STATE OF FLORIDA

Office of the Governor

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December 31, 2009

To the People, Governor, Members of the Legislature, and Executive Department Heads of the State of Florida:

We are pleased to present to you this third Annual Report of the Governor's Office of Adoption and Child Protection. As directed in Subsection 39.001(7)(c)5 a-f, Florida Statutes, this report provides an update of the activities of the Governor's Office of Adoption and Child Protection, as well as a summary of data pertaining to adoption rates and the issue of child abuse and neglect in our state. Also included are recommendations by state agencies for the prevention of child abuse and neglect, the promotion of adoption and the support of adoptive families.

Very recently, the people of the State of Florida took notice of the lack of a comprehensive statewide approach and plan to keep our children out of the foster care system by preventing child abuse and neglect before it ever occurs in the first place, or safely placing them with a permanent family in a timely manner if reunification fails, and then supporting our adoptive families who have just committed to a life changing experience. The people realized that many of our state agencies find it very difficult to sustain a high priority on primary prevention and permanency efforts because department administrators frequently need to shift their employee's focus in response to crises and needs for intervention. To address this concern of the people, our legislature in 2007 created the Governor's Office of Adoption and Child Protection with the responsibility of agency oversight and establishing a clear focus and statewide direction among local child welfare agencies, pertinent stakeholders and the general public with regards to the prevention of child abuse and neglect, the promotion of adoption and the support of adoptive families.

The main objective of the Governor's Office of Adoption and Child Protection is to empower our communities and strengthen Florida's families before any abuse or neglect occurs so our children never have to experience foster care. If we fail to accomplish this, then our primary focus is to make certain that a child's time in our foster care system is as temporary as possible. With a sense of urgency, Florida's foster children must be safely placed with permanent families, either through safe reunification with their biological families or by placing them into loving, nurturing and supported adoptive

families. While we have few state resources with which to work, the Governor's Office of Adoption and Child Protection has been able to provide an array of tools and structures that is allowing our state to make considerable progress on behalf of our children. In other words, a functioning and effective system of addressing prevention and permanency has been configured by the Legislature that is effectively addressing child well-being in our state.

Embracing the vision that Florida's highest priority is that children in our state are raised in healthy, safe, stable and nurturing families, the Governor's Office of Adoption and Child Protection is assembling a state-wide five-year plan for prevention and permanency with the desired results to reduce child maltreatment before it occurs, increase timely adoptions and improve the permanency of adoption. Under the leadership and direction of Barbara Foster, Ph.D., our Deputy Chief Child Advocate, significant progress has been made over the last year with our legislatively mandated state five-year plan for prevention and permanency. Adhering to the outline of our 18-month statewide plan released last year, the Governor's 32-member Child Abuse Prevention and Permanency Advisory Council and its 12 workgroups, in collaboration with our 20 local planning teams comprised of over 600 individuals from across our state, are now crafting Florida's five-year plan on prevention and permanency that will be released July 1st of 2010. One major feature of our evolving plan is the incorporation of the five protective factors, as researched and developed by the Center for the Study of Social Policy, which are proven to reduce child maltreatment through strengthening families and empowering communities, thus improving child well-being. These protective factors can be readily embraced and incorporated cost effectively into already existing state and local efforts related to child well-being with potentially significant results.

The Governor's *Explore Adoption* marketing campaign highlights our children in state care, who are the hardest to place for adoption through a wide array of marketing materials. Concerted efforts are now underway to obtain new funding early next year in order to continue broadcasting this message and raise public awareness statewide regarding the benefits of foster care adoption. As a result of this campaign, we have seen a sustained increase in the number of inquiries to our adoption helpline (1-800-96-ADOPT). In addition, our interactive and user friendly *Explore Adoption* Web site (*www.AdoptFlorida.org*) is being visited by more and more people each and every month. The *Explore Adoption* marketing campaign has received numerous local, state and national awards including an Emmy Award from the Suncoast Chapter of the National Academy of Television Arts and Sciences. In addition and to complement our *Explore Adoption* endeavor, the Florida Association of Heart Galleries was created to unite Florida's 15 local Heart Galleries and enhance their efforts to recruit adoptive families through child-specific awareness.

