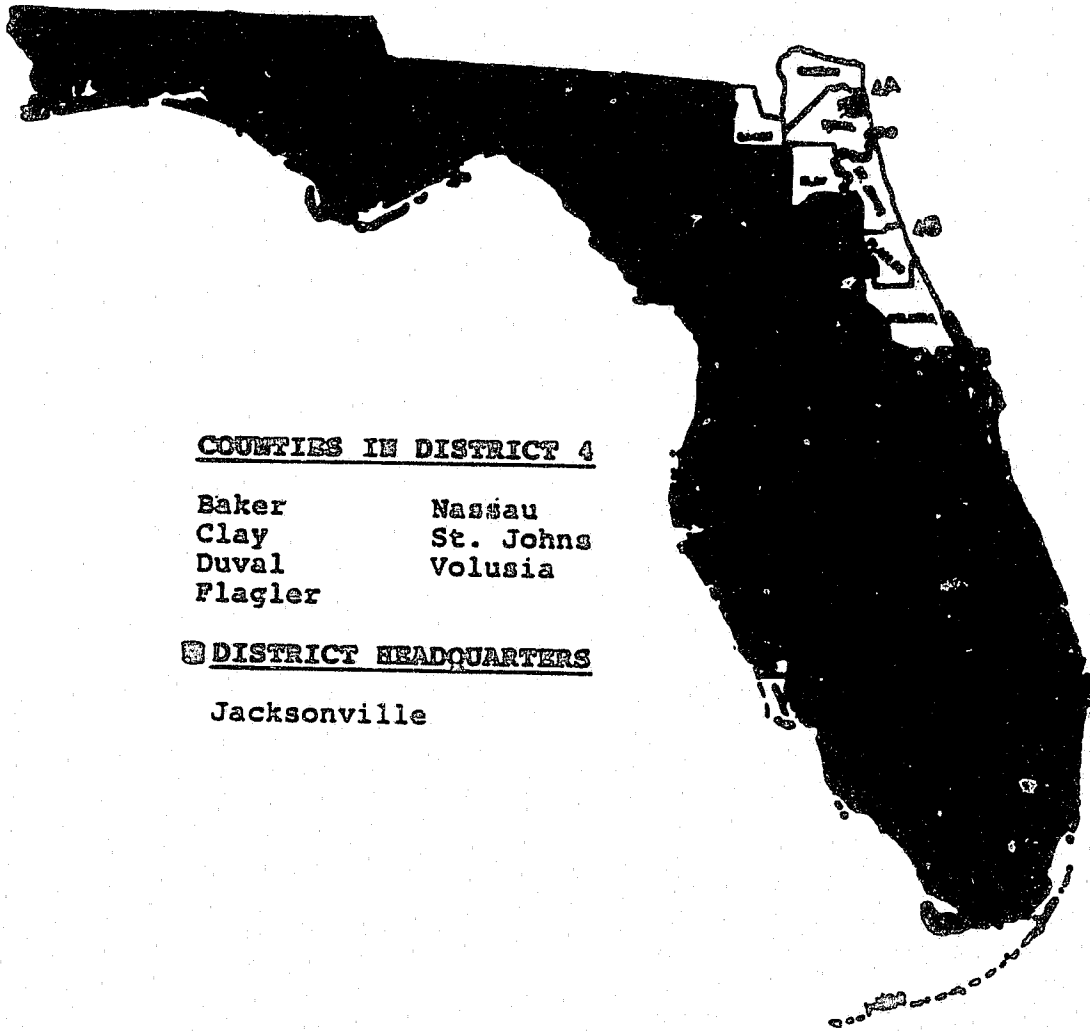
ARIES FOR CHILDREN, YOUTH AND FAMILY SERVICES: Children, Youth and Family Services positions have been affected by an increased reporting as a result of the various public awareness programs. There is a critical need for increased funding to enable filling all approved counselor, supervisor and clerical positions. Current funding at the 78% level is not sufficient to maintain quality standards.

8. **FUNDING FOR INCREASED THERAPEUTIC FOSTER HOME PLACEMENT CAPABILITY:** Many abused and neglected children require a therapeutic foster home environment. Trained therapeutic foster parents, caring for smaller numbers of children, can reduce the need for these children to require psychiatric residential treatment in the future.
9. **FUNDING FOR DISTRICT WIDE TOLL-FREE INFORMATION AND REFERRAL SERVICES:** This would assure appropriate referral of clients to available services.
10. **FUNDING FOR RAPE TRAUMA CENTERS FOR CHILDREN:** There are few specialized services for children traumatized by rape. There is a need for a uniform approach to service provision.
11. **FUNDING FOR INCREASE IN DAY CARE SLOTS FOR INFANTS AND CHILDREN IN RURAL COMMUNITIES:** The day care services which are available often require parents to be flexible when gaining and maintaining employment. This is not realistic for rural areas. There continues to be a need for expansion of day care services in District 3.
12. **INCREASED FUNDING FOR TREATMENT CONTRACT WITH COMMUNITY MENTAL HEALTH RELATING TO SEXUAL ABUSE TREATMENT PROGRAMS FOR VICTIMS AND THEIR FAMILIES:** Increased public awareness has resulted in increased referrals for sexual abuse. Treatment resources are not uniformly available and existing programs can not meet the demand for services.
13. **FUNDING CONTRACTS FOR SEXUAL ABUSE TREATMENT OF JUVENILE OFFENDERS (BOTH INCARCERATED AND THOSE ON DEFERRED PROSECUTION):** Resources for this treatment population are virtually nonexistent in Florida.
14. **FUNDING YOUTH PROGRAMS, INCLUDING INDEPENDENT LIVING SKILLS, EMPLOYABILITY SKILLS AND JOB OPPORTUNITIES:** Providing these skills training will more adequately prepare youth for assuming adult responsibilities.
15. **INCREASE FUNDS FOR RUNAWAY SHELTERS IN RURAL AREAS:** A network of

runaway shelters will provide a structured setting for handling runaways who are frequently abuse victims and are running from dysfunctional family situations.

16. **INCREASE FUNDING TO ESTABLISH MORE SPOUSE ABUSE SHELTERS:** Spouse abuse and child abuse are often found in the same family. Spouse abuse shelters offer a means of insuring the safety of children without separating the family totally. This resource reduces trauma to the family and provides transitional support and counseling

DISTRICT 4

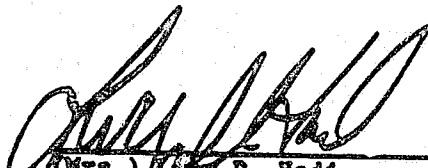


COUNTIES IN DISTRICT 4

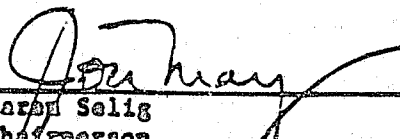
Baker	Nassau
Clay	St. Johns
Duval	Volusia
Flagler	

DISTRICT HEADQUARTERS

Jacksonville



(Mrs.) D. Hadi
District Administrator



for Karen Selig
Chairperson
District Child Abuse and Neglect
Neglect Prevention Task Force

DISTRICT 4



A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT

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DISTRICT 4

I. CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

Bonnie Arnold	Jacksonville Area Legal Aid
Wilma Austin	Duval County Public Schools
Charlotte Boorde	HRS - Health Program Office
Al Brooke	State Attorney's Office
Barbara Brooks	City of Jacksonville, Child Services Division
Barbara Castelli	Children's Haven, Clay County
Nick Chapman	Children's Haven, Clay County
Nancy Corley	HRS - Licensing Office
Madelaine Cosgrove	Riverside Presbyterian Day Care Center
Anne B. Davis	Family Resource Center
Barbara Enos	Clay County Health Department
Arlene Friedman	Guardian Ad Litem Program
Virginia Greiner	Childbirth & Parenting Education Association
Lucy Hadi	HRS - District Administrator
W. Allen Harmon, Jr.	Prudential Insurance Company
Bobbie G. Tucker	HRS - CYF Program Office
Hazel Johnson	Children's Home Society
Kay Johnson	Jacksonville University
Berlin Jones	Child Services, University Hospital (Community Mental Health)
Dr. Wayne Krepsky	Family Service Center - Mayport Naval Station
Jonathan W. May	HRS - CYF Program Office

CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS CONT'D

Ken McCullough	ACT Corporation (Community Mental Health)
Paul Mercado	Police Department, Bunnell, Fl.
Robert Missinne	Police Department, Fernandina, Fl.
Deborah Mynhier	Child Crisis Team of Volusia/Flagler County (Child Protection Team)
Jo Narramore	Gateway Community Services
Russell G. Oder	HRS - CYF Program Office
Phyllis O'Sullivan	Jacksonville Country Day School
Pam Paul	Jacksonville Mayor's Commission on Children and Youth
Paige Reed	Lighthouse Learning Center
Larry Richardson	Youth Crisis Center
Karen Selig	Psychological Services of St. Augustine
Dr. Joel Stein	Child Guidance Clinic (Community Mental Health)
Mariana Van Hying	Child Services, Visiting Nurse Association
Wanda Walker	Baker County School System
Jim Welu	St. Johns County School System
Dr. J. M. Whitworth	Children's Crisis Center (Child Protection Team)
Carol Winston	HRS - CYF Daytona Service Center
Shelly Yeagle	Episcopal Day Care Centers

Representatives from a school board in the district and from the H.R.A.C. are being pursued at this time.

II. STATEMENT OF PURPOSE

The basic purpose of the District 4 Child Abuse and Neglect Prevention Task Force is to prepare a biennial child abuse and neglect prevention plan for the district and based on the information in the plan, to determine what prevention services will be funded with available resources.

In addition to that purpose which is stated in Section 415.501, F.S., the District 4 Child Abuse Prevention Task Force has continuously broadened its purpose because of the accomplishment of original goals and the group being a natural forum to address broader goals and purposes in the area of prevention. The additional purpose of the District Task Force at the present time is to advocate for all systems which do support the rights of children and their appropriate development and to advocate for changes in those systems which do not. It is felt that this purpose can be accomplished by looking comprehensively at the entire child welfare system in HRS District 4 by individual geographic area, beginning with primary and secondary prevention, and identifying gaps in service provision as well as overlapping systems, and then recommend appropriate changes to fill gaps and smooth the continuum of provision of services to abused or potentially abused and neglected children.

The District Task Force will continue to monitor and evaluate existing prevention programs in the district. In addition, a new purpose for the District Task Force shall be to actively advocate for legislation to support increased services for prevention, intervention and treatment to complete the continuum of care.

III. OPERATING PROCEDURES

The District 4 Child Abuse Prevention Task Force is charged with the responsibility of ongoing needs assessment of prevention services, monitoring programs funded by the Chapter 415 Child Abuse Prevention funds and preparation and submission of a district plan for the prevention of child abuse. It shall be the duty of the District Task Force to develop strategies for an analysis of the child abuse problem which will include studying the present situation, existing programs and local needs. The District Task Force shall identify an appropriate process for meeting the needs, which includes a description of the barriers to accomplishment of a comprehensive approach to child abuse. The plan shall also include recommendations and prioritized local needs. The District Task Force members are expected to be actively involved in understanding, analyzing and developing the plan.

0 Members

A member is recruited from the community and HRS agencies with an expressed/demonstrated interest in the prevention of child abuse. A member reviews background materials, assists in analyzing issues, engages in creative problem solving and actively assists in the implementation of the plan.

A member, in accepting an appointment, makes a commitment to attend all meetings and to actively participate in District Task Force responsibilities.

New members will be voted upon by members and approved by the District Administrator, who will appoint the member. There shall be a fair distribution of representation meeting the statutory requirements for the District Task Force membership. Suggestions should be made from the District Task Force members to fill vacancies as they occur.

The length of term for membership is one year. Members may be appointed to successive terms subject to an annual review for active participation and interest.

0 Officers -

A Chairman and Vice-Chairman shall be selected by group process following parliamentary procedure. They may be either a community representative or an HRS staff member, with exception that current prevention contract providers are excluded from consideration as an officer.

The Chairman is responsible for conducting meetings, appointing the steering committee and subcommittees, planning the work of the District Task Force with input from members, and organizing communication between the public and the District Task Force.

The Chairman will utilize group process to promote interaction between District Task Force members and, by maintaining control of the meeting, encourage participation of all members, emphasizing the importance on the contributions of all participants in the study process and in preparation of the plan.

The Vice-Chairman is expected to assist the Chairman in the execution of duties and to assume the duties of Chairman when the Chairman is absent. The length of terms of the Chairman and Vice-Chairman is two years.

No District Task Force member will be excluded from participation as an officer, except as noted for Chairman and Vice-Chairman.

A secretary and treasurer shall be appointed as needed for special projects.

O Meetings -

District Task Force meetings should be held quarterly at a minimum.

The Chairman will be responsible for meeting arrangements; writing and distributing minutes and conducting the business and correspondence of the District Task Force.

O Procedures -

Procedures will be developed as allowed by Chapter 415, F.S., and Roberts Rules of Order, newly revised.

A quorum is required any time a decision is put to a vote.

One half of the District Task Force shall constitute a quorum. The action of the majority of the District Task Force present at any meeting at which a quorum is present shall constitute action of the District Task Force.

The membership will determine how voting should be handled (secret ballot, hand count, etc.).

If an absent District Task Force member has arranged for a substitute to attend a meeting, that substitute may not vote.

O Committees -

The Chairman shall appoint a special committee, keeping in mind the potential conflict of interests with existing prevention providers and those agencies applying for prevention funds, to recommend providers for selection by the district for contracting. This special committee shall utilize the criteria for selection of prevention providers, made a part of these operating procedures, as the basis for recommendations to the District Task Force. The District Task Force shall in turn utilize these criteria in the final selection process for recommending those providers and projects to be considered for contracts to the HRS District Administrator.

Subcommittees, their structure, role and responsibilities should be designated by the Chairman as needed for specific tasks.

The following standing committees are established:

1. Legislative Committee
2. Community Development and Planning Committee

3. Funding Committee

- O Conflict of Interest -
Provider members of the District Task Force shall abstain from voting on all matters directly affecting their programs. This does not preclude their full participation in study of the issues or in debate prior to voting so long as they disclose that a conflict exists.
- O Absences and Resignation -
In the event a member may be unable to attend a specific meeting the member may make arrangements for a substitute. The Chairman should be notified of absences and substitutes. Substitutes may not vote.

Resignations should be in writing and should be sent to the Chairman prior to the last meeting attended by the member who is resigning.

A member may not appoint someone to take his/her place on the District Task Force.

A District Task Force member may resign at any time and such resignation shall take effect at the time therein specified.

IV. CRITERIA FOR THE SELECTION OF PREVENTION PROVIDERS

The original Child Abuse Prevention legislation included the following criteria for selection of providers. These criteria remain the same for District 4.

- O The Program's Ability to Meet the Service Needs -
The proposed program's ability to meet the service need identified by the District Child Abuse Prevention Task Force is assessed by determining if the description of the program activities and services are specific as to how the service need will be addressed. Also determined, is the activity and/or services to resolve or contribute to the resolution of the need which was identified.
- O The Cost-Effectiveness of the Program -
The proposed program's staffing pattern, the number and type of employees proposed, and salary levels are reviewed to determine if they are reasonable, based on the services to be provided, the number of people to be served and the level of responsibility of the employees. The level of administrative cost is also reviewed to determine if it is in line with the area, as well as what is

reasonable and prudent.

O The Provision of an Evaluation Component -

The proposed program's evaluation component is reviewed to determine if it will provide outcome data. The outcome measures are analyzed to determine if they are specific, measurable, attainable and observable. The evaluation design, instruments and techniques are reviewed to determine if they are adequate to address the completion of the goals and objectives that the District Task Force has for the program. The evaluation design must show, among other things, whether or not the child abuse and/or neglect prevention services provided to clients have the effect of preventing and/or reducing the parent's abusive behavior toward their children.

O The Provision of a Parenting Education Component -

While many of the services being provided are not called parent education, the proposals should be reviewed with regard to parent education, as teaching parents is an important component in all of the prevention services that are being provided. Parent education is inherent in prenatal and perinatal support programs, parent support groups, in home visitor programs and street theater components. Without regard to how the service is categorized, the program is to be reviewed considering: the content of what parents will be taught; what concepts and skills are included; how they will be taught; and if the contents and methods are appropriately geared toward the different age levels, reading levels and need levels of the parents.

O Provision of a Mechanism for Coordinating and Integrating Services

The proposals are to be reviewed to determine whether there is provision of a mechanism for coordinating and integrating program services with other types of services that are considered necessary for working with the target population. The program should have a plan to increase the comprehensiveness of services in the community.

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

The following program areas and programs were identified by the District Task Force as needed to be in the ideal continuum of services:

1. Support Programs for New Parents -

Both prenatal and perinatal medical and support services need to be offered. These programs should be especially directed towards populations with low birthweight, pre-maturity, low

income, teenage parents and families with medical and emotional problems. Prenatal care programs should also focus on parenting education, and teaching information about newborns. Perinatal programs should also focus on enhancing parent-child bonding. Special problems include the need to better identify the population, prioritize those in need of services and effectively utilize transportation.

2. Group Education for New Parents -

The programs should include general education for new parents, specific group education for parents with high risk children, especially those who are handicapped, and for teenage parents, with volunteer programs pairing new parents with experienced parents. A special need is seen for parents themselves who are handicapped. Another group would be for grandparents who are significant within the family child rearing process. Attention should be directed towards social networking, utilizing better information linkage and referral among groups already established.

3. In-Home Education and Support -

In-home education and support is an important aspect of the prevention continuum. Regular visits to the home beginning with childbirth should be made by trained parent aides who can provide information and advice to parents on child care, nutrition, home management and encourage and monitor routine health checkups for young children. This program should have the capability to deal with perinatal problems, especially those of a handicapped parent. Another need is for training and support for care of other children in the family, and the arrangement for provision of concrete services (i.e., food, clothing, shelter). These services should be provided both while the parent is out of the home (i.e., having a baby) and in the home where indicated. Prioritization needs to occur as to when these services can be discontinued and what specific families need follow-up until the child enters school. This program also needs enhanced coordination efforts.

4. Early and Regular Child and Family Screening Treatment -

Detecting and treating health and developmental problems early in life is important. These programs should be seen as a continuation of the preschool screening services such as those offered by a home visitor. These services could be based at elementary and nursery school utilizing a team approach of a social worker, M.D. and/or R.N. and coordinated through the County Public Health Units. These services would also receive referrals from other aspects of the continuum.

5. Child Care Opportunities -

The number of licensed and/or registered child care and day care programs need to be increased, both for the general population and for special populations, such as the handicapped children. Specialized family day care should be utilized more often where appropriate. Other locations that might be utilized are community schools and high schools (utilizing the day care as a lab for students). Urging employers to furnish day care for their employees was also mentioned. Special problems mentioned were the need for surveys to find the locations needed to serve geographical areas, the need for extended hours and for ongoing training and support. Prevention slots in day care need to be made available beyond those allotted to Protective Services for children, where abuse has already occurred.

6. Self-Help Groups and Other Neighborhood Supports -

More self-help groups and other neighborhood supports need to be developed. There is also need for further information and linkage to other programs. A special need is, child care for parents who are attending one of these groups.

One-stop centers are needed in each housing complex to provide a variety of preventive services otherwise unobtainable.

7. Ongoing Parent Education -

More ongoing parent education programs need to be offered, both for the general population and for specific at risk groups. Transportation is also needed for parents to access this service.

8. Life Skills Training for Children and Young Adults -

This training should be addressed through the school system and through adult education centers. In the public and independent school systems this should be part of the general curriculum and specialized courses should be offered in alternative education, exceptional education and after school programs. This training should be made available to pre-adolescents and adolescents with relation to education and conflict resolution, sex education, pregnancy prevention and other issues linked to parenting.

9. Family Support and Crisis Services -

Crisis services should be available on a 24-hour basis and should include the following: telephone hotlines, crisis caretakers, crisis babysitters, crisis nurseries and crisis counseling. A crisis directory should be available to each community. A program for domestic violence victims involve

counseling, shelters and case management should also be available. A special need is, for programs for those who have been physically or sexually abused. Family support services should include a telephone warmline, respite care and other appropriate family oriented services for those families under stress and at risk of a crisis situation.

10. Programs for Abused Children -

To minimize long term effects of abuse, appropriate treatment services should be available to all abused children and their families. This should include both comprehensive diagnosis of physical, social, psychological and emotional problems and therapeutic treatment services on a timely basis. There should be specialized treatment for parents and parent training, as well as the capability for in-home follow-up. Improved cooperation and coordination of services should also be given attention.

11. Public Information and Education on Child Abuse and Prevention

It is time for our public information and education efforts to switch from the detection and recognition of child abuse to (1) prevention of abuse and neglect is more cost-effective than treatment of the long term effects of the problem, (2) the recognition that all parents experience stress in the parenting role and that it is all right to reach out for help and (3) providing parents with information about where to turn for help, especially local crisis services. The school systems, PTAs, etc. should be utilized, especially in these efforts. There have been some "backlash" about child abuse and that some people (teachers, day care workers, etc.) are becoming fearful of touching children at all. Efforts need to be directed towards education in these areas as well.

B. CONTINUUM OF EXISTING PROGRAMS AND SERVICES

The programs which have child abuse and neglect as a primary focus of service delivery, which currently exist in the District, were reviewed by the District Task Force. Consideration was made in what services are already available, whether they appear to have an impact, whether they are reasonable in cost and how the services are currently funded.

This information is included in this section for each county in the district. A review of the existing Chapter 415 Child Abuse Prevention funded programs is also included in this section.

Some services are available in all seven counties, some only in one or two areas. The large urban areas, Jacksonville and

Daytona, had the most sophisticated network with services directed toward prevention as well as intervention. St. Johns County, through local efforts, has done much to network the services available.

While Chapter 415 Child Abuse Prevention funded programs exist in every community in the district, the services provided in Flagler, Nassau and Baker Counties are only provided on a partial basis.

Some components designed specifically for child abuse prevention do not exist in all communities. Some intervention services do not exist in all communities.

Programs and services provided in the district are listed on the following pages.

Summary of Provider Services -

The Chapter 415 Child Abuse Prevention funded services in District 4 are:

<u>Component</u>	<u>Provider</u>	<u>Area Served</u>
<u>Prenatal/Perinatal Support</u>	Children's Crisis Center	Duval County Clay County Nassau County Baker County
	Childbirth and Parenting Education Association	St. Johns County
	Children's Crisis Team of Volusia and Flagler Counties	Volusia County Flagler County
<u>In-Home Support Services</u>	Visiting Nurse Association of Duval County	Duval County Clay County Nassau County Baker County
	Childbirth and Parenting Education Association	St. Johns County
	Children's Home Society of Florida	Volusia County Flagler County
<hr/>		
<u>Parent Education</u>	Family Resource Center	Duval County Clay County Nassau County Baker County
	Childbirth and Parenting Education Association	St. Johns County

CONTINUUM OF SERVICES CURRENTLY PROVIDED

BAKER COUNTY

BAKER COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Baker Co. Health Dept.	Yes	Sliding Scale	Medicaid, State	No	Programs for new parents, prenatal services, Medicaid screening, transportation for Medicaid patients
Baker Co. School System	Yes	None	FEPP	No	Classes for pregnant teens, preschool screening, special-education parents group, parenting classes, home-bound teacher
Children's Services - Visiting Nurse Assoc.	Yes	None	State (Sect. 415.501)	No	In-home education and support
Head Start	Yes	Sliding Scale	Title XX, HRS	No	Preschool learning program
Child Guidance Clinic	Yes	Sliding Scale	State, City, County, Fees Third Party	No	Assessment & treatment, family support & crisis counseling abused children, parenting classes
Child Find	Yes	Sliding Scale	Title IVB, Fed., State Grant	No	Early child screening and referral

CONTINUUM OF SERVICES CURRENTLY PROVIDED

BAKER COUNTY

BAKER COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Private Day Care	Yes	Fees	Private	No	Child care
Family Resource Cen.	Yes	None	United Way	No	Parenting classes
Sheriff's Office	Yes	None	County, State	No	Crises services, referral
Boy Scouts	Yes	None	United Way, Memberships	No	Life skills training

CONTINUUM OF SERVICES CURRENTLY PROVIDED

CLAY COUNTY

CLAY COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Clay Co. Mental Health	Yes	Sliding Scale	United Way, Memberships	No	Counseling individual and families support groups
Big Brothers/Big Sisters	Yes(1)	None	United Way, honoring Big Brothers/Big Sisters Contr.	Yes(2)	Meaningful, relationship for boy/girl from single family
Boy Scouts/Girl Scouts	Yes	\$3.00/Cub Scout \$3.50/Explorer \$1.00/yr. Girls	United Way, sustaining membership	Yes	Building a boy to his fullest, help girls reach their highest potential through a diversified program
Camp Fire Girls	Yes	\$5.50/yr. youth \$10.00/yr. adult	Candy sale, private donation, sustaining member	Yes	Response program, outdoor living
Child Find	Yes	None	Title IVB-Fed. State grant	No	Preschool screening assistance, information about exceptional education programs
Child Guidance Clinic	Yes	Sliding scale Third party	State, City, County, United Way	No	Mental health services-outpatient, preschooler, adolescent and primary day treatment
Children's Services Visiting Nurse Assoc.	Yes	None	State (Sect. 415.501)	No	Teach homemaking skills to parents to remedy abuse/neglect

CONTINUUM OF SERVICES CURRENTLY PROVIDED

CLAY COUNTY

CLAY COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Children's Home Society	Yes	Sliding scale	United Way, private contributions	Yes	Problem pregnancy counseling, adoption services, services to developmentally disabled and families
(1) Orange Park and Middleburg (2) Not widely used in Clay County					
Family Counseling Services	Yes	Sliding scale	United Way	Yes	Professional counseling services, family life education services to improve parenting skills
Family Resource Center	Yes	None	State, United Way	No	Parent education, Program STEP and STEP Teen
FL. Cleft Palate Assoc.	Yes	\$1.00/family	Donations	Yes	Support and education in non-medical areas; parent organization, lending library
Head Start	Yes-Only part of county	Sliding scale	State Title XX	No	Educational, medical social, nutritional programs for preschoolers
Children's Haven	Yes	Third party	State, Donations	Yes	Residential services for abused/neglected boys, age 8-16, counseling families
YMCA	Yes	Depends on program	United Way, membership fees program fees	Yes	Youth sports, teen clubs, parent-child programs, health and fitness

CONTINUUM OF SERVICES CURRENTLY PROVIDED

CLAY COUNTY

CLAY COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Clay ?	Yes	Sliding scale	State, donations, state medical services	No	Prenatal counseling, medical services, well baby clinic/WIC, prenatal care
Lighthouse Learning Center	Yes	Insurance coverage where possible	State, ECIA, Donations	Yes	Therapeutic services to handicapped children - birth through 5 years strong parent support group
Child Protection Team	Yes	None	State	Yes	Provides multi-disciplinary services to abused/neglected children and families
Community Behavior Services	Yes	Sliding scale	Fees, Third party State	Yes	Evaluation and long-term treatment for incestuous families

CONTINUUM OF SERVICES CURRENTLY PROVIDED

DUVAL COUNTY

DUVAL COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Arlington Psychological Services	Yes	(2)	Third party State	No (1)	Evaluations and long-term treatment for incestuous families
Childbirth Education Association	Yes	Call 396-BABY	FJC, United Way fees for classes Perinatal support services, donations	No	Childbirth preparation classes; education classes for care of newborn
Perinatal Support Services	Yes	None	State	No	Identification of at-risk families and provide casework intervention
Public Health Department	Yes	Sliding	State and Federal	No	Primary care clinics, Medicaid screening, well baby clinic
Pediatric-NAS	Yes (3)	None	Federal	No	General pediatric diagnostic & therapeutic medical services, behavior problems, family advocate
Pediatric - University Medical Center	Yes	Medicaid Sliding scale	City of Jax. Fees, Medicaid	No	Comprehensive medical care of children birth to 21

(1) Waiting List

(2) Fee for services unless referred by CPT or HRS, all others, sliding scale

(3) Only military dependents

CONTINUUM OF SERVICES CURRENTLY PROVIDED

DUVAL COUNTY

DUVAL COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Daniel Memorial	Yes	Sliding scale	HRS, Third party, fees	No	Residential treatment for adolescents
Big Sisters/ Big Brothers	Yes	None	City of Jax., United Way, fund raising	No	Program for children from single parent homes, children benefit from a meaningful, consistent relationship w/adult
Family Counseling Service	Yes	Based on ability to pay, doesn't serve Medicaid patients	United Way, donations	Yes	Offers a variety of professional counseling, family life programs, group counseling for parenting skills
Families In Action	Yes	None	Private donations, grants	Yes	Information & referral services on drug and alcohol abuse.
Lutheran Social Services	Yes	None	Federal, State, City, United Way, Churches, foundations, Charitable donations	Yes	Suicide and crisis line (First Call for Information & Crisis Line) emergency food, directory of community services
Easter Seal Society	Yes	Varies w/program	Charitable contributions, Fees & Third party	Yes(1)	Early intervention for preschoolers, camp for disabilities, financial assistance for therapies

CONTINUUM OF SERVICES CURRENTLY PROVIDED

DUVAL COUNTY

DUVAL COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Children's Services/ Visiting Nurse Association	Yes	None	City of Jax. State, United Way	No	Family based services provided to prevent abuse/neglect. In-home parent training and supportive services
Children's Medical Services	Yes	None	State and Federal	No	Provides identification & medical treatment for children w/chronic handicapping conditions
Child Find	Yes	None	Federal, State	No	Evaluation & referral for children w/exceptional education
Family Resource Center	Yes	\$5.00 registration fee	City of Jax., Fees, donations, United Way	No	Parent education classes, weekly parent support groups
March of Dimes - Birth Defects Foundation	Yes	None	Public contributions	Yes	Public & professional education materials in area of birth defects & prenatal care
Gateway Community Services	Yes	Sliding scale	Local funding, fees, donations	No	Substance abuse and treatment, counseling, adolescent treatment for chemical dependency
Travelers Aid	Yes	Sliding scale	United Way	No	Information & referral w/movement related difficulties

CONTINUUM OF SERVICES CURRENTLY PROVIDED

DUVAL COUNTY

DUVAL COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Jacksonville Area Legal Aid	Yes	Non/clients encourages to reimburse court costs	Federal, State City, United Way, Florida Bar	Yes	Civil legal services for low income people
Youth Crisis Center	Yes	None	City of Jax., State United Way	No	Shelter, crisis counseling & supportive services for runaways 10-17 years
Family Service Center-NAS Mayport/Cecil	Yes (3)	None	Federal	Yes	Military dependents - information, counseling & other assistance
Child Guidance Clinic	Yes	Sliding scale	HRS, United Way Fees	No	Counseling for families & children, crisis counseling for children in danger of removal from home
Children's Crises Stabilization Unit	Yes	Sliding scale	HRS, Fees	No	Emergency hospitalization for children in psychiatric crises
Wolfson Children's Hospital	Yes	Standard fees	Fees, third party payments	No	Acute medical care for children, birth to 21
Nemours Children's Hospital	Yes	None	Foundation funded - private hospital	No	Services to children with chronic needs, outpatient only

CONTINUUM OF SERVICES CURRENTLY PROVIDED

DUVAL COUNTY

DUVAL COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Mental Resource Center	Yes	Sliding scale	HRS, City of Jax., No Fees	No	Outpatient services for adults, incestuous offender group, and for women sexually abused as children
Northeast FL. Community Action Agency	Yes	None	State, Federal	No	To assist low income people w/economic, educational, cultural community development
Guardian ad Litem	Yes	None	State Court Administrator's Office	No	Volunteers that advocate children involved in court system because of abuse/neglect
Buckner Div. Children's Home Society	Yes	None	State, United Way, donations	No	Comprehensive maternity care for unwed mothers, emergency shelter for girls 13-17 who are abused
Children's Home Society	Yes	None	State, United Way, Federal, donations	No	Problem pregnancy counseling, adoption, foster care, shelter for abused/neglected
Child Protection Team	Yes	None	State	Yes	Provides multi-disciplinary services to abused/neglected & their families

CONTINUUM OF SERVICES CURRENTLY PROVIDED

DUVAL COUNTY

DUVAL COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
University Medical Cen. Mental Health Clinic (Children's Services)	Yes	Sliding scale	State, City of Jax., Fees, Third party	No	Treatment program for sexually and physically abused, therapy - individual and group
Hubbard House	Yes	\$1.00/day	EHS, United Way, City of Jax. Contributions	No	24 crises hotlines, temporary emergency shelter for battered women & their children, referral assistance
Personal Safety Awareness Program	Yes	None	State	No	Prevention education in schools - 2nd, 7th & 10th grades
City of Jax., Daycare Services	Yes(1)	Sliding scale	Title XX, City of Jax.	No	Preschool program for low income and at-risk children (contract to day care centers)
Head Start	Yes	Sliding scale	Title XX	No	Preschool program for low income
Episcopal Child Day Center, Inc.	Yes(1)	Sliding scale	Title XX, City of Jax., Diocese of FL., donations	No	Preschool program for low income and children at-risk social services
Hope Haven Children's Clinic	Yes	Sliding scale	Private	Yes	Evaluation and treatment of children with learning disabilities and special emotional and physical needs

CONTINUUM OF SERVICES CURRENTLY PROVIDED

DUVAL COUNTY

DUVAL COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
All Saints' Episcopal Day Care	Yes	Sliding scale	Duval Co. School System, donations Title XX All Saints Episcopal Church	No	Specialized day care for children with severe behavior problems

CONTINUUM OF SERVICES CURRENTLY PROVIDED

FLAGLER COUNTY

FLAGLER COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Tri-County Ment. l Health	Yes	Sliding scale	State, County	No	Outpatient psychotherapy and family/individual counseling
Flagler Co. Schools	Yes	None	State, County	No	Life skills training for children & young adults
Flagler Co. Day Care Cen.	Yes	Sliding scale	United Way	No	Child Care opportunities
Coastal Com. Hospital	Yes	\$10/couple	Private	No(1)	Group education for new parents
Child Find	Yes	None	Board of Education	No	Early & regular child & family screening/treat.
Flagler Co. Sheriff's Dept.	Yes	None	County	No	Public information and education on child abuse & prevention
Flagler Co. Health Dept.	Yes	Sliding scale	State	No	Early & regular child and family screening and treatment
TLC	Yes	None	None	No	Support group for handicapped children
Children's Home Soc. - Homemaker	Yes	None	State, United Way	No	Provides homemaker services to families at risk for abuse
United Child Care	Yes	Sliding scale	Title XX, United Way	No	Child care for low income families

CONTINUUM OF SERVICES CURRENTLY PROVIDED

FLAGLER COUNTY

FLAGLER COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Child Protection Team	Yes	None	HRS	No	Medical & psychological evaluations for abused children and parents

(1) Cost may be a factor for some clients

CONTINUUM OF SERVICES CURRENTLY PROVIDED

NASSAU COUNTY

NASSAU COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Head Start	Yes	None	Federal	No- Waiting List	Preschool program with emphasis on development of child's physical, emotional, social and intellectual
Fernandina Community Child Care - Episcopal Day Care Centers, Inc.	Yes (1)	Sliding scale	Title XX, United Way, Episcopal Diocese of FL. Donations	Yes	Title XX Preschool Beach program for children ages 2-4
Child Find	Yes	None	Nassau Co. Schools	No	Evaluation and determination of disability, placement in appropriate program
Children's Services - Visiting Nurse Assoc.	No	Sliding scale	United Way, State	No	Provides 1 homemaker & 1 supervisor for county, homemaking & parenting skills
Gateway Community Services	Yes (1)	Sliding scale	State and local	Yes	Alcoholic treatment, evaluation, screening, family counseling, education. Located in Fernandina Beach
Nassau Co. Big Brothers/Sisters	Yes	None	United Way Donations	No	Meaningful relationship for child from single parent home

CONTINUUM OF SERVICES CURRENTLY PROVIDED

NASSAU COUNTY

NASSAU COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Nassau Co. Health Dept.	No(2)	\$5.00	State County	No	Prenatal clinic, well baby clinic, WIC
(1) Client provides transportation					
(2) 4 clinics in county, must provide own transportation					
Northeast FL Community Action Agency	Yes(1)	None		No	Assistance to low income persons with emergency funds for rent, utilities, food, provided only once.
River Region Human Services	Yes(1)	Sliding scale	Fees, Federal State, County	No	Screening and treatment for adults and children with substance abuse problems
Mental Health Clinic	Yes(1)	Sliding scale	State	No	Counseling and therapy, parenting skills - individual, counseling for sexually abused children
Family Resource Center	Yes(3)	Sliding scale	United Way State	No	Parenting classes in Callahan
Perinatal Support Services	Yes(2)	None	State	No	Parent group for at-risk families

- (1) Client provides own transportation
 (2) Limited

CONTINUUM OF SERVICES CURRENTLY PROVIDED

ST. JOHNS COUNTY

ST. JOHNS COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Childbirth & Parenting Education Association	Yes	Sliding scale for classes, support group free	United Way	Yes	Women as Mothers Support Group, Nursing Mothers, Childbirth classes
Project OUTREACH	Yes	None	Sect. 415.501	No	Prenatal, perinatal & in-home services, community coordination activities, primary prevention services
Caring Connection	Yes	None	MOD	No	Prevention of repeat teen pregnancy
Parent Education Grant	Yes	Sliding scale or fee under \$5	Sect. 415.501/CIS	No	Parent education, primary, secondary and tertiary
Tri-County Mental Health Services, Inc.	Yes	Sliding scale	HRS	No	Crisis service only
Child Find	Yes	None	Federal, State and County	Yes	Materials center, in-service for teachers, screening birth to 5
St. Johns Co. School System	Yes	None	State, County	No	Life management skills training, 10-12 grades
Child Protection Team	Yes	None	HRS	No	Multidisciplinary services to abused/neglect & families

CONTINUUM OF SERVICES CURRENTLY PROVIDED

ST. JOHNS COUNTY

ST. JOHNS COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Psychological Services of St. Augustine	Yes	Sliding scale	Fees Third Party State	Yes	Psychological & medical coordinated counseling for abused children & families
Catholic Charities	Yes	Sliding scale	Diocese of St. Augustine United Way, Fees Donations	Yes	Adoption services, supporting assistance to unwed persons, counseling, emergency services
Drug Education Prevention Center	Yes	None	Grants	No	Self-help groups and life skills training for drug abuse prevention
Sheriff's Dept.	Yes	None	County	No	In-service education for public law enforcement education in schools
St. Johns Co. Health Dept.	Yes	Sliding scale	HRS, County	No(1)	Well baby clinic
FL. School for Deaf & Blind	Yes	Sliding scale	Board of Education	No	Serve multiple handicapped, deaf and blind children
St. Augustine Day Care	Yes	Sliding scale	Title XX	No(2)	Child care for low income & at-risk

CONTINUUM OF SERVICES CURRENTLY PROVIDED

ST. JOHNS COUNTY

ST. JOHNS COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Big Brothers/ Big Sisters	Yes	None	United Way, Fund raising	No	Program for children from single parent homes children benefit from a meaningful, consistent relationship w/adult
St. Johns County 4-H	Yes	None	County	No	Self-help groups, life skills training and community activities
Boy Scouts/ Girl Scouts	Yes	\$3 Cub Scout \$3.50 Explorer \$1/yr. Girls	United Way, sustaining membership	No	Building a boy to his fullest, help girls reach their highest potential through a diversified program
St. Gerard's House	Yes	None	Donations	No	Family support & crisis shelter for unwed mothers

- (1) Need Sick Baby Clinic
- (2) No infants

CONTINUUM OF SERVICES CURRENTLY PROVIDED

VOLUSIA COUNTY

VOLUSIA COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
Child Crisis Prevention Program	Yes	None	Chap. 415.501	No	Provides prenatal and perinatal services to at-risk mothers
Friend to Friend	Yes	None	Chap. 415.501	No	Volunteer program to lend support to parents
Volusia Co. Dept.	Yes	Sliding scale Medicaid	HRS, County	No	Provides a teen health pregnancy program, early periodic screening diagnostic treatment
Children's Home Society - Homemakers	Yes	None	State United Way	No	Provides homemaker services to families at risk for abuse
ACT, (a Human Services Corporation)	Yes	Sliding scale	State	No	Provides parent training intensive crisis counseling, individual and family counseling, therapeutic group homes runaway center and emergency shelter
Easter Seals	Yes(1)	Sliding scale	HRS, United Way Donations	No	Provides therapy to children up to 3 yrs. who are at risk for developmental delay, parent education
House Next Door	Yes(2)	Sliding scale	HRS, Donations United Way	No	Counseling services, parent education

CONTINUUM OF SERVICES CURRENTLY PROVIDED

VOLUSIA COUNTY

VOLUSIA COUNTY

AGENCY	ACCESSIBLE SERVICES	COST TO CLIENT	CURRENT FUNDING	NEEDS MET	SERVICES PROVIDED
I C.A.R.E.	Yes (1)	Sliding scale	United Way Donations	No	Provides parent education, Parents Anonymous, counseling, warmline for parent support
Child Protection Team	Yes	None	HRS	No	Medical and psychological evaluations for abused children and parents
United Child Care	Yes	Sliding scale	United Way Title XX	No	Child care for low income families

- (1) Daytona Beach
- (2) Mainly West Volusia

V. NEEDS

A. SUMMARY OF NEED BACKGROUND

Since the initial appropriation of child abuse and neglect prevention funds the dollars have not been sufficient to accommodate the services needed in Duval and Volusia Counties, the highest funded areas. In addition, services in Baker, Nassau, St. Johns and Flagler Counties, as well as in West and South Volusia County, have been severely underfunded. Services in Baker, Nassau and Flagler Counties have been provided on a part-time basis, at best.

In-Home support services, funded through the Chapter 415 child Abuse Prevention funding in Clay, Baker, Nassau, Flagler and St. Johns Counties, have had to provide services to both prevention and intervention cases (cases referred by HRS where abuse or neglect has occurred) from prevention funds. In-Home services in Duval County have been provided to prevention cases from "intervention" funds. The technical barriers of meshing special categories of appropriation and local match arrangements have not been overcome. As a result, the services to families identified both as high risk and as having experienced abuse and neglect, fall far short of meeting the needs in those counties.

Parent education services for identified at risk families, have not been appropriated in Volusia County, due to the lack of funds to expand the service to that county. Currently, ACT, a Human Services Corporation, the Community Mental Health provider, provides the available publically funded parent education services in Volusia County that are directed to families that are high risk for, or have been identified as, having abused or neglected their children.

Parent education services, funded under Chapter 415 Child Abuse Prevention funds have not tended to be provided to families in Flagler, Nassau and Baker Counties, due to the lack of appropriations to adequately fund regular and continuing classes in those counties. The absence of full time services, from the other prevention components in the continuum in these counties, has also contributed to the low number of referrals. The lack of a transportation system in these counties and to Duval, Clay, St. Johns or Volusia Counties, where these classes are more regularly conducted, has also contributed to a lack of service delivery.

The current providers of abuse prevention services in District 4 have continued to experience increased overhead and administrative costs during the contract periods. Some of the programs, while supplemented by their parent organization in the beginning, are seeing the parent organization turn to them for assuming their

part of the cost of operating and providing the services.

With the added need to provide comprehensive outcome oriented evaluations of services and the accompanying costs of developing and administering such strategies, the programs are having to consider a reduction in direct services to absorb the additional costs.

B. PRIORITIZATION OF NEEDS

The Prevention Continuum proposed in the initial district plan outlined a broad range of prevention activities and services including primary, secondary and tertiary (treatment) programs and activities.

In reassessing the district's needs and progress under the plan, in the 1984 update of the plan, the District Task Force reaffirmed its essential planning focus, implementation strategy and funding directions, with refinements in priority rankings and recommendations addressed subsequently. Overall significant progress, especially through networking activities in both sub-districts, can be attributed to the dedication of the District Task Force and of the prevention projects. It is also abundantly apparent that much remains to be accomplished in relation to the goals and tasks outlined in the initial plan.

This needs section and the prioritization of those needs reflects the continuing support of the District Task Force for those projects and services funded in the current and past budget periods. The new directions identified with this update reflect the desire to enhance the current services, complete the delivery plan for services provided on a part-time basis or through surrounding counties by developing in-county programs where possible, and to add the new services required to better fill the continuum of need in the district.

O Priority #1, Continuation or Expansion of Secondary Prevention Service Efforts

- a. **Child Abuse Education for Persons Providing Direct Services to Children**- Important efforts have been made in relation to the education of public school personnel, in keeping with the State Plan for Prevention of Abuse and Neglect. Here, too, more refined activities are indicated.

The District Task Force has noted concerns regarding education needs of private schools, including the vast number of preschool and child day care organizations, enterprises and personnel, and has adopted recommendations of the role

of schools and Education Committee included in the 1984 update. Efforts to influence accreditation standards applied in private schools regarding disciplinary practices and child abuse education are considered an important key in this area.

A persistent and consistent recommendation emerging from committees and from the 2nd Networking Conference pertains to the training of HRS, CYF Intake staff and others involved in investigations of abuse and neglect. Training for HRS, CYF Protective Services staff is also recommended especially in relating to day care centers which serve Protective Services clients.

The District Task Force has also noted that attention needs to be directed toward ministers and ministerial associations in matters of abuse education. The District Task Force will pursue an advocacy role for the needs in this section.

- b. Education for Adulthood and Parenthood remains a priority need but is considered to be the primary responsibility of the Department of Education (DOE) in relationship to curriculum development activities. The funding needs are unknown.
- c. In-Home Education Services for Expanded Prevention Activities (\$175,000) - The provision of in-home education and support services for expanded prevention in all counties, as well as tertiary in-home support activities, remains a priority need. Further expansion of secondary prevention efforts under Abuse Prevention funds in Volusia, Flagler, Baker, Duval and Nassau Counties is needed. The funding of tertiary services, from a source other than the prevention funds, needs to be accomplished in St. Johns, Clay, Baker and Nassau Counties. These changes will require additional funding for Homemaker Services in HRS allocation of funds to District 4.
- d. Year Round Ongoing Parenting Education Training (\$80,000) - The provision of ongoing parent education services on a year round basis continue to be a priority need, and expansion of secondary prevention services initiated under the original plan are recommended. The funding of such services in Volusia County and the in-county provision of such services in Flagler, St. Johns, Baker and Nassau Counties is essential to reach the families in those areas.

e. Prenatal and Perinatal Support Services (\$175,000) - As the core to the developing service delivery system for prevention of abuse and neglect, through secondary prevention activities, expansion of the three basic projects are recommended as being highly desirable. The three Prenatal/Perinatal Support Services contracts have experienced considerable success, although at varying levels. Services in West and South Volusia County fall short of the demand based upon the number of children born in hospitals serving those areas. There are no in-county services in Flagler, Baker and Nassau Counties, as these counties are served on a part-time basis from Volusia and Duval Counties.

0 Priority #2 - Programs for Abused Children (\$500,000) -

To minimize the long term effects of abuse, appropriate and specialized treatment services should be available to all abused children and their families. Some programs exist in the community that are either limited in scope (type of client or source of abuse, i.e., intra-familial sexual abuse treatment is available to the child but not if the perpetrator is not considered a family member) or are ancillary to other generic mental health, social or health services, and not specifically designed to provide abuse treatment to the child and family. The identified funding need for treatment is not expected to be met from prevention funds but is reflective of the funding need from other sources.

The programs in need are -

- a. Comprehensive diagnostic services for physical, social, psychological and emotional problems resulting from abuse or neglect.
- b. Therapeutic treatment services for children who have experienced all types of abuse, by all types of perpetrators.
- c. Specialized treatment for parents including in-home follow-up.
- d. Specialized tertiary parent training programs that include in-home follow-up.

To facilitate the treatment programs, enhancement of networking and linking of services developed to treat abused children and their families is required.

0 Priority #3 - Family Support and Crisis Services -

Crisis services are needed on a 24-hour, seven days per week

basis. These services should include -

- a. Promotion of local telephone hotlines and Statewide Parent Helpline 1-800-FLA-LOVE.
- b. Crisis caretakers are needed to provide in-home care of children, when the parents are unable to provide adequate or safe care. This service, unlike the In-Home Support Service, is partially provided by Housekeeper Services. The service would allow the children to remain in their own home and would reduce the trauma experienced in emergency shelter care placement, now often the only resource available.
- c. Crisis child care in the home or outside, of the home in times of stress or absence of the parents, is needed. While no allocation of HB 296 funds in this district have been made, the need for such services remain. Such funding was established in North Dade County (District 11). United Way and Title XX funds may be a source of funding should a Pilot Project be initiated.

Family-home based care services, as indicated in the original plan, continues to be recommended. The need for centralized recruitment and training still exists.

- d. Crisis nurseries are needed to provide out-of-home day care.
 - e. Crisis counseling are needed for parents and caretakers, as well as children.
- 0 Priority #4 - Child Care Opportunities. (Additional Subsidized Day Care \$1,500,000 - Prevention Funds -

The number of licensed and/or registered child care and day care programs are inadequate to meet the needs of the general population, and particularly lacking for special needs populations such as the handicapped and at risk children. This problem exists particularly in the areas outside of Duval County. The number of subsidized slots are inadequate to provide for all of the children who are identified as at risk for abuse and neglect.

The number of prevention slots in day care should be expanded to provide for those children who have already been abused or neglected.

Specialized family day care is needed and, if available, would provide an appropriate resource for at risk families. Day care

provision in community schools, high schools (utilizing the day care as a lab for students), and employer provided or work-site located day care is needed and would be appropriate for parents that can not afford private day care and may not qualify for subsidized day care.

Therapeutic Family Day Care programs need to be developed to provide services to preschool children who have been sexually abused, who are exhibiting emotional problems, experiencing difficulty in adjusting to the child care environment, placed in foster care who exhibit similar behaviors, and those referred from a Title XX contracted center or family day care home with similar problem behaviors. This program would serve children ages birth through 5 years of age which exhibit mild to moderate degrees of disturbance, to be served within the framework of specially trained and licensed family day care homes, while children with mild disturbances will be served in traditional settings. The Therapeutic Family Day Care Homes would be licensed homes where the providers have been specifically screened and trained to work with children who are unable to adjust to traditional day care, due to moderate emotional disturbances.

0 Priority #5 - Ongoing Parent Education - Primary Prevention (\$100,000) -

While parent education resources are in 5 of the 7 counties in District 4, the resources are limited and not available to all parents due to cost, transportation, availability of service and hours of provision. Parent education needs to be available in all counties and offered as an ongoing process for all types of families, as a primary prevention service.

Specialized parent education for specific at risk groups, i.e., handicapped children, should be made available.

Transportation and child care is needed for this service to be available to all segments of the community.

0 Priority #6 - In-Home Education and Support - Primary Prevention (\$75,000) -

In-Home education and support services are needed for all families for the prevention of abuse and neglect, as well as enhancement of the family's ability to care for their children. This is particularly true of single parent homes, homes with exceptionally young parents, families experiencing low income to poverty levels, and families without family support systems.

Regular visits to the home, beginning with childbirth, would be

made by trained parent aides. They would provide information and advice to parents on child care, nutrition, home management, as well as encourage and monitor routine health check-ups for young children. The program would work with the family on parental problems, particularly when a parent is handicapped. Training and support for child care of other children in the family would also be provided, along with case management for other services such as food, clothing and shelter.

The services are needed and would be provided both while the parent is out of the home (i.e., having a baby) and in the home where indicated. The services would be coordinated and integrated into the service continuum and ancillary community health, social and educational services.

The services would be available to all families, with priority given to families most in need, most at risk, and without other resources to provide the service. The length of service would be based on the same factors, as well as the specific needs of the children (i.e., special needs children) or the parent (i.e., handicapped parent).

O Priority #7 - Early and Regular Child and Family Screening Treatment (no funding identified) -

These services could be based at elementary and nursery schools utilizing a team approach of a social worker, M.D. and/or R.N. and coordinated through the County Public Health Units. These services would also receive referrals from other aspects of the continuum. The District Task Force will advocate for coordination of existing services.

O Priority #8 - Life Skills Training for Children and Young Adults (\$50,000) -

This training should be addressed through the school system and through adult education centers. Public and independent school systems should provide specialized courses as part of the general curriculum, as well as in alternative education, exceptional education and after school programs. For preadolescents and adolescents, topics should include conflict resolution, sex education, pregnancy prevention and issues related to parenting. A pilot project for prevention services would be coordinated with school systems and funded from prevention funds.

O Priority #9 - Support Programs for New Parents (\$60,000) -

Prenatal and perinatal medical and support services should be directed toward populations with low birthweight babies, prematurity, low income, teenage parents, and families with medi-

cal and emotional problems. Special problems include the need to better identify the population, prioritize those in need of services, and effectively utilize transportation.

- O Priority #10 - Self-Help Groups and Other Neighborhood Supports (\$25,000) -
Increased information concerning available services should be provided. Child care while the parents are attending these services, is a special need.

One-stop centers in each housing complex would provide a variety of preventive services otherwise unobtainable.

- O Priority #11 - Public Information and Education on Child Abuse and Prevention (No funding identified) -
Emphasis for our public information and education should be re-focused to the (1) Prevention of abuse and neglect as cost-effective measures rather than tertiary treatments of long term effects; (2) Recognition of the normal stresses in the parenting role and appropriateness of seeking help; (3) Provision of resource information, especially local crisis services, through school systems, PTA's etc. which can be utilized in these efforts.

VI. BARRIERS

It is the opinion of the District 4 Child Abuse Prevention Task Force that there are many areas of need which are essential in addressing an ideal continuum of child abuse services for our district. While we have identified such areas of need, we also realize that there are many barriers preventing us from realizing our goals.

It is apparent that throughout the district there are eight common barriers. The following will briefly describe these barriers, which are not listed in any special order.

1. Service Accessibility -

There is a great transportation problem from rural counties, where services don't exist, to metropolitan counties, where services do exist. This lack of transportation, of course, makes it impossible for rural clients to access much needed services.

In addition, in the larger counties of Duval and Volusia, transportation becomes a problem from one side of the county to the other. For example, it is very difficult for west side clients to access east side agencies and vice versa.

2. **Additional Funding -**

We are all acutely aware that there is not enough money to support critically needed programs for our district. Because of funds shortage, we are often forced to prioritize those client population who are in need of services. It is morally and ethically very difficult to decide who receives help and who doesn't, who is deserving and who isn't.

3. **Qualified Personnel -**

Professionals who work daily with child abuse situations need much in the form of ongoing training and periodic competency based evaluations. An increase in the number of personnel, to more adequately and equitably distribute caseloads, has been a positive step. The slight increase in HRS employee salaries has also been a positive step. However, in some social service agencies, qualified personnel are difficult to recruit and keep because of the low salaries and inadequate fringe benefit packages.

4. **Rising Liability Insurance Rates -**

The ever increasing liability insurance for pediatricians and obstetricians is seen as a real barrier to the prevention of child abuse. Expectant mothers and new mothers so desperately need quality medical care for themselves and their children, if they are to be healthy. St. Johns County, in particular, is feeling the effects of losing its OB clinics due to skyrocketing insurance premiums. Pregnant women without financial means may go without prenatal care, thus increasing the risks to delivery of unhealthy babies.

5. **Service Stigmatization -**

Some district agencies report that if a family accepts a supportive service, there is a stigma attached to that service which implies that the family is a dysfunctional family. Conversely, some dysfunctional families will not realize their need for a critical and valuable service to promote a healthy family. Educational efforts need to address the fact that family dysfunction is a community-wide problem and at times, all families need support.

6. **Communication/Linkages -**

A common concern in the district is the need for better ongoing communication, linkages, and cooperation among all professionals.

Agency understanding and harmony has to exist, because at the center of agency collaboration is the child and his family. Essential to improving services to children is the development of networks, task forces, coalitions, etc.

7. **Schools' Reluctant Role -**

A prior recommendation of the District Task Force was the implementation of a Family Life Management curriculum in grades K-12 within each county's public and private school system. We believe that our children should receive the knowledge and skills necessary to become healthy, responsible parents. A Family Life Management curriculum should emphasize parenting skills, problem solving techniques, self-esteem and sex education. Further, there are strong community groups who perceive their beliefs, in regards to sex education and corporal punishment in schools, to be community norms. The actual experience of agencies providing services to these children and their families is that these are severe social and behavioral problems. Solutions are not likely to occur with unflagging polarizations.

8. **System Overload -**

It has been the experience in our district, that the recognition of child abuse has become a community concern. Community members are now willing to report their suspicions of children who they think are being abused and/or neglected to the "helping system". While this concern is to be commended, applauded and encouraged, the increase in the number of referrals has taxed an already over-worked and overloaded intervention system which inhibits the provision of quality and timely services.

It is this "system failure" to respond to these children that, eventually, will leave the community saying again, "Why bother?" to the issue of child abuse.

In conclusion, District 4 realizes the gravity of the task at hand - to prevent child abuse. The task alone impeaches us all - agencies, professionals, schools, churches, businesses, politicians and private citizens - to understand that only by working together can we overcome the many barriers to really helping our children.

VII. ACTION PLAN

A. Continuation and Expansion of Current Child Abuse Prevention Funded Programs -

District 4 will continue to provide and expand the secondary prevention services provided through the prenatal/perinatal support services, in-home support services and parent education services. The expansion of Child Abuse Prevention funded in-home support services to now be provided in all of the counties in the district and the expansion of parent education services in Flagler, Nassau and Baker Counties will increase the services to high risk

families in the district.

B. Funding Priorities for Fiscal Year 1987-89 -

Funding priorities will follow the needs priorities identified above. Services in the identified priorities will be addressed by the District Task Force, depending on the funds allocated to the district and other sources of funding that may be identified. If other resources are not made available for tertiary intervention in meeting demands under PL-96-272 to prevent the removal of abused/neglected children from their homes and families, there will be increasing pressure to refocus Chapter 415 child abuse prevention resources in meeting this important need.

C. Networking and Integration of Child Abuse and Neglect Community Services -

Funded Secondary Prevention Programs -

Interagency networking of the three secondary prevention components above and joint staffings of the highest risk families will enhance the provision of services to these families. The involvement of both HRS staff and community providers in this process, will enable the system to more adequately develop a prevention services plan and manage the plan to reduce the incident rate in this group.

Community Services to Families to Prevent or Treat Abuse and Neglect -

Interagency networking of all community services for abused and neglected children and their families will be a major emphasis of the District Task Force. These efforts will be directed at insuring that clients receive all of the services available, that unnecessary duplication of services is eliminated, and that the resources of all of the serving agencies are coordinated for the community.

The two networking conferences will be expanded to continue and provide a vehicle to addressing community-wide interagency coordination of services to prevent child abuse and provide appropriate, timely and integrated services to abused and neglected children and their families.

The District Task Force, Child Protection Teams, Networking Conference participants and HRS staff will continue to work toward the provision of integrated services for abuse cases, particularly sexual abuse cases. HRS Intake, in both Volusia and Duval Counties have developed specialized approaches to sexual abuse cases. This will be explored for other areas of the dis-

trict where the resources exist to establish such specializations.

D. Development of Funding Resources -

The Funding Committee will work to identify and/or develop additional funding sources and co-funding agreements to address gaps in the continuum of services for abuse and neglect children and their families.

E. Evaluation of Funded Child Abuse Prevention Services -

Each of the existing providers will be reevaluated by the District Task Force with special emphasis placed on the utilization of volunteers. The expansion of volunteer services for the prevention of abuse and neglect and the education of families is seen as crucial to the further development of services to the community.

F. Provision of Primary Prevention Services -

Joint and enhanced primary prevention efforts among the Child Abuse Prevention funded providers will be used to increase the impact of primary prevention services and clarification of the prevention continuum.

VII. RECOMMENDATIONS

The District Task Force, charged with the responsibility to develop recommendations for change that could only be accomplished at the Department Level or through Legislative action, makes those recommendations in two parts:

Recommendations Pertaining to Policy or Procedure
Recommendations Requiring Legislative Action

All of the recommendations are based on inputs of other committees, discussions of the District Task Force and/or presentations to the District Task Force and Community Conferences.

A. Recommendations Pertaining to Policy or Procedure -

1. Expansion of Day Care Services -

- a. Title XX subsidized child day care services offered to Protective Services clients should be expanded. Consideration should be given to subsidizing these services at a higher rate, both as an incentive, and to meet the added cost of a social services component in those programs serving 15 or

more abuse and neglect cases.

- b. The use of funds for mental health professional services and/or other centralized efforts, which focus on supportive services to families and children enrolled due to abusive behaviors, should be allowed in computing match for subsidized day care programs. This match should be in addition to the allowed administrative costs.
- c. Consideration should be given to expanding eligibility for subsidized day care services to include those high risk families identified through secondary efforts. While some expansion has occurred in the use of day care for children previously on Protective Supervision and children determined to be at risk and receiving services under Pre-Protective Services, service should be made available to some children on a continuing basis as well.
- d. The development of crisis nurseries and therapeutic family day care through the use of subsidized day care funds, should be allowed.

2. In-Home Support Services Expansion -

- a. Opportunities to enhance secondary prevention efforts in prenatal and perinatal settings and in-home support service activities, with high risk families through creative utilization of Medicaid funds under new Medically Needy Programs should be pursued aggressively.
- b. Expansion of Medicaid services to include homemaker/home health services, designed to support and train the new young and single parent, should be explored. Arbitrary distinctions between "home-health" and "home social services", created through categorical funding, should be readdressed.

3. Refinement of Feedback System from Reporting Professionals -

The HRS, Children, Youth and Families Program Office should develop clear policies to require feedback from reporting professionals in child abuse and neglect cases. This recommendation is a companion to a similar recommendation for the Legislative action.

4. Health Program Office - County Public Health Units -

The Health Program Office needs to increase funding to the

County Public Health Unit perinatal services, including parent education training, with a greater emphasis on in-home services to clients.

5. **Child Abuse Prevention Education for Private Schools -**

Efforts should be undertaken at the State level to encourage the Southern Association for Colleges and Schools for the development of standards pertaining to education of abuse prevention, as well as those pertaining to disciplinary practices.

6. **Intrastate and Interstate Reporting and Integration -**

a. The Central Abuse Registry must be adequately staffed and equipped, both with telecommunications and data processing capabilities and through training of staff and supervision, to function responsively and effectively in its statewide capacity.

b. Interstate communications regarding families at risk and/or for whom allegations of abuse have been made, need to be readdressed and a State Registry complaint/investigation system developed.

B. **Recommendations Requiring Legislative Action -**

1. **Increase Appropriations to be Used for Support Services to Families -**

Increasing appropriations through purchase of support services is critical to effective delivery of prevention and protective services. The following areas are identified as essential in this effort.

Public Law 96-272 places demands on HRS to document efforts to prevent out-of-home placements. With no new resources to manage and document those efforts and if no new resources are to be made available to the districts, funds should be established for use in providing tertiary prevention services. More explicitly, services to prevent the removal of children from their own homes should be made available.

Additional resources are needed for the management and documentation of services to families, which prevent the removal of the child from his/her own home and yet assure adequate safety in his/her home environment. The HRS/CYF, Intensive Crisis Counseling Program is an example of the type of resource that needs expansion. HRS is urged to aggressively pur-

sue funding and program development in support of this important federal requirement.

Adequate salaries and staffing are needed for maintaining the required child protective services function of HRS. Increasing appropriations, both in terms of salaries and number of positions in all CYF Program components, is critical to the effective protection of Florida's children.

In support of and in addition to the above, the following funding issues are presented:

- a. Increasing appropriations through purchase of services to families in their homes, including in-home treatment and in-home support, homemaker services, home-health services and home neonatal services.
- b. Establishment and funding of para-professional positions in each unit providing services to dependent children. The availability of Direct Service Aides to provide services which do not require a counselor, will facilitate a more efficient and cost-effective utilization of the resources of the unit, increase the ability of the unit to respond to children's needs and facilitate the provision of ancillary services.
- c. Public education campaigns are needed which focus on a variety of professional groups, the public at large, and high risk groups.

Contracted programs should be given a funding incentive for enabling the use of volunteers in the provision of services to families and children at are high risk for abuse or neglect. The utilization of volunteers to expand the services, can be used to provide additional funding for those programs making them cost-effective.

2. **Development of Resources for Alternative Discipline Modes for Schools -**

- a. The provision of Child Abuse Prevention and Family Life Management curriculum have been inhibited due to the lack of curriculum development at the state level. The Department of Education (DOE) and HRS should work together with the Legislature, to fund and develop an alternative discipline program for statewide use in the public schools and enhance teacher education programs in the State University system to prepare new teachers. An in-service cur-

riculum should be established for teachers and administrators, which addresses alternatives to corporal punishment.

- b. Legislation is needed, along with appropriate staffing of school personnel, to allow for the provision of alternative discipline and corrective strategies including counseling.
 - c. Funds should be established for the training of personnel and development of discipline programs in schools that take the place of corporal punishment.
3. Development of Curriculum for the Prevention and Identification of Abuse and/or Neglect -
- a. Education curriculum offered through the state university system and through community colleges in preparation for teaching at all levels (including preschools), should be expanded to include training and prevention in child abuse and neglect.
 - b. Legislative revisions are needed to clearly define the intended intervention of the state into cases of abuse, types of abuse and cases of neglect. Particular attention is needed in the area of those circumstances warranting the removal of a child from his family, and what constitutes "significant impairment" when defining an injury to a child.
 - c. The definition of what constitutes a report of abuse and/or neglect should be readdressed by the Legislature. The number of "unfounded" reports indicates that a significant number of reports, while currently necessary to determine the validity of the reports, take valuable time from the investigation of cases requiring intervention. Some of the families currently investigated could be more appropriately provided social services without the stigma of "investigation" and the necessity to purge the records concerning the service provided to those families. The purging of "unfounded" cases from all HRS records will have significant adverse effect on the ability of HRS to adequately investigate allegations of abuse and neglect. In the determination of "indicated" abuse or neglect, often the result of identifying patterns of behavior or care that are not apparent with one single referral, are identified. The ability of HRS to identify families who are in need of services to prevent further occurrences or reduce the family's

risk of abuse or neglect, will also be hampered in those instances where the referral made to the Department is not found to be indicated, but the family needs and is willing to participate in services to reduce their risk level. The District Task Force recommends expansion of "At Risk" categories to include these families rather than their inclusion in the categories requiring investigation.

d. Chapters 39 and 415 should be revised to require feedback for reporting professionals in abuse and neglect investigations.

4. Establishment of Escalating Counseling Services in Divorce -

A fund for and the requirement of the participation of married persons seeking a divorce, in Florida in a mandatory mental health based mediation program, is needed to curb the escalating number of families and children subject to the dissolution of their families. The funds would be based on a fee system from filing for divorce, and public funds would be used for indigent families.

5. Confidentiality, Service Integration and Networking -

The interagency client information, tracking and feedback of service information for families, is hampered by problems related to violation of confidentiality. This problem exists in the mental health system, school systems, social service agencies and HRS. This is a barrier to providing enhanced coordinated services. The statutes concerning confidentiality need to be reviewed and modified in order for professionals to develop a unified treatment plan for the entire family and still maintain confidentiality.

State level interprogram agreements, including possible changes in statutes and interprofessional organizational agreements, are needed along with local agreements to overcome this barrier.

6. Increase Funding for Special Needs Day Care -

Specialized day care programs are needed for handicapped, emotionally disturbed, and abused and neglected children. The establishment of therapeutic group and family day care programs require protected funding and legislative guidelines.

7. Medical Services for Children in Interim Placements -

The children placed outside of their homes, while a child protective investigation is conducted, need to have medical services available for them from the first day of placement. Medical examinations, in addition to those done to determine if abuse or neglect has occurred, are needed to properly care for the child. Designation of the HRS, CMS physician consultant would facilitate the availability of the service, utilize an established payment process and provide the counselor with an appointment time, rather than utilizing clinics to obtain the service. This last point is crucial in the proper utilization of resources involved for this service.

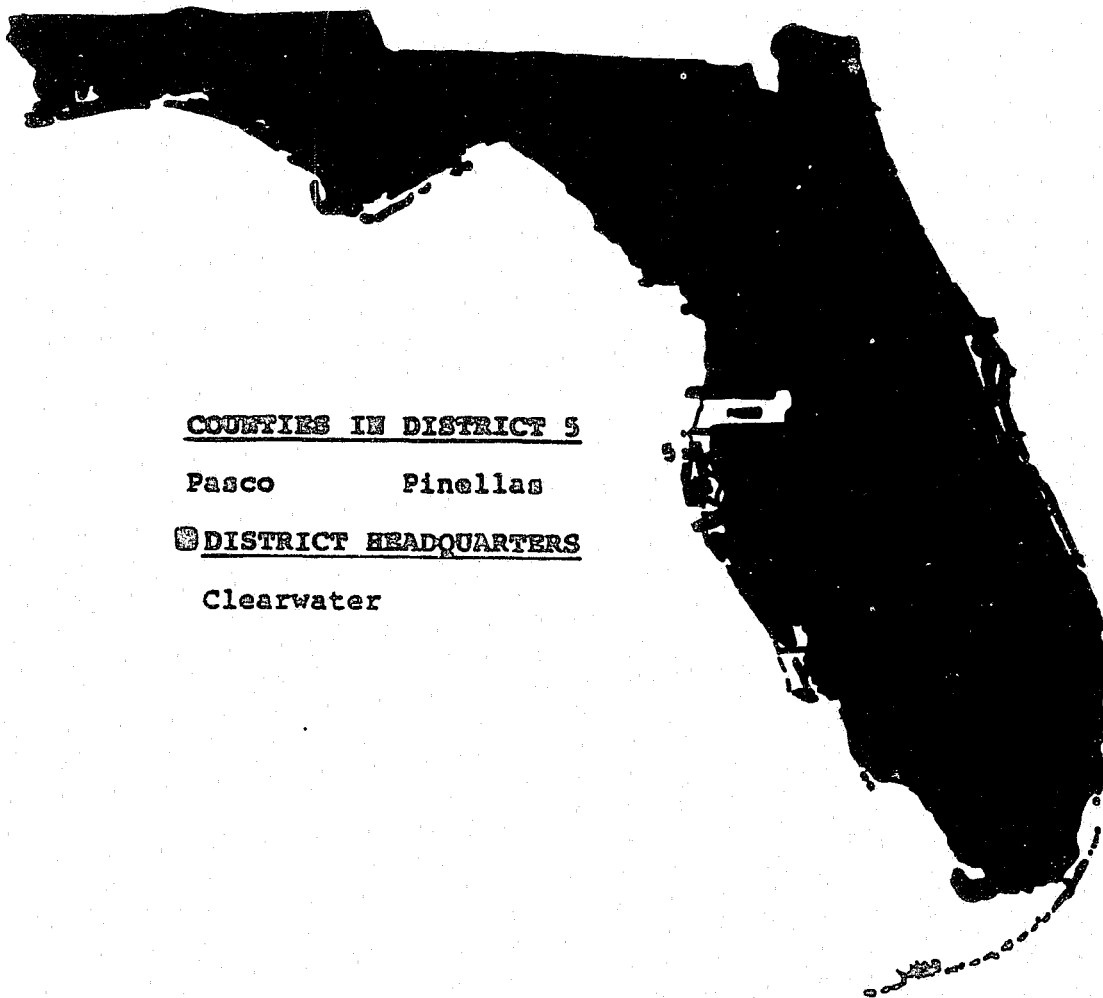
8. Child Abuse Prevention Program Evaluation -

Funding, separate from the service appropriation for Chapter 415 Child Abuse Prevention Programs, needs to be established to provide for the evaluation of Chapter 415 funded projects. The costs of extensive evaluations of the programs is reducing the services provided, because the cost of evaluations is now charged to the funds allocated to provide the services.

9. Liability Protection for Professional Service Providers -

Legislative revisions are needed to provide protection to families and professional service providers who intervene in private homes for preventive, protective and supportive services. The establishment of sovereign immunity protection of these service providers, as agents of the state, is necessary in light of the current problems with liability coverage experienced by individual and agency providers.

DISTRICT 5



COUNTIES IN DISTRICT 5

Pasco Pinellas

DISTRICT HEADQUARTERS

Clearwater

Thomas H. Wester
District Administrator

Patsy Wallace
Chairperson
District Child Abuse & Neglect
Prevention Task Force

DISTRICT 5

A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT



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I. DISTRICT CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

<u>LEGISLATIVELY MANDATED REPRESENTATIVE</u>	<u>NAME OF AGENCY OR COMMITTEE MEMBER REPRESENTS</u>	<u>MEMBER'S NAME</u>
Community Mental Health	Human Development Center of Pasco, Inc. Mental Health Services of South Pinellas (Child Guidance)	Brian McEwen Nomination Pending*
Guardian ad Litem	GAL (Pinellas) GAL (Pasco)	Jane Kelly Ann Loehr
School Board of the Local School District(s)	Pinellas County School Sys. Pasco County School Sys.	Glenn Kranzow Madonna Wise Beverly McKinney*
District Human Rights Advocacy Committee	District HRAC	Doris Frey
Organization With Expertise-Working With Abuse/Neglected Children/Families	Mental Health Services of South Pinellas (Child Guidance)	Nomination Pending*
Maternal and Infant Health Care	Project Help - (Young Women's Christian Assoc.)	Nomination Pending
Child Protection Team	District CPT	Patsy Wallace
Child Day Care Center	Pilgrim Child Care Ctr. First Baptist Church Day Care Ctr.	Diane Brown (Pinellas) Betty Rickard (Pasco)
Law Enforcement Agency	Pasco Co. Sheriff's Office St. Petersburg Police Dept. Pinellas Co. Sheriff's Off. Dade City Police Dept.	Phyllis Davis* Lt. Helen Sweatt* Det. Tony Picardi Captain Thomas Todd
Department District Program Office	District Administration (Deputy D.A.) Developmental Services Children's Medical Srvs Alcohol, Drug Abuse & Mental Health Children, Youth & Families	Carrie Bible Wanda Blanton Mary Ann Datz Selga Sakss Lynn A. Richard Lewis J. Vass Randy Tennant Louise Upchurch** George Gaston**

ADDITIONAL MEMBERS APPOINTED BY DA

<u>AREA OF REPRESENTATION</u>	<u>NAME OF AGENCY OR COMMITTEE MEMBER REPRESENTS</u>	<u>MEMBER'S NAME</u>
Private Citizen	Abuse, Neglect & Dependency Committee	Lt. Helen Sweatt*
	Abuse, Neglect & Dependency Committee	Jeanette Brickman, Ph.D.
	Child Abuse Prevention of Pasco Committee	Beverly McKinney*
	Child Abuse Prevention of Pasco Committee	Phyllis Davis*
	Juvenile Welfare Board	Elithia Stanfield
Migrant Services	St. Rita's Church	Rev. Robert. Schaeufele
Private Citizen		Candy Slaughter
Private Citizen	Pasco Co. Grandparents & Fathers Rights Groups	Joyce Brown
Head Start		Nomination Pending

* Indicates more than one area of responsibility

** CYF Human Services Program Analysts serving as staff support for the Child Abuse and Neglect Task Force

II. STATEMENT OF PURPOSE

The District 5 Child Abuse and Neglect Prevention Task Force exists to assist the HRS District Administrator in the development of a comprehensive plan to prevent child abuse and neglect in Pasco and Pinellas Counties.

The purpose of the District Task Force is to prepare a biennium child abuse and neglect prevention plan. Based on the information in the plan, the District Task Force will determine what prevention services will be provided with the available appropriation and develop prevention strategies within the district to coordinate and integrate the activities pertaining to the prevention of child abuse within the district.

III. OPERATING PROCEDURES

Purpose:

To assist the HRS District Administrator in the development of a comprehensive plan to prevent child abuse and neglect in Pasco and Pinellas Counties. The District Task Force also evaluates service provision and provides technical direction to funded agencies, as well as plays a leadership role in identifying unmet needs, advocating for new services and selecting district-wide priorities.

Objectives:

1. To biennially update the district plan of action to prevent abuse and neglect of children, with an annual review and supplementation as appropriate.
2. To determine priority needs of the district.
3. To promote and encourage innovative methods of preventing child abuse and neglect.
4. To promote child abuse prevention awareness.
5. To assist in determining training and educational needs of the district in areas of child abuse and neglect prevention.
6. To review program evaluations conducted and prepared by HRS staff of district Mills' Bill funded child abuse prevention efforts.
7. To advocate for increased treatment resources to remediate the effects of child abuse.

Composition:

The District 5 Child Abuse and Neglect Prevention Task Force shall consist of, but not be limited to, representatives of the following areas:

Community Mental Health, Guardian Ad Litem, both Pinellas and Pasco County School Systems, District Human Rights Advocacy Committee, those individuals who have expertise in working with children who have been abused or neglected and their families, those individuals with expertise in maternal and infant health care, Child Protection Team, child day care, law enforcement, Juvenile Welfare Board of Pinellas, Child Abuse Prevention of Pasco Committee (CAPP), Abuse, Neglect and Dependency Committee (AND), and HRS District Program Staff from Children, Youth and Families, Children's Medical Services, Developmental Services and Alcohol, Drug Abuse and Mental Health.

Additional members may be appointed by the District Administrator.

Election of Chairperson and Vice-Chairperson:

The members of the District Task Force shall elect a Chairperson and Vice-Chairperson to serve a term of one year, extending from July 1 through June 30. An officer may be re-elected for one additional term. Election for Chairperson and Vice-Chairperson for the following year shall be held in the Spring. Voting for Chairperson and Vice-Chairperson shall be by secret ballot, whether or not more than one nomination has been made.

If a chairperson resigns or is unable to complete the term to which he/she was elected, then the Vice-Chairperson shall automatically succeed for the remainder of the term. Upon the succession of the Vice-Chairperson to the chair, an election shall be held immediately to fill the vacancy of the Vice-Chairperson.

If a Vice-Chairperson resigns or is unable to complete a term to which he/she was elected, then the District Task Force shall, at its next meeting, elect a Vice-Chairperson.

If a member fills an unexpired term for either the Chairperson or the Vice-Chairperson, that member shall still be eligible to serve two (2) full years as a duly elected officer.

Responsibilities of the Chairperson:

1. schedule time and place of District Task Force meetings and ensure members are notified
2. preside over District Task Force meetings
3. appoint members of committees
4. respond to correspondence addressed to the District Task Force
5. monitor District Task Force membership to ensure composition reflects legal requirements and district needs
6. be available to HRS staff and District Task Force members for consultation regarding Task Force activities
7. other responsibilities as designated by the District Task Force

and the District Administrator

Responsibilities of the Vice-Chairperson:

1. chair meetings in the absence of the Chairperson
2. perform other duties as assigned by the Chairperson

Responsibilities of HRS Support Staff:

1. develop and distribute Requests For Proposals (RFP) and oversee the review of responses
2. monitor Mills' Bill funded projects and present reports to the District Task Force
3. develop evaluation methodologies for projects, oversee the evaluation activities and ensure annual evaluation reports are submitted to the District Task Force
4. manage contracts
5. prepare District Task Force meeting agendas in consultation with the Chairperson and mail with meeting notice to the membership
6. prepare and distribute minutes of each District Task Force meeting
7. perform other responsibilities as assigned by the District Administrator

Frequency and Location of Meetings:

The District Task Force shall meet quarterly with additional meetings as necessary. The date, time and location of each meeting shall be established by the Chairperson and communicated in writing to each member.

Membership:

The District Task Force is encouraged to identify additional candidates for membership as appropriate to represent the district needs and resources. A Standing Nominating Committee, made up of three members of the District Task Force and appointed by the Chairperson, shall identify candidates for membership. Names of identified potential new members shall be presented to the full District Task Force for consideration and a vote, which is subject to the District Administrator's approval.

Members will be appointed to terms two years in length; with reappointments to successive terms by vote of the District Task Force membership. Non-voting members will be excluded from participation as an officer.

Those Providers receiving Mills' Bill funding are not eligible for District Task Force membership, due to a possible conflict of interest, whether in reality or in appearance.

Members are expected to attend all District Task Force meetings, due to the need for continuity from meeting to meeting. If an absence is unavoidable, the member should notify the Chairperson prior to the meeting to be missed. A member shall designate an alternate to represent them. The alternate shall have the authority to vote in the absence of the member. A member's failure to attend three-fourths of the regularly called meetings within the fiscal year, without a valid excuse, constitutes cause for automatic termination of District Task Force membership. The member may petition the District Task Force for consideration of his or her reinstatement to the District Task Force.

Members of the District Task Force whose representation is specified by law will advise their agency/organization if they can no longer participate in the District Task Force. Such agency/organization shall notify the District Task Force Chairperson in writing of the member's inability to participate and suggest a replacement member.

Voting:

Members or their alternates may choose to abstain from voting. Members shall abstain from voting when such a vote would, in reality or in appearance, be a conflict of interest.

No member will vote on any issue which would directly benefit funding of a program in which they are involved as a governing authority or take part in any proceedings wherein there is a potential conflict of interest regarding membership, holding an office or voting on issues or services. Voting shall be conducted by hand count, secret ballot or a combination of both, based on the issue. Voting may, by request of any member, be conducted by ballot. The ballots should be counted by a non-voting member. Ballots should remain available for examination for no less than 24-hours after which they should be destroyed unless a recount is requested by any party or the integrity of the outcome is questioned. There must be a quorum of members present to entertain a vote. A majority, (or more than half) of voting members then serving constitutes a quorum for the District Task Force.

In any meeting the Chairperson shall not vote, except upon a motion affecting or amending these procedures or in the event of a tie vote.

Procedure for Conducting Meetings:

The District Task Force meetings will be conducted in a manner which will promote the greatest amount of consideration of issues among District Task Force members. Robert's Rules of Order shall govern the conduct of the meeting. At the beginning of each

meeting, a Conflict of Interest Statement shall be noted.

Guests may be present but are not considered to be participants in discussions unless specifically requested to do so.

Committees:

Standing and Ad Hoc Committees may be established by the District Task Force Chairperson. Appointments of committee members is the responsibility of the Chairperson. Such appointment need not be limited to District Task Force members. Recommendation of any committee must be reported in full to the District Task Force for formal action to occur. There is a Standing Membership Committee whose purpose is to ensure appropriate representation, uniform selection process and to expedite member replacement. There is a current Ad Hoc Committee to study the feasibility of the District Task Force hosting a statewide Child Abuse and Neglect Prevention Conference.

Grievance/Appeal Procedure:

The District Task Force operating procedures and recommendations may be appealed. If any individual or organization believes the District Task Force or any of its members have not acted properly, a grievance may be filed within ninety (90) days of said action by letter to the Chairperson, with a copy to the District Administrator. The letter should contain the specific acts being challenged, the reason for the appeal and the remedy being sought. A response from the District Task Force Chairperson will be mailed to the petitioner within thirty (30) days of receipt of the original petition.

Procedure and Criteria for Selection of Services and Providers:

In determining what services should be funded with the Mills' Bill allocation, the District Task Force will first review the Child Abuse and Neglect Comprehensive State Plan with regard to the following:

- o The ideal continuum of services for the prevention of child abuse and neglect, existing services available in the community, unmet services needs and the prioritization of these needs.

From the prioritized list of needed services, the District Task Force will make a recommendation as to which of these services should be funded with the Mills' Bill appropriation. The District Task Force will submit those recommendations to the District Administrator.

When initiating a new service, the HRS contract manager will de-

velop a Request For Proposal (RFP) or a document which includes programmatic and contractual specifications of the services being sought. Agency(s) interested in providing the needed service(s) will be invited to respond. The District Task Force will review the responses with regard to the following:

1. the program's ability to meet the service need(s) identified by the District Child Abuse and Neglect Prevention Task Force
2. the cost-effectiveness of the program
3. the provision of an evaluation component that will provide outcome data
4. the provision of a parenting education component, if applicable
5. provision of a mechanism for coordinating and integrating services with other services that are considered necessary for working with the target population

Determination to continuation of funding for services will follow the above procedure, to the point of development of a specified document. Consideration will also be given to the continued need of the service, quality of services provided, the programs ability to continue meeting the identified need most effectively and evaluation of the effectiveness of the program. The District Task Force will share their recommendations with the District Administrator. The contract manager will develop contracts for approval by the District Administrator.

IV. INTRODUCTION TO AN IDEAL CONTINUUM OF CHILD ABUSE AND NEGLECT PREVENTION SERVICES

The approach to preventing child abuse and neglect is composed of community programs that are targeted to different populations and reflect phases of the family life cycle. To cope successfully with their roles in the family, both parents and children require certain supports, training and information. Based on what is known or believed to enhance an individuals' ability to function in a healthy way within a family, program areas that contribute to a strategy for prevention can be identified. It is the contention of this District Task Force that the prevention of child abuse and neglect begins before a parent has a child and before that child becomes a parent, thus our continuum has Family Life Skills as the beginning component.

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

1. Family Life Skills Training -

The purpose of life skills training is first to equip children, adolescents and young adults with interpersonal skills and knowledge that are valuable in adulthood, especially in the parenting role, and second, to provide children with skills to help them protect themselves from being abused. Knowledge and skills can be imparted in a variety of ways, regardless of the specific techniques. Educational classes or supports should be provided through the school system and through adult education centers.

Skill and knowledge building should be stressed in areas of child development, self-actualization and methods for seeking help. For preadolescents and adolescents, education in sexuality and pregnancy prevention, along with issues relating to parenting, should be provided. The goal of these services are to provide community and school-based programs for all family members, beginning with the child's earliest educational experiences and continuing throughout life. While such programs should be available to all, special attention should be paid to neglectful and sexually abusive, first time, teenage, single and special needs parents.

2. Early and Regular Child and Family Screening and Treatment -

Because abusive behavior is cyclic, many health and developmental problems in childhood can lead to behavioral problems in adulthood, including abusive behavior. For this reason, detecting and treating health and developmental problems early in life is critical. Early childhood screening and treatment programs should be seen as a continuation of the preschool screening services, such as those offered by the home visitor. The purpose of such programs should be to detect problems children may be having, including abuse and neglect, and to ensure that these children receive the necessary health, mental health and other services that will best protect them from becoming abusive parents. In order to reduce the additional stress created for parents by infants with special problems following birth (premature, sick, handicapped babies), a special focus on group support and education regarding the special needs of the child is essential.

An additional focus to health education programs should be prenatal and perinatal education (providing information regarding multiple births, sexually transmitted diseases, and prevention on birth defects), developmental disabilities and

training in child birth procedures. Public Health Nurses and/or Health Educators should be available to provide education addressing the emotional and physical needs of children.

3. Child Care Opportunities -

The purposes of child care or day care programs are to furnish parents with regular or occasional out-of-home care for their children. While child care is a necessity in households in which all adults are employed, such services are also beneficial for parents who do not work outside the home, but who find continuous child care responsibilities very stressful. Child care programs also provide opportunities for children to learn basic social skills. Recreational and after school programs should be provided and recognized as an effective prevention strategy. Employers should be strongly encouraged to provide child care resources to their employees. Specialized care for children who have been abused or neglected, or at risk, should include therapeutic interventions on the nursery school level, as well as initiatives carried out for their parents to receive therapy.

4. Education for Parents -

As children become older, parents encounter new challenges or problems for which they are unprepared. Parent education programs provide information and a forum for parents to learn and develop skills they need in raising their infants, toddlers, preadolescents and adolescents.

Among the problems experienced by families with young children is isolation from and lack of knowledge about, health and social services in the local community. This coupled with a lack of knowledge of how to detect and handle many childhood problems, puts a family at risk for abuse. As an ongoing source of support and information for parents, educational support programs should include home visitor services that consist of periodic visits to the home following childbirth until the child begins school. These visits should be made by a trained Home Health Aide who should provide information and advice to parents on child care, nutrition, and home management and should carry out routine health checkups on young children. In addition, the aide should refer parents to needed social and health services in the community. Of real benefit would be a multi-disciplinary prevention team composed of social service, employment, child care and other professionals specially trained to provide coordinated services for high risk families.

5. Support Programs for New Parents -

The purpose of support programs for new parents is to prepare individuals for their role in parenting. Such programs should include supports during prenatal, perinatal and postnatal periods. These programs can build on existing medical programs and educate about-to-be parents in child development, parent-child relationships and adult relationships. Information on community resources available to parents with infants and children should be provided. In supplying information and in teaching skills for coping with the challenges of being a parent, special emphasis should be placed on developing techniques useful in communicating with the new baby. One focus of these services should be to develop group activities that form a social network among new parents, therefore creating peer relations and peer support. Although such programs should be available to all parents, special attention should be paid to first time, teenage, single and special needs parents.

Prenatal and postnatal medical care is clearly important, particularly since low birth-weight babies and babies otherwise sick in infancy, are at risk for being abused. Many prospective parents now participate in prenatal care programs that go beyond the medical needs of the pregnant mother and the growing fetus to include attention to the demands of parenting. All prenatal care programs should provide prospective parents with parenting education and other supports to ease the difficulties associated with having a new infant in the home.

Studies suggest that in families in which parent-child bonding is weak the child is at greater risk for abuse. Part of the function of perinatal and postnatal support programs should, therefore, be to enhance parent-child bonding. As a continuation of the prenatal program and as part of their perinatal and postnatal support programs, all new parents should have an opportunity to participate in a program to increase their skills in caring for a new baby. The program should be directed toward the creation of social networks, through new parent groups or by pairing first time parents with experienced parents, and toward the continuation of instruction in child care and child development. Having a new infant in the home creates stress in any family. When, however, the infant requires extra or special care, stress can be greatly increased, putting the child at greater risk for abuse. To reduce the additional stresses created for parents by infants with special problems following birth; (i.e., premature babies, illnesses, abnormalities, or defects) a special educational support program should be made available. The program should focus on group support for parents with similar

children, and should educate parents about the particular needs of their child and how to deal with those needs in a family environment. Every attempt should be made to furnish supports that minimize distortion of the parents' perception of their new child.

6. Family Support and Crisis Services for Parents -

Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse and neglect. To provide immediate assistance to parents in times of stress, crisis care programs should be available on a 24-hour basis and should include the following services: telephone hot lines, crisis caretakers, crisis babysitters, crisis nurseries and crisis counseling. Through these programs, parents facing immediate problems could receive immediate support to alleviate the stresses of a particular situation. Help should be made available over the phone or through in-person, in-home or on-site crisis counseling. Specialized family services should also be available in order to provide assistance in securing housing, etc. The program should also offer parents the options of having someone come into their homes on a temporary basis, to teach or assist parents with child and home care or of taking the child to a crisis nursery. Because crisis care is temporary and short term, such programs should be equipped to refer parents to long term services as needed. Respite services for parents of exceptional children should also include temporary shelters for abused children, at risk children, run-away children, abused spouses and their dependent children.

7. Programs for Abused Children -

It has been argued that prevention of abuse is, in part, tied to providing therapeutic treatment to children or young people who have been abused or neglected. To minimize the long term effects of abuse, age appropriate treatment services should be available to all maltreated children. Treatment programs for abused children should include a thorough diagnosis of physical and developmental (social, psychological and emotional) problems. Comprehensive therapeutic services should be offered to alleviate identified problems. Assistance should be rendered on the basis of an individual child's needs, and should include individual and group services as well as an enriched day care program. A multi-disciplinary child abuse team is composed of medical, legal and social services professionals specially trained to diagnose, treat, and coordinate services for abused and neglected children.

Communities should have a comprehensive mental health service delivery system to meet the specific needs of families and in-

dividuals, specialized counseling services for at risk, abusive, and neglectful families, and day treatment as an alternative to institutionalization. Residential treatment facilities should be available to meet specific needs of exceptional, at-risk, and/or abused and neglected children.

8. Self-Help/Mutual Aid Groups and Other Neighborhood Supports -
Social isolation, not having anyone to turn to in times of need, plagues most families who are at high risk for abuse and neglect. The purpose of self-help groups is to reduce the isolation experienced by many parents through the development of peer support systems. Comprehensive community programs should include groups for abusive parents, families experiencing sexual abuse, parents of exceptional children, single parents and special needs parents. Beginning with social networks created through parent groups in the prenatal, perinatal and postnatal programs, a variety of opportunities should be offered for parents to participate in group activities or to establish social contacts. Examples include parent groups stemming from local child care programs, foster grandparent programs, Parents Anonymous and comparable problem-oriented self-help or support groups. The mutual aid programs should also focus on the development or strengthening of neighborhood-based helping networks. Based on what is currently known, these preceding program areas form a strategy for preventing child abuse. However, community supports are essential, in putting into place these or any other prevention services and in assuring that such services are responsive to a community's needs.

9. Community Organization Activities -
To increase the availability of social service, health and education resources and of the other supports that reduce family stress, community organization activities will be necessary. A community based planning or coordinating body is required that represents the views of different community groups and agencies. This body will have an important role in determining priorities for proposed prevention programs. A plan for ongoing evaluation and assessment is necessary. This will ensure that the programs are indeed effective, and that they are continually responsive to those they are intended to help.

10. Public Awareness and Education on Child Abuse and Neglect Prevention -
Public awareness campaigns have two complimentary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help.

The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services.

Community and public education is necessary to sensitize professionals and the general public to the problems of child abuse and neglect. Awareness on the part of professionals and volunteers is also essential to the effectiveness of a community's prevention programs. It is particularly important that those who come into contact with families, such as medical, law enforcement, education and social service professionals, receive training in the dynamics of child abuse and information on the availability of prevention programs in the community. They should be educated in high risk identification and, in turn, assume responsibility for identification and referral of at risk families to the appropriate agencies and professionals.

B. CONTINUUM OF EXISTING PROGRAMS AND SERVICES

This section contains a description of many of the programs currently serving abused and neglected children and their families in District 5. Due to limited space, we could not include all programs. Also included, to the degree possible, is information regarding the impact of programs, cost-effectiveness and sources of funding. District 5 covers a two county geographical area with varying existing programs and unmet needs. The following programs and services, provided by each county in District 5, are listed in accordance with the prevention strategy used by the National Committee for Prevention of Child Abuse.

1. FAMILY LIFE SKILLS TRAINING -

ALTERNATIVE HUMAN SERVICES, INC. (The Resource Center)*

Program Description: Coordinates workshops, seminars and classes in family living and parenting skills.

Number Served: 8,095

Funding: Juvenile Welfare Board (JWB), HRS/CYF, Pinellas County, private donations.

CATHOLIC SOCIAL SERVICES (Family Life Education)*

Program Description: Provided through meetings, seminars and is available to groups and organizations.

Number Served: N/A

Funding: Catholic Diocese of St. Petersburg, HRS, U. S. Catholic Conference, United Way and fees for some services.

FAMILY SERVICES CENTERS (Family Life Education)*

Program Description: Provides workshops, seminars, small and informal discussion groups on various aspects of family life and family problems.

Number Served: 13,743

Funding: United Way, JWB, Federal Funds, HRS, Donations, Fees

GULF COAST JEWISH FAMILY SERVICES (Family Life Education)***

Program Description: Coordinates Family Life Education for the Jewish Community.

Number Served: N/A

Funding: HRS, Jewish Federation of Pinellas County, City of St. Petersburg, Pinellas County, JWB, United Way.

OPERATION P.A.R. (Primary Prevention Program) ***

Program Description: Provides life skills management training to youth, families and youth-serving professionals in the school and community.

Number Served: 3,003

Funding: HRS, United Way, JWB, fees, donations

PASCO COUNTY HEADSTART CHILD DEVELOPMENT PROGRAM**

Program Description: Provides a comprehensive pre-school program in education, nutrition, medical, dental, transportation, health, social services and psychological services in conjunction with other community agencies. Encourages parental involvement. Parent Centers provide parental activities, educational enrichment, parenting skills, child development, health and nutrition. Serves handicapped children also.

Number Served: 704

Funding: Health and Human Services

PINELLAS COUNTY SCHOOL SYSTEM (Family Life Education Program) *

Program Description: Includes, but not limited to, many concepts related to family life in the high schools such as developing a positive self image, effective communication skills, wise consumer choices, effective parenting skills, positive inter-personal relationships and other topics such as human sexuality, mental and physical health and responsible decision making.

Number Served: 15,022

Funding: Pinellas County Schools

2. EARLY AND REGULAR CHILD AND FAMILY SCREENING AND TREATMENT

ALL CHILDREN'S HOSPITAL (Development Program)***

Program Description: Treats children and adolescents with learning, emotional, behavioral or developmental disabilities.

Number Served: N/A

Funding: Fees, donations, HRS/CMS

ALL CHILDREN'S HOSPITAL (Speech and Hearing/Eye Clinic) ***

Program Description: Provides diagnosis, evaluation, treatment of pediatric eye disorders, comprehensive evaluations, treatments for all

communication disorders (speech, language, voice and hearing) to persons of all ages, hearing evaluations, hearing aid fittings, dispensing as well as hearing aid analysis and repair services.

Number Served: N/A

Funding: Fees, donations, HRS

ASSOCIATION FOR RETARDED CITIZENS OF PASCO, INC. (Pre-School Program)**

Program Description: Infant stimulation and pre-school training program for six months - 5 years old, developmentally at risk infants.

Funding: HRS, private donations, county, United Way

CATHOLIC SOCIAL SERVICES (Pregnancy Counseling) ***

Program Description: Assists unmarried and married individuals, couples and their families, who are facing a problem pregnancy.

Number Served: 116

Funding: Catholic Diocese of St. Petersburg, HRS, U. S. Catholic Conference, United Way and fees for some services.

CHILD, INC. ***

Program Description: Assists pregnant ladies with counseling, transportation to medical appointments and placement in family homes (Shepherding Homes) during pregnancy.

Number Served:

Funding: Private contributions

CHILD PROTECTION TEAM ***

Program Description: Professional consultation on cases of suspected or confirmed child abuse, multi-discipline diagnosis, evaluation and treatment. Medical foster care service for abused and neglected children.

Number Served: 1,280

Funding: Infinity Club & HRS/Children's Medical Services

DEPAUL SCHOOL FOR DYSLEXIA *

Program Description: One-to-one tutoring program for dyslexics.

Full-time school is available for children ages 6-12. Designed to teach basic language, arts, and math skills.

Funding: Fees, donations

FLORIDA DIAGNOSTIC AND LEARNING RESOURCES SYSTEM (Child Find)***

Program Description: Provides screenings for children ages 3-5 who are not eligible for kindergarten who may have difficulty in a school setting. Identifies high risk children for physical, mental, behavioral and learning problems.

Number Served: 200 Pinellas

Funding: Federal, State Revenue

FLORIDA DIAGNOSTIC AND LEARNING RESOURCES SYSTEM (Diagnostic Resources)***

Program Description: Provides special indepth evaluations for in-school exceptional students. (psychiatric, medical, etc.)

Number Served: N/A

Funding: Federal, State Revenue

HRS - CHILDREN'S MEDICAL SERVICES ***

Program Description: Medical care services are provided to the handicapped child or potential handicapped child from birth to the age of 21 with a condition that hinders normal growth and development.

Number Served:

Funding: State of Florida

HRS - DEVELOPMENTAL SERVICES ***

Program Description: Provides case management, residential placement for the mentally retarded; parent training and respite care.

Number Served:

Funding: State, Federal

HRS/EPSDT SCREENING AND CASE MANAGEMENT PROGRAM ***

Program Description: Early screening of Medicaid children to provide diagnosis and treatment.

Number Served: 9,485

Funding: HRS

KIMBERLY HOME, INC. **

Program Description: Free pregnancy tests, counseling, medical referral, housing, maternity and infant clothing (under 2 years of age), infant furniture, Lamaze classes, lending library, infant enrichment classes, adoption counseling and referral are available.

Number Served: N/A

Funding: Donations

NATIONAL ACADEMY FOR CHILD DEVELOPMENT (Special Education)***

Program Description: Evaluates developmentally disabled, gifted or accident affected (drowning, head injury, coma) children for the educational program.

Number Served:

Funding: Fees, donations

NEW LIFE BIRTHING CENTER *

Program Description: Provides childbirth classes, diet counseling, nutritional education and pre-natal care to pregnant women who will be giving birth at the center.

Funding: Fees, grants, donations

PASCO COUNTY HEAD START CHILD DEVELOPMENT PROGRAM **

(see #1)

PINELLAS ASSOCIATION FOR RETARDED CHILDREN (Pre-School Program) *

Program Description: Pre-school for developmental delayed and at risk children, aged 6 months to 5 years. Provides physical therapy, speech therapy and transportation. For infants aged birth to 30 months a Homebound Program of instruction is provided.

Funding: United Way, JWB, HRS, Board of County Commissioners, donations, City of St. Petersburg, special events, resale stores

PINELLAS/PASCO COUNTY HEALTH DEPARTMENT ***

Program Description: Provides full range of health care services.

Number Served: 30,542

Funding: Pinellas County, HRS, Federal and fees.

WEST PASCO SERTOMA SPEECH AND HEARING CENTER **

Program Description: Provides free hearing screenings and hearing evaluation, assistance in purchasing hearing aids, speech/language therapy and an in school screening program.

Funding: West Pasco Sertoma Speech and Hearing Foundation.

.3. CHILD CARE OPPORTUNITIES

ASSOCIATION FOR RETARDED CITIZENS OF PASCO, INC. (Pre-School Program)**

Program Description: Infant stimulation and pre-school training program for 6 months - 5 years old, developmentally at risk infants.

Funding: HRS, private donations, county, United Way

COMMUNITY RECREATIONAL CENTERS ***

Program Description: Provides supervised recreational services for children. Offering after school care, team sports, field trips, etc.

Number Served: 2,545 Pinellas

Funding: City, County, Federal, Other

LATCHKEY ***

Program Description: Developmental child day care for school age and preschool children.

Number Served: 1,300

Funding: HRS, JWB, St. Petersburg Revenue Sharing, Pinellas County Revenue Sharing, City of Clearwater, USDA

MENTAL HEALTH SERVICES OF SOUTH PINELLAS (Therapeutic Pre-School) *

Program Description: Therapeutic preschool programs are available for children three to five with a mild to moderate degree of emotional or behavioral disturbance. Individual, group family, parent/child therapy, psychological and psychiatric services, community based classroom and day treatment are also available.

Number Served: 4,551 (Total programs)

Funding: HRS, JWB, County, United Way, City of St. Petersburg.

MENTAL HEALTH SERVICES OF UPPER PINELLAS (Therapeutic Pre-School Program) *

Program Description: Therapeutic preschool program for children ages three to five with a mild to moderate degree of emotional or behavioral disturbance. Individual, group, family, parent/child therapy, psychological and psychiatric services and day treatment are also available.

Number Served: 3,189 (Total programs)

Funding: HRS, JWB, fees, United Way

NCJW PROJECTLINK *

Program Description: Markets the concept of employer sponsorship of child care by providing information, promotion and technical assistance to employees seeking to pursue the possibility of sponsoring child care for their employees.

Funding: HRS/CYF-Mills Bills, NCJW, JWB, PCLB

PASCO COUNTY HEAD START CHILD DEVELOPMENT PROGRAM ***

(see #1)

FAMILY SERVICE CENTERS (Family Life Education) *

(see #4)

FAMILY SERVICE CENTERS (Single Parent Services) *

Program Description: Provides counseling to single persons experiencing problems relating to unplanned pregnancies or for parent/child, personal and family conflicts. Classes in single parenting, seminars and group counseling are also available.

Number Served: 2,005

Funding: United Way, JWB, Federal and State funds, donations, fees.

GULF COAST JEWISH FAMILY SERVICES (Family Life Education) ***

(see 01)

HOPE PROJECT ***

Program Description: Educational seminar on the problems associated with parents and adolescents. Parents and children attend the classes together. Conducts specialized in-service seminars on adolescent problems for agencies.

Funding: PHA Dodge Foundation, Horizon Hospital

HUMAN DEVELOPMENT CENTER (Early Intervention Program) **

Program Description: Evening class for teenagers and their parents dealing with drug and alcohol abuse. Seven week program.

Funding: Various sources

HUMAN DEVELOPMENT CENTER (Parent-Child Educational Class) **

Program Description: Group parent education regarding communication skills, discipline alternatives and how to encourage responsible behavior. Children meet separately with a counselor.

Funding: Various sources

MENTAL HEALTH SERVICES OF SOUTH PINELLAS (Child Guidance Center) **

Program Description: Provides divorce adjustment, parenting classes, individual, group and family counseling for children and their parents.

Funding: HRS, JWB, Fees, United Way

NETWORK OF CHRISTIAN COUNSELING CENTERS *

Program Description: Individual group and family therapy, marriage counseling, workshops on marriage enrichment and parenting skills.

Funding: Fees, churches subsidizes fees as needed, individual gifts and foundation gifts also provide subsidy funds, insurance coverage.

NORTH PINELLAS COMMUNITY ACTION CENTER ***

Program Description: Parenting classes and special seminars are available. Provides day care for children including after school care. Speech and hearing therapy are available for children 2-6 years old.

Funding: Donations, fees

OPERATION PAR (Parent Awareness) ***

Program Description: Provides parents drug education.

Funding: State of Florida, United Way, JWB, fees, donations

PINELLAS ASSOCIATION FOR RETARDED CHILDREN (Pre-School Program) *

(see #2)

PINELLAS COUNTY LICENSE BOARD *

Program Description: Licensing and monitoring children's centers and family day care homes in Pinellas County to assure compliance with standards.

Funding: JWB, U.S.D.A.

PROJECT PAYPEN, INC. (Family Day Care Homes) *

Program Description: Allows low income families to participate in a well structured developmental day care program and provides social services to the families.

Number Served: 597

Funding: JWB, HRS, Federal and private contributions

PROJECT PLAYPEN, INC. (Therapeutic Family Day Care Homes) *

Program Description: Provides specially trained caregivers in a family day care setting for mild to moderately emotionally disturbed pre-school children.

Number Served: 40

Funding: JWB (3/15/86 thru 9/30/86) ongoing funding being solicited.

REDLANDS CHRISTIAN MIGRANT ASSOCIATION (RCMA) **

Program Description: Developmental child day care for infants, preschool and school age children for low income and at risk children. Care is provided in both family day care homes and centers.

Number Served: 310

Funding: HRS, Pasco County Commission, Pasco County United Way, Fund Raising

UPPER PINELLAS ASSOCIATION FOR RETARDED CITIZENS (Hope Therapeutic Pre-School) *

Program Description: Serves moderately to severely emotionally disturbed pre-schoolers up to age 5. The Hope Program emphasizes warm interpersonal contact, positive child adult interactions and attachment relationships that can be used by the child as a model for relating to others.

Number Served: 16

Funding: HRS/DS, HRS/VR, JWB, County, United Way, S.P.A.R.C.'s, contributions, etc.

4. EDUCATION FOR PARENTS

ALTERNATIVE HUMAN SERVICES, INC. (The Resource Center) *

(see #1)

FAMILY SERVICE CENTERS (Community & Parent Education Awareness & TOPS/Peri-natal Coaching Program) *

Program Description: Provides single presentations on parent/child issues and parenting classes. Professionals and trained volunteers work individually with teen, first time and special needs parents to help them gain confidence and competence in areas of infant care, child development education, parenting skills and provides support groups.

Number Served: 855

Funding: HRS/Mills Bill and parent education funding

PARENTS ANONYMOUS ***

Program Description: Provides counseling and information on parenting skills for the prevention and intervention of child abuse.

Funding: HRS, private contributions, foundations

YOUTH AND FAMILY ALTERNATIVES (Community & Parent Education Awareness & M.O.M.S./Peri-natal Coaching Program) ***

Program Description: Provides single presentations on parent/child issues and parenting classes. Professional and trained volunteers work individually with teen, first time and special needs parents to help them gain confidence and competence in areas of infant care, child development education, parenting skills and provides support groups.

Number Served: 585

Funding: HRS/Mills Bill and parent education funding

5. SUPPORT PROGRAMS FOR NEW PARENTS

A MOTHER'S PLACE ***

Program Description: Support group for mothers to exchange information on baby and child care, sibling rivalry, etc. Babysitting is available at the meetings.

Funding: N/A

ALL CHILDREN'S HOSPITAL (Project Good Start)

Program Description: Education program to teach first time parents how to communicate with their infants. No fees.

Funding: Infinity Club.

ALPHA CENTER ***

Program Description: Residential program for unwed, abandoned and distressed pregnancies. Offers counseling, referral services, clothing (maternity and infant), medical services.

Number Served: 871

Funding: Private, religious and community donations, fees

EXCHANGE CENTER OF THE SUNCOAST FOR THE PREVENTION OF CHILD ABUSE (Parent-Aide Program) ***

Program Description: Matches trained volunteers on a one-to-one basis with parents who are abusive or potential child abusers to serve as constructive role models.

Number Served: 84 Pinellas

Funding: Exchange Clubs, donations

FAMILY SERVICE CENTERS (Single Parent Services)

(see #4)

PARENTS WITHOUT PARTNERS ***

Program Description: Support group for single parents to which assist in coping with adjustments and emotional conflicts arising out of widowhood and separation.

Funding: Dues

PINELLAS COUNTY SCHOOL SYSTEM (Teenage Information Program for Students *

Program Description: Provides information to students concerning their feelings about relationships with other people. Individual and small group counseling, includes sexuality and pregnancy counseling. In school workshops provided.

Number Served: 722

Funding: Pinellas County Schools

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (Project Help) *

Program Description: Pregnant girls receive individual and family counseling, academic and life skills education and pre-natal care

Number Served: 200

Funding: JWB, Federal, City, County, Pinellas County School Board

YOUNG WOMEN'S RESIDENCE

Program Description: Residential group home for maternity and non-maternity young women and girls with problems who cannot live in their home for various reasons. Individual and group counseling, family counseling, part-time employment and budget education are provided.

Number Served: 109

Funding: United Way, JWB, Donations

6. PROGRAMS FOR ABUSED CHILDREN

CATHOLIC SOCIAL SERVICES (Foster Care) ***

Program Description: Provides foster care for children awaiting adoption or who have been referred for temporary care in medical foster homes by the Child Protection Team.

Number Served: 73 Pinellas

Funding: Catholic Diocese of St. Petersburg, HRS, U.S. Conference, United Way and fees.

CHILD PROTECTION TEAM ***

(see #2)

CHILDREN'S HOME SOCIETY OF FLORIDA ***

Program Description: Pregnancy counseling with limited financial assistance, foster care for children of families in crisis or awaiting adoption and adoption services.

Funding: United Way, Fees and Contributions

ECKERD WILDERNESS EDUCATION CAMPING PROGRAM ***

Program Description: Residential care and therapy for emotionally disturbed children. Provides therapy (peer group pressure reality therapy) and classroom based instruction one-on-one.

Number Served: 43 Children Pinellas

Funding: State Government, Private Donations

EXCHANGE CENTER - SUNCOAST PREVENTION OF CHILD ABUSE (Parent-Aide

Program) ***
(see #3)

FAMILY SERVICE CENTERS (Project CAN - Adoption) *

Program Description: Adoption of special needs children who cannot be placed by other agencies.

Number Served: 87 Children; 206 Adults

Funding: United Way, JWB, Federal and State Funds, Donations, Fees

FAMILY SERVICE CENTERS (Sexual Assault Family Emergency (SAFE) Center) *

Program Description: Helps victims of incest, rape and sexual abuse. Crisis counseling and after care therapy are available to those victimized by sexual violence, as well as to the members of their families.

Number Served: 1,130

Funding: United Way, JWB, Federal and State Funds, Donations, Fees

FAMILY VIOLENCE PROJECT * (through State's Attorney's Office)

Program Description: Offers eligible defendants accused of assault (physical, sexual) against a family member an alternative to being prosecuted (only if victim agrees). The defendant can undergo a 12 month treatment program which consists of individual assessment, counseling and group psychotherapy. The victim may also participate in the treatment program.

Funding: Fees

FLORIDA BAPTIST CHILDREN'S HOMES ***

Program Description: Residential care, foster home care, social case-work, adoption placement of children in residence, counseling to children, parents or responsible relatives are provided. Emergency shelter for adolescent girls (abused, dependent, runaways).

Funding: Florida Baptist Churches, foundations, donations, HRS.

GUARDIAN AD LITEM ***

Program Description: Trained volunteers represent and advocate for dependent children during the judicial proceedings in cases of abuse or neglect.

Number Served: 330

Funding: State

H.R.S. - CHILDREN, YOUTH & FAMILY SERVICES (Adoption) ***

Program Description: Responsible for all permanent commitment activities. Independent adoption social investigations, agency adoption studies, placements, supervision and divorce custody studies.

Funding: State and Federal

H.R.S. - CHILDREN, YOUTH & FAMILY SERVICES (Foster Care) ***

Program Description: Provides substitute care for a planned period of time for children whose own families are unable to care for them.

Funding: State and Federal

YOUTH HOMES OF FLORIDA ***

Program Description: Offers a comprehensive residential program of preventive and rehabilitative service for delinquent and dependent youth 13 - 17.

Number Served: 154 Children

Funding: JWB, HRS, Private Donations

7. **FAMILY SUPPORT AND CRISIS SERVICES**

ALL CHILDREN'S HOSPITAL (Project Good Start/Peri-natal Coaching Program) *

(see #5)

ALTERNATIVE HUMAN SERVICES (Family Intervention Project) *

Program Description: Assists HRS/CYF staff by providing crisis intervention counseling to families in distress. The goal is to reduce the number of children placed in shelter/foster care.

Number Served: 365 children

Funding: HRS

ALTERNATIVE HUMAN SERVICES, INC. (Hotline/Information & Referral - The Parental Stress Hotline) ***

Program Description: A 24 hour/parental stress hotline providing listening, crisis intervention, information and referral. Also maintains listing of current class offerings in family life education.

Number Served: 38,672 Children; 36,498 Adults

Funding: JWB, HRS, County of Pinellas, City of St. Petersburg, United Way of Pinellas, United Way of Pasco.

ALTERNATIVE HUMAN SERVICES (Youth & Family Connection) *

Program Description: Short-term, crisis and early intervention facility for runaways and other troubled youth in need of respite care due to intense individual or family problems and out client counseling.

Number Served: 1,334

Funding: JWB, Health and Human Services, J.J.D.P., City of St. Petersburg, County of Pinellas, HRS, Florida Department of Education and private donors.

CENTER AGAINST SPOUSE ABUSE *

Program Description: Safe, temporary shelter for women and children who are victims of domestic violence. Provides food, clothing, support, individual and group counseling for adult and children clients and referrals to community agencies.

Number Served: 244 Children; 175 Adults

Funding: Marriage License Trust Fund - HRS, JWB, Junior League of St. Petersburg, United Way, church donations, Conn Foundation, City of St. Petersburg, County Revenue Sharing.

CHILD PROTECTION TEAM ***

(see #2)

CHILDREN'S HOME SOCIETY OF FLORIDA ***

(see #6)

CLEARWATER WOMEN'S COMMUNITY HEALTH CLINIC (S.H.E. Center) ***

Program Description: Family planning birth control services, free pregnancy test on walk-in basis and referrals for adoption, pre-natal care and abortions are available. Extensive counseling provided in a supportive atmosphere.

Funding: Fees

EXCHANGE CENTER - SUNCOAST PREVENTION OF CHILD ABUSE (Parent-Aide Program) ***

(see #5)

FAMILY SERVICE CENTERS (Homemaker/Health Aide Services) *

Program Description: Purpose is to maintain family unity and avoid child's placement. Services include personal care, shopping, meal

preparation, child care and light housekeeping; provided by a trained paraprofessional.

Number Served: 176 families

Funding: United Way, JWB, Federal and State Funds, Donations, Fees

FAMILY SERVICE CENTERS (TOPS Peri-natal Support Program) *

(see #4)

FAMILY SERVICE CENTERS (Intensive Crisis Counseling Program) *

Program Description: Provides 24 hour on call crisis intervention counseling services to families receiving HRS/CYF services.

Number Served: 150 families

Funding: HRS

FAMILY SERVICE CENTERS (Sexual Assault Family Emergency (SAFE) Center) *

(see #4)

FAMILY SERVICE CENTERS (Time-out Homes) *

Program Description: Temporary, voluntary care of children under 12 while parent(s) are dealing with crisis or need a "time out". Respite care to prevent child abuse.

Number Served: 193 Children; 124 Adults

Funding: United Way, JWB, Federal and State Funds, Donations, Fees

FLORIDA GULF COAST AUTISTIC ASSOCIATION *

Program Description: Provides in-home respite child abuse care to families of severely disabled and autistic children.

Number Served: 141

Funding: Donations, Memberships

H.R.S. - ABUSE REGISTRY ***

Program Description: Accepts reports of child abuse and neglect as well as reports on elderly and disabled adults who may be abused, neglected or exploited. Reports are relayed to HRS staff in local counties for investigation. Counselors also provide crisis counseling and information and referral for services from public and private agencies.

Funding: HRS

H.R.S. - CHILDREN, YOUTH & FAMILIES SERVICES (Foster Care) ***

(see # 6)

H.R.S. - CHILDREN, YOUTH & FAMILIES SERVICES (Protective Services) ***

Program Description: Designed to prevent further abuse, neglect, truancy, running away and beyond control behavior while maintaining the child in own home.

Funding: State and Federal.

H.R.S. - CHILDREN, YOUTH & FAMILIES SERVICES (Single Intake) ***

Program Description: Provides intake services for children alleged to be abused delinquent, neglected, runaways, truants and beyond control services such as emergency placement, emergency medical care, legal and referrals to other community resources.

Funding: State and Federal

HUMAN DEVELOPMENT CENTER (Family Intervention Team) **

Program Description: Assists HRS/CYF staff by providing crisis intervention counseling to families in distress. The goal is to reduce the number of children placed in HRS shelter/foster care.

Funding: HRS/CYF

PARENTS ANONYMOUS ***

(see #4)

PREGNANCY CENTER *

Program Description: Free pregnancy testing, education on prenatal and baby care, referrals to community resources, shepherding homes and volunteers available.

Funding: Private Donations

RELIGIOUS COMMUNITY SERVICES (Spouse Abuse Shelter & Emergency Housing) *

Program Description: Provides safe, temporary housing and related services for women and children of domestic violence, transients and destitute families. Individual and group counseling, support group and referrals to other community agencies.

Number Served: 1,703 Families

Funding: Contributions

SALVATION ARMY (Emergency Lodging) *

Program Description: Provision of emergency housing and feeding of families and individuals - resident and non-residents.

Number Served: 7,103

Funding: Campaign for funds, United Way

SALVATION ARMY (Spouse Abuse Shelter) **

Program Description: Temporary residential shelter for victims of domestic violence and their children. Meals, counseling, support group, advice on legal matters, community resource referrals. 4-6 week stay.

Funding: Donations, HRS

SUNCOAST MARCH OF DIMES (Parents of Prematures - P.O.P.) ***

Program Description: Provides peer counseling and referrals for counseling. List of resources, supply sources for prematures provided and referrals to pediatricians.

Funding: Fund Raising, Donations

SUNRISE OF PASCO COUNTY, INC. (Spouse Abuse/Safe House) **

Program Description: A 24 hour rape crisis intervention provides immediate support, comfort and advice to victims by trained volunteer counselors.

Funding: Donations, Grants, United Way, Pasco County and Marriage License Trust Fund

VIRGINIA LAZARRA EMERGENCY SHELTER (YWCA) *

Program Description: Provides shelter facility and meals for families with children who have no place to live.

Number Served: 235 Children; 240 Adults

Funding: Local churches, private donations, and benevolent organizations, City of St. Petersburg

YOUTH AND FAMILY ALTERNATIVES (M.O.M.S/Perinatal Program) ***

(see #4)

YOUTH AND FAMILY ALTERNATIVES (Runaway Alternatives Project) **

Program Description: Short-term, crisis and early intervention facility for runaways and other troubled youth in need of respite care due to intense individual or family problems, and out-client counseling.

Funding: State, Federal, County, and private sources including Conn Foundations and Pasco United Way.

8. SELF HELP/MUTUAL AIDE GROUPS AND OTHER NEIGHBORHOOD SUPPORTS

A MOTHER'S CRY FOR HELP **

Program Description: A support for "abused" parents or parents in stressful situations.

Funding: Donations

A MOTHER'S PLACE ***

(see #5)

ALL CHILDREN'S HOSPITAL (Big Hearts for Little Hearts - Support Group Listing) ***

Program Description: A support group for parents whose children are cardiac patients at All Children's Hospital.

Funding: Fees, Donations, State, HRS, CMS

BIG BROTHERS/BIG SISTERS OF PASCO COUNTY, INC. **

Program Description: Matches children from single parent homes with adults in the community who provide positive role modeling and support. Crisis intervention and referral to community resources.

Funding: United Way, Grants, Donations

BIG BROTHERS/BIG SISTERS OF PINELLAS COUNTY, INC. *

Program Description: Matches children from single parent homes with adults in the community who provide positive role modeling and support. Crisis intervention and referral to community resources.

Number Served: 392

Funding: United Way, JWB, Foundations and Special Events

BOYS AND GIRLS CLUB OF PASCO COUNTY *

Program Description: Provides recreational, educational and arts and crafts activities.

Funding: Donations, United Way, Grants *

BOYS CLUB OF PINELLAS COUNTY *

Program Description: Diversified programs including vocational, educational, avocational, social and physical activities. Major goal of program is delinquency prevention.

Number Served: 1,902

Funding: United Way, Grants, Donations

BOY SCOUTS OF AMERICA- WEST CENTRAL FLORIDA COUNTY ***

Program Description: Provides boys ages 7-20 a program which provides educational, recreational and character building opportunities.

Funding: United Way, sustaining memberships, activity and trust fund income, camping revenue.

CENTER AGAINST SPOUSE ABUSE (Support Group) ***

(see #7)

FAMILY SERVICE CENTERS (Single Parent Services) *

(see #4)

FAMILY VIOLENCE PROJECT (Through State's Attorney's Office) *

(see #6)

FOSTER PARENTS ASSOCIATION *

Program Description: Support group for legislative information and emotional support in working with H.R.S.

Funding: Membership Fees, Donations

GIRLS CLUBS OF PINELLAS COUNTY *

Program Description: Primary prevention program including juvenile delinquency, teenage pregnancy, truancy and school failure, substance abuse, child abuse, poor family relations, sexuality, low self esteem, dysfunctional social behavior and negative attitudes toward the traditional school setting.

Number Served: 291

Funding: County Revenue, City of St. Petersburg, JHB, Private Donations, City of Clearwater

GIRLS CLUBS OF PINELLAS PARK *

Program Description: Cultural, educational and physical activities for girls. Career awareness, sexuality education, family life skills, youth leadership/decision making skills, value clarification, etc.

Number Served: 410

Funding: United Way, City of Pinellas Park, Fund Raising Events

GULF COAST JEWISH FAMILY SERVICES (Adopt-A-Grandchild) ***

Program Description: Provides scheduled weekly visits of trained senior volunteers to offer a stabilizing and health role model to children primarily from single parent families.

Number Served: 70

Funding: HRS, Jewish Federation of Pinellas County, City of St. Petersburg, Pinellas County, JWB, United Way.

NATIONAL ACADEMY FOR CHILD DEVELOPMENT (Support Group) ***

Program Description: Support group for parents whose children are developmentally disabled.

Funding: Fees, Donations

OPERATION PAR (Primary Prevention Program) ***

(see #1)

PARENTS ANONYMOUS ***

(see # 4)

PARENT TO PARENT **

Program Description: Support group for parents of children with developmental disabilities

Funding: Donations

PARENTS OF CHILDREN WITH DYSLEXIA *

Program Description: A support group for parents whose children have dyslexia.

Funding: -- Donations

PARENTS POSITIVE ACTION GROUP *

Program Description: Provides emotional support to parents whose children have been or sexually abused.

Funding: Donations

PARENTS WITHOUT PARTNERS ***

(see #5)

RELIGIOUS COMMUNITY SERVICES (Support Group) *

(See Section VII. W.)

RELIGIOUS GROUPS (Non-Denominational Organizations) ***

Program Description: Organized to provide financial assistance, clothing, social services, referrals, food, counseling and shelter to families in need.

Funding: Churches, Donations, Other

SEVERELY EMOTIONALLY DISTURBED NETWORK (SED) *

Program Description: Multi-agency network designed to plan and coordinate services for emotionally disturbed children. Family support groups also function in conjunction with the school system at various locations.

Number Served: 754

Funding: Federal

UNITED PARENTS (Toughlove) *

Program Description: Support group for parents troubled by the behavior of their children. The Toughlove method is used, parents helping parents.

Funding: Donations

UPPER PINELLAS COUNTY PARENT GROUP *

Program Description: A support group for parents of children who have special needs (physically, emotionally or mentally handicapped, Cerebral Palsy, etc.)

Funding: Donations

YOUTH AND FAMILY ALTERNATIVES (Family Power) **

Program Description: Self-help mutual support group for persons who are troubled by the behavior of their adolescent children.

Funding: Donations

9. COMMUNITY ORGANIZATION ACTIVITIES

ALTERNATIVE HUMAN SERVICES, INC. (The Resource Center) *

(see #1)

CHILD ABUSE PREVENTION OF PASCO (CAPP) **

Program Description: Educates the community about the problem and prevention of child abuse through slide presentations and filmstrips. A filmstrip on child safety is available.

Funding: Donations

CHILD ABUSE & NEGLECT PREVENTION TASK FORCE ***

Program Description: Assists the HRS District Administrator in the development of a comprehensive plan to prevent child abuse and neglect in Pinellas and Pasco Counties and determines what prevention services will be provided.

Funding: HRS

JUVENILE WELFARE BOARD *

Program Description: Plans, researches, coordinates, funds and evaluates services to or on behalf of children. Training programs offered to human service providers. Available services include a community Speaker's Bureau; a funding Resource Center for agencies and/or Community Groups seeking funds and a library. Youth Services Advisory Committees (YSAC) welcome citizen & agency participation in advising JWB of children's needs in the community. These committees are an indirect service of the Juvenile Welfare Board. Composed of six committees: Abuse, Neglect & Dependency, Day Care/Early Childhood, Juvenile Justice, Mental Health/ Substance Abuse, Economic Services and Legislative. This is a voluntary association of agencies and interested persons who have joined together to assist in the planning, coordination and monitoring of services to children, as well as advocating on behalf of their needs. JWB funded 66 programs in 39 agencies in FY 84/85, which provide direct services to families and children.

Number Served: 5,688 professionals

Funding: Ad valorem taxes up to one-half mill (\$.50 per \$1,000 non-exempt property evaluation).

10. PUBLIC AWARENESS AND EDUCATION ON CHILD ABUSE AND NEGLECT PREVENTION

ALTERNATIVE HUMAN SERVICES, INC. (The Resource Center)
(see #1)

FAMILY SERVICES CENTER, INC. (Community & Parent Education Awareness) *
(see #4)

JUVENILE WELFARE BOARD *

Program Description: Community; parent education classes.

Number Served: 5,688 professionals

Funding: JWB

YOUTH AND FAMILY ALTERNATIVES (Community & Parent Education Awareness)
(see #4)

V. **INTRODUCTION TO NEEDS**

The services needed to prevent child abuse and neglect within the various communities of District 5 are varied. Within our two counties we have both rural and urban populations, as well as various ethnic groups including: Asians, Haitians, Blacks and Migrant workers; and an ever growing population of new residents who may be lacking in family supports.

Pinellas County may be viewed as fortunate due to the existence of the state's sole Juvenile Welfare Board (JWB). The JWB has been instrumental in the "seeding" and the coordination of services for children and families who reside in Pinellas County.

Pasco County is seen as somewhat lacking in certain social service areas. There is a Child Abuse Prevention of Pasco (CAPP) Committee, which is comprised of area professionals and others who are interested in working together to prevent child abuse. The CAPPS Committee was not available to be the main source of information regarding needs in Pasco for this plan. Therefore, in an effort to determine the service needs in Pasco County, the District Task Force developed a survey which was distributed to 255 individuals and agencies who were viewed as key informants for the county. The survey asked respondents to assist the District Task Force in identifying the range of services viewed as necessary to prevent child abuse generally, and the degree of actual need for various services specifically within their communities. One hundred and fifteen surveys were completed and returned to the District Task Force.

The service needs for Pinellas County were calculated from two primary sources of information. The JWB/Youth Services Advisory Committee's Abuse, Neglect, and Dependency (AND) Committee was once again asked for input. An additional source of information this year was the Inter-agency Committee on Planning and Evaluation Needs Assessment (I-COPE), which is comprised of six planning and funding agencies. These agencies include, Area Agency on Aging, the Business and Industry Employment Development Council, Department of Health and Rehabilitative Services, the Health Council of Pinellas/Pasco, Inc., District 5, the Juvenile Welfare Board and the United Way. Initiated in 1984, the I-COPE undertook a county-wide, in-depth and coordinated needs assessment for Pinellas County. Thirty-three health and social problems were identified and then compared to the current abilities of area programs to meet these problems. The final phase of the I-COPE was the recommendation of types of services, policies and possible legislation which should receive future emphasis. The District Task Force isolated and utilized information specific to child abuse prevention from the I-COPE, coupled with AND Committee recommendations, to formulate the prioritization of needs for Pinellas County.

A. COMBINED RANKING OF NEEDS FOR DISTRICT 5

PRIORITY #1: Education for Parents -

Basic skills for parents of children ages 1-17. We are currently purchasing parent education services through both HRS/parent education and Mills' Bill funding. Additional services are also needed district-wide.

Additional Yearly Cost: \$100,000

PRIORITY #2: Family Life Skills Training -

Family Life education with a pregnancy prevention focus.

Additional Yearly Cost: \$100,000

PRIORITY #3: Family Support and Crisis Services -

Temporary respite care and crisis nursery.

Additional Yearly Cost: \$200,000

Parental Stress Information & Referral Hotline - Mills' Bill dollars currently fund a portion of the hotline costs in the amount of \$109,910. Additional funding is needed to maintain and enhance services.

Additional Yearly Cost: \$50,000

In-home support and crisis intervention services.

Additional Yearly Cost: \$90,000

Homemaker/Housekeeper Services. Increased services are needed.

Additional Yearly Cost: \$50,000

Emergency Housing and economic services for families in crisis.

Additional Yearly Cost: \$200,000

PRIORITY #4: Support Programs for New Parents -

Prenatal, perinatal and postnatal programs for identified, high risk groups. Mills' Bill dollars currently fund two programs in this area. Continuation of current programs and enhanced services are needed.

Additional Yearly Cost: \$125,000

Parent/child bonding home.

Additional Yearly Cost: \$150,000

Non-residential counseling to teen parents.

Additional Yearly Cost: \$60,000

PRIORITY #5: Child Care Opportunities -

Employer supported day care marketing facilitator. Current part-time program which is funded for six months, Mills' Bill dollars

in amount of \$10,707.

Additional Yearly Cost: \$35,400

Therapeutic day care.

Additional Yearly Cost: \$250,000

Additional day care slots for high risk and low income families.

Additional Yearly Cost: \$313,000

PRIORITY #6: Public Awareness and Education on Child Abuse and Neglect Prevention -

Community awareness & education. Mills' Bill dollars currently fund two programs within this area. Continuation of current programs and enhanced services are needed.

Additional Yearly Cost: \$100,000

Awareness education for children (identification/coping).

Additional Yearly Cost: \$75,000

PRIORITY #7: Early and Regular Child and Family Screening and Treatment -

Medical Outreach services. (Pasco County does not have sufficient specialized pediatric services. Because of the great unmet service need, we have been unable to adequately determine the exact dollar need).

PRIORITY #8: Programs for Abused Children -

Medical Foster Homes. Need in addition to existing services.

Additional Yearly Cost: \$75,000

In-home supervised "shelter" program for children alleged to be dependent in lieu of shelter placement.

Additional Yearly Cost: \$148,500

Increased Protective Services and Pre-Protective Services Counselor positions.

Additional Yearly Cost: \$326,000

Increased diagnosis and evaluation funding.

Additional Yearly Cost: \$50,000

Increased funding for shelter and foster residential group care, including enhanced services.

Additional Yearly Cost: Shelter \$50,000 / Group Care \$200,000

PRIORITY #9: Self-Help/Mutual Aide Groups and Other Neighborhood Supports -

Parents Anonymous group facilitator (2 positions).

Additional Yearly Cost: \$60,000

Coordinator to ensure support services for parents of special needs children.

Additional Yearly Cost: \$60,000

PRIORITY #10: Community Organization Activities -

Child abuse and neglect prevention coordinators (2).

Additional Yearly Cost: \$60,000

B. PRIORITY OF NEEDS FOR PINELLAS COUNTY

- (1) Family life education in school for teens with focus on pregnancy prevention
- (2) Temporary respite care and crisis nurseries
- (3) Parent support programs with focus on perinatal programs
- (4) Parent education to provide parents with basic parenting skills for children post-infancy through age 17
- (5) Affordable child day care for pre-schoolers, after school care for school age children, including support from the employer
- (6) Community awareness and education
- (7) Parent-child bonding at home
- (8) Crisis intervention, parental stress hotline and on-site crisis intervention
- (9) Non-residential counseling to teen parents
- (10) Support and counseling services for parents of chronically ill, handicapped, terminally ill or severely physically handicapped children
- (11) Parent support network
- (12) Residential services to teen parents
- (13) Education services for children (ranging from identification to coping skills)
- (14) Emergency housing and economic services

(15) Peer support groups (i.e. Parents Anonymous)

(16) Therapeutic day care

C. PRIORITY OF NEEDS FOR PASCO COUNTY

1. Parent education is to provide parents with family life education and parenting skills. Special attention should be given to parents of preschool age children and children with special needs.
2. Perinatal support programs
3. Parent support groups with a focus on single parents and at risk parents, with provision of parent aides with in-home volunteers
4. Therapeutic day care
5. Bonding home for teen parents
6. Parental stress hotline
7. Community support programs, public awareness, training for professionals, resource library and in-school education for children
8. Prenatal education and medical care
9. Alternative education for pregnant teenagers
10. Availability of affordable child care, off hours, with employer support
11. After school supervised activities
12. Homemaker/Housekeeper Services
13. In-Home crisis counseling
14. Emergency housing, utilities and/or food for families in crisis
15. Medical foster homes
16. Coordinating body for child abuse and neglect, with advocacy group services

17. Family Life Skills education in the school system
18. In-school education of children in identification of abuse, self-awareness and coping with stress
19. In-school human sexuality/sex education
20. Medical outreach services

VI. BARRIERS

The following are considered barriers to accomplishment of a comprehensive approach to child abuse and neglect prevention.

1. Utilization of existing research to assist Providers in improving prevention programs
2. Difficulties in identification of high risk families and involving them in prevention programs prior to abuse and neglect occurring
3. Lack of sufficient funding and program resources to provide for Protective Services and Pre-Protective Services staff, as well as shelter and foster residential group care beds to meet present needs
4. Isolation of agencies, accessibility and design of programs to meet the needs of clients
5. Difficulties encountered in measuring success of programs and securing adequate funding
6. Demands of multiple problem families
7. Need for innovative methods for marketing prevention programs so families will utilize programs on a self-referral basis, prior to abuse and neglect occurring
8. Lack of employers familiarity with employer supported day care benefits, family and work issues, as well as their reluctance to become involved in the personal lives of their employees
9. Geographical makeup of Pasco County is a barrier to expanding community education, (i.e., size and population distribution and emergency prevention services)

10. Lack of public transportation in Pasco County limits access to community resources

VII. ACTION PLAN

Because of ongoing revenue constraints, it is not reasonable to expect a legislative appropriation great enough to meet all of the needs identified in District 5. Based upon the previously identified needs, and the existing services available in the district to meet those needs, the District Task Force has identified the following plan to be taken in meeting these needs.

1. To support and provide assistance to all media campaigns for the prevention of child abuse and neglect
2. Utilize child abuse and neglect prevention allocation
3. Continue to utilize existing child abuse and neglect prevention groups as the primary vehicle of providing necessary coordination and organization
4. To establish and coordinate working agreements with the business community and social service agencies for coordinated child abuse and neglect prevention efforts
5. To design programs that are useful, easily accessible, multi-dimensional and culturally sensitive to the needs of the population to be served
6. To advocate for Family Life Management curriculum education in the public school system
7. To advocate for the utilization of creative discipline alternatives in the school system through support of AND Committees efforts in dealing with Pinellas County school staff
8. To support education and program accessibility for adolescents regarding pregnancy prevention
9. To encourage employers to address the needs of working parents by educating them regarding such issues as employer supported day care and other family and work related issues
10. To encourage Mills' Bill funded providers to seek alternate funding to continue existing services

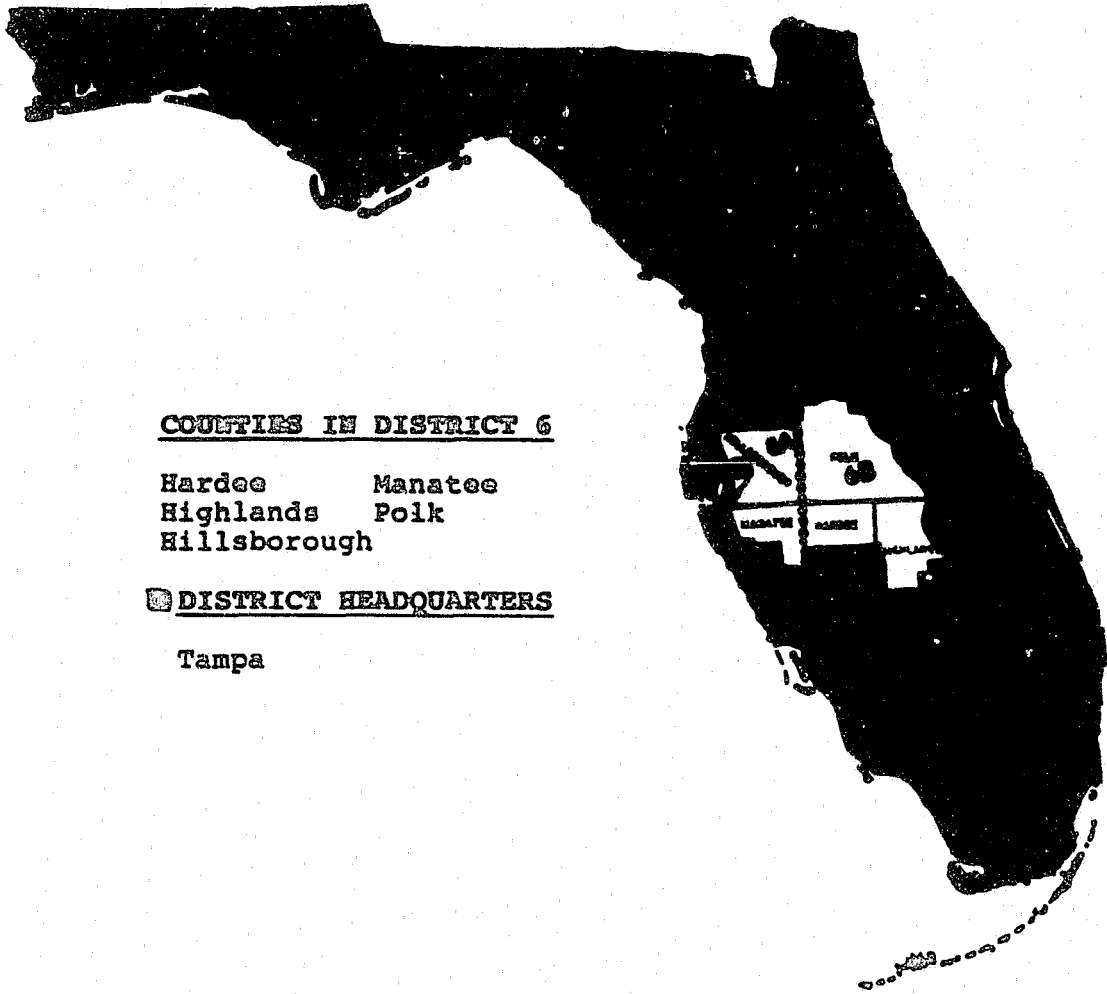
11. To advocate for provision of training to professionals and volunteers in the dynamics of child abuse and neglect, and the availability of prevention programs in the community
12. To coordinate efforts by HRS and all other agencies serving low-income and at risk families in planning and providing parent education programs and services designed to appropriately serve these families. These programs should be planned and carried out in cooperation with the existing specialized family life education programs
13. To provide continued funding for existing parent education programs and activities designed to reach low-income families
14. To continue to encourage use of volunteer services, in various service areas as appropriate
15. Coordinate and address the prevention needs with other social service providers and resources in the community, to share in meeting the child abuse and neglect prevention needs in the community
16. To advocate coordination of working agreements between HRS and the school system to develop and/or coordinate prevention programs
17. To encourage providers to explore both within and outside the community for other resources
18. To coordinate with existing mental health service providers for child abuse and neglect prevention referrals, as well as continuation counseling services
19. To support efforts and advocate for additional HRS Intake, Protective Services and Pre-Protective Services staff
20. To support efforts to increase available shelter and foster beds

VII. RECOMMENDATIONS

1. Enact legislation to prohibit corporal punishment in public schools and allow for the provision of alternative discipline and corrective strategies, including counseling
2. Enact legislation to make available School Based Health Clinics
3. Enact legislation to require school attendance of pregnant teens

4. Enact legislation to advocate funding for school supported day care for children of teen parents
5. Increase child abuse and neglect prevention appropriation
6. Mandate each state supported institution of higher learning to provide within its curriculum a course(s) on abuse problems (i.e., drug, suicide, alcohol, child abuse, etc.) for any disciplines that work with or for children (i.e., teachers, law enforcement, social workers, attorneys, medical personnel, clergy, etc.)
7. Mandate instruction of Family Life education for each student at the primary and secondary level
8. Increase Protective Services and Pre-Protective Services staff to meet the needs of all families where abuse and neglect is alleged
9. Provide additional resources to assist with HRS mandates to provide and document efforts to prevent out-of-home placements, while assuring adequate safety in the home environment, (i.e., increased funding for programs such as Intensive Crisis Counseling, Home-maker/Housekeeper, Individual and Family Counseling, etc.)
10. Enact legislation that would provide affordable liability insurance for those who provide care for children, such as individual family day care, providers, day care centers, shelter and foster parents

DISTRICT 6



COUNTIES IN DISTRICT 6

Hardee Manatee
Highlands Polk
Hillsborough

DISTRICT HEADQUARTERS

Tampa

G. C. NEILL
District Administrator

BURT KAPLAN
Chairperson
District Child Abuse & Neglect
Prevention Task Force

DISTRICT 6

A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT



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DISTRICT 6

I. CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

The following is a list of Task Force members. The membership fulfills the representation requirements as specified by the Mills Bill legislation. There is adequate representation from the five counties of the district to reflect the rural and urban interests of the district.

Community Mental Health Center-

Sandra Mutolo - St. Joseph
Mental Health Center

*Burt Kaplan - Peace River
Center
Steve Pasky - Palmview
Hospital

County School Board-

Ken Gaugham - Hillsborough
Geri Almand - Hillsborough
*Ken March - Manatee

B. J. Johns - Polk
Evelyn Taylor - Polk
Doris Marshall - Highlands
Sandy Osteen - Hardee

District Human Rights Advocacy Committee-

Dorothy Padilla - Citizen, Tampa

Child Protection Team-

Pat Posey - Child Protection
Team

*Dan Clark - Child
Protection Team

Child Day Care Centers-

Sandi McCarthy - Project
Childcare - Manatee
Glen Purmuy - Boys & Girls
Clubs of Tampa (Licensed
Child Care Center)
Dora Dixon - Tampa Headstart
Fran Worden, Carver Center

Trent Langley Hawkins -
United Child Care Centers
*Dennis Ford - Child
Development Center

Law Enforcement-

JoLynn Diamond - Tampa Police

Fran Shriver - Polk County
Sheriff

Department of Health & Rehabilitative Services (HRS)-

Olive Gatke - Manatee Protective Services *JoAnne Harvey - Children, Youth and Families Program Office Nan Kirby - Children's Medical Services Program Office	Tom Madyen - SubDistrict Administration *Pat Lawler - Polk Foster Care Jane Heitz - Children's Medical Kevin Roberts - Highlands Intake
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Private or Public Organizations-
(sexual, physical or emotional abuse or neglect)
(maternal or infant health care)

Donna Kimes - Severely Emotionally Disturbed Network *John Bruce - Citizen (former law enforcement) Jean Ann Cooper - Guardian Ad Litem Fran Wilbur - Board of Child Abuse Council Marion Ratliff - Hardee Health Marsha Wenn - Hardee Health	Dorothy Monterio - Polk Coalition for Children and Youth Nick Sudzina - Court Administrator Helen Balkom - Polk Health Debbie Oates - Assistant State Attorney *Joan Endicott - Highlands Health
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*District Executive Committee Members

II. STATEMENT OF PURPOSE

The District Task Force has two major functions:

1. The development of a comprehensive plan of prioritized action for the prevention of child abuse and neglect.
2. Consistent with the comprehensive plan, the development of requests for proposals to be utilized as the basis for the allocation of funds appropriated to District 6 for the prevention of child abuse and neglect.

III. OPERATING PROCEDURES

Legal Authority and Mandate -

The 1982 Florida Legislature passed House Bill 296 (The Mills' Bill) establishing state and local task forces to assist in the coordination of child abuse and neglect prevention services. Authority for the continuation of this legislation is contained in Chapter 83-62, Laws of Florida, and in Section 415.501, Florida Statutes. In June of 1982, the District 6 Administrator established a District Task Force for Hillsborough and Manatee Counties. In October of 1983, realignment of the statewide HRS districts resulted in the inclusion of Polk, Highlands and Hardee Counties into District 6. As of October 1, 1985, the two District Task Forces were merged and are hereafter referred to as the District Task Force. The District Task Force is responsible to the District Administrator.

A. Purpose - The District Task Force has two major functions:

1. The District Task Force is responsible for the development of a comprehensive plan of action for the prevention of child abuse and neglect.
 - O The District Plan established coordination, interpretation and evaluation of the goals, activities and funding pertaining to the prevention of child abuse and neglect within the District. Members represent various social, economic and geographic sections of the district, ensuring that the plan to be developed is representative of the needs of the entire district.
 - O The comprehensive plan, as developed by the District Task Force, shall be the basis for funding, appropriated by the State Legislature to this district. This district plan is updated every two years and submitted to the State Inter-

program Task Force in Tallahassee for utilization in preparing the state plan.

- O The plan of action prepared by the District Task Force shall include, but not be limited to:
 - o documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, as well as child neglect in District 6
 - o a description of programs currently serving abused and neglected children and their families and the programs for the prevention of child abuse and neglect, including information on their impact, cost-effectiveness, and sources of funding
 - o a continuum of programs and services necessary for a comprehensive approach to the prevention of all types of child abuse and neglect as well as a brief description of such programs and services
 - o a description, documentation, and priority ranking of local needs related to child abuse and neglect prevention based upon the continuum of programs and services
 - o 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 in meeting needs through reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding
 - o a description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse and neglect
 - o recommendations for changes that can be accomplished only at the state program level or by legislative action - All budget requests submitted to state agencies and the Legislature for funding the prevention of child abuse and neglect shall be based on the state plan, which this district plan is a part
 - o encouragement of the support for provider's efforts in evaluating their program's results

2. Consistent with the comprehensive district plan, the development of Requests For Proposals (RFPs) to be utilized as the basis for the allocation of funds appropriated to the district for the prevention of child abuse and neglect.

By vote of the District Task Force, prevention service providers shall be selected either by (1) the RFP procedure of HRS or by (2) the following District Task Force selection procedure:

- O The District Task Force will define the services determined necessary to fulfill the priorities established in the district plan.
- O The District Task Force will present these programmatic needs to one or more providers available for service delivery in the district.
- O Prospective providers will submit proposals which meet these programmatic needs and selection criteria.
- O The District Task Force Planning Committee shall review all submitted proposals through consideration of district priorities established in the plan, and the listed selection criteria, and makes recommendations to the District Task Force on proposals best fulfilling the established needs and criteria, as well as the funding amount to provide those services.
- O Provider proposals and funding amounts will be selected by vote of the District Task Force.
- O The District Task Force, at any time, is open to receiving unsolicited program proposals which address priority needs established by the district plan and will consider these proposals in keeping with the selection procedures established.
- O Criteria to be used in the District Task Force selection procedure must include, but not be limited to, the following:
 - * The program's ability to meet the service need(s) identified by the District Task Force.
 - * The provision of an evaluation component that will provide outcome data.
 - * The cost-effectiveness of the program.

- * The provision of a parenting component.
- * The provision of a mechanism for coordinating and integrating services with other services that are considered necessary for working with the target population.

Organization:

- O The District Task Force is comprised of membership appointed by the District Administrator in keeping with the statutes to represent groups and organizations from all counties within the district interested in the prevention of child abuse.
- O Because of its large geographic area and its diverse population, the District Task Force functions through two Regional Committees for purposes of Task Force management. These Regional Committees are established to ensure that District Task Force responsibilities are implemented in their respective regions of the district.
 - o Region A, Hillsborough and Manatee Counties, includes coastal resort areas, growing urban centers and a declining agricultural economic base.
 - o Region B, Polk, Highlands and Hardee Counties, located in the center of the state, includes a depressed phosphate mining industry, canker and frost devastated citrus industry, a sprinkling of tourist attractions and large settlements of migrant families.

Membership:

- O The membership of the District Task Force, appointed by the District Administrator, shall consist of a minimum of 24 individuals providing equal representation of each subdistrict or region.
- O In addition to the membership required by statute, the District Task Force shall include representation from individuals, groups and organizations with demonstrated interest in the prevention of child abuse and neglect. By statute, representation from the following groups and organizations shall be included: Guardian Ad Litem, School Boards, Public Health, community mental health, child protection teams, day care, law enforcement, and agencies with recognized expertise in treatment and/or education with regard to abuse and/or neglect of children. Non-voting members consist of providers and HRS liaison personnel.

- The term of membership on the District Task Force shall be two years. Terms shall begin in July. Members may serve more than one term. Approximately 50% of the membership shall have terms that expire in any given year. Vacancies on the District Task Force shall be filled so that the new member shall serve out the term of the replaced member. A member may resign at any time by submitting a written statement to that effect. Any member who misses three consecutive regularly scheduled meetings without notification will be removed from membership, with the announcement occurring at the third meeting.
- By June of each year, the District Task Force shall submit a list of names to the District Administrator for the appointment of new members or the reappointment of present members whose terms have expired.

Officers:

- The officers of the District Task Force shall be the Chairperson, Vice-Chairperson and Secretary, all of whom shall be elected from the District Task Force membership. Elections shall be at the first meeting, after the beginning of a fiscal year. The term of office shall be two years with no limitation on succession.
- Duties of the Chairperson shall be to preside at meetings, supervise and direct the activities of the District Task Force and its committees and to act on behalf of the District Task Force between regular meetings.
- Duties of the Vice-Chairperson shall be to assume the duties of the Chairperson in his/her absence.
- Duties of the Secretary shall be to keep written records of all meetings of the District Task Force, to keep attendance records and to attend to all correspondence appropriate to the function of the District Task Force.

Meetings:

- The entire District Task Force membership shall meet, at a minimum, twice a year at a date and place designated by the membership or the Chairperson. In addition, regional committees shall meet a minimum of four times a year.
- The Chairperson or a majority of the voting members may call additional meetings of the entire District Task Force.

- All-meetings require that the membership receive, at a minimum, fourteen days prior written notice of the date, time and place of the meeting.

Committees:

- The District Task Force is comprised of the following committees: The Executive Committee, two Regional Committees and other Ad Hoc committees which shall be established as necessary. Description of these committees are as follows.

- Executive Committee -

- The Executive Committee is an advisory body to the District Task Force for purposes of management and coordination, and to ensure that the purpose of the Task Force is accomplished. It is composed of twelve members: six members from each of the Regional Committees. One member of the six shall be the elected Chairperson of each Regional Committee.
- The District Task Force Chairperson shall function as the Executive Committee Chairperson. He/she shall preside at meetings, supervise and direct the activities of the Executive Committee and act on its behalf between regular meetings.
- The Executive Committee shall meet as necessary to conduct its business at a time and place designated by the membership or the Chairperson. The Chairperson or majority of the voting members may call additional meetings of the Executive Committee. All meetings require that the committee members receive at least fourteen days prior written notice of the date, time and place of the meeting.

- Regional Committees -

- Each Regional Committee shall share responsibility for the development of a comprehensive plan of action for the prevention of child abuse and neglect in its region, and for the development of priorities and request for proposals to be utilized by the District Task Force as the basis for the allocation of resource distribution within the district.
- Each Regional Committee shall elect a Chairperson, Vice-Chairperson and Secretary. The election and responsibilities of these positions shall comply with all requirements stated for the election of officers of the District Task Force. These positions serve only for the purpose of assisting in the

operation of Regional Committees.

○ Ad Hoc Committees -

The following standing committees shall be appointed by the Chairperson with approval by the District Task Force:

- The Planning and Monitoring Committee shall be responsible to assess community needs with regard to the prevention of child abuse and neglect, and shall report its findings to the District Task Force. In monitoring, the committee will review the performance of all providers who are being funded through monies whose allocation has been approved by the District Task Force, will insure that the provision of services meet the needs established in the district plan and give input to the District Task Force concerning cost-effectiveness of the programs and services provided.
- The Membership Committee shall be responsible to regularly assess member attendance and to make suggestions for membership vacancies.
- Ad Hoc committees may be appointed both on a regional and district wide basis.
- Other committees may be established as necessary.

Procedures for Conducting a Meeting:

- District Task Force meetings will be conducted in a manner which will promote the greatest amount of consideration of issues among District Task Force members. Robert's Rules of Order shall govern the conduct of the meeting.
- Regular meetings will be held quarterly, more often when situations warrant. The Chairperson shall notify the membership by mail at least fourteen days before the scheduled meeting. Requirements for a quorum shall have been met if one half of the minimum required voting membership are present. In absence of a quorum, non-voting business may be conducted.
- Ad Hoc committees may be established by the Chairperson. Appointment of committee members is the responsibility of the Chairperson; such appointment need not be limited to District Task Force members. Action of any committee must be reported in full to the District Task Force for formal action to occur.
- Guests are encouraged to attend meetings. Active participation

by guests in District Task Force business will be allowed only at the discretion of the District Task Force.

Voting:

The District Task Force must vote on adoption of the district plan, acceptance of the list of priorities, recommendations for funding, and all committee reports. Other votes may occur as needed. Only District Task Force members, appointed by the District Administrator, may vote. Members may choose to abstain from voting.

Members shall abstain from voting when such a vote would, in reality or in appearance, be a conflict of interest. This does not preclude their full participation in study of the issues or in debate prior to voting, so long as they disclose that they have a conflict. Although District Task Force members may send a representative to meetings, the representative cannot vote on issues brought forth at District Task Force meetings. Voting may be conducted by simple raising of hands; voting shall be decided by the majority rule; the Chairperson may break a tie vote.

Grievance Procedure:

Any individual or organization believing that the Regional Committee or District Task Force or any of its members have not acted properly may file a grievance within thirty (30) days of said action by letter to the Chairperson, with a copy to the District Administrator. The letter should contain the specific acts being challenged, the reason for the appeal, and the remedy being sought. A response from the District Task Force Chairperson will be mailed to the petitioner within thirty (30) days of receipt of the original notice.

Miscellaneous:

The District Task Force will not provide compensation to any District Task Force member for any costs related to their participation in District Task Force activities.

Amendments:

These Operating Procedures may be amended by majority vote of the total members of the District Task Force at any regular or specially called meeting, provided written notice of such proposed amendments is given to all District Task Force members at least seven days prior to the state meeting.

IV. CONTINUUM OF CHILD ABUSE AND NEGLECT PREVENTION SERVICES

A. INTRODUCTION TO CONTINUUM OF SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

Based on the National Committee for Prevention of Child Abuse publication on "An Approach to Preventing Child Abuse", District 6 envisions a continuum of services as follows:

1. Support Programs for New Parents -

To prepare individuals for the job of parenting, including supports during both prenatal and postnatal periods. These programs include medical and educational services about child development, parent-child and adult relationships, information on community resources available to new parents, infants and children, teaching skills for coping with the challenges of being a parent and developing techniques for communicating with the new baby. Special attention is paid to new, teenage, and single parents, although these programs may be open to all.