For fiscal year 2008-2009, Florida achieved an all-time record of 3,777 finalized adoptions; over 100 more than the previous record breaking year. Since January of 2007, there are now almost 10,000 fewer children in out-of-home care as a result of the increased number of adoptions and, in large part, the Department of Children and

Families initiative to safely reduce the number of children in foster care through diversion services. Through the Increasing Adoptions Act of 2008, Florida was recognized as a leader nationwide and received almost $10 million from the Federal government in adoption bonus money from a total of $35 million that was disbursed nationwide. Our Governor has been very effective in raising the public's awareness of adopting our children from state care, and our Department of Children and Families has instilled a sense of urgency that permeates our adoption process. Ultimately, however, it is our community-based system of care and our lead agencies that have rallied the multitude of Floridians who have answered the call and opened their hearts and homes to our children in care.

Florida's Children and Youth Cabinet, which is administered from the Governor's Office of Adoption and Child Protection, has also made great strides this year with their Children and Youth Cabinet Information Sharing System (CYCISS), which will promote increased efficiency among state agencies and improved service delivery to our children and their families. This initiative is scheduled to be launched early next year at the Northwest Regional Data Center with the full participation of all eight state agencies represented on the Cabinet. This groundbreaking achievement is the result of the strong leadership of our Lieutenant Governor Kottkamp and the unprecedented cooperation and collaboration amongst the Cabinet agencies. Also, after much deliberation and discussion, the Cabinet has identified 13 child well-being indicators that will become the focus of our state in improving the lives of Florida's children and their families. Another project of the Cabinet that is steadily moving forward is the development of a Children's Budget. When completed, this budget matrix will be merged with the child well-being framework. As a result, efficiencies of service can be identified and taxpayer dollars can be better aligned to effectively support the healthy growth and development of Florida's children. The Children's Summit Workgroup also produced a Child Screening Report which will be a topic of discussion for the Cabinet in the upcoming year. When compared to other states that have fully funded and staffed Children's Cabinets, what we have accomplished in Florida with little staff and no funding is a testimony to our committed statewide partners who have given so much of their time and efforts.

In this past year the people of our state have been challenged by a rather poor economy, but despite this and other significant challenges in their lives, many Floridians have seen opportunity and seized it for the good of our children. The private initiative and passion for children around our great state is noticeable and their singular efforts, if they ever were to cease, would create a tremendous, if not overwhelming, burden on government. True passion can only be comprehended by people, not programs or institutions, and therein lays the dream of child well-being. Recently, Florida has progressed from a state-based system of care to one that engages our communities to embrace our children and ensure positive outcomes for their well-being. Our next noble venture, and no doubt our greatest challenge, will be to transition one final time into a more fundamental, family-based framework of care where Florida's families are enabled and empowered to do what they could and should do for their own children. These children will then have the unobstructed opportunity to reach their goals, live their dreams and realize their unique purpose in life. This is a challenge we are motivated to achieve because Florida's

families and their children deserve no less. Our task is daunting but not impossible. With the support and direction of the people of Florida, great things can and will be accomplished.

The staff members of the Governor's Office of Adoption and Child Protection are to be commended for all their hard work not only to produce this report, but also for their selfless efforts to help make Florida a better place for our families and children. To these staff members much was given and much was expected, and they exceeded all expectations. Our gratitude goes out to our Governor Charlie Crist for his leadership and dedication to and support of the vision that Florida is a place where families and their children can thrive. We also appreciate those citizens, Florida's taxpayers, who will take the time to review this report in order to more effectively participate in the decision-making process.

Sincerely,

Jim Kallinger
Chief Child Advocate

Office of Adoption and Child Protection

Annual Report 2009

Executive Office of the Governor

Annual Report 2009

Table of Contents

Part 1 – Office Activities

Governor's Office of Adoption and Child Protection

During the 2007 Legislative Session, HB 1309, sponsored by Representative Bill Galvano and Senator Ronda Storms, was approved and sent to the Executive Branch for signature. On June 12, 2007, Governor Charlie Crist signed into law the bill creating the Governor's Office of Adoption and Child Protection, effective July 1, 2007. The duties and responsibilities of the Governor's Office of Adoption and Child Protection are enshrined in Florida Statutes Chapter 39, entitled Proceedings Relating to Children. The Governor's Office of Adoption and Child Protection was created, within the Executive Office of the Governor, for the purpose of establishing a comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect. The Governor's Office of Adoption and Child Protection has a dedicated staff of four, including Jim Kallinger (Chief Child Advocate), Barbara Foster, Ph.D. (Deputy Chief Child Advocate), Jennifer Diaz (Special Projects Manager), and Christina Pacelle, MSW (Executive Program Support).

Child Abuse Prevention and Permanency Advisory Council

The Governor's Office of Adoption and Child Protection established a Child Abuse Prevention and Permanency Advisory Council comprised of thirty-two (32) child and family welfare experts gathered from across Florida. In order to better serve the people of Florida, the membership exceeds the minimum requirements for representation as set forth in Florida Statutes. The following table provides for the membership and the areas of representation on the Council as of December 2009.