2. Group Education for New Parents -

As a continuation of the prenatal program and as part of the perinatal support programs, all new parents should have an opportunity to participate in a program to increase their skills in caring for a new baby. These programs would be directed toward the creation of social networks, through new parent groups or by pairing first time parents with experienced parents, and toward continuation of instruction in child care and child development.

Infants requiring special care, such as premature babies or those with illnesses, abnormalities or defects, place added stress to already taxed families, placing the child at greater risk for abuse. Special educational support programs for these parents help minimize distortion of the parents' perception of their new child and help them deal with their child's special needs in a family environment.

3. In-Home Education and Support -

Among the problems experienced by families with young children is isolation from and lack of knowledge about health and social services in the local community. Coupled with a lack of knowledge of how to detect and handle many childhood problems, this puts a family at risk for abuse. As an ongoing source of support and information for parents, educational support programs should include home visitor services that consist of periodic visits to the home following childbirth until the

child begins school. These visits should be made by a trained Home Health Aide who should provide information and advice to parents on child care, nutrition, and home management and should carry out routine health checkups on young children. In addition, the Aide should refer parents to needed social and health services in the community. In some communities the services of the home visitor can be effectively rendered through a local well-baby program.

4. Early and Regular Child and Family Screening and Treatment -

Because abusive behavior is cyclic, many health and developmental problems in childhood can lead to behavioral problems in adulthood, including abusive behavior. For this reason detecting and treating health and developmental problems early in life is important. Early childhood screening and treatment programs should be seen as a continuation of the preschool screening services, such as those offered by the home visitor. The purpose of such programs should be to detect problems children may be having, including abuse and neglect, and to ensure that these children receive the necessary health, mental health, and other services that will best protect them from becoming abusive parents.

5. Child Care Opportunities -

The purpose of child care or day care programs is to furnish parents with regular or occasional out-of-home care for their children. While child care is a necessity in households in which all adults are employed, such services are also beneficial for parents who do not work outside the home, but who find continuous child care responsibilities very stressful. Child care programs also provide opportunities for children to learn basic social skills.

6. Self-Help Groups and Other Neighborhood Supports -

Social isolation, not having anyone to turn to in times of need, plagues most families who are at high risk for abuse and neglect. The purpose of self-help groups is to reduce the isolation experienced by many parents through the development of peer support systems. Beginning with social networks created through parent groups in the prenatal and perinatal programs, a variety of opportunities should be offered for parents to participate in group activities or to establish social contacts. Examples include parent groups stemming from local child care programs, Foster Grandparent Programs, Parents Anonymous and comparable problem-oriented self-help or support groups. The mutual aid programs should also focus on the development or strengthening of neighborhood-based natural helping networks.

7. Ongoing Parent Education -

As children become older, parents encounter new challenges or problems for which they are unprepared. Parent education programs provide information and forum for parents to learn and develop skills they need in raising their toddlers, preadolescents and adolescents.

8. Life Skills Training for Children and Young Adults -

The purposes of life skills training are first to equip children, adolescents and young adults with inter-personal skills and knowledge that are valuable in adulthood, especially in the parenting role, and second, to provide children with skills to help them protect themselves from being abused. Knowledge and skills can be imparted in a variety of ways; regardless of the specific techniques, educational classes or supports should be provided through the school system and through adult education centers. Skill and knowledge building should be stressed in areas of child development, family and life management, self-development, self-actualization and methods of seeking help. For preadolescents and adolescents, education in sexuality, pregnancy prevention and issues relating to parenting should be provided.

9. Family Support and Crisis Services -

Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse and neglect. To provide immediate assistance to parents in times of stress, crisis care programs should be available on a 24-hour basis and should include the following services: telephone hotlines, crisis caretakers, crisis babysitters, crisis nurseries and crisis counseling. Through these programs, parents facing immediate problems could receive immediate support to alleviate the stresses of a particular situation. Help should be available over the phone or through in-person counseling. The program should also offer parents the options of having someone come into their homes on a temporary basis to assist with child and home care, or of taking the child to a crisis nursery. Because crisis care is temporary and short term, such a program should be equipped to refer parents to long term services as needed.

10. Programs for Abused Children -

It has been argued that prevention of abuse is, in part, tied to providing therapeutic treatment to children or young people who have been abused or neglected. To minimize the long term effects of abuse, age appropriate treatment services should be available to all maltreated children. Treatment programs for abused children should include a thorough diagnosis of phys-

ical and developmental (social, psychological and emotional) problems. Comprehensive therapeutic services should be offered to alleviate identified problems. Assistance should be rendered on the basis of an individual child's needs and should include individual and group services as well as an enriched day care program.

The Community Supports - Based on what is currently known, the preceding program areas are a strategy for preventing child abuse and neglect. Community supports are essential in putting into place these or any other prevention services, and in assuring that such services are responsive to a community's needs.

11. Community Organization Activities -

To increase the availability of social service, health and education resources, as well as other supports that reduce family stress, community organization activities will be necessary. A community based planning or coordinating body is required, one that represents the views of different community groups and agencies. This body will have an important role in determining priorities for proposed prevention programs. As programs are implemented, a plan for ongoing evaluation and assessment of them is also necessary. This will ensure that the programs are indeed effective, and that they are continually responsive to the target population.

12. Public Information and Education on Child Abuse and Neglect Prevention -

Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services. Awareness on the part of professionals and volunteers is also essential to the effectiveness of a community's prevention programs. It is particularly important that those who come into contact with families, such as physicians and teachers, receive training in the dynamics of child abuse and neglect, and information on the availability of prevention programs in the community.

This continuum should also address the problem on multiple levels. These levels begin with basic general education, extending through more intensive type of involvement with those individuals who are in high risk situations. The final level proceeds toward direct treatment and therapeutic intervention

for those individuals who have been identified as having specific problems in the area of physical and sexual abuse and neglect. The services which will be offered in relation to this continuum of services are identified as follows:

- O Educational services, which are provided to the lay and professional community on an indiscriminate basis, include mass media campaigns, educational programs for parents of newborns, community groups and professionals, and curriculum for children within the school setting.
- O Screening services address high risk populations, individuals and groups whose socio-demographic profiles are consistent with those of abusive families. This level also focuses on individuals who find themselves in life situations and crises which made them at risk to be abused or abusive. Research has shown such groups to include: premature infants, retarded/handicapped children, pregnant teenagers, runaways, families with a history of sexual abuse, prison populations, substance abusers, physically and/or sexually abused children, the chronic or recent unemployed, individuals with severe marital/family stress and unwanted pregnancies.
- O Treatment services provide educational and preventive services to individuals who have been reported for abuse and have experienced abusive incidents as adults. These educational services serve a dual function of preventing continued abuse, while providing intervention/rehabilitative services to the individual and family unit.

B. CHILD ABUSE AND NEGLECT PROGRAMS

Resource listings to assess the continuum of child abuse and neglect prevention services are divided into two sections: Region 6-A serving Hillsborough and Manatee Counties and Region 6-B serving Polk, Highlands and Hardee Counties. Program impact estimates are based solely on provider information.

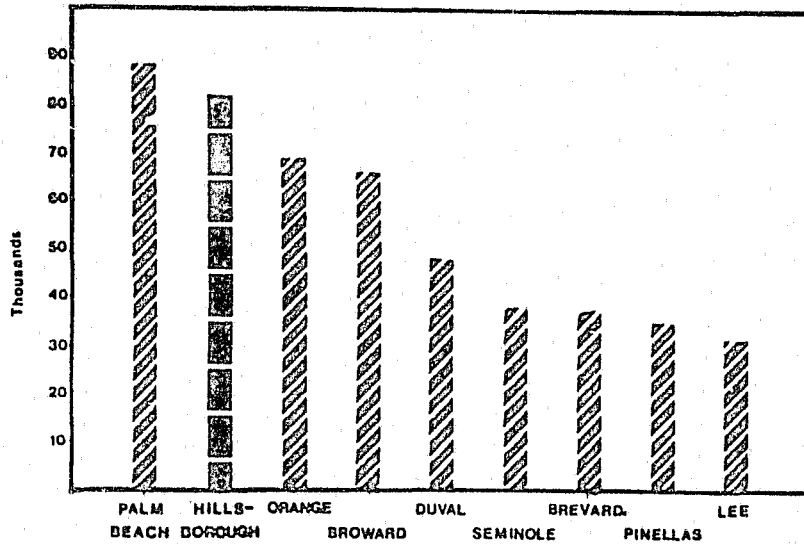
Categories of services referenced are based on the National Committee for Prevention of Child Abuse Continuum. Prevention Categories referenced are:

- O PRIMARY: Measures to prevent child abuse including support for family life and direct anti-abuse information
- O SECONDARY: Measures to limit severity of child abuse including early case findings, intervention, treatment

○ TERTIARY: Measures to reduce effects of child abuse when it does occur; specific intervention, treatment to prevent reoccurrence of abuse

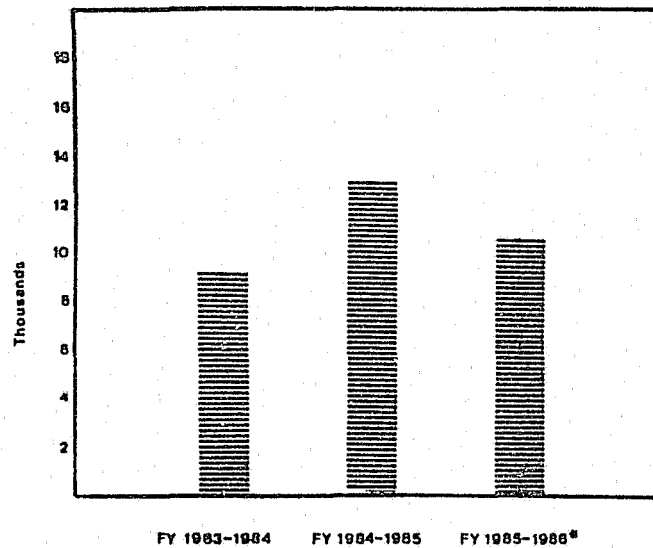
DHRS District VI represents a new "pole of growth" within the state of Florida. Increased net migration brings human problems, indicated by the incidence of: Child abuse; divorce; suicide; teenage pregnancy; and, crime. (Figures 1 and 2)

**FLORIDA'S
FASTEST GROWING COUNTIES
1985-1987**



Source: M.G. Lewis Econometrics

**ABUSE-REPORTS: Hillsborough
County**



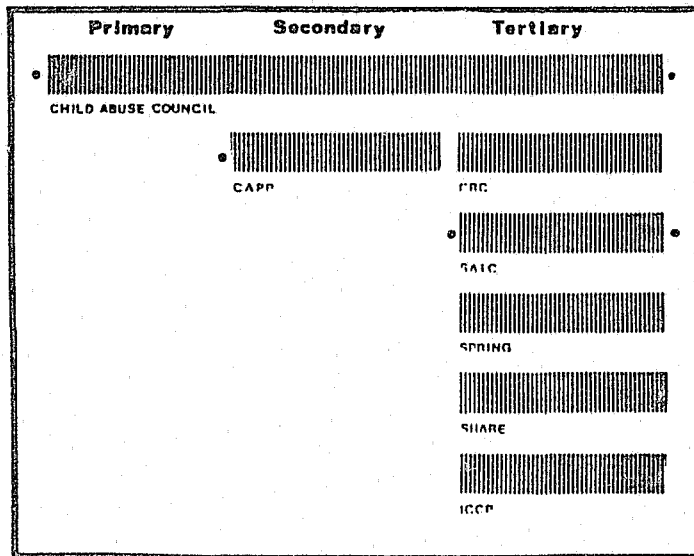
Source: CIS

* Projected

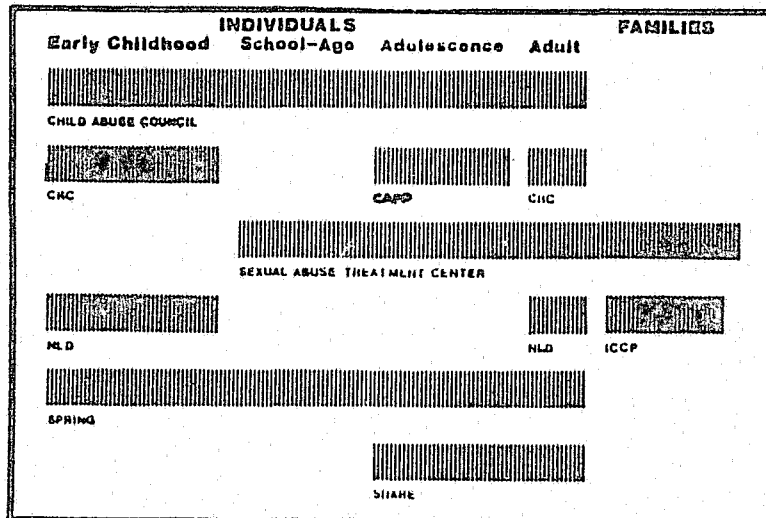
Existing Programs

(Figures 3 and 4)

HILLSBOROUGH: PREVENTION CONTINUUM



HILLSBOROUGH COUNTY: FOCUS OF PREVENTION EFFORTS



RESOURCES AVAILABLE TO SUBDISTRICT VI-A (Hillsborough and Manatee Counties)

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
A. <u>SUPPORT PROGRAMS FOR NEW PARENTS</u>			
Hillsborough Community Mental Health Center 5707 North 22nd Street Tampa, Fl 33610			
C.A.P.P. (Child Abuse Prevention)	Secondary	Pregnant Teen Parents (10-19) "at risk" for abuse	Served: 150 Clients (1985) meets 20% of need at present funding level
RAPPIN'	Secondary	Teens (10-19), Infants "at risk" for developmental disabilities	Served: 135 Clients (1985) meets 20% of need at present funding level
B. <u>IN-HOME EDUCATION AND SUPPORT</u>			
Child Abuse Council, Inc. 418 Platt Street Tampa, Fl 33606			
C.A.P.P. (Child Abuse Prevention)	Secondary	Teen Parents (10-19)	Served: 127 Clients (1985) meets 20% of need at present funding level
Friend to Friend	Secondary	Parents (all ages) "at risk" for abuse	Served: 47 Client parents (1985) meets 30% of need at present funding level
Project Thrive	Tertiary	Parents (all ages) with non-organic failure to thrive child	Served: 25 Clients (1985) meets 40% of need at present funding level

Manatee Children's Svs.Inc.
2614 Manatee Ave. W.
Bradenton, Fl

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
Young Parents Care Prgm.	Secondary	Pregnant Teens & Mothers	Served: 160 (1985) Educational assistance to young mothers in home and group meetings
Title IVB Homemakers Services 303 - 13th Ave., E. Bradenton, Fl	Secondary	Parents "at risk" to abuse or neglect their child	In-home service for parents; not currently in service. Offers counseling, assessment, referrals
Housekeeper Program (HRS) 303 - 13th Ave., E.	Secondary	Parents "at risk" to abuse or neglect their child	Housekeeping, transportation for children
Early, Periodic Screening, Diagnosis and Treatment (HRS) Health Department	Primary	Medically indigent. AFDC or SSI children 0-21 years of age	Served: 12,514 in Hillsborough and 1200 in Manatee County with screening, diagnosis and treatment of immunizations, and prevention exams.

C. EARLY AND REGULAR CHILD/FAMILY SCREENING AND TREATMENT, SUPPORT SERVICES

Hillsborough County (Peripheral Services only, see listing)

Manatee Children's Svs. Inc. 2614 Manatee Ave., W. Bradenton, Fl	Tertiary	Adult victims of incest	Served: 17 group members in past 12 months with education and support group
Incest Survival and Support Group			
Child Medical Services Sarasota Memorial Hospital 1700 S. Tamiami Trail Sarasota, Fl	Secondary	Children with chronic medical problems and "medically indigent"	Served: 1050 in past 12 months, provides subsidized medical treatment

D. CHILD CARE OPPORTUNITIES (DAY CARE)

Hillsborough and Manatee Counties (Peripheral services only, see listing)

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
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E. SELF-HELP GROUPS AND OTHER NEIGHBORHOOD SUPPORTS

Child Abuse Council, Inc. 418 W. Platt Street Tampa, Fl 33606 Parents Anonymous Program	Primary Secondary Tertiary	Parents (all ages) appropriate for group support model	Served: unknown (1985)
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F. ON-GOING PARENT EDUCATION

Child Abuse Council, Inc. 418 W. Platt Street Tampa, Fl Parents in Prison Program	Secondary Tertiary	Parents (all ages) with pre-school age children	Served: 185 inmates (1985) meets 25% of need at current funding level
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Hillsborough Community Mental Health Center, Inc. 5707 North 22nd Street Tampa, Fl CRC (Practical Parenting)	Secondary Tertiary	Parents all ages "at risk" for abuse or history of abuse	Served: 50 clients (1985)
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G. LIFE SKILLS TRAINING FOR CHILDREN AND YOUNG ADULTS

Hillsborough County School Board 902 E. Kennedy Blvd. Tampa, Florida 33601	Primary	Adolescents in Hills. County Schools Senior High; life management skills; elementary and junior high: peer counseling	Served: 116,000 in Hillsborough County Schools (1985)
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Hillsborough Community Mental Health Center, Inc. 5707 North 22nd Street Tampa, Fl C.A.P.P.	Primary	Adolescents in Hills. County Schools	Served: 872 clients (1985)
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RAPPIN'	Primary	Adolescents in County schools and community groups	Served: 2,206 clients (1985)
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Child Abuse Council, Inc. 418 W. Platt Street Tampa, Fl 33606 C.A.P.P.	Primary	Adolescents in Hills. County Schools, Community groups	Served: 364 clients (1985)
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PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
Manatee County Schools: Human Growth & Development curriculum 2800 - 27th Street, W. Bradenton, Fl	Primary	K-12 public school children	K-12 curriculum pilot project; unknown impact
Officer Friendly Program Manatee County Sheriff 515 - 11th Street, W. Bradenton, Fl	Primary	Manatee County Pre- school throu elementary school children	Instruction regarding legal aspects of family life
The Spring, Inc.	Tertiary	Female parents all ages, victims of domestic violence & victims of child abuse	Served: 1,119 families (1985) meets 40% of need at current level
H. <u>FAMILY SUPPORT AND CRISIS COUNSELING</u>			
Child Abuse Council, Inc. 418 West Platt Street Tampa, Florida 33606 Family Protection Team	Secondary	Parents all ages with history of abuse or reported abuse	Served: 64 clients (1985)
I. <u>PROGRAMS FOR ABUSED CHILDREN</u>			
Sexual Abuse Treatment Center 2214 E. Henry Tampa, Fl	Tertiary	Adult and schoolage victims and family perpetrators	Served: 478 clients (1985) and 373 nurse exams (1875)
Child Abuse Council, Inc. 418 West Platt Street Tampa, Fl Rainbow Learning Center	Tertiary	Parents all ages with history of abuse	Served: 50 children, 29 parents (1985), meets 10% of need at current funding
Manatee & Hillsborough Emergency Shelter Care	Tertiary	Abused and neglected children, some throw- away or status offenders	Hillsborough capacity <u>85</u> beds Manatee capacity 12 beds, serve <u>1600</u> in Hillsborough and 200 in Manatee per year

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
HRS Children, Youth & Families Hillsborough and Manatee			
Intake Services	Tertiary	Abused, status offender or neglected children under age 19	Served: 1400 abused children, 2800 family members Manatee and children family members in Hillsborough (1985), in case investigation, court action, referral to ongoing svc.
Protective Services PreProtective Services	Tertiary	PS: Court ordered super- vision for dependent children PPS: any "at risk" child	Case management assessment, health and budgeting case management. Served: 189 children Manatee children Hillsborough PPS: 184 children Manatee children Hillsborough
Foster Care	Tertiary	Abused, neglected, abandoned, ungovern- able or referred chn.	Initiates, coordinates, assists with foster care placement and followup Served: 55 clients Manatee clients Hillsborough
Emergency Shelter	Tertiary		
Manatee Children's Svs. Inc. 2614 Manatee Avenue Bradenton, Fl	Tertiary	13-19 year old parents	Served: 160 families (1985) provides information to young parents on parenting, child growth, development and care
Manatee Mental Health Center 6221 - 14th Street W. Bradenton, Fl Child Sexual Abuse Treatment and Prevention	Tertiary	Abused children and their families (includes HRS referred clients)	Served: 37 families (7 mos.) Education to abused children and their parents on child abuse, sexual abuse, prevention and treatment
Family Protection Team 4301 - 32nd Street N. #E-7	Tertiary	HRS and agency referrals	Evaluation and coordination functions, consultation and evaluation.
Project HOPE of Manatee	Tertiary	Abused spouses	Served: 470 cases (1985) Shelter, social services, legal guidance to abused spouses

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
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J. COMMUNITY ORGANIZATION ACTIVITIES

Mills Bill Task Force	Primary	By appointment of HRS-DA	Coordination of CAP services
Manatee County PreSchool Handicapped Council 450 - 30th Avenue W Bradenton, Fl	Secondary		Information, referrals to handi-capped people and significant others
Manatee County Review Council of Juvenile Justice	Primary	Administrators, managers of countywide juvenile services for dependent, delinquent, at risk children and youth	Advocacy, coordination of social services, information on availability of services, addresses issues and networking for youth concerns
Juvenile Affairs Committee of Hillsborough County	Primary	Administrators, managers of countywide juvenile services for dependent, delinquent, at risk children and youth	Advocacy, coordination of social services, information on availability of services, addresses issues and networking for youth concerns

K. PUBLIC INFORMATION AND EDUCATION

Juvenile Affairs Committee of Hillsborough County	Primary	Administrators, managers of countywide juvenile services for dependent, delinquent, at risk children and youth	Advocacy, coordination of social services, information on availability of services, addresses issues and networking for youth concerns
Child Abuse Council, Inc. 418 West Platt Street	Primary	Professional and community groups	Served: 4,935 clients (1985)
Manatee Children's Svcs., Inc. 2614 Manatee Avenue West Bradenton, Fl	Primary	All interested parties	Provides speakers, films, printed information on child abuse and neglect prevention. Served 30 speaking engagements with 1473 attending (1985)
Project Childcare 1111 - 9th Avenue West Bradenton, Fl	Primary	Current and potential preschool employees	Child care education and training for potential and current child care workers

PERIPHERAL SERVICES BY CATEGORY

A. Support Program for New Parents

Family Awareness (Single Mothers); Hillsborough County School Services, Parental Classes (Maternal & Child); Tampa General Hospital; Department of Public Health; Hillsborough County Board of Education; Adult and Community Education; March of Dimes, Tampa; Parent Resource Program; Manatee Community College, Bradenton

B. In-Home Education and Support

Developmental Services - HRS; PreProtective Services - HRS; Family Awareness, Hillsborough County School Services; Parent Training and Therapy Program, Manatee Mental Health Center

C. Early and Periodic Child/Family Services

Maternal and Child Health Programs, Department of Public Health; Diagnostic and Evaluation Clinic-HRS; Neonatal Evaluation Clinic, University of South Florida Medical Clinics - Tampa; Child Find Program; Florida Diagnostic and Learning Resources; Hillsborough and Manatee County Speech and Language Therapy; Blake Hospital Speech Pathology Department, Bradenton; Health Student Program, Department of Public Health, Tampa; Community Mental Health Centers, Tampa; Visiting Nurse Association, Tampa; Child Development Clinic, Medical Department, University of South Florida, Tampa; Ruskin Health Center, Ruskin

D. Child Care Opportunities

Early Childhood Learning Center, Hillsborough County Schools; Tampa United Methodist Day Care Centers; Headstart Programs, Hillsborough and Manatee Counties; Ruskin Infant Day Care Center - Ruskin; Title XX Day Care, Hillsborough and Manatee Counties; Children's Haven (severely developmentally delayed)- Sarasota

E. Self-Help Groups and Other Neighborhood Supports

Foster Grandparents, Family Services Association, Tampa; Crime Prevention Unit, Tampa Police Department; Tampa Urban League, Tampa; Al-Anon and Al-Ateen, Hillsborough and Manatee

F. On-Going Parent Education

Children's Services Center, Hillsborough County Dept. of Social Services; Children's Resource Center, Hillsborough Community Mental Health; Juvenile Alternative Services, Bay Area Youth Services, Hillsborough and Manatee; St. Joseph's Community Mental Health Center, Tampa; Northside Community Mental Health Center, (In-home parent training), Tampa; Jail Mothers Group, Hillsborough and Manatee County Jails; HRS Parent Training (for severe developmental delayed) ; Parent Resource Program, Manatee Community College

G. Life Skills Training for Children and Adults

Family Life Education, Program for Pregnant Students, Adult and Community Education all through Hillsborough County Schools; Teen Parenting Program, Manatee Vo-Tech. Center

H. Family Support and Crisis Services

The Spring, Inc., Tampa; Suicide and Crisis Center, Tampa; Family Network Team, Hillsborough Community Mental Health; Intensive Crisis Counseling Program, Northside Community Mental Health, Tampa; Beach Place Runaway Center, Hillsborough County Social Services, Tampa; Foster Care and Shelter Care, Dept. of HRS, Alpha, Inc., Tampa; Crisis Line, Rape Crisis and Child and Family Services, Manatee Mental Health Center

I. Programs for Abused Children

SHARE, Inc., Tampa; Children's Resource Center, Tampa; New Life Dwelling Place, Tampa; Center for Prevention of Child Molestation, Florida Mental Health Institute, Tampa; Gulf Coast Legal Services, Bradenton

J. Community Organization Activities

Prevention Task Force, Bradenton; Governor's Constituency for Children, Early Childhood Council, Tampa; Maternal Services Network, Tampa; Child Abuse Committee of Florida, Inc.

<u>PROGRAM IDENTIFICATION</u>	<u>CATEGORY</u>	<u>ELIGIBILITY</u>	<u>PROGRAM IMPACT</u>
A. <u>SUPPORT PROGRAMS FOR NEW PARENTS</u>			
Peace River Center for Personal Development, Inc. 1745 Highway 17 South Bartow, Fl 33830 ACCESS-Individual and Family Counseling	Secondary	At risk children and families, must be referred from HRS program component	Served: Crisis oriented counseling program intended to provide timely intensive accessible counseling toward keeping families intact.
Polk Community College 999 Avenue H Northeast Winter Haven, Fl LaMaze Classes	Primary	Non-indigent parents	Served: Minimal child development information
Lakeland Regional Medical Center P. O. Drawer 448, Lakeland LaMaze Classes	Primary	Non-indigent parents	Served: Minimal child development information
Polk County Schools Bartow, Fl Cysis Program	Primary	Pregnant students in Polk County schools, students who have had a child	Served: Pre- and Post-natal child development and care in- formation, to prevent re- peat pregnancy, drop-outs
Highlands County Schools Sebring, Fl Cysis Program	Primary	Pregnant students in High- lands County schools, stu- dents who have had a child	Served: Pre-and Post-natal child development and care in- formation, to prevent re- peat pregnancy, drop-outs

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
Project Canopies 909 East Rose Street Lakeland, Fl	Primary	Court ordered and other interested parents, open programs with no exclusions	Served: Parenting skills, child development group training and public speaking programs.
Child Development Center of United Cerebral Palsy	Primary	Clients with cerebral dysfunction, developmental disability or delayed development. Polk Cty. only	Served: Parent education, group meetings, support svc.
<u>IN-HOME EDUCATION AND SUPPORT</u>			
Ridge Area ARC P.O. Box 1717 Sebring, Fl 33870	Secondary	Highlands & Hardee only, developmentally delayed children up to age 5 years	Served: Parent trainer
Developmental Services-HRS 200 N. Kentucky Lakeland, Fl	Secondary	Polk County only, developmentally delayed children	Served: Parent trainer
Child Development Center of United Cerebral Palsy 716 E. Bella Vista Street Lakeland, Fl 33805	Secondary	Clients with cerebral dysfunction, developmental disability, delayed development. Polk Cty. only	Served: Focus program provides in-home training
HRS-Children, Youth and Families 200 N. Kentucky, Lakeland Pre-Protective Services	Secondary	High risk for abuse and neglect of children	Served: Voluntary education of parents, social services
Intake Services	Tertiary	Confirmed abuse and neglect of children	Served: Mandatory investigation of family, referrals

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
Protective Services	Tertiary	Families needing services after confirmed abuse or neglect of child	Served: Mandated or voluntary social services
Foster Care Services	Tertiary	Families needing services after confirmed abuse or neglect of children. Children need external placement, care.	Served: Mandated social services
Emergency Shelter	Tertiary		
Adoption & Related Services	Secondary	Same as above. Children ordered into permanent external placement, homes	Served: Mandated social services
Homemaker Program	Secondary	Families at risk for abuse and neglect of children	Served: Education of parenting by role model in home
Housekeeper Program	Secondary	Families at risk as above, greater need for service	Served: Provision of housekeeping
Developmental Services-HRS	Secondary	Developmentally disabled children and their parents	Served: Social Services & respite
County Extension Services	Primary	County low income residents by request for services	Served: Information on home management, rudimentary child care. Expanded nutrition program available. Learn child care by mail, nutrition taught by volunteers, continuous classes on family care.
Polk County 1702 Hwy 17 S, Bartow			
Hardee County P.O. Box 1288, Wauchula			
Highlands County 4509 W. George Blvd. Sebring			

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
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C. EARLY AND REGULAR CHILD AND FAMILY SCREENING AND TREATMENT

Children's Medical Services-HRS 1430 Lakeland Hills Blvd. Lakeland, Fl	Primary	Birth to 21 years, financially and medically eligible	Served: Medical support to abused or neglected medically, financially eligible, ongoing medical care of handicapped
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Florida Diagnostic and Learning Resources 495 S. Florida Ave., Bartow	Primary	Polk County Exceptional students, services in academic and home setting	Served: Diagnosis, evaluation and planning.
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Health Departments

Hardee County P.O. Box 788, Wauchula 33873	Primary	Low income residents or 100% below poverty level	Programs provide for low income population to receive frequent physical assessments, protective immunization, and health teaching not otherwise available
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Polk County 229 Avenue D, N.W. Winter Haven, Fl	Primary	same as above
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Highlands County Courthouse Annex, Sebring	Primary	same as above
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D. CHILD CARE OPPORTUNITIES

Agricultural & Labor Program ALPI-Day Care 7301 Lynchburg Road Winter Haven, Fl 33881	Primary	Polk and Highlands County residents, low income families	Served: Provide day care program and encourage parent education though few attend
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Boys Clubs of Lakeland 201½ East Lemon Street Lakeland, Fl	Primary	No disqualifiers	Served:
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PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
Citrus Center Boys Club 2400 Havendale Blvd. Winter Haven, Fl 33881	Primary	No disqualifiers	Served: Educational, recreational programs for boys all ages
Community Girls Clubs of Winter Haven 2400 Havendale Blvd. Winter Haven, Fl 33881	Primary	No disqualifiers	Served: Educational, recreational programs for girls all ages
East Coast Migrant Headstart 1301 N. 8th Street Haines City, Fl 33844	Primary	Migrant, low income families	Served: Day care and parent education
Girls Clubs of Lakeland 1241 West Marjorie Street Lakeland, Fl 33802	Primary	No disqualifiers	Served: Educational, recreational programs for girls all ages
Haven Community Center 1899 - 2nd Street N.W. Winter Haven, Fl 33880	Primary	Polk County low income families	Served: Day care services
Redlands Christian Migrant Assn. 275 Avenue E., S.W. Winter Haven, Fl 33880	Primary	Migrant low income families	Served: Day care and education for parents on limited basis
Tri County Coord. Child Care 1919 West 10th Street Lakeland, Fl 33805	Primary	Low income families	Served: Day care and parent edu- cation - limited
United Child Care Center 310 S. Broadway, Bartow	Primary	Polk & Hardee Counties low income families	Served: Day care and limited parent education
E. <u>SELF HELP GROUPS AND OTHER NEIGHBORHOOD SUPPORTS</u>			
Central Florida Speech & Hearing Center 710 E. Bella Vista St, Lakeland	Secondary	Polk, Highlands, Hardee children with hearing, speech, language problems	Served: Occasional parent support groups

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
Child Development Center of United Cerebral Palay 716 E. Bella Vista Street Lakeland, Fl	Secondary	Children with cerebral dys- function, developmental dis- ability or delayed develop- ment	Served: Parent education, support groups and conferences on specific needs of clients
F. ON-GOING PARENT EDUCATION			
Careco, Inc.-Project CANOPIES 909 East Rose Street Lakeland, Fl	Primary	No disqualifiers, services for all groups and inter- ested parties	Served: Parenting skills, child development group train- ing and public speaking programs, newsletters
Community Mental Health Center 200 Avenue F, Northwest Winter Haven, Fl 33880	Primary	Highlands and eastern Polk County residents	Served: Family learning center for education and crisis coun- seling, emergency services
G. LIFE SKILLS TRAINING FOR CHILDREN AND YOUNG ADULTS			
Community Mental Health Center SAFE Program 200 Avenue F, Northwest Winter Haven, Fl 33880	Primary	Polk, Highlands, Hardee County school children in second grade	Served: Teaches children to say "no" to unwanted touches, avoid sexual abuse
Polk County Schools Cyesis Program Bartow, Fl	Primary	Pregnant students in Polk County schools	Served: Pre and Post-natal mater- nity care, child care and development training
Highlands County Schools Cyesis Program Sebring, Fl	Primary	Pregnant students in High- lands County schools	Served: Program began 2/86
Planned Parenthood of Central Florida P.O. Box 1482, Lakeland	Primary	No disqualifiers, all are eligible for services	Served: Screening for health rela- ted problems, pregnancy, counseling and referral

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
II. FAMILY SUPPORT AND CRISIS SERVICES			
Community Mental Health Center 200 Avenue F, Northwest Winter Haven, Fl 33880	Secondary	Highlands and eastern Polk County residents	Served: Family learning center for education and help re- source telephone coun- seling
Peace River Center for Personal Development, Inc. 1745 Highway 17, South Bartow, Fl 33830	Secondary	Hardee and western Polk County residents	Served: Crisis telephone counsel- ing and child, adolescent and family counseling svc.
Child Protection Team 1129 US Hwy. 98, South Lakeland, Fl 33805	Secondary	Abused and neglected child- ren and their families (and/or support systems)	Served: Diagnosis and evaluation of identified abuse and neglect cases, medical component and case coord.
HRS Protective Services Housekeeper Services Lakeland, Sebring, Wauchula	Tertiary	"At risk" children and their families	Served: Housekeeping services and transportation for chln.
I. PROGRAMS FOR ABUSED CHILDREN			
Victim Intervention Program c/o Child Protection Team 1129 Highway 98, South Lakeland, Fl 33801	Tertiary	Sexually abused and neg- lected children and their families	Served: 140 families 2/86 6/86, mental health svc.
Child Protection Team 1129 Highway 98, South Lakeland, Fl 33801	Secondary	Abused and neglected children and families	Served: 463 children 7/1/85-6/30/86; medical mental health, social and educational services

<u>PROGRAM IDENTIFICATION</u>	<u>CATEGORY</u>	<u>ELIGIBILITY</u>	<u>PROGRAM IMPACT</u>
Guardian Ad Litem Polk County Courthouse, Bartow	Tertiary	Abused and neglected children and families	Served: Volunteer, lay investigation of child abuse & neglect cases
Community Mental Health Center 200 Avenue F, Northeast Winter Haven, Fl 33880	Secondary Tertiary	Highlands and eastern Polk County residents	Served: Family learning center
Peace River Center for Personal Development, Inc. 1745 Highway 17, South, Bartow, Fl	Secondary	Hardee and western Polk County residents	Served: Child and adolescent counseling services
<u>J. COMMUNITY ORGANIZATION ACTIVITIES</u>			
Mills Bill Task Force	Primary	Serves Polk, Highlands, Hardee Counties, by appointment of HRS-DA	Coordination of CAP Services and program funding
Polk County Coalition for Children and Youth	Primary	Polk County	Meets periodically to address unmet needs of children and youth
<u>K. PUBLIC INFORMATION AND EDUCATION ON CHILD ABUSE AND NEGLECT</u>			
United Way Information and Referral Lakeland, Fl 33801	Primary	Polk County residents	Served: Social services information and referral
Careco, Inc.-Project CANOPIES 909 East Rose Street Lakeland, Fl 33801	Primary	Polk, Highlands, Hardee Counties and throughout State of Florida	Served: Public speaking, press releases, newsletters for specific and general information, education, issues on abuse, neglect

PROGRAM IDENTIFICATION	CATEGORY	ELIGIBILITY	PROGRAM IMPACT
PRIDE Winter Haven, Fl	Primary	No eligibility requirements	Served: Drug information and referral services to parents and children
Program to Aid Drug Abusers P.O. Box 1066, Lakeland	Secondary	\$25.00 per 7-week course, for drug abusing children and families	Served: Parenting skills courses for parents of children and adolescents with difficult and self harming behavior

PERIPHERAL SERVICES BY CATEGORY

A. Support Programs for New Parents

Community Mental Health Center
South Florida Community College
Highlands County
Polk Community College-Winter Haven
Peace River Center for Personal Dev., Inc.

E. Self-Help Groups and Other Neighborhood Supports

Tri-County Alcoholism Rehabilitation Services
Alcoholics Anonymous
Al-Anon and Al-Ateen
pride

F. On-Going Parent Education

Peace River Center for Personal Dev., Inc.

J. Community Organization Activities

Tri-County Regional Planning and Advisory
Committee for the Treatment of Severely
Emotionally Disturbed Children and Youth

K. Public Information and Education on Child Abuse and Neglect

Justice for Children, Inc.

V. **PRIORITIZATION OF DISTRICT NEEDS**

PRIORITY #1: Continued and expanded specialized child abuse and sexual abuse prevention education programs -

These vital programs must be free of charge to participants, accessible to the population served, and address applicable subject matter such as: (1) stages of child development, (2) building relationships, (3) behavior management, (4) punishment and discipline, (5) managing feelings, (6) building self-esteem and (7) ways of reducing stress.

A. Educational programs on subjects to prevent abuse must be available to:

1. Young children and adolescents to teach life skills and personal protection from abuse and sexual victimization or exploitation.
2. Adult parents, adolescent parents and related caretakers of newborns and children with special (high risk) needs.

B. Educational programs provided in a format directed to:

1. The general population of parents on issues surrounding prevention of child abuse and neglect through groups, large meetings, and outreach information.
2. Specialized education of high risk groups such as pregnant adolescents, adolescent parents and incarcerated mothers.

Present programs providing these services need to be expanded to adequately meet this priority, and supplemental programs added to insure general and high risk programs are available throughout the district.

FUNDING NEEDED: \$465,000

PRIORITY #2: Sexual abuse treatment for victims and effected family members -

A. Once children and adolescents have learned what constitutes abuse and victimization, and in many cases have identified their own abuse or victimization, they are in great need of counseling or treatment to restore their identity and prevent continued abuse of the behavior themselves.

B. Family members, parents, siblings and other parties who are significant to the victim must be involved in direct counseling to understand their role and responsibility in restoring the victim,

and prevent ongoing abuse and victimization to the child, siblings, as well as others outside the family.

Limited programs exist in densely populated areas, while no such programs are available in sparse areas of the district, although the need is significant in all district areas.

FUNDING NEEDED: \$250,000

PRIORITY #3: Coordination of existing community services to children and families -

As existing community agencies expand services and new agencies develop programs, a variety of funding sources are tapped and programs created to meet the specific configuration of that funding. Added to this overlay of services and programs for children and families, are a variety of councils, task forces, coalitions and constituencies to address the unmet needs of children and families in their specific area of interest.

To foster the integration of existing community and district services to children and families and to promote the development and implementation of new programs as the district plans for children's needs establish, a central coordinating body is vitally important. This body would be responsible for cataloging the variety of programs and services existent in the district, duplication and unmet needs, and seeking sources of funding to provide cost effective services to meet those needs.

FUNDING NEEDED: \$60,000

PRIORITY #4: Public information and education on child abuse and neglect prevention efforts, as cost-effective initiatives for future generations -

Limited public information and education programming currently exists in order to properly apprise the public regarding the magnitude of this growing problem, and resources are limited in providing programs that deal with the resultant problems of child abuse, and the need exists for cost-effective initiatives for prevention efforts, not only for the present but also for future generations.

Documentation of the magnitude of problems resultant of child abuse, sexual abuse and victimization, and neglect, and educating the public to this necessary information is a foundation to initiating activity toward prevention efforts. Unless there is awareness, there is little understanding and less support in providing solutions. Media campaigns, press coverage, public speeches, newsletters and community

meetings bring forth involvement from the community. Expansion of this effort, to cover all areas of the district in a coordinated effort with a coordinated plan, will overcome fragmented efforts that are currently in place.

FUNDING NEEDED: \$50,000

VI. BARRIERS TO PROVISION OF SERVICES

A. Financial -

1. lack of sufficient funding statewide for community awareness campaigns, and for free or low cost services provided through existing agencies
2. prohibitive cost of services to individuals and communities on private pay basis
3. lack of community responsiveness to requests for support and expansion of funding to prevention of child abuse and neglect efforts
4. inadequate family incomes for primarily at risk families, to avail themselves for programs of prevention education

B Social -

1. social and physical isolation of families in need of assistance, poor or nonexistent transportation systems for rural areas of the district, and little means of insuring child care while parents are participating in programs
2. preventive services are not seen by mixed community environments as priorities needed or as cost-effective services
3. political/moral climate of opinion resist implementation of education for children and adolescents in issues of sexuality, sexual and child abuse prevention information and reduction of risk factors through personal health education
4. lack of cooperation within school systems and community agencies to provide appropriate arenas to teach children and adolescents personal safety skills, and preventive behavior
5. resistance on the part of clients, professionals and often the community at large regarding the prevention of child abuse and

neglect

C. Organizational -

1. lack of communication and coordination among governmental and service agencies concerned with losing or diluting funding for preferred programs
2. lack of coordination between active coalitions, task forces, councils and action groups to "see the big picture" of services continuum for children's needs and identify the greatest gaps in service delivery and duplication for full service array
3. political protectiveness of community groups toward local investment of services, rather than assuring availability of services to the population in need
4. competition between providers for limited funds to insure program or agency continuation
5. over-regulation of service agencies which limits efficiency of service delivery, by restrictive guidelines to meet funding source requirements
6. lack of evaluation data and cost-effective comparisons to evaluate the best programs which exist on limited resources and funding

VII. PLAN OF ACTION

The District Plan of Action calls for activities at the local level. The following steps are planned to implement programming for the prevention of child abuse and neglect in Hillsborough, Manatee, Polk, Highlands and Hardee Counties.

1. Catalogue the various funding sources within District 6 and around the state that are presently being used to meet the needs of children.
2. Use the catalogue developed to identify areas in the overlap of funds, possible untapped resources and alternative funding strategies.
3. Use this information to begin developing funding and advocacy proposals, for the expansion of child abuse and neglect prevention activities.

4. Utilizing school board members on the District Task Force to work closely with all county school boards. The Life Skills Curriculum and personal safety training effort for children and adolescents, will be supported for appropriateness of expanding this effort in the school curriculum along with funding and staff or volunteers.
5. Participate in county efforts within the district in joint coalition, task force, constituency and advocacy committee interest to support a public referendum for a Juvenile Welfare Board, with taxing authority in each county. This major effort will promote a source of coordination of services, evaluation of programs and agencies which are available in each area to provide services without duplication or gaps, and necessitate funding to ensure services provided meet the needs of the community.
6. Seek to have the District Task Force for Prevention of Child Abuse and Neglect officially represented on other child advocacy groups, coalitions, such as the Children's Committee and the Governor's Constituency for Children.
7. Provide on going feedback to the District Administrator and HRS, concerning accomplishments and issues to be addressed.
8. Continue monitoring and evaluation of needs and services provided to children and families in District 6, in order to confirm or revise District priorities and planning.

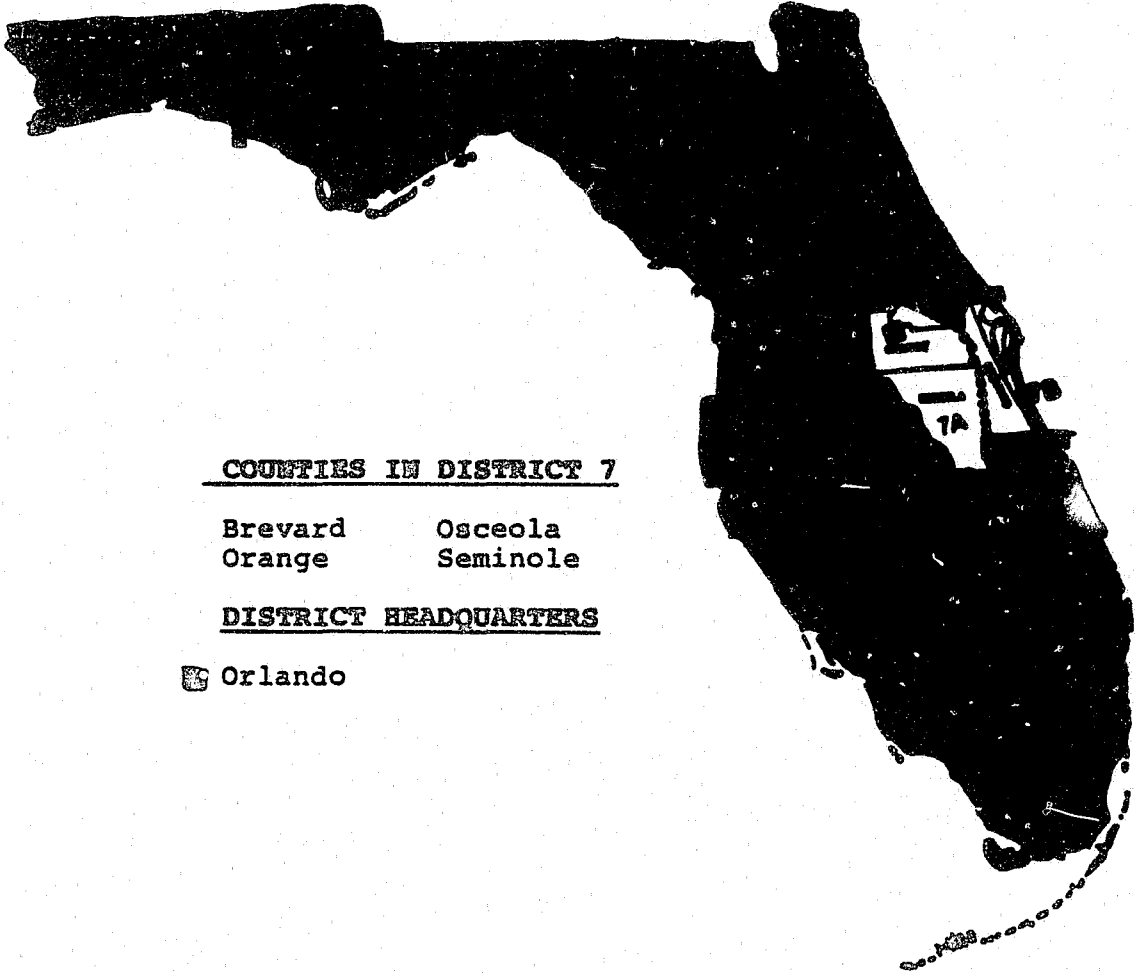
VIII. RECOMMENDATIONS

1. HRS should develop statewide mass media presentations:
 - a. to educate the public as to the magnitude of child abuse, sexual abuse and victimization of children and the ongoing impact regarding the cost of social services to children and families
 - b. on what takes place when abuse is recognized, what to do, how to report and what happens during an investigation
 - c. buy a review of existent quality production available or creation of such presentations in duplicatable format for distribution to the eleven District Task Forces
2. The central office of HRS, CYF Program Office, should conduct a statewide review and evaluation of funded Mills' Bill programs. These efforts should be directed to address the types of programs available, which programs appear to have greatest impact on prevention of child abuse and neglect, the cost of such programs

and establishment of a base for outcome data in regards to an on-going program effectiveness evaluation.

3. All District Task Forces should seek to readdress HB 1010 (Weinstock), permitting school districts to prohibit corporal punishment of children in their district, and SB 975 (Weinstein), allowing parents to notify schools that their child cannot be corporally punished. With continued effort and contact with district local legislative delegations, efforts should be directed to bringing this matter back before the Legislature for an affirmative decision.
4. The Department of Education should create a statewide curriculum in Personal Safety which focuses specifically on prevention of sexual and physical abuse.
5. HRS should re-examine the fingerprinting law as to its intent and purpose:
 - a. to establish through their general office a system of record checks which is cost and time effective to the purpose
 - b. to establish consistency from district to district in making decisions of exemption to individuals with prior criminal record
6. HRS should submit Legislative Budget Requests (LBR's) for sufficient funding levels to meet the priority needs identified in the district prevention plans.
7. The Legislature should appropriate sufficient funds to accomplish the critical task of preventing child abuse and sexual abuse as identified in these budget requests.

DISTRICT 7

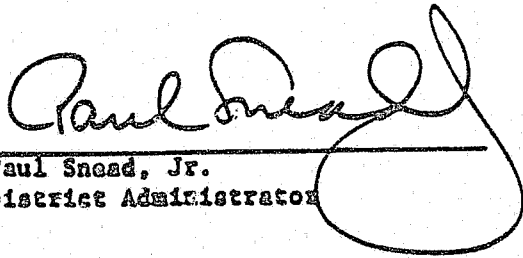


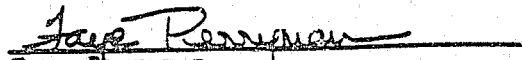
COUNTIES IN DISTRICT 7

Brevard Osceola
Orange Seminole

DISTRICT HEADQUARTERS

☐ Orlando


Paul Sned, Jr.
District Administrator


Faye Perryman
Chairman
District Child Abuse and Neglect
Prevention Task Force

DISTRICT 7



A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT

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DISTRICT 7

I. DISTRICT CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

MEMBER INFORMATION

Butler, Karen, (Public)
Children Youty & Families Supervisor
Health and Rehabilitative Services

Crane, David M.D. (Public)
Senior Physician
Orange County Public Health Unit

Croskey, Val (Public)
Director, Student Services
Brevard County School Board

Dils, Charles (Private)
Seminole County Task Force,
Chairman
Quest Counseling Center

Dubrouillet, Cynthia (Public)
Seminole County Guardian Ad Litem

Eunice, E.E., Chief (Public)
St. Cloud Police Department

Galley, Pam (Private)
Director of Social Work
Holmes Regional Medical Center

Gross, Cynthia (Public)
District Human Rights Advocacy
Committee

Harrelson, Paula (Public)
Osceola County School Board

Jones, Dr. Marvin (Public)
Coordinator, Community
Instructional Services
Seminole Community College

EX-OFFICO

Berko, Jim (Public)
Executive Director
Seminole County Mental Health
Center, Inc.

MEMBER INFORMATION

Perryman, Faye (Private)
Project Director
Children and Youth Network
Human Services Council

Ricks, Lt., Rick (Public)
Orange County Sheriff's Office
Community Affairs

Smallwood, Ed (Public)
Osceola Task Force
Osceola County School Board Office

Woodley, Susan (Public)
Coordinator, Guardian Ad Litem Program
Orange County

Tarball, H.D., Director (Public)
Exceptional Education
Orange County Public School Board

Warren, Nancy (Public)
Chairman, Seminole County School Board

Wood, Elaine (Public)
Guardian Ad Litem Program
Brevard County Courthouse

Dawson, Danny (Public)
Child Abuse Coordination Unit,
State Attorney's Office

Lusk, Roy (Public)
Brevard Mental Health Center

Fox, Carol, Chairman (Public)
Orange County Task Force

EX-OFFICO

Braun, Lucy (Private)
Orange County Prevention Coordinator
Green House Family Counseling Center

Brown, Carol (Private)
Seminola County Coordinator
Orlando Regional Medical Center

Carpenter, Phoebe, Executive Director
4-C for Central Florida, Inc.
(Public)

Donigan, Virginia, (Public)
Subdistrict B Administrator
Health and Rehabilitative Services

Petree, Kathleen, Executive Director
Greenhouse Family Counseling Center
(Private)

Richardson, Joan (Public)
Brevard County Coordinator
Titusville Social Services

Schaeffer, Russ, (Public)
Human Service Program Administrator
Subdistrict A
Health and Rehabilitative Services

Campbell, Dave, Executive Director
Osceola County Mental Health
(Public)

Conroy, Shelly (Public)
Osceola County Coordinator
Osceola County Mental Health

Jones, Judy, (Public)
Human Services Program Analyst
District Children, Youth and Families
Program Office
Health and Rehabilitative Services

Pickerill, Bob (Public)
Senior Human Services Program Manager
District Children, Youth and Families
Program Office
Health and Rehabilitative Services

Storey, Melissa (Public)
Health and Rehabilitative Services
Legal Counsel

Williams, Sue (Public)
Child Protection Team

New members will be appointed in October '86 and we will be adding a member from the clergy, crime commission, Y.M.C.A. and Children's Medical Services to the current agencies represented.

II. STATEMENT OF PURPOSE

The purpose of the District Task Force is 1) to prepare the District Biennial Child Abuse and Neglect Prevention Plan and determine funding of prevention services to carry out the goals of the plan, 2) serve as the District 7 clearinghouse for child abuse and neglect information, 3) serve as advocates for child abuse and neglect legislation, public information and services, 4) monitor the activities and effectiveness of grants, 5) and monitor community action to foster child abuse prevention efforts through regular reports and interchange with County Child Abuse Prevention Coordinators.

O OVERALL RESPONSIBILITIES:

The overall responsibilities of the District Task Force are 1) to annually review, update and submit to the District Administrator a District Plan of Action which meets the requirements of Chapter 415, F.S., on prevention of abuse and neglect of children, 2) to review and update the written statement as needed, 3) to annually rank proposals for meeting identified priority needs of the District and the counties, 4) to recommend to the District Administrator program funding for child abuse prevention and 5) to annually prepare and submit to the District Administrator an evaluation of District 7's child abuse and neglect prevention programs.

O METHOD OF MEETING RESPONSIBILITIES:

The District Task Force shall develop the annual local plan of action for District 7. The involvement and assistance of the District Task Force, in preparation of the local plan of action, shall be in accordance with this written statement. The District Task Force shall be a "working" Task Force. It shall be action-oriented and shall assume the role of change agent. Members of the District Task Force shall have a responsibility to represent affirmatively the interests of the professional and geographical communities from which they come. A District Task Force member shall abstain from voting on any specific issue which would constitute a conflict of interest for the member. Conflict of interest is defined as any member of any agency that receives Child Abuse Prevention funds allocated through the Mills' Bill or any member of the Children, Youth and Families Program Office that has any responsibility for administering these funds. Any member of the District Task Force, who is affiliated with any agency receiving contracted Child Abuse Prevention funds, will become a non-voting, ex-officio member of the District Task Force. The affairs of the District Task Force shall be conducted in an open manner, and the District Task Force shall conduct affairs in a manner consistent with the philosophy and provisions of the state public record and

open meeting laws.

III. OPERATING PROCEDURES

- A. The District Task Force functions on an annual basis, with the calendar year starting October 1 and ending on September 30.
- B. Method for Selecting the Chairman and Vice-Chairman -
1. The selection of the Chairman and the Vice-Chairman shall take place during the September meeting of the District Task Force. The officers will serve for a 2 year term.
 2. Nominations for Chairman and Vice-Chairman shall be presented to the District Task Force by the Nominating Committee and nominations shall be accepted from the floor.
 3. HRS representatives on the District Task Force cannot serve as Chairman for the District Task Force.
 4. The Chairman and Vice-Chairman shall be elected from the nominees by majority vote of attending District Task Force members. If one nominee does not receive a majority of the votes, voting shall continue choosing from among the two nominees receiving the most votes, or among the three or more nominees receiving the most votes in the event of a tie.
 5. After election, the Chairman shall assume the leadership of the District Task Force at the next scheduled meeting.
- C. Responsibilities of the Chairman, Vice-Chairman and Task Force Members -
1. The Chairman shall preside over all District Task Force meetings.
 2. The Chairman shall appoint a District Task Force member to review and approve draft minutes. Minutes will be provided to District Task Force members five working days before the next scheduled District Task Force meeting.
 3. The Chairman shall schedule meetings, arrange for meeting locations and ensure that all District Task Force members are notified of meeting dates, times and locations.
 4. The Chairman shall appoint committees as appropriate, along with committee chairmen.

5. The Chairman shall be responsible for the overall operation of the District Task Force.
6. The Vice-Chairman shall perform the duties of the Chair, in the absence of the Chairman or when designated to do so by the Chairman.
7. A District Task Force member shall agree to attend District Task Force meetings regularly, and to serve in appointments made by the Chairman.
8. A District Task Force member who misses three consecutive meetings will automatically forfeit membership. The Chairman will notify the members after two consecutive absences.
9. A District Task Force member shall send a designated alternate if he/she cannot attend a scheduled meeting. The designated alternate must have a written proxy to act in the member's behalf.

D. Terms of Service of the Chairman, Vice-Chairman and District Task Force Members -

1. District Task Force members are selected from community agencies as designated in Chapter 415, F.S., and appointed by the District Administrator.
2. District Task Force members, other than the Chairman and Vice-Chairman, shall serve through September 30.
3. County Chairmen are elected by their county committees, not through appointment by the District Administrator, and are automatic District Task Force members.
4. Each year in August, the Chairman and/or Vice-Chairman will review the membership list with the CYF Program Office, and the District Administrator will make sure the membership complies with Chapter 415, F.S.
5. Some members may serve an indefinite term, while others may need to be rotated yearly to give equal county representation.

The Chairman will make recommendations to the CYF Program Office and District Administrator for an interim appointment if a member resigns before the end of their designated term.

All voting members and some ex-officio members will serve on one of the Standing Committees.

E. Frequency/Dates/Locations of Meetings -

The District Task Force shall meet as often as necessary. The date, time and location of each meeting shall be established by the yearly calendar. Any changes to the calendar will require a vote by the membership.

F. Standing Committees -

The Chairman shall appoint members to the following committees:

Evaluation Committee - Monitors the activities of fund utilization and effectiveness of grants and makes recommendations to the District Task Force and District Administrator on these matters. There is at least one representative from each county and the CYF Program Office on the committee. There are other duties as assigned by the Chairman.

Legislative Committee - Works with local legislative delegation, makes recommendations on legislation that needs to be addressed and reviews and makes recommendations on pending legislation relating to children and their families.

Awards Committee - Develops guidelines and makes recommendations on recognition of groups and/or individuals in the area of Child Abuse Prevention.

Other committees will be appointed as needed by the Chairman.

G. Procedures for Conducting Meetings -

1. A quorum must be present to conduct any business that requires a vote. A quorum constitutes 50% plus one of the voting members.
2. Meetings will be conducted in a manner to allow for the greatest amount of discussion. All District Task Force decisions shall be by majority vote of the members or designated alternates present. Motions for District Task Force action may be made and seconded by any District Task Force member or designated alternate. Once moved and seconded, such motions shall be put to a vote of the District Task Force.

H. County Advisory Committees/County Task Forces -

Each Child Abuse Prevention Coordinator shall ensure that a District Task Force committee is established and maintained in the county they serve.

1. The committee shall serve as a vehicle for assisting the District Task Force in assessing needs of the local com-

munity, as well as improving services in that community.

2. Membership - Each county committee shall have representation from each agency/program as indicated in Chapter 415, F.S., unless such agency/program does not exist in that county.
3. Operating Procedures - The procedures previously stated in Section IV of this written statement shall generally apply, except for Subsection D., Frequency of Meetings.
 - a. Frequency of Meetings - Each committee shall meet as often as necessary. The date, time and location of each meeting shall be established by the yearly calendar. Changes will require a vote by the membership.
 - b. Minutes of the meeting will be forwarded to all members of that committee with a copy provided to District Task Force Chairman and the District Program Office for Children, Youth and Families.

I. Procedures and Criteria Used to Select Providers and Award Contracts -

When funds are available for contracting:

1. County Task Forces/Advisory Committees are to review their needs and develop a concept paper (see outline in Procedures Manual) on district priorities identified in the district plan. The concept papers are submitted to the District Task Force Evaluation Committee by a given due date.
2. The Evaluation Committee will review the concepts by looking at 1) the priorities as identified in the plan, 2) cost-effectiveness of the concept, 3) district wide or county specific needs, 4) the number of people to be served and 5) the funds distributed to counties and their population.
3. The Evaluation Committee makes recommendations as to the concept(s) to be funded at the next scheduled District Task Force meeting. The voting members of the District Task Force vote to approve or disapprove the committee recommendations.
4. If concepts are approved for funding, the Evaluation Committee along with the CYF Program Office can seek providers/vendors who meet the following criteria:
 - o show an interest in prevention of child abuse
 - o are financially stable
 - o overview of organization structure and its stability

- O geographical area they cover
- O experience with similar projects
- O attributes enhancing capability to provide proposed services

5. Identified providers are asked to submit applications for review and rate by a designated date.
6. Individual Evaluation Committee members use the attached rating sheet to evaluate applications. Individual rating sheets are then added together and a recommendation is made to accept the highest rated application(s).
7. The committee's recommendations are sent to the District Administrator for approval.
8. If approved by the District Administrator, the contract is awarded.

J. Adoption and Amendment of Written Statement -

The written statement shall be adopted by a majority vote of the District Task Force members, and may be amended at any scheduled meeting by a majority vote of the District Task Force members or designated alternates present at the meeting.

IV. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

1. Support Programs for New Parents - The purpose of support programs for new parents, such as perinatal support programs, is to prepare individuals for the job of parenting. Such programs should include supports during both the prenatal and postnatal periods. Prenatal programs can build on existing medical programs and educate about-to-be parents in child development, parent-child relationships and adult relationships. Information on community resources available to new parents and to infants and children should be provided. In supplying information and in teaching skills for coping with the challenges of being a parent, special emphasis should be placed on developing techniques useful in communicating with the new baby. One focus of these services should be to develop group activities that form a social network among new parents, thereby creating peer relations and peer support. Although such programs should be available to all parents, special attention should be paid to first time, teenage and single parents.

Prenatal and postnatal medical care is clearly important, particularly since low birth-weight babies, and babies otherwise sick in infancy, are at risk for being abused. Many prospective parents now participate in prenatal care programs that go beyond the medical needs of the pregnant mother and the growing fetus to include attention to the demands of parenting. All prenatal care programs should provide prospective parents with parenting education and other supports, to ease the difficulties associated with having a new infant in the home.

Studies suggest that in families where parent-child bonding is weak, the child is at greater risk for abuse. Part of the function of perinatal support programs should, therefore, be to enhance parent-child bonding.

2. Group Education for New Parents - As a continuation of the prenatal program and as part of the perinatal support programs, all new parents should have an opportunity to participate in a program to increase their skills in caring for a new baby. The program should be directed toward the creation of social networks, through new parent groups or by pairing first time parents with experienced parents, and toward the continuation of instruction in child care and child development.

Having a new infant in the home creates stress in any family. However, when the infant requires extra or special care, stress can be greatly increased, putting the child at greater risk for abuse. To reduce the additional stresses created for parents by infants with special problems following birth - for example, premature babies or those with illnesses, abnormalities, or defects - a special educational support program should be made available. The program should focus on group support with parents of similar children, and it should educate parents about the particular needs of their child and how to deal with those needs in a family environment.

3. In-Home Education and Support - Among the problems experienced by families with young children is isolation from and lack of knowledge about health and social services in the local community. Coupled with a lack of knowledge of how to detect and handle many childhood experiences, this puts a family at risk for abuse. As an ongoing source of support and information for parents, educational support programs should include home visitor services that consist of periodic visits to the home following childbirth until the child begins school.

These visits should be made by a trained Home Health Aide who should provide information and advice to parents on child care,

nutrition, and home management and should carry out routine health checkups on young children. In addition, the Aide should refer parents to needed social and health services in the community.

4. Early and Regular Child and Family Screening and Treatment - Because abusive behavior is cyclic, many health and developmental problems in childhood can lead to behavioral problems in adulthood, including abusive behavior. For this reason, detecting and treating health and developmental problems early in life is crucial. Early childhood screening and treatment programs should be seen as a continuation of the preschool screening services, such as those offered by the home visitor. The purpose of such programs should be to detect problems children may be experiencing, including abuse and neglect, and to ensure that these children receive the necessary health, mental health, and other services that will best protect them from becoming abusive parents.
5. Child Care Opportunities - The purpose of child care or day care programs is to furnish parents with regular or occasional out-of-home care for their children. While child care is a necessity in households in which all adults are employed, such services are also beneficial for parents who do not work outside the home but who find continuous child care responsibilities very stressful. Child care programs also provide opportunities for children to learn basic social skills.
6. Self-Help Groups and Other Neighborhood Supports - Social isolation, not having anyone to turn to in times of need, plagues most families who are at high risk for abuse and neglect. The purpose of self-help groups is to reduce the isolation experienced by many parents through the development of peer support systems.

Beginning with social networks, created through parent groups in prenatal and perinatal programs, a variety of opportunities should be offered to parents for participation in group activities or establishment of social contacts. Examples include parent groups stemming from local child care programs, Foster Grandparent Programs, Parents Anonymous and comparable problem oriented self-help or support groups. The mutual aid programs should also focus on the development or strengthening of neighborhood based natural helping networks.

7. Ongoing Parent Education - As children become older, parents encounter new challenges or problems for which they are unprepared. Parent education programs provide information and a forum for parents to learn and develop skills they need in rearing their toddlers, preadolescents and adolescents.

8. Life Skills Training for Children and Young Adults - The purposes of life skills training are first to equip children, adolescents and young adults with interpersonal skills and knowledge that are valuable in adulthood, especially in the parenting role, and second, to provide children with skills to help them protect themselves from being abused. Knowledge and skills can be imparted in a variety of ways. Regardless of the specific techniques, educational classes or supports should be provided through the school system and adult education centers.

Skills and knowledge building should be stressed in areas of child development, family and life management, self-development, self-actualization and methods of seeking help. For preadolescents and adolescents, education in sexuality, pregnancy prevention and issues relating to parenting, should be provided.

9. Family Support and Crisis Services - Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse and neglect. Immediate assistance should be provided to parents in times of stress. Crisis care programs should be made available on a 24-hour basis and should include the following services: telephone hotlines, crisis caretakers, crisis baby-sitters, crisis nurseries and crisis counseling. Help should be available over the phone or through in-person counseling.

The program should also offer parents the options of having someone come into their homes, on a temporary basis, to assist with child and home care or take the child to a crisis nursery. Because crisis care is temporary and short term, such programs should be equipped to refer parents to long term services as needed.

10. Programs for Abused Children - It has been argued that prevention of abuse is, in part, tied to providing therapeutic treatment to children or young people who have been abused or neglected. To minimize the long term effects of abuse, age appropriate treatment services should be made available for all maltreated children.

Treatment programs for abused children should include a thorough diagnosis of physical and developmental (social, psychological and emotional) problems. Comprehensive therapeutic services should be offered to alleviate identified problems. Assistance should be rendered on the basis of an individual child's needs and should include individual and group services, as well as an enriched day care program.

11. Community Organization Activities - To increase the availability of social service, health, education resources and other supports

that reduce family stress, community organization activities will be necessary. A community based planning or coordinating body is required, one that represents the views of different community groups and agencies. This body will have an important role in determining priorities for proposed prevention programs.

As programs are implemented, a plan for ongoing evaluation and assessment of them is also necessary. This will ensure that the programs are indeed effective and that they are continually responsive in meeting the needs of the target populations.

12. Public Information and Education on Child Abuse and Neglect Prevention - Public awareness campaigns have two complementary purposes. The first, is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose, is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services.

Awareness on the part of professionals and volunteers is also essential to the effectiveness of a community's prevention programs. It is particularly important that those who come into contact with families, such as physicians and teachers, receive training in the dynamics of child abuse and information on the availability of prevention programs in the community.

A. CONTINUUM OF CHILD ABUSE AND NEGLECT PROGRAMS BY COUNTY

NOTE: Only the most relevant programs are included in this report. A more comprehensive list of programs is on file in the district office.

1. Support Programs for New Parents -

BREVARD COUNTY

- A. Parent Connection - Child Care Association of Brevard. Perinatal support for first time pregnant teenagers, offered county-wide, no fee, served 299 clients 1985-86.
- B. Parent Outreach Support - Children's Home Society. Support and education for parents of children 0 - 13, county-wide, no fee.
- C. Genesis House I & II - Birthright of Brevard. Live-in and support for pregnant women and new mothers and babies, fees from portion of AFDC check.
- D. BCC Lab School - (Brevard Community College) Multi-faceted learning program for children. Support and parent edu-

cation for parents of children birth - 5, county-wide, fees \$5 - \$25.

Programs A, B, C offer all the necessary components of a model support program. A and B are state funded (Mills' Bill), C funded through donations. D offers the most comprehensive parenting skills training. Although tuition waivers are available, the program serves mainly middle class, intact families. All are cost-effective, and make a difference in parent-child interactions. However, they serve only a small portion of clients in need.

ORANGE COUNTY

- A. B.E.T.A. - provided support for pregnant women including temporary housing, pregnancy testing, counseling, GED classes, single parent workshops, infant stimulation programs, classes in parent education and nutrition. This program provides excellent services to those women who participate. There are no restrictions as to family income or education levels - any pregnant woman can receive assistance. Funding from private and corporate donations and grants. Costs: Services provided at low or no cost to participants (includes work program such as house-keeping and cooperative child care).
- B. Parent Resource Center - Groups, classes and home visitation for parents. Available to all parents or potential parents in Orange County.

Funding from HRS grant, United Way, county, cities monies, private and corporate donations. Costs: low or no cost for most services and classes. Some special programs have fees ranging from \$5 - \$10.

SEMINOLE COUNTY

- A. Sunshine Connection, Altamonte Springs - Offers support group for first time teenage parents under the age of 25. Cost is \$29,000.00. Funded by Mills' Bill appropriation and State funds.
- B. TYKE Program (Teaching Young Kids Effectively), Altamonte Springs - Offers group support for parents of young children. Cost is \$26,000.00. Funded by Mills' Bill appropriation and State funds.
- C. B.E.T.A., Orlando - Offers workshops and parent support groups for parents of sexually abused children. Cost is not available, and funding is not available at this time.

All are cost-effective and impact on parent-child interaction, however serve only a small portion of the existing need.

OSCEOLA COUNTY

- A. F.I.R.S.T. Perinatal Program (First Infant Readiness Support and Training) - This program is targeted to first time parents under the age of 25. Parents are referred to the appropriate resources. Prenatal education and preparation for parenting is stressed. Clients are matched with volunteers, which accompany their needs in being a support system. Home visits and peer group meetings are conducted weekly. Clients are visited during their post-partum hospital stay. They remain on a caseload until the child is one year old.

Osceola County has over 280 teenagers that give birth each year. Of these births, 52% are to unwed mothers. These mothers are considered to be in a high risk category for child abuse. This program aims to provide support and parent education to this population, to aid in prevention of abuse. This program has served 70 clients since July 1985. Funding is provided by Mills' Bill appropriation and sponsored by Mental Health Services of Osceola County, Inc. This funding includes salary and operating expenses for a full-time coordinator and a part-time secretary.

- B. Family Resource Center - Parenting classes are offered one evening a week for 4-6 weeks, through Osceola County Schools. Various parenting and child development labs are offered throughout the year. A family Bereavement Support Network is available to parents suffering a loss. Amanda the Panda Program for new parents, offered in conjunction with Valencia Community College's Parent Resource Center, has no fee and is funded by Osceola County Schools Adult Education.

2. Group Education for New Parents -

BREVARD COUNTY

- A. Brevard Community College Lab School - described in category No. 1.
- B. Brevard Council for Handicapped Children - south area, no fee.
- C. Mothers of Twins - central and north area, \$10 per year member fee.
- D. Monitoring Parents of Brevard - south area, no fee.

- E. Mothers Outreach - South Brevard Women Center - south area, no fee. United Way funded, however, cost of program is small.
- F. Spina Bifida Association of Florida Space Coast, Inc. - north and south area. \$12/annual membership.

B, C, D and F offer social network, group support and education for new parents of special needs children, funded through donations or small membership fee. These services offer tremendous support to parents and are obviously cost-effective.

A and E are the only programs which offer consistent group education to new parents of "normal" children. Both are extremely effective, however, serve limited numbers of new parents.

ORANGE COUNTY

- A. B.E.T.A. - classes in parent education, nutrition and child care. Open to all residents. Classes for Orange County School students in prenatal care and child care. There are no fees. Funding from private and corporate grants and donations.
- B. Parent Resource Center/Valencia College - Amanda the Panda Program provides parent education and support (child development information from birth to 18 months and "Panda Parties" for new mothers). This program serves parents whose children are born in local participating hospitals. There are no fees, and funding is provided through Valencia Community College and United Way.

SEMINOLE COUNTY

- A. Amanda The Panda, Sanford - Offers information services to parents regarding infant care. Cost and funding source is not available.
- B. Sunshine Connection, Altamonte Springs - Offers a support group and in-home visitation for first time parents under the age of 25. Cost is \$29,000. Funding by Mills' Bill appropriation and State funds.
- C. Seminole County Community College, Sanford - Offers parenting classes held on a continuing basis. Cost is approximately \$20,000, funded by State dollars.
- D. Jelly Bean Players, Winter Springs - Offers parent education in a drama format. Cost is \$21,000, funded by Mills' Bill appropriation and State funds.

All programs are cost-effective in delivery of parenting information. They impact on the parent-child relationship in a positive manner, however, they only meet a small portion of the existing need.

OSCEOLA COUNTY

- A. F.I.R.S.T. Perinatal Program (First Infant Readiness Support and Training) - Described in category 1.
- B. Family Resource Center - Described in category 1.

3. In-Home Education and Support -

BREVARD COUNTY

- A. Neonatal Follow-Up Clinic - Orlando Regional Medical Center. Home visits, health check-ups, information on child care, resources and support. No fee. HRS, CMS funded. Effective in helping parents cope and in early identification of possible developmental problems.
- B. Brevard County Public Health Unit - very limited number of visits to home after birth of baby. County-wide, no fee. Funded by Federal, State and County. Too limited a service to be effective in this area.
- C. Homemaker Program - Children's Home Society. Home management specialist visits in homes of families determined by HRS to have children at risk for abuse and neglect. Funded by HRS. No fee. Cost effective in preventing abuse or protecting children from further abuse. Limited availability because parents can only be HRS referred.

ORANGE COUNTY

- A. Parent Resource Center - Partners in Parenting - home visitations to provide education and support to high risk families, especially those with infants and/or toddlers. No fee. Funded by HRS grant.
- B. Homemaker Services, - HRS - in home support and education for eligible high risk families. No fee. Funded by State.

SEMINOLE COUNTY

- A. S.E.D. (Severely Emotionally Disturbed) - Offers 24-hour on-call service to selected families of severely emotionally disturbed children. An in-home visitor program which is no longer available. Cost is \$17,000. Funded by State dollars.

- B. Sunshine Connection, Altamonte Springs - Offers in-home visitations and education to first-time parents under 25. Cost is \$29,000. Funding by Mills' Bill appropriation and State funds.
- C. Pre-Protective Services Program, HRS - Offers voluntary short-term services to families in situations with the potential of child abuse and/or neglect. Cost is not available. Funded by State revenue and State funds.

Sunshine Connection is extremely cost-effective, delivering excellent results, while the other programs in this category are either defunct or functioning at a low level of effectiveness, due to very limited staff.

OSCEOLA COUNTY

- A. Homemaker Program - The Homemaker Program usually maintains a caseload of approximately 8 families, while 31 families have been served since July 1985. Clients must be referred by HRS. The Homemaker Program provides basic home maintenance and child care skills, as well as support and volunteers to aid in assisting families. Funded 75% by Federal funds and 25% by Mental Health Services of Osceola, Inc. This funding includes salary and operating expenses for one full-time Homemaker.

4. Early and Regular Child and Family Screening and Treatment -

BREVARD COUNTY

- A. HRS - Children's Medical Services (CMS) - Medical service to eligible children under 21 years who have chronic health problems. No fee. State and Federal funded.
- B. Florida Diagnostic and Learning Resource Center (FDLRS) - Diagnostic Screening and a range of medical, physiological, psychological and educational services for exceptional children. No fee. State and Federal funded. No income criteria.
- C. Brevard County Health Unit - Screening for health and developmental problems. No fee, county-wide income eligibility.
- D. Brevard County Preschool Interagency Council has pulled together all agencies that are responsible for detecting and treating early health and developmental problems and are making tremendous progress in helping to insure children 0-5 receive necessary health services. No funding, no fees - volunteer council.

FDLRS and Health Unit serve large numbers of clients and are cost-effective. CMS cost per client is high, due to severe problems of the majority of the clients.

ORANGE COUNTY

- A. Child Protection Team, HRS - screening for failure-to-thrive children/infants of referred clients. No fee. Funds allocated by United Way, State and local dollars.
- B. B.E.T.A. - Child care for new mothers in the residential program. Funding provided by private and corporate grants and donations. Cost is minimal or free.
- C. Parent Resource Center - Child care co-ops providing mutual help with child care for members of the Co-op. Funded by United Way. Costs are prorated for participants.
- D. Same as Brevard's A and C.

SEMINOLE COUNTY

Same as Brevard's A and C.

OSCEOLA COUNTY

- A. F.I.R.S.T. Prenatal Program (First Infant Readiness Support and Training) - Described in category 1.
- B. Same as Brevard's A and C.

5. Child Care Opportunities -

BREVARD COUNTY

- A. Give Me a Break (Child Care Association) - Respite child care program for low-income parents of children 0-8 years. County-wide. No fee. Mills' Bill funding - 434 children served - 10,416 child care hours authorized. Determined to be cost-effective.
- B. Child Care Association - Day care program which enables low-income parents of children 0-6 years to work or attend school. Head Start program offers comprehensive developmental program for economically disadvantaged and/or handicapped children 4 years of age. County-wide, fees based on income. Funded by United Way, State, County and Federal dollars.
- C. Good Start - Stimulating preschool program for disadvantaged children who are at least 4 years of age. South area. Fees 50¢ to \$4.00 a month. Funding by donations.
- D. Mom's Morning Out - Holy Apostles Episcopal Church - Child care for children 6 months - 5 years for a donation of

\$1.00 per family. Offered 1 day a week. Funded through church.

- E. Mothers Helping Mothers. Central area; Mothers Interested in Little Kids, south area; Mothers of Preschoolers in south area; Mother's Friend in north area. All offer child care while mothers enjoy crafts or social time.

All programs are cost-effective and offer tremendous service and relief time for parents who work, go to school or have no other means of child care and just need a "break".

ORANGE COUNTY

- A. Community Coordinated Child Care (4-C) - Day care assistance for low-income families. Funded by United Way, State and local funds, corporate and private grants and donations. Costs are free or low cost depending upon family resources.

SEMINOLE COUNTY

- A. Community Coordinated Child Care (4-C) - Offers financial assistance to low-income working parents who are in need of child care. Cost is Title XX eligible families. Funded by Federal and State sources.

Existing programs are extremely effective in providing day care services to needy families qualifying for Title XX.

OSCEOLA COUNTY

Same as Seminole County.

6. Self-Help Groups and Other Neighborhood Support -

BREVARD COUNTY

- A. Parents Anonymous - Self-help group for parents concerned about possible child abuse - a cost-effective child abuse prevention program that also offers group support for children and teens. County-wide, no fee, very limited Federal and State funding.
- B. Best Pals - Back to Basics in Parenting - Brevard Community College. Parent education and support for the under-educated adult, held throughout the county in churches, homes and recreation centers. No fee. Funded through college - In 1984-1986 over 500 parents were served - has been judged to be an exemplary literacy program.

- C. Hoover Junior High and Holy Trinity Episcopal offer group support and education for parents of adolescents. No fee. Volunteers. Not funded programs.
- D. South Brevard Association for Children and Adults with Learning Disabilities - South area. Offers counseling, group support and education. No fee. Funded through donations. 20-30 parents attend monthly meetings.
- E. Toughlove - Self-help program for parents of adolescents, \$8.00 for manual - no funding. Is effective in increasing positive relationships between parent and child in "some" cases.

ORANGE COUNTY

- A. Parents Anonymous - peer facilitated group that provides support to high risk families. Professional facilitator provides parent education and child development information. No fee. Funded through donations.

SEMINOLE COUNTY

- A. Quest Counseling Center, Altamonte Springs - Offers self-help peer support groups for parents under pressure. Cost is met through donated services.
- B. Foster Grandparents Program - Central Florida, Sanford - Serves children with special needs. Cost is not available. Funded through federal allocations.
- C. Seminole Community Mental Health Center, Altamonte Springs - Offers adult group for parents of teens. Cost is not available. Funding source not available.
- D. Teaching Young Kids Effectively (TYKE) Program - Offers support group for parents and preschoolers. Cost is \$26,000. Funded through Mills' Bill appropriation and State funds.
- E. B.E.T.A., Orlando - Offers parenting workshops. Cost is not available. Funding source not available.

All of the above programs have a positive impact, however, they are few in number and inaccessible.

OSCEOLA COUNTY

- A. Family Resource Center - Described in category 1.
- B. Same as Orange County's A.

7. Ongoing Parent Education -

BREVARD COUNTY

- A. Family Counseling Center - 6 week series of classes for parents of adolescents and toddlers. County-wide. No fee. Average class is 20 parents. Cost-effective quality parent education program. State funded.
- B. Parent Education Resource Center - For parents of children 0- 8 years. Classes range from 3 to 6 sessions. No fee. Funded by Brevard Community College and donations. Also offers free Parent Trainer classes.
- C. Holmes Regional Medical Center, South Brevard Women's Center, Wendi Program at Brevard Community College, Rollins College and Street Theatre also offer parent education for toddlers, preadolescents and adolescents, but not on an ongoing, regular basis.

ORANGE COUNTY

- A. Parent Resource Center/Valencia College - Classes at the center and in community based locations. No fee. State funded.
- B. Jellybean Players - Theater group providing on-site presentation of parenting information. Very effective in reaching isolated or hard to reach population. No fee. State funded.
- C. Parents Anonymous - Peer facilitated group. Professional facilitator provides parent education and child development information. Effective format for providing Child Abuse Presentation information and support. No fee. Funded through donations.
- D. B.E.T.A. - Parenting classes for residents of the program. No fee to residents of program. Funded by private and corporate grants and donations.

SEMINOLE COUNTY

- A. Parent Resource Center - Offers parenting information and referral source, network through existing programs and produce programs in high risk areas. Cost is approximately \$40,000. Funded through donations.

The Parent Resource Center of Seminole County is a new program patterned after the existing successful program of Orange County. It is receiving tremendous support.

OSCEOLA COUNTY

- A. F.I.R.S.T. Perinatal Program (First Infant Readiness Support and Training) - Described in category 1.
- B. Homemaker Program - Described in category 3.

- C. Parent Education Classes - Mental Health Services of Osceola, Inc. - Classes are offered weekly for a nine week series. No fee is charged. Most clients are HRS referrals. Seventy-two clients have been served during the fiscal year 85-86. Funded through State funds and sponsored by Mental Health Services of Osceola, Inc.
- D. Family Resource Center - Described in category 1.

8. Life Skills Training for Children and Young Adults -

BREVARD COUNTY

- A. Brevard County Public Schools - Life management skills, family life, self development, interpersonal skills are taught through Life Management, Family Living classes and the Teen Outreach program. The Teen Outreach program is funded through the Junior League and March of Dimes. All help participants acquire a better understanding of themselves and others. However, programs are offered to too few students.
- B. Self-protection from abuse and neglect are taught through the Child Abuse Prevention Coordinator's Program and Child Sexual Abuse Task Force.

ORANGE COUNTY

- A. Orange County Child Abuse Prevention Program - Puppet shows and other school/day care center based presentations for prevention of child abuse. This program provides developmentally appropriate information, which is effective in teaching children to recognize symptoms of abuse, how to protect themselves and where to get help if needed. No fee. Funded by HRS grant, and donations.
- B. Parents Anonymous - Effective programs for children of public assistance participants in building self-esteem, personal protection and relationships. No fee. Funded through donations.
- C. Parents Resource Center - Various classes for parents and their children in building self-esteem, communications and personal protection. Funded through United Way. Costs are \$5 - \$15.
- D. Adam Walsh Center - Child safety programs. Public relation campaigns and school based programs to instruct children on protection from strangers. No fee. Funded through private and corporate grants and donations.
- E. We Help Ourselves (WHO) Program - A school based program for instruction to children and teens of how to recognize abuse, what to do about it and where to get help. Ef-

fective in reaching preschool and K-12 students. No fee. Funded through Junior League of Orlando/Winter Park.

SEMINOLE COUNTY

- A. Teenage Pregnancy Program (TAPP), Sanford - Offers an academic program with social and emotional support for teenage pregnant students. Cost is approximately \$60,000. Funded through a Federal grant.
- B. Life Skills Management (Seminole County School Board) - Offers coping skills. Cost and source of funding are not available.

All programs impact on the high risk population in a positive way.

OSCEOLA COUNTY

- A. Child Abuse Prevention Coordinator - Life Skills Training for children and adults, enabling coordination of child abuse prevention efforts in Osceola County. Populations served in past year have included: public school teachers and guidance counselors; students in elementary, middle and high schools; law enforcement; clergy; ministerial students; probation and parole officers; day care centers; civic organizations and the public at large. Funding provided through Mills' Bill funds and administered by Mental Health Services of Osceola County, Inc. Includes salary and operating expenses for a full-time coordinator and secretary.

9. Family Support and Crisis Services

BREVARD COUNTY

- A. Parent Stress Line - Brevard Mental Health Association. Crisis counseling and referral, 24-hours. Cost-effectiveness being evaluated. Funded through Mills' Bill appropriation.
- B. Children's Home Society - Crisis intervention within the homes, follow-up and referral. Funded through State dollars. Being evaluated. Homemaker program described in Category 3.
- C. Housekeeping Chose Services - Pays person in community to provide home and child care to a family when parent is temporarily incapacitated. No fee to client. Serves low-income families with dependent children. Cost-effective, but difficult to find housekeeper.

- D. Child Care Association - Provides crisis child care to eligible parents when possible. Funded through Federal, State and County dollars. Fee waiver with clients' income.
- E. Crosswinds - Crisis home for teens. No fee. Funded through State and Federal dollars.
- F. Brevard Mental Health Centers and Hospital, Inc. - Individual and family counseling. County-wide. Sliding fee. Funded through Federal, State and County dollars. Service is not always available.

ORANGE COUNTY

- A. Spouse Abuse Shelter - Provides emergency housing and support for family members abused by spouses. Includes child care, education and community resource information. Maximum stay is six weeks. Funded through United Way, State and local dollars, and corporate and private donations. No fee or low cost.
- B. Great Oaks Village - dependency care for abused, abandoned or neglected children who have been removed from their homes. Programs limited in scope. No cost to children. Funded through United Way, State, County dollars, and corporate and private donations.
- C. We Care - Hotlines providing parent support, crisis intervention and child/teen support. No fee. Funded through United Way, State and local dollars, corporate and private donations.
- D. HRS - Dependency intake investigations of child abuse allegations. Crisis counseling for families, crisis homes, emergency shelter and foster care for children. No fee. Funded by State dollars.

SEMINOLE COUNTY

- A. We Care (Orlando) - Offers crisis intervention on a 24-hour basis by phone, drop-in and outreach, suicide and child abuse prevention. Cost not available. Funded through grants and donations.

We Care is making an impact in the area of prevention of child abuse through crisis intervention.

OSCEOLA COUNTY

- A. Homemaker Program - Described in category 3.

10. Programs for Abused Children -

BREVARD COUNTY

- A. Children's Home Society - Treatment for preschool and latency age victims and families. Sliding fee. Funded through United Way and Sexual Abuse Task Force.
- B. Sexual Abuse Task Force - Multi-agency which provides treatment to victims and families. Assessment, group treatment and support funded through donations. Cost-effective. No fee to clients.
- C. Child Care Association - Enriched day care for child abuse victims. Funded through Federal, State and County dollars.
- D. Family Counseling - Individual therapeutic services. Sliding fee scale is too high for many families to participate.
- E. Brevard Mental Health Center - Individual therapeutic services. Sliding fee scale is too high for many families to participate.
- F. Child Protection Team, HRS - Medical diagnosis and evaluation for victims of child abuse and neglect. Social service consultation, case staffing and treatment planning. Funded through State (CMS) dollars.

ORANGE COUNTY

- A. Child Protection Team/Orange Playhouse - Support, coordinated services and therapy for children, parents and relatives. Effective in providing a comprehensive approach to breaking the cycle of abuse. No fee. Funded through United Way, HRS, ORMC, State, local dollars, and corporate and private donations.
- B. Spouse Abuse Shelter - Temporary shelter for high risk children whose parent has been abused by a spouse. Play therapy and counseling provided. Funded through United Way, State, local dollars, and corporate and private donations.
- C. Coordinated Community Child Care (4-C) - Free day care to at risk children referred by HRS. Effective in providing parents with an opportunity to solve problems, seek employment, etc. No fee. Funded through United Way, HRS, State, local dollars, and corporate and private donations.
- D. Protective Services, HRS - Workers visit homes of high risk children to protect them from abuse, and work to integrate the family system. No fee. Funded through State dollars.
- E. Great Oaks Village - Dependent care for high risk children. Residential facilities for abused, abandoned or neglected children. No fee. Funded through United Way, State, local dollars, and corporate and private donations.

SEMINOLE COUNTY

- A. Missing Children Center, Inc., Winter Springs - Offers support groups for children and adolescents. Cost is not available. Funded through grants and donations.

Missing Children Center, Inc. is effective in providing support groups for adolescents.

OSCEOLA COUNTY

Not offered.

11. Community Organization Activities -

BREVARD COUNTY

- A. Child Abuse Prevention Task Force of Brevard - Volunteer task force continually assesses county for needs, and plays a vital role in planning and implementation of needed programs.
- B. Child Sexual Abuse Task Force - Described in Category 10.
- C. Brevard County Preschool Interagency Council - Described in Category 4.
- D. Committee on Status of Children - Multi-agency volunteer committee work includes advocacy, research and networking.
- E. Multi-agency SED Network - School board of Brevard County. Multi-agency council which works toward developing programs for severely emotionally disturbed children.

All these volunteer organizations work together toward improving lines of communication for children, youth and families and have made progress in networking, program planning and implementation.

ORANGE COUNTY

- A. Orange County Child Abuse Prevention Coordinator - Program development, coordination, community awareness and professional in-service training. No fee. Funding through State dollars and community contributions.
- B. Orange County Child Abuse Prevention Task Force - Twenty-five representatives of local service providers including HRS, mental health, law enforcement prevention programs, education programs and others. Networking and problem solving for the community. Recommendations to funding sources based on perceived needs. No fee. Funded through

contributions.

SEMINOLE COUNTY

- A. County Child Abuse Prevention Task Force - Offers networking among agencies to develop programs which encourage awareness and involvement in child abuse prevention. Cost is approximately \$40,000 for a Coordinator as consultant to program, and available services provided by that office. Funded through State dollars, and Mills' Bill appropriation.
- B. Seminole County Sexual Abuse Task Force, Casselberry - Offers a cooperative process to serve professionals and juveniles within the system. Cost is not available. Funded through donated and in-kind services.

Both organizations are effective in networking and developing programs in Seminole county.

OSCEOLA COUNTY

Not offered.

12. Public Information and Education -

BREVARD COUNTY

- A. Child Abuse Prevention Coordinator - Public awareness, coordination, parent education and training, speaker bureau, resource packets, development of brochures, catalogs, resource directories and public information posters and flyers. Cost-effective and serves as consultant and resource for the County. Funded through Mills' Bill appropriation.
- B. Parent Stress line - Described in Category 11. Public information posters and brochures.
- C. Child Protection Team, HRS - Consultation and training to HRS and other professionals.

ORANGE COUNTY

- A. Orange County Child Abuse Prevention Coordinator - Program development, community awareness, in-service training, coordination of existing services. No fee. Funded by State dollars and contributions.
- B. Child Protection Team, ORMC - Community awareness of the value of effective parenting, in-service training, therapy

programs, and crisis services. No fee. Funded through United Way, ORMC, State, local dollars, and corporate and private contributions.

- C. Human Services Council - Community resource dissemination of information. Referral services for families. No fee. Funded through United Way, State, local dollars, and corporate and private contributions.

SEMINOLE COUNTY

- A. Child Abuse Prevention Coordinator, Casselberry - Offers in-service presentations for professional organizations, information of availability and prevention programs in the county, and program development. Cost is \$40,000. Funded through Mills' Bill appropriation.
- B. Families Together, Inc., Longwood - Offers public awareness and education in alcohol, drug use and abuse. Cost is not available. Funded through grants, VISTA, and donations.

Both have made a significant impact in education to the community for public awareness of prevention of child abuse.

OSCEOLA COUNTY

- A. Child Abuse Prevention Coordinator - Described in category 8.
- B. Family Resource Center - Described in category 1.

V. PRIORITY OF NEEDS BY COUNTY

O BREVARD COUNTY

Priority #1 -

Continue all of the existing prevention programs and providing expansions to serve more clients:

Support Program for New New Parents - Parent Connection, additional staff at \$18,000; Parent Support, additional staff at \$18,000.

Child Care Opportunities - Give Me A Break, 133 child care slots at \$4,000, one half-time coordinator at \$9,000 = \$13,000.

Coordination, Public Information and Education - Coordinator Assistant at \$18,000;

Crisis Services - Parent Stress Line, one half-time staff at \$9,000.

Parent Education - Street Theater, staff-volunteer coordinator at \$15,000.

Priority #2 -

Life Skills Training for Children - Education for elementary children K-6 to train each Latch Key Site manager and to purchase curriculum materials at \$3,500; Education of teen and youth for Teen Outreach Program at \$3,500.

Priority #3 -

Parent Education - Increase education to low-income parents throughout the county. Video tapes for parents of children 0 - 5 for Well-Baby Clinic - 20 tapes @ \$40 = \$800; Increase number of free parent education classes - 6 classes X \$120 for facilities = \$720, plus \$100 for supplies = Total \$820.

Priority #4 -

Support programs for juvenile sex offenders (past victims of abuse) at \$640.00/per group = \$2,560.00 plus supplies at \$440 = Total \$3,000.

O ORANGE COUNTY

Priority #1 -

Continuation of existing resources and programs and providing expansion to serve more clients: Prevention coordinator contract, Administrative Assistant, Partners in Parenting to full-time program. Street Theater volunteer recruiter/coordinator. Cost is \$50,000.

Priority #2 -

Group education for new parents -

- a. parent education for parents of minority groups
- b. parent education for all high school students
- c. parent education for all teen parents including expectant parents with children under 3 years of age.
- d. parent education for low-income parents and multi-problem families
- e. parent education for parents with "difficult children" including those with behavioral and developmental problems
- f. parent education for working parents (single parents and 2 parent families which need two salaries), (this program offered as an employee benefit or part of EAPs).

Ongoing parent education -

- a. classes for minorities in community based locations
- b. classes for parents of teens
- c. classes for teen parents, including expectant parents
- d. programs designed for low-income families
- e. classes for parents of handicapped or developmentally disabled children
- f. classes for parents of "difficult children" (those with behavioral or emotional problems)
- g. parent education for all parents in the county which are not being served by present programs or not in categories a-f. Estimated cost is \$25,000.

In-home education and support -

Intervention to aid families in problem solving techniques, stress reduction and family dynamics resource development. Professionals provide services to ALL families, not just impoverished families. Estimated cost is \$50,000.

Priority #3 -

Family support and crisis services -

- a. crisis nursery for 24-hour services to children at risk
- b. crisis care to families, including family counseling for those utilizing services of crisis nursery
- c. additional services for spouse abuse shelter, including alternative school, full-time day care and preschool facilities
- d. specific support groups to family members who were victims as children - adults who were abused or neglected as children - groups for perpetrators (former victims) - follow-up programs for those participating in these programs
- e. perinatal support for all families who do not qualify for other programs. Perinatal care begins at least by the 2nd trimester, and continues until family is stable or until child is two years old. Components of this program include home visitation and group supports for parents.
- f. hotlines for latch key children.
- g. supplements to existing hotlines, to include parenting information. Estimated cost is \$250,000.

Support programs for new parents -

- a. school based programs for pregnant teens providing basic economic, emotional and educational support and service.
- b. additional peer support groups such as Parents Anonymous for minorities, teens, low income families, parents of disabled or "difficult" children and working parents.
- c. nurturing programs teaching parent child bonding and communications. Peer groups facilitated by training volunteers or professionals. Estimated cost is \$26,000.

Self-help groups and other neighborhood supports

- a. Parents Anonymous - more groups in high risk areas.
- b. Children's group in PA programs.
- c. peer groups in schools for victims or at risk children and teens in all grades.
- d. groups for families whose children have been victimized by someone outside the family.
- e. assistance to neighborhoods establishing cooperative child care, parent support and therapy programs. Estimated cost is \$30,000.

Priority #4 -

Child care opportunities -

- a. respite care for children at risk - This is designed to give families a chance to overcome stress, solve problems and participate in prevention programs. Length of stay is determined by evaluation at time of application.
- b. low cost or free child care for needy families. Designed to meet immediate needs of transient or displaced families. Estimated cost is \$50,000.

Programs for abused children -

- a. modification of existing residential programs to include a nurturing program for children and staff.
- b. therapy programs for children in crisis care.
- c. additional placements for children at risk (i.e. expansion of and higher quality foster homes, nurturing training for foster parents. Cost is \$75,000.

Early and regular child and family screening and treatment -

- a. home visitors trained to screen for health problems and developmental disabilities - Referrals made to appropriate programs.
- b. mental health screening, diagnosis and treatment program to work with families in improving relationships, especially parent-child interaction. Clients are referred to local resources for assistance. Estimated cost \$100,000.

Priority #5 -

Community organization activities -

- a. create a case management consortium for staffing child abuse cases. Opportunities for all professionals directly involved in any given case to discuss a plan of action, including cooperative interagency management. Cost is \$5,000.

Public information and education on prevention of child abuse and neglect -

- a. funding provided to the Prevention Task Force for launching of major Public Relation campaigns to advertise: prevention messages, information about resources, in-service training for all county public officials, law enforcement, medical personnel, legal personnel and others in direct service to children and families such as counselors and volunteers. (Scouts, Big Brothers/Sisters, Little League, etc.) and Ministerial Association.
- b. funding for child protection team to create awareness and remediate specific problem in specific high risk areas (i.e., Sudden Infant Syndrome).
- c. publication of a resource guide for parents and professionals, as an easy to use 4-5 page document with information about services, contact people, addresses and telephone numbers.
- d. reference guides for professionals; specifically for groups needing information about abuse, reporting, referrals and curriculum development. Cost is \$20,000.

O SEMINOLE COUNTY

Priority #1 -

- a. Parent Resource Center of Seminole County - limited at present with in-service training scheduled to begin in October, 1986. Cost is \$40,000.
- b. expansion of Sunshine Connection Program - Perinatal guidance and support services offered, but limited use, to single staff person and lack of adequate funding for client education.
- c. Parent Support Outreach Program Expansion (Project TYKE) - /417,000 increase in current funding for assistance from Program Director.
- d. SED NET (Severely Emotionally Distrubed Network) - Hopper Exceptional Education Center currently SED Planning Team. Cost is \$20,000.

Priority #2 -

- a. Seminole County Protection Team - multi-disciplinary approach to processing child abuse cases through court, lessening the trauma for the child. Cost is approximately \$150,000.
- b. more efficient Pre-Protective Services Program - HRS - a prevention program reaching high risk parents prior to abuse and

- neglect. Need for additional salaried caseworkers.
- c. transportation for indigent clients - emergency transportation to and from services for indigent clients would be beneficial to ensure delivery of services. Cost is \$30,000.
 - d. 24-hour crisis nursery - no program outlined specifically for the children of families in crisis. Crisis nursery will impact the tri-county area of Central Florida to include Orange and Osceola Counties, by providing a safe environment for children while their parents are getting help. Counseling and community resource information will be provided to the parents along with medical and emotional evaluations for the children. Cost is \$150,000.
 - e. children's service center - program housed at the location of the perinatal support project (Sunshine Connection), Missing Children's Center, Families Together (prevention of drug and alcohol abuse), Parent Resource Center, County Child Abuse Prevention Coordinator, and We Care (suicide prevention). Cost is \$181,992 for two years.
 - f. residential facility for pregnant teens - B.E.T.A. (Orange County with service only partially meeting needs of Seminole County) with a lengthy waiting list of applicants and often times no space available. Cost is \$150,000.
 - g. private awareness program on missing children. An awareness of the missing children's problem and prevention on behalf of the general public for protecting their children. Cost is approximately \$26,000.
 - h. affordable housing for single parent families, a community of support and vocational rehabilitation to remove high risk women and children from dangerous situations and placement in a safe environment. Reduced cost for law enforcement and judicial systems. Cost is approximately \$150,000.
 - i. expansion of spouse abuse shelter and an alternative school for children of abused spouses - limited services available to abused spouses and their children. Day care services limited to a small room with only one day care worker per five children, four days per week. Cost combined is \$190,000.
 - j. expand latch key program expanded - available through schools currently sponsoring Latchkey Programs, while anticipating that two to three more schools will sponsor this program after January, 1987. Cost is \$1,000.
 - k. Parents Anonymous chapter - "Parents Under Pressure" is currently being launched in county provide weekly parent support group. Cost is \$500 for sitters and resource material.
 - l. executive director position for Ursula Sunshine Child Abuse Prevention, Inc. which sponsors child abuse prevention projects (Sunshine Connection and future 24-hour crisis nursery). Due to insufficient staff and monies, there is limited community outreach for private funding sources to establish a

24-hour crisis nursery, and increase community awareness and involvement. Cost is \$25,000, which includes salary, fringe benefits and travel.

Priority #3 -

- a. administrative assistant for Seminole County Child Abuse Prevention Coordinator - information and referral services are offered but are limited, due to lack of sufficient staff. Coordination of child abuse and neglect programs could be enhanced through provision of an administrative assistant. Cost is \$18,000.
- b. executive director for Ursula Sunshine Child Abuse Prevention, Inc., which sponsors prevention of child abuse projects (Sunshine Connection and a future 24-hour crisis nursery). There is insufficient staff and dollars, and limited community private funding sources to establish a 24-hour crisis nursery. These efforts would increase community awareness and involvement, and provide direct supervision for prevention of child abuse efforts. Community and in-service presentations would be initiated. Cost is \$25,000.

Priority #4 -

- a. classes for prevention of pregnancy and delivery of premature babies - this service should be accessible to adolescents in the community, through provision of birth control information. The prevention of delivery to unhealthy babies is now offered on limited basis by Sunshine Connection. Instruction of good prenatal care for delivery of healthy babies would be stressed. Cost is \$500 for resource material.

Priority #5 -

- a. expansion of Families Together organization - limited services are now available through educating parents, community and children on dangers of drug and alcohol abuse. Cost is \$25,000.

○ OSCEOLA COUNTY

Priority #1 -

Develop and provide parent education and training for first time, teenage and single parents - These groups are at higher risk for becoming abusive parents. Parent education is a first-line strategy in the prevention of child abuse. Parent education classes need to be developed specifically for these populations. The F.I.R.S.T. Program provides support and training for first

time parents. This is a vital program which the County Task Force believes must be continued. It is also felt that the program should be expanded to include parents who are not first time parents, but need support and training.

Offering this service would allow additional clients to be accepted: an additional part-time coordinator could handle the increased workload. More materials would be needed as well.

Estimated cost of parent education classes are \$7,000 which could be funded through Mental Health Services of Osceola, who currently provide classes. This would enable them to double their course offerings, in order to offer classes geared for single, first time or teenaged parents. They currently receive \$3,500.

Priority #2 -

Develop and provide intervention and support. This will be accomplished through development of a Child Abuse Hot Line, for referrals to treatment and support groups, such as Parents Anonymous and another treatment group for sexually abused children. Community awareness is also included in this category. A recent survey indicated the continued need for public awareness programs. Coordination efforts were ranked high on the list of priorities when the respondents were requested to do so. The population of the county has been doubling every six years. This indicates a need for continual public awareness and coordination of efforts. The coordinator also helps in the development of intervention and support groups and makes referrals to these groups. Cost for a Child Abuse Hot Line is \$20,000. Child Abuse Prevention Coordinator is \$42,000 (currently funded at \$40,000).

Priority #3 -

Develop and provide in-service education for professionals. Target groups include: law enforcement, ministers, school personnel and medical personnel. This is currently being provided by the C.A.P. Coordinator. There is a continued need for education due to turnover. Also, professionals in each field need to be trained so that they can conduct training in their respective fields. Estimated cost is \$4,000.

Priority #4 -

Develop and provide child education for K-12 graders in the schools to include child abuse, personal safety and sex education. The coordinator currently provides these services for the school system. Volunteers need to be recruited and trained to

make presentations. Sex education is being implemented for the 7th graders in science classes this fall. Estimated cost is \$4,000.

Priority #5 -

The establishment of a county based Child Protection Team. Clients have had to travel to Orlando for interviews and examinations. Currently a county based team staffs cases, but exams are still done in Orlando. No physician is available (willing) at this time. Estimated cost is \$70,000 for physician, social worker, facilities and supplies.

Priority #6 -

An expanded Guardian Ad Litem Program. The county has one attorney who acts on a voluntary basis as Guardian Ad Litem. No volunteer program exists. Estimated cost is \$60,000 for an attorney, volunteer coordinator and expenses.

Priority #7 -

Crisis services, including a crisis nursery for parents - Estimated cost is \$250,000 for a new program. Cost could be considerably less if picked up by an existing child care agency.

VI. DEFICIENCIES BY COUNTY

BREVARD COUNTY

- O lack of public transportation which limits access to community resources
- O inadequate funding to provide adequate number of parent education classes in each area of county
- O lack of funds to advertise parent education programs; volunteer publicity is not always available
- O corporal punishment in the schools
- O lack of awareness of School Superintendent and School Board of the importance of providing Life Management Skills for children K-12
- O school personnel who are threatened by Child Sexual Abuse Prevention Programs
- O lack of understanding by the judicial system of children's perceptions, needs and rights
- O lack of understanding by the legislatures, judicial, professionals and general public of the need for treatment of juvenile sex offenders

- o lack of cooperation among various community leaders and organizations in some areas

ORANGE COUNTY

- o difficulty in identifying at risk teenagers
- o resistance from some school personnel to deal with the problem of teenage pregnancy and the dynamics of abuse
- o apathy, lack of trust on the part of teenagers - don't recognize need for cooperation and education
- o lack of funding
- o apathy among parents and ignorance of community resources
- o lack of trust by parents
- o racial prejudice
- o parental burnout
- o difficulty in recruiting volunteers for staffing programs
- o difficulty in reaching minority parents - apathy, ignorance, low self-esteem, isolation
- o difficulty locating suitable locations for classes
- o lack of transportation for isolated parents and teenagers
- o resistance of high risk parents to attend classes
- o difficulty in establishing place, time and hours for respite care
- o inadequate public relations programs
- o shortage of available child care facilities to provide low or no cost care
- o school officials (counselors) not aware of need for peer groups
- o resistance of professionals to volunteer services to groups
- o resistance of professionals working with children to learn better methods of managing i.e., using nurturing programs to identify and augment behavior modification techniques
- o too many children for number of foster homes and lack of adequate placement possibilities

SEMINOLE COUNTY

- o lack of cooperation among various agencies, due to limited staff, which causes limited referrals to the appropriate agencies - increasing the number of clients who fall through the cracks
- o state funding should address quality of service and need, rather than just numbers
- o reporting procedures are not followed when reporting child abuse in all Seminole County schools
- o many low-income families do not meet the eligibility criteria for EPSDT, therefore do not receive services
- o enhanced interview techniques for sexual abuse victims, and increased community cooperation for protection of the child victim
- o lack of consistent interest in child abuse issues and attendance at County Task Force meetings

- 0 inadequate funding for badly needed services

OSCEOLA COUNTY

- 0 lack of a coordinated delivery system
- 0 uneven distribution of services and resources available to our county from the district and State - county residents must travel 60 miles for some services
- 0 lack of understanding by the judicial system of family dynamics and appropriate intervention needs for abuse cases
- 0 lack of understanding by the judicial system of children's perceptions, needs and rights
- 0 lack of any public transportation which limits access to community resources, while some resources are only available in Orlando
- 0 a transient and rapidly growing population - Osceola County is the fastest growing county in the state and services have not expanded to keep pace. The transient nature causes unique problems for people which make continuity difficult

VII. ACTION PLAN BY COUNTY

BREVARD COUNTY

Funding will be sought through Gannett Foundation, United Way, Federal, State, and County dollars and local donations to:

- 0 provide funding to expand parent education programs in each area of the county
- 0 provide funding for the purchase of an advertisement for parent education classes
- 0 continually communicate, through oral and written communication to school board and legislators, the need for banning corporal punishment in our schools
- 0 provide additional education materials to teachers and the general public for alternatives to abusing children and teens
- 0 provide additional education materials (tapes, films and programs) for the lending library which focuses on Life Management Skills for children grades K-12.
- 0 to aid in the education of children and youth for their future role in society - we will work through the Child Care Associations, Latch Key Programs and Teen Outreach Program
- 0 continually offer training to school personnel of the need for Personal Safety programs in the schools
- 0 Brevard County Task Force will plan a judicial workshop to enhance the understanding of children's perceptions, needs and

rights

- 0 the District Task Force will offer assistance to the Shelter Home Subcommittee of the Status of Children and Youth, to establish additional shelter homes
- 0 we will work through the Child Sexual Abuse Task Force toward establishing programs for juvenile sex offenders
- 0 we will express the need to legislators, judicial and the general public of the need for programs for juvenile sex offenders
- 0 work through the various interagency councils toward a more cooperative effort in providing services and training to parents, children and professionals

ORANGE COUNTY

- 0 develop or locate an assessment tool to aid schools and other agencies to identify high risk teenagers
- 0 recruit, train and place volunteer instructors for parenting classes in high risk neighborhoods
- 0 recruit more minority volunteers through local minority newspapers, radio stations and neighborhood family fun day events
- 0 develop some incentives to get parents to support groups and classes
- 0 get local churches and schools, in high risk neighborhoods, involved through offering facilities for group meetings and classes
- 0 survey organizations that have vans or buses, to determine whether they can transport participants to programs
- 0 develop publicity campaigns, regarding available services such as respite care, parenting classes, etc.
- 0 encourage local churches to offer Mom's Time Out - respite care programs on a weekly basis
- 0 develop private or corporate funding sources to underwrite the cost of a resource center to include a crisis nursery
- 0 train professionals regarding the need for teenagers to have peer groups, as well as the value of volunteers
- 0 continuous training with professionals regarding better methods of discipline
- 0 contact local legislators about the need for funding increases to recruit and pay for enhanced foster and shelter homes for dependent children

SEMINOLE COUNTY

- 0 Recommendations will be made to increase HRS Intake and Pre-Protective Services staff to provide services for smaller case-loads, so that there is time to make referrals and provide adequate supervision - a recommendation will be made to Pre-Protective Services for changing their intake process in writing letters to solicit clients, as this appears ineffective in procuring clients

- O A recommendation for re-evaluation and distribution of program funds will be made to Tallahassee - Advocate with local legislatures for additional funds. Teenage pregnancies have reached epidemic proportions. While programs to benefit clients in the future are admirable and necessary, the current overwhelming problem of teenage pregnancy has been given short term, limited solutions and resources
- O Follow-up reports indicate that in-service presentations, which state the laws directing "individuals" must report, are not being followed. A report outlining the above information will be delivered to the Assistant Superintendent of Seminole County Schools for consideration and inclusion in directives to all school principals, social workers and counselors
- O A Task Force has been formed in attempting a multi-disciplinary approach to interviewing the child victim, along with enhanced efficiency in the prosecution process. The Child Protection Team will be in place for Seminole County by October 15, 1986, affording increased cooperation among 11 agencies. Enhanced training of law enforcement and medical health professionals for identification and treatment, request increased funding. Private physicians should be involved while new programs are developed to assist those who fall through cracks of programs for the needy
- O Lacking participation in Task Force meetings and events, will continue to be addressed with letters, newsletters, reminders, memos and minutes. Activities which benefit agency programs should increase participation
- O Fund raising activities will continue soliciting private sources - to attempt to raise sufficient funds through public and private sources - to produce a crisis nursery which will service high risk children - to seek solutions to providing public transportation for client access to needed services. Parent Resource Center - Submit proposal to County Commissioners, School Board and United Way requesting partial funding from each. Solicit the private sector and utilize volunteers. Submit proposal to School Board for approval to offer low cost parent education at every school; Crisis Housing - Support MOHAWC project for single parent families for possible implementation of future program development. Develop temporary shelter through hotels where the police department could shelter battered spouses and their at risk children until there is room in existing shelter. Research available locations large enough to house multiple programs. Each organized agency functions individually

OSCEOLA COUNTY

- O Arrange for Mental Health Services to begin providing parenting classes to single, teenage and/or first-time parents. This would require additional State dollars

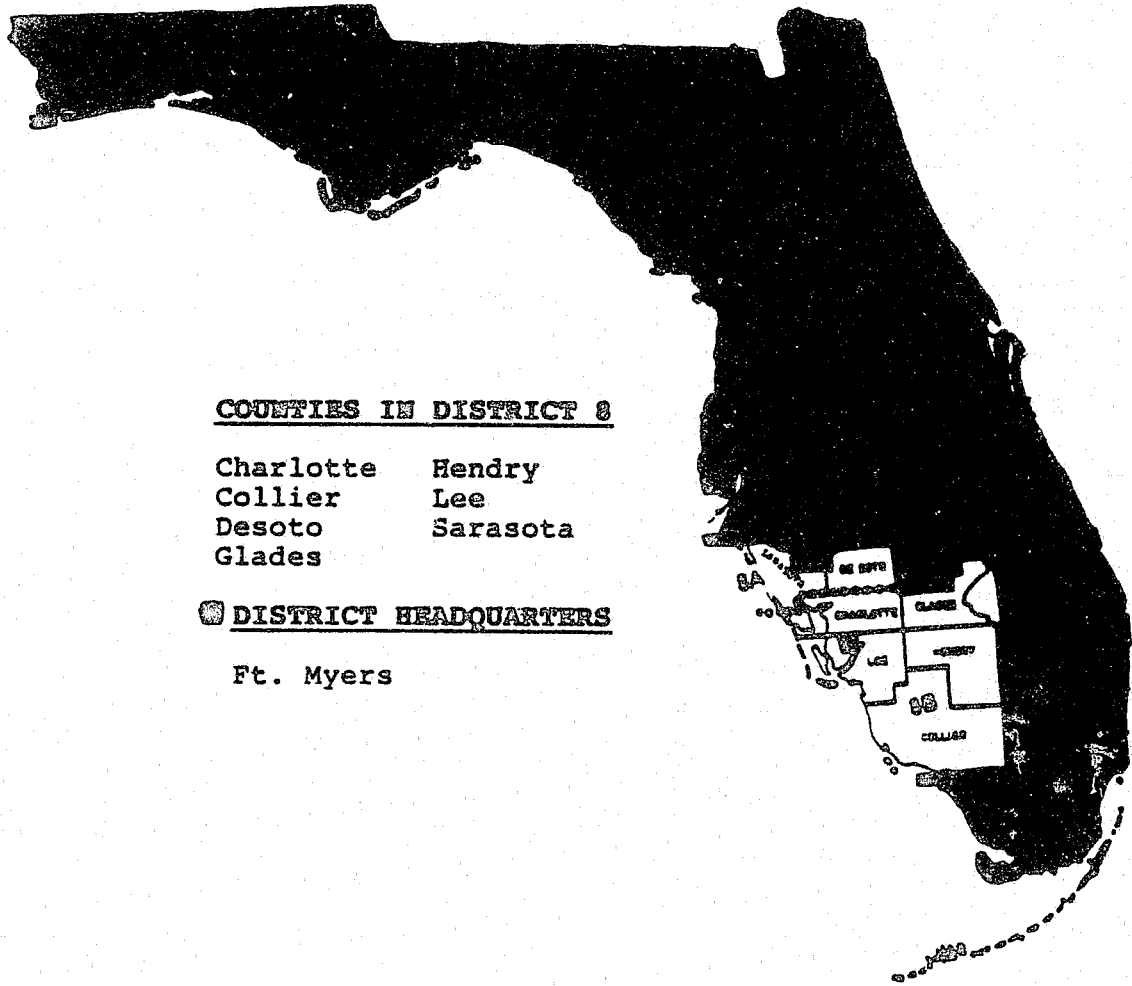
- 0 Arrange for Adult Education of Osceola County Schools to offer a parenting class for single, teenage and/or first time parents. This would require additional State dollars
- 0 Arrange help for Now of Osceola, who already provides a 24-hour crisis line to take Child Abuse Hot Line calls - The funding would pay for the necessary crisis intervention salary and operating expenses
- 0 The Child Abuse Prevention Coordinator is already in existence, however, funding should be continued
- 0 Parents Anonymous is currently in existence
- 0 The Prevention Coordinator currently provides in-service education to professionals. Additional funding would aid in training costs and materials needed for professionals to conduct their own training, in their fields. No fees are currently charged. Consider charging fees if no funding is available
- 0 The Prevention Coordinator currently provides some services, but funding is needed to train volunteers and provide materials. If no funding is available, consider asking the school system for funding
- 0 Funding has been made available for expansion of services to Osceola County, but a physician must be found
- 0 Funding must be received in order to expand this program
- 0 Check with HRS approved 4-C Agencies in Osceola County to inquire about feasibility of crisis respite program. Currently, no facilities operate on a 24-hour basis
- 0 Check with hospitals to see if they would be willing to establish a respite nursery

VIII. RECOMMENDATIONS

1. There is need for the State Legislature to change the Florida Statutes Chapter 415, to provide for expungement of unfounded reports of child abuse and neglect. Unfounded cases should be expunged five years after report is made.
2. Continued and expanded funding for the Guardian Ad Litem program.
3. Intake, Protective and Pre-Protective Services staff should be increased to meet the needs of all families, where abuse and neglect is alleged. Salaries should also be continually reviewed for appropriateness in meeting the problems.
4. HRS should prepare a Legislative Budget Request for 1987-89 that requests funding for the Child Abuse and Neglect Continuum for each district to meet the needs in each district's plan.
5. The Legislature appropriate funds to implement the district plan.

6. The development and funding of treatment programs for juvenile sex offenders for each district.
7. Additional Title XX funds and slots to be designated for day care for at risk children, in addition to regular day care slots.
8. The State Court Administrator should develop a statewide coordination system for collecting court statistics regarding child abuse cases (i.e., dependency, delinquency, status offenders, dispositions, etc.).
9. Client Information System forms, HRSM 50-1 and 50-4, should be changed to include the name and age of the natural parents, regardless of whether they are in the home, non-related persons, and, when applicable, the name of the institution where abuse is alleged to have occurred.
10. The State Legislature should mandate each institution of higher learning, supported through state funds, provide within its curriculum a course(s) on abuse programs (i.e., drugs, suicide, alcohol, child abuse and other such related problems) for any disciplines that work with or for children (i.e., teachers, clergy, social workers, attorneys, etc.)
11. Based on review of school curriculum, the Legislature should mandate instruction on child abuse for each student in regards to what their rights are and how to tell someone.
12. Additional funds allocated to the Child Protection Teams to serve all counties on an equal needs and demand basis.
13. Additional funds should be made available to treatment services. Most victims do not have the financial means and/or ability to travel distances for service.

DISTRICT 8



COUNTIES IN DISTRICT 8

Charlotte Hendry
Collier Lee
Desoto Sarasota
Glades

DISTRICT HEADQUARTERS

Ft. Myers

Delores G. Dry
DELORES G. DRY
District Administrator

Frances Koldevey
FRANCES KOLDEVEY
Chairperson
District Child Abuse & Neglect
Prevention Task Force

DISTRICT 8

A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT

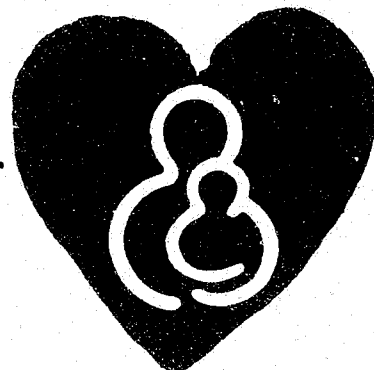


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DISTRICT 8

I. CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

Ms. Frances Koldewey	HRS - Children, Youth & Families
Ms. Christine Robie	Sarasota County-Community Coalition for Families
Ms. Sherie Bleiler	Lee County - Public School Board
Ms. Carol Dansby	DeSoto County Sheriff's Department
Don McClure, Ph.D.	DeSoto County School Board
Jean Doyle, R.N.	DeSoto County Health Department
Ms. Barbara Goldberg	Charlotte County - Child Action Network
Gwen Atkins, R.N.	Sarasota County Health Department
Ms. Joann Gepfert	HRS - Developmental Services
Alice Weaver, R.N.	HRS - Children's Medical Services
Ms. Janet Powell-Taylor	Clewiston County-Law Enforcement
Ms. Barbara Mainster	Redlands Christian Migrant Association (Day Care)
Mr. Byron Smith	Hendry/Glades Mental Health
Ms. Marge Kildahl	District 8 Human Rights Advocacy
Ms. Jill Turner	Child Protection Team
Mr. Julio Arael	Lee County - Social Services Department
Ms. Karen Stutz	Sarasota County - Community Outreach - Emotionally Disturbed (Coed)
Ms. Marcia Soden	Guardian Ad Litem
Ms. Jane Rogers	Collier County - Naples Community Hospital
Nicholas Anthony, Ph.D.	HRS - Alcohol, Drug Abuse & Mental Health

Ms. Mildred Kelly	HRS - Children, Youth & Families
Mr. Herb Glover	Sarasota County - Community Coalition for Families
Ms. Valerie Coffey	Glades County - Community Volunteer

PERSONNEL STAFFED TO TASK FORCE

Ms. Diane Whisman	HRS - Children, Youth & Families
Ms. Nancy Jackson	HRS - Children, Youth & Families
Ms. Sherry Ambler	HRS - DeSoto County
Ms. RaiEtte Avel	HRS - Lee County
Ms. Jane Caldwell	HRS - Collier County
Mr. Al Hammer	HRS - Charlotte County
Ms. Aileen Haines	HRS - Sarasota County
Ms. Rita Young	HRS - Hendry/Glades County
Vacant	Collier County - Child Abuse/Neglect Prevention
Ms. Donna Church	Lee County - Child Abuse/Neglect Prevention
Ms. Joyce Vickery	Sarasota/DeSoto Counties - Child Abuse/Neglect Prevention
Ms. Marilyn Severson	Charlotte County - Child Abuse/Neglect Prevention
Mr. Paul Runge	Hendry/Glades Counties - Child Abuse/Neglect Prevention

II. STATEMENT OF PURPOSE

The District Task Force has the responsibility for developing and preparing a biennial Child Abuse and Neglect Prevention Plan for the District and based on the plan, to determine what primary and secondary prevention services will be funded with the available allocation.

The District Task Force will develop and implement ongoing monitoring and evaluation procedures to assess the impact of prevention programs in District 8.

The District Task Force will inform legislators on issues pertaining to prevention of abuse and neglect, as well as advocating for appropriate legislative change.

The District Task Force clearly recognizes the need for tertiary care programs. However, in as much as sufficient funding is not available, emphasis is placed on the funding of primary and secondary prevention programs.

III. OPERATING PROCEDURES

A. Objectives

The District Task Force has responsibility for developing the following objectives:

1. Develop a comprehensive District Plan of Action to include:
 - a. Documentation of the magnitude of the problem of child abuse, including sexual, physical, and/or emotional abuse and neglect in its geographical area.
 - b. A description of programs which currently serve abused and neglected children and their families (and child abuse and neglect prevention programs), including information on impact of programs, cost-effectiveness and sources of funding.
 - c. Development on a continuum of primary and secondary prevention programs focusing on child abuse and neglect.
 - d. A description, documentation and prioritization of local needs related to prevention of child abuse and neglect, based upon the continuum.
 - 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, 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 accomplish a comprehensive approach to prevention of child abuse and neglect.
 - g. Recommendations for changes that can be accomplished only at the state program level or by Legislative action.
2. To develop selection criteria for meeting identified priority needs.
 3. To assist the District Office in development and implementation of monitoring guidelines for funded proposals.

B. Methods of Achieving Objectives

The following methods have been established to allow the District Task Force to meet the objectives:

1. To hold a minimum of quarterly meetings at a central location in District 8.
2. To develop a comprehensive District Plan of Action by July 1, 1986, to be updated annually.
3. To rely on staff support from the District. The staff support will:
 - a. Provide all statistical information available within HRS to the District Task Force.
 - b. Share information received from the Program Director of Children, Youth and Families (PDCYF) or other sources concerning pertinent information of child abuse/neglect prevention.
 - c. Coordinate any typing or copying needs of the District Task Force.
 - d. Address any other areas raised by the District Task Force.
 - e. Prepare and distribute minutes from each District Task Force meeting.
4. To provide oversight functions to each Subdistrict Committee to include:
 - a. Assist in establishment of and ongoing operation of Subdistrict Committees.
 - b. Set meeting frequencies.
 - c. Assign responsibilities to Subdistrict Committees (on-

- going).
 - d. Disseminate all incoming and pertinent information to Subdistrict Committees (ongoing).
 - e. Establish deadlines for submission of data (ongoing).
5. To serve on Subdistrict Committee.
 6. To assimilate all Subdistrict Committee data into a comprehensive district plan.
 7. To assist Subdistrict Committees in prioritizing and making recommendations on proposals. Such recommendations will be based upon:
 - a. Funds available
 - b. Existing resources
 - c. Unmet needs
 8. To review and approve recommendations for funding submitted by the Subdistrict Committees.
 9. To assist in the development of reporting and monitoring procedures for prevention project proposals.

C. Membership

1. District Task Force

This District Task Force is appointed by the District Administrator and members are selected from various professional disciplines throughout each of the two Subdistricts in District 8. Representation includes urban and rural areas within District 8, as well as HRS representation from each Subdistrict and the District Office. The District Administrator will serve as an ex-officio member of the District Task Force. Membership for the District Task Force is structured as follows:

a. Length of Term

Two year appointments will be authorized by the District Administrator. There is no limit on the number of terms a member may serve.

b. Reappointments

A member may be reappointed to serve an additional term(s) by the District Administrator.

c. Replacement of Members

In the event a member cannot complete his/her tenure, the appropriate Subdistrict Committee will submit recommendation(s) for replacement to the District Chairperson. The

District Administrator will authorize the appointment in writing.

d. Absences

Members are responsible for notifying the District Chairperson if unable to attend a meeting. Alternates will not be permitted. In the event a member is absent from two meetings without appropriate notification, continued membership will be reevaluated by the District Task Force with recommendations to the District Administrator as appropriate.

2. Subdistrict Committee

- a. Membership will be by appointment of the Subdistrict Administrator or his designee.
- b. Membership on Subdistrict Task Force should include representation from rural and urban areas. Membership should include the various professional disciplines required by Florida Statute.
- c. Each Subdistrict Committee will be assigned an HRS liaison for preparing and distributing minutes of each meeting and disseminating other information as appropriate.
- d. The Chairperson of each Subdistrict Committee will be designated by the District Administrator and will serve on the District Task Force.
- e. Subdistrict Task Force meetings will be held semi-annually, at a minimum, and more frequently as need dictates.
- f. Members are responsible for notifying the Subdistrict Chairperson if unable to attend a meeting. In the event a member is absent from two meetings without appropriate notification, continued membership will be reevaluated by the Subdistrict Task Force with recommendations to the District Administrator as appropriate.

3. Chairperson

A Chairperson will be designated by the District Administrator. A Contract Provider may serve as Chairperson, but must adhere to rules concerning "Conflict of Interest" as set forth in Section 9 of the Operational Procedures. The length of term is two years with no limit on the number of terms which can be served. The Chairperson's responsibilities include but are not limited to:

- a. Presiding over all District Task Force meetings.
- b. Setting dates, times, and locations of each meeting.
- c. Calling special meetings, as needed.
- d. Establishing subcommittees as appropriate with the concurrence of District Task Force members.

- e. Developing agenda items for each meeting.
- f. Making assignments to District Task Force members.
- g. Establishing deadlines for submission of data.
- h. Making recommendations to the District Administrator for the filling of vacancies on the District Task Force for approval.
- i. To provide quarterly status reports to membership, legislators and other individuals, as appropriate.

D. Vice-Chairperson

A Vice-Chairperson will be selected through nomination and voting by the membership. The Vice-Chairperson's responsibilities include assisting the Chairperson in carrying out responsibilities and acting for the Chairperson during any absences.

E. Parliamentary Procedure

The Chairperson will call all meetings and will be the presiding officer. In addition, the following procedures will apply:

1. Quorum - is defined as 50% of the membership of the District Task Force. A quorum is required for all issues requiring voting or approval by the District Task Force.
2. Voting - any issues that require a vote will be by simple majority and in the event of a tie, the Chairperson shall cast the deciding vote. Voting can be accomplished by proxy through another member upon notification, in writing, to the Chairperson.
3. Adjournment - The Chairperson shall adjourn each meeting.

F. Compensation

Members shall serve without compensation.

G. Conflict of Interest

Members of the District Task Force and Subdistrict Committee will abstain from voting in the review of any plan, project, or proposal in which that member has a personal, financial or corporate interest or other obligation which would present a possible conflict of interest.

H. Name

The name of the District Task Force shall be:

District 8 Task Force on the Prevention of Child Abuse and Neglect.

I. Amendments

These Operational Procedures may be amended, revised, or added to by a simple majority of the full membership and with the concurrent approval of the State Interprogram Task Force.

J. Criteria for Selection of Prevention Service Providers

In keeping with the legislative intent of the "Mills Bill" Legislation, the following criteria for selection will be applied in selecting prevention service providers:

1. The program's ability to meet the service need(s) identified by the District Child Abuse and Neglect Prevention Task Force. (Is the description of the program activities and services specific as to how the service need(s) will be addressed? Will the activity and/or service resolve or contribute to the resolution of the need which has been identified?)
2. The cost effectiveness of the program. (Does the staffing pattern make sense? Are the numbers, types, and salary levels of employees reasonable based on the services to be provided, numbers of people to be served and level of responsibility of the employees? Is the level of other administrative costs reasonable?)
3. The provision of an evaluation component that will provide outcome data. (Are the outcome measures stated so that they are specific, pertinent, attainable, measurable and observable? Are the evaluation design, instruments and techniques adequate to address completion of the goals and objectives that the District Task Force has of the program? Does the evaluation design include a measure that will show, among other things, whether or not child abuse and/or neglect prevention services provided to clients have the effect of preventing and/or reducing parents' abusive behavior toward their children?)
4. The provision of a parenting education component. (Although many of the current prevention services are not "called" parent education programs, this criteria reminds us that teaching parents is an important component of all of the prevention services that we are providing. It is inherent in prenatal and perinatal support programs, parent support groups, in home visitor programs and street theater.

Regardless of how the service is categorized, look closely at: the content of what parents will be taught; what concepts and skills are included; how they will be taught; if the content and method are appropriately geared toward the different age levels, reading levels and need levels of the parents.)

5. Provision of the mechanism for coordinating and integrating services with other services that are considered necessary for working with the target population.
(Does this program have a plan to increase comprehensiveness?)

As agreed upon by the District Task Force, potential providers will be actively sought out via informal bidding process or by approaching providers with the expertise in the areas of needed services. Specific guidelines and evaluation criteria will be used by a selection committee in choosing the most qualified providers.

IV. INTRODUCTION TO CONTINUUM

The following represents a continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention in District 8, as well as a brief description of such programs and services.

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

1. Support Programs for New Parents - An area in which stress within a family is universally experienced is when a new baby is taken home. Support groups focusing on families in this situation are exceptionally effective. Prenatal and postnatal programs, built upon existing medical programs to provide new parents with support, training and information in areas such as child development, parent-child relationships and adult relationships, are important in preparing individuals for the job of parenting. Information on community resources available to new parents and to infants and children should be provided. Special emphasis should be placed on developing techniques useful in communicating with the baby and enhancing parent-child bonding. The focus of these services should be to develop group activities that form a social network among parents, thereby creating peer relations and peer support. Although such programs should be available to all parents, special attention should be paid to first time, teenage and single parents.

2. Group Education of New Parents - As a continuation of the pre-natal program and as a part of the perinatal support program, all new parents should have an opportunity to participate in a program to increase their skills in caring for a new baby. The program, held in cooperation with local hospitals and county public health units, should be directed toward the creation of new parent groups and toward the continuation of instruction in child care and child development.

To reduce the additional stresses created for parents by infants with special problems following birth - for example, premature babies or those with illnesses, abnormalities, or defects - special education support programs should be available. These programs should focus on group support from parents with similar children, educate parents about particular needs of their child and educate parents in how to deal with these needs in a family environment. Encouragement must be given, in particular, to such groups in rural areas of District 8.

3. In-Home Education and Support - Among the problems experienced by families with young children is isolation from and lack of knowledge about health and social services in their community. Coupled with a lack of knowledge of how to detect and handle many childhood problems, this places many families at risk for abuse. Educational support programs including home visitor services should be available in providing support and education for recognized high risk groups through periodic visits to the home following childbirth until the child enters school.

These visits should be made by trained health professionals or trained volunteers. Parents should be provided information and/or advice on child care, nutrition and home management. Parents should be referred to needed social and health services in the community. Such services can be rendered through a cooperative effort of local Well-Baby Clinics, Home Health Nursing Programs, Home Visitors, Parent-Friend Programs and In-Home Parent Education Programs, to name a few.

4. Early and Regular Child and Family Screening and Treatment - Because abusive behavior is cyclic, detecting and treating health and developmental problems early in life is critical. Early childhood screening and treatment programs should detect problems children may be having, including abuse and neglect, and to ensure that these children receive the necessary health, mental health and other services that will best protect them from becoming abusive parents. Such programs

should be developed through a cooperative effort of local health departments, schools, hospitals, pediatricians, migrant health units, day care centers and others as appropriate.

5. Child Care Opportunities - While child care programs are a necessity in households in which all adults are employed, such services are also beneficial for parents who do not work outside the home, but find continuous child care responsibilities very stressful. Child care programs provide opportunities for children to learn basic social skills. Provisions of day care opportunities throughout District 8 with special emphasis on rural areas, low income population, high risk groups and specialized day care should be aspired.
6. Self-Help Groups and Other Neighborhood Supports - The purpose of self-help groups and other neighborhood supports is to reduce the isolation experienced by many parents through development of peer support systems. Beginning with social networks created through parent groups in the prenatal and perinatal programs a variety of opportunities should be offered for parents to participate in group activities or to establish social contacts in order to reduce the risk of abuse and neglect. Examples include parent groups stemming from such groups as Parents Anonymous, Nurturing Programs, Foster Grandparent Programs, Parent Education Programs and comparable problem-oriented groups. Specialized support groups for parents who have children who have Down's syndrome, cleft palate, epilepsy, cystic fibrosis, etc., are typically instrumental in providing support. The self-help and support programs should also focus on the development or strengthening of neighborhood-based natural helping networks.
7. Ongoing Parent Education - As children become older, parents encounter new challenges or problems for which they are unprepared. Parent education programs provide information and a forum for parents to develop skills they need in raising their toddlers, preadolescents and adolescents. The provision of ongoing parent education programs and public awareness of the same should represent the cooperative efforts of the private sector and public health, social services, educational and mental health groups and agencies.
8. Life Skills Training for Children and Young Adults - The purpose of life skills training is two-fold. First, life skills training equips children, adolescents and young adults with interpersonal skills and knowledge that are valuable in adulthood, especially in the role of parenting.

Secondly, life skills training provides children with skills to help them protect themselves from being abused. Knowledge and skills can be imparted in a variety of ways. Educational classes or supports should be provided through the school system, adult education centers and health units. Skill and knowledge building should be stressed in areas of child development, family and life management, self-development, self-actualization and methods of seeking help. Age appropriate information regarding sexuality, family planning, nurturing and issues relating to parenting should be provided.

9. Family Support and Crisis Services - Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse and neglect. To provide immediate assistance to parents in times of stress, crisis care programs should be available on a 24-hour basis and should include the following services: telephone hotlines, crisis caretakers, crisis babysitters, crisis nurseries, sick child care, and crisis counseling. Through these programs, parents facing immediate problems could receive immediate support to alleviate the stresses of a particular situation. Help should be available over the phone or through in-person counseling.

The program should also offer parents the option of having someone come into their homes on a temporary basis to assist with child and home care or of taking the child to a crisis nursery. Because crisis care is temporary and short term, such programs should be equipped to refer parents to long term services, as needed.

10. Programs for Abused Children - Therapeutic intervention for children and young people who have been abused or neglected is, in part, tied to prevention. To minimize the long term effects of abuse, age appropriate treatment services should be available to all maltreated children. Treatment programs for abused children should include a thorough diagnosis of physical and developmental (social, psychological and emotional) problems. It is believed that access to the general therapeutic community must be readily available for both short and long term treatment.

** The preceding program areas form a strategy of preventing child abuse. Community supports are essential, however, in putting into place these or any other prevention services and in assuring that such services are responsive to a community's needs. **

11. Community Organization Activities -To increase the avail-

ability of social services, health and education resources and of other supports that reduce family stress, community organization activities will be necessary. Community based planning and coordinating bodies, representative of the views of different community groups and agencies, are needed to determine priorities for proposed prevention programs.

As programs are implemented, a plan for ongoing evaluation and assessment of them is also necessary. Ongoing monitoring will ensure the programs are indeed effective, and that they are continually responsive to those they are intended to help.

12. Public Information and Education on Child Abuse and Neglect Prevention - Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, with emphasis on how to get in touch with local crisis care services. The concerted efforts of HRS staff, Child Protection Teams, Child Abuse/Neglect Prevention Coordinators and community based prevention coordinating bodies must promote public information and education on an ongoing basis through mediums, i.e., Speaker's Bureaus, Media, Hotlines, etc.

It is particularly important that awareness on the part of professionals and volunteers is essential to the effectual results of a community's prevention program. Physicians, teachers and others who come into contact with families should receive training in the dynamics of child abuse and information on the availability of prevention programs in the community.

B. CHILD ABUSE AND NEGLECT PROGRAMS WITH AN INDEX OF SYMBOLS USED

TYPE OF PREVENTION:

- P - Primary Prevention: Measures taken to prevent child abuse in the general population.
- S - Secondary Prevention: Measures taken to prevent child abuse in an identified high risk population.
- T - Tertiary Prevention: Measures taken to reduce the effects of child abuse once it occurs.

TYPE OF SERVICE:

1. Support Programs for New Parents
2. Group Education of New Parents
3. In-Home Education and Support

4. Early and Regular Child and Family Screening and Treatment
5. Child Care Opportunities
6. Self-Help Groups and Other Neighborhood Supports
7. Ongoing Parent Education
8. Life Skills Training for Children and Young Adults
9. Family Support and Crisis Services
10. Programs for Abused Children
11. Community Organization Activities
12. Public Information and Education on Child Abuse and Neglect Prevention

PROGRAM: Abuse Counseling and Treatment

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee

IMPACT: Residential Shelter for victims of family violence

TYPE OF PREVENTION: S, T **COST:** unavailable

TYPE OF SERVICE: 6,9 **FUNDING SOURCE:** United Way,
County, State,
Donations

PROGRAM: Abuse Registry Hotline

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota

IMPACT: Anonymous party can report suspected child abuse

TYPE OF PREVENTION: S **COST:** unavailable

TYPE OF SERVICE: 10 **FUNDING SOURCE:** State

PROGRAM: Association for Children Under Six

COUNTY POPULATION(S) SERVED: Sarasota, Lee

IMPACT: Conducts educational meetings, lectures and workshops in areas concerning early childhood development. Acts as health, education and child care.

TYPE OF PREVENTION: P, S **COST:** unavailable

TYPE OF SERVICE: 7,12 **FUNDING SOURCE:** membership

PROGRAM: Association of Retarded Citizens

COUNTY POPULATION(S) SERVED: Hendry

IMPACT: Infant stimulation program for developmental disabilities: ages 0-6

TYPE OF PREVENTION: S **COST:** unavailable

TYPE OF SERVICE: 1,6,8 **FUNDING SOURCE:** unavailable

PROGRAM: Big Brothers/Big Sisters

COUNTY POPULATION(S) SERVED: Lee, Sarasota, Charlotte

IMPACT: Recruitment and supervision of adult volunteers to serve as friends to children of single parent families. Goals are to develop a sense of self-worth, assist in overcoming emotional and behavioral problems and reduce the

potential for delinquent behavior.

TYPE OF PREVENTION: P **COST:** \$150,000
TYPE OF SERVICE: 6 **FUNDING SOURCE:** United Way, Fund Raising

PROGRAM: Catholic Services Bureau
COUNTY POPULATION(S) SERVED: Collier
IMPACT: Temporary housing, rent, foster homes, adoptions
TYPE OF PREVENTION: S **COST:** unavailable
TYPE OF SERVICE: 6 **FUNDING SOURCE:** United Way, Church

PROGRAM: Child Abuse Prevention Coordinator
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota
IMPACT: Provide coordination of preventative services, train school personnel, public training, help develop community resources, etc., only involved in child abuse prevention issues.

TYPE OF PREVENTION: P, S **COST:** \$164,849
TYPE OF SERVICE: 7,8,11,12 **FUNDING SOURCE:** State (Mills' Bill)

PROGRAM: Child Development Center
COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Early identification, intervention and prevention of developmental problems for children ages 0-5.
TYPE OF PREVENTION: S,T **COST:** \$300,030
TYPE OF SERVICE: 4 **FUNDING SOURCE:** State, March of Dimes, United Way, Client fee, County, HRS-CYF, Chapter I private contract

PROGRAM: Child Protection Team
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota
IMPACT: Multidisciplinary team which staffs child abuse cases and formulates a prescription for the family involved. Provides medical diagnosis and evaluation. Provides psychological and legal consultation. Provides training for child abuse and neglect.

TYPE OF PREVENTION: P,S,T **COST:** \$558,489
TYPE OF SERVICE: 9,12 **FUNDING SOURCE:** State

PROGRAM: Children's Medical Services
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota
IMPACT: Involved especially in tertiary prevention by providing medical services to children with special physical needs

through screening clinics, referral and funding.

TYPE OF PREVENTION: S,T **COST:** \$4,616,466
TYPE OF SERVICE: 4 **FUNDING SOURCE:** Federal, State

PROGRAM: County Department of Social Services
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades,
Lee, DeSoto Sarasota

IMPACT: Provide assistance with medical fees, hospital costs, indigent burial, emergency food and shelter, prescriptions, and information and referral.

TYPE OF PREVENTION: P,S **COST:** unavailable
TYPE OF SERVICE: 9 **FUNDING SOURCE:** County

PROGRAM: County Parks and Recreation
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades,
Lee, DeSoto, Sarasota

IMPACT: Provide leisure services including athletic programs, special interest classes, summer programs, day camps, therapeutic activities. Maintains major public beaches and park areas, recreation centers and athletic facilities.

TYPE OF PREVENTION: P **COST:** unavailable
TYPE OF SERVICE: 5,6,8 **FUNDING SOURCE:** County

PROGRAM: Episcopal Counseling Center
COUNTY POPULATION(S) SERVED: Sarasota

IMPACT: Provides counseling services to families and couples in all socio-economic levels. Child abuse cases represent 4% of caseload.

TYPE OF PREVENTION: P,S,T **COST:** unavailable
TYPE OF SERVICE: 1,9,10 **FUNDING SOURCE:** Church, individual

PROGRAM: Fame Nursery
COUNTY POPULATION(S) SERVED: Sarasota

IMPACT: Gives daily care to children ages 6 months - 3 years of migrant workers.

TYPE OF PREVENTION: P,S **COST:** \$30,000
TYPE OF SERVICE: 5 **FUNDING SOURCE:** Fame
charities, fees.

PROGRAM: Fame Haven
COUNTY POPULATION(S) SERVED:

IMPACT: Serves teens aged 12-17. Licensed child care facility. Operates as a group home environment for adolescents. Treatment program includes individual and group psychotherapy, psychological counseling and melieu therapy (Boys Town teaching model).

TYPE OF PREVENTION: S,T **COST:** \$14,200 per month/per con-

tract with HRS
TYPE OF SERVICE: 8,9,10 **FUNDING SOURCE:** Room & board rate,
donations, private

PROGRAM: Fame House
COUNTY POPULATION(S) SERVED:
IMPACT: Temporary shelter home for children birth to 12 years of
age needing care due to a variety of family problems.
TYPE OF PREVENTION: S,T **COST:** \$12.00 per day/per child-HRS
TYPE OF SERVICE: 8,9,10 **FUNDING SOURCE:** HRS, Fame char-
ities

PROGRAM: Families Anonymous
COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Counseling and support for families of children with
drug/alcohol problems or other anti-social behavior.
TYPE OF PREVENTION: S **COST:** unavailable
TYPE OF SERVICE: 6,7,8,9,10 **FUNDING SOURCE:** unavailable

PROGRAM: Family Counseling Center of Sarasota
COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Counseling for individuals and families with family or
marital problems and individuals in need of psycho-
therapy.
TYPE OF PREVENTION: P,S,T **COST:** \$330,260
TYPE OF SERVICE: 6,9,10 **FUNDING SOURCE:** United Way, fees,
grants, donations

PROGRAM: Florida Community Health Services
COUNTY POPULATION(S) SERVED: Hendry
IMPACT: Contracted through Children's Medical Services to perform
medical examinations on abused/neglected children.
TYPE OF PREVENTION: P,S,T **COST:** unavailable
TYPE OF SERVICE: 4,10 **FUNDING SOURCE:** State

PROGRAM: Florida Department of Health & Rehabilitative Services
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades,
Lee, DeSoto, Sarasota
IMPACT: Intake - investigates all complaints of child abuse and
neglect; provides crisis intervention, i.e., protective
placement, court referral and case planning.
Protection Supervision - in-home supervision and coun-
seling for child and family.
Foster Care - alternative placements for abused and ne-
glected children, with the goal of reuniting family.
TYPE OF PREVENTION: P,S,T **COST:** \$13,829,563
TYPE OF SERVICE: 3,9,10,12 **FUNDING SOURCE:** State, Federal

PROGRAM: Florida Diagnostic & Learning Resources

COUNTY POPULATION(S) SERVED: Collier, Sarasota
IMPACT: Seeks out handicapped children, assessment, purchase services. Psychiatric and psychological referrals for physically and neurologically disabled children.
TYPE OF PREVENTION: S **COST:** unavailable
TYPE OF SERVICE: 4,10 **FUNDING SOURCE:** State

PROGRAM: Foster Grandparents
COUNTY POPULATION(S) SERVED: Collier, Lee
IMPACT: Foster Grandparent services to dependent children.
TYPE OF PREVENTION: S **COST:** unavailable
TYPE OF SERVICE: 6 **FUNDING SOURCE:** State, ACTION

PROGRAM: Florida Rural Legal Services
COUNTY POPULATION(S) SERVED: Collier, Lee
IMPACT: Attorney and paralegal representation for clients with the following types of problems: unemployment, discrimination, landlord-tenant, civil rights claims, (any legal problem except divorce/custody), migrant farm worker difficulties and public benefit difficulties.
TYPE OF PREVENTION: P,S **COST:** unavailable
TYPE OF SERVICE: 9 **FUNDING SOURCE:** Federal, private

PROGRAM: FRAMAH/My Friend's House
COUNTY POPULATION(S) SERVED: Collier
IMPACT: Residential shelter for victims of family violence, support group for individuals or families in crisis.
TYPE OF PREVENTION: P,S,T **COST:** unavailable
TYPE OF SERVICE: 6,9,10 **FUNDING SOURCE:** church, private donations

PROGRAM: Guardian Ad Litem
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota
IMPACT: Anyone under 18 years of age who is determined to be abused, abandoned (dependent children) by Statute Court must be appointed a Guardian Ad Litem by a judge. The volunteer takes the case and stays through the final hearing and foster care process, if applicable. If child enters foster care, case becomes inactive.
TYPE OF PREVENTION: P,S,T **COST:** \$120,000
TYPE OF SERVICE: 10 **FUNDING SOURCE:** State, local

PROGRAM: Health Department
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota
IMPACT: Adult clinic, children and youth health, family planning, convulsive disorder clinic, health education programs,

education materials, immunizations, maternity care, public health nursing visits, medicaid screening, school health, venereal disease, WIC program, and day care inspection.

TYPE OF PREVENTION: P,S,T COST: \$14,104,847
TYPE OF SERVICE: 2,3,4,7 FUNDING SOURCE: State, County, client fees

PROGRAM: Hotline of Collier County
COUNTY POPULATION(S) SERVED: Collier
IMPACT: Crisis intervention and referral to help for situations requiring immediate action, such as child abuse, spouse abuse, rape and suicide prevention.
TYPE OF PREVENTION: P,S,T COST: unavailable
TYPE OF SERVICE: 9,10 FUNDING SOURCE: unavailable

PROGRAM: High Risk Perinatal Screening
COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Parent training and developmental assessment of infants with early medical referral in the event of problems. Involves assessment in the hospital and follow-up evaluation at age 1, 3, 6, and 9 months and 1 year.
TYPE OF PREVENTION: P,S, COST: unavailable
TYPE OF SERVICE: 4 FUNDING SOURCE: March of Dimes

PROGRAM: Haven of Life
COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Counseling services to offer alternatives to abortion or euthenasia; practical aspects of child rearing; placement through registered adoption agencies. Medical help under emergency circumstances.
TYPE OF PREVENTION: P,S COST: \$12,000
TYPE OF SERVICE: 2,7 FUNDING SOURCE: Donations

PROGRAM: Improved Pregnancy Outcome (IPO) Project
COUNTY POPULATION(S) SERVED: Collier, Lee
IMPACT: Prenatal and post-partum care, educational programs and special sessions for teens.
TYPE OF PREVENTION: P,S COST: \$500,000 (Lee)
TYPE OF SERVICE: 1,2,4 FUNDING SOURCE: Local

PROGRAM: Jewish Family Services
COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Information and referral, individual and family counseling, family life education, services to single parents, senior adult outreach and referral to appropriate care.
TYPE OF PREVENTION: P,S COST: \$160,000

TYPE OF SERVICE: 1,6,7,9 **FUNDING SOURCE:** Jewish Federation,
fees, donations,
United Way

PROGRAM: Lee County Children's Home

COUNTY POPULATION(S) SERVED: Lee

IMPACT: Provides shelter for children from families in crisis
which has resulted in children being unable to remain in
the home.

TYPE OF PREVENTION: P,S,T **COST:** \$320,000

TYPE OF SERVICE: 5,9,10 **FUNDING SOURCE:** State, local

PROGRAM: Lee County Child Care, Inc.

COUNTY POPULATION(S) SERVED:

IMPACT: Provides child day care services to children of parents/
caretakers who are employed, in a training program, in-
capacitated, or in process of seeking employment; chil-
dren who are at risk and referred by HRS.

TYPE OF PREVENTION: S **COST:** unavailable

TYPE OF SERVICE: 5 **FUNDING:** Federal, State, County,
City, private, grants

PROGRAM: Mental Health Clinics

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades,
Lee, DeSoto, Sarasota

IMPACT: Perform court ordered psychological evaluations, individ-
ual and family counseling, counseling for diagnosed men-
tally ill parents of abused children and/or those re-
cently released from institutions, parents education.

TYPE OF PREVENTION: P,S,T **COST:** \$3,454,187

TYPE OF SERVICE: 2,3,4,7,9,10 **FUNDING SOURCE:** State, local, fees

PROGRAM: Migrant Clinic

COUNTY POPULATION(S) SERVED: Lee, Sarasota, Collier

IMPACT: Clinic for well and sick children, adolescents and a-
dults. Provides immunizations, family planning, obste-
trical care, health education, and home visits by com-
munity health worker and/or community health nurse.

TYPE OF PREVENTION: P **COST:** unavailable

TYPE OF SERVICE: 2,3,4,7 **FUNDING SOURCE:** unavailable

PROGRAM: Nurturing Program

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades,
Lee, DeSoto, Sarasota

IMPACT: Through a predesigned and tested program, this program
improves familial relationships. Coordinated by Pre-
vention Coordinators in all counties except Sarasota, who
has a Nurturing Coordinator.

TYPE OF PREVENTION: P **COST:** \$36,710

TYPE OF SERVICE: 2,6,7

FUNDING SOURCE: State

PROGRAM: Parent and Childbirth Education Association

COUNTY POPULATION(S) SERVED: Collier

IMPACT: Preparation for labor and delivery, cesarean birth, breastfeeding, bonding, expectant parent classes, parenting classes including Nurturing Program and Systematic Training for Effective Parenting (STEP).

TYPE OF PREVENTION: P,S, COST: unavailable

TYPE OF SERVICE: 2,6,7 FUNDING SOURCE: unavailable

PROGRAM: Parent Child Care Center

COUNTY POPULATION(S) SERVED: Sarasota

IMPACT: Infant and child day care center for children of working mothers from low income families.

TYPE OF PREVENTION: P COST: \$260,000

TYPE OF SERVICE: 5 FUNDING SOURCE: HRS, Dept. of Education: Food & Nutrition, United Way

PROGRAM: Parent Friends Program

COUNTY POPULATION(S) SERVED: Sarasota

IMPACT: Provides volunteers for families possibly having difficulty relating/coping with their children. Volunteers provide support while encouraging expression of dependency needs away from child to more appropriate figures.

TYPE OF PREVENTION: P,S COST: \$25,199

TYPE OF SERVICE: 2,3,6,7,9,10 FUNDING SOURCE: State

PROGRAM: Parents Without Partners

COUNTY POPULATION(S) SERVED: Lee, Sarasota

IMPACT: Offer educational programs, recreation and social activities for children and single parents.

TYPE OF PREVENTION: P,S COST: unavailable

TYPE OF SERVICE: 1,6,7 FUNDING SOURCE: private membership

PROGRAM: Planned Parenthood of S.W. Florida, Inc.

COUNTY POPULATION(S) SERVED: Lee, Sarasota

IMPACT: Program is preventive in nature and focuses on high risk groups: teenagers and couples at or below poverty level by offering alternative methods of family planning, counseling and referral services.

TYPE OF PREVENTION: P,S, COST: \$550,000

TYPE OF SERVICE: 6,9 FUNDING: Federal, grants, private, United Way, client fees.

PROGRAM: Private Day Care

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota

IMPACT: Provide day care services so that parents may be employed.

TYPE OF PREVENTION: P **COST:** unavailable
TYPE OF SERVICE: 5 **FUNDING SOURCE:** Private

PROGRAM: Private Physicians, Psychologists and Psychiatrists

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota

IMPACT: Provides services for individuals and families who can afford to pay.

TYPE OF PREVENTION: P,S,T **COST:** unavailable
TYPE OF SERVICE: 4,10,11 **FUNDING SOURCE:** private

PROGRAM: Pro-Life Council

COUNTY POPULATION(S) SERVED: Collier

IMPACT: Provide educational material on conception, pregnancy, abortion procedures; information on adoption and shelter homes for pregnant adolescents; referral to support agencies.

TYPE OF PREVENTION: P,S **COST:** unavailable
TYPE OF SERVICE: 6,9 **FUNDING SOURCE:** Private

PROGRAM: Rediscovery

COUNTY POPULATION(S) SERVED: Charlotte

IMPACT: Support groups and educational services, as needed, for single parents.