AREA OF REPRESENTATION	COUNCIL MEMBER
1. Chairman/ Convener Executive Office of the Governor	**Jim Kallinger,** Chief Child Advocate and Director, Office of Adoption and Child Protection, Executive Office of the Governor
2. DCF – Department of Children and Families	**Pete Digre,** Assistant Secretary of Operations, Florida Department of Children and Families
3. DOC – Department of Corrections	**Bonnie Rogers,** Chief of Staff, Florida Department of Corrections
4. DOE – Department of Education	**Frances Haithcock, EdD,** Chancellor K-12, Florida Department of Education
5. DOH – Department of Health	**Michael "Mike" Haney, PhD, NCC, LMHC,** Division Director for Prevention and Intervention, Children's Medical Services, Florida Department of Health

AREA OF REPRESENTATION	COUNCIL MEMBER
6. DJJ – Department of Juvenile Justice	**Andy Hindman,** Assistant Secretary for Prevention and Victim Services, Florida Department of Juvenile Justice
7. DLE – Department of Law Enforcement	**Terry Thomas,** Special Agent, Crimes Against Children Unit, Florida Department of Law Enforcement
8. APD – Agency for Persons with Disabilities	**Mac McCoy,** Deputy Director of Operations, Agency for Persons with Disabilities
9. AWI – Agency for Workforce Innovation	**Barbara Griffin,** Deputy Director, Agency for Workforce Innovation
10. Parent with adopted child	**Cyndee Odom,** Consultant
11. Community mental health centers	**Leonel "Leo" Mesa, Jr., PsyD, LMHC,** President/CEO, Reflections Wellness Center
12. Guardian ad Litem programs	**Theresa Flury, JD,** Executive Director, Statewide Guardian ad Litem Office
13. School boards	**Georgia "Joy" Bowen,** President-elect, Florida School Boards Association
14. Local advocacy councils	**Ken Littlefield,** Executive Director, Statewide Advocacy Council
15. Child Abuse Prevention/ Office of Family Safety	**Johana Hatcher,** Prevention Manager, Department of Children and Families
16. Community-based care lead agencies: East Coast	**Patricia "Trish" Nellius-Guthrie, PhD,** CEO, Community Based Care of Brevard, Inc.
17. Private/ public programs with expertise in child abuse prevention programs	**Christie Ferris,** Director, Prevent Child Abuse Florida, Ounce of Prevention Fund of Florida
18. Private/ public programs with expertise in working with children/ families of children who are sexually, physically or emotionally abused, abandoned or neglected	**Andrea Raasch, LCSW,** Licensed Clinical Director, Camelot Community Care, Inc.
19. Private/ public programs with expertise in maternal and infant health care	**Donna Hagan,** Executive Director, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.
20. Multi-disciplinary child protection teams	**Mark Perlman, MA,** Founder and President, Center for Growth and Development
21. Child day care centers: Federal/State representation	**Lilli Copp,** Director, Head Start State Collaboration Office
22. Child day care centers: Early Childhood Association representation	**Suzanne Gellens, MS,** Executive Director, Early Childhood Association of Florida
23. Law enforcement agencies	**Major Connie Shingledecker,** Investigative Bureau Chief, Manatee County Sheriff's Office
24. Circuit Courts	**Judge Daniel Dawson,** Circuit Judge, Ninth Judicial Circuit

AREA OF REPRESENTATION	COUNCIL MEMBER
25. Governor's Office of Adoption and Child Protection	**Barbara Foster, PhD,** Deputy Chief Child Advocate and Director, Office of Adoption and Child Protection, Executive Office of the Governor
26. Child Advocacy/ Community Philanthropy	**Graciela "Graci" McGillicuddy,** Child Advocate and Community Philanthropist
27. Children's Advocacy Centers	**Julie Hurst, MPA,** Executive Director, Emerald Coast Children's Advocacy Center, Inc.
28. Community Alliances	**Marilyn "Bunny" Finney,** Brevard County Community Alliance
29. Local Children's Cabinet	**Nancy Crawford,** Executive Director, Kids House of Seminole, Inc., Children's Advocacy Center
30. Medical Doctor, University Researcher, Children's Services Council	**Peter A. Gorski, MD, MPA,** Director of Program Impact and Innovation, Children's Board of Hillsborough County Professor of Public Health, Pediatrics and Psychiatry, University of South Florida
31. State Court Administration	**Sandy Neidert, MSW,** Senior Court Operations Consultant**,** Office of the State Court Administrator**,** Office of Court Improvement, Florida State Courts
32. Florida Faith-Based and Community-Based Advisory Council	**Sheila Hopkins,** Associate Director for Social Concerns/ Respect Life**,** Florida Catholic Conference

The Advisory Council members have been charged with:

- Serving as a research arm for the Governor's Office of Adoption and Child Protection.