TYPE OF PREVENTION: P,S **COST:** unavailable
TYPE OF SERVICE: 6 **FUNDING:** Federal, State, County

PROGRAM: Redlands Christian Migrant Association

COUNTY POPULATION(S) SERVED: Collier, DeSoto, Lee

IMPACT: Provide safe, healthy and developmentally sound environment for children 6 weeks to 5 years; after school programs for K-5th grade. Parent involvement develops parents' appreciation of education and knowledge in health, safety and nutrition.

TYPE OF PREVENTION: P,S **COST:** \$6,900,000
TYPE OF SERVICE: 5,7,8 **FUNDING SOURCE:** Federal, State, United Way, local

PROGRAM: Runaway Hotline

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades, Lee, DeSoto, Sarasota

IMPACT: Take information from runaway children. Refer to facilities in area. Relay messages between parents and child, if child wishes.

TYPE OF PREVENTION: P,S,T COST: unavailable
TYPE OF SERVICE: 6,9,10 FUNDING SOURCE: unavailable

PROGRAM: Safe Place and Rape Crisis Center (SPARCC)

COUNTY POPULATION(S) SERVED: Sarasota

IMPACT: Counseling for abused spouses and victims of sexual assault, ages 12 and up; runa shelter for spouse abuse victims; Domestic Intervention Project (for batterers); crisis line.

TYPE OF PREVENTION: S,T COST: \$206,000
TYPE OF SERVICE: 9,10 FUNDING SOURCE: County, United Way,
State, Federal,
private

PROGRAM: Sarasota Day Nursery

COUNTY POPULATION(S) SERVED: Sarasota

IMPACT: Reasonable child care for children of low income working families.

TYPE OF PREVENTION: P COST: \$178,000
TYPE OF SERVICE: 5 FUNDING SOURCE: United Way, fees,
Dept. of Edu-
cation: Food & Nu-
trition, Title XX

PROGRAM: School systems

COUNTY POPULATION(S) SERVED: Charlotte, Collier, Hendry, Glades,
Lee, DeSoto, Sarasota

IMPACT: Education in health and social areas.

TYPE OF PREVENTION: P,S COST: unavailable
TYPE OF SERVICE: 8,11 FUNDING: Federal, State, County,
private

PROGRAM: Sexual Abuse Treatment Program

COUNTY POPULATION(S) SERVED: Sarasota

IMPACT: Provides a multi-faceted approach to the treatment of families involved in intra-familial child sexual abuse.

TYPE OF PREVENTION: T COST: \$40,000
TYPE OF SERVICE: 9,10 FUNDING SOURCE: State

PROGRAM: S.O.L.V.E.

COUNTY POPULATION(S) SERVED: Collier, Lee

IMPACT: Free pregnancy tests; housing; material aid such as clothing, baby furniture; referral service for medical and financial assistance.

TYPE OF PREVENTION: P,S COST: unavailable
TYPE OF SERVICE: 6,9 FUNDING SOURCE: unavailable

PROGRAM: United Presbyterian Church of Palms Day Care

COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Provides infant and child day care services, including infant stimulation and parent education. Serves infants 1 to 18 months of age. Provision for subsidized slots.
TYPE OF PREVENTION: P **COST:** \$5,000 for subsidized slots
TYPE OF SERVICE: 2,5 **FUNDING SOURCE:** Church of the Palms

PROGRAM: Women's Support Group of South Sarasota
COUNTY POPULATION(S) SERVED: Sarasota
IMPACT: Coordinates resources for women of the south county area. Offers a variety of programs, seminars and self-help groups, as well as counseling and referral to women.
TYPE OF PREVENTION: S **COST:** unavailable
TYPE OF SERVICE: 6 **FUNDING SOURCE:** unavailable

PROGRAM: Youth Haven, Inc.
COUNTY POPULATION(S) SERVED:
IMPACT: Emergency shelter, counseling and referral for dependent children, ages 0-17.
TYPE OF PREVENTION: S,T **COST:** unavailable
TYPE OF SERVICE: 9,10 **FUNDING SOURCE:** State, private

PROGRAM: Youth Guidance Program
COUNTY POPULATION(S) SERVED: Collier
IMPACT: Provides foster grandparents and volunteer counselors for youth with behavior problems.
TYPE OF PREVENTION: S **COST:** unavailable
TYPE OF SERVICE: 9,10 **FUNDING SOURCE:** County, private

PROGRAM: Youth Shelter of S.W. Florida, Inc.
COUNTY POPULATION(S) SERVED: Charlotte, Collier, Lee
IMPACT: Provide residential shelter, social services, individual and family counseling toward reunification, independent living.
TYPE OF PREVENTION: S **COST:** \$164,501
TYPE OF SERVICE: 6,9,10 **FUNDING SOURCE:** State, Federal

V. PRIORITY OF NEEDS

Local needs related to child abuse and neglect prevention, based upon the continuum the District Task Force has defined, are as follows in order of priority (primary and secondary).

SUBDISTRICT 8A - (Desoto and Sarasota Counties)

1. Ongoing Parent Education/In-Home Education and Support - Programs to Strengthen Family Support - In rural areas, programs that strengthen families are needed. Historically, such programs are found in the more urban settings. Transportation to the urban centers from a rural area is not the answer, but developing such programs as the Nurturing Program and Parent Friend is the answer. This is a major priority in this community. The focus will be to develop such preventative programs in DeSoto County. An estimated \$5,890 is needed.
2. Family Support and Crisis Services - Intensive Crisis Counseling Program - This outreach therapeutic program would work towards the reduction of numbers of children removed from homes due to abuse and neglect. A team of trained crisis counselors would respond to a report of a crisis in a home once HRS has determined the situation in the home to be serious enough to remove the children. The team could counsel the family to resolve the immediate crisis and plan future counseling. If the immediate crisis could be resolved satisfactorily, fewer children would be removed from the home for their protection. Such existing programs save the state millions of dollars and significantly reduce the trauma of hundreds of children who might normally have been removed. An estimated \$95,000 is needed.
3. Family Support and Crisis Services - Stress Phone Line - This community offers crisis phone line for a limited population. Parents Anonymous (PA) has a statewide, toll free Parent Helpline, 1-800-FLA-LOVE. It can be used for crisis calls and obtaining information on where PA groups and other parenting resources are located. However, there is no specific local stress line for the family at risk of child abuse and neglect. Release of stress on the phone could avoid the release of stress with children as the victims. An estimated \$10,000 is needed.
4. Family Support and Crisis Services - Crisis Nursery -
Sick Child Day Care
Respite Care
Emergency Babysitting Service

No sick child day care is available in this community. Therefore the at risk mother, who may be single, low-income, and have few support systems, must leave her child alone or stay home from work depriving the family of income, and increase the stress levels within the home placing the child in danger.

Respite care is available to a very limited population. The high risk single mother or teenager, with little or no support systems, needs respite care for her children to reduce stress and

possible child abuse.

Emergency babysitting services are needed for the low-income mother with no support system. Illness and hospitalization of such mothers will force them to relinquish custody of their children to HRS.

Crisis Nursery Services have gained national attention as a preventative program for families seen as high risk. The availability of such programs have greatly reduced the stresses experienced by families who need short separations from their children, thus reducing the possibility of abuse or neglect. An estimated \$35,000 is needed.

5. Public Information and Education on Child Abuse and Neglect - Community and Professional Education and Training - Most professionals who work frequently with children, such as teachers, physicians, and social workers, have only had limited training and education in child abuse and neglect. If these professionals were more knowledgeable of behavior indicators of the abused child, the child could receive earlier intervention services. An estimated \$6,000 is needed.

6. Public Information and Education on Child Abuse and Neglect - Community Awareness/Speaker Bureau - Community awareness is an ongoing process provided by the Child Abuse Prevention Specialist, yet the magnitude of disinterest and disbelief of child abuse and neglect as a problem indicates a great need for more awareness programming. A community must have a keen awareness of a problem before they will seriously approach solving such problems.

A speakers bureau, consisting of persons knowledgeable of the topic of child abuse and neglect, community agencies offering services to abused children and unmet needs of abused children, should be developed. Such speakers sharing information in the community could create an interest in meeting the unmet needs of the abused child. **Zero additional dollars** are needed.

7. Support Programs for New Parents - Hospital Screening - This can be seen as an aspect of perinatal service, which should, among other things, focus on parent-child bonding. This service is only minimally offered by hospitals in our community. Such a screening determines the bonding between a mother and her newborn infant. Those mothers who do not bond early with their infants have been shown to be at risk of being abusive parents. Such parents may lack knowledge of child development and parenting skills. An interaction program could offer them training

in such areas, after the high risk family has been identified through an extensive Hospital Screening Program. An estimated \$100,000 is needed.

8. Support Programs for New Parents and Group Education for New Parents - Interaction Programs for First Time Parents - Support programs are needed to enhance the abilities of first time parents to deal effectively with their newborn child in order to reduce the stress associated with new parenthood. Issues revolving around corporal punishment, expectations, role reversal, empathy, childhood development, and nurturing would be focused upon. Such classes/programs would begin prior to birth. An estimated \$32,000 is needed.
9. In-Home Education and Support - Foster Grandparents - There is no Foster Grandparent Program in this community. The resource of many retired people to aid many at risk families is possible. The caring grandparent, experienced at parenting, could act as a support to the low-income, single parent who is highly stressed. An organization and limited funding could bring them together. This program is a federally funded program and would fulfill a need for more extensive outreach to high risk families. Zero additional dollars are needed.
10. Programs for Abused Children - HRS Improvement - Entry level salaries for caseworkers and supervisors in CYF should at least match national entry levels and those hired should have at least a first level degree in social work or training comparable to such a degree. Specific training for crisis intervention should be provided by HRS. Specific measurable objectives should be provided and passed, before such individuals initially contact the community. Additionally, improved salaries and training for existing staff is needed to maintain experienced, well-trained professionals in such areas as Intake, Pre-Protective Services and Protective Services. An estimated \$380,000 is needed.
11. Programs for Abused Children - Mental Health - Therapeutic intervention once a child has been determined to be abused or neglected is crucial to amelioration of the potential problems the child/family may experience in the future, thus breaking the cycle of abuse. More specifically, all areas whether urban or rural must be provided with therapeutic intervention programs for problems such as chemical dependency, stress, anxiety, etc. If available, parents experiencing these difficulties would be provided with the counseling necessary to effectively deal with their problem rather than abusing or neglecting their children out of desperation. This must be made available to families at little or no cost. An estimated \$110,000 is needed.

12. Life Skills Training for Children and Young Adults - High School Curriculum, High School Personal Safety and Decision Making Program - Statistics indicate that teenage parents are at risk of child abuse. They usually have not completed their education, are financially insecure and often are too immature to cope with the stresses of parenting.

A comprehensive study of personal safety and decision making, sexuality, family planning, birth control and parenting could reduce the incidents of teenage pregnancy. The parenting class could better prepare those who do become teen parents and reduce the risk of their children being abused. An estimated \$2,000 is needed.

SUBDISTRICT 8B - (Charlotte, Collier, Hendry, Glades, and Lee Counties)

1. Programs to Strengthen Family Support - Historically, programs that strengthen family relationships are found in urban settings, requiring families in outlying areas to travel great distances to obtain needed services. The development of programs such as the Nurturing Program and approved parent education programs in outlying areas, as well as urban areas, is cited as a top priority to ensure such programs are available to all populations within Subdistrict 8B. Areas specifically targeted for establishment of programs to strengthen families include: Felda, Harlem, Clewiston, Big Cypress, LaBelle, Moorehaven, Ortona, Palmdale, Brighton Reservation, Cape Coral, North Fort Myers, Pine Island, Tice, Alva, Lehigh Acres, San Carlos, Marco Island, Bonita Springs, Corkscrew, Immokalee, Goodland, Everglades City, Chokaluskee, Port Charlotte and Punta Gorda. An estimated \$65,000 is needed.
2. Life Skills Training for Children and Young Adults - The provision of a comprehensive personal safety curriculum in preschools and elementary schools is needed to provide children with skills to help protect them from being abused. Efforts to promote comprehensive personal safety information being included within each preschool, elementary and secondary school curriculum within Subdistrict 8B is a Subdistrict-wide second ranking priority. An estimated \$17,400 is needed.
3. Community Organization Activities - Community organization activities to promote the development of several needed programs throughout Subdistrict 8B is a notable third priority. The needs display a mix of Subdistrict-wide and county specific priorities and are listed in priority order and will require the cooperative effort of many agencies to successfully implement any

one of the following:

- O Crisis Child Care/Respite Care - A need for crisis child care/respite care, to provide parents or caretakers time-out and stress release from continuous child care, is addressed as a Subdistrict-wide need. Provision for such care "close to home", however, is considered of prime importance in accessing immediate relief to parents under stress. An estimated \$612,671 is needed.
 - O Perinatal Program - Both Charlotte and Lee County representatives view a comprehensive community effort should be directed toward establishing perinatal programs in their respective communities. An estimated \$103,311 is needed.
 - O Primary/Secondary Prevention Services Development - The coordinating groups in Hendry, Glades, Collier and Charlotte Counties expressed a need to promote community action to focus on the development of such services as Adolescent Pregnancy Programs, Big Brother/Big Sister, Parents Anonymous, Foster Grandparents, Developmental Services, etc. An estimated \$65,000 is needed.
 - O Crisis Hotline - The development of a crisis hotline in Glades County is needed to provide immediate support in family crisis or in helping parents with coping skills. A crisis hotline would serve to decrease isolation of those in this rural county. An estimated \$2,500 is needed.
 - O Removal of Communication Barriers - The Collier County representatives with its migrant population voiced a need for translation of training into Spanish and Creole. An estimated \$5,000 is needed.
 - O Therapeutic Day Care - The establishment of therapeutic day care for preschool emotionally disturbed children was cited as a need by the Lee County coordinating group. An estimated \$500,000 is needed.
 - O Crisis Shelter - The development of a 24-hour crisis shelter for children located in the Hendry or Glades County area is needed to eliminate the existing requirement to transport children in crisis to the Lee County shelter. An estimated \$111,000 is needed.
4. Public Information and Education on Child Abuse and Neglect Prevention - In order to provide parents with needed parenting information, support services; to provide children with personal

safety information; to keep the professional/paraprofessional and volunteer and the general public informed of child abuse and neglect prevention information, a concerted public awareness effort needs to be made. An estimated \$8,000 is needed.

VI. BARRIERS

A. LOCAL BARRIERS

1. Climate of opposition - Many people in the community do not agree with what constitutes some forms of abuse and/or do not recognize that neglect is a form of abuse.
2. In rural areas, there exists a need for child abuse/neglect prevention services, however, such services are virtually non-existent.
3. Representation of various community, cultural, racial and economic populations in decision making groups i.e., District, Sub-district and county level Child Abuse/Neglect Prevention Task Forces is inadequate, and will not be resolved unless specific representation within these groups is mandated.
4. Abusive families are experiencing stress in many areas, i.e., marital problems, financial problems, substance abuse, etc. Prevention of child abuse by education alone would be a simplistic solution. A comprehensive range of community services, including marriage, family and individual counseling, financial counseling, substance abuse treatment programs, etc. which encompass a holistic approach to promoting ultimate individual change, is deemed the best solution.

B. STATE LEVEL BARRIERS

1. The quality of training for case workers currently lacks emphasis in skills acquisition and post evaluation of knowledge and skills retention.
2. Intake workers are allocated based upon population at risk figures and the number of referrals, with no regard for large geographical areas served, resulting in difficulty for clients to access services.
3. The joint commission of HRS/DOE has been unsuccessful in establishing personal safety information in school curriculum.

4. A shortage of health services personnel results in lack of health education availability to the general public.
5. The State Bill legislating Sexual Abuse Prevention Curriculum for school failed to establish deadlines for implementation and failed to provide specific, untied funding for the project, which has resulted in school districts postponing implementation of the curriculum.
6. Legislators have recently passed separate laws regarding corporal punishment within the schools, that are philosophically inconsistent with one another.
7. State regulations providing for centralized contracted transportation services is costly and the vendor is not fully responsive to the varied client needs.
8. Cost of liability insurance threatens the availability of needed day care facilities.
9. Income maintenance (AFDC/Food Stamps) payments are inadequate for meeting the basic living expenses of families, resulting in continued family stress and high risk for abuse situations.

VII. ACTION PLAN

Action Step 1: Coordination and integration of needed quality prevention programs and services.

<u>ACTIVITY</u>	<u>ACCOUNTABILITY</u>	<u>BEGINNING DATE</u>	<u>COMPLETION DATE</u>
1.1 Placement of Prevention coordinator in each county with contractually established clear and comprehensive objectives specific to the needs of each community.	District Task Force/ Contract Manager	7/1/86	
a. Provide nurturing and parent education programs in urban and outlying areas.	Prevention Coordinator	7/1/86	
b. Present personal safety curriculum in preschools and elementary schools.	Prevention Coordinator	7/1/86	
c. Provide community awareness and professional education and training on child abuse/neglect prevention information.	Prevention Coordinator	7/1/86	
d. Serve as a catalyst in promoting development of the following through community coordination activities:	Prevention Coordinatro	7/1/86	
o Crisis Stress Line			
o Crisis Child Care/Respite Care			

<u>ACTIVITY</u>	<u>ACCOUNTABILITY</u>	<u>BEGINNING DATE</u>	<u>COMPLETION DATE</u>
o Hospital screening			
o Primary and secondary prevention services, i.e., Foster Grandparents, Big Brothers/Big Sisters, Parents Anonymous and Developmental Services			
o Parent support group			
o Perinatal programs			
o Translation of prevention training and resource materials into Spanish/Creole			
o Therapeutic day care			
o Crisis Center			

Action Step 2: Ensure optimum quality service provision and utilization of contracted prevention programs.

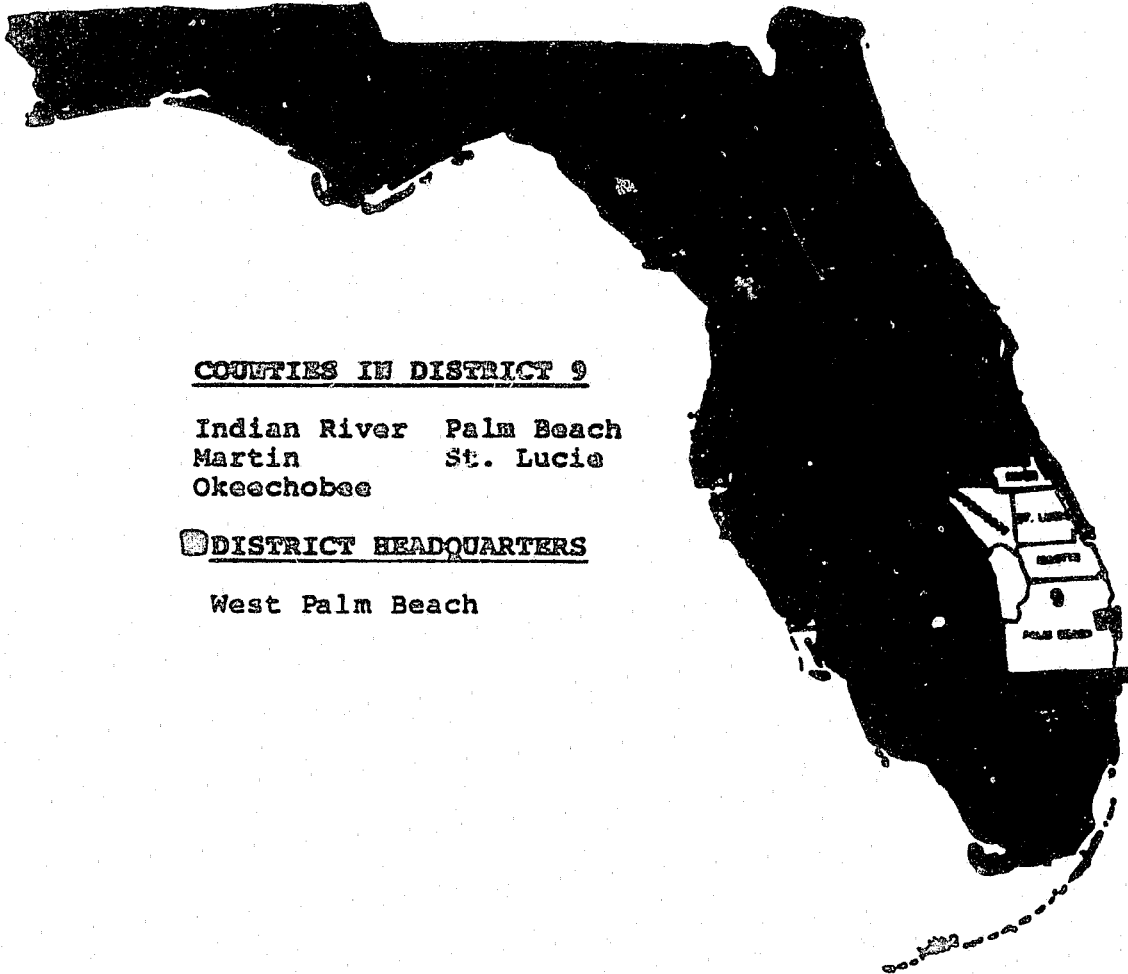
<u>ACTIVITY</u>	<u>ACCOUNTABILITY</u>	<u>BEGINNING DATE</u>	<u>COMPLETION DATE</u>
2.1 Select contract providers based upon established selection criteria.	District Task Force/Contract Manager	5/1/87	
2.2 Provide ongoing fiscal and programmatic monitoring of prevention contracts.	District Task Force/Contract Manager	7/1/86	

<u>ACTIVITY</u>	<u>ACCOUNTABILITY</u>	<u>BEGINNING DATE</u>	<u>COMPLETION DATE</u>
Action Step 3: Advocate for needed legislative changes.			
3.1 Advocate for needed local and state legislative Task Force change as deemed appropriate by the Task Force.		7/1/86	

VIII. RECOMMENDATIONS

1. Future Legislative Budget Requests should be developed based upon the continuum of Child Abuse and Neglect Prevention Services as identified in the Comprehensive State Plan.
2. Sufficient funding should be provided for needed prevention services as defined in the Comprehensive State Plan.
3. Specific funding should be provided to implement mandated sexual abuse prevention programs in the school curriculum, and a deadline be established for implementation of the provisions.
4. Florida should examine its level of income maintenance (AFDC/Food Stamps) to assure adequate funding is provided to families for their basic living expenses which would aid in reduction of family stress, and thus reduce the families at high risk for abuse situations.

DISTRICT 9




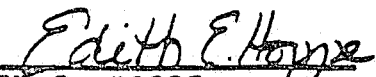
COUNTIES IN DISTRICT 9

Indian River Palm Beach
Martin St. Lucie
Okeechobee

DISTRICT HEADQUARTERS

West Palm Beach


JOYCE HOLMES
CHAIRPERSON
DISTRICT CHIEF ABUSE &
NEGLECT
PREVENTION TASK FORCE


EDITH E. HOPPE
DISTRICT ADMINISTRATOR

DISTRICT 9

A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT



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DISTRICT 9

I. CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

Community Mental Health	Shawn Sorensen, Clinical Director, Indian River Community Mental Health Center
School Board of Local School Districts	Joyce B. Holmes, Director Exceptional Student Education Martin County School Board
	Sandra B. Owen, Community Resource Specialist, Palm Beach County School Board
Guardian Ad Litem	John Vahilla, Circuit Director
District Human Rights Advocacy Committee	Jackie Rosen District 9 Human Rights Advocacy Committee
Private or Public Organizations With Expertise in Working With Abused or Neglected Children and Their Families	Andy Kogerma, Director The Exchange Club Center for Prevention of Child Abuse of the Treasure Coast
	Dr. Karen Borchers Children's Home Society
	Mary Kay Murray The Children's Place
	Barbara Cruse The Center for Family Services
	Sally Cutler The Haven
Maternal and Infant Health Care	Peggy Weber Children's Medical Services
Child Protection Team	James Arnone, Team Coordinator Child Protection Team, Inc.
	Jeanne Ralicki Child Protection Team, Inc.
Child Day Care Center	Mae Campbell We Care, Inc.

Child Day Care Center

Elena Shaw
Hispanic Human Resources

Thelma Waters
East Coast Migrant Headstart

Pam Roebuck
State Attorney's Office
Stuart, Florida

Legal

Lynn Parks, Assistant State
Attorney's Office
Ft. Pierce, Florida

Law Enforcement

Marty Baker
Stuart Police Department
Stuart, Florida

Circuit Court

Sherri Kass
Juvenile Court Administrator

Representatives from HRS

Rosemary Russell
Children, Youth and Families
Health and Rehabilitative
Services

Rick Rosemont
Children, Youth and Families
Protective Services
Health and Rehabilitative
Services

Tom Willis
Children, Youth and Families
Day Care Services
Health and Rehabilitative
Services

Additional - Child Advocacy

Elaine Webb Alvarez, President
Child Advocacy Board of Palm
Beach County
Governor's Constituency for
Children

Meetings are held on the second Tuesday of each month, alternating between Palm Beach and Martin Counties for the convenience of all members. During the meetings the various agency representatives have discussed their services as well as perceived gaps in service. It is from these gaps that priorities have been selected.

II. STATEMENT OF PURPOSE

The District Task Force, reactivated in June, 1984, has over the past two years made progress toward fulfilling its responsibilities as outlined in the Florida Statutes. A new chairperson was elected in May, 1986. The current District Task Force membership includes some of its original members as well as replacements appointed June 30, 1986 by the District Administrator. In order to achieve a balanced geographic and programmatic mix, representatives from key agencies in each county now serve on the District Task Force. Specifically, representation includes membership from Community Mental Health, School Boards, Guardian Ad Litem, District Human Rights Advocacy Committee, Private or Public Organizations, Maternal and Infant Health Care, Child Protection Teams, Child Day Care Center, Law Enforcement, Circuit Court, Child Advocacy, and Representatives from HRS. The preceding list of representatives and their agencies were appointed in accordance with Section 415.501, F.S.

The basic purpose of the District Task Force is to develop a comprehensive district plan for the Prevention of Child Abuse and Neglect. Specific responsibilities include developing a plan which addresses the magnitude of the problem of child abuse and neglect, analyzing present programs, determining a priority of needs, identifying barriers and developing activities to meet the needs. Careful consideration has been given to maximize resources within the district.

To assist in addressing the District's unmet needs the "Parenting Magic Program" and the "Treasure Coast Family Sexual Abuse Treatment Program" are currently funded through prevention appropriation.

Additionally District Task Force members will continue to update any new services available for child abuse and neglect in District 9. This information will allow the District Task Force to modify the existing grid of services and further analyze and evaluate the needs within the district.

The Child Abuse and Neglect Prevention Service Resource Guide will also be reviewed, printed and disseminated throughout the District.

III. OPERATING PROCEDURES

The operating procedures for the District Task Force are set forth in its By-Laws, as follows:

A. Child Abuse and Neglect Prevention Task Force By-Laws

B. Article I - Authority and Title

Authority - Under authority of Section 415.501, Florida Statutes, there is established within the Department of Health and Rehabilitative Services, District 9, a Child Abuse and Neglect Prevention Task Force.

Title - These By-Laws may be known and cited as the BY-LAWS OF THE DISTRICT 9 CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE, hereinafter referred to as "District Task Force".

Article II - Responsibilities

Responsibilities - As set forth in Florida Statutes, the responsibilities of the District Task Force will include, but not be limited to:

(a) Documentation of a District 9 Plan of Action to include:

1. Documentation of the magnitude of the problem of child abuse, including sexual, physical, and/or emotional abuse and neglect in its geographical area.
2. A description of programs currently serving abused and neglected children and their families and child abuse and neglect prevention programs, including information on impact of programs, cost-effectiveness and sources of funding.
3. A continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention as well as a brief description of such programs and services.
4. A description, documentation, and priority ranking of local needs related to child abuse and neglect prevention based upon the continuum.
5. 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 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.
6. A description of barriers to accomplishment of a comprehensive approach to child abuse and neglect pre-

vention.

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

The District Task Force shall submit its District Plan of Action to the Department of Health and Rehabilitative Services, as required.

- (b) 1. Current programs will continue to be funded providing funds are available, the program is necessary and addresses the priority community need, and the provider meets the objectives as outlined in the approved contract.

2. Should expansion funds become available the following alternatives may be employed for contracting purposes:

contract funds to current providers for enhancement/
expansion of current programs

or

contract with a local provider for delivery of the
next ranking priority service

or

follow the Request for Proposal process as outlined
in the HRS Manual 75-2.

- (c) Criteria to be used by the District Task Force in selecting providers and awarding contracts funded with the child abuse and neglect prevention funds shall include the following:

1. The program's ability to meet the service need(s) identified by the District Child Abuse and Neglect Prevention Task Force.
2. The cost-effectiveness of the program. (Does the staffing pattern make sense? Are the numbers, types, and salary levels of employees reasonable based on the services to be provided, numbers of people to be served and level of responsibility of the employees? Is the level of other administrative costs reasonable?)

3. The provision of an evaluation component that will provide outcome data. (Are the outcome measures stated so that they are specific, measurable, attainable and observable? Are the evaluation design, instruments and techniques adequate to address completion of the goals and objectives that the District Task Force has of the program? Does the evaluation design include a measure that will show, among other things, whether or not child abuse and/or neglect prevention services provided to clients have the effect of preventing and/or reducing parents abusive behavior toward their children?)
4. The provision of a parenting education component. Although many of the current prevention services are not "called" parent education programs, this criteria reminds us that teaching parents is an important component of all of the prevention services that we are providing. It is inherent in prenatal and perinatal support programs, parent support groups, in-home visitor programs, and street theater. Regardless of how the service is categorized, look closely at: the content of what parents will be taught; what concepts and skills are included; how they will be taught; if the content and method are appropriately geared toward the different age levels, reading levels and need of the parents.
5. Provision of a mechanism for coordinating and integrating services with other services that are considered necessary for working with the target population. (Does this program have a plan to increase comprehensiveness?)
6. Monitoring of contracts shall be by District 9 HRS personnel, using the District's regular procedures. The District Task Force Chairperson or designee may be included in any monitoring visits by HRS. The District Task Force may and will request regular or periodic reports on projects from HRS and/or from the provider(s).

Article III - Membership and Organization

Membership - The District Administrator shall appoint the members of the District Task Force in accordance with the membership requirements of this act. In addition, the District Administrator shall ensure that each Subdistrict is repre-

sented on the District 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 District Task Force. Appropriate local groups and organizations shall include, but not be limited to, Community Mental Health Center, Guardian Ad Litem Program for children under the Circuit Court, School Board of the local school districts, District Human Rights Advocacy Committee, private or public organization or program with recognized expertise in working with children who are sexually, physically, emotionally abused or neglected and with the families of such children, private or public programs or organization with expertise in maternal and infant health care, multidisciplinary child protection team, child day care center, law enforcement and Circuit Court, if a Guardian Ad Litem Program is not available in the local area.

Appointments - Each member of the District Task Force shall be appointed for a term of three years, except that seven of the initial members shall be appointed for terms of two years each. Members may be reappointed.

Vacancies - A vacancy shall be created when any member misses two consecutive meetings, without good cause. Such vacancy shall be filled as provided for in Section 3.02. Each member is responsible for notifying the Chairperson prior to meeting when there is a cause for vacancy.

Resignations - Any member of the District Task Force desiring to resign shall submit a resignation in writing to the Chairperson who shall act upon it and submit notification to the District Administrator.

Officers - The members of the District Task Force shall elect a Chairperson and a Vice-Chairperson. Each of whose terms shall be for one year, beginning July. HRS personnel, providers and applicant providers of child abuse and neglect services through Mills' Bill funding shall not be eligible to serve as officers. No member shall hold more than one office at a time, and no member shall be eligible to serve more than two consecutive terms in the same office.

Duties of the Officers - These officers shall perform the following duties and any other adopted, through the parliamentary authority by the District Task Force:

- (a) The Chairperson shall serve as the presiding officer of duly called meetings of the committee; call meetings;

and insure that the business undertaken by the committee is performed in an orderly and effective manner.

- (b) The Vice-Chairperson shall chair the District Task Force in the absence of the Chairperson, and perform any duties assigned by the Chairperson.
- (c) The Chairperson shall review the minutes of meetings and assist staff with the accumulation and dissemination of information to District Task Force members.

Subcommittees - The District Task Force may designate subcommittees from its membership from time to time, as it deems necessary. The Chairperson shall appoint the chairman and members of any subcommittee.

Article IV - Meetings

The District Task Force shall hold monthly meetings on dates agreed upon through the parliamentary procedure adopted by the District Task Force, unless said meetings are cancelled by the Chairperson. The HRS liaison person will send notices of meetings and will take minutes of the meetings.

Additional meetings shall be held at the call of the Chairperson or upon a petition of majority of the members to the Chairperson, or at the call of the District Administrator.

Half of the voting members of the District Task Force shall constitute a quorum.

Each member shall have one vote. A representative sent in lieu of a member may have that member's vote. A quorum of the membership is required for a vote. HRS personnel, and providers under the Mills' Bill, as well as applicant providers, may not vote on issues pertaining to contracting or funding. Votes pertaining to contracting and funding will be handled by secret ballot. Other votes may be by voice or hand count.

Article V - Parliamentary Authority

The rules contained in the current edition of "Roberts Rules of Order" shall govern the District Task Force in all cases to which they are applicable and in which they are not inconsistent with these By-Laws and any special rules of order the District Task Force may adopt.

Article VI - Amendment of By-Laws

The By-Laws can be amended at any regular or special meeting of the District Task Force by a two-thirds vote of those present, provided that the amendment has been submitted in writing at the previous regular or special meeting, and that a quorum is present.

Any proposed amendment shall be mailed to the members twenty (20) days prior to voting at a regular or special meeting.

IV. INTRODUCTION TO CONTINUUM

The District Task Force believes the following continuum of programs and services is necessary for a comprehensive approach to all types of child abuse and neglect prevention.

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

1. Support Programs for New Parents - The purpose of support programs for new parents, such as perinatal support programs, is to prepare individuals for the job of parenting. Such programs should include supports during both the prenatal and postnatal periods. Prenatal programs can build existing medical programs and educate about-to-be parents in child development, parent-child relationships and adult relationships. Information on community resources available to new parents and to infants and children should be provided.

Special emphasis should be placed on developing techniques useful in communicating with the new baby and developing group activities that form a social network among new parents, thereby creating peer relations and peer support. Special attention should be paid to first time, teenage and single parents.

2. Group Education for New Parents - As a continuation of the prenatal program and as part of the perinatal support programs, all new parents should have an opportunity to participate in a program to increase their skills in caring for a new baby. The program should be directed toward creation of social networks, through new parent groups or by pairing first time parents with experienced parents, and toward the continuation of instruction in child care and child development.

To reduce the additional stresses created for parents by infants with special problems following birth--for example,

premature babies or those with illnesses, abnormalities, or defects--special educational support programs should be available.

3. In-Home Education and Support - Among the problems experienced by families with young children is lack of knowledge about available health and social services in the local community, as well as the inability to access these services. Home visitor services that consist of periodic visits to the home following childbirth, until the child begins school, can assist in reducing the risk of abuse.

These visits should be made by a trained Home Health Aide who should provide information and advice to parents on child care, nutrition and home management, and should carry out routine health checkups on young children. In addition, the Aide should refer parents to needed social and health services in the community. In some communities the services of the home visitor can be effectively rendered through a local well-baby program.

4. Early and Regular Child and Family Screening and Treatment - Because abusive behavior is cyclic, many health and developmental problems in childhood can lead to behavioral problems in adulthood, including abusive behavior. For this reason detecting and treating health and developmental problems early in life is critical. Early childhood screening through PREP and Child Find (FDLRS) treatment programs should be seen as a continuation of any additional preschool screening services, such as those offered by the home visitor. The purpose of such programs should be to detect problems children may be having, including abuse and neglect, and to ensure that these children receive the necessary health, mental health and other services that will best protect them from becoming abusive parents.
5. Child Care Opportunities - The purpose of child care or day care programs is to furnish parents with regular or occasional out-of-home care for their children. While child care is a necessity in households in which all adults are employed, such services are also beneficial for parents who do not work outside the home, but who find continuous child care responsibilities very stressful. Child care programs also provide opportunities for children to learn basic social skills.
6. Self-Help Groups and Other Neighborhood Supports - Social isolation, not having anyone to turn to in times of need, plagues most families who are at high risk for abuse and neglect. The

purpose of self-help groups is to reduce the isolation experienced by many parents through the development of peer support systems. Examples include parent groups stemming from local child care programs, Foster Grandparent Programs, Parents Anonymous and comparable problem-oriented self-help or support groups.

7. Ongoing Parent Education - As children become older, parents encounter new challenges or problems for which they are unprepared. Parent education programs provide information and a forum for parents to learn and develop skills they need in raising their toddlers, preadolescents and adolescents.
8. Life Skills Training for Children and Young Adults - The purpose of life skills training are: first, to equip children, adolescents and young adults with interpersonal skills and knowledge that are valuable in adulthood, especially in the parenting role; and second, to provide children with skills to help them protect themselves from being abused. Life skills training should be an ongoing process included in all school curriculum.
9. Family Support and Crisis Services - Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse and neglect. To provide immediate assistance to parents in times of stress, crisis care programs should be available on a 24-hour basis and should include the following services: telephone hotlines, crisis caretakers, crisis babysitters, crisis nurseries and crisis counseling for abuse and neglect.

The program should also offer parents the option of having someone come into their home on a temporary basis to assist with child and home care or taking the child to a crisis nursery. Because crisis care is temporary and short term, such programs should be equipped to refer parents to long term services as needed.
10. Programs for Abused Children - It has been argued that prevention of abuse is, in part, tied to providing therapeutic treatment to the children or young people who have been abused or neglected. Treatment programs for abused children should include a thorough diagnosis of physical and developmental (social, psychological and emotional) problems.
11. Environmental Modifications - Stresses that can result in child abuse are often caused by poor environmental factors. Efforts should be made to alter these environmental factors by

providing more adequate housing for the poor, job training for the unskilled and transportation for the isolated.

12. Community Organization Activities - To increase the availability of social services, health and educational resources and of the other supports that reduce family stress, community organization activities will be necessary. A community based planning or coordinating body is required -- one that represents the views of different community groups and agencies. This body will have an important role in determining priorities for proposed prevention programs.

As programs are implemented, a plan for ongoing evaluation and assessment of them is also necessary. This will ensure that the programs are indeed effective, and that they are continually responsive to those they are intended to help.

13. Public Information and Education on Child Abuse and Neglect Prevention - Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services.

B. ANALYSIS OF DISTRICT SERVICES

Support Program for New Parents	Funded through Child Abuse/Neglect Prevention Task Force in all counties
Group Education for New Parents	Funded through Child Abuse/Neglect Prevention Task Force in all counties
In-Home Education and Support	Minimal Homemaker Service is Available
Early & Regular Child & Family Screening & Treatment	Screening available through school systems
Child Care Opportunities	Respite only available (on limited basis) in Palm Beach County
Self-help Groups & Other Neighborhood Support	Coordination necessary
Ongoing Parent Education	Available through currently funded programs as well as school systems
Life Skills Training for Children & Young Adults	RAISE Bill requirement of all school systems
Family Support & Crisis Services	Some programs available, including Crisis Intervention (CPT) in Martin Co.
Programs for Abused Children (Sexual Abuse Treatment)	Clearly underfunded within the district, per statistics as reported
Environmental Modifications	Housing, particularly for migrants, lacking
Community Organization Activities	Many services available, but lacking in coordination
Public Information & Education on Child Abuse & Neglect Prevention	Funded through Child Abuse and Neglect Prevention Task Force in all counties

V. PRIORITY OF NEEDS

A. Analysis of the Current Situation

Child abuse and neglect prevention referrals increased substantially during the 1984-85 fiscal year in District 9. According to abuse registry referrals there was a 62% increase in referrals with 4,754 received during fiscal year 1984-85, as compared to 2,959 received during 1983-84. Continued increases have been recorded in child sexual abuse in the five county area. The Child Protection Team, Inc., with its main office in West Palm Beach, received 213 referrals during the 1983-84 period and 302 referrals in 1984-85. During the 1985-86 year, 378 referrals were received. Currently, the Martin County Sexual Abuse Treatment Program is being funded in an effort to prevent abuse and recurrence through education of professionals and counseling with individuals. Abuse, as well as other problems in day care centers, continues to receive attention through the media, resulting in increased referrals. In the 1983-84 fiscal year 1,340 children were in subsidized child day care and over 1,000 children were on a waiting list. While funding for programs has increased, as of August 1986, 2,122 children were in subsidized day care with 1,890 on a waiting list. Five percent of these children are in day care because of abuse or neglect in the family. Currently, the only respite care available in the five county area is in Palm Beach County. Day care assistance for parents remains a significant problem.

The problems as described in the 1984 District plan, which relate to high risk factors for child abuse, continue. These include high unemployment rates within the five county area. According to the July 1986, Department of Labor statistics, the unemployment rates in this five county area were as follows:

Palm Beach County	6.5 percent
Martin County	6.4 percent
St. Lucie County	12.6 percent
Indian River County	12.1 percent
Okeechobee County	9.3 percent

At the same time, live births to unwed mothers under the age of 19 rose. (See Appendices) The influx of new residents from the northern states continues, with many newcomers lacking necessary support systems. Although education and parent support groups have received increasing attention, cultural dissonance and language barriers, with pockets of population speaking Spanish, Creole or Indian dialect continues to flourish. A recent local television documentary estimated that as high as 40-50% of the

farm labor force in Palm Beach County is Haitian, listing the lack of adequate housing and the inability to speak English as major problems. The 1986 Legislature addressed a variety of issues in the educational area with the Dropout Prevention Act. This includes teenage parent programs with emphasis on providing pregnant students, or students who are parents, with the option of participating in regular classroom activities or enrolling in a special program designed to meet their needs. The curriculum shall include instruction in such topics as prenatal and postnatal health care, parenting skills and child growth and development. Auxillary services (day care, health care, etc.) may be provided through the coordination of existing programs and services. Additionally, the RAISE Bill requirements stipulates that all school systems are to have a Life Skills curriculum.

Clearly, coordination efforts are a key to program needs within the existing funding limitations. It is evident that coordination of existing, as well as new programs, must receive higher priority in order to utilize to the fullest extent possible for all existing resources available to meet program needs.

Child abuse and neglect prevention service needs in District 9, based upon the foregoing information, are prioritized under the following three classifications: public education and awareness, high risk screening and identification, and intervention.

- (1) Public Education and Awareness is the first District Task Force priority.
 - O Community Organization Activities - this is being met, in part, by the District 9 Child Abuse Prevention Task Force, the Palm Beach County Child Advocacy Board with consultation from the Governor's Constituency for Children, and the Palm Beach County Juvenile Association. All of these groups have representatives from a variety of child serving agencies. The District Task Force is taking a more aggressive role in coordinating the network services to abused and neglected children and their families, by ensuring that all such agencies are represented on the District Task Force.
 - O Public Information and Education on Child Abuse and Neglect Prevention - for Fiscal Year 1986-87 the District Task Force has recommended for continued funding to the Parenting Magic Program (Children's Home Society) and the Treasure Coast Family Sexual Abuse Treatment Program (Child Protection Team, Inc.). A major activity of these programs is public and professional education in the

awareness, recognition and treatment of child abuse and neglect, which continues to be a necessary ongoing need with the District.

- (2) High-Risk Screening and Identification - is our second priority. With the funding of the Parenting Magic Project, District 9 is partially meeting the need within this area. In 1985, a total of 362 families including 780 children were served. The Parenting Magic Project has been especially successful in serving persons in isolated, rural areas of the district.

According to our survey, high-risk screening is being carried out by a variety of public and private agencies in District 9. However, there is clearly no uniformity in the types of information being collected and in the factors used in identification of high risk families. Also of great concern, is the availability of early intervention programs which could be easily accessed by those families identified as high risk. In most of these cases, an abusive incident has not yet occurred or been reported. The screening agency is placed in the difficult position of having identified a stressful, potentially explosive situation without the availability of a structured program or a designated individual with skills to provide parenting guidance and bonding encouragement to these families. Pregnant teenagers, families with young children with congenital defects, newly divorced parents in a financially unstable situation with custody of one or more children, as examples, present situations with greater potential for poor bonding and a fragile family structure. Agencies which interface with clients such as low cost housing developments, County Social Services, Food Stamps, AFDC payments programs and County Public Health Units are at a similar disadvantage in providing referral resources for potentially abusive or neglectful families. Because of the variety of agencies who could potentially utilize such a program, the size, scope and configuration would differ among screening agencies. Development of non-threatening, early intervention programs continue to be necessary to work with this target population identified through hospitals, clinics, social service agencies, law enforcement, schools and other screening sources.

- (3) Intervention - is the third District Task Force priority.

O High Risk Child Day Care - Although this may be considered a secondary prevention service it is understood by the District Task Force that low cost, high risk child day care

slots continue to be sorely needed in District 9, particularly in the northern counties, and most especially in Okeechobee. Waiting lists are long at most of our programs in all counties.

- O Respite Care - As noted on the District 9 analysis of services chart, lack of available respite care continues to be a problem. In Palm Beach County, two 24-hour residential programs are now operating: The Children's Place and The Haven. The northern counties are totally lacking in such programs as is Western Palm Beach County. Crisis intervention and telephone reassurance to parents in their homes, beyond what may be provided through the HRS counselor, is available within the District on a limited basis.
- O Multi-lingual Support - Therapeutic Counseling for abused children and their families continues to be provided by a variety of agencies. However, the lack of multi-lingual and culturally sensitive staff is still an issue for many agencies. Recent cutbacks in federal funds for refugees and entrants has resulted in termination of some contracts for interpretation services. This results in inadequate services and misjudgments regarding these families.

VI. BARRIERS

Limited funding has a direct impact on acquiring sufficient professional staff to implement the District Task Force priorities, especially in the isolated geographic areas. However, if the lack of transportation could be coordinated many of the persons needing services could be taken to a central location to receive special assistance.

Resistance to prevention and intervention programs mainly due to differing cultural, social and ethnic values, is a significant barrier. Lack of multi-lingual personnel to communicate the importance of child rearing skills is a growing barrier, specifically in the Guatemalan area of Indiantown, Florida, where interpreters are lacking completely.

VII. ACTION PLAN

Meeting the Need

1. High Risk Screening, Identification and Early Intervention; recommended funding to increase services to the most geographically isolated areas. The District Task Force plans to fund this through prevention funds. Extensive efforts will be made to assist in locating interpreters to work in multi-lingual areas. A District Task Force committee will develop a listing of available people in each county who speak different languages and who would avail themselves for interpretation services when necessary.
2. Homemaker Services to provide in-home services to families at high risk for neglect. The District Task Force will work with community agencies such as the Home Economist Extension Services in each county to advocate for special attention to high risk families.
3. Education to groups and agencies serving children regarding recognition and reporting of signs of abuse and neglect. The District Task Force will assume a coordinating role by collecting monthly reports on all educational efforts and identifying priorities for groups to receive such education.
4. Support groups for victims of incest in Indian River, Martin, St. Lucie and Okeechobee Counties will continue to be funded with prevention funds. However, the District Task Force will explore alternative means of funding for this important service.
5. The District Task Force will plan a program to take place during the month of April (Child Abuse Awareness Month) for the purpose of raising additional funds for use with the migrant population.
6. The District Task Force plans to explore funding mechanisms for developing respite day care services district-wide.
7. Coordination, advocacy and networking with providers of services in the prevention and treatment of child abuse and neglect, including: the dissemination of information regarding translation services available, parent training, distribution of the Child Abuse and Neglect Prevention Service Resource guide and preparation and distribution of the District Task Force activities and child abuse and neglect prevention services funded through Mills' Bill appropriations .

VIII. RECOMMENDATIONS

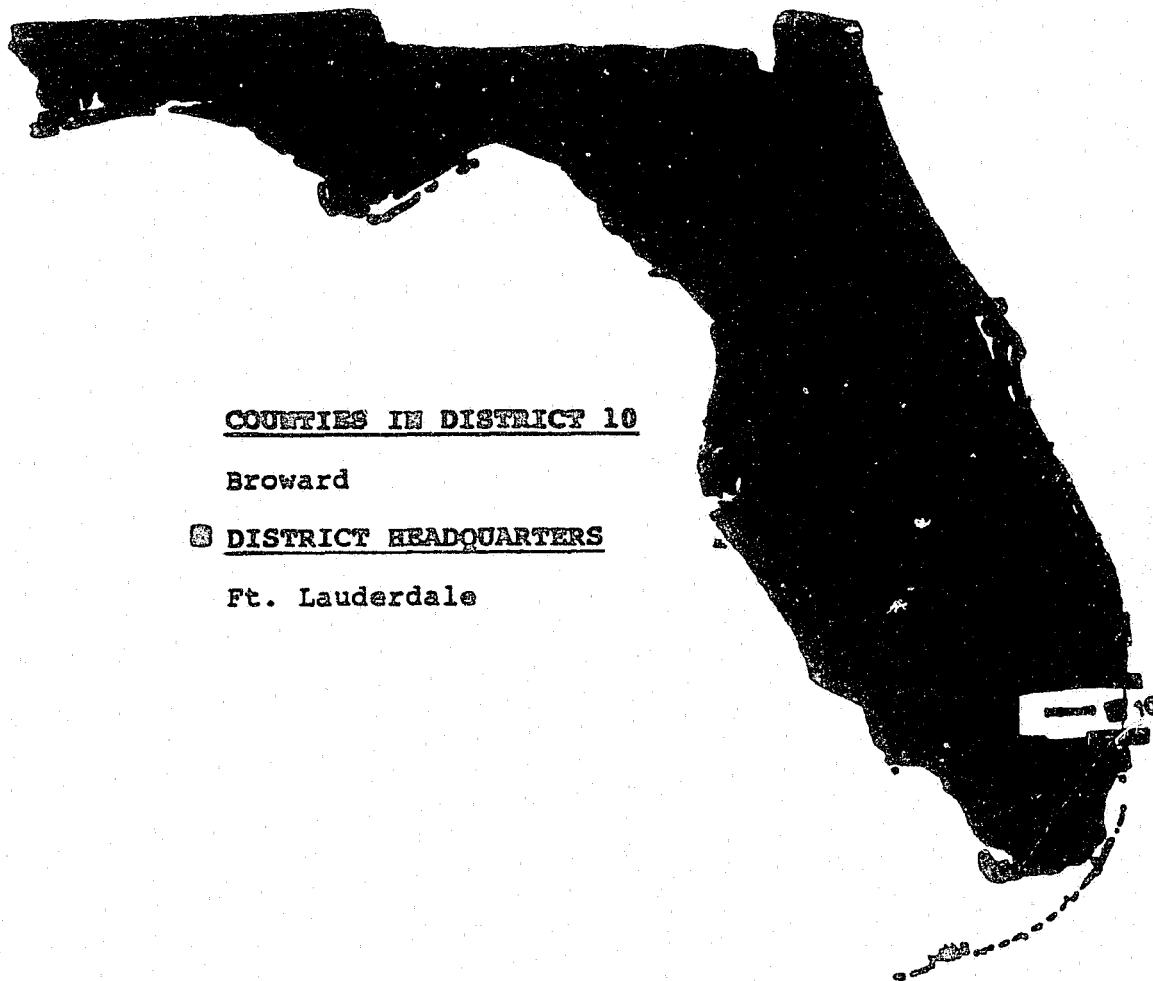
Although much was accomplished in passage of major children's bills and overall increases in children's services during the 1986 Legis-

lative Session, 1986 was not a banner year for children. Major areas which continue to need to be addressed are:

1. The Juvenile Welfare Board legislation, as passed during the 1986 Legislative Session, should be amended to state "all counties are mandated to create independent taxing districts from local mileage, after referendum, to be used for services for children."
2. Consistency in the Laws - Another barrier to the prevention of child abuse is that there is no consistency in the Florida Statutes concerning the definition of what constitutes abuse. There exists in Florida Statutes 827.07 an excellent definition of "harm". The problem arises in that this definition is not included in the criminal section, 827.01 or in the Florida Statutes, Chapter 415, that applies to dependency cases. The District Task Force recommends the operational manual be more definitive in language: for example, how long must a mark remain to be considered abuse and what constitutes emotional abuse?
3. Extensions Needed for Shelter Care - In the present juvenile court system, a child may be kept in emergency shelter care for the period of only fourteen days without an adjudication or extensions for good cause. Most of the petitions that are presently filed in this jurisdiction must be extended because a thorough investigation can not always be completed within the 14 day rule and court calendars cannot provide sufficient emergency hearing time. It is to the benefit of the child and the family to have as much information as possible presented to the court. It is recommended therefore, that the limit be placed at thirty days with an extension for good cause. Because of the limited shelter space, pressure would still be exerted towards a timely resolution of the case.
4. High Risk Day Care - Increased funding, with the designation of a percentage of funds used especially for high risk families, is recommended. These programs assist in identifying potential abusers, in addition to providing relief to the high stress and low-income families.

Low cost, high risk day care slots are sorely needed in District 9. Waiting lists are long at most of our programs.
5. Corporal Punishment - The District Task Force urges that the Legislature review the laws pertaining to corporal punishment. While this form of negative reinforcement is allowed within the public school system, HRS and its licensed facilities are barred from its use. The District Task Force recommends that the Legislature abolish all corporal punishment.

DISTRICT 10



COUNTIES IN DISTRICT 10

Broward

DISTRICT HEADQUARTERS

Ft. Lauderdale

John L. Stokesberry
JOHN L. STOKESBERRY
District Administrator

Patrick J. Fowler
PATRICK J. FOWLER
Chairperson - District
Child Abuse and Neglect
Prevention Task Force

DISTRICT 10

A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT



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I. CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

July 1986

COMMUNITY MENTAL HEALTH CENTER

Dr. Thomas Buchanan, Henderson Clinic
Dr. Marilyn Segal, Family Center, Nova Univeristy

SCHOOL BOARD

Joyce Bacon
Diane Scalise

GUARDIAN AD LITEM PROGRAM

Sherry Anderson, Director

DISTRICT HUMAN RIGHTS ADVOCACY COMMITTEE

Judge Larry Seidlin

PRIVATE ORGANIZATION OR PERSON WORKING WITH ABUSED CHILDREN AND THEIR FAMILIES

Michael Kasdaglis, Family Crisis Intervention
Midge Shailer, Kids in Distress

PUBLIC PROGRAM SERVING MATERNAL AND INFANT HEALTH CARE

Sally Skill, Senior Human Services Program Analyst - HRS
Dr. Susan Widmayer, Ph.D., Broward General Medical Center

CHILD PROTECTION TEAM

Pat Neibel, Administrative Coordinator

CHILD DAY CARE

Glender Williams, E.C.D.A.
Doris Abood, Human Services Program Analyst - HRS

LAW ENFORCEMENT

Lillian Derricks, Broward Sheriff's Office

HRS REPRESENTATIVES

Loretta Duvall, Senior Human Services Program Analyst - HRS
Susan Beckwith, Fiscal - HRS
Lynette Beal, Program Manager - HRS
Patrick J. Fowler, District Program Manager, Chairperson

GENERAL MEMBERS

Carol Wilhelm, State Attorney's Office
Barbara Myrick, Outreach Broward
Elaine Krupnick, State Attorney's Office
Dr. Ron Simon, Nova University

II. STATEMENT OF PURPOSE

The Florida Legislature has determined that the prevention of child abuse and neglect shall be a priority of this state and has promulgated legislation to that intent. The District Task Force has been created to develop the District 10 component of a planned comprehensive, statewide approach for the prevention of child abuse and neglect, which will be used as a basis for funding preventive programs.

III. OPERATING PROCEDURES

A. Membership

1. As mandated by law, the District Administrator will appoint the members of the District Task Force and will include representatives of the following agencies and organizations:
 1. Community Mental Health Center
 2. School Board of the local school districts
 3. Guardian Ad Litem Program
 4. District Human Rights Advocacy Committee
 5. Private or public organization or program with recognized expertise in working with children who are sexually, physically and/or emotionally abused or neglected and with the families of such children
 6. Private or public program or organization with expertise in maternal and infant health care
 7. Child Protection Teams
 8. Child daycare center
 9. Law Enforcement
 10. Representatives from those department (HRS) district offices participating in child abuse and neglect prevention and treatment. This can include representatives from Children, Youth and Families as well as the allied programs of Children's Medical Services, Alcohol, Drug Abuse and Mental Health, Developmental Services and Health

The District Task Force shall be composed of at least one, but no more than two, representatives from each of the above referenced agencies/organizations plus general members making a total of twenty-six members.

2. There shall be a Chairperson, a Vice-Chairperson and a Recording Secretary, the latter being an employee of HRS. The Chairperson presides at all meetings and represents District 10 at the state and other meetings as necessary.

The Vice-Chairperson serves in the place of the Chairperson when he/she is unavailable. The Recording Secretary maintains minutes, is responsible for meeting notification, and related matters.

3. Officers shall be appointed by the HRS District Administrator for two-year terms. All future vacancies shall be filled in the same manner.

- o Replacements for a member representing a specific agency on the District Task Force will serve out the remainder of the term of the previous appointed person. They can be considered for appointment as a new member to serve a two year term.

- o Those programs statutorily required to be on the District Task Force can serve two consecutive two year terms. The appointment to the second two year term must be made by the HRS District Administrator.

- o General members will serve a two year term. They can be re-appointed to serve another two year term if two years has lapsed between appointments.

- o There will be a Steering Committee made up of the officers and chairpersons of the subcommittees.

- o Subcommittees shall be:

- * Statement of Purpose, Operating Procedures and Membership
- * Documentation of the Magnitude of the Problem
- * Continuum of Services and Programs
- * Services and Programs Currently in Place
- * Action Plan and Other Recommendations

- o Officers or members of the Steering Committee can only serve as officers or as a member of the Steering Com-

mittee for two consecutive years.

5. It will be the responsibility of the subcommittee for purpose, procedures and membership to solicit recommendations from standing members, in the development and maintenance of a list of potential members. When a vacancy occurs on the District Task Force the subcommittee will forward their recommendations to the District Administrator, who will proceed to fill the vacancy. The District Administrator will make the appointment of the new member within two weeks following receipt of the subcommittee's recommendations.
6. Ad Hoc Committees and work groups may be formed as recommended by the District Task Force.

B. Attendance

1. The Recording Secretary must maintain an attendance log. An attendance sheet will be distributed at each District Task Force meeting for each attending person to sign.
2. The Recording Secretary will send a letter to a District Task Force member reminding them that they have missed two consecutive meetings and that they will be replaced if they miss a third consecutive meeting.
3. Members who are absent from three consecutive meetings shall be deleted from the District Task Force membership. A letter signed by the HRS District Administrator will be sent notifying the person.

C. Voting

1. Employees of agencies, which receive funds as a direct result of the deliberations of this body, shall be ineligible to hold an officer position. However, such persons are eligible to serve as members provided they declare a conflict of interest where the possibility exists and refrain from voting on issues relating to any such possible conflict.
2. No proxy voting shall be allowed.
3. A quorum is required for voting of the District Task Force membership and shall consist of one-half of the membership.

D. Meetings

1. The District Task Force shall meet at least quarterly. Special

meetings may be called of the Steering Committee and, when necessary, the District Task Force as a whole.

2. District Task Force Meetings shall be conducted according to Robert's Rule of Order.

E. Selection of Contracted Providers

1. Procedures and criteria to be used to recommend providers, in the process of awarding contracts, shall follow the guidelines established by current edition of the HRS Manual HRSM-2 Contract Management And Procurement. The District Task Force will recommend to the CYF Program Office whether all contracts for child abuse/neglect prevention services should be exempted from the RFP process or sent out for proposal or selected on criteria established by statute. They are:
 - o Programs' ability to meet service needs identified in plan
 - o Cost-effectiveness of the program
 - o Provides for an evaluation component that provides outcome data
 - o Provides for a parent education component
 - o Provides a mechanism for coordination and integration of services with other services
2. Three non-HRS members of the District Task Force will be on the Selection Committee established by the Children, Youth and Families Program Office to review Request For Proposals for use of funds to prevent child abuse and neglect.

F. Changes to the By-Laws

1. All proposed changes to the By-Laws must be in writing. They are to be sent to the Recording Secretary. The Recording Secretary will place the changes on the agenda for the next meeting and submit the proposed changes to the Chairperson of the Membership and Operating Procedures Committee who will lead the discussion and vote on the change at the next District Task Force meeting.
2. If the proposed change is considered to be urgent by the District Task Force Chairperson, he/she can authorize the Chairperson of the Membership and Operating Procedures Committee to send the proposed written change to each member for vote.

IV. INTRODUCTION TO CONTINUUM

Child Abuse affects all sections of this community. An effective system of programs should be targeted to specific populations, that reflect phases of the family life cycle. To cope successfully with their roles in the family, both parents and children require certain supports, training and information. Based on what is known or believed to enhance an individual's ability to function in a healthy way within a family, program areas that contribute to a strategy for prevention can be identified. These programs are:

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

1. Support Programs for New Parents - The purpose of support programs for new parents is to improve the quality of parenting and to strengthen the bonds between parents and children. Support programs for new parents include programs provided in the prenatal and postnatal periods, both in and outside of a medical facility and support programs for older and adolescent children.

PRENATAL SERVICES FOR NEW PARENTS - Programs for expectant mothers and their families provide an important entry point for stemming the tide of child maltreatment. A comprehensive prenatal program has several objectives: It enhances the health and well-being of the parent-to-be during the prenatal period; it prepares expectant parents for the responsibilities and life changes that take place once the baby is born; it equips expectant parents with knowledge of child growth and development and informs them of community services available to families; and it teaches expectant parents basic skills of infant cues and communicating with their baby.

Although all expectant families can benefit from prenatal programs, the community has a special responsibility to make these programs available to families who are at risk for child maltreatment.

POSTNATAL SERVICES FOR NEW PARENTS - Although prenatal programs are an important first step in the preparation for parenthood, they do not serve as a substitute for postnatal programs. Postnatal programs can improve the child-caring techniques of the new parent and can put parents in touch with other parents who can cope with feelings of depression, inadequacy and hopelessness that accompany that transition to parenting.

SERVICES FOR PARENTS OF YOUNG CHILDREN - Families at risk for being abusers, whether the risk factor stems from their own family history, their current condition or the at risk status of their baby, can benefit from ongoing parent support programs on a long-term basis. These programs can take different forms and can be tailored to meet the special needs of the population being served.

SERVICES FOR FAMILIES WITH OLDER CHILDREN AND ADOLESCENTS - Older children and adolescents have special developmental problems, which at risk parents frequently find difficult to deal with. The Community can assist these families by providing special programs geared to the needs of both parents and their older children.

2. Programs for Families and Children

SERVICES FOR HIGH RISK FAMILIES WHERE MALTREATMENT IS SUSPECTED - In many situations child care workers or other professionals come in contact with families where the behavior of either the child or the parent suggests potential neglect and abuse. Therapeutic programs can provide these parents with appropriate therapeutic and educational input as a means of strengthening the parent-child relationship and reducing chances of subsequent maltreatment.

SERVICES FOR FAMILIES WHERE MALTREATMENT HAS OCCURRED - Because families identified as child maltreaters are in the highest risk category for subsequent abuse or neglect, therapeutic programs for these families must be a top priority. These programs must deliver therapeutic services to the child as well as the parent. The child who has been abused and/or neglected may have developed maladaptive behaviors which may place him at greater risk for subsequent abuse. Programs that focus on the parent-child dyad have the potential of changing the maladaptive interaction patterns and thereby preventing further abuse and neglect.

3. School-Based Programs

ELEMENTARY SCHOOL - The most effective means of preventing child abuse is to assure positive child rearing attitudes and practices. The school system is in a unique position to implement a Family Life curriculum where children learn appropriate parenting skills.

SECONDARY SCHOOL - Junior to senior high school curriculum dealing with child development and techniques of appropriate

parenting should be developed and mandated within the public school system. These curriculum, texts and appropriate teaching aids should also be made available to all private and parochial schools in District 10.

4. Community Information

COMMUNITY AWARENESS - Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose is, to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services.

COMMUNITY EDUCATION - As children grow older, parents encounter new difficulties for which they may be unprepared. Parent education programs provide information and a forum for parents to learn and develop skills they need in raising their children. Awareness on the part of professionals and volunteers is also essential to the effectiveness of a community's prevention programs. It is particularly important that those who come into contact with families, such as physicians and teachers and law enforcement officers, receive training in the dynamics of child abuse and information on the availability of prevention programs in the community.

5. Research and Evaluation Programs - Contacts with sociology/psychology/public health graduate level programs in local universities should be initiated in order to encourage research and/or evaluation among faculty and students in the area of child abuse and neglect prevention and treatment programs.

B. CHILD ABUSE AND NEGLECT PREVENTION PROGRAMS

District 10, comprised entirely of Broward County, is densely populated, transient and one of the fastest growing areas in the nation. The district is estimated to have approximately 1.25 million permanent residents living in a space that encompasses only 25% of the available land area of the county.

Broward County has a relatively high cost of living, but with a high per capita income for only a minority of its residents. The inequity between these two variables creates definite pockets of poverty within the district, thus increases stress and distress levels of those who, in other areas of the state, might be considered middle class. Instead, these individuals must struggle financially because of the unusually high cost of living here.

District 10's child abuse and neglect prevention services are underfunded. Already well known are, Broward County's delayed access and establishment of Federal support base for needed child abuse and neglect services, and the resulting fragmentation of these services in the county. The deficiency in equity funding continues to be a situation in which the resources that do exist are far less than what is needed to meet client needs. In the process of current planning, given these variables, priorities must be considered with prioritized service gaps.

The following chart represents the existing programs in Broward County, District 10, presently serving the needs of abused and neglected children and their families. The chart follows the Continuum of Child Abuse and Neglect Prevention Services. The existing programs are divided into Primary Focus and Secondary Focus.

Primary Focus is defined as a program which has been developed for any purpose but which also, as a subordinate component, deals with the prevention of child abuse and/or neglect.

To interpret this chart, the reader needs to read the columns vertically. The chart is not to be read horizontally, as the proposed programs are not intended to coincide with programs listed under primary or secondary focus.

CHILD ABUSE & NEGLECT EXISTING PROGRAMS - DISTRICT 10, 1986

<u>Needs Based On Continuum</u>	<u>Existing Agencies or Services</u>	<u>Existing Agencies or Services</u>
I. <u>SUPPORT PROGRAMS FOR NEW PARENTS</u>	Primary Focus	Secondary Focus
1. <u>Prenatal Services</u>	I. <u>SUPPORT PROGRAMS FOR NEW PARENTS</u>	I. <u>SUPPORT PROGRAMS FOR NEW PARENTS</u>
Prenatal Programs for Pregnant Adolescents	1. <u>Prenatal Services</u>	1. <u>Prenatal Services</u>
Prenatal Programs for Pregnant Single Parents		CVESIS
Prenatal Programs for First Time Parents		Delta Life Development Center
Counseling For Pregnant Adolescents and Single Parents in Options of Adoption, Etc.		Haitian Prenatal Intervention Project
2. <u>Postnatal Services</u>	2. <u>Postnatal Services</u>	2. <u>Postnatal Services</u>
Programs For Parenting Adolescents		Amanda The Panda
Programs For Parents of Children with Specific Problems		Haitian Perinatal Intervention Project
Programs For Parents At Risk Due to Physical, Emotional, or Social Problems		Hallandale Adult and Teenager Dropout Program
Home Visitor Services		EPSDT
Early and Regular Family Health Screening and Treatment		

Needs Based On Continuum

Existing Agencies or Services

Existing Agencies or Services

II. PROGRAMS FOR FAMILIES AND CHILDREN

Primary Focus

Secondary Focus

1. Services for High Risk Families Where Maltreatment Is Suspected

II. PROGRAMS FOR FAMILIES AND CHILDREN

II. PROGRAMS FOR FAMILIES AND CHILDREN

1. Services for High Risk Families Where Maltreatment Is Suspected

1. Services for High Risk Families Where Maltreatment Is Suspected

Crisis Counseling

HRS - Pre-Protective Supervision

Broward Alcohol Rehabilitation Center

Family Counseling Programs (Individual, Group, Financial, Marital, Psycho-Social, Psycho-Therapeutic)

Child Protection Team

Henderson Clinic

Respite Care

Sexual Assault Treatment Center

Nova Clinic

Day Care

Women In Distress

Comprehensive Family Health Care

2. Services For Families Where Maltreatment Has Occurred

2. Services For Families Where Maltreatment Has Occurred

2. Services For Families Where Maltreatment Has Occurred

Therapeutic Day Care Programs

HRS - Single Intake

Ann Storck Center

Therapeutic Family Day Care Homes

HRS - Foster Care

Broward Children Center

Therapeutic Foster Homes

HRS - Protective Supervision

Broward County Family and Child

Medical Foster Care Homes

Child Protection Team

Development Services

Support Programs for Abusing and Neglecting Parents

Outreach Broward

Henderson Clinic

Guardian Ad Litem Programs

Sexual Assault Treatment Center

Kids Crusaders, Inc.

Psycho-social, Psycho-therapeutic Programs For Families With Children and/or Adolescents

ECDA Therapeutic Day Care

Nova Clinic

ECDA Title XX Day Care Program

ECDA

KIDS Family Learning Center

Needs Based on Continuum

Existing Agencies or Services

Existing Agencies or Services

III. SCHOOL BASED PROGRAMS

Primary Focus

Secondary Focus

1. Elementary School

III. SCHOOL BASED PROGRAMS

III. SCHOOL BASED PROGRAMS

Curriculum In Child Abuse and Neglect Prevention (K-5)

Child Abuse Networking Of Professionals for Identification, Counseling and Referral

Treatment Referral Networking School - Court Liaison Program

Nutrition/Meal Program

Health Screening And Care Programs

1. Elementary School

Broward County Schools Student Services

"Better Safe Than Sorry"

Preventing Sexual Abuse (K-5)
"Kids Can Say No"

Adam Walsh Resource Center

1. Elementary School

2. Secondary School

2. Secondary School

2. Secondary School

Curriculum in Child Abuse and Neglect Prevention (6-12)

Mandatory Parenting & Child Development Classes In Middle And High School

Wellness Education (6-12)

Diagnostic Assessment Of Child With Suspected Problems (By Licensed, Fully Qualified Professionals)

Elective Courses - Parenting I & II

Family Counseling Center

South Broward High
Bair Middle
Driftwood Middle
Northeast High

Life Management Skills

Peer Counseling

Teenage Dropout Program

IV. COMMUNITY INFORMATION

Primary Focus

Secondary Focus

1. Community Awareness

IV. COMMUNITY INFORMATION

IV. COMMUNITY INFORMATION

Needs Based On Continuum

Existing Agencies or Services

Existing Agencies or Services

Child Abuse and Neglect
Hotlines

Public Service Announcements
Director of Community Informa-
tion For Child Abuse and Ne-
glect

Clearinghouse On Community
Information

2. Community Education

Media (Television, Radio,
Newspaper)

Lecture Series/Workshops
For Professional And Public
Groups

Library Collections And
Programming

Pamphlets

Provision Of Continuing Edu-
cation Programs In Child Abuse
& Neglect For Professionals

Provision of Child Abuse & Ne-
glect Courses In Graduate Le-
vel Curricula For Profes-
sionals (Social Work, Law,
Psychology, Medicine,
Nursing, Education, Criminal
Justice, etc.)

1. Community Awareness

Public Service Announcements

Selected Local Television Pro-
grams

2. Community Education

1. Community Awareness

Crisis Line - Community Service
Council of Broward County, Inc.

2. Community Education

Amanda's Place

Children's Consortium

The following list reflects the prevention services presently in place in District 10. The list reflects the budget for child abuse and neglect prevention, the number of clients served in a calendar year and the funding sources.

The codes for the funding sources are as follows:

B - Broward County School Board	S - State
C - County	T - Trust Funds
D - Donations	U - United Way
F - Federal	O - Other

District 10 presently doesn't have a process in place to determine the cost effectiveness of these services.

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Program - (P) Primary (S) Secondary		Budget for Service	# Clients Served in Calendar Year	Funding Source	Comments
Adam Walsh Center	(D)	N/A	N/A	N/A	Advocacy Group
Amanda's Place	(S)	\$66,000	18,000	F	Infant stimulation
Amanda the Panda	(S)	\$31,000	121,000	F	
Ann Storck Center	(S)	\$161,681	27	S,T	Residential Program For Developmentally Delayed Children
Broward Alcohol Rehabi- litation Center	(S)	\$2.8 Million	6,000 adult and children	C,S	
Broward Schools Child Abuse Network	(S)	\$77,456	132,000 students at risk	F	Funds three abuse case- workers
Broward Children's Center	(S)	\$11,173	22	S,T	Residential program for developmentally delayed children
Broward County Family and Child Development Services	(S)	\$1.2 Million	11,226 adult and children	C	
Child Protection Team	(P)	\$364,800	2038 referrals	S	

Program - (P) Primary (S) Secondary	Budget for Services	# Clients Served in Calendar Year	Funding Source	Comments
Children's Consortium (S)	N/A	N/A	N/A	Advocacy Group
Crisis Line (S)	\$150,000	Not Available	C,S,B,U	
CYESIS (S)	\$129,000	400	S	Pregnant Teen Program
Delta Life (S)	Figures Not Available			Pregnant Teen Program
ECDA - Title XX Day Care (P)	\$4.4 Million	4,125 children	S,F,C,O	
ECDA - Therapeutic Day Care (P)	127,500	104 children & parents	S,D	25 slots/day
Guardian Ad Litem (P)	\$69,745	626	S,C	
Haitian Perinatal Prevention Project (S)	\$160,000	3600 home visits	O	
Hallandale Adult and Teenage Dropout Program (S)	\$50,000	25	S,B	Serves pregnant teens
Henderson Clinic (S)	\$35,000	882 children & parents	S,C,O	
<u>HRS PROGRAMS:</u> (Staff Salaries & Fringe)				
Foster Care (P)	\$934,467	993 children	S,F,T	
Single Intake (P)	\$2,093,035	20,040 referrals	S,F	
Pre-Protective Services (P)	(Combined with Pro- tective Services)	192 children	S,F,T	
Protective Services (P)	\$871,504	1891 children	S,T,F	

Programs - (P) Primary (S) Secondary	Budget for Services	# Clients Served in Calendar Year	Funding Source	Comments
Early Periodic Screening & Diagnos- tic Treatment	(S) \$98,235	6549 (Screening)	F,S	
Improved Pregnancy Outcome Program	(S) \$2,206,631	3,360 admissions	S,F,T	
Intensive Crisis Counseling Program	(P) \$124,957	112 families	S,F	
Kids In Distress	(P) \$126,936	51	S,D	Shelter for children (10 years)
Kids Family Learning Center	(P) \$127,500	50	S,D	
"Kids Can Say No"	(P) \$100,000	60,000	F	Prevents sexual abuse
Kids Crusaders	(P) N/A	N/A	N/A	Advocacy Group
Lutheran Ministries	(P) \$96,017	307	S	Adolescent Shelter
Mills Shelter	(S) \$14,660	137	S,C	A bed shelter for abused adolescent males
Nova Clinic	(S) \$1 Million	Figures Not Available	O,F	
Outreach Broward	(P) \$820,000	226 children	S,C,U,D	Residential program for male adolescents
Parent Education	(S) Budget not separated from overall budget	1270	O,S	
Peer Counseling	(S) \$280,000	30,000 students	S,B	
Sexual Assault Treatment Center	(P) \$520,819	3,000	C,T	
Women In Distress	(S) \$139,095	806 (adults & children)	S,D,T	Shelter for abused women and their children

V. PRIORITY OF NEEDS

This section is prioritized into two parts; the needs to continue and improve existing programs, and the needs for new and expanded programs.

A. EXISTING PROGRAMS

1. Therapeutic Day Care - Therapeutic Day Care programs have been funded by Mills' Bill appropriation as the district's number one priority since 1983. Their services to abused and neglected children will continue to be funded by the Mills' Bill appropriation for 1986-87.

District 10 has contracts with two agencies for therapeutic day care services; Kids in Distress and Early Childhood Development Association (ECDA). Each program is contracted for \$127,472. Kids in Distress services 30 abused and neglected children ages 2-5 years. ECDA services 30 abused and neglect children ages 2-5 years of age and under, who are Protective Services clients due to abuse and/or neglect.

There are approximately 276 children five years of age and under, who are Protective Services clients due to abuse and neglect. There are approximately 199 children under five years of age who are on Foster Care status. Totalling 475, these children could be candidates for therapeutic day care services. Geographic location of the centers and waiting lists affect the number of children who cannot be served. The program sponsored by ECDA has a waiting list of two children; Kids In Distress has a waiting list of seven children.

The objectives of these therapeutic day care programs are two-fold: to provide needed services to young high risk children, and to provide an intervention program for their families.

2. Expansion of the Single Intake and Foster Care Systems - Single Intake Counselors have the responsibility to investigate all allegations of child abuse and/or neglect. They serve as the main entry level for services offered to dependent children through the Children, Youth, and Families Program.

Dependency referrals have increased 37.1% between April, 1984 and April, 1986 (See appendices). District 10 experienced a 256.6% increase in the number of referrals received between January, 1986 and April, 1986 from the total number of referrals received in the district in 1981.

Causative factors to this increase appear to be:

- o Growth in overall population in District 10; transient nature of population
- o High proportion of families new to the area who have few or no relatives to provide a support system
- o General stresses on families living in densely populated urban area
- o Increase in number of children presenting emotional problems who come to the attention of HRS, and an increase in the severity of the problem
- o Increased focus on abuse among the professional community
- o Increased general community awareness of abuse

Single Intake staff in District 10 is staffed at approximately 75% of need.

Based on the work and staffing standards study, caseloads for Foster Care Counselors should not exceed twenty-five (25) children per counselor. The average current caseload in District 10 is 35 children per counselor. No staff is specifically allocated for recruitment training and licensing of foster parents. In order to improve the delivery of the Single Intake and the Foster Care Systems in District 10, the District Task Force recognizes the following needs:

- o a better definition of children at risk for child abuse and neglect
- o consistency in adherances of policies regarding intake, case management and program monitoring between and within units of HRS dealing with child abuse and neglect
- o better training of HRS staff in areas of prevention services
- o better coordination of services to children within the district, including data gathering and information dissemination functions
- o reduction of counselor caseloads and increasing staff

B. NEED FOR NEW PROGRAMS

The need for the following programs follow the District's Prevention Continuum. The prioritization of the needs were reached by consensus of the District Task Force. An estimated budget allocation is recorded next to the program or service.

1. Research and Evaluation (\$100,000) - District 10 does not have an independent agency such as a Juvenile Welfare Board, to monitor and evaluate child abuse and neglect prevention and treatment efforts. A Juvenile Welfare Board would also assist in the coordination of our community to prevent child abuse and neglect.

The current surge of interest in a number of promising plans aimed at the primary and secondary prevention of child abuse and neglect makes the development of appropriate evaluation techniques critical. To be fully accepted, a prevention program needs to prove that it has an impact. It must either reduce the incidence of social problems or promote positive growth and development of children and their families.

Contact with sociology/psychology/public health graduate level programs in local universities need to be initiated in order to encourage research in order to gather sociological factors which affect child abuse and neglect.

2. Community Information -

Community Education (\$105,000) - Child abuse is a community problem and its prevention is a community responsibility. The community must provide parents and children with training and information to help them cope successfully with their roles in the family.

The following are essential components to educate the community:

For Parents:

- o Child abuse education concentrating on parents or potential parents of children defined to be in high risk groups
- o Parent Effectiveness Education

For Professionals:

- o Development of curriculum for 20 hours semi-annual training program for all HRS line staff working in areas of child abuse and neglect

- o Continue the dialogues on policy, procedure and education on what constitutes child abuse
- o Provision of Child Abuse and Neglect courses in graduate level curriculum for professionals
- o Provision of Units on Child Abuse and Neglect in undergraduate college courses
- o Lecture Series/Workshops
- o Library Collections and Programming

Community Awareness (\$48,000) - Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services. The needs are:

- o Child Abuse and Neglect Hotlines
- o Public Service Announcements (TV and Radio)
- o Child Abuse and Neglect Prevention Directories
- o A Director of Community Information for Child Abuse and Neglect
- o A Clearinghouse on Community Information

3. Programs for Families and Children -

O Services for Children and Their Families Where Abuse and Neglect is Suspected:

Crisis Counseling (\$300,000) - In concert with the community counseling agencies, the 24-hour Community Service Council Crisis Counseling Line should be expanded. The role of the crisis line would be to: respond, defuse and stabilize immediate crisis situations. The case responsibility would end with the referral to the appropriate community agency.

Respite Care (\$55,000) - Respite care would follow the crisis nursery concept; where a parent can leave a child for a short period of time in order to diffuse an abusive situation. District 10 has no such program available.

Child Day Care (\$5.2 Million) - Child day care is quickly being recognized in this state and across the country as a

primary source to prevent child abuse. The Title XX Day Care Program in District 10 has a waiting list of 2,019 children.

O Services for Children and Their Families Where Abuse and Neglect has Occurred:

Support Programs for Abusing and Neglectful Parents (\$100,000) - Support programs for abusive and neglectful parents can be established through recruitment and training of volunteers. These trained volunteers can be made available to families on an "as needed" basis to provide parents with immediate support and guidance.

Refer to the chart in this report, it reflects the gaps in services.

Psychotherapeutic Services (\$100,000) - Abusive or neglectful parents have usually suffered so much deprivation in their lives that psychotherapeutic treatment must be undertaken with specific goals in mind. Unless one can spend a long period of time with these individuals, then goals must be very limited.

Psychosocial Treatment (\$100,000) - Services are needed to counsel families who are experiencing stress caused by their environment and psychic problems.

Therapeutic Family Day Care Home Services (\$250,000) - Therapeutic family day care home program serves preschool children and their families. The primary goal of these homes is to support mediation with families who are identified as being involved in child abuse and neglect, and to prevent further recurrence of this behavior. These homes also aim to identify an enriched environment to promote and encourage positive behavioral change.

Therapeutic Foster Homes (\$200,000) - The therapeutic foster home is a necessary facility for a maltreated child. Professional guidance should be provided to parents within the home setting, in order to help them deal effectively with the child placed in their care.

Medical Foster Care Homes (\$300,000) - Certain medically vulnerable infants and children require foster care in homes in which a registered nurse or other medically trained individual is present. Medical foster care should be made available to infants upon discharge from hospital stays. The need has been documented in the district, but each year the

legislation fails to appropriate funds to implement this program.

Family Outreach Services (\$65,000) - Family Outreach Services lessen the isolation experienced by abusive and neglectful parents. Volunteers could be recruited to serve as additional resource persons for families identified at risk, and who need this type of support.

Homemaker Services (\$72,000) - These services aid in keeping children in their homes, by providing support services to those families at risk.

Family and Individual Therapy for Families of Abused and Neglected Adolescents (\$100,000)

Guardian Ad Litem Programs (\$70,000) - Provides trained volunteers to represent the best interest of abused and neglected children before the courts.

4. Support Program for New Parents

○ Prenatal and Support Programs for Adolescents, Single Parents (\$4.2 Million) - With an infant mortality rate of 12.2 in 1983, Florida ranked 41st among the states. In the same period, the United States rate was 11.2 and Broward County was 11.6. Not evident, however, in the statistics is the alarming reality that Broward's non-white infant mortality rate of 19.5 is nearly two and one-half times that of white infants, whose rate was 8.9. Further cause for concern in that 1985 provisional data indicates a significant increase in all infant mortality rates for Broward. In order to combat this problem, the following continuum is needed:

- Access to Prenatal Care
- Early Identification of High Risk Conditions
- Provision of Adequate Nutrition
- Prevention of Birth Defects
- Available Intrapartum Care
- Reduction in Teenage Pregnancies

Approximately 20% of Broward County's population in 1985 was composed of women between the ages of 15 and 44, a rate that is expected to remain constant through 1990. Among this group, the 1980's evidenced a slow but steadily increasing fertility rate, reflecting the maturing of the Post-World War II baby boom. Although this trend is evident for both whites and non-whites, the birth rate for non-whites remains almost

three times the rate for whites.

The median age of new mothers has also risen slightly, with the overall birth rate for women aged 33 and older increasing from 4.3 in 1979 to 6.5 in 1984, and the number of births to teenage mothers showing a corresponding decrease from 6.6 to 4.0. However, the teenage birth rate continues to be significantly higher for non-whites, with this age group accounting for 10.3% of non-white births in 1984, compared to 1.6% for whites.

Historically, unwed mothers have been considered at higher risk than the population as a whole. The percentage of birth to this group has been slowly increasing since 1980. Among non-whites in 1984, some 61.1% of live births were to unwed mothers.

- O Postnatal Support Programs for New Parents - Many new mothers experience serious emotional and physical trauma at birth of a child. They need reassurance, training and education to cope with their role as a mother. Anticipatory guidance is a key to the prevention of child abuse and neglect for this population group.

The following programs need to be established to assist new parents:

Neonatal Parenting (\$30,000) - Conducted on a daily basis in all hospital obstetrical divisions, this service will provide early parenting information and knowledge of available helping resources in the community.

Hospital Visitor Program (\$15,000) - This is an in-hospital information and dissemination program conducted on obstetric wards by trained volunteers. Information on motherhood, realistic expectations of infants, normal stress, and availability of health services are provided.

Substance Abuse Services (\$127,000) - Prenatal substance abuse is on the rise in District 10. Broward General Medical Center has the district's largest neonatal intensive care unit. It is composed of 45 beds. This hospital is experiencing an increase in the number of premature infants born addicted to drugs or alcohol. Of the infants served in the neonatal unit, 20% are born addicted to cocaine.

Expansion of the following programs are needed to assist new teen parents:

Cyesis (\$36,000) - Cyesis is an in-school program for middle school pregnant teens (up to age 15 primarily) which serves approximately 85 students annually. In 1985, there were 56 births to teens less than 15 years of age, and 103 births to those age 15. Programs and services which are available need much improvement for high school aged pregnant teens who need encouragement to stay in school or return to school post partum.

Delta Sigma Theta Inc. - Life Development Center - Reaching Adolescent Parents (RAP) - RAP is a component of the all volunteer public service sorority programs, which are designed to encourage positive self-image in pregnant teens. The six to seven week program provides group activities that focus on unmet social and emotional needs. The program has capacity to serve 44 participants per year. Broward's birth to teens, less than age 18, were 656 in 1985; less than age 17, were 350 births to teens.

Haitian Prenatal Intervention Project (\$300,000) - Provides a home-visitor to pregnant Haitian women. They are instructed in nutrition and health care. Presently only 110 women can be seen each month. This program needs to be expanded double its present capacity.

Hallandale Adult and Teenage Dropout Program (\$128,000) - This program is funded to serve only 25 pregnant women who have just delivered. The program provides a nursery setting for mothers while they attend an adult center to receive their diploma. There is a need to expand this program geographically, and provide services to at least 225 additional women.

5. School-Based Program - (\$7.1 Million)

There is need for implementation and monitoring of the Comprehensive Health Education Act for all grades (K-12).

Currently there are only thirty minutes per week devoted to health education in elementary grades for each semester. Students receive nine weeks of health education in grade six. However, there is no health education taught in grades seven and eight. The high school requirement is only one semester of health education in grade nine and ten.

To be effective, we need at least one hour of health education per week, including kindergarten to grade five, and a semester course in grades six, seven, and eight. Life Management Skills curriculum needs to be expanded to a full year's course in

grade nine or ten.

Additional Needs of School Based Programs for the Elementary Schools:

- o Curriculum in Child Abuse and Neglect Prevention (K-5)
- o Child Abuse Networking of Professionals for Identification, Counseling and Referral
- o Treatment Referral Networking
- o School-Court Liaison Program
- o Nutrition/Meal Programs
- o Health Screening and Care Programs

Additional Needs of School Based Programs for the Secondary Schools:

- o Comprehensive Health Education (K-12) to include Child Abuse/Neglect Parenting and Wellness
- o Mandatory Parenting/Child Development classes in Middle and Upper Schools
- o Comprehensive Health classes and Wellness/Risk Reduction Education in Middle and Upper Schools (6-12)
- o Diagnostic Assessment of Children With Suspected Problems (by licensed, fully qualified professionals)
- o Referral Network for children and adolescents
- o Counseling Services
- o School-Court Liaison Program
- o Nutrition/Meal Programs
- o Health Screening and Care Programs

VI. BARRIERS

This list specifies the basic issues that make comprehensive prevention efforts difficult in District 10.

1. There is absence of coordination of services to children and families within the District, including data collection mechanisms and information dissemination functions.
2. Inadequate in-service training to professionals and volunteers in the areas of prevention services.
3. Lack of appropriate definitions for roles and responsibilities among the agencies charged with child abuse and neglect treatment and prevention.

4. There are inadequate resources, especially "start up" funds, for the prevention of child abuse and neglect services.
5. The community lacks an adequate understanding of the need for child abuse and neglect programs.

VII. ACTION PLAN

CHILD ABUSE PREVENTION TASK FORCE

DISTRICT 10

OBJECTIVE	ACTION	ASSIGNED TO:	START DATE	PROGRESS
Use Mills appropriations as seed money for new prevention programs.	Review Title XX Block Grant Criteria for funding eligibility.	Senior Human Services Program Manager/ Children, Youth and Families & Human Services Program Analyst/ Children, Youth and Families	8/25/86	Completed
	Provide Status report to Chairperson on possibility to waive eligibility criteria for Title XX day care.	Senior Human Services Program Manager/ Children, Youth and Families & Human Services Program Analyst/ Children, Youth and Families	Due 9/30/86	Completed

ACTION PLAN

CHILD ABUSE PREVENTION TASK FORCE

DISTRICT 10

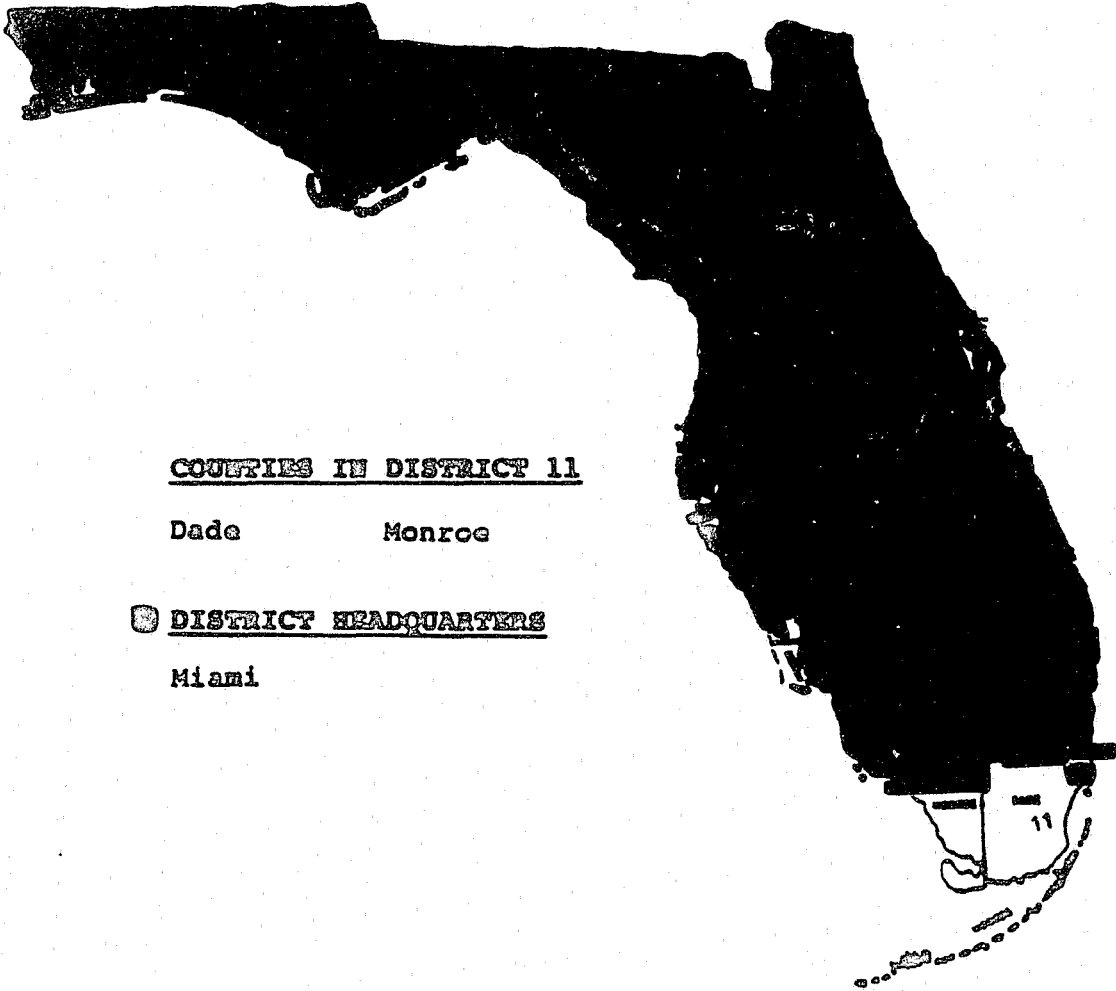
OBJECTIVE	ACTION	ASSIGNED TO:	START DATE	PROGRESS
Insure that a workable action plan is developed.	Complete membership of Task Force.	Chairperson	10/15/86	
	Design work groups parrallel to the proposed needs.	Steering Committee	11/20/86	
	Recruit other Community members for work groups	Steering Committee	11/20/86	
	Make assignments to Work groups, and establish deadlines.	Steering Committee	11/20/86	
	Written action plan and assignments of work group due to Chairperson.	Steering Committee	1/15/87	

VIII. RECOMMENDATIONS

This section is a listing of specific recommendations pertaining to policy, procedure and legislation that need to be addressed by the State Program Offices or by the State Legislature.

1. HRS needs to submit a Legislative Budget Request to fully fund the child abuse and neglect continuum.
2. The Legislature needs to fully fund the child abuse continuum.
3. Any individual required to hold a state license or certificate should be required to take a twenty hour approved course on child abuse and neglect, prior to the issue or renewal of the license or certificate.
4. The Legislature needs to allocate funds for local HRS offices to computerize the records and client listings of services provided to children and their families.
5. The Legislature needs to revise the current requirement to expunge unsubstantiated abuse and neglect referrals to allow retention for one year.
6. The HRS, Interprogram Task Force, needs to study the definitions of "children at risk" and "high risk for child abuse and neglect" and make recommendations to the Legislature to revise these definitions.

DISTRICT 11

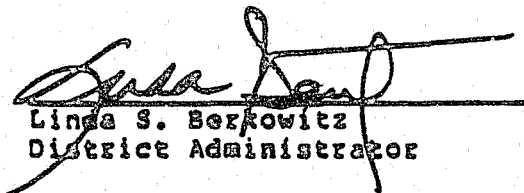


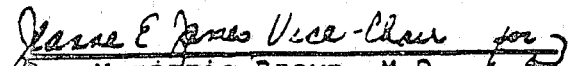
COUNTIES IN DISTRICT 11

Dade Monroe

DISTRICT HEADQUARTERS

Miami


Linda S. Berkowitz
District Administrator


Garse E. Jones Vice-Chair for
Dr. Marjorie Brown, M.D.
Chairperson
District Child Abuse & Neglect
Prevention Task Force

DISTRICT 11

A LOCAL PLAN FOR THE PREVENTION OF
CHILD ABUSE AND NEGLECT



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DISTRICT 11

I. DISTRICT CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

AGENCY

MEMBERS

Parents Anonymous

Kitty Terrell
Dorothy Sasnor

Switchboard of Miami - (Hotline)

Shirley Aaron
Audrey Farmer

Criminal Justice Council

Robin August
Julio Oscar Mechoso

Day Care

TBA

New Horizon's Mental Health

TBA

Miami Dade Community College

Nora Murrell

Metro Dade Police Dept.

Richard Bracci
Phil Brickman
Sgt. Wes Plath
Sgt. Yolanda Royal
Sgt. Dennis Shaw
Lizette Williams
Alyson Chambers

Metro Dade Domestic Intervention
Family Services Program

Joan Farr
Marcie Prince

Metro Dade Victims Advocate

Patricia Howard
Catherine Lynch

Miami Bridge

Jeanne James

Miami Police Department

Robert Brantley
William Cauchi
Michelle Vincent
Rose Rowe

Metro Dade Community Relations
Board

John Due

Dade County Legal Services

Daniella Levine

Dade County Public Schools

Bob Davison
Marge Sykes

Dade County School Board

Janet McAliley
Margaret Hebson

Dade County Youth Advisory
Board

Ruth Kruse

HRS District Administration	Dorothy L. Taylor Miriam Franchi-Alfaro
HRS Dade County Health Department	Dr. Marjorie Brown Millie Collins Jean Dolan Caroline Sterns
HRS Children Youth & Families	Norma Wilson Sylvia Williams Janice Goodman Mercy Rivas
HRS Childrens Medical Services	TBA
HRS Alcohol, Drug Abuse & Mental Health	Sheila Weiner
HRS District Human Rights Advocacy Committee	Rev. Julian Jackson
University of Miami, Child Protection Team	Dr. Pat M. Crittenden Janet Gourley June Lewis Tammy Middleton
Children's Home Society	Dr. Mary L. Cole Marge Bruszer
Miami Children's Hospital	Nancy Cox Lee Ann Kunkle
James E. Scott Community Association, Inc.	Polly Hamilton Sandrus Darden
Charlee Program	Doris Capri
Florida Keys Memorial Hospital	Edith Little Angela Devereaux Eileen Molineaux
Family Counseling Service	Grecia Falcon
Guardian Ad Litem	Dade County - Joni Goodman
Guardian Ad Litem	Monroe County - Barbara Hunt
Jackson Memorial Hospital	Gloria Greene Dr. Dorothy Hicks
United Way	Susan Henry
Mt. Sinai Hospital	Mary Hoffman
Dade County Mental Health Assoc.	Rosie Inclan

The Family Center

Karen Kerr

State Attorney's Office of Dade
County

Sandy Rockowitz
James Smart

Dade County Commission On The
Status of Women

Dorothy Sibley

Parent Resource Center

Mary Taylor
Gloria Simmons

Community Health Inc (TOTS)

Vera Urban

Having Babies After Thirty

Holly Zwerling

Partners in Performance, Inc.

Letta Starr

Judicial

Judge Adelle S. Faske
Judge William Gladstone

Individual

Karen Solver, Esq.

II. STATEMENT OF PURPOSE

The District Task Force is to prepare a biennium district plan, for implementation at the local level, that will prevent the incidence of child abuse and neglect. Based upon the information in this plan, it will be determined what preventive services will be funded with available appropriation. The development of this district plan demands the District Task Force's evaluation of many factors including: the magnitude of child abuse and neglect within District 11, a description of programs currently serving abused and neglected children and their families, a continuum of programs necessary for a comprehensive approach to the prevention of abuse and neglect and a ranking in priority of local needs based upon the continuum of programs and services. Through analysis of ongoing factors, the District Task Force has prepared this plan in order to address the needs, and enhance initiatives aimed toward coordination and integration of services to avoid duplication. The District Task Force will also ensure full utilization of the funds allocated for child abuse and neglect prevention programs.

The District Task Force has also assumed various other roles, all of which have a two-fold purpose. One purpose is to perform the particular task itself as described below, and the second purpose is to assist the District Task Force members in the development of the District Task Force plan. Among other activities, the District Task Force will keep up on local issues that may have an impact on prevention of child abuse and neglect. The District Task Force will secure speaking engagements and discussions with individuals who represent public and private agencies, which will aid in sharing data for addressing the unmet needs for the target population. These activities will aid in advocating the need for particular programs in the community, educating various individuals and groups in the identification and prevention of abuse and neglect, act as a clearinghouse of information and enhance the provision of resource programs and materials. The Task Force Committee (described in the attached By-Laws) assume the task of identifying needs, barriers and recommendations of specific areas through evaluation of programs and statistics, and report back to the full District Task Force for further input, evaluation and resolution.

With the availability of funding increases with each budget year, that always fall far short of meeting the needs, the District Task Force has participated in soul-searching analysis. Discussion has been emphasized in an attempt to isolate programs and services that meet the needs of the district in preventing child abuse and neglect.

III. OPERATING PROCEDURES

- A. The By-Laws were approved by the District Task Force on March 12, 1986.

Note: Sentences in parentheses are not a part of our By-Laws as adopted by the District 11 Task Force. They are inserted here merely as a clarification, and may or may not later be included in our actual By-Laws.

BY-LAWS OF CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE MEMBERS

B. Article I - Statement of the Task Force

The District Task Force shall operate under the direction of the District 11 Administrator or designee for the purpose of participating in the development of a comprehensive plan for the prevention of child abuse and neglect in District 11. The District Task Force for the Prevention of Child Abuse and Neglect in Florida exists pursuant to Section 415.501, F.S., (1982).

Article II - Members

Section 1 - COMPOSITION OF MEMBERSHIP

The District Task Force shall include, but not be limited to, members from those agencies listed in Section 415.501, F.S., (1982). Members should be selected to ensure representation from both Dade and Monroe Counties. Said groups include the following: 1) Law Enforcement; 2) Community Mental Health Centers; 3) Department of Education; 4) Guardian Ad Litem Program; 5) Health Department (Maternal and Child Health Care); 6) local HRS representatives (appointed by the District Administrator); 7) State Attorney's Office; 8) Child Protection Team; 9) School Board; 10) District Human Rights Advocacy Committee; 11) Legislative members; 12) other agencies, groups or organizations, private or public, with recognized expertise in working with children who are at risk of being sexually, physically or emotionally abused and/or neglected, and with the families of such children; 13) private or public program organizations with expertise in maternal and infant health care; 14) child day care center; 15) circuit court judges; and 16) selected child and youth advocacy groups or individuals.

Section 2 - Appointment of Members

The Chairperson of the District Task Force shall appoint a Membership Committee annually. This Committee shall convene periodically each year to make recommendations to the District Administrator for current membership, including replacement of

those leaving the District Task Force and replacing them with new members. The Membership Committee shall consist of four District Task Force members. The schedule for such meetings shall be:

- O January - appointment of Membership Committee members.
- O May 1 - submission of recommendations for District Task Force membership to the District Administrator by the Membership Committee. Once the Membership Committee's recommendations are made to the District Administrator, the Administrator shall formally appoint each member for the next fiscal year by written notice no later than June 30. Members may be reappointed to successive terms, without limit.

Section 3 - Classification of Members

There shall be two types of members for voting purposes. A member of the District Task Force must be considered one or the other of the following two classes:

- O Agency -- A member or paid staff of any above listed agency, organization or group. There shall be only one voting member per agency.
- O Individual -- One who is not a paid staff or employee of any above listed agency, organization or group.

Section 4 - Resignation or Removal

Any member of this District Task Force may resign by submitting his or her resignation in writing to the Chairperson. Any member may be removed from the membership of this District Task Force if he or she has three (3) consecutive unexcused absences in one year, or if a member has not attended six (6) meetings in a given year. Members may request an absence to be excused for good cause. Such requests shall be in writing to the Chairperson.

Article III - Responsibilities of the Task Force

Section 1 -

The responsibilities of the District Task Force, as mandated in Section 415.501 F.S., (1982), include, but are not limited to the following:

- a. Documentation of the magnitude of the problem of child abuse, including sexual, physical and emotional abuse, and neglect in its geographic area.

- b. A description of programs and services currently serving abused and neglected children and their families and child abuse and neglect prevention programs, including information on impact programs, cost-effectiveness and sources of funding.
- c. A continuum of programs and services necessary for a comprehensive approach to all types of child abuse and neglect prevention, as well as the brief description of such programs and services.
- d. A description, documentation and priority ranking of local needs related to child abuse and neglect prevention based upon the continuum.
- e. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication cost, and 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. The plan will be updated biennially.
- f. Based on the information in the plan, the District Task Force shall determine what prevention services will be funded with the available allocation. Criteria for selection of prevention providers shall include:
 1. The program's ability to meet the service needs(s) identified by the District Child Abuse and Neglect Prevention Task Force.
 2. The cost-effectiveness of the program.
 3. The provision of an evaluation component that will provide outcome data.
 4. The provision of a parenting education component.
 5. Provision of a mechanism for coordinating and integrating services, with other services that are considered necessary for the target population.
- g. A description of barriers for accomplishment of a comprehensive approach to child abuse and neglect prevention.
- h. Recommendations for changes that can be accomplished only

at at the state program level or by legislative action.

Article IV - Meetings

Section 1 - Frequency

The District Task Force shall meet at least monthly, unless unanimously agreed upon by District Task Force vote to postpone one month's meeting. No more than two months shall lapse without a meeting. There shall be at least ten meetings per year.

Section 2 - Location

Meetings shall be conducted in as informal a manner as possible to allow the greatest amount of discussion. Motions shall be made and seconded by a District Task Force member or designated alternate.

Article V - Voting

Section 1 - Quorum

At any meeting of the members, a majority of the voting members shall constitute a quorum for the transaction of business. (A quorum is defined as more than half of the designated voting members of the District Task Force. A quorum is only necessary for voting questions that effect appropriations.)

Section 2 - Voting Rights

Each voting member of the District Task Force shall have one vote on questions raised for vote. (See Article II, Section 3.) Each member may appoint a delegate to vote in his/her absence through written notice to the Chairperson.

Conflict of Interest

Said District Task Force member shall be prohibited from voting regarding funds for any agency to which he/she has a defined role of responsibility.

Section 3 - Notice

There shall be no voting on the appropriation of funds unless written notice has been mailed to the membership, at least two weeks before the scheduled vote.

Article VI - The Chairperson and Vice-Chairperson

Section 1 - Selection

The District Administrator shall appoint the Chairperson on an annual basis to coincide with the annual membership. The se-

lection of the Vice-Chairperson shall take place at the June meeting of the District Task Force.

Section 2 - Nominations

Nominations for Vice-Chairperson shall be presented to the District Task Force by the nominating Committee in May at which time nominations shall be accepted from the floor. (No District Task Force member in good standing (see Article II, 2 & 4) shall be excluded from being a Vice-Chairperson)

Section 3 - Elections

- a. The Vice-Chairperson shall be elected from among the nominees by secret written ballot of the District Task Force members. If one nominee does not receive a majority of the votes cast, balloting shall continue, with the elimination of the nominee with the least amount of votes for each ballot. The Chairperson shall make the decision in the event of a tie.
- b. At least two (2) members at large will count the ballots case independently. When their counts agree, the nominee with the majority of votes is announced.
- c. After selection by the District Administrator, the Chairperson shall assume the leadership of the District Task Force at the next scheduled meeting.

Section 4 - Responsibilities

The Chairperson shall:

- a. preside over all the Task Force meetings
- b. through the coordinator, schedule meetings, arrange for meeting locations, and ensure that all District Task Force members are notified of meeting date, time and location. A letter mailed to each member, at least two weeks prior to the scheduled meeting, containing the above information shall constitute "notice" for voting purposes
- c. appoint committees as appropriate, and committee chairpersons. All committees shall report new activities in writing to the District Task Force on at least a quarterly basis. No committee member shall speak or write on behalf of the District Task Force without first securing the approval of the membership, or in emergencies, the Chairperson. Standing committees shall include but not be limited to:
 1. Sexual Child Abuse Committee - correlates activities for

- sexual abuse programs, advocates new approaches for interviewing and investigating child abuse
2. Legislative Committee - advocate and research laws that affect child abuse
 3. Perinatal Committee - evaluate and discuss services for this area
 4. Continuum of Services - provides a comprehensive approach to all types of child abuse and neglect prevention
 5. Community Services Update Committee - work closely with continuum of services, and provide update on resources available in the community
 6. Membership Committee - make recommendations for new members
 7. Budget Committee - evaluate programs for funding
- d. Be responsible for the overall operation of the District Task Force, with assistance as needed from the Coordinator and Membership.
- e. Ensure minutes of the before mentioned meetings are distributed to the committee members prior to the following meeting, with a copy to the HRS contract manager.

The Vice-Chairperson shall:

- a. Perform the duties of Chairperson in the absence of the Chairperson, or when designated to do so by the Chairperson.
- b. Schedule the presentation of the quarterly committee reports and the semi-annual agency and Contract Manager reports.

Article VII - Appropriations

Section 1 - Reports

Every agency, group or organization that is receiving funding from prevention appropriation shall provide the Chairperson of the District Task Force, with reports as to who they are serving, and what services they are providing. These reports shall be given to the Chairperson twice yearly delineating the to-date provision of services in comparison to program objectives. These reports shall be submitted on August 1 as an annual report for the previous fiscal year, and February 1 as a six months update for the current fiscal year.

The HRS Contract Manager shall monitor those programs funded by Mills' Bill appropriation and present the report to the

District Task Force on August 1 for the previous fiscal year, and February 1 for the current fiscal year.

Section 2 - Recommendations

By the third Wednesday of each March, the Chairperson of the District Task Force shall have taken a vote as to the priorities or program areas for the following year, and shall elicit recommendations from the District Task Force as to program areas that shall continue to be funded or, conversely, program areas that should no longer receive funding from Mills' Bill appropriation. Also, groups who have not been funded that year shall have the opportunity to present their program area, for consideration in receiving funds. Recommendations for utilization of available funds shall be submitted to the District Administrator by April 1 of each year, to ensure sufficient lead time for contract development and negotiation. This process occurs prior to July 1 effective dates. If additional funds are made available through the Legislative and HRS allocation process, priority programs and services not funded on July 1 shall be reconsidered in a special District Task Force meeting to be scheduled before August 5, and convened by September 1.

Article VIII - Amendments

Section 1 - Method of Amendment or Change

These By-Laws may be amended or repealed and additional By-Laws added or adopted by a majority vote of the entire membership, so long as the proposed action is not inconsistent with Section 415.501, F.S., (1982), and so long as the proposed By-Laws are consistent with the spirit and intention of the existing By-Laws and Statute.

Operating Procedures and Criteria for Selection of Prevention Service Providers

The original "Mills' Bill" legislation included the following criteria (Chapter 82-62, Laws of Florida):

1. The program's ability to meet the service need(s) identified by the District Child Abuse and Neglect Prevention Task Force. (Is the description of the program activities and services specific as to how the service need(s) will be addressed? Will the activity and/or service resolve or contribute to the resolution of the need which has been identified?)
2. The cost-effectiveness of the program. (Does the staffing pattern make sense? Are the numbers, types and salary lev-

els of employees reasonable, based on the services to be provided, numbers of people to be served and level of responsibility of the employees? Is the level of other administrative costs reasonable?)

3. The provision of an evaluation component that will provide outcome data. (Are the outcome measures stated so that they are specific, pertinent, attainable, measurable and observable? Is the evaluation design, instruments and techniques adequate to address completion of the goals and objectives that the District Task Force has of the program? Does the evaluation design include a measure that will show, among other things, whether or not child and/or neglect prevention services, provided to clients, have the effect of preventing and/or reducing parents' abusive behavior toward their children?)
4. The provision of a parenting education component. (Although many of the current prevention services are not "called" parent education programs, this criteria reminds us that teaching parents is an important component of all of the prevention services that we are providing. It is inherent in prenatal and perinatal support programs, parent support groups, in home visitor programs and street theater. Regardless of how the services are categorized, look closely at: the content of what parents will be taught; what concepts and skills are included; how they will be taught; if the content and method are appropriately geared toward the different age levels, reading levels and need levels of the parents.)
5. Provision of a mechanism for coordinating and integrating services with other services that are considered necessary for working with the target population. (Does this program have a plan to increase comprehensiveness?)

It has been the practice of this District Task Force, as a whole, to evaluate funded programs throughout the year and to allow and encourage presentations of other programs. Selection of programs, to receive funding for the upcoming year, are made based upon the District Task Force's priority needs.

IV. INTRODUCTION TO CONTINUUM

The continuum described is based primarily on the National Committee for Prevention of Child Abuse's model in it's publication--"An ap-

proach to preventing child abuse." This approach to preventing child abuse is made up of community programs that are targeted to different populations and reflect phases of the family life cycle. To cope successfully with their roles in the family, both parents and children require certain supports, training and information.

A. CONTINUUM OF PREVENTION SERVICES NECESSARY FOR A COMPREHENSIVE APPROACH

Based on what is known or believed to enhance an individual's ability to function in a healthy way within a family, program areas that contribute to an effective strategy for prevention have been identified as follows:

1. Support Programs for New Parents - Such programs should include both prenatal and postnatal support services to prepare individuals for the job of parenting. Prenatal programs should build on existing medical programs and educate about-to-be parents in child development, parent-child relationships and adult relationships. Information on community resources should be distributed and emphasis should be placed on developing techniques useful in communicating with the new baby. An important focus of these services should be to develop group activities that form a social network among new parents therefore creating peer support. Special emphasis should be placed on first time parents, high-risk pregnancies and single parents.

All prenatal care programs should provide prospective parents with parenting education and other support to ease the difficulties associated with having a new baby in the home. An additional function of perinatal support programs should be to enhance parent-child bonding.

2. Group Education for New Parents - As a continuation of the prenatal program and as a part of the perinatal support programs, all new parents would have an opportunity to participate in a program to increase their skills in caring for a new baby. This program should be a continuation of the social networking described in the "Support Programs for New Parents". Special emphasis should be placed on high-risk infants. The program should focus on group support, parents with similar children, and it should educate parents about the particular needs of their child and how to deal with those needs in a family environment.
3. In-Home Education and Support - Among the problems experienced by families with young children, is isolation from and lack of

knowledge about health and social services in the local community. Coupled with an inadequate knowledge of child development, this puts the child at greater risk for abuse and/or neglect. As an ongoing source of support and information for parents, educational support services should include home visitor services that consist of periodic visits to the home following childbirth until the child begins school.

These visits should be made by a trained Health Aide who should provide information and advise to parents on child care, nutrition, and home management and should carry out routine health checkups on young children. In addition, the Aide should be able to assess the needs of the family and make the necessary referral and follow-up to access community resources.

4. Early and Regular Child and Family Screening and Treatment - Because abusive behavior is cyclic, many health and developmental problems in childhood can lead to behavioral problems in adulthood, including abusive behavior. For this reason, detecting and treating health and developmental problems early in life is critical. Early childhood screening and treatment programs should be seen as a continuation of the preschool screening services. The purpose of such programs should be to detect problems children may be having, including abuse and neglect, and to ensure that these children receive the necessary health, mental health and other services that will best protect them from becoming abusive parents.
5. Child Day Care - While child care is a necessity in households in which adults are employed, such services are also needed for parents who do not work outside the home but who find continuous child care responsibilities very stressful. Child care programs also provide opportunities for children to learn basic social skills. Specialized services such as therapeutic day care centers are also needed for children with special needs.
6. Self-Help Groups - The purpose of self-help groups, such as Parents Anonymous, Mutual Aid Programs and Foster Grandparent Programs, is to reduce the isolation experienced by many parents through the development of peer support systems. Having begun with the prenatal and perinatal programs, a variety of opportunities should be offered for parents to participate in group activities or to establish social contacts.
7. Ongoing Parent Education - As children grow older, parents encounter new challenges or problems for which they are un-

prepared. Parent education programs provide information and a forum for parents to learn and develop skills they need in raising their toddlers, preadolescents and adolescents.

8. Life Skills Training for Children and Young Adults - This training can be provided through the public school system and Adult Education Centers. Skill and knowledge building should be stressed in areas of child development, self-actualization and methods for seeking help. For preadolescents and adolescents, education in sexuality, pregnancy prevention and issues relating to parenting should be provided.
9. Family Support/Crisis Services - Lacking anywhere to turn in times of crisis puts families at significantly greater risk for abuse and neglect.

To provide immediate assistance to parents in times of stress, crisis care programs should be available on a 24-hour basis and should include: telephone hot lines, crisis caretakers, crisis baby-sitters, crisis nurseries and crisis counseling. Through these services, parents facing immediate problems should receive immediate support to alleviate the stresses of a particular situation. Help should be available over the phone or through in-person counseling.

10. Programs for Abused Children - Prevention of abuse is, in part, tied to providing therapeutic treatment to children or young people who have been abused or neglected. To minimize the long term effects of the abuse, age appropriate treatment services should be available to all maltreated children.

Treatment programs for abused children should include a thorough diagnosis of physical and developmental problems. Comprehensive therapeutic services should be offered to alleviate identified problems. Assistance should be rendered on the basis of an individual child's needs and should include individual and group services, as well as an enriched day care programs.

Community supports are essential in putting into place these or any other prevention services, and in assuring that such services are responsive to a community's needs.

11. Community Organization Activities - To increase the availability of social service, health and education resources, and of the other supports that reduce family stress, community-based planning as a coordinating body is required. This body will have an important role in determining priorities for

proposed prevention programs.

As programs are implemented, a plan for ongoing evaluation and assessment of them is also necessary. This will ensure that the programs are effective, and that they are continually responsive to those they are intended to help.

12. Grass-roots Organizing - Sources of referral would be encouraged to identify residents of neighborhoods who are interested in organizing ongoing play groups for parents and their children. These individuals would receive training in community organization, parent education and group work.
13. Public Information and Education on Child Abuse and Neglect Prevention - Public awareness campaigns have two complementary purposes. The first is to bring parents the message that being a parent is not easy, that all parents experience stress in the parenting role and that it is all right to reach out for help. The second purpose is to provide parents with information about where to turn for help, particularly how to get in touch with local crisis care services.

Awareness, on the part of professionals and volunteers is also essential to the effectiveness of a community's prevention programs. It is particularly important that those who come into contact with families, such as physicians and teachers, receive training in the dynamics of child abuse and information on the availability of prevention programs in the community.

B. CONTINUUM OF EXISTING PROGRAMS AND SERVICES

Due to space limitations, we are unable to list all of the services available in District 11. Some programs may fit more than one category.

1. Support Program for New Parents

- A. Dade County Health Department Perinatal Program
1350 N.W. 14th Street
Miami, Florida 33128 - Tel. 325-3305

Description - Provides prenatal and perinatal support to clients who have scored high on the child abuse potential test, that is administered at selected prenatal clinics.

Funding Source - Supplemental funding of this program is provided by the Mills' Bill appropriation \$60,000

B. Florida Keys Memorial Hospital
5900 West Junior College Road
Key West, Florida 33040 - Tel. (305) 294-5531

Description - Hello Baby Program offers support and information on what to expect and where to go for help for new mothers who give birth at the hospital. Ongoing support groups, follow-up visits and other services as needed are provided as a preventive measure in curbing and/or eliminating child abuse.

Funding Source - HRS/CYF (Mills' Bill appropriation - \$589,737 from other CYF categories.)

2. Group Education for New Parents

A. CHI - TOTS
10300 S.W. 216 Street
Miami, Florida 33170 - Tel. (305) 246-1178

Funding Source - Mental Health Emergency Shelter - \$23,656

Description - Clients receive a combination of parent education, counseling, case management, infant stimulation and assessment services. Also offered are parent groups, developmental screening and a TOTS line for parents who need someone to talk to.

Funding Source - HRS/CYF, Donation \$141,116 (United Way)

Description - Provides a variety of services including individual, family and group counseling, parent education and infant stimulation to families who have the potential to abuse and/or neglect their children. These services are provided to the tri-ethnic community within the model cities area. The family must have at least one child 5 years of age or under.

Funding Source - Mills' Bill appropriation \$106,837

B. JESCA - Family Management
6405 N.W. 25th Avenue
Miami, Florida 33054 - Tel (305) 624-0832

Description - Provides primarily the same services as the Home Visitor Program to those families residing

north of 79th Street to the Broward County line.

Funding Source - HRS/CYF, Dade County \$103,771

C. Parent Resource Center

30 S.E. 8th Street
Miami, Florida 33131 - Tel (305) 358-8238

Description - This program used home visitations to provide direct services to high risk families with children ages 0 - 10. Among the various components of this agency are parent education, workshops on child rearing, discipline and single parenting, emergency shelter, respite care, public awareness, crisis hotline and information and referral services.

Funding Source - HRS/CYF, United Way \$662,642

D. Family Counseling Services -

Positive Start

2190 N.W. 7th Street
Miami, Florida 33125 - Tel (305) 643-5700

Description - This prevention program strives to assure a "positive start" in life to children through direct services to parents, children and other significant family members. Services are provided through home-visits, parent education, infant stimulation, group and referrals for other needs that may assist the family in obtaining the desired goals.

Funding Source - HRS/CYF \$86,958

E. Family Center

6750 Sunset Drive
South Miami, Florida 33143 - Tel (305) 665-9560

Description - The goal of this study is to provide family support to those parents of children ages 0-4. Services are provided through day care, group and individual therapy and education activities.

Funding Source - Miami Dade Community College Client Fees

3. Early and Regular Child and Family Screening and Treatment

A. CHI, Project Support
10300 S.W. 216 Street
Miami, Florida 33170 - Tel (305) 247-0733

Description - Provides residential, therapeutic and support services to high risk preschool children and their parents through day care for children, group therapy for parents and/or shelter at their transitional residence.

Funding Source - HRS/CYF Mental Health \$165,776
Dade County

B. Bertha Abess Children's Center, Inc.
2600 S.W. 2nd Avenue
Miami, Florida 33129 - Tel (305) 858-7800

Description - Provides day treatment service for emotionally disturbed children ages 4-16 and parent education for their parents. This is a co-venture with Dade County Public Schools and HRS presently operating in five schools.

Funding Source - HRS/CYF and Dade County Public Schools
\$1,626,598

4. Child Day Care

A. Dade County Child Development Services
111 N.W. 1st Street
Miami, Florida 33128 - Tel (305) 375-4670

Description - This agency provides day care services to infants through preschool age and after school care to children ages 5-13, by referring parents to centers based on need and location.

Funding Source - Dade County \$8,566,869
HRS/CYF
Title XX

B. Grace Jones Day Care
23041 Street Gulfside
Marathon, Florida 33050 - Tel (305) 743-6064

Description - Provides day care services to children ages 0-5 who reside in the middle Keys of Monroe County.

Funding Source - HRS/CYF \$42,755

Title XX
Fees

C. Wesley House
1100 Varela Street
Key West, Florida 33040 - Tel (305) 296-5231

Description - This center provides day care services to children ages 0-5 who reside in the lower Keys of Monroe County.

Funding Source - HRS/CYF \$138,980
Title XX

5. Self-Help Groups

A. Parents Anonymous of Florida, Inc.
1106 Thomasville Road
Tallahassee, Florida 32303 - Tel (305) 488-KIDS, local
number 443-9613, toll free 1-800-FLA-LOVE, parent
helpline

Description - There are ten groups operating in Dade County. These groups are led by trained professionals who provide structure and anonymity to parents who feel that they may or are abusing their children. It offers peer support through mutual exchange of phone numbers.

Funding Source - Donations

6. Ongoing Parent Education

A. The Center for Family and Child Enrichment
16405 N.W. 25th Avenue
Miami, Florida 33054 - Tel (305) 624-7450

Description - Through its various component approaches this agency provides individual, group and family counseling, as well as other services. The primary target client population consists of families with children between the ages of 10-17, as well as providing Intensive Crisis Counseling (ICCP) for families.

Funding Source - HRS/CYF \$352,762
United Way
Fees

B. JESCA - Family Management

(see section 3)

7. Life Skills Training for Children and Young Adults

A. Parent Resource Center
(see section 3)

Description - Provides education and counseling to pregnant adolescents in specialized Dade County schools for this population.

B. Family Counseling Services
2190 N.W. 7th Street
Miami, Florida 33136 - Tel (305) 643-5700

Description - Services provided include Family Life education, counseling (marriage, family, individual young parents) and services to retarded children and adults.

Funding Source - United Way \$31,558
HRS, City of Miami

C. Family Intervention Program
Metropolitan Dade County Youth and Family Development
1701 N.W. 30 Avenue
Miami, Florida 33125 - Tel (305) 633-6481

Description - Provides community based social and psychological services to children (9-18) who exhibit truant, runaway, or ungovernable behavior.

Funding Source - Dade County

D. Bertha Abess (see section 3) - Parent Education for families of children enrolled in program (HRS/CYF \$39,000)

8. Family Support/Crisis Services

A. Switchboard of Miami
35 S.W. 8th Street
Miami, Florida 33130 - Tel (305) 358-1640 or 358-HELP

Description - This agency provides a multitude of services including crisis counseling, referral and information, runaway services and family counseling. The crisis hotline is open 24-hours a day and manned primarily by trained volunteers who speak English and Spanish.

Funding Source - HRS/CYF \$58,673
Dade County, Federal
Government,
United Way
Donations

B. Parents Anonymous
(see section 3)

C. Florida Keys Memorial Hospital
Crisis Hotline
5900 West Junior College Road
Key West, Florida 33040 - Tel (305) 296-HELP or
1-800-341-4343

Description - This 24-hour Crisis Hotline provides counseling to all of Monroe County. Those persons who reside in Key West can call the local number. All other Monroe County residents must use the watts line. The hotline is manned by trained volunteers.

D. Parent Resource Center Crisis Nurseries

E. Intensive Crisis Counseling Program
(The Center for Family and Child Enrichment)
(see section 6)

9. Programs for Abused Children and Abusing Parents

A. Children's Home Society
800 N.W. 15th Street
Miami, Florida 33136 - Tel (305) 324-1262

Description - Provides residential care and emergency shelter care to abused and neglected children ages birth to twelve. Services provided to those youngsters in residential care include counseling foster care and, if necessary, adoption. Other services provided by this agency include pregnancy counseling and preventive child abuse education in the public schools.

Funding Source - HRS/CYF, United Way \$499,086
Client Fees (Adoption)

B. Child Protection Team

University of Miami Mailman Center
1601 N.W. 12 Avenue

Miami, Florida 33125 - Tel (3050 547-6916

Description - Provides an in-depth family social assessment, psychological evaluation, and short term crisis counseling to families where abuse and/or neglect is suspected.

Funding Source - HRS/CMS

C. Family Services Program - Metro Dade County

Office of Dade County - Miami Criminal Justice Council
1515 N.W. 7 Street, Suite 220
Miami, Florida 33125 - Tel (305) 547-4982

Description - Provides counseling and treatment services to child sexual abuse victims and their families.

Funding Source - Dade County

D. Miami Bridge

Miami Bridge (North)
1145 N.W. 11th Street
Miami, Florida 33136 - Tel (305) 324-8953

Miami Bridge (South)
11025 S.W. 84th Street
Miami, Florida 33173

Description - Provides residential care for local and out-of-town children in crisis. Emergency shelter care to abused, neglected and problematic children ages 12 to 17. Provides crisis counseling, referral services, run-away services and family counseling.

Funding Source - HRS/CYF \$940,000
Federal Government
United Way
Donations

10. Community Organization Activities

There are several community-based planning and coordinating bodies that represent the views and needs of the community. A few of them are:

A. District 11 Task Force for the Prevention of Child

Abuse and Neglect

- B. District 11 Human Rights Advocacy Committee
- C. Dade County Youth Advisory Board
- D. Child Sexual Abuse Task Force
- E. Metro-Dade Community Relations Board
- F. Child Abuse Assessment Center Advisory Board
- G. Governor's Constituency for Children

V. **NEEDS**

The District Task Force considered continuation for funding existing programs and reviewed services needed in this district. The District Task Force identified several areas of need.

- O Respite Care, Home-Visitor Services and coordination of child abuse services in Monroe County were identified as critical and continuing needs.
- O More private funds for prevention.
- O Inadequate number of counselors and on-call nurses in the schools. University of Miami School of Nursing has lack of services to at risk newborns.
- O In southern-most Dade County, existing programs should try to set up satellite offices to serve the population. If costs becomes an issue, then lobbying the Legislature should be considered for increasing funds.
- O Ongoing Public Service Announcements about the Prevention of Child Abuse and Neglect (with radio and TV involvement).
- O Lack of available prenatal care services for indigent and transient people. These populations have been neglected in prevention services.
- O Standardization of the criteria used by law enforcement and the state attorney, when deciding to initiate criminal prosecution for child abuse. Since the video taped statement of the child is now admissible, more cases of child abuse should be prosecuted within

the criminal court system. Criminal prosecution sends a strong message to the community that we are serious.

VI. BARRIERS

The District Task Force has identified the following barriers to be overcome for accomplishing a comprehensive approach to child abuse and neglect prevention.

1. **Language Differences** - Dade County is considered a tri-ethnic area where English, Spanish and French/Creole are the primary languages, along with many others. Enough qualified, trained staff, who are fluent in French/Creole have not been identified.
2. **There is a lack of HRS manpower to child abuse and neglect complaints within 24 hours, as mandated by law.** There is an urgent need for salary increases in order to prevent excessive staff turnover and attract qualified applicants for HRS positions. Inadequate ongoing training in the medical screening, investigation and social work skills is a barrier to more effective processing of cases by HRS. Of concern, is the lack of coordination in investigation between HRS and police departments, as well as service coordination, i.e., Head Start and Child Development Services, hospitals and parent education groups.
3. **There is no central location for the diagnosis, planning and treatment of abused and neglected children.** This barrier could be overcome by funding an evaluation and treatment center that would meet the multiple needs of abused and neglected children. This center's services should include appropriate medical screening, temporary residential care, joint interagency interviews, short term counseling and a multidisciplinary treatment plan.
4. **A last barrier concerns inconsistent or unclear criteria for criminal prosecutions in child abuse cases.** The District Task Force is concerned that without clear and specific standards mandated by law, that swift and appropriate prosecutions will not occur.

The law that requires HRS unfounded cases to be expunged should be overturned. Prior referrals on families do not appear on computer information as a result of this law. Previous referrals will be very helpful to the counselor before going out and investigating the case.

Day care programs have had to limit needed services to children and their families due to increasing liability costs. Because of the restrictions due to liability issues some day care centers are closing and needed day care centers are not opening.

District Task Force members lack information about referral network - what agencies exist, who they service and when and how to make referrals.

The number of pregnant adolescents needing services is difficult data to obtain, because some agencies are required to keep this information confidential. This has an effect on service plans.

In abuse cases, all members of the family should be identified and considered. For example, missing spouse, not just victims and alleged abusers, should be able to utilize necessary services.

There is a lack of private funds for prevention.

VII. ACTION PLAN

The District Task Force was established to identify the needs for services in District 11. These needs focused on the continued funding for existing successful programs in Dade and Monroe Counties, and allocating funds for new program(s) vital to the reduction in occurrences of child abuse and neglect.

In order to meet the needs identified and the barriers described, we have hired a Trainer/Coordinator for the District Task Force to coordinate efforts among the members organizations.

The Coordinator/Trainer shall serve the District Task Force for the Prevention of Child Abuse and Neglect in Florida, working with community social service agencies and HRS.

Duties will include but not be limited to:

- 0 Improve the skills of professionals to recognize child abuse and neglect.
- 0 Increase professional awareness on the need to report child abuse and neglect.
- 0 Increase the incidence of reporting by those who suspect abuse has occurred.

The Coordinator/Trainer will target the professional community, specifically those, through in their profession, who may encounter suspected child abuse, i.e., teachers, social workers, law enforcement, intake staff, protective services supervision staff, child protection team staff, and others.

The Coordinator/Trainer shall render services including but not limited to the following:

- O Provide data for the prevention, investigation and treatment of families and children involved in child abuse and neglect.
- O To coordinate, upon request, technical assistance and training in the area of prevention of child abuse and neglect to the judiciary, legal and law enforcement systems.
- O To assist District staff in the identification of specific knowledge and skills necessary for employees to meet HRS' objectives, corrective action plan, etc.
- O To coordinate or help coordinate the use of HRS staff and outside resources in the development of workshop and seminars related to the prevention, identification, and/or treatment of child abuse and neglect.
- O To provide information and referral, as requested, to the general public, HRS staff and other interested parties on the prevention, identification, and treatment of child abuse and neglect.
- O Develop and maintain communication linkages with HRS and community resources on prevention, identification and treatment of child abuse and neglect.
- O To attend meetings of the District Task Force in order to share past accomplishments and present plans for accomplishing the goals set forth in the contract.
- O To provide all required tasks as stipulated by the Child Abuse Task Force.
- O To correlate service provision between Mills' Bill Providers.
- O To provide a needs assessment of services in District 11.
- O To provide a resource guide of current prevention services in District 11.
- O To review existing and new educational packages for children and

adults in the area of Child Sexual Abuse.

- O To improve and coordinate media coverage of Child Abuse.
- O To arrange training in the community on Child Abuse and Neglect.
- O To maintain and update a comprehensive information and referral listing of all agencies, groups and organizations who work with victims of child abuse, sexual abuse and neglect.
- O To conduct speaking engagements related to child abuse, neglect and sexual abuse.

In addition, the District Task Force needs to realize its limitations in solving certain problems on the local level and, where relevant, turn to the state or even national levels to effect change.

Improve the knowledge organizations have regarding one another - The goals, functions, problems and restrictions under which organizations operate should be made explicit.

Increase the number of drop-in clinics at schools, provide adequate day care, perinatal clinics, residential programs for parents and child which involve prenatal care and training in parenting skills.

Recognize and analyze domain differences and related tensions between organizations, and develop mechanisms for the solution of these differences.

Organizations which desire funding from the District Task Force must prove their working coordinates with other organizations.

Identify and train people who speak Creole to work with the District Task Force.

Ongoing educational programs to the District Task Force members regarding advocacy, changes in the law, marketing techniques of educating the public, evaluation techniques, services available and how to acquire funds.

Acquire funding for HRS staff and increasing number of staff working on child abuse cases.

Counselors should be trained in family systems approach when dealing with child abuse cases.

Efforts to invite agencies, missing in the continuum of care network, should be made.

Increase prenatal care services to transient and indigent people, by funding agencies servicing that population.

VIII. RECOMMENDATIONS

There are critical problems facing this District and others in reducing or preventing child abuse and neglect and its ramifications, that cannot be addressed without legislative or state program level actions.

The following is a list of specific recommendations pertaining to policy, procedure, and legislation that need to be addressed at the state level:

1. In the absolute best interest of the children of this state, the expungement law (where "unfounded" child abuse reports and investigations are removed from the records after 30 days) must be repealed. This recommendation, which is considered a priority by this District Task Force, will save children's lives. So many factors work against the accurate evaluation of a child abuse reporting, such as reluctance and fear of the child to confirm the abuse, the disappearance of physical markings, the hesitancy of witnesses to come forward, etc. An Intake Counselor should, at the very least, be aware of previous reports, whether substantiated or unsubstantiated. Unfounded reports should stay in the system, allowing an evaluation of why it was determined to be unfounded, for the protection of the accused and alleged victim themselves. The present law must be repealed immediately (and perhaps retroactively).
2. This District Task Force recommends that HRS submit a Legislative Budget Request that will fully fund a continuum of prevention services and programs for those children who have already been abused.
3. The Legislature must then appropriate sufficient funds to fund the continuum of prevention services in each district, and those services that will assist in the healing of children already abused physically, emotionally, and/or neglected. One recommendation would be to increase marriage license fees in order to raise needed funds.
4. Once abuse is determined to be founded, the child victim becomes a victim of our system. The present mandated waiting periods for de-

termining parent rehabilitation add to the terribly overburdened foster care system that is unable to rehabilitate the children. Thus, we are producing children who are ultimately hard to permanently place, and who ultimately never have a place to call "home" with the love, protection and necessities to grow into healthy, happy individuals. To correct this, the District Task Force recommends a Legislative focus on the entire system of temporary and permanent shelters, including foster homes, group homes, and medical/psychological institutions and emergency shelters. The District Task Force recommends the appropriation of more funds to increase public awareness of the needs and rewards of being foster parents, to increase the quality and quantity of foster homes, to legislate a comprehensive statewide recruitment, and for screening the training programs for these parents.

5. The Legislature needs to enact laws precluding local city and county governments from restricting group homes in their neighborhoods. These children need to be integrated, not segregated, into better neighborhoods. With the proper guidelines and supervision, these homes would not "ruin" a neighborhood. Without group or foster homes, we will ultimately have to warehouse our children, again.
6. The District Task Force recommends that there be mandated caseload quotas for HRS Counselors. There should be a built in system whereby more counselors are hired, as the number of cases increase. This would improve the case/counselor ratio and prevent so many children from falling through the cracks of the system.
7. Further, there must be an intra-county computerization program (statewide) for listing all children and their abusers, and parents who have had substantiated, or unfounded reports of abuse or neglect. Many children are abused and neglected over the years, but HRS is unable to follow these children due to the transient circumstances. Some abusers purposely take an injured child to a hospital in one county one time and another county the next time, to prevent any previous record from being exposed. Thus, the hospital staff may not suspect abuse where it should be investigated and reported.
8. The establishment of more child care and after school care programs for the poor, is essential for the prevention of abuse and neglect, and for the development of children in order to become healthy adults. If mothers receiving AFDC were given free child care, then they could perhaps acquire and maintain employment, network with available social supports for acquiring a better self-image and therefore, provide a healthier home environment.
9. The District Task Force recommends a more serious and standard ap-

proach be taken in regards to prosecution and punishment of child abusers. Under our current system, child abusers face little penalty and often serve no jail time at all. Child abuse and neglect is a serious violent crime, even if there is no mark on the child, and it should be treated as such. The Legislature should appropriate more funds to focus on these investigations from the law enforcement system, and explore the sentencing guidelines for re-evaluation of penalties. Rehabilitative counseling, in conjunction with punishment, should be mandated and followed through.

II - D. CHILD ABUSE AND NEGLECT PREVENTION PROJECTS

FY 1986-87

<u>CONTRACTS PROVIDER NAME ADDRESS</u>	<u>PROJECT CONTACT PERSON</u>	<u>AMOUNT OF CONTRACT</u>	<u>COUNTIES INCLUDED</u>	<u>DESCRIPTION OF SERVICES</u>
DISTRICT 1				
Northwest Florida Comprehensive Services for Children, Inc. 3902 North 9th Avenue Suite 4 Pensacola, FL 32503 (Sally Putters)	Sheryl Eboglu, B.S.N. Project Service Coordinator CPT- Prevention Project 107 South Avenue Ft. Walton Beach, FL 32548 (904) 863-3109	\$182,112	Escambia, Santa Rosa, Okaloosa, Walton	(1) Personal safety programs for school aged children (2) Training for professionals (3) Community awareness (4) Community coordination (5) Perinatal support (6) Adolescent parenting (7) Crisis care/parent aide
DISTRICT 2				
Brehon Institute for Human Services, Inc. 425 East Call Street Suite 22 Tallahassee, FL 32301 (Linda R. O'Neill, Ph.D.)	Ivor Groves, Ph.D. O'Neill & Associates 425 East Call Street Suite 22 Tallahassee, FL 32301 (904) 222-6685	\$183,290.78	Bay, Gulf, Franklin, Washington, Holmes, Jackson, Gadsden, Liberty, Calhoun, Leon, Wakulla, Madison, Taylor, Jefferson	(1) Coordinate existing prevention services (2) Identify community service needs (3) Expansion of the Newborn Risk Prevention Project in the district (4) Assist in the development of new programs & resources identified by each com- munity including parent training, training school personnel, other pro- fessionals and school chil- dren on the identification of and reporting procedures or child abuse and neglect.

CONTRACTS
PROVIDER NAME
ADDRESS

PROJECT
CONTACT
PERSON

AMT. OF CONTRACT

COUNTIES
INCLUDED

DESCRIPTION OF
SERVICES

DISTRICT 3

University of Florida
Department of Pediatrics
District 3 Child Abuse
Prevention Project
UF, Div. of Contracts & Grants
128 Grinter Hall
Gainesville, FL 32611
(F.T. Weber, M.D.)

Karen Archer
Service Director
Child Abuse Prevention Project
5700 S.W. 34th Street
Suite 1310
Gainesville, FL 32608
(904) 392-7286
SC 622-7286

\$88,110
(3 months)

Alachua, Bradford
Citrus, Columbia,
Dixie, Gilchrist
Hamilton,
Hernando,
Lafayette, Lake,
Levy, Marion,
Putnam, Sumter
Suwannee, Union

- (1) Public Awareness
- (2) Parenting Education
- (3) Coordination of Professional Education
- (4) Prevention programs for children 3-18 years
- (5) Increase community involvement
- (6) Prevention programs for high risk families

DISTRICT 4

Children's Crisis Center,
Inc.
655 West 8th Street
Jacksonville, FL 32209
(J. M. Whitworth, M.D.)

Charlene Boyd
Coordinator
Children's Crisis Cntr.
655 W. 8th Street
Jacksonville, FL 32209
(904) 350-6666

\$92,639

Baker, Clay
Duval, Nassau

- Prenatal & Perinatal support services to high risk mothers and their children including:
- (1) Prenatal & Perinatal screening
 - (2) Provide emotional support and education on nutrition, hygiene, health issues
 - (3) Liaison between client & medical care facilities
 - (4) Referrals to community agencies
 - (5) Childbirth education classes
 - (6) Support groups for pregnant teenagers
 - (7) Hospital patient education
 - (8) Provide volunteer labor coaches
 - (9) Adopt-a-family volunteer project
 - (10) Neonatal intensive care unit support group for parents of premature babies
 - (11) Newsletter for new parents
 - (12) Training & community education on prevention of parenting dysfunction
 - (13) Follow-up clinic

CONTRACTS
PROVIDER
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DESCRIPTION OF
SERVICES

DISTRICT 4 (continued)

Children's Crisis Team of
Volusia & Flagler Counties,
Inc.
c/o Halifax Hospital Medical
Center
Post Office Box 1990
Daytona Beach, FL 32015
(Harry G. Gillis, M.D.)

Barbara DiMarco
Coordinator
Child Crisis Prevention
Program
c/o Volusia County Health
Department
501 S. Clyde Morris Blvd.
Daytona Beach, FL 32014
(904)257-1700
SC 257-1700

\$72,535

Flagler,
Volusia

Prenatal and perinatal
support services to high
risk mothers and their children
including:
(1) Screening and identification
of high risk families
(2) Coordination of services
in community for client
(3) Referral Services
(4) Education
(5) Public Awareness
(6) Training for professionals
and community service clubs

Family Resource Center, Inc.
Post Office Box 5749
Jacksonville, FL 32207
(Sylvia B. Patten)

Anne Davis
Director
Family Resource Center
Post Office Box 5749
Jacksonville, FL 32207
(904) 354-1817

\$46,612

Baker, Clay
Duval, Nassau

Parent Education to high-risk
parents, including:
(1) Basic parenting skills
courses
(2) Special interest parenting
programs
(3) Workshops

Childbirth and Parenting
Education Association of
St. Augustine, Inc.
99-B Orange Street
St. Augustine, FL 32084
(Virginia Greiner)
(904) 829-6236

(SAME AS PROVIDER)

\$74,847

St. Johns

Prenatal and Perinatal support
and in home support services to
high risk mothers and their
children including:
(1) Family life counseling
(2) Women's support group
(3) Perinatal coaching
(4) In home services
(5) Parent education
(6) Professional in service
training
(7) Public awareness programs
(8) Volunteer "Mother-to-Mother"
program
(9) Basic parenting skills
courses
(10) Special interest parenting
programs

CONTRACTS
PROVIDER NAME
ADDRESS

PROJECT
CONTACT
PERSON

AMT. OF CONTRACT

COUNTIES
INCLUDED

DESCRIPTION OF
SERVICES

DISTRICT 4 (continued)

Visiting Nurse Association
of Duval County, Inc.
2105 Jefferson Street
Jacksonville, FL 32209
(Billye Boselli, R.N. M.S.)

Mariana Van Hying
Project Supervisor
(SAME ADDRESS AS PROVIDER)
(904) 356-6355

\$113,642

Baker, Clay
Duval, Nassau

In-home services to high-risk families through homemaker/aide including:

- (1) Training in housekeeping, meal planning & preparation, marketing, nutrition, time management, budgeting, health practices, family functioning, child care and development, appropriate discipline and other parenting skills
- (2) Provision of care of children in own home when caretaker is temporarily absent or ill
- (3) Support system and role model for parents to ensure quality of care of children
- (4) Arrange for other supportive services from community resources.

Children's Home Society
of Florida, Inc.
201 Osceola Avenue
Daytona Beach, FL 32014
(Georgia K. Canakaris)

Hazel Johnson
Administrative Director
(SAME ADDRESS AS PROVIDER)
(904) 255-7407

\$20,072

Flagler,
Volusia

In-home services to high risk families including:

- (1) Crisis resolution
- (2) Arranging for community resources
- (3) Teaching parenting skills
- (4) Teaching homemaking/housekeeping routines and standards
- (5) Encouragement and support of parents
- (6) Help with resolving daily living problems.

<u>CONTRACT PROVIDER ADDRESS</u>	<u>PROJECT CONTACT PERSON</u>	<u>AMT. OF CONTRACT</u>	<u>COUNTIES INCLUDED</u>	<u>DESCRIPTION OF SERVICES</u>
DISTRICT 5				
Family Services Center of Pinellas County, Inc. 2960 Roosevelt Blvd. Clearwater, FL 33520 (Wealey Jenkins)	Doug Huernegadt Coordinator of Family Life Education Clinical Services (SAME ADDRESS AS PROVIDER) (813) 531-0581	\$99,372	Pinellas	(1) Community & parent education (2) Perinatal parent coaching
Alternative Human Services, Inc. Post Office Box 13087 St. Petersburg, FL 33733 (Roy Milier)	Amy Stiff (SAME ADDRESS AS PROVIDER) (813) 536-9464	\$107,069	Pinellas, Pasco	24-hour information and referral hotline to provide crisis and early intervention services in family stress situations
Youth and Family Alternatives Post Office Box 1073 209 South Boulevard New Port Richey, FL 34291-1073 (George Magrill)	Marty Driscoll (SAME ADDRESS AS PROVIDER) (813) 842-8060 (813) 848-6251	\$69,389	Pasco	(1) M.O.M.S. perinatal services (2) Headstart stress & sex abuse prevention services (3) Parent education services (4) Public awareness and training services
National Council of Jewish Women, Suncoast Chapter 7981 9th Avenue South St. Petersburg, FL 33707 (Mary Gall)	Judy Gordon Program Coordinator Project Link 9029 Baywood Park Drive Seminole, FL 33543 (813) 397-7950	\$10,707.75	Pinellas	Information, promotion and technical assistance to employers regarding employer sponsored child care.
DISTRICT 6				
Hillsborough Community Mental Health Center, Inc. 5707 North 22nd Street Post Office Box 11706 Tampa, FL 33610 (Ronald Mihelick)	Rhonda Cameron, Ph.D. Coordinator of Teen Parenting Project (SAME ADDRESS AS PROVIDER) (813) 238-8495	\$258,200	Hillsborough	(1) Individual & group counseling for pregnant teenagers (2) Outreach counseling to teenage parents (3) Consultation services regarding teen pregnancy for professionals serving pregnant teenagers

CONTRACTS
PROVIDER NAME
ADDRESS

PROJECT
CONTACT
PERSON

AMT. OF CONTRACT

COUNTIES
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DESCRIPTION OF
SERVICES

DISTRICT 6 (continued)

Manatee Mental Health Center
Post Office Box 9478
Bradenton, FL 33506
(Bruce Patten)

Lucy Young
Child- & Family Services
6221 14th Street West
Suite 102
Bradenton, FL 33507
(813) 758-8841

\$23,914.80

Manatee

- (4) Public awareness and community networking
- (5) School liaison and volunteer recruitment activities
- (6) Education services for pregnant teenagers, teen parents & incarcerated mothers of preschool children

Sexual Abuse Treatment Center
2214 E. Henry Avenue
Tampa, FL 33610
(Ellie LeBoss)

Lerea Goldthwaite
(SAME ADDRESS AS PROVIDER)
(813) 238-8411

\$26,983.42

Hillsborough

- (1) Individual & group treatment services for families with children who have been sexually abused
- (2) Education and training presentations to public and professionals

Individual & group treatment services for families with children who have been sexually abused.

Manatee Children's Services
2614 Manatee Avenue West
Bradenton, FL 33505
(James McWhinney)

(SAME AS PROVIDER)
(813) 746-1904

\$72,791.44

Manatee

- (1) Individual home-based education for teen parents
- (2) Individual outreach counseling services for pregnant teens or teen parents
- (3) Group education & support counseling for pregnant teens & teen parents

CARECO, Inc.
Post Office Box 2817
Ft. Myers, FL 33902
(Peter D. Conn/
Silvia Gonzalez)
(813) 334-0393

Laura Stokes, Ph.D.
909 E. Rose Street
Lakeland, FL 33801
(813) 682-4146

\$216,813

Hardee,
Highlands
Polk

- (1) Parent education classes
- (2) Transportation to provided services
- (3) Parent support groups
- (4) Public information & awareness activities
- (5) Training and seminars

CONTRACTS
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DESCRIPTION OF
SERVICES

DISTRICT 6 (continued)

- (6) Network support services
- (7) Parent Stress line
- (8) Information and referral
- (9) Safety Awareness for Everyone Program - sexual abuse prevention for children (subcontract)
- (10) Babysitting for participants in parent classes

DISTRICT 7

Mental Health Services of
Osceola County
917 West Bennett Street
Kissimmee, FL 32741
(Dan Tressler)

Shelley Conroy
(SAME ADDRESS AS PROVIDER)
(305) 846-7272

\$40,556

Osceola

Child Abuse Prevention
Coordinator
Coordinate a child and teen
abuse prevention program
through:
(1) Needs assessment
(2) Community awareness
(3) Community involvement
(4) Program implementation
(5) In-service training
(6) Parent and child/teen
education
(7) Utilization of resources

Greenhouse Family Counseling
Center
231 East Colonial, Suite 2
Orlando, FL 32801
(Kathleen Pattee)

Lacy Egan
(SAME ADDRESS AS PROVIDER)
(305) 422-1521

\$40,556

Orange

(SAME AS ABOVE)

Brevard Community College
1519 Clearlake Road
Cocoa, FL 32922
(Dr. Maxwell Ring)

Josh Richardson
Child Abuse Prevention Coordinator
Brevard Community College
1519 Clearlake Road, U-152
Cocoa, FL 32922
(305) 632-1111

\$40,556

Brevard

(SAME AS ABOVE)

CONTRACTS
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DESCRIPTION OF
SERVICES

DISTRICT 7 (continued)

Orlando Regional Medical
Center
1414 South Kuhl
Orlando, FL 32806
(Gary Singleton)

Carol Brown
Child Abuse Prevention
400 E. Escoran Blvd.
Suite 205
Casselberry, FL 32707
(305) 339-1400

\$40,556

Seminole

(SAME AS ABOVE)

Mental Health Assoc. of
Brevard County
566 Barton Blvd., Suite 4
Rockledge, FL 32955
(Richard Stottler)

Teresa Fowers
(SAME ADDRESS AS PROVIDER)
(305) 631-9290

\$5,736

Brevard

24-hour parent hotline for
parents who are abusive or
worried that they will become
abusive.

Child Care Assn. of
Brevard County, Inc.
18 Harrison Street
Cocoa, FL 32922
(Cliff Valentine)

Ann Copp, Coordinator
Give Me A Break
(SAME ADDRESS AS PROVIDER)
(305) 633-4636

\$16,767

Brevard

Respite child care for poverty
level parents providing 24-hours
of free child care. Program
requires that parent sign up for
for one of the parenting/
community resource workshops in
exchange for respite care.

Mental Health Services of
Osceola County
917 West Essett Street
Kissimmee, FL 32741
(Nancy Smith)

Rita Lounsbury
First Time Parent Program
(SAME ADDRESS AS PROVIDER)
(305) 846-7272

\$26,966

Osceola

Perinatal support program for
the first time parent under 25
years of age. Program provides
client with a caring, nurturing
friend, who is a trained
volunteer, who is available to
her during the pregnancy and the
first months of the baby's life.
The purpose of the program is to
help the parent bond to the
newborn as quickly as possible
and give the young family a good
start.

(1) establish a trusting,
nurturing relationship
between mother and volunteer

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DESCRIPTION OF
SERVICES

DISTRICT 7 (continued)

489

Ursula Sunshine Child Abuse
Prevention, Inc.
370 Whooping Loop
Suite 1136
Altamonte Springs, FL 32701
(Melanie Arrington)

Melanie Arrington/
Alexis Adams
Project Coordinators
The Sunshine Connection
(305) 767-8977

\$29,971

Seminole

- (2) offer friendship and assistance to young mother and reduce her feelings of isolation
- (3) help the young mother and father learn what the baby can do and how to care for him
- (4) help the young mother gain a sense of control over her life and increase her sense of self-worth
- (5) offer support and assistance in time of stress, thus avoiding a possible crisis
- (6) foster and encourage participation of the father of the baby and to obtain support from parents, boyfriend and peers
- (7) assure that the newborn received adequate medical care
- (8) educate the young mother and father as to what community resources are available and how to obtain assistance when needed
- (9) encourage future planned parenthood

(SAME AS ABOVE)

<u>CONTRACTS PROVIDER NAME ADDRESS</u>	<u>PROJECT CONTACT PERSON</u>	<u>AMT. OF CONTRACT</u>	<u>COUNTIES INCLUDED</u>	<u>DESCRIPTION OF SERVICES</u>
DISTRICT 7 (continued)				
Child Care Assn. of Brevard County, Inc. 18 Harrison Street Cocoa, FL 32922 (Cliff Valentine)	Ann Cope Parent Connection (SAME ADDRESS AS PROVIDER) (305) 636-4634	\$24,870	Brevard	(SAME AS ABOVE)
Seminole Community Mental Health, Inc. Crane's Roost Office Park Suite 377 Altamonte Springs, FL 32701 (Barbara Studwell)	Maggie Thomas "TYKE" (Teaching Young Kids Effectively) Project (SAME ADDRESS AS PROVIDER) (305) 831-2411	\$26,784	Seminole	Parent Support/Outreach Program for high-risk parents. (1) Volunteer "friendly visitor" to encourage & support the participant in their parental duties and responsibilities (2) Parent support/education group sessions to promote and encourage participants knowledge of parenting skills
Children's Home Society 201 Osceola Avenue Daytona Beach, FL 32014 (Georgia Canakaris)	Hazel Johnson/ Linda Penley Children's Home Society 1980 N. Atlantic Avenue, Suite 401 Cocoa Beach, FL 32931 (305) 783-2819	\$28,119	Brevard	(SAME AS ABOVE)
Parent Resource Center, Inc. 42 East Jackson Street Orlando, FL 32801 (Constantino Ferriola)	JoAnn Clark, Director Partners in Parenting (SAME ADDRESS AS PROVIDER) (305) 425-3663	\$28,119	Orange	(SAME AS ABOVE)
Jellybean Players, Inc. 738 Addidas Road Winter Springs, FL 32708 (Dorothy Carlie)	(SAME AS PROVIDER) (305) 365-9301	\$21,484	Brevard, Orange, Osceola, Seminole	Street theater to perform in public places for hard to reach families on subjects relating to parent/child relationships for the purpose of strengthening family functioning and preventing child abuse.