- Assisting in the development of a plan of action for better coordination and integration of the goals, activities and funding pertaining to the promotion of adoption and support of adoptive families and the prevention of child abuse, abandonment, and neglect in order to maximize staff and resources at the state level.

- Assisting in 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.

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

- Assisting in the examination of 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.

- Assisting in preparation of the state plan for submission to the Legislature and the Governor in June 2010.

The Advisory Council members have focused on the development of a solid proposal based upon the strengths of past planning efforts and on the current status of adoption, the current timeliness of the adoption process, the status of child maltreatment prevention in Florida and testimony and reports about successful programs operating in Florida and nationally. The Advisory Council created a basic format to be used by the twenty (20) circuits in the preparation of their five-year local plans of action and compiled a series of recommendations related to prevention of child maltreatment, encouraging child well-being, promoting adoption and supporting adoptive families. In 2010, each Advisory Council member will review first drafts of at least four of the local circuit plans (collectively reviewing all 20 circuit plans) and provide feedback to the local circuit planning teams based upon their reviews.

In January 2009, the Advisory Council began assisting with implementation and began monitoring the progress of the 18-month *Florida Child Abuse Prevention and Permanency Plan: January 2009 - June 2010*, reviewed the monitoring reports of the 20 circuit teams on implantation of their local plans, and assisted and monitored the cooperative planning teams on the implementation of the education and law enforcement cooperative plans. Additionally, the Advisory Council began developing the *Florida Child Abuse Prevention and Permanency Plan: June 2010 - June 2015* and provided guidance to the local planning teams in the development of the circuit prevention and permanency plans.

Additionally, the Advisory Council met in May 2009 to discuss the development of the five-year plan for prevention and permanency development. Local planning team instructions were reviewed, and topics and steps were discussed as directed by Subsection 39.001, Florida Statutes. Recommendations were given by the Advisory Council for final instructions to the local planning teams. Also, each of the Governor's Office of Adoption and Child Protection's twelve workgroups gave reports on the status of their work on the twenty recommended goals for the 18-month plan for prevention and permanency.

In February 2010, the Advisory Council will meet to review workgroup proposals and options for the state five-year plan for prevention and permanency and to set up for the review of the 20 local plans. Each Advisory Council member will personally review and provide feedback on the local plans pursuant to Subsection 39.001, Florida Statutes. The Advisory Council will finalize the development of the state five-year plan for prevention and permanency and will provide guidance to the local planning teams in the development of the circuit prevention and permanency plans. In May 2010, the Advisory Council will provide final input into the development of the state five-year plan for prevention and permanency. In July 2010, the Advisory Council will complete reviewing and monitoring the progress of the 18-month *Florida Child Abuse Prevention and Permanency Plan: January 2009 - June 2010* monitoring reports of the 20 circuit teams on implantation of their local plans.

Progress on the Ten Prevention and Permanency Goals in the _Florida Child Abuse Prevention and Permanency Plan: January 2009-June 2010_

This section provides descriptions about the work of nine (9) state level workgroups convened to accomplish the ten (10) prevention and permanency goals in the _Florida Child Abuse Prevention and Permanency Plan: January 2009 - June 2010_. The Governor's Office of Adoption and Child Protection provided the _Five-Year Local Planning Process Outline, V1.1_ to the local planning teams. The appendices in this planning process outline contain the recommendations from the nine state-level workgroups around the planning for and possible implementation of initiatives in alignment with the ten state goals for prevention and permanency. This outline is provided in Appendix 1. Thus, as you read about the efforts and accomplishments of the workgroups in this section, to see more detail, please refer to the outline contained in the appendices of this report.

Prevention Goal 1 – Family Strengthening Initiative: _By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a blueprint for a family strengthening initiative (i.e., Strengthening Families + multi-media materials and supports) in Florida over the five-year period from July 2010 through June 2015._

The workgroup was created to address the Family Strengthening Initiative and was charged with developing ways, if feasible to:

- Adopt and diffuse the Strengthening Families for Early Education and Care approach within the early education and care systems in Florida and branching into other systems (e.g., Workforce development) as appropriate.
- Develop training and support materials for the service delivery systems to use with staff and parents as appropriate.
- Design multimedia vehicles (e.g. print, electronic, and audio) for the initiative which supports the promotion of the protective factors.