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DESCRIPTION OF
SERVICES

DISTRICT 8

Community Coalition for
Families, Inc.
2075 Main Street, Suite 2A
Sarasota, FL 33577
(Joseph Flannery)

Herb Glover/
Joyce Vickery
(SAME AS PROVIDER)
(813) 365-1277

\$27,101

DeSoto,
Sarasota

Child Abuse Prevention
Coordinator
(1) Provide personal safety
information, curricula to
school children
(2) Provide in-service training
on personal safety
(3) Provide personal safety
information to adults in the
community

Lee Mental Health Center, Inc.
Post Office Box 06137
Ft. Myers, FL 33906
(Helen Nichols)

Donna Church
(SAME ADDRESS AS PROVIDER)
(813) 275-3222

\$34,437

Lee

Child Abuse Prevention
Coordinator
(1) Provide personal safety
information, curricula to
school children
(2) Provide in-service training
on personal safety
information to faculty and
staff in schools
(3) Provide child abuse/neglect
prevention information to
adults in the community
(4) Maintain and expand
nurturing/parents programs
(5) Promotion of the following
projects - respite care,
perinatal programs,
therapeutic day care,
volunteer recruitment and
training

David Lawrence Mental Health
Center, Inc.
6075 Golden Gate Parkway
Naples, FL 33999
(David Schimmel)

Gail Sherman
(SAME ADDRESS AS PROVIDER)
(813) 455-1031 ext. 276
SC 532-1011

\$34,437

Collier

Child Abuse Prevention
Coordinator
(1) Provide personal safety
information, curricula to
school children
(2) Provide in-service training
on personal safety
information to faculty and
staff in schools

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DISTRICT 8 (continued)

- (3) Provide child abuse/neglect prevention information to adults in the community
- (4) Maintain and expand nurturing/parents programs
- (5) Promotion of the following projects - parent support education groups, adolescent mothers program, translation of training materials into Spanish and Creole, education/ training for older siblings who babysit younger siblings, volunteer recruitment

Charlotte County Mental
Health Clinic, Inc.
Post Office Box 366
Punta Gorda, FL 33950-0366
(Dorothy Mueller)

Marilyn Severson
(SAME ADDRESS AS PROVIDER)
(813) 639-3200

\$34,437

Charlotte

Child Abuse Prevention
Coordinator

- (1) Provide personal safety information, curricula to school children
- (2) Provide in-service training on personal safety information to faculty and staff in schools
- (3) Provide child abuse/neglect prevention information to adults in the community
- (4) Maintain and expand nurturing/parents programs
- (5) Promotion of following projects - ongoing child abuse and neglect education for teachers, respite care, perinatal services, family support groups, other primary and secondary services such as substance abuse counseling

<u>CONTRACT PROVIDER ADDRESS</u>	<u>PROJECT CONTACT PERSON</u>	<u>AMT. OF CONTRACT</u>	<u>COUNTIES INCLUDED</u>	<u>DESCRIPTION OF SERVICES</u>
DISTRICT 8 (continued)				
Hendry/Glades Mental Health Clinic, Inc. P. O. Box 87 LaBelle, FL 33935 (James Sloan)	Paul Runge P. O. Box 666 Clewiston, FL 33440 (813) 983-7594	\$34,437	Hendry, Glades	Child Abuse Prevention Coordinator (1) Provide personal safety information, curricula to school children (2) Provide in-service training on personal safety information to faculty and staff in schools (3) Provide abuse/neglect prevention information to the adults in the community (4) Maintain and expand nurturing/parents program (5) Promotion of the following projects - crisis hotline, expansion/development of adolescent pregnancy programs, Big Brothers/ Big Sisters, Foster Grandparents, Parents Anonymous, respite care, crisis shelter
Community Coalition for Families, Inc. 2075 Main Street, Suite 2A Sarasota, FL 33577 (Joseph Flannery)	Herb Glover/ Kate Barker (SAME ADDRESS AS PROVIDER) (813) 365-1277	\$11,210	DeSoto, Sarasota	Present 3 complete sessions (15 weeks each) of the Nurturing Program developed by Dr. Stephen J. Bavolek
Community Coalition for Families, Inc. 2075 Main Street, Suite 2A Sarasota, FL 33577 (Joseph Flannery)	Herb Glover/ Patti Wertheimer (SAME ADDRESS AS PROVIDER) (813) 365-1277	\$26,525	DeSoto, Sarasota	Provide a Parent/Friend Program designed to meet the needs of abusive and potentially abusive parents by providing supportive long-term intervention through the use of trained volunteers

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DESCRIPTION OF
SERVICES

DISTRICT 9

Children's Home Society
Of Florida, Inc.
3600 Broadway
West Palm Beach, FL 33407
(Jackie Sanderson)

Karen Borchers, Ph.D./
Cheryl Ann Moody
(SAME ADDRESS AS PROVIDER)
(305) 844-9785

\$171,386

Indian River,
Martin,
Palm Beach,
Okeechobee

Parenting Magic Project
(1) Screening and identification
of high-risk families
(2) Early intervention with
high-risk families through
counseling, referral
services, in-home
parent-helper/ parent-
trainer services
(3) Crisis counseling
(4) Parent support groups and
supportive services
(5) Parent education, including
in-home services,
therapeutic playgroups for
mothers and children and
STEP classes
(6) Education of community,
professionals and para-
professionals

49A

Child Protection Team
Suite 212
301 Broadway
Riviera Beach, Fl 33404
(Jim Arnone)

Jim Arnone/
Jeanne Hooper
(SAME ADDRESS AS PROVIDER)
(305) 863-1611

\$48,000

Martin

(1) Provide comprehensive
treatment services to
incest victims and families,
and to families at high-risk
of intra familial sexual
abuse
(2) Professional and public
education and awareness
through community forums on
child sexual abuse

DISTRICT 10

Early Childhood Development
Association, Inc.
4137 North State Road 7
Ft. Lauderdale, FL 33319
(Raymond Monteleone)

Glender Williams/
Pat Woepel
(SAME ADDRESS AS PROVIDER)
(305) 486-3900

\$127,472.40

Broward

(1) Therapeutic Day Care for
abused and neglected
children
(2) Support & therapeutic
counseling program for the
families of these children

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DESCRIPTION OF
SERVICES

DISTRICT 11 (continued)

James E. Scott
Community Assn., Inc.
(JESCA)
2400 N.W. 54th Street
Miami, FL 33142
(James Lesnar)

Sandra Darden
Program Administrator
Home Visitor Program
5400 N.W. 22nd Avenue
Suite 204
Miami, FL 33142
(305) 634-5625

\$104,500

Dade

- (1) Home visitor program
- (2) Information and referral services
- (3) Individual and family counseling
- (4) Infant stimulation
- (5) Parent Education sessions
- (6) Nutrition education
- (7) Health education
- (8) Support services

Matthew Price, Jr.
16611 S.W. 104th Avenue
Miami, FL 33157

SAME AS PROVIDER
(305) 377-5005
SC 452-5005

\$25,000
(9 months)

Dade

- Child Abuse and Neglect
Prevention Coordinator
- (1) Provide technical assistance and information regarding child abuse and neglect prevention, investigation and treatment to professionals and general public
 - (2) Provide needs assessment for the district
 - (3) Provide resource guide of prevention services in the district
 - (4) Improve and coordinate the media coverage of child abuse
 - (5) Act as staff for the task force

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DESCRIPTION OF
SERVICES

DISTRICT 10 (continued)

Kids in Distress, Inc.
2627 N.E. 9th Avenue
Wilton Manors, FL 33334
(Midge Shailer/
Jeanne Miley-Clark)

(SAME AS PROVIDER)
(305) 565-2211

\$127,472.40

Broward

(SAME AS ABOVE)

DISTRICT 11

Parent Resource Center
30 S.E. 8th Street
Miami, FL 33131
(Mary Taylor)

Gloria Simmons
(SAME ADDRESS AS PROVIDER)
(305) 446-5071

\$252,047

Dade

- (1) Respite Care/Crisis Nursery for children 0 - 8 years of age
- (2) Crisis Hotline (subcontract)

Florida Keys Memorial Hospital
5900 Junior College Road
Key West, FL 33040
(Georga Avery)

Angie Deveraux
(SAME ADDRESS AS PROVIDER)
(305) 294-5531

\$57,453

Monroe

- (1) Coordination of child abuse prevention services in Monroe County
- (2) Develop inventory of child abuse and neglect programs
- (3) In-service training for agencies
- (4) Facilitate/develop classes in parenting, behavior management, family life education
- (5) Public awareness and information
- (6) Development of needed services
- (7) Crisis Hotline (subcontract)

Dade County Health Dept.
1350 N.W. 14th Street
Miami, FL 33125

Hillie Collins
Chief of Social Services
(SAME ADDRESS AS PROVIDER)
(305) 325-3305
BC 473-3305

\$60,000

Dade

Pre & Perinatal Support Program

III - A. PLAN FOR INSTRUCTING PARENTS OF SCHOOL CHILDREN AND SCHOOL PERSONNEL IN DETECTION OF AND INTERVENTION IN CASES OF ABUSE AND NEGLECT

1. Statement of Responsibility

"The Department of Education and the Department of Health and Rehabilitative Services 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 and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect, and in caring for a child's needs after a report is made." Section 415.501(2)(b), 2, Florida Statutes

2. Goal

The overall goal of the Legislature in assigning this responsibility was: to have parents of school children and appropriate school personnel knowledgeable of the indicators of child abuse and neglect; to have them knowledgeable of how and when to report suspected abuse and neglect cases; to know what action to take in such cases; and how to care for a child's needs after a report is made.

3. Objectives established to reach these goals were:

- (a) To provide school personnel with training on an ongoing basis in the detection of abuse and neglect, the appropriate action to take when they suspect abuse and how to care for a child's needs after a report is made.
- (b) To provide parents training on an ongoing basis about child abuse and neglect and how to care for a child's needs after a report is made.
- (c) To ensure uniform reporting through standardized training.
- (d) To increase reporting rates by school personnel.
- (e) To provide relevant training to all elementary schools by June 1, 1983.
- (f) To provide relevant training to all middle schools by June 1, 1984.
- (g) To provide relevant training to all high schools by June 1, 1985.
- (h) To repeat this cycle every year thereafter.

4. Barriers

The involvement of school personnel in the reporting of suspected cases of child abuse and neglect has been required by Florida Stat-

utes since 1976. It has also been supported by federal standards and regulations and some local policies and procedures. Each level has provided authority for, encouraged or mandated this involvement.

At the state level there is a mandate, legislatively passed in 1976, for reporting by school personnel and a mandate that school personnel cooperate with and seek cooperation of other public agencies in the prevention, identification or treatment of child abuse and neglect. There is also a provision for immunity from liability to all school personnel (and others) who participate in good faith and comply with the mandates above. Further, there is a penalty for not reporting known or suspected child abuse and neglect.

School personnel includes teacher, principals, administrators, school nurses, guidance counselors and pupil personnel workers in any school, whether public or private, day or residential. Staff of licensed day care centers and other professional child day care workers are also included, but they are also specifically named in the law. These persons are required to report directly to the Abuse Registry of the Department of Health and Rehabilitative Services or to the local office responsible for investigating abuse or neglect; only a suspicion is required.

Despite these statutory requirements, difficulties have existed throughout the 67 school districts and various HRS Districts which have presented barriers to meeting the goal of this legislation. School personnel have insufficient knowledge of signs and symptoms of child abuse and neglect and some have had negative experiences with HRS in the past. In addition, some schools require that all reports of child abuse and neglect be made through an administrator who may then fail to make the report. HRS has had difficulty providing the necessary instruction largely due to lack of sufficient staff to provide the training to the large number of schools in each district. In addition, when the responsible HRS staff person moves into a different job position they do not adequately instruct their replacement of their responsibility in the state plan for providing this training.

5. Present Situation

It appears that all of the HRS districts put a lot of effort into completing the initial three year plan. All districts have provided some instruction to school personnel but in most districts the method and content of instruction has not been standardized. Most districts were unable to determine how many school personnel had actually been trained or what phase in the three year cycle they were in. A few districts did not know they had any responsibility to provide formal training according to the state plan. It must be noted, however, that all districts provide school instruction upon request. There has not been an organized or systematic state-wide plan to involve parents in training or detection of child abuse and neglect and caring for a child's needs after the report is made; the responsibility to include parents was added when the statute was amended during the 1985 Legislative

Session.

A number of districts are in complete compliance with the state plan and are using the following techniques to accomplish the task:

- o Contracting with the prevention project agency to provide the required instruction;
- o Using a video-tape of the instruction with an accompanying viewers guide to eliminate the need for HRS to be present;
- o Providing intensive training to the social workers in each school who in turn instruct the personnel in their school;
- o Presenting the instruction to all teachers at one day conferences held several times a year; or
- o Requesting assistance from the Child Protection Team in providing some of the required instruction.

6. Plan of Action

In order to meet the requirements of this legislation and to improve the quality and number of abuse and neglect reports the following strategies should be implemented:

- (a) The prevention analyst in each district is responsible for coordinating this portion of the state plan. That analyst should utilize the skills of the CYF Training Specialist and the content expertise of the Intake Analyst.
- (b) A CYF staff person in each county should approach the school administration, talk with the superintendents, attend their staff meetings; go to the individual principals and attend District Principal's Meeting to inform them of the Plan for the Prevention of Child Abuse and Neglect.
- (c) The CYF Trainer will provide appropriate information which will be used to train parents in the detection of child abuse and neglect and providing care to meeting the child's needs after the report is made. (HRS has developed a brochure for parents of elementary school children which the Department of Education has agreed to distribute.)
- (d) The school superintendent or designee will devise a plan to inform parents of school age children in the detection of child abuse and neglect and for providing care to meet the child's needs after the report is made.
- (e) CYF is responsible for providing instruction to all school personnel over the following three year period:

Year 1 - Elementary School Personnel	FY 1987-88
Year 2 - Middle School Personnel	FY 1988-89

In the future, each HRS district will be required to repeat the cycle of instruction.

In order to accomplish this task, planning should begin now. Since it is impossible for one CYF staff person to provide instruction to all school personnel in their district, they should begin looking at alternatives. Some possibilities include intensive training for school social workers or guidance counselors who will provide the actual training to school personnel, contracting with the prevention project agency to provide the instruction or developing a video tape for instruction.

Regardless of which option is used, the Prevention Analyst is responsible for ongoing involvement to ensure that the instruction is taking place according to the plan.

III - B. LAW ENFORCEMENT EFFORTS IN PREVENTION OF CHILD ABUSE AND NEGLECT

1. Statement of Responsibility

"The Department of Law Enforcement and the Department of Health and Rehabilitative Services shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect."
Section 415.501(2)(b), 3, Florida Statutes

2. Goals

The goal is to ensure that appropriate local law enforcement personnel are receiving sufficient information in the detection of child abuse and neglect and the proper action that should be taken in suspected cases of abuse and neglect. The Florida Department of Law Enforcement shall:

- o through the Commission on Criminal Justice Standards and Training, strive to include the issue of child abuse and neglect as a major consideration in the revision of the basic training law enforcement curriculum, referred to as the Basic Recruit Revision Project;
- o through the Division of Local Law Enforcement Assistance, publish a comprehensive juvenile handbook which can be used as a training manual to enhance the effectiveness of law enforcement personnel who handle child abuse and neglect cases.

3. Objectives established to reach these goals are:

- (a) To standardize the sequence, in the law enforcement basic recruit course, of the child abuse instruction and the amount of training time devoted to it.
- (b) To direct the basic recruit revision project toward integrating all juvenile related topics, such as missing children, juvenile delinquency, sexual exploitation of children, youth suicide prevention, and child abuse and neglect.
- (c) To encourage the multi-discipline approach to training all professionals who must intervene in a child abuse and neglect case.
- (d) To develop an "advanced" law enforcement course concerning child abuse, missing children and exploitation of children.
- (e) To incorporate information from the Florida Juvenile Handbook into the basic recruit revision project.
- (f) To provide safety and other informational brochures to assist law enforcement personnel in their efforts to prevent crimes against children, such as child abuse and neglect, and sexual exploitation.

4. Barriers

None

5. Present Situation

The issue of child abuse and neglect is currently included in the revised law enforcement basic recruit training course. Approximately 2,600 law enforcement recruits complete the basic training course annually. The revised curriculum is currently being field tested and is expected to be adopted by the Commission during the fall of 1987.

Additionally, the Department of Law Enforcement, through the Commission of Criminal Justice Standards and Training, received special legislative funding during 1985-86 to develop training programs in the area of child abuse investigation. The training programs are targeted to educate law enforcement officers, the judiciary, state attorneys, and the Department of Health and Rehabilitative Services (HRS) personnel, who are involved in child abuse investigations. Training programs developed include: a Directory of Child Abuse Intervention Trainers, a catalog of Child Abuse Intervention Training Materials, a Participant's Guide to Child Abuse and Neglect Intervention Training, a Trainer's Guide to Child Abuse and Neglect Intervention Training and videotapes concerning an overview of a child abuse intervention case, indicators of child sexual abuse, indicators of child physical abuse and evidence in child abuse cases. These training materials were distributed to all law enforcement criminal justice training schools, HRS Children, Youth and Families Program Offices, Child Protection Teams, Guardian Ad Litem Programs, Circuit Judges and several state attorneys. The law enforcement criminal justice training schools have been offering multidisciplinary child abuse and neglect intervention training programs since early 1986 utilizing the appropriated funds. Funding of these special training programs will terminate in July 1987.

The Florida Department of Law Enforcement's Missing Children Information Clearinghouse recognized the need for a common understanding of the state and federal laws and procedures governing the handling of juveniles among law enforcement personnel, HRS officials, and others who regularly come in contact with juveniles. In response to this need, the Florida Department of Law Enforcement, in conjunction with a statewide task force, developed Florida's first comprehensive juvenile handbook. Approximately 1,200 complimentary copies of the Florida Juvenile Handbook were distributed to all Florida law enforcement agencies, state attorneys' offices, HRS offices, and the Florida criminal justice training schools. Additionally, approximately 3,500 copies of the handbook have been sold.

The Florida Department of Law Enforcement received a Federal Justice Assistance Grant for the 1986-87 fiscal year to update and print additional copies of the Florida Juvenile Handbook. These handbooks will be given to the criminal justice training schools for distribution to the law enforcement basic recruits.

6. Strategies or Plan

- O The Department of Law Enforcement, through the Division of Criminal Justice Standards and Training and the Commission on Criminal Justice Standards and Training, will implement the objectives outlined in this report in the following manner:

LEGAL KNOWLEDGE

Level: Proficient
Hours: 1

COMPETENCY TOPIC:
Child Abuse

LEARNING GOAL:

The student will know the basic laws relating to child abuse.

OBJECTIVES:

The student will:

1. Define "child" as anyone under the age of 18 years.
2. Describe child abuse as detailed in S. 827.04, F.S., to indicate willfully or by culpable negligence depriving a child of necessary food, clothing, shelter or medical treatment, or permitting or causing physical or mental injury to a child.
3. Describe aggravated child abuse as detailed in S. 827.03, F.S., to include one or more acts committed by a person who commits aggravated battery on a child, willfully tortures a child, maliciously punishes a child, or willfully and unlawfully cages a child; the class of crime is a second degree felony.
4. List the occupations of professionals who are required by S. 415.504, F.S., to report child abuse or neglect, to include:
 - a) physician, nurse and hospital personnel engaged in admission, treatment or care of persons
 - b) health or mental health professionals not covered in a. above
 - c) spiritual healer
 - d) school teacher and staff personnel
 - e) social worker, day care worker, foster care or institutional worker
 - f) law enforcement officers

SOURCES:

Department of Health and Rehabilitative Services. "State Plan - A Comprehensive Approach to the Prevention of - CHILD ABUSE AND NEGLECT IN FLORIDA", 1985.

Florida Statutes, Chapter 415 - Protection from Abuse, Neglect, and Exploitation. Tallahassee, Florida: Law Book Distribution Office, 1985.

Florida Statutes, Chapter 827 - Abuse of Children or Disabled or Aged Persons. Tallahassee, Florida: Law Book Distribution Office, 1985.

U.S. Department of Health and Human Services. The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: 1984.

- (a) Collect copies of basic training examinations from the certified training centers.
 - (b) Validate examination/test items relating to child abuse and neglect and all issues covered in the basic recruit training course, or develop test items that appropriately measure the officers acquisition of course topics, knowledge, skills or abilities.
 - (c) Field test the revised curricula at certified criminal justice training schools.
 - (d) Evaluate the results of the field testing of the curricula and revise the curricula as appropriate.
 - (e) Encourage the criminal justice training schools to offer training in child abuse and neglect intervention to anyone who participates in child abuse cases and investigations.
 - (f) Provide general instructor certification to those qualified officers and other professionals who may present child abuse and neglect intervention training courses at certified criminal justice schools.
 - (g) Develop an "advanced" law enforcement course concerning child abuse, missing children and exploitation of children.
- O The Florida Department of Law Enforcement, through the Division of Local Law Enforcement Assistance, will implement the objectives in the following manner:
- (a) Form a statewide task force to review and assist in updating the present Florida Juvenile Handbook. The updated copies of the handbook will be distributed to the law enforcement training school for the basic recruits.
 - (b) Assist the Division of Criminal Justice Standards and Training in incorporating information from the Florida Juvenile Handbook into the basic recruit revision project.
 - (c) Review the present child safety guide and other informational brochures to determine if revisions are necessary. Necessary revisions will be made and copies of the new material will be distributed to law enforcement personnel and other interested individuals to assist in the prevention of crimes against children, such as abductions, child abuse and neglect, and sexual exploitation.

LEGAL KNOWLEDGE

Level: Proficient
Hours: 1

COMPETENCY TOPIC:
Kidnapping

LEARNING GOAL:

The student will comprehend the elements for kidnapping, false imprisonment and child stealing. The student will also comprehend reasons why people commit the act of kidnapping.

OBJECTIVES:

The student will:

1. Identify the elements "kidnap" as stated within the Chapter 787, F.S.
2. Identify the elements "false imprisonment" as stated within the Chapter 787, F.S.
3. Recall that false imprisonment and kidnapping are felonies.
4. List reasons why people commit the act of kidnapping, to include:
 - a) hold for ransom
 - b) hold as a hostage
 - c) facilitate commission of a felony
 - d) inflict bodily harm or terrorize
 - e) interfere with government or political function
 - f) to recover child awarded to another in custody battle
5. Recall that Florida's charge for taking custody of a child by one parent when legal custody was awarded to the other parent is a misdemeanor.
6. Recall that Florida's charge for unauthorized removal of children from the state or concealment while custody issues are pending is a felony.

SOURCES:

(CA Post) The Commission on Peace Office Standards and Training. Crimes Against Persons, Unit #10. Sacramento, CA: State of California, 1984; pp. 10-17 - 10-22.

Florida Statutes, Chapter 787-Kidnapping; False Imprisonment; Custody Offenses. Tallahassee, FL: Law Book Distribution Office, 1985.

Hillsborough County State Attorney's Office. Introduction to Criminal Law.
Tampa, FL: Hillsborough County State Attorney's Office, 1982

PATROL

Level: Oriented
Hours: 1

COMPETENCY TOPIC:

Missing Children Procedures

LEARNING GOAL:

The student will comprehend the procedures for handling missing children and will comprehend the Florida Statutes dealing with missing children.

OBJECTIVES:

The student will be able to:

1. List reasons why a child might be missing:
 - a) lost
 - b) parental abduction
 - c) runaway
 - d) suspected foul plan (criminal abduction)
 - e) unknown
2. List the three requirements that law enforcement agencies must comply with when a parent/guardian makes a missing child report according to s. 937.021, F.S.:
 - a) inform all on-duty law enforcement officers of the existence of the missing child report
 - b) communicate the report to every other law enforcement agency having jurisdiction in the county
 - c) transmit the report for inclusion within the FCIC system

3. List general procedures to follow when a missing child report is filed:
 - a) dispatch the information immediately
 - b) proceed to the complainant's location
 - c) observe the area for the child while enroute to the location
4. List the factors that are considered when handling a missing child case:
 - a) age of the child
 - b) circumstances of disappearance
 - c) location when last seen
 - d) mental condition of child
 - e) length of time missing
5. Identify the reasons for making a thorough search of a missing child's home and yard at the outset of handling a situation involving a missing child because many times children are playing or hiding in their yard and are overlooked by their parents.
6. Outline the steps to be taken in the initial interview:
 - a) calm the complainant
 - b) not everyone present at the scene
 - c) learn circumstances of the case
 - d) determine a motive
 - e) obtain a description of child/recent photograph
 - f) determine the missing child's mental and physical condition
 - g) check the child's effects
 - h) determine if a possible custody battle exists
7. List the descriptive data that must be obtained on the missing child:
 - a) name
 - b) thorough description/recent photograph
 - c) scars, marks
 - d) fingerprint and dental records
 - e) bicycle information

- f) name of friends and relatives who live nearby
 - g) name and location of school
8. Recall the following questions to determine the circumstances surrounding the disappearance of the missing child:
- a) Is the child despondent, mentally ill or mentally handicapped?
 - b) Is there a runaway note?
 - c) Is there a witness to a kidnap?
 - d) Is the child missing from an outdoor sport group?
 - e) Is the child in good health?
 - f) Has the child been missing before?
 - g) Has the child received any threats or warnings?
 - h) Has the child been disciplined recently?
9. Outline steps to be taken in a follow-up investigation:
- a) check missing person files
 - b) check hospitals, jails, homes and morgue
 - c) interview relatives, friends, neighbors and school personnel
10. Identify methods to pass the missing children information on to other law enforcement personnel:
- a) agency roll call (BOLO)
 - b) telecommunications equipment (NCIC)
 - c) teletype operator (dispatcher)
 - d) bulletins or flyers
 - e) photographs
 - f) media
11. State resources available to assist agencies in the investigation:
- a) helicopters
 - b) airplane

- c) K-9 unit
 - d) boats
 - e) divers
12. State steps to be taken when the child is found:
- a) question child about his/her disappearance
 - b) examine child for physical injury or abuse
 - c) cancel NCIC/FCIC message
 - d) cancel MCIC report
 - e) insure that child is returned to parents/guardians
13. Explain the purpose of the Missing Children Act:
- a) enables a parent, guardian or next of kin of a missing child to have the right to confirm with the FBI as to whether or not the local police have listed the missing child in NCIC
 - b) provides the FBI with authority to enter a missing child in NCIC in the event state and/or local police refuse to do so
 - c) provides for the establishment of an unidentified dead file at the national level
14. State that the Missing Children Information Clearinghouse (MCIC):
- a) was established on February 23, 1983 by the Florida Legislature
 - b) is established within the FDLE
 - c) is a central repository of information regarding missing children
15. State the purpose of MCIC:
- a) to provide liaison between private sector and law enforcement regarding missing children information
 - b) to act as a resource center that collects, compiles, and disseminates information on missing children
16. List services provided by MCIC to assist an officer in a missing child case:
- a) missing children bulletin
 - b) toll free number to report missing child, open 24 hours--7 days a week
 - c) missing child flyers

- d) directory of resources
 - e) off-line (technical) searches
17. Identify applicable portions of the following statute.
- a) s. 937.023, F.S.
 - b) s. 937.028, F.S.
 - c) s. 937.031, F.S.

SOURCES:

California Commission on Police Officer Standards and Training, "Unusual Occurrences", #38.

Florida Statutes, Chapter 937 - Missing Person Investigations. Tallahassee, Florida: Law Book Distribution Office, 1985.

Illinois Performance Oriented Basic Law Enforcement Training Course, Book 2.

International Association of Chiefs of Police. Training Key, Volume 7, Issue 147, Missing Person. Gaithersburg, MD: IACP, 1973.

Juvenile Handbook Task Force. Juvenile Handbook. Tallahassee, Florida: FDLE, 1985.

INVESTIGATIONS

Level: Proficient

Hours: 14

COMPETENCY TOPIC:

Crimes Against Persons Preliminary Investigation

LEARNING GOAL:

The student will comprehend the investigative techniques for investigating sexual battery, robbery, homicide, assault and battery, spouse abuse, and child abuse.

OBJECTIVES:

The student will:

SEXUAL BATTERY

1. Identify reasons that sexual battery is not reported, to include:
 - a) victim is embarrassed
 - b) victim feels law enforcement officers will not apprehend the suspect
 - c) victim feels that officers will be unsympathetic
 - d) fear of reprisal by the assailant
 - e) victim feels they will be "victimized" during courtroom proceedings
2. List procedures to follow when responding to a sexual battery case, to include:
 - a) obtain medical treatment immediately if victim is injured
 - b) calm the victim down
 - c) obtain preliminary information from witness/victim
 - d) initiate BOLO
 - e) locate and secure the scene if possible
 - f) initiate crime scene investigation
 - g) interview victim and witness separately
 - h) follow departmental procedures in arranging for medical exam, collection of clothing and notification of sexual battery specialist

3. Name ways an officer's attitude can assist in the investigation, to include:
 - a) officer should be humane and sympathetic
 - b) be patient
 - c) let the victim feel she is in control
 - d) reassure her that an officer is there to help her and to develop facts for legal purposes
4. List questions not to be asked of the victim:
 - a) prior sexual experiences
 - b) whether she had a climax
 - c) size of suspect's penis
 - d) questions which would imply she brought on the rape
 - e) whether she will take a polygraph
 - f) if she enjoyed the act
5. Recall that when interviewing the victim do it in private, not in front of other officers or family members.
6. Recall information which must be obtained from the victim during the interview, to include:
 - a) when it occurred (time lapse)
 - b) where it occurred
 - c) exactly what happened
 - d) whether force was used
 - e) whether the subject was verbally threatening
 - f) whether any property is missing
 - g) were any witnesses present
7. Name items an officer should look for regarding the victim's condition, to include:
 - a) torn/stained clothing
 - b) smeared makeup/disarrayed hair
 - c) bruises, scratches, defense wounds - photograph but only with the victim's consent

8. Recall that an officer should advise the victim that a medical examination is important and explain what will transpire.
9. Recall that an officer should never attempt to examine the victim nor should an officer be in the room when the victim is being examined by a physician.

ROBBERY

10. List three styles of robbery, to include:
 - a) ambush
 - b) selective
 - c) planned
11. List common targets of robberies, to include:
 - a) liquor stores
 - b) convenience stores
 - c) drunken persons
 - d) banks
12. Recall that after a robbery has occurred the area should be secured but it should be completely sealed when any of the following occurs:
 - a) homicide or serious injury occurs during the robbery
 - b) criminal commits another crime such as rape, during the robbery
 - c) the robber is at the scene for an extended period of time
 - d) a substantial sum of money is taken
 - e) a bank is robbed
13. List procedures to follow upon arrival at a robbery scene, to include:
 - a) attend medical needs if appropriate
 - b) request crime scene technicians
 - c) obtain preliminary statements from witnesses
 - d) initiate BOLO
 - e) secure the scene
 - f) keep unauthorized persons out
 - g) interview witnesses separately

14. List items that should be included in the preliminary robbery report, to include:
- a) suspects' action immediately prior to the robbery
 - b) complete description of suspect(s)
 - c) complete description of weapon(s)
 - d) manner in which the weapon(s) were concealed and displayed
 - e) the suspect's exact wording during the robbery
 - f) was victim tied up or made to comply with certain demands
 - g) complete itemized list of property taken with serial numbers

HOMICIDE

15. Recall that although specialized investigators are assigned to homicides a patrol officer usually is the first officer on the scene and he may be assigned by investigators to conduct or assist in the preliminary investigation.
16. Recall that the best investigative method is to regard all dead body cases initially as criminal homicides until the facts prove differently.
17. List what an officer should be concerned with when approaching the body, to include:
- a) officer safety-suspect may be at the scene
 - b) determine if the alleged deceased is alive or dead
 - c) preserve the crime scene
 - d) notify crime scene specialists
 - e) make accurate field notes for report

ASSAULT AND BATTERY

18. List procedures to follow upon arrival at an assault and battery case, to include:
- a) give first aid if needed
 - b) determine whether a crime has occurred
 - c) identify, locate and separate witnesses
 - d) identify and arrest the offender if on the scene

- e) if offender has fled put out BOLO
 - f) call for additional assistance
 - g) obtain detailed information about what happened from the victim
19. Recall that a weapon may have been used and may still be at the crime scene.
20. Recall that one of the best methods of recording the results of an assault is to photograph external injuries.

SPOUSE ABUSE

21. Recall that in the case of spouse abuse, it is possible for an officer to affect an arrest without having witnessed the battery.
22. List elements an officer should take into account in order to arrest in a spouse abuse case, to include:
- a) must have probable cause to believe a battery has been committed
 - b) the officer must reasonably believe that there is danger of violence unless the person alleged to have committed the battery is arrested without delay.

CHILD ABUSE

23. Recall that the primary concern of a law enforcement officer when investigating cases of child abuse is to protect the child.
24. Recall that HRS is a coinvestigator along with a law enforcement officer in a child abuse case.
25. Recall that child abuse as detailed in Section 827, Florida Statutes, is depriving a child of necessary food, clothing, shelter or medical treatment, or permitting or causing physical or mental injury to a child.
26. Define "child" as anyone under the age of 18 years.
27. Name initiating cues that an officer may observe that may indicate child abuse, to include:
- a) suspicious bruises
 - b) welts
 - c) burns
 - d) fractures
 - e) afraid to go home

- f) wary of adult contacts
 - g) frightened by parents
28. Identify the characteristics of abusive parents, to include:
- a) perception of the child as "bad" or "evil"
 - b) attempts to conceal the child's injury or to protect identity of person(s) responsible
 - c) admits being abused as a child
 - d) demonstrates emotional immaturity
29. Identify physical indicators and behaviors which may result from child neglect, to include:
- a) Indicators:
 - constant hunger
 - consistent lack of supervision
 - unattended physical problems or medical needs
 - b) Behaviors:
 - begging or stealing food
 - falling asleep in class
 - engaging in delinquent acts such as vandalism or theft
30. List physical and behavioral indicators of sexual abuse in children, to include:
- a) Physical:
 - difficulty in walking or sitting
 - bruises or bleeding in external genitalia, vaginal or anal areas
 - venereal disease, particularly in child under 13 years
 - b) Behavioral:
 - unwillingness to change for gym or to participate in physical activities
 - states he/she has been sexually assaulted by a caretaker
 - acts withdrawn; engages in fantasy or infantile behavior; even appears retarded
31. List the occupations of professionals who are required by Section 415.504, F.S., to report child abuse or neglect, to include:
- a) physician, nurse, and hospital personnel engaged in admission, treatment or care of persons
 - b) health or mental health professionals not covered in a) above
 - c) spiritual healer

- d) school teacher and staff personnel
 - e) social worker, day care worker, foster care or institutional worker
 - f) law enforcement officers
32. Identify the agency and manner of reporting child abuse cases, which is the Department of Health and Rehabilitative Services. Report of actual or suspected child abuse shall be made immediately to the toll-free HRS number or to the local officer, followed by a written confirmation report submitted within 48 hours to HRS.
33. List the critical information that should be obtained for a report of child abuse and neglect, to include:
- a) name, age sex, ethnic background and permanent address of the child
 - b) name of person or institution responsible for the child's welfare
 - c) name and address of the person(s) alleged to be responsible for the abuse or neglect
 - d) possible witness(es) to the incident which caused the child's condition
34. Identify factors which influence the decision to interview the child, to include:
- a) child's age
 - b) child's ability to evaluate what happened
 - c) possible impact of the interview upon the child
 - d) possibility of retaliation by parent against a child who has told
35. Identify the conditions that may exist leading to the requirement of protective custody for a child, to include:
- a) physical environment of the home poses an immediate threat to the child
 - b) maltreatment in the home, present or potential, is such that a child could suffer permanent damage to body or mind if left there
 - c) family has a history of prior incidents or allegations of abuse or neglect
36. List three concerns officers should have when investigating child abuse:
- a) whether child abuse is occurring
 - b) whether the child is at risk in the home
 - c) whether immediate intervention is necessary to ensure the child's safety

37. List guidelines to follow when interviewing a child, to include:

- a) attempt to gain the child's confidence
- b) do not side with the parent(s)
- c) talk in a language the child understands
- d) let children tell about the incident in their own way
- e) advise the child what will happen next

SOURCES:

(CA POST) California Commission on Peace Officer Standards and Training. Investigation of Crimes Against Persons, #55.

Department of Health and Rehabilitative Services. "State Plan - A Comprehensive Approach to the Prevention of - CHILD ABUSE AND NEGLECT IN FLORIDA", 1985.

Florida Statutes, Chapter 415 - Protection From Abuse, Neglect, and Exploitation. Tallahassee, Florida; Law Book Distribution Office, 1985.

Florida Statutes, Chapter 827 - Abuse of Children or Disabled or Aged Persons. Tallahassee, Florida: Law Book Distribution Office, 1985.

IACP. Police Reference Notebook - Volume/Investigations. Washington, D.C.: IACP.

International Association of Chiefs of Police. Training Key, Volume 7, Issue 168, Assault Cases, IACP: Gaithersburg, MD: 1973.

International Association of Chiefs of Police. Training Key, Volume 10, Issue 232, Robbery Investigations, IACP: Gaithersburg, MD: 1973.

Southeast Florida Institute of Criminal Justice. Training Manual. Miami, FL: Miami Dade Community College, 1984.

Swanson, C.R. Criminal Investigation. Goodyear Publishing: Santa Monica, CA: 1977.

US Department of Health and Human Services. The Role of Law Enforcement In The Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: 1984.

III - C. DEPARTMENT OF EDUCATION EFFORTS IN PREVENTION OF CHILD ABUSE AND NEGLECT

Agencies Involved: Staff from the Department of Education served as the lead unit with involvement of personnel from the Department of Health and Rehabilitative Services, Criminal Justice Standards and Training, Florida State University, Leon County Public Schools, and Apalachee Community Mental Health Services.

1. Statement of Responsibility

"The Department of Education and the Department of Health and Rehabilitative Services 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 and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect, and in caring for a child's needs after a report is made." Section 415.501(2)(b), 2, Florida Statutes

"Within existing appropriations, the Department of Health and Rehabilitative Services 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 and neglect and in the proper action that should be taken in a suspected case of child abuse and neglect." Section 415.501(2)(b), 4, Florida Statutes

"The Department of Education and the Department of Health and Rehabilitative Services shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multi-disciplinary approach on identification, intervention, and prevention of child abuse and neglect. The curriculum material shall be geared toward a sequential program of instruction at the four progression 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 and neglect." Section 415.501(2)(b), 5, Florida Statutes.

2. Goals

The overall curriculum goals are to provide a child abuse and neglect prevention curriculum for use with school-aged children and educate parents, educators, and citizens about child abuse and neglect identification, intervention, and prevention.

3. Objectives established to reach curriculum goals are:

- (a) To review continuously training and curriculum materials;
- (b) To analyze Florida's 67 public school districts' health education plans and applicable curriculum guides;

- (c) To publish and disseminate related materials;
- (d) To provide workshops and other training programs to parents, citizens and educators;
- (e) To encourage the provision of instruction on child abuse and neglect prevention to all school-aged children and their parents;
- (f) To assist school districts in locating needed human and material resources for their child abuse and neglect prevention programs, and
- (g) To increase involvement of various civic and professional groups in child abuse and neglect prevention.

4. Continuation of Child Abuse and Neglect Prevention Services

School districts are providing child abuse and neglect prevention curriculum in at least the following areas:

<u>Grades</u>	<u>Content</u>
K-3	<ul style="list-style-type: none"> o Relationships o Safety o Feelings
4-6	<ul style="list-style-type: none"> o Safety o Growth and Development o Decision Making o Family Life
7-9	<ul style="list-style-type: none"> o Mental and Emotional Health <ul style="list-style-type: none"> o Interpersonal Problems o Coping Skills o Mental and Emotional Health as Related to Community Health o Family Health <ul style="list-style-type: none"> o Child Abuse and Neglect Differences o Child Abuse and Neglect Identification o Community Organizations Available to Help Abused and Abusing Individuals
10-12	<ul style="list-style-type: none"> o Rape, Abuse and Neglect <ul style="list-style-type: none"> o Social Affects o Physical Affects o Psychological Affects o Family Living, Sex Education, and Mental Health o Child Care, Guidance and Development o Problem Solving and Decision Making o Crisis Management o Coping Skills

- o Family Member Roles and Responsibilities

These skills are being covered in such courses as reading, health, science, social studies, and child growth and development.

Section 415.501, Florida Statutes, provides for the Department of Education and the Department of Health and Rehabilitative Services to work together on the enhancement or adaptation of curriculum material to assist instructional personnel in providing instruction through a multi-disciplinary approach on child abuse and neglect identification, intervention, and prevention. Information on this curriculum follows.

(a) Basic Assumptions

Basic assumptions of the Curriculum Development Model are:

- o Child abuse and neglect is a family, social and legal problem requiring solutions which are cooperatively developed by local family, social and legal agencies.
- o The prevention of child abuse and neglect, as a content area for inclusion in the public school curriculum, must be defined and implemented at the local level by each of Florida's 67 school districts.
- o Interagency sharing of training, information, resources and responsibilities requires state and local coordination; however, this sharing will vary among communities. The HRS district plans should also incorporate interagency sharing.
- o Related curriculum materials and learning activities are already used in some communities. This information, however, is usually geared to adults, while material specifically intended for children is not always available. The implementation of instruction about the prevention of child abuse and neglect should be a coordinated effort which uses existing resources in health and safety education, home economics, social studies and other curricular programs with comparable objectives.
- o The prevention of child abuse and neglect, as a new content area for inclusion in the public school curriculum, must be understood and sanctioned by local school boards.

(b) Philosophical Concepts

Curriculum for the prevention of child abuse and neglect which is developed and adopted by each school district should be based upon, and reflect, a common philosophy which would include the following concepts:

- o The major emphasis should be on the child.

- o Every child has the right to be raised in a caring environment.
- o Children must be trained to know when they are being abused or neglected and how to obtain appropriate help.
- o The education process must include both parents and children. For example, parental involvement in learning about and dealing with child abuse and neglect should be a part of each district's comprehensive plan, grades K-12.
- o Adults responsible for the care and education of children must be trained to identify and intervene for children who are actual or potential victims of child abuse.
- o The approach must carefully distinguish between child abuse and neglect and appropriate child rearing practices.
- o School districts should have flexibility in adapting and using the curriculum model as long as education about child abuse and neglect is appropriately and adequately provided.
- o Preservice and inservice training of teachers and school administrators should include gaining competency in the identification, intervention, and prevention of child abuse and neglect education.

(c) Curriculum Enhancement, Adaptation, and Implementation

The Department of Education (DOE) served as lead agency in developing a curriculum model. The model will assist local school district interagency curriculum development committees in enhancing, adapting and implementing appropriate curriculum concepts, goals, objectives, instructional strategies, and resources for each instructional level.

The curriculum model is based upon a scope and sequence for identification, intervention, and prevention skills at each of the progression levels, K-3, 4-6, 7-9, 10-12. At least twelve instructional objectives should be adopted by local school district at each progression level (sequence). These twelve objectives should include one for each of the four definitional categories (scope) of abuse--physical, emotional, sexual and neglect (e.g., physical abuse identification, emotional abuse identification, sexual abuse identification, neglect abuse identification, and physical abuse intervention). This model is graphically represented on the next page.

This curriculum model provides for the most comprehensive and sequential instructional objectives at each progression level. The Curriculum Subcommittee developed a sample activity for each objective at each progression level.

Public school districts should enlarge and enhance these sample

activities by developing sub-objectives; incorporating resources available through local child protection agencies; and obtaining their approval by local child abuse and neglect curriculum committees, superintendents and school boards. These locally-developed activities should be appropriate to the developmental level of students.

5. Services Offered

The Department of Education and Florida public school districts have markedly increased child abuse and neglect prevention activities. The exchange of information has increased between and within state and local agencies to enhance working relationships, shared responsibility and knowledge related to the identification, intervention, and prevention of child abuse and neglect. Each affected state and local agency has designated a contact. The DOE's contact planned and coordinated state-level and state-wide curriculum activities. Contacts from other state agencies served as lead persons for curriculum information exchange within their agencies and between the DOE. At the local level, contacts from public school districts coordinated local curriculum activities including those of the interagency curriculum development committee. Contacts from other local agencies served as lead persons within their agencies and with the public school district contacts for curriculum purposes.

The DOE had representation on the Legal Needs of Children Committee of The Florida Bar. A paper on parenting education for children at all grade levels written by one DOE representative was approved and became a part of The Florida Bar's child abuse and neglect prevention program. The emphasis in this endeavor for the current year is on drug abuse including crack cocaine. The current chairman of the Curriculum Subcommittee of The Florida Bar's Legal Needs of Children Committee is a DOE staff member.

Information on all child abuse conferences and workshops, including the annual HRS conference, of which the DOE was aware, was shared with public school districts. DOE staff members participated in these meetings and encouraged school districts to send representatives. This practice will continue.

Relevant materials were collected or developed, printed, and disseminated for use with public school personnel, children, and parents. Examples of these are (a) a home-school-community brochure; (b) a parent involvement brochure; and (c) a kindergarten philosophy statement. School effectiveness literature was also shared.

Publications to be published and disseminated during the 1986-87 year include a kindergarten brochure, a kindergarten guide, a child abuse and neglect prevention guide, a school effectiveness brochure, a child abuse and neglect prevention brochure, and a prekindergarten position paper.

The DOE has worked with various state organizations in an effort to

prevent child abuse and neglect. Among those are the Florida Association for Supervision and Curriculum Development, Florida League of Middle Schools, Florida Association on Children under Six, Florida Elementary School Principals Association, Florida Personnel and Guidance Association, Florida Association of Colleges for Teacher Education, Florida Association of Professional Health Educators, Florida Association of School Administrators, Florida Association of Student Services Administrators, Florida Congress of Parents and Teachers, Florida Organization of Instructional Leaders, and Florida Elementary Commission of the Southern Association of Colleges and Schools.

The Florida Council on Elementary Education, with DOE assistance, has a child abuse and neglect prevention study group. This group has sessions at two conferences a year and will produce a paper on the issue.

An interagency agreement is nearing completion between Head Start, HRS, and DOE which will spell out ways of cooperating that will benefit children. The DOE serves as lead agency.

The annual DOE curriculum conference always includes sessions on child abuse and neglect prevention. Some 1,500 educators attend this annual conference.

Working relationship has continued with the North East Florida Consortium, the Panhandle Area Education Consortium, and the Florida Education and Research Development Consortium. Sessions were planned and conducted at various meetings of these groups.

Searches were conducted to locate related articles and materials on child abuse and neglect prevention through the DOE, Public Schools' Resource Center.

DOE staff members have worked with civic, social, and educational groups in this effort. Participation in such programs as the Governor's Conference on the Black Family, various sorority and fraternal groups, honor societies, Chambers of Commerce are examples.

The DOE audits for the child abuse and neglect prevention programs are required by state statutes.

The DOE Educational Television Unit reproduced materials for school districts.

The DOE has prepared Course Code Directory, Student Performance Standards (grades 6-12), and Curriculum Frameworks (grades 6-12) which include topics related to child abuse and neglect prevention. These efforts assist teachers in providing instruction in all areas, including an interdisciplinary provision for child abuse and neglect prevention.

In summary, the DOE and public school districts have embarked on major activities to incorporate CNN prevention instruction in the cur-

riculum. DOE and district-developed materials are extensive and widely used. Workshops have been conducted for large numbers of people.

6. Needs

The greatest needs are (a) to train the large number of new teachers and administrators, (b) to have resources to handle suspected CNN cases, (c) to have adequate time to teach children in a school day which includes academic and increasing social ills needs, and (d) to have adequate numbers of DOE personnel and resources to provide needed services to school districts.

7. Barriers

Barriers that inhibit accomplishing the goals are provided below:

Child abuse and neglect are controversial and sensitive issues and may be viewed by some administrators, teachers, parents and other citizens as infringing on parental rights and home harmony, and as instilling fear of adults in children.

To accomplish a task such as outlined in this legislation, there is a need for interagency cooperation at the state and local levels. Such cooperation would, necessarily, include an awareness of various agency policies, plans and operational procedures. The legislation as enacted provides neither adequate personnel nor sufficient time to accomplish all the tasks assigned to agencies at the level desired.

Because of the decentralized nature of Florida school systems, decisions about curriculum content are made at local school district, school and classroom levels; few specific curriculum topics, instructional resources or procedures are mandated by the state. Consequently, the autonomous and home rule aspect of local school districts in curriculum development must be considered.

Once local decisions are made on the when, where, how and who of teaching child abuse and neglect prevention, a major concern will center around what to teach. Appropriate materials for use with children is becoming increasingly available. However, all material must be evaluated by school personnel who are sensitive to community mores, standards of good taste and stereotyping of ethnic groups. These materials will have to compete for limited instructional materials dollars.

Teaching children about child abuse and neglect has to be considered within the framework of curriculum demands being placed on the school by local school districts, society, and state and federal laws. The emphasis on the basic skills, thrust for excellence, assignment for the eradication of all of societal problems through education, and efforts to provide a balanced curriculum in schools have resulted in an overcrowded school day. Finding time to include child abuse and neglect prevention is a challenge for teachers.

IV. PREVENTION OF MIGRANT CHILD ABUSE AND NEGLECT

Florida's Migrant Farmworker Children: A Population at Risk

The 56,244¹ children of migrant farmworkers who reside in Florida for some part of each year are a population at high risk for being maltreated. Research conducted by the ESCAPE (Eastern Stream Prevention and Education) Project in conjunction with the Department of Health and Rehabilitative Services and the State Department of Education found the estimated incidence rate for the migrant child population to be 46.4 children per 1,000, compared to an incidence rate of 18.2 per 1,000 for the entire population.² This means that the migrant child is more than twice as likely to experience maltreatment than other children in Florida. This high degree of risk demands a serious and sustained response from all agencies concerned with preventing child abuse.

Who are Florida's Migrant Children?

There is no single definition of "the migrant child" which is accepted by all agencies which serve the farmworker population. However, because official statistics on the state's migrant child population are gathered by the State Department of Education, the descriptive data reported below is based upon the U.S. Department of Education's definition which states: a migrant is one who crosses state or school district boundaries in search of temporary or seasonal employment in certain agricultural or fishing activities. Those individuals who move at least once a year are considered current migrants, but the federal definition extends the migrant status for six years from the last "qualifying move" as defined above and recognizes settled out families as being "former" migrants and their children are deemed eligible for migrant education services. For a child to be considered migrant, he or she must make the "qualifying move" with a parent or guardian.

Although the statistics cited here describing the migrant child population are based on that definition, the recommendations for programs included in this plan should be applied to the larger migrant child population which may include children who do not fit the Department of Education criteria, but who are considered "migrant" by other agencies who serve migrant families.

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- 1 This number is based upon the latest official count conducted by the Florida Migrant Child Compensatory Program of all migrant children who resided in Florida at some time during the period January 1, 1985 - December 31, 1985.
 - 2 This research study was conducted during 1983.

Location and Mobility of Migrant Children in Florida

Because mobility defines the migrant lifestyle, migrant families are often viewed as rootless and transient. However, this is simply not an accurate description of Florida's migrant population. First of all, at least three-quarters of Florida's migrant families declare that Florida is their home base state, meaning that the majority of the year is spent in the state and that the families return to the state each year after completing their work harvesting crops up north during the summer months. Approximately 14% of migrant children travel with their families within the state of Florida and qualify as "intrastate migrants" because they cross school district boundaries. Moreover, one third of the officially designated migrant children in Florida are from "settled out" or formerly migrant families who have ceased migration and have presumably settled in Florida.

Migrant families who travel interstate typically move up the East Coast in what is called the Eastern Stream of migratory movement and work in one or perhaps two states during the summer months before returning to Florida. Some interstate families move up through the Midwest and are part of the Central Stream of migration.

The number of migrant families residing in Florida each year and the patterns of movement which they follow vary, and are affected by many factors including the conditions of crops, availability of work, changing agricultural patterns, and the availability of alternative work opportunities. One frost, for example, can have a dramatic impact upon the lives of migrant farmworkers. It is estimated that the three day frost of January 1984 eliminated \$23 million in farmworker wages. Over the past five years the number of migrant children in the state has decreased significantly from 65,713 in 1981 to 56,244 in 1986.

Currently, migrant children typically arrive back in the state in the late summer and autumn. Although statewide, all migrant students account for only 4% of Florida's 1.5 million school children, the seasonal influx and departure of these families does make a considerable local impact in certain areas because migrant children families are concentrated in particular geographic areas where there is agricultural work. One indicator of this local impact can be seen by examining the number of currently migratory children in the most heavily migrant school district. For example, examining only the potential impact of current migrant students, there are five school districts where migrant children could account for between 19% and 53% of total school children. Those district are (in order):

<u>School District</u>	<u>Percent of current migrant school age children/total enrollment</u>
Hardee	53.4
Collier	33.9
Hendry	23.0
Highlands	19.9
Okeechobee	19.4

Ethnicity of Migrant Children

Migrant children are not a homogeneous group with respect to ethnicity, although migrant children are, overwhelmingly, members of some ethnic minority group. In Florida, the best available statistics show that 55% of migrant children are Hispanic (Mexican or Puerto Rican), 32% are Black (American Black or Haitian), 12% are White and .8% are Asian (Vietnamese, Laotian, or Cambodian). For many migrant families, English is the second language and for some families English may not be spoken at all.

The minority status of most migrant children adds an additional potential stressor to their lives. In a sense, they are a minority within a minority, bearing both their "migrant" and "ethnic" identities simultaneously. They are "outsiders" on two levels and are often treated that way by the communities in which they reside.

Age Distribution

A general breakdown of the migrant child population shows that 19% are four years or younger, 78% are 5-17 years, and 3% are 18 or older.

The Incidence of Abuse and Neglect in Florida's Migrant Population

According to the best available data, migrant children are clearly a population at high risk for maltreatment, bearing an incidence rate approximately two and one half times higher than other children in Florida. This incidence study was conducted by searching the HRS Client Information System for the names for 3,429 randomly sampled migrant children residing in Florida for some part of 1983 to determine the number involved in substantiated cases of abuse or neglect. Physical neglect was found to be the most frequently occurring form of maltreatment, comprising 66% of the substantiated incidents. Physical abuse was the next most frequent form of maltreatment accounting for 18% of the incidents with sexual abuse accounting for 10% of the incidents.

At least one member of the victim's immediate family was the perpetrator in 85% of the confirmed reports. Mothers were deemed responsible in over 50% of the cases except for sexual abuse incidents where fathers, step-fathers, and paramours were responsible in 54% of all confirmed reports.

This pattern of findings resembles maltreatment statistics for the general population except for the higher incidence rates. Those higher incidence rates are assumed to be related to the very difficult circumstances which migrant families face and the limited sources of support available to them. However, one must not ignore the impact of maltreatment upon children, whatever its cause.

Why is the Migrant Child at Risk?

The migrant population in Florida, like the migrant population throughout the nation, is confronted by a wide array of stressful life conditions. Many of these conditions such as inadequate, crowded, and primitive housing, poor sanitation, and inadequate or poor nutrition, are rooted in extreme poverty. Consider these statistics:

- o Babies born to migrant workers suffer 25% higher infant mortality.
- o Farmworkers average life expectancy is 49 years compared to the national average of 73 years.
- o Median income for a migrant family of six is \$3,900.

As illustrated by these statistics, migrant families represent one of the most disadvantaged segments of American society. Their lives typically include many of the factors researchers have linked to the occurrence of child abuse and neglect including poverty, social isolation, unemployment, very poor living conditions, and little hope that the future will be brighter for them. In addition, there is the constant mobility and the physical toll of long days of extremely hard physical work harvesting this nation's crops.

Exacerbating these very difficult circumstances are the negative attitudes held by many individuals towards migrant workers. American society does not assign any status to migrant labor though it results in food for our tables. Instead migrant families often face hostility or indifference.

Amidst these adverse life conditions, migrant parents live, work, and raise children. It is, therefore, not surprising that some parents are unable to cope with these stresses and that child maltreatment is the result.

Recommendations and Strategies for Prevention

The most crucial step toward reducing this high rate of maltreatment of migrant children is, quite simply, caring about these children. They are a powerless and often invisible segment of Florida's population. Rather than simply look at migrant children as a high risk population, however, it is more accurate to view migrant parents and their children as being a severely stressed group, with one tragic symptom of that stress being child abuse and neglect. For this population, then, a truly comprehensive child abuse prevention plan would take aim at the adverse physical, social and economic conditions which confront these families on a daily basis. That sort of change is beyond the scope of this plan. Instead, avenues for supporting migrant families and providing assistance to them in coping with these many stresses will be recommended. It is hoped that by raising community awareness and support for these families, that some of the adverse conditions mentioned will begin to change and that on a more immediate basis, migrant families will benefit from improved services.

The implication of these concentrated pockets of migrant families is that migrant child abuse prevention must be a community-based effort. Though migrant families do reside throughout the state, there are clearly areas where migrants constitute such a small percentage of the population that targeting them as a special population is not an appropriate use of the limited prevention resources available although they should certainly have equal access to general prevention programs. However, in heavily migrant areas where these high risk families are concentrated, special efforts must be made to address this population's special needs. It is also these communities to which migrants make substantial economic contributions through

their labors in harvesting the crops and through their daily presence in the community. The migrant family is an integral part of these communities' economic well-being and should be recognized as such by community groups, rather than as "transient outsiders".

Agenda for District Child Abuse and Neglect Prevention Task Forces

1. Understanding the Local Migrant Population -

The first step that can be taken by each district task force is to evaluate the size and location of the migrant population in the district. Official statistics are gathered by migrant education. Additional information and assistance in working with migrant families can also be obtained by contacting one of the many agencies which work with migrant families such as the migrant head start center, migrant health center, rural legal assistance, Redlands Christian Migrant Association, or other agencies.

2. Migrant Representation on the Task Force -

If there is a considerable migrant population in the district, include at least one representative from an agency which serves migrant families and, whenever possible, a migrant parent on the task force. In areas where resettled families reside, migrant parents are present throughout the year. This will immediately provide a resource to the task force, may have a beneficial impact upon the community's attitude toward migrant families, and may improve migrant families' feelings of community acceptance. In some communities there is a migrant task force composed of representatives from all relevant agencies which should be informed of prevention programs.

3. Access to Services -

Investigate whether current prevention programs are being utilized by migrant families. If not, find out why. Possible barriers include language, cultural differences, fear, ignorance of the program, lack of transportation, program schedule which conflicts with farmworker's working hours. Once barriers are identified, try to overcome them. (See next section on Prevention with Migrant Families for more on this topic.) If this is not possible, consider a special program designed specifically for migrant families based upon recommendations from the migrant community. If there is a relatively small number of migrant families, a specially designed program will not be feasible; however, efforts should be made to do outreach with the families who are in the district and include them in ongoing programs.

Statewide Agenda

1. Increase Positive Community Awareness of Migrant Families

Efforts should be made to increase community acceptance of migrant families. Prejudices toward minority families and toward individuals doing migrant farmwork need to be combatted with information about the

contribution that the workers make to the local community. This can be done through posters or Public Service Announcements for the larger community. Within the schools there could be a class focused on Florida agriculture which highlights the contribution of farmworkers. Ignorance of cultural differences which often fuels prejudiced attitudes could be addressed with a program focused on "our different cultural heritages".

2. Day Care for Migrant Children

Migrant families in the state of Florida, like many other families, are experiencing a critical shortage of quality day care facilities. The need among migrant families is extreme because of the dangerous choices which the migrant parent faces without available day care facilities. Conditions in the migrant camp or dwelling are likely to contain numerous hazards to children, as do the fields with their pesticides, farm machinery, and irrigation ditches, all of which have caused the deaths of migrant are crucial for this population

3. Improved Interagency Coordination on Cases

Because migrant families are a special population, often from a different culture than the community in which they reside and possessing a wide array of needs, interagency cooperation is critical for developing an effective prevention strategy. Specialists in the prevention of child abuse must be in contact with individuals knowledgeable of migrant families and/or the culture and language of the families.

The district task force, child protection teams and agencies should facilitate interagency cooperation and coordination and assist in the development of interagency training on migrant families.

Basic information on prevention programs and on migrant families should be exchanged. A staff member from each relevant agency should be designated to act as liaison to other agencies regarding training and information exchanges on the topic of migrant child maltreatment.

The child protection teams in heavily migrant areas should either have a permanent migrant representative or be in contact with a migrant consultant for cases involving migrant children.

HRS units should work with local agencies serving migrant families and be informed by those agencies of the supportive services available for families. A survey conducted in August of 1986 showed that out of 155 HRS units responding (representing 58 different counties around the state):

- o 83 different HRS units would like to receive written information about migrant families including the topics of cultural differences, migrant lifestyle, and other agencies serving migrant families.
- o 83 units also would like to improve local interagency cooperation on cases involving migrant children.

o 67 units said it would be helpful to receive training on migrant families.

4. Amend the State Migrant Education Plan to include a component on child abuse prevention

Because migrant education is the statewide agency which deals with more migrant children than any other agency, it is important that child abuse prevention be included as a goal within its state plan, and that training, information dissemination, and interagency cooperation should be included as integral parts of migrant education's effort to improve the well-being of migrant children.

Child Abuse Prevention with Migrant Families: Issues for Service Providers

Designing and delivering child abuse prevention programs to migrant families requires an understanding of these families, their unique lifestyle, and the factors which may hinder delivering services to them and which may affect the effectiveness of programs. Some of these issues are unique to the migrant population and others are not. And because migrant families are not a homogeneous population, all of these issues do not pertain to every migrant family. Service providers should, therefore, examine the extent to which the factors described below come into play with the migrant families they aim to serve, as well as exploring other issues which may present obstacles to effective programs in their local community.

1. Cultural and Language Differences

The fact that many migrant families are ethnically different from the community in which they reside and from the staff of community agencies can cause numerous problems. Childrearing beliefs are heavily laden with culture specific values which may cause professionals to misinterpret some practices as maltreatment or, conversely, to ignore a case of maltreatment, dismissing it as a "cultural practice". It may also hamper the implementation of a prevention program because it conflicts with or offends families' belief systems or families' traditional manner of operating.

It is, therefore, imperative for the staff of the program to be informed about the childrearing practices of the culture as well as cultural attitudes toward "helping agencies" and the way families deal with problems. The need to receive this sort of information was expressed by local HRS staff in a recent survey.

The language barrier is, of course, another aspect of the cultural issue. Ideally, there will be at least one staff person or volunteer fluent in the language spoken by migrant families in the area. Publicity and informational materials will be available in that language. This is simply not feasible for all programs so that a translator will need to be identified. At a minimum, written materials on child abuse and parenting can be obtained from

other state or national programs and distributed.

2. Isolation of Families.

The geographic and social isolation of migrant families presents a significant obstacle to advertising and attracting migrant families to prevention programs, as well as actually getting services to families. Migrant families often live in geographically isolated areas; many reside in migrant camps further separating them from the community. Access to a telephone or transportation may be available on a limited basis or not at all.

Migrant families may, sometimes, contribute to their own isolation due to a mistrust or fear of "outsiders", or because of their undocumented status and fear of deportation. (It is important to note that migrant education and some other agencies do not require proof of citizenship for eligibility to receive services. Often, the child is a U.S. citizen by virtue of birth although parents are not.)

Within the migrant camp, the crew leader and camp owner may encourage isolation of families because of their fears that the undocumented status of workers or illegal camp conditions will be discovered and reported to authorities.

To gain access to migrant families in the community it is often helpful to locate a professional who works with migrant families and has gained their trust. This individual can provide invaluable insights regarding the families' view of agencies and how best to approach them. Migrant education, the health center which serves migrants, and migrant head start are all agencies which deal with migrant families on a regular basis. Publicity about prevention programs can also be distributed at these program sites. Providing transportation to prevention programs for migrant families, combining a prevention activity with another agency's program for families, or placing the prevention program site in easy proximity to families should all be considered as ways to "bridge the gap" between migrant families and services.

3. The Long Work Day of Migrant Parents (and Children)

Migrant workers often work long days, sun-up to sundown, which precludes attendance at programs scheduled during regular agency hours. Older children, too, may be working in the harvest. Even though a prevention program is scheduled for an evening after work, the very physically demanding nature of farmwork means that parents will be tired and reluctant to participate. After determining the most convenient time to hold a program, it is often useful to provide an extra incentive to motivate parents to attend; refreshments, free care for children, etc. can make a difference.

4. Mobility

The mobility of currently migratory families is clearly disruptive of long-term, continuous prevention programs. However, the mi-

gration of families is fairly predictable so that activities can be targeted to specific times of the year. In communities with a significant number of settled out families, mobility is no longer an obstacle though it may be more difficult to identify these families. The migratory patterns of intrastate families may be difficult to predict and, therefore, it may be most effective to work towards linking those families with existing services and not develop special efforts for them.

5. Community Attitudes, Prejudices, Apathy

The most insidious obstacles to the development and implementation of child abuse prevention programs for migrant families are the attitudes and prejudices of local community members and service providers who may feel that migrants are not "entitled" to services or who believe that serving migrant families will drain limited community resources. Apathy or indifference to migrant families may also be a problem since migrant families typically have no political power and may remain "invisible" unless proactive efforts call attention to their plight.

Concerned professionals will need to join forces to promote an appreciation for migrant families' contributions to the local economy and challenge negative attitudes with facts. This is certainly no easy task. It will be very beneficial if at least one influential community member is enlisted to lead this public relations activity, and who may reach others through personal contacts. Church groups are often receptive to undertaking activities on behalf of farmworkers and may take the lead once they, themselves, are informed about migrant families.

V. FLORIDA COMMITTEE FOR THE PREVENTION OF CHILD ABUSE

The Florida Committee for the Prevention of Child Abuse (FCPCA), a not-for-profit Florida Corporation since 1984, is an affiliate of the National Committee for Prevention of Child Abuse (NCPCA) and its nationwide network of chapters. Our mission is to prevent child abuse in all its forms.

GOALS

1. To provide a statewide umbrella organization for all child abuse prevention organizations, other child advocacy organizations, and concerned citizens; in order to
 - a. present a unified, statewide voice on public and private sector child abuse prevention policies and issues.
 - b. network successful prevention programs.
2. To increase public awareness statewide, so that everyone will know
 - a. the existence of the problem and its implications.
 - b. that child abuse can be prevented.
 - c. what individuals can do to make a difference.

OBJECTIVES FOR 1985-1986:

1. Build membership statewide in order to develop a unified constituency.
2. Identify and develop position papers on critical issues related to the prevention of child abuse and make these positions widely known, especially to key decision makers.
3. Use the NCPCA as a resource for exemplary prevention programs and make these readily and widely available.
4. Annually co-sponsor a statewide conference on prevention of child abuse.
5. Coordinate the dissemination and use in Florida of the NCPCA public awareness campaign.
6. Initiate a statewide "No Hitters Day" built around the many major league baseball teams that spring train in Florida.

VI. APPENDICES - DATA SECTION

"Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child neglect in its geographical area." Section 415.501(2)(b) 6.a., Florida Statutes

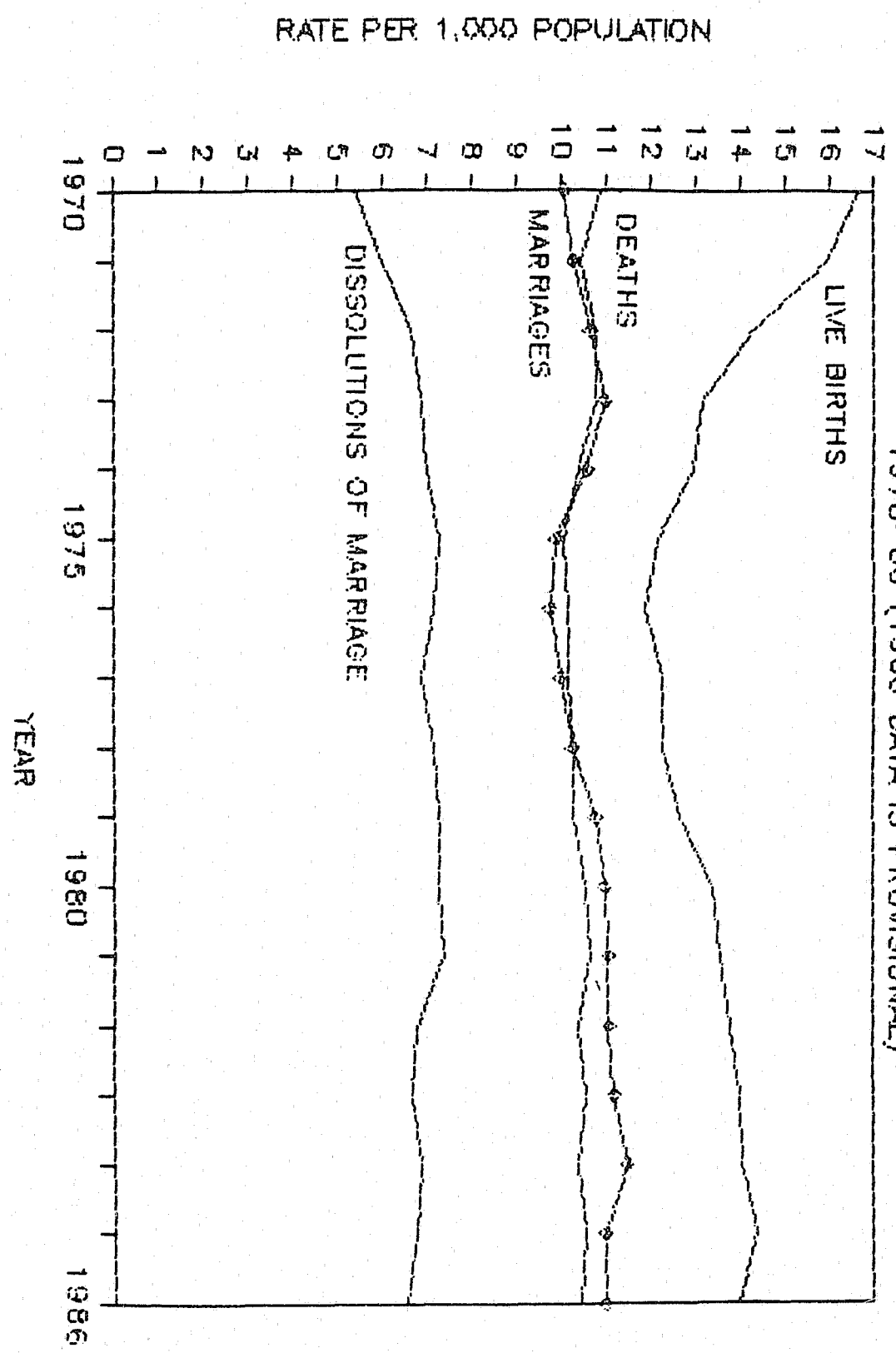
The data collected in this section documents the extent of the problems of child abuse and neglect through the reports and referrals made to the Department of Health and Rehabilitative Services. In addition, data has been provided on additional items which must be considered in relation to the abuse and neglect statistics. The charts include vital statistics, population at risk, birth rates, fetal and neonatal deaths, low birthweight baby rates, births to teen mothers, births to single mothers, IPO and RPICC Program data, child abuse and neglect referrals, Child Protection Team services and a brochure obtaining information about child abuse and neglect.

Some day, maybe, there will exist a well-informed, well-considered, and yet fervent public conviction that the most deadly of all possible sins is the mutilation of a child's spirit; for such mutilation undercuts the life principle of trust, without which every human act, may it feel ever so good and seem ever so right, is prone to perversion by destructive forms of conscientiousness.

ERIK ERIKSON
J. Am. Med. Assoc. (1972)

FLORIDA RATES FOR VITAL EVENTS

1970-86 (1986 DATA IS PROVISIONAL)



Office of Vital Statistics, Jacksonville, Florida.32231
 Volume VIII, No. 4. 4th Quarter 1986.

TABLE B(A)
 FLORIDA POPULATION ESTIMATES AND PROJECTIONS
 BY MRS DISTRICT
 AGES 0-17
 APRIL 1, 1985

10:58 TUESDAY, MARCH 31, 1987 23

 DISTRICT#7

COUNTY	BLACK POPULATION	NON-BLACK POPULATION	TOTAL POPULATION
BREVARD	10,105	66,462	76,567
ORANGE	30,692	108,268	138,950
OSCEOLA	1,461	16,099	19,560
SEMINOLE	7,399	53,692	61,090
DIS	49,048	246,541	295,587

 DISTRICT#8

COUNTY	BLACK POPULATION	NON-BLACK POPULATION	TOTAL POPULATION
CHARLOTTE	421	11,391	11,812
COLLIER	1,891	22,921	24,812
DESOTO	1,157	3,971	5,128
GLADES	394	1,522	1,916
HENDRY	1,444	5,962	7,426
LEE	7,503	47,182	54,685
SARASOTA	4,234	34,893	39,127
DIS	17,044	127,862	144,906

 DISTRICT#9

COUNTY	BLACK POPULATION	NON-BLACK POPULATION	TOTAL POPULATION
IND RIVER	2,425	13,005	15,430
MARTIN	1,821	13,624	15,445
OKEECHOSSEE	720	6,663	7,383
PALM BEACH	31,984	110,366	142,350
ST LUCIE	8,532	20,410	28,942
DIS	45,482	164,068	209,550

 DISTRICT#10

COUNTY	BLACK POPULATION	NON-BLACK POPULATION	TOTAL POPULATION
BROWARD	49,080	168,792	217,860

Client Information
 System Ad Hoc Report
 PDCYFD - Department
 of Health and
 Rehabilitative Services
 April 1987

16:58 TUESDAY, MARCH 31, 1987

FLORIDA POPULATION ESTIMATES AND PROJECTIONS
BY MRS DISTRICT
AGES 0-17
APRIL 1, 1985

DISTRICT 10

COUNTY	BLACK POPULATION	NON-BLACK POPULATION	TOTAL POPULATION
DADE	122,496	265,603	408,089
MONROE	935	11,581	12,496
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DIS	123,401	297,184	420,585
-----	-----	-----	-----
	541,045	2,012,232	2,554,177

Statewide

KEY INDICATORS OF MATERNAL AND INFANT HEALTH IN FLORIDA COUNTIES

FLORIDA COUNTIES	DIRTIES 1984	INFANT MORTALITY			LOW BIRTH WEIGHT			HOSPITAL WALK-INS		
		1985 0	1985 PER/1000	1982-85 rank	1985 0	1985 %	1982-84 %	1982-85 rank	1985 0	rank
STATE	163,732	1,356	11.34		12,342	7.54%	7.45%		8,472	
ALACHUA	2,350	31	12.13	30	171	6.69%	7.25%	31	39	7
BAKER	300	3	10.34	37	24	7.84%	7.35%	61	16	43
BAY	1,990	20	10.30	20	114	5.91%	6.39%	16	84	36
BRAZOS	331	7	21.13	64	28	7.25%	7.11%	33	3	9
BREVARD	4,704	46	9.70	15	286	6.04%	6.33%	14	209	30
BURNING	14,639	170	12.17	31	1,130	7.78%	7.74%	44	644	26
CALHOUN	141	0	0.00	99	4	2.84%	7.60%	23	2	0
CHARLOTTE	733	6	8.16	5	47	6.39%	5.86%	9	30	34
CITRUS	759	8	10.54	40	43	5.93%	6.21%	11	36	40
CLAY	1,337	12	8.93	10	60	5.96%	5.53%	6	38	19
COLLIER	1,641	17	10.23	16	120	7.22%	6.93%	20	54	32
COLUMBIA	670	6	8.93	19	51	7.61%	8.14%	51	18	16
DADE	20,280	287	10.15	20	2,236	7.03%	7.60%	42	650	12
DEKALB	130	3	14.29	63	37	10.37%	9.82%	67	4	3
DESSA	143	1	6.93	23	14	9.60%	6.22%	32	0	48
DUVAL	11,792	160	14.23	46	679	7.43%	7.86%	43	769	40
EGLENSIA	4,129	44	10.67	27	334	8.10%	6.93%	35	163	28
FLAMINGO	100	1	3.30	2	11	3.92%	6.50%	10	14	58
FRANKLIN	140	1	6.76	33	16	9.40%	7.47%	50	12	30
GADSDEN	747	8	10.71	60	63	8.70%	9.12%	03	30	39
GLADSTONE	103	1	9.20	3	10	9.20%	7.67%	60	2	10
GLAUCO	63	0	0.00	90	3	7.94%	9.03%	62	4	47
GULF	132	1	7.50	49	8	6.05%	4.75%	2	23	62
HAMILTON	173	2	11.43	10	16	9.16%	9.17%	64	29	61
HANDSFORD	381	7	18.37	53	24	6.30%	8.97%	37	22	46
HARRIS	323	3	9.32	31	30	7.20%	8.16%	47	23	37
HERNANDO	711	11	13.67	42	43	6.33%	6.86%	20	47	60
HIGHLANDS	664	16	26.32	62	60	5.83%	7.26%	20	16	13
HILLSBOROUGH	12,323	170	13.80	44	1,090	8.83%	8.23%	60	469	29
HOLMES	212	2	9.43	6	19	8.96%	4.53%	6	107	67
INDIAN RIVER	910	10	10.99	21	77	8.46%	7.81%	49	96	38
JACKSON	493	3	6.06	22	37	7.47%	6.28%	21	109	63
JEFFERSON	183	4	21.82	67	20	10.81%	8.92%	63	33	63
LAFAYETTE	46	0	0.00	65	2	4.35%	4.03%	1	1	11
LAKE	1,360	35	13.64	32	111	6.93%	8.13%	46	39	20
LEE	1,470	38	10.93	25	263	7.30%	7.28%	39	109	23
LEON	2,423	26	10.73	43	170	7.02%	6.33%	24	60	15
LEVY	316	6	18.99	45	27	8.54%	8.06%	52	10	24
LIBERTY	64	0	0.00	1	3	4.69%	6.50%	3	0	1
MADISON	201	1	10.68	61	20	7.12%	8.80%	38	87	66
MANATEE	2,364	27	11.42	33	174	7.36%	7.39%	40	85	27
MARICHA	2,297	20	11.32	41	161	7.01%	8.64%	34	62	17
MARTIN	938	8	9.39	11	59	6.29%	6.81%	25	91	37
MORRIS	958	8	8.35	4	64	6.68%	6.06%	13	23	14
NASSAU	608	3	8.22	47	42	6.91%	7.10%	30	17	10
ORALOGIA	2,243	22	9.81	12	137	6.11%	6.02%	10	111	41
OSCEOLA	447	6	13.42	17	35	7.83%	8.61%	39	31	30
OSWALD	4,343	103	11.14	34	743	8.06%	7.68%	43	1,441	60
OSWALD	1,180	10	8.47	39	70	5.93%	6.46%	18	97	34
PALM BEACH	10,024	104	10.30	36	799	7.97%	7.90%	48	932	36
PASCAGO	2,359	25	10.60	38	173	7.33%	6.54%	27	81	23

Sources: Vital Statistics, DMS, Jacksonville; Maternal and Child Health, DMS.
(February, 1987 - PREVENTION TASK FORCE)

KEY INDICATORS OF MATERNAL AND INFANT HEALTH IN FLORIDA COUNTIES

FLORIDA COUNTIES	BIRTHS 1983	INFANT MORTALITY			LOW BIRTH WEIGHT				HOSPITAL WALK-INS	
		1983 #	1983 PER/1000	1982-83 rank	1983 #	1983 %	1982-84 %	1982-85 rank	1983 #	rank
PINELLAS	8,844	89	10.06	28	638	7.44%	7.29%	38	353	31
POLE	5,627	74	13.15	43	443	7.87%	7.13%	36	170	22
POTNAM	861	13	15.10	54	63	7.55%	8.52%	56	158	64
SANTA ROSA	1,116	7	6.27	9	61	5.47%	5.95%	7	33	21
SARASOTA	2,477	29	11.71	35	130	5.23%	6.63%	15	89	26
SEMINOLE	3,182	26	8.17	8	212	6.66%	6.01%	12	17	3
ST JOHNS	939	7	7.45	7	67	7.14%	6.33%	21	19	35
ST LUCIE	1,907	24	12.59	60	160	8.39%	8.60%	61	167	55
SUMTER	340	2	5.88	58	28	8.24%	8.23%	55	10	20
SUWANNEE	346	6	17.34	56	25	7.23%	8.50%	52	24	51
TAYLOR	283	3	10.53	14	11	3.86%	7.07%	16	13	44
UNION	134	2	14.93	24	8	5.97%	7.62%	34	1	4
VOLUSIA	3,700	39	10.54	13	259	7.00%	7.44%	36	191	42
WAKULLA	160	1	6.25	57	9	5.63%	6.71%	20	2	6
WALTON	318	3	9.43	29	22	6.92%	5.67%	8	43	39
WASHINGTON	190	3	15.79	52	14	7.37%	4.73%	3	41	1

Sources: Vital Statistics, ERS, Jacksonville; Maternal and Child Health, ERS. (February, 1987 - PREVENTIVE TASK FORCE)

MATERNAL HEALTH - FLORIDA TERM PREGNANCY DATA

FLORIDA COUNTIES	BIRTHS 1983	BIRTHS TO TEEN <19			BIRTHS TO CHILDREN 15 YRS OR LESS		1982-84 AVERAGE	AVERAGE CHANGE
		0 1983	%	rank 1982-85	1983	1983		
STATE TOTAL	163,793	13,273	8.1%		2,077	1,263	109.00	
ALACHUA	2,353	210	8.9%	13	33	29	4.33	
BAKER	399	30	7.5%	43	5	4	0.67	
BAV	1,929	192	9.9%	25	29	19	10.00	
BREVARD	331	47	14.2%	50	7	6	1.00	
BROWARD	4,794	342	7.1%	8	6	39	18.00	
COLLIER	14,629	1,634	11.2%	3	3	130	20.33	
CALHOUN	141	17	12.1%	63	1	3	(4.00)	
CHARLOTTE	732	49	6.7%	1	3	3	(0.33)	
CITRUS	750	64	8.5%	29	18	7	3.60	
CLAY	1,327	99	7.4%	14	9	11	(2.33)	
COLLEGE	1,641	171	10.4%	23	23	17	4.00	
COLEMAN	678	91	13.3%	40	9	13	(4.33)	
DASH	28,323	2,144	7.6%	9	299	313	(10.67)	
DEKALB	130	49	37.7%	63	7	9	(2.00)	
DIXIE	146	24	16.4%	55	3	3	2.33	
DUVAL	11,793	1,273	10.8%	20	170	160	24.67	
DUSSON	4,126	363	8.8%	17	40	34	(3.67)	
FLORIDA	103	14	13.6%	16	16	2	(0.67)	
FRANKLIN	140	32	22.9%	67	6	6	6.00	
GADSDEN	747	120	16.1%	63	29	29	(2.00)	
GULF BAY	103	12	11.7%	23	3	1	1.67	
CLAYTON	63	15	23.8%	64	1	3	(1.67)	

*Source: Vital Statistics, ERS, Jacksonville

MATERNAL HEALTH - FLORIDA TEEN PREGNANCY DATA

FLORIDA COUNTIES	BIRTHS 1985	BIRTHS TO TEENS <19 # 1985	BIRTHS TO CHILDREN 15 YRS OR LESS				
			rate 1982-85	1985	1982-84 AVERAGE	AVERAGE CHANGE	
GULF	132	23	17.42%	63	1	3	(2.33)
HAMILTON	175	34	19.43%	58	4	2	2.00
HARDEE	303	56	18.48%	54	10	9	0.67
HERNAND	525	93	18.10%	61	17	11	6.33
HERNANDO	711	84	11.81%	31	16	0	6.33
HIGHLANDS	604	74	10.02%	39	13	13	0.33
HILLSBOROUGH	12,323	1,248	10.13%	27	122	156	(39.67)
INDIAN RIVER	212	30	14.15%	52	1	2	(1.33)
JACKSON	495	66	13.33%	33	8	6	1.67
JEFFERSON	105	35	18.92%	50	3	6	(1.60)
LAFAYETTE	46	6	13.04%	41	0	0	0.60
LAKE	1,598	183	11.50%	44	36	27	9.33
LEE	2,470	343	9.94%	20	44	30	6.00
LEON	1,425	170	7.02%	3	27	24	2.67
LEVY	316	37	11.71%	34	4	6	(1.67)
LIBERTY	64	6	9.38%	37	1	1	0.33
MADISON	281	54	19.22%	65	7	5	1.67
MANATEE	2,364	269	11.39%	36	37	37	0.00
MARION	2,297	258	11.23%	32	39	27	12.33
MARTIN	938	79	8.42%	15	8	9	(0.67)
MONROE	930	59	6.16%	2	7	6	1.00
NASSAU	603	58	9.34%	30	6	8	(1.67)
OKALOOSA	2,243	150	7.04%	6	12	16	(4.00)
OSCEOLA	447	63	14.09%	47	12	8	3.67
ORANGE	9,245	886	9.58%	21	134	131	2.67
OSCEOLA	1,180	107	9.07%	19	12	9	3.00
PALM BEACH	10,024	845	8.43%	13	121	128	(6.67)
PASCO	2,359	251	10.64%	23	22	26	(3.67)
PINELLAS	8,844	735	8.31%	11	96	83	11.00
POLK	5,627	757	13.45%	46	114	110	4.33
PUTNAM	661	127	14.75%	50	22	17	4.67
SANTA ROSA	1,116	100	8.96%	7	10	5	4.67
SARASOTA	2,477	174	7.02%	4	24	20	3.67
SEMIWOLE	3,182	266	8.36%	10	32	30	2.33
ST JOHNS	939	105	11.18%	24	10	10	0.00
ST LUCIE	1,907	229	12.01%	18	39	32	7.33
SUMTER	340	42	12.35%	57	5	8	(2.67)
SUNSHINE	346	37	10.69%	43	7	2	4.67
TAYLOR	283	47	16.49%	59	7	6	1.33
WALTON	134	15	11.19%	42	1	4	(2.67)
WOLUSIA	3,700	367	9.92%	18	45	41	4.00
WAKULLA	160	29	18.13%	40	8	4	4.00
WALTON	318	47	14.78%	45	8	4	4.33
WASHINGTON	190	25	13.16%	51	2	4	(2.33)

*Source: Vital Statistics, DSS, Jacksonville

VI-E. Maternal and Child Health Service Information

PRENATAL CARE - IPO and RPICC programs

Prevention begins with early detection of elements which hinder the promotion of human potential. An entry point to prevention is accessibility to appropriate obstetrical care. Studies prove that these services are necessary for the reduction of infant mortality and morbidity. HRS provides services to indigent and medically indigent pregnant women through the Improved Pregnancy Outcome (IPO) and Regional Perinatal Intensive Care Center (RPICC) programs.

The IPO program provides accessibility to appropriate prenatal care and post-partum services for indigent pregnant women. There are several outreach initiatives being implemented which are based on the philosophy of pay now or pay later, in terms of human potential and state dollars.

- o Operating through Florida's network of 67 County Public Health Units (CPHUS), the IPO program established an assessment tool for screening pregnant women for high risk factors associated with pre-term labor.
- o The IPO Program developed a self-screening test for high risk factor to target the pregnant population. This self-screening test is provided by CPHUS and is distributed to grocery stores, drug stores, local magazines, etc., where the target population will be able to obtain this needed information.
- o The IPO Program has been able to promote statewide media campaigns, including a statewide pregnancy hotline, in conjunction with the Healthy Mothers/Healthy Babies Coalition. Through the hotline, not only are individuals referred for care, but pregnancy calendars made available. These calendars outline, on a week-by-week basis, good health habits women should be aware of during pregnancy.
- o DOE, HRS (IPO Program), and the Florida Coalition of Childbirth Educators have designed an outreach maternal health education program for low income women. As a coordinated effort, at the state and local levels, childbirth classes are being initiated to serve all women regardless of their income.
- o Joint initiatives with the March of Dimes and private industry have begun to provide education to working women, at their workplace, on the importance of early prenatal care and ways to prevent pre-term labor.
- o The State Health Office sent surveys out to county commissions, county social service agencies and CPHUS requesting input about eligibility criteria for services to pregnant women.

- o As of February 1987, eight of ten selected CPHUs established social work projects designed to increase the proportion of first trimester enrollments in the IPO program. The CPHUs generally have not provided specific social work services to pregnant women. However, studies prove that if benefits of prenatal care are to be realized, the population of women who receive inadequate or no prenatal care must be approached from an individualized psychosocial aspect, which a social worker as advocate could provide.

The following data provides information pertaining to the IPO Program.

FLORIDA COUNTIES	IMPROVED PREGNANCY OUTCOME PROGRAM DATA				MEDICAID PARTICIPATING				FAMILY PLANNING			
	1969-66 ELIGIBLE		RANK	PRENATAL		NURSE -		PEDI-		NEED	I SERVED	RANK
	I	O TOT		CASE 1ST	OR BEDS	MIDWIVES	OR'S	ATRI-	CLAS			
SERVED	SERVED	TRIMESTER	per/1000									
STATE TOTAL	57,622	27679		22.32	11.43	200	107	382	442,733	40,692		
ALACHUA	53,202	643	28	30.82	0.43	14	6	4	14,429	23,742	64	
BANKS	74,112	29	51	0.92	0.23	0	1	0	869	50,032	41	
BAV	59,832	393	30	10.02	0.31	3	4	7	5,778	48,032	43	
BRADFORD	73,172	44	48	70.22	0	0	0	0	1,043	68,332	20	
BREVARD	64,502	336	36	12.32	0.19	1	19	7	9,641	73,032	17	
BROWARD	79,492	1473	45	15.52	0.12	10	14	25	33,203	41,692	53	
CALHOUN	63,002	20	37	71.02	0.42	0	0	0	493	53,942	36	
CHARLOTTE	39,072	107	17	25.02	0.17	0	2	2	1,134	60,762	29	
CITRUS	32,622	120	14	23.52	0.09	0	2	1	1,803	114,022	4	
CLAY	20,802	323	10	6.92	0.12	0	4	1	2,729	46,432	46	
COLLIER	65,222	106	50	35.52	0.11	1	2	4	3,577	30,502	62	
COLUMBIA	23,492	266	7	27.82	0.47	0	2	4	1,948	30,352	37	
DADE	33,852	7010	10	24.32	0.18	39	29	62	79,440	14,922	67	
DEKALB	50,132	67	33	25.02	0.33	0	2	0	1,122	64,172	26	
DIXIE	64,672	69	41	37.82	0	0	0	0	493	131,112	2	
DUVAL	57,602	1860	32	10.52	0.21	13	13	29	31,367	60,412	30	
EGONIA	13,112	1451	2	22.02	0.31	2	11	11	13,609	42,432	51	
FLORIDA	89,002	7	60	30.02	0	0	0	1	440	81,822	12	
FRANKLIN	47,172	20	24	40.02	0	0	0	0	306	67,502	22	
GADSDEN	29,602	335	5	11.02	0.22	0	2	1	3,219	50,572	35	
GILCHRIST	62,292	17	57	37.02	0	0	0	0	303	93,832	8	
GLADES	52,702	17	27	51.22	0	0	0	0	300	41,232	53	
GULF	29,002	60	6	37.02	0	0	1	0	523	64,672	24	
HAMILTON	13,192	79	3	85.72	0.22	0	0	0	523	43,032	30	
HARDY	73,972	62	50	34.92	0.33	2	0	0	1,367	53,202	37	
HERBERT	70,202	51	34	21.92	0	1	0	0	1,060	60,332	19	
HORRINGER	25,972	240	8	27.62	0.12	0	1	1	1,684	49,822	43	
HIGHLAND	89,462	39	61	21.92	0.14	11	2	2	3,212	61,372	28	
HILLSBOROUGH	96,942	140	60	30.62	0.26	1	17	44	32,797	36,062	59	
HOLMES	60,812	19	55	51.72	0	0	0	0	804	63,602	13	
INDIAN RIVER	63,622	120	30	5.32	0.34	1	5	3	2,102	46,152	47	
JACKSON	60,862	119	35	18.22	0.25	1	1	1	2,249	64,862	23	
JEFFERSON	42,352	54	19	32.02	0	0	0	0	671	74,522	15	
LAFAYETTE	91,162	3	62	60.02	0	0	0	0	264	48,062	44	
LAKE	61,842	156	36	32.32	0.18	0	3	4	4,171	96,462	10	
LEE	69,932	430	43	20.72	0.09	8	11	12	7,602	57,912	31	
LEON	35,632	777	18	20.92	0.31	5	18	15	12,745	23,302	63	
LEVY	93,272	14	64	38.42	0	0	0	0	1,060	113,192	5	
LIBERTY	12,122	29	1	33.02	0	0	0	0	187	93,722	7	
MADISON	71,642	38	46	40.62	0	2	0	1	1,060	41,572	34	
MANATEE	87,942	103	59	14.92	0.15	2	4	5	5,481	45,142	48	
MARION	66,082	403	39	30.02	0.08	4	5	4	7,088	68,202	21	
MARTIN	93,962	13	63	15.92	0.14	5	2	3	1,803	77,172	14	
MCNICHOLS	33,422	251	15	32.82	1.11	2	2	2	2,603	51,812	40	

Source: Health Office, HRS: Health Planning, HRS: Vital Statistics, Jacksonville.
(February, 1967 - PREVENTION TASK FORCE)

FLORIDA COUNTIES	IMPROVED PREGNANCY OUTCOME PROGRAM DATA			MEDICAID PARTICIPATING							
	1985-86 ELIGIBLE		RANK	PRENATAL		NURSE -		PEDI-		FAMILY PLANNING	
	X	# NOT SERVED		CARE 1ST TRIMESTER	OB BKDS per/1000	MIDWIVES	OB'S	ATRI-	CLANS #	HRSD	X SERVED
NASSAU	75.68%	54	53	27.6%	0.1	0	0	1	1,376	146.15%	1
OKALOOSA	29.30%	643	11	22.0%	0.39	3	6	5	5,844	50.43%	42
OKFECHEEBEE	70.43%	55	44	24.4%	0.32	1	0	2	1,200	71.17%	18
ORANGE	45.47%	1660	22	14.5%	0.25	6	19	27	24,356	17.26%	65
OSCEOLA	72.90%	100	47	11.5%	0.16	0	2	4	2,322	52.58%	39
PALM BEACH	52.24%	1631	26	8.3%	0.16	12	12	15	19,613	33.61%	61
PASCO	55.24%	525	29	30.7%	0.13	2	5	4	6,746	112.13%	6
PINELLAS	59.71%	1713	34	28.0%	0.12	32	19	34	23,080	17.01%	66
POLK	92.69%	190	63	14.8%	0.25	0	18	7	15,760	57.44%	32
PUTNAM	74.92%	234	52	35.0%	0.17	0	4	2	2,683	61.65%	27
SANTA ROSA	18.40%	337	4	24.0%	0.12	3	3	1	2,983	44.69%	49
SARASOTA	45.18%	529	21	28.8%	0.12	3	3	9	5,887	93.51%	9
SEMINOLE	42.83%	598	20	11.4%	0.07	2	10	6	7,088	37.05%	58
ST JOHN'S	67.30%	104	42	44.0%	0.25	0	1	2	2,884	42.37%	52
ST LUCIE	27.66%	497	9	26.0%	0.11	2	10	2	4,253	35.39%	60
SUMTER	73.17%	55	48	37.5%	0	0	0	0	1,310	85.19%	11
SUWANNEE	48.33%	108	25	85.0%	0.39	1	1	1	1,277	57.32%	33
TAYLOR	47.10%	73	23	21.3%	0	0	0	0	902	56.76%	34
UNION	56.00%	33	31	40.9%	0	3	0	0	330	73.33%	16
VOLUSIA	98.80%	16	67	41.3%	0.21	0	7	4	11,974	19.03%	56
WAKULLA	30.00%	77	12	34.2%	0	0	0	0	616	52.60%	38
WALTON	66.36%	37	40	29.0%	0	0	0	0	1,167	64.18%	25
WASHINGTON	31.86%	77	13	15.4%	0.26	0	0	0	847	115.82%	3

Source: Health Office, HRS: Health Planning, HRS: Vital Statistics, Jacksonville.
(February, 1987 - PREVENTION TASK FORCE)

IMPROVED PREGNANCY OUTCOME PROGRAM

CALENDAR YEAR 1986
(JANUARY 1, 1986 - DECEMBER 31, 1986)

DISTRICT	NEW CLIENTS BY TRIMESTER OF ENTRY						CLIENT OUTCOME			
	1ST	2ND	3RD	MEDICAID	NON-MEDICAID	TOTAL CLIENTS	PTL HIGH RISK	CAESAREAN	LOW	INFANTS DELIVERED
Escambia	57	158	17	0	232	232	42	12	6	166
Okaloosa	112	144	69	49	276	325	66	31	4	149
Santa Rosa	18	61	19	0	98	98	0	14	2	58
Walton	25	15	5	17	28	43	18	7	3	28
DISTRICT 1	212	378	118	66	634	780	134	64	15	481
Bay	68	338	138	92	476	528	112	103	48	386
Calhoun	31	22	18	43	28	63	13	3	0	11
Franklin	0	0	0	0	16	16	4	0	0	3
Gadsden	11	61	13	1	84	85	29	14	4	79
Gulf	5	0	2	3	12	15	3	0	0	9
Holmes	76	27	16	29	98	119	19	13	2	68
Jackson	68	71	43	32	142	174	16	45	14	134
Jefferson	14	27	9	22	18	48	0	3	0	31
Leon	85	209	26	39	281	320	98	44	23	223
Liberty	0	0	1	0	1	1	0	2	0	4
Madison	34	35	14	46	37	83	0	18	1	115
Taylor	23	26	17	36	38	66	0	18	0	62
Wakulla	28	18	5	29	14	43	3	2	0	18
Washington	0	14	7	2	27	29	5	4	0	15
DISTRICT 2	435	656	381	334	1248	1582	382	261	84	1272

PREPARED BY MATERNAL & CHILD HEALTH 25-Feb-87

IMPROVED PREGNANCY OUTCOME PROGRAM

CALENDAR YEAR 1986
(JANUARY 1, 1986 - DECEMBER 31, 1986)

DISTRICT	NEW CLIENTS BY TRIMESTER OF ENTRY						CLIENT OUTCOME			
	1ST	2ND	3RD	MEDICAID	NON-MEDICAID	TOTAL CLIENTS	PTL HIGH RISK	CAESAREAN	LBM	INFANTS DELIVERED
Alachua	344	272	121	254	493	737	86	108	48	538
Bradford	11	88	38	26	111	137	35	19	10	138
Citrus	37	81	57	31	144	175	8	13	3	184
Columbia	42	42	34	15	183	118	32	10	8	66
Dixie	54	37	10	11	99	181	24	14	3	98
Gilchrist	58	28	1	12	67	79	5	8	1	64
Hamilton	10	2	0	6	6	12	9	0	3	4
Hernando	38	47	24	73	28	181	6	18	7	88
Lafayette	21	9	3	3	38	33	9	6	1	17
Lake	187	373	145	122	583	785	103	82	25	414
Levy	75	98	28	44	149	193	52	36	10	163
Marion	317	383	185	232	573	883	248	132	59	679
Putnam	145	264	92	116	385	581	286	18	28	428
Suater	37	104	32	45	128	173	29	38	19	145
Suwannee	34	42	11	13	74	87	23	11	9	86
Union	41	3	4	6	42	48	13	5	0	44
DISTRICT J	1435	1865	785	1889	3815	4885	888	562	244	3848

CALENDAR YEAR 1986
(JANUARY 1, 1986 - DECEMBER 31, 1986)

DISTRICT	NEW CLIENTS BY TRIMESTER OF ENTRY						CLIENT OUTCOME			
	1ST	2ND	3RD	MEDICAID	NON-MEDICAID	TOTAL CLIENTS	PTL HIGH RISK	CAESAREAN	LBW	INFANTS DELIVERED
Baker	5	28	27	48	12	68	6	15	8	59
Clay	11	47	51	41	68	189	8	27	18	99
Duval	268	1321	1188	842	1855	2697	8	783	268	2797
Flagler	5	26	12	25	18	43	8	11	3	58
Nassau	35	79	32	67	79	146	16	34	10	138
St. Johns	43	181	77	128	94	221	12	46	6	219
Volusia	288	567	455	83	1139	1222	168	215	51	1844
DISTRICT 4	567	2169	1762	1234	3265	4498	284	1131	356	4486
Pasco	71	397	288	131	527	658	191	112	29	498
Pinellas	782	1412	649	468	2383	2763	659	418	178	2848
DISTRICT 5	773	1799	849	591	2838	3421	810	530	199	2356
Hardee	188	133	61	29	273	382	69	31	8	188
Highlands	97	195	88	72	388	372	124	59	18	268
Hillsborough	1554	1995	782	661	3678	4331	592	448	388	3736
Manatee	83	588	362	286	667	933	428	242	38	731
Polk	393	1476	549	469	1949	2418	739	482	228	2189
DISTRICT 6	2235	4387	1834	1517	6859	8376	1912	1262	664	7824

PREPARED BY MATERNAL & CHILD HEALTH 25-Feb-87

CALENDAR YEAR 1986
(JANUARY 1, 1986 - DECEMBER 31, 1986)

NEW CLIENTS BY TRIMESTER OF ENTRY							CLIENT OUTCOME			
DISTRICT	1ST	2ND	3RD	MEDICAID	NON-MEDICAID	TOTAL CLIENTS	PTL HIGH RISK	CAESAREAN	LBW	INFANTS DELIVERED
Brevard	131	536	388	1231	716	1847	288	169	62	987
Orange	282	821	571	722	510	1594	239	278	108	1291
Osceola	24	172	88	82	282	284	37	48	9	234
Seminole	186	248	115	185	284	469	136	82	23	413
DISTRICT 7	463	1777	1154	2228	1712	3394	692	569	202	2843
Charlotte	38	55	26	8	111	111	16	18	2	73
Collier	233	358	191	74	657	734	134	158	43	658
Desoto	22	42	34	23	79	98	43	6	6	59
Glades	13	9	8	4	18	22	2	1	2	12
Hendry	58	64	27	36	183	139	19	28	1	114
Lee	299	498	148	222	715	937	181	139	79	866
Sarasota	98	247	144	177	384	481	91	187	49	436
DISTRICT 8	745	1297	538	536	1983	2522	482	449	182	2218

PREPARED BY MATERNAL & CHILD HEALTH 25-Feb-87

CALENDAR YEAR 1986
(JANUARY 1, 1986 - DECEMBER 31, 1986)

DISTRICT	NEW CLIENTS BY TRIMESTER OF ENTRY						CLIENT OUTCOME			
	1ST	2ND	3RD	MEDICAID	NON-MEDICAID	TOTAL CLIENTS	PTL HIGH RISK	CAESAREAN	LOW	INFANTS DELIVERED
One	212	378	118	66	634	700	134	64	15	481
Two	435	856	301	334	1248	1582	382	261	84	1272
Three	1435	1865	703	1837	3915	4883	883	582	244	3849
Four	567	2169	1762	1234	3265	4498	284	1131	336	4486
Five	773	1799	849	591	2838	3421	810	530	199	2536
Six	2235	4387	1834	1517	6859	8376	1912	1262	664	7824
Seven	463	1777	1154	2228	1712	3394	692	569	282	2849
Eight	745	1257	539	536	1983	2522	482	449	182	2218
Nine	686	1323	1283	639	2562	3132	1122	492	228	2381
Ten	1187	1729	763	0	3681	3681	687	682	288	2984
Eleven	797	2327	583	492	3215	3787	684	593	148	3299
TOTAL	9375	19787	9796	8629	38864	38938	7837	6455	2610	32434

SOURCE: IMPROVED PREGNANCY OUTCOME QUARTERLY REPORTS FOR FY 1983-86 & 1986-87

PREPARED BY MATERNAL & CHILD HEALTH DIVISION 29-Feb-87

CALENDAR YEAR 1986
(JANUARY 1, 1986 - DECEMBER 31, 1986)

DISTRICT	NEW CLIENTS BY TRIMESTER OF ENTRY						CLIENT OUTCOME			
	1ST	2ND	3RD	MEDICAID	NON-MEDICAID	TOTAL CLIENTS	PTL HIGH RISK	CAESAREAN	LEM	INFANTS DELIVERED
Indian River	34	154	111	102	197	299	98	56	12	223
Martin	134	101	84	34	367	401	93	43	23	303
Okechobee	63	94	17	44	130	174	23	10	2	99
Palm Beach	191	733	951	358	1537	1899	879	377	186	1771
St. Lucie	164	141	38	92	271	343	31	6	3	29
DISTRICT 9	626	1323	1203	630	2902	3132	1122	492	228	2381
Broward	1107	1729	763	0	3491	3491	657	602	280	2784
DISTRICT 10	1107	1729	763	0	3491	3491	657	602	280	2784
Dade	747	2259	968	456	3114	3570	979	997	141	3212
Monroe	90	72	19	36	101	137	29	33	7	97
DISTRICT 11	797	2327	983	492	3219	3707	684	993	148	3279

PREPARED BY MATERNAL & CHILD 74 25-Feb-87

SOURCE: IMPROVED PREGNANCY OUTCOME QUARTERLY REPORTS FOR FY 1985-86 & 1986-87

RPICC Program: Obstetrical Component

The Obstetrical Component of the Regional Perinatal Intensive Care Centers (RPICC) Program is designed to provide comprehensive obstetrical services to pregnant women considered to have a medical condition which would adversely affect the normal pattern of pregnancy, labor, and/or delivery. The overall objective of the obstetrical component is to provide specialized prenatal care early and continuously in order to protect the lives and health of high risk pregnant women and their unborn babies.

It is preferred that high risk pregnant women deliver their infants at a RPICC, where a high level of expertise in both obstetrics and neonatology is available. This ensures the most favorable outcome possible for mother and newborn. Eight (8) of the ten (10) RPICCs provided high risk obstetrical services to eligible pregnant women.

The only valid grounds for refusal to admit a high risk pregnant woman to a RPICC are lack of functional bed space for the woman and/or expected neonate or lack of available transportation for the woman to the Center. A woman must meet medical and financial eligibility criteria in order for CMS-RPICC Program funds to be expended for her care.

1985-86 Obstetrical Data

During FY 1985-86, CMS Regional Perinatal Intensive Care Centers Program services were provided for 3,739 women with high risk pregnancies. 2,170, or 58% of these women were sponsored patients. This represents a 6% decrease in the number of pregnant women served over the preceding fiscal year. This decrease may be explained, in part, by the 42% increase in the number of women seen in their first trimester at the county health units. Early prenatal care and management of all factors contributing to mortality and morbidity may decrease the incidence of high risk pregnancies. Greater than 25% of the referrals to the RPICC Program are from county health units. An additional 999 women received medical evaluations at the RPICCs and were not medically eligible for RPICC Program services. This equals a total of 4,738 women who received obstetrical services under the RPICC Program. During FY 1985-86, 2,734 program patients were hospitalized, delivered and discharged. Of these pregnant women served, there were 2,803 live births.

The effects of RPICC Program prenatal care is looked at in terms of available statistics comparing neonatal outcome and whether RPICC Program prenatal care was utilized. Several interacting factors contribute to poor outcomes and no single causal relationship would be a valid explanation for the observed

difference in NICU utilization by newborns of Program patients. However, among the contributing factors, RPICC based prenatal care offers the advantages of access to highly specialized services during the prenatal period. It does appear that the 873 infants born to OB patients who entered the Program at delivery had poorer outcomes than the infants born to patients who received RPICC Program prenatal care. Of the 873 neonates, 502 (57%) went to NICU care, 23 (3%) to intermediate care, 305 (35%) to regular newborn care, 24 (3%) died, and 20 unknown. There were 2,021 neonates of women who received RPICC Program prenatal care. Of the 2,021 neonates, 459 (23%) went to NICU care, 202 (10%) to intermediate care, 1,291 (64%) to regular newborn care, 49 (2%) died, and 1% unknown.

Such descriptive statistics show a large difference in NICU utilization for infants from the two groups of high risk RPICC Program obstetrical patients. Based on the non-RPICC prenatal care patients' experience, it would have been expected that 1,152 (57%) of the infants born to high risk OB patients with prenatal care would have required NICU care. However, only 459 (23%) required NICU care. The provision of RPICC Program prenatal care contributed to 693 newborns not requiring NICU care. This means that these infants did not utilize 21,483 NICU and step down bed days (average stay of 31 days). The neonatal cost avoided by providing RPICC Program prenatal care can be estimated by multiplying the average total allowable cost per day for neonatal intensive care and step down care, \$558.54, times the number of bed days of the infants who did not require NICU care (21,483 bed days). Such an estimation does not include the cost of prenatal care or normal newborn care. However, a cost avoidance of as much as \$11,999,115 in hospital and physician charges associated with NICU services may be realized by providing RPICC Program prenatal care.

The average age of the RPICC Program OB patients at delivery was 25-26 years. Of the patients admitted to the Program during FY 1985-86, 2% were younger than 15 years old, 22% were 15-19 years, 68% were 20-35 years, and 8% were older than 35 years of age. The racial make-up of delivered women was 45% White, 46% Black, 8% Hispanic and less than 1% other or unknown. The average number of total pregnancies for each patient (gravida) was 2.5. One hundred sixty-five RPICC Program patients had 162 sets of twins and 3 sets of triplets. The RPICC Program OB patients had an average educational level of 11.10 years. Of the Program OB patients, 31% were married, 49% never married, 18% divorced or separated, and less than 1% widowed. An income level of \$4,000 or less per year was documented for 65% of the RPICC patients.

During fiscal year 1985-86, there were no RPICC Program obstetrical patient deaths.

A total of 1,913 delivered women, or 70%, entered the Program during their prenatal period. A total of 14,251 high risk

Obstetrical clinic visits were made by the 1,913 program women who received services prior to delivery. Each Program patient averaged 7.5 CMS high risk prenatal visits during the fiscal year.

In FY 1985-86 the average number of days of hospitalization for RPICC Program OB patients was 11.6 days. The average stay of 11.6 days includes hospital days during the antepartum, delivery, and the postpartum periods.

Of the 2,894 neonates born to RPICC Program mothers in FY 1985-86, 2,803 were live births. Of the 2,803 live births, 961 (34%) entered NICU care, 225 (8%) entered intermediate care, 21 (1%) died and 1,596 (57%) went to regular newborn care.

The investment in high risk prenatal care includes RPICC-based prenatal care, as well as outreach education, improved pregnancy outcome (IPO) programs, WIC, and other programs. The results of these investments are:

- reduced need for neonatal intensive care and step down beds
- reduced risk of neonatal disabilities/developmental delays
- increased chances for "normal" neonatal outcome
- reduced maternal morbidity and mortality rates.

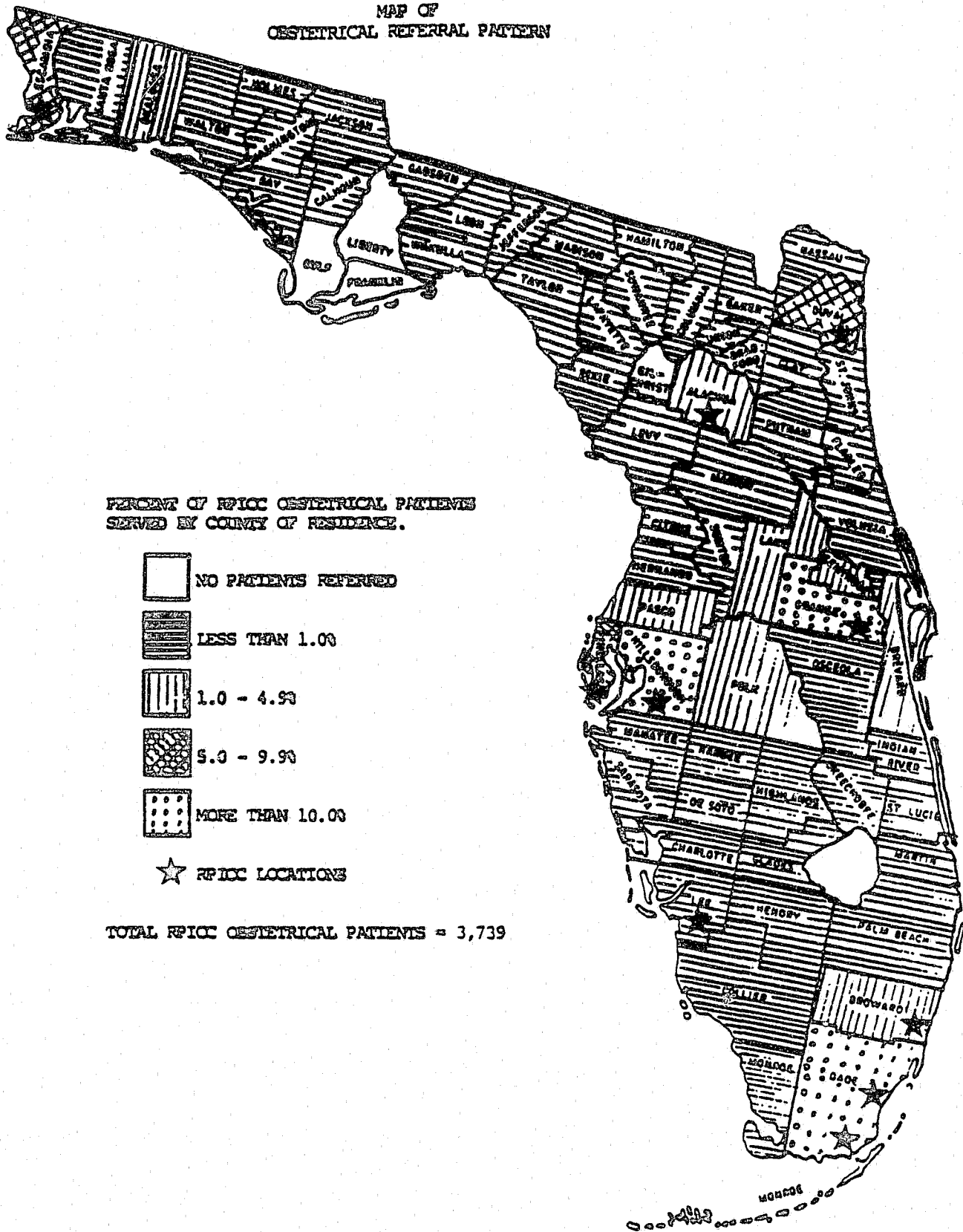
There are only 10 designated RPICC Programs throughout the state. There is a need for the development of Obstetrical Satellite Clinics to aid in making these services more geographically accessible to "high risk" pregnant women.

The following data provides information pertaining to the RPICC Program's, obstetrical component.

RPIC PROGRAM
Obstetrical Caseload
FY 1985-86

<u>Center Number</u>	<u>Center Name</u>	<u>Caseload</u>
5	Sacred Heart Hospital (Pensacola)	441
2	W. A. Shands Hospital (Gainesville)	266
3	University Hospital of Jacksonville (Jacksonville)	440
7	Bayfront Medical Center (St. Petersburg)	372
1	Tampa General Hospital (Tampa)	693
6	Orlando Regional Medical Center (Orlando)	751
10	Broward General Medical Center (Ft. Lauderdale)	176
4	Jackson Memorial Medical Center (Miami)	<u>600</u>
	TOTAL	3,739

MAP OF
OBSTETRICAL REFERRAL PATTERN



FY 05-06 STATEWIDE OBSTETRICAL REFERRAL PATTERN FOR WIC PROGRAM
 (County of Residence for WIC Program Patients Served)

County	1 TAMPA	2 GAINESVILLE	3 JACKSONVILLE	4 MIAMI (JACKSON)	5 PENNSACOLA	6 ORLANDO	7 ST. PETERS	15 FT. LAUDERDALE	ALL
Alachua		72					1	73	
Baker		1	7		4		4	16	
Bay				4	14			18	
Brevard		2						2	
Broward		2			53			57	
Calhoun				2			118	122	
Charlotte	3			1				4	
Citrus		27					2	29	
Clay		1	10					11	
Collier					2			2	
Columbia		0					1	1	
Dade				572		2		574	
Duval	1							1	
Dixie		13						13	
Duval			109					109	
Escambia					200			200	
Flagler			1			1		2	
Franklin								0	
Gadsden		2			2			4	
Gulf								0	
Hamilton		3						3	
Hardee	3							3	
Hendry		1						1	
Hernando	3	4			2		1	10	
Highlands	1							1	
Hillsborough	519				11			530	
Holmes		1		0				1	
Indian River		1			10		2	13	
Jackson		1		16				17	
Jefferson		2						2	
Lafayette		2						2	
Levy		26			19			45	
Leon		2		1			14	16	
Levy		11						11	
Liberty								0	
Madison		5						5	
Manatee	12	3			1			16	
Marion	1	32						33	
Martin							19	19	
Meades				4				4	
Monroe			14				1	15	
Okaloosa					64			64	

FY 85-86 STATEWIDE OBSTETRICAL REFERRAL PATTERN FOR RICC PROGRAM
 (County of Residence for RICC Program Patients Served)

County	1 TAMPA	2 GAINESVILLE	3 JACKSONVILLE	4 MIAMI (JACKSON)	5 PENSACOLA	6 ORLANDO	7 ST. PETERS	8 FT. LAUDERDALE	All
Osceola	1					2		1	6
Orange	1				473				474
Oceola					34				34
Palm Beach				1	1		2	10	14
Polk	22				1		15		40
Pinellas	1						327		329
Putnam	24					13		1	40
St. Johns		13	1						14
St. Lucie			17						17
Santa Rosa	1	1		1		4		5	12
Sarasota					10				10
Seminole	7								7
Sumter						48			48
Suwannee		7				1			3
Taylor		6							6
Union		3							3
Volusia		2							2
Wakulla	1	2				29			32
Walton						1			1
Washington					15				15
Other					5				5
Unknown	1								1
	31	3	10	16	9	47	5	1	207
TOTAL	693	266	440	600	441	751	172	176	3719

GROWTH AND POVERTY - GENERAL DATA ON FLORIDA'S PRESCHOOLERS

FLORIDA COUNTIES	ESTIMATED GROWTH - 0 TO 4 YEAR OLDS				0-4 YEAR OLDS & POVERTY IN 1970				ALL AGES IN 1979	
	0 IN 1960	0 IN 1970	% CHANGE	RANK	ABOVE POVERTY	BELOW POVERTY	% IN POVERTY	RANK	% TOTAL POVERTY	DIFFERENCE CHILD & TOTAL
STATE	570,224	790,704	38.67%		430,281	118,143	20.46%		17.36%	3.10%
ALACHUA	9,719	11,831	21.94%	31	7,274	2,272	23.09%	30	23.55%	0.25%
BAKER	1,370	1,116	-12.20%	1	975	277	22.12%	26	16.63%	5.49%
BAV	7,153	10,141	41.07%	46	5,323	1,674	23.76%	36	16.17%	7.53%
BRAUNFORD	1,441	1,440	-0.07%	12	1,163	330	23.46%	34	19.80%	3.66%
BREVARD	16,783	23,412	50.32%	38	12,161	2,360	16.20%	0	9.70%	6.50%
BROWARD	40,050	72,517	45.45%	49	41,840	7,230	14.74%	5	9.10%	5.64%
CALESON	713	671	-6.13%	7	523	204	27.07%	46	23.62%	4.19%
CHARLOTTE	3,071	3,570	72.02%	63	1,790	216	10.74%	2	0.91%	1.83%
CITUS	2,292	3,700	64.44%	61	1,660	460	22.46%	29	13.61%	8.87%
CLAY	4,903	7,002	42.81%	47	3,070	802	18.35%	16	9.99%	8.36%
COLLIER	4,933	6,947	30.36%	45	3,321	1,200	25.62%	40	13.62%	11.80%
COLUMBIA	2,950	3,111	6.18%	21	2,184	643	22.74%	31	19.67%	3.07%
DADE	94,531	129,502	32.82%	41	71,565	20,683	22.42%	20	15.05%	7.39%
DECOYA	1,220	1,202	5.00%	16	872	346	20.41%	48	21.08%	7.33%
DEKALB	540	570	5.46%	17	375	169	31.07%	55	25.16%	5.91%
DUVAL	43,170	51,412	19.07%	30	32,337	10,193	23.97%	30	15.84%	8.13%
DUKE	17,261	22,350	29.76%	39	12,315	4,646	27.39%	43	17.40%	9.99%
FLAGLER	613	1,001	72.32%	64	460	240	17.92%	63	15.40%	22.46%
FRANKLIN	500	510	-0.50%	4	362	207	46.02%	67	20.23%	18.67%
GADSDEN	3,900	4,171	15.93%	20	1,918	1,857	46.35%	60	32.64%	13.71%
GILCHRIST	384	467	10.33%	29	314	77	19.52%	19	19.26%	0.43%
GLADES	451	559	23.95%	34	207	143	33.26%	60	20.63%	12.20%
GULF	600	704	-3.00%	18	571	230	29.51%	54	21.20%	8.23%
HAMILTON	794	604	1.26%	14	563	220	28.64%	40	26.59%	2.05%
HANDY	1,663	1,404	-11.23%	3	1,000	533	32.92%	57	25.60%	7.12%
HENRY	1,636	1,092	15.65%	25	1,004	493	29.47%	53	21.31%	7.94%
HERRING	2,103	3,533	67.60%	63	1,303	560	27.66%	44	13.43%	14.03%
HIGHLANDS	2,684	3,266	23.12%	32	1,761	620	31.77%	50	18.82%	12.95%
HILLSBOROUGH	42,300	62,710	47.94%	51	32,601	8,786	21.19%	24	14.05%	7.14%
HOLMES	1,013	803	-12.02%	2	495	290	20.44%	52	12.70%	16.74%
INDIAN RIVER	3,261	4,716	43.74%	40	22,327	619	2.67%	1	12.30%	-9.63%
JACKSON	2,918	2,807	-3.54%	9	2,065	794	27.77%	45	23.11%	4.66%
JEFFERSON	924	1,033	11.60%	23	530	396	42.64%	65	20.35%	14.29%
LAFAYETTE	360	332	-7.70%	5	277	83	23.06%	32	21.36%	1.70%
LAKE	5,623	7,223	28.45%	37	4,342	1,237	22.17%	27	13.97%	8.20%
LEE	11,029	16,790	52.31%	55	8,641	2,176	20.12%	20	11.02%	9.10%
LEON	10,043	12,431	23.78%	33	7,549	2,312	23.45%	33	17.85%	5.60%
LEVY	1,339	1,547	15.53%	24	973	357	26.84%	42	20.77%	6.07%
LIBERTY	363	343	-5.51%	8	300	53	15.01%	6	22.11%	-7.10%
MADISON	1,179	1,247	5.77%	19	693	476	40.55%	64	30.21%	10.34%
MANATEE	7,702	9,759	26.71%	35	6,200	1,325	17.59%	14	11.03%	6.56%
MARION	7,418	11,115	49.84%	53	5,311	1,886	26.21%	41	17.89%	8.32%
MARTIN	3,081	4,937	60.89%	60	2,367	539	18.53%	17	11.08%	7.47%
MONROE	3,076	4,180	35.89%	43	2,360	614	20.59%	22	13.36%	7.23%
NASSAU	2,589	3,425	32.29%	40	2,213	204	11.37%	3	12.35%	-0.98%
OKALOOSA	8,424	11,657	38.38%	44	6,029	1,304	18.05%	15	10.95%	7.10%
OKFLOPHEE	1,602	1,794	6.66%	22	1,299	276	17.52%	13	17.54%	-0.02%
ORANGE	10,846	46,035	49.23%	52	23,632	6,351	21.18%	23	13.24%	7.94%
OSCEOLA	3,129	6,255	99.90%	67	2,359	511	18.64%	11	11.82%	4.82%
PALM BEACH	29,914	46,461	55.32%	56	24,165	4,745	16.41%	10	10.08%	6.33%
PASCO	8,289	11,014	33.02%	42	6,452	1,549	19.36%	18	10.86%	8.50%

* Sources: Governor's office; Vital Statistics, HRS Jacksonville; 1979 Census (FEBRUARY 1987, PREVENTION TASK FORCE)

GROWTH AND POVERTY - GENERAL DATA ON FLORIDA'S PRESCHOOLERS

FLORIDA COUNTIES	ESTIMATED GROWTH - 0 TO 4 YEAR OLDS				0-4 YEAR OLDS & POVERTY IN 1979				ALL AGES IN 1979	
	# IN 1966	# IN 1990	% CHANGE	RANK	ABOVE POVERTY	BELOW POVERTY	% IN POVERTY	RANK	% TOTAL POVERTY	DIFFERENCE CHILD & TOTAL
PINKELLAS	30,743	45,341	47.48%	50	24,618	5,125	17.23%	12	9.39%	7.84%
FOLK	21,192	27,184	28.27%	36	16,512	4,185	20.22%	21	14.58%	5.64%
PUTNAM	3,570	3,604	0.95%	13	2,357	1,173	33.23%	59	21.31%	11.92%
SANTA ROSA	4,332	5,114	18.05%	28	3,325	905	21.39%	25	16.23%	5.16%
SARASOTA	7,734	12,310	59.17%	59	6,376	1,164	15.44%	7	9.11%	6.33%
SEMIWOLE	11,612	19,120	64.66%	62	9,780	1,610	14.14%	4	4.82%	9.32%
ST. JOHN	3,068	5,812	89.44%	66	2,309	720	23.77%	37	15.59%	8.18%
ST. LUCIE	6,082	9,138	50.25%	54	4,161	1,715	29.19%	31	17.14%	12.05%
SUMNER	1,468	1,553	5.79%	20	1,054	326	23.62%	35	20.57%	1.05%
SUWANNEE	1,759	1,717	-2.39%	11	1,161	577	33.20%	58	23.91%	9.29%
TAYLOR	1,283	1,202	-6.31%	6	771	464	37.57%	62	22.24%	15.33%
UNION	581	604	3.96%	15	477	93	16.32%	9	17.18%	-0.86%
VOLUSIA	12,804	20,166	57.50%	57	9,753	2,865	22.71%	30	14.06%	8.65%
WAKULLA	896	1,159	29.35%	38	639	257	28.68%	50	18.14%	10.54%
WALTON	1,383	1,624	17.43%	27	984	387	28.23%	47	22.97%	5.26%
WASHINGTON	972	1,028	5.76%	18	644	341	34.62%	61	24.97%	9.65%

* Sources: Governor's office; Vital Statistics, HRS Jacksonville; 1979 Census (FEBRUARY 1987, PREVENTION TASK FORCE)

CHILDREN INVOLVED IN INDICATED
REPORTS OF CHILD ABUSE AND NEGLECT

COUNTIES	1969	1962	1963	1964	1965	TOTAL	RANK AS % OF POPULATION
STATE	45152	56440	61691	80018	75093		
ALACHUA	1179	1296	1357	2123	2298	6318	42
BAKER	15	89	83	121	82	395	9
BAV	483	639	782	1287	1259	4450	34
BRADFORD	407	464	458	621	343	2285	62
BREVARD	1073	1395	1631	2471	2704	9274	24
BROWARD	2000	3116	3514	5037	5064	18731	12
CALHOUN	74	92	66	79	42	353	28
CHARLOTTE	163	375	248	416	353	1698	30
CITUS	73	249	312	413	448	1507	22
CLAY	325	381	455	714	613	2485	17
COLLIER	487	333	103	333	616	1877	5
COLUMBIA	613	940	1300	1649	1496	5990	66
DADZ	2593	3380	4014	4750	4211	18267	2
DESOYA	123	122	199	104	36	686	25
DIXIE	66	66	51	130	157	470	48
DUVAL	4337	4969	5610	4930	5478	24744	13
ESCAMBIA	1512	1951	2183	2491	2839	10150	15
FLAGLER	38	51	64	22	8	209	3
FRANKLIN	47	61	43	168	175	566	21
GADSDEN	171	232	353	416	318	1717	29
GILCHRIST	59	127	70	139	121	524	57
GLADES	33	29	35	12	18	127	7
GULF	33	61	30	45	91	266	19
HAMILTON	127	139	593	395	197	1472	65
HARDEN	170	539	758	1168	689	3183	64

Source: Child Abuse Reports, Dept. of Health and Rehabilitative Svcs.

CHILDREN INVOLVED IN INDICATED
REPORTS OF CHILD ABUSE AND NEGLECT

COUNTIES	1960	1962	1963	1964	1965	TOTAL	RANK AS % OF POPULATION
HERNANDY	112	118	197	243	186	856	20
HERNANDO	432	427	481	679	519	2538	44
HIGHLANDS	330	493	420	1797	1533	4570	61
HILLSBOROUGH	4602	5999	6077	7471	6228	30457	37
HOLMES	296	409	395	483	431	2014	67
INDIAN RIVER	343	365	369	422	316	1815	23
JACKSON	347	443	512	831	652	2785	59
JEFFERSON	60	77	76	102	132	435	31
LAFAYETTE	26	51	43	31	75	226	40
LAKE	418	363	511	584	722	2598	15
LEE	1112	1494	2008	2184	1979	8771	36
LEON	610	884	910	703	360	3447	10
LEVY	167	188	253	334	371	1313	52
LIBERTY	46	118	96	40	32	332	53
MADISON	100	108	75	220	317	820	46
MANATEE	914	1173	1368	1673	1583	6711	41
MARION	618	416	629	624	1207	3494	14
MARTIN	214	243	266	373	579	1677	18
MONROE	228	310	382	396	355	1651	27
NASSAU	150	230	130	303	442	1255	21
OKALOOSA	624	785	874	1349	1253	4887	32
OKECHOOBEE	288	346	318	541	495	1988	34
ORANGE	2597	2887	3040	3841	2018	14303	16
OSCEOLA	697	986	893	574	463	3613	18
PALM BEACH	1470	2080	1839	2402	2517	10316	6
PASCO	920	818	904	1802	2121	6565	39
PINELLAS	2998	4435	5061	6348	5870	24712	43
POLK	2477	3036	3206	5477	5793	20009	50
PUTNAM	538	643	786	1054	875	3896	58
SANTA ROSA	555	1017	1370	1866	1311	6119	60
SARASOTA	188	398	502	800	944	2832	8
SEMINOLE	277	395	333	352	429	1786	1
ST. JOHN	146	206	223	328	334	1239	11
ST. LUCIE	915	814	1063	1853	1491	6136	45
SUMTER	223	198	330	506	346	1603	35
SUWANNEE	213	169	2	487	319	1420	47
TAYLOR	149	94	81	161	140	625	24
UNION	77	146	101	152	159	635	56
VOLUSIA	1706	1328	1094	785	381	5292	13
WAKULLA	56	40	89	67	13	265	4
WALTON	403	296	86	170	420	1375	49
WASHINGTON	239	264	332	367	359	1561	63

Source: Child Abuse Reports, Dept. of Health and Rehabilitative Svcs.

ABUSE AND NEGLECT REFERRALS- District by grouped reason

Received during 1986

	<u>PHYSICAL</u>	<u>SEXUAL</u>	<u>MENTAL</u>	<u>NEGLECT</u>	<u>SUM</u>
D1	1626	640	367	3954	6487
D2	1850	638	571	4860	7919
D3	2641	1415	789	6411	11256
D4	3823	1737	1164	9708	16432
D5	2298	854	244	5818	9214
D6	5438	1814	1162	12656	21070
D7	3260	1296	650	7026	12232
D8	1718	763	425	4748	7654
D9	1925	684	270	4845	7744
D10	3170	1229	669	8773	13841
D11	4892	1102	528	9027	15349
SUM	32641	12172	6839	77746	129398

Received during 1985

	<u>PHYSICAL</u>	<u>SEXUAL</u>	<u>MENTAL</u>	<u>NEGLECT</u>	<u>SUM</u>
D1	1566	575	341	4064	6546
D2	1894	792	832	5009	8527
D3	3486	1603	1573	9690	16352
D4	4694	1802	1190	14389	22075
D5	2705	1043	368	7016	11132
D6	5942	2011	1726	14052	23731
D7	3713	1521	1084	8195	14513
D8	1880	849	490	4401	7620
D9	2046	782	370	4849	8047
D10	2994	1064	546	6699	11303
D11	4774	1242	594	9583	16193
SUM	35694	13284	9114	87947	146039

Received during 1984

	<u>PHYSICAL</u>	<u>SEXUAL</u>	<u>MENTAL</u>	<u>NEGLECT</u>	<u>SUM</u>
D1	1458	436	375	3965	6234
D2	1489	670	641	4552	7352
D3	3051	1131	1518	8894	14594
D4	3520	1330	544	9191	14585
D5	2620	1001	327	6700	10648
D6	5604	1931	1780	13608	22923
D7	3368	1256	1138	7596	13358
D8	1827	678	564	4127	7196
D9	1748	569	385	3877	6579
D10	2504	878	365	5131	8878
D11	4158	1049	595	8285	14087
SUM	31347	10929	8232	75926	126434

ABUSE AND NEGLECT REFERRALS/UNDUPLICATED- District by grouped reason
Received during 1986

	<u>PHYSICAL</u>	<u>SEXUAL</u>	<u>MENTAL</u>	<u>NEGLECT</u>	<u>SUM</u>
D1	1306	570	260	2906	5042
D2	1517	560	392	3746	6215
D3	2214	1249	568	5148	9179
D4	3001	1519	752	7204	12476
D5	1966	792	162	5098	8018
D6	3758	1538	722	8823	14841
D7	2707	1176	446	5678	10007
D8	1398	694	287	3668	6047
D9	1643	637	217	3906	6403
D10	2029	929	376	5268	8602
D11	3217	890	342	6210	10659
SUM	24756	10554	4524	57655	97489

Received during 1985

	<u>PHYSICAL</u>	<u>SEXUAL</u>	<u>MENTAL</u>	<u>NEGLECT</u>	<u>SUM</u>
D1	1245	520	243	3194	5202
D2	1474	691	584	3820	6569
D3	2259	1195	963	6556	10973
D4	2676	1323	684	8073	12756
D5	2277	941	256	5938	9412
D6	3945	1684	1030	9733	16392
D7	3040	1358	753	6768	11919
D8	1552	735	353	3724	6364
D9	1760	719	280	3971	6730
D10	2204	896	380	4814	8294
D11	3353	1053	388	6385	11179
SUM	15785	11115	5914	62976	103790

Received during 1984

	<u>PHYSICAL</u>	<u>SEXUAL</u>	<u>MENTAL</u>	<u>NEGLECT</u>	<u>SUM</u>
D1	1182	389	273	3258	5102
D2	1293	598	463	3713	6067
D3	2038	903	682	6121	9944
D4	2810	1165	410	7118	11503
D5	2197	873	242	5719	9031
D6	3888	1655	1200	9419	16162
D7	2779	1141	886	6494	11300
D8	1459	577	389	3412	5837
D9	1568	523	307	3264	5662
D10	1944	787	243	3914	6888
D11	2895	856	374	5285	9410
SUM	14053	9437	5669	57717	96909

DEPENDENCY REPORTS AND REFERRALS: FY 1985-86

	REPORTS				REFERRALS					
	(1) Number Reports	(2) Percent Indicated	(3) Percent Unfounded	(4) Percent Unable to Locate	Number Abuse Re- ferrals	Number Abuse Clients	Number Neglect Re- ferrals	Number Neglect Clients	Number Status Offense Referrals	Number Status Offense Clients
<u>District 1</u>										
Escambia	2371	45.65	53.12	1.23						
Okaloosa	1304	57.69	38.59	3.72						
Santa Rosa	480	39.80	58.53	1.67						
Walton	394	67.22	31.44	1.34						
TOTAL	4549				2420	2059	3862	2624	645	541
<u>District 2</u>										
Bay	1362	51.13	43.83	5.04						
Calhoun	84	33.33	66.67	0.00						
Franklin	54	92.05	5.68	2.27						
Gadsden	539	56.82	42.68	0.50						
Gulf	137	31.97	66.39	1.64						
Holmes	414	61.08	36.76	2.16						
Jackson	791	49.67	48.84	1.49						
Jefferson	160	45.71	54.29	0.00						
Leon	737	56.51	42.54	0.95						
Liberty	92	36.84	55.26	1.89						
Madison	199	64.17	35.00	.83						
Taylor	198	51.28	47.44	1.28						
Wakulla	60	33.33	66.67	0.00						
Washington	377	50.25	47.74	2.01						
TOTAL	5204				3135	2525	5033	3357	749	628
<u>District 3</u>										
Alachua	2078	72.02	21.36	6.62						
Bradford	471	52.63	44.44	2.92						
Citrus	621	43.87	54.91	1.23						
Columbia	924	68.27	28.82	2.91						
Dixie	79	56.00	40.00	4.00						
Gilchrist	118	57.75	40.85	1.41						
Hamilton	202	60.91	36.36	2.73						
Hernando	768	60.17	36.27	3.56						

	REPORTS				REFERRALS					
	(1) Number Reports	(2) Percent Indicated	(3) Percent Unfounded	(4) Percent Unable to Locate	Number Abuse Re- ferrals	Number Abuse Clients	Number Neglect Re- ferrals	Number Neglect Clients	Number Status Offense Referrals	Number Status Offense Clients
Lafayette	48	66.67	26.67	6.67						
Lake	961	45.78	49.04	5.19						
Levy	431	59.11	37.25	3.64						
Marion	1803	53.56	43.69	2.75						
Putnam	870	70.50	28.30	1.20						
Sumter	373	63.07	34.09	2.84						
Suwannee	321	66.53	28.81	4.66						
Union	98	66.67	31.37	1.96						
<u>TOTAL</u>	<u>10166</u>				5356	4027	8267	5356	1529	1242
<u>District 4</u>										
Baker	108	21.62	78.38	0.00						
Clay	791	59.08	36.30	4.62						
Duval	6164	53.14	43.61	3.25						
Flagler	41	100.00	0.00	0.00						
Nassau	376	60.51	35.03	4.46						
St. Johns	925	66.02	30.11	3.87						
Volusia	867	63.29	34.81	1.90						
<u>TOTAL</u>	<u>9272</u>				6431	4865	11368	6544	2562	1650
<u>District 5</u>										
Pasco	2170	61.58	31.84	6.58						
Pinellas	7725	62.13	34.99	2.88						
<u>TOTAL</u>	<u>9895</u>				2890	2483	6035	4453	1740	1259
<u>District 6</u>										
Hardee	635	56.24	39.61	4.16						
Highlands	1220	59.49	39.40	1.11						
Hillsborough	5307	74.94	22.42	2.64						
Manatee	1217	65.21	31.22	3.57						
Polk	4234	70.78	25.08	4.14						
<u>TOTAL</u>	<u>12613</u>				8747	6318	12366	7742	4125	3016

	REPORTS				REFERRALS					
	(1) Number Reports	(2) Percent Indicated	(3) Percent Unfounded	(4) Percent Unable to Locate	Number Abuse Re- ferrals	Number Abuse Clients	Number Neglect Re- ferrals	Number Neglect Clients	Number Status Offense Referrals	Number Status Offense Clients
District 7										
Brevard	2451	63.91	33.91	2.18						
Orange	3437	47.63	46.78	5.59						
Osceola	777	58.38	39.45	2.17						
Seminole	1560	57.13	41.29	1.58						
TOTAL	8225				5365	4349	7145	5216	2475	1957
District 8										
Charlotte	234	50.00	48.66	1.34						
Collier	438	55.95	43.10	.95						
Desoto	78	22.32	73.21	4.46						
Glades	90	39.08	58.62	2.30						
Hendry	138	52.00	47.11	.89						
Lee	2609	55.81	42.08	2.10						
Sarasota	1305	63.01	34.82	2.17						
TOTAL	4892				2964	2452	4535	3216	759	618
District 9										
Indian River	361	49.16	48.60	2.23						
Martin	472	40.11	54.40	5.49						
Okeechobee	303	62.50	33.75	3.75						
Palm Beach	3323	55.63	40.08	4.29						
St. Lucie	936	37.01	55.94	9.06						
TOTAL	5395				2963	2512	4905	3506	1563	1265
District 10										
Broward	6161	44.90	46.16	8.94						
TOTAL	6161				4325	3306	6935	4494	895	761
District 11										
Dade	8170	54.77	36.08	9.16						
Monroe	307	53.54	44.78	1.68						
TOTAL	8477				6439	4502	8885	5727	1760	1509
STATEWIDE	84849	57.61	38.26	4.13	1035	39398	79336	52235	18802	14446

Columns (1), (2), (3), (4) Methodology:

The data in columns 1-4 was promulgated by manual daily counts of HRS Form 939 (Child Abuse Report Form) and HRS Form 940 (Child Abuse Investigative Report Form) which were received in the Central Abuse Registry. For each abuse report received by HRS, a HRS Form 939 and 940 were required to be registered in the Central Abuse Registry.

(1) The total number of HRS 939 Forms received for each county was considered the total number of reports for a given county.

(2), (3), (4) These percentages were calculated on the results of the investigations as indicated on the HRS 940 Form. Each Investigative Report form was classified by the local Intake Office as:

0 Indicated - meaning the report was classified as abuse or neglect, that there was some indication of abuse or neglect;

0 Unfounded - meaning the report was not a valid case of child abuse or neglect, that there was no indication that abuse or neglect had occurred; or

0 Unable to locate - meaning the family could not be located through the information in the report nor through a thorough search for the family by all other means available to locate the family.

The remaining columns are based on data from the HRS / Client Information System (CIS)

CHILD PROTECTION TEAM PROGRAM STATISTICS
July 1, 1985 - June 30, 1986

District/ Subdistrict	1A	1B	2A	2B	3	4A	4B	5	6A	6B	7A	7B	8A	8B	9	10	11	Total
Open Cases																		
Prior Yr	159	0	23	45	485	217	84	251	215	226	1159	700	109	820	154	750	357	5779
New Cases	700	411	337	360	943	872	257	1013	627	589	501	359	387	832	605	2222	815	11926
Total Served	867	411	360	813	1428	1089	341	1264	842	815	1740	1068	496	1660	759	2980	1172	17705
REFERRAL SOURCE (PERCENT)																		
Single Intake	63.6	80.3	65.3	61.1	79.3	50.9	50.8	53.3	30.1	82.2	57.0	57.7	65.4	65.7	76.9	65.7	35.1	61.3
Other HRS	.6		2.1	6.5	4.7	3.2	7.6	5.4	13.4	9.3		1.1	5.2	4.6	7.2	2.6	9.5	4.7
Law Enforcement	17.7	9.6	6.5	6.5	5.0	4.9	4.1	7.0	3.7	6.5	6.4	3.1	10.9	8.7	2.6	4.5	3.5	6.3
Private MD	3.7	3.2	2.1	11.7	2.4	1.9	3.0	3.8	1.1	.5	6.0	10.9	1.6	6.0	1.6	1.2	.4	3.0
Schools		.2		.5	.7	1.5	1.0	1.4	1.0		.5	1.1	2.6	.4	.7	.4	.4	.7
Hospitals	11.0	2.0	3.0	6.5	3.8	25.7	23.9	18.7	26.5	.5	17.7	4.7	.5	2.9	.7	8.0	30.5	11.5
Self Referral		.5	5.9	1.0	3.6	1.5	1.3	5.3			4.2	.3	4.9	.5		.3	2.7	1.6
Public Health	.1		1.2	.3	.1	.5	.5	2.4	4.9		1.1		2.6	1.2	1.2	.5	.5	1.0
Other	3.4	4.2	13.9	4.9	3.9	7.8	7.6	6.0	14.0	1.0	4.9	21.2	6.5	10.1	9.0	16.9	18.6	10.0
TYPE OF ABUSE (PERCENT)																		
Physical Abuse	22.3	31.9	22.0	26.2	12.5	18.5	19.8	26.3	24.6	16.9	32.7	20.6	26.4	24.0	22.6	33.5	25.3	24.7
Sexual Abuse	57.1	46.0	61.7	55.3	79.2	66.2	55.3	39.7	24.0	67.5	48.7	61.0	49.6	55.5	61.2	38.4	16.0	50.2
Physical Neglect	4.7	7.3	4.2	4.8	1.4	4.6	5.1	8.1	11.3	6.4	7.7	5.0	17.6	4.9	5.5	4.5	17.0	6.6
Medical Neglect	8.9	12.2	3.3	1.0	1.7	3.3	5.6	7.8	8.1	2.0	5.2	4.2	1.3	3.9	3.0	2.7	5.2	4.5
Failure to Thrive	2.1	.7	.3	1.0	.5	1.2	7.1	3.0	7.2	1.0	2.9	1.7		2.3	1.8	.9	.7	1.8
Emotional Abuse	1.3	1.7	4.7	1.6	2.3	2.3	3.6	4.6	3.5	3.9	1.0	.8	2.3	1.3	.9		3.0	2.0
High Risk	3.7	.2	3.9	10.2	2.4	4.0	3.6	10.6	21.2	2.2	1.7	6.7	2.8	7.3	5.1	26.8	32.7	10.2
SERVICES (UNITS)																		
Medical D&E	288	109	177	223	626	460	85	539	241	402	410	182	173	466	226	1035	297	5939
Psychol/Phychia D&E	109	61	97	75	40	149	65	228	160	156	14		88	31	74	47	93	1487
Multidisc Plan	108	22	40	17	114	938	11	10	445	41	341	30	115	102	10	111	61	2516
Team Staffing	77	17	9	39	38	43	41	138	139	55	86	12	115	75	91	48	61	1084
Depositions	51	5	8	21	180	46	3	35	8	10	90	15	22	49	9	59		531
Court Testimony	50	18	28	24	78	506	24	15	62	19	54	46	18	87	41	461	138	1669
Consultations	218	27	19	180	68	90	100	594	1180	49	376	123	363	351	343	80	217	4386
Nursing Assess	178	171			96	84	616		2					2				1149
Social Assess	284	159	244	164	618	945	164	104	125	12	352	159	166	251	246	923	440	5356
Training	122	10	25	43	40	485	36	32	181	104	80	34	199	48	60	37	175	1711
Total Services	1485	599	647	786	1722	3758	613	2311	2549	950	1803	601	1259	1460	1102	2801	1482	25828

Based on data provided by the HRS/Children's Medical Services Program Office.

PLEASE, MOM AND DAD...

MY HANDS ARE SMALL. I DON'T MEAN TO SPILL MY MILK.

MY LEGS ARE SHORT-PLEASE SLOW DOWN SO I CAN KEEP UP WITH YOU.

DON'T SLAP MY HANDS WHEN I TOUCH SOMETHING BRIGHT AND PRETTY - I DON'T UNDERSTAND.

PLEASE LOOK AT ME WHEN I TALK TO YOU - IT LETS ME KNOW YOU ARE REALLY LISTENING.

MY FEELINGS ARE TENDER-DON'T NAG ME ALL DAY-LET ME MAKE MISTAKES WITHOUT FEELING STUPID.

DON'T EXPECT THE BED I MAKE OR THE PICTURE I DRAW TO BE PERFECT - JUST LOVE ME FOR TRYING.

REMEMBER I AM A CHILD NOT A SMALL ADULT - SOMETIMES I DON'T UNDERSTAND WHAT YOU ARE SAYING.

I LOVE YOU SO MUCH - PLEASE LOVE ME JUST FOR BEING ME - NOT JUST FOR THE THINGS I CAN DO.



WHAT EVERY PARENT NEEDS TO KNOW...

...ABOUT CHILD ABUSE AND NEGLECT

Facts:

- In the United States, there are over one million cases of child abuse each year.
- Over two thousand children die each year from child abuse.
- Neglect is the major type of child abuse. But you don't hear much about it because the wounds and scars of neglect don't show like bruises and burns.
- Nine out of ten abusers are the children's own parents.
- Over half the time, the child's mother is the abuser.
- Experts believe that about one in four children will be sexually abused before they become adults. Most of them will be abused by someone they know, not a stranger.
- Eight out of ten criminals in prison were abused when they were children.
- Good news! Eight out of ten abusive families can be treated with satisfactory results.
- Better news! Child abuse and neglect can be prevented.

You Can Prevent Child Abuse

WHO ABUSES CHILDREN?

- **Parents.** Nine out of ten abused children are hurt by their own parents. Children suffer the pain. Parents suffer the shock and guilt of doing something they never dreamed they'd do.
Imagine how you'd feel. What would you say to your spouse? To your friends? To yourself?
- **Relatives and friends.** A large number of children are hurt by other relatives and friends of the family, people who are known and trusted by you and your children.
- **Strangers.** The smallest number of children are hurt by strangers. Although this category is the smallest, children must be protected against abuse by strangers.

You can turn your back and pretend it won't happen to you and your children.

Or you can learn how to prevent and detect child abuse.

Physical Abuse

Physical abuse is a nightmare. Cuts. Bruises. Welts. Burns. But the nightmare can be prevented.

Who Are Physical Abusers?

Parents. Just like you.

Nine out of ten abusers are normal individuals. Just like you. They are not crazy. And they love their children. But they frequently have grown up in an abusive home. So they raise their children the same way they were raised. Just like you do.

Parents usually hurt their children when life gets to be too much. They have too many pressures.

Parents reach a point where they don't know what to do. So they lash out. They hurt their children. Most often it is unintentional and parents regret hurting their children. They feel guilty. And they are afraid that it can happen again.

How You Can Prevent Physical Abuse

- Keep in mind how hard it is to be a parent. You have lots of worries.

- Learn to recognize when your worries and your children get to be too much.
- Have a plan of action for when you're frustrated. The easiest thing to do is to get away from your children. Get far enough away so you can't hit them.
- Calm down. Talk to someone: a friend, a relative, your minister. Let off steam. But don't hurt your children.
- Take time out. Don't take it out on your kid.
- Help is available. Throughout Florida there are services that offer support for families. The staff members of these agencies are trained and experienced in the kinds of problems that families have. Nothing you tell them will be a surprise. If the frustration level in your family is reaching a danger level, contact an agency in your area for help. If you don't know what agency to contact, call your community information and referral phone number. If your community doesn't have one, call the toll-free **Parents Helpline 1-800-FLA-LOVE (1-800-352-5683)**.

Emotional Abuse

"Have you hugged your kid today?"
"How do you show your children you love them?"
Simple questions. Tough answers.

What Is Emotional Abuse?

Emotional abuse happens when parents needlessly yell at their children, call them ugly names, or tell them how useless they are. These parents don't realize the damage they do when they yell, "Stupid! You can't do anything right! What good are you?"

How You Can Prevent Emotional Abuse

- Give your kids a big hug today and everyday! Tell them you love them!
- Don't make fun of your children. They don't under-

stand your teasing. Instead, praise them for a job well done. Encourage your children in their efforts.

- Let your children make some decisions for themselves. That's how they learn to make good choices. And it's a way to show you care about them.
- Talk to your children with kindness. That's how they learn to communicate with you and with others.
- Don't take it out on the kids when you have a bad day. Yelling only makes everyone feel worse.
- If you can't get along with your children, you may need help. Talk with a friend, other parents, your doctor, a counselor, the health department. You will be surprised to find how many people understand how difficult it is to handle the pressures of life and raise children, too. You will find people willing to listen and help.

Neglect

The most common type of child abuse is neglect. You don't hear much about it because the wounds and scars of neglect don't show like bruises and burns.

What Is Neglect?

Neglect happens when parents fail to provide a safe place for their children to live, play and grow up. Too many people think parenting comes naturally. They think they know all about taking care of children. But they don't. And they end up neglecting their children.

How You Can Prevent Neglect

- Learn how to care for your children. Ask your friends, other parents, your doctor. Or, go to the health department. Put what you learn to work.

- Don't leave your children alone.
- Make sure the things your children play with are safe. And make sure where they play is safe, too.
- Lock up poisons like bleach, cleansers, bug sprays, medicines and gasoline.
- Make sure your children have a chance to eat breakfast, lunch and dinner each day.
- Make sure your children are bathed each day.
- Make sure your children are dressed adequately for the weather.
- Give your children a quiet place to sleep.
- Get regular checkups for your children and get them to a doctor or the health department when they are ill or injured.

Sexual Abuse

Sexual abuse is something you'd probably rather not talk about. But you need to. Experts say that one in every four children will be sexually abused before they become adults. That one may be your child.

What Is Sexual Abuse?

Sexual abuse is not just rape. Any time an adult uses a child for sex, it is sexual abuse — sexual touching and kissing, fondling.

Both boys and girls can be victims of sexual abuse.

Who Are Sexual Abusers?

Strangers? Wrong.

Most sexual abusers are persons whom the children know. A father, another relative, a friend of the family, a babysitter, a neighbor.

Children are easy prey, easy to scare into doing something they don't want to do. And, unless parents teach them otherwise, children keep sexual abuse a secret.

How You Can Prevent Sexual Abuse

- Explain to your children that their bodies belong only to them. Teach them how to say "No!" to anyone who may try to touch them in any way that makes them feel uncomfortable or nervous. Give them examples of what to watch out for.
- Teach your children that some adults may try to hurt children and make them do things that they don't feel comfortable doing. Tell your children that sometimes these adults are strangers, but it may be someone they know, trust or love, like a relative, a babysitter, a neighbor, a teacher or even a policeman. Emphasize that most grown-ups never do this and that most adults are very concerned about protecting children from harm.
- Talk to your child every day and take time to really listen and observe. Learn as many details as you can about your children's activities and feelings. Look into things you aren't sure about.

- Ask your children about what happens when they are alone with adults, with the babysitter, with older children. Teach your children to speak up if something is troubling them.
- Don't punish your children for telling you about sexual abuse. Don't blame them. It's never their fault.

What Are The Signs of Sexual Abuse?

Children who may be too frightened or embarrassed to talk about sexual molestation may show a variety of physical and behavioral signals. Any or several of these signs may be significant. Parents should assume responsibility for noticing such symptoms including:

HOW YOUR CHILDREN/TEENAGERS ACT

- stay in their room;
- do not want to play with their friends;
- do not like themselves;
- start to make falling grades;
- afraid of the dark or of going to bed;
- running away;
- bed wetting;
- nightmares;
- loss of appetite;
- act much older than they are, like wearing too much makeup or grown-up clothes;
- irritable, short-tempered or cranky;
- hyperactive;
- depressed; or
- masturbates frequently and openly.

WHAT YOUR CHILD MIGHT SAY

- "I am afraid of Daddy."
- "I don't like Grandpa."
- "My teacher makes me feel funny."
- "My pee-pee hurts."
- "He's been messing with me."
- "I wish I was dead."

PHYSICAL SIGNS

- pain when using the bathroom.
- stomach aches and headaches.
- itching genitals.
- swelling or redness in the area of the crotch.
- vaginal or rectal bleeding.
- bruises in the vaginal or anal area.
- torn or stained underwear.
- vaginal infections.
- venereal diseases, or
- whitish or yellow discharge.

What To Do If You Think Your Child Has Been Sexually Abused

- Believe your child. A child rarely lies about sexual abuse.
- Comfort your child. Let your child know that you love him/her and that he/she is safe.
- Assure your child that it was not his/her fault
- Tell your child that telling you was the right thing to do.
- Keep calm; do not panic. Showing horror or disgust will only scare your child into silence.
- Let your child know that there are a lot of people who can help, like doctors, counselors and police.
- Report the suspected abuse to the police or to the Florida Department of Health and Rehabilitative Services.

What To Do If You Think Your Child Has Been Physically Abused By Someone Else

- Get medical attention for your child if it is needed.
- Report the suspected abuse to the police or to the Florida Department of Health and Rehabilitative Services.
- Comfort your child. Assure your child that you are there to protect him/her.
- Protect your child. Don't let the child return to the abuser's home or the place where you think the abuse occurred.
- Explain to your child that the investigators are there to help.
- Be there to support your child through whatever investigation takes place.

What To Do If You Have Abused Your Child

- You and your child need help.
- Get medical attention immediately for your child if it is needed.
- Talk with your child about what happened.
- Make arrangements right away to get help for yourself so that the abuse does not happen again. On the bottom of this brochure are some phone numbers that you can call to find help.
- Remember: What you did is wrong, but you are not a terrible person. You need help.

If you want to know where to get help and information on how to be a better parent, call the *Parents Anonymous Helpline* at

1-800-FLA-LOVE (1-800-352-5683)

If you want to report a suspected case of child abuse or neglect, call the *Abuse Registry* at

1-800-342-9152

or call your local Department of Health and Rehabilitative Services office.

12 alternatives to whacking your kid.

When the big and little problems of your everyday life pile up to the point where you feel like lashing out—stop. Take time out. Don't take it out on your kid. Try any or all of these simple alternatives—whatever works for you.

1. Stop in your tracks. Step back. Sit down.

2. Take five deep breaths. Inhale. Exhale. Slowly, slowly.

3. Count to 10. Better yet, 20. Or say the alphabet out loud.

4. Phone a friend. A relative. Even the weather.

5. Still mad? Punch a pillow. Or munch an apple.

6. Thumb through a magazine, book, newspaper, photo album.

7. Do some sit-ups.

8. Pick up a pencil and write down your thoughts.

9. Take a hot bath. Or a cold shower.

10. Lie down on the floor, or just put your feet up.

11. Put on your favorite record.

12. Water your plants.



For more parenting information, write:
National Committee for Prevention of Child Abuse
Box 2866, Chicago, IL 60690
Call toll-free, 1-800-FLA-LOVE (1-800-352-5683)



**Take time out.
Don't take it out on your kid.**

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