Across the country, early care and education programs, child welfare departments, and others are using the Strengthening Families approach (developed by the Center for the Study of Social Policy with funding from the Doris Duke Foundation) to build five protective factors in families. The approach works by identifying and promoting protective factors that may serve as buffers for families that would otherwise be at risk for abuse and neglect. Protective factors help families become familiar with alternate resources, supports, and coping strategies that will allow them to parent more effectively under stress. Through this initiative, strategies of early child care and education programs would effectively build five protective factors known to prevent child abuse and neglect:

- **Parental resilience** – Parents who can cope with the stresses of everyday life, as well an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital

conflict, or domestic or community violence—and financial stressors such as unemployment, poverty, and homelessness—may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.

- **Social connections** – Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support. Research has shown that parents, who are isolated, with few social connections, are at higher risk for child abuse and neglect.

- **Knowledge of parenting and child development** – There is extensive research linking healthy child development to effective parenting. Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.

- **Concrete support in times of need** – Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

- **Social and emotional competence of children** – A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. A child's social and emotional development is highly dependent on the quality of a young child's primary relationships. How caregivers respond to children's emotional expression profoundly influences how they learn to process, understand, and cope with such feelings as anger, happiness, and sadness. Promoting positive behavior and responses in children could strengthen parent-child relationships. Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' protective factors with timely, effective help. This strategy for dealing with child abuse and neglect shows great promise because:

- The protective factors have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the protective factors can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.
- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.

Barbara Foster, Ph.D., Deputy Chief Child Advocate at the Executive Office of the Governor and Christie Ferris, Director of Prevent Child Abuse Florida at the Ounce of Prevention Fund of Florida serve as co-conveners of the Family Strengthening Initiative workgroup. Barbara Griffin, Deputy Director, Agency for Workforce Innovation serves as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members include:

- *Co-convener,* Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- *Co-convener,* Christie Ferris, Ounce of Prevention Fund of Florida and CAPP Advisory Council Member
- *Lead CAPP Representative,* Barbara Griffin, Agency for Workforce Innovation
- Ann Doyle, MA, MBA, Devereux Kids, Circuit 5 Community Based Care Lead Agency
- Ann K. Mullis, Ph.D., Florida State University, Department Family and Child Sciences
- Brittany Birken, Ph.D., Agency for Workforce Innovation, Office of Early Learning
- Bryan Lindert, Children's Services Council of Palm Beach County
- Christina Pacelle, MSW, Executive Office of the Governor
- Celeste Putnam, Florida State University, Center for Prevention and Early Intervention Policy
- Clint Rayner, Department of Children and Families, Substance Abuse/ Mental Health
- Cyndee Odom, Consultant, Adoptive Parent and CAPP Advisory Council Member
- Debby Russo, PMP, Department of Children and Families, Child Care Licensure
- Ed Peachey, WorkNet Pinellas
- Gail Kressal, Family Central, Palm Beach County
- Georgia "Joy" Bowen, ME, Florida School Board Association and CAPP Advisory Council Member
- Greg Allerelli, MS, Agency for Workforce Innovation
- Jackye Russell, Early Learning Coalition of Miami-Dade
- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Karen Brandi, Children's Services Council of Palm Beach County
- Karen Carpenter, Manatee County School District
- Lilli Copp, Head Start State Collaboration Office and CAPP Advisory Council Member

- Maria Negron, Healthy Start Coalition, Family Support and Resource Centers, Hillsborough County
- Marie Dinon, Ph.D., Consultant, Ft. Myers
- Martha Guzman, MSSA, Children's Board of Hillsborough County
- Michelle Craig, Agency for Workforce Innovation, Office of Early Learning
- Nancy Crawford, Kids House of Seminole, Inc.
- Nikki Martin, Children's Services Council of Palm Beach County
- Peggy Martin, Family Support and Resource Centers, Hillsborough County
- Rick Everitt, Panhandle Area Education Collaborative
- Rosana Resende, University of Florida, United Way Strengthening Families
- Suzanne Gellens, MS, Early Childhood Association of Florida and CAPP Advisory Council Member
- Thomas F. Logan, Ph.D., Early Learning Coalition of Florida's Gateway
- Vivian Blackmon-Taylor, MPA, Early Learning Coalition of Palm Beach County

The workgroup met via conference call February 27th, March 2nd, March 25th, April 27th, June 2nd, June 24th, September 18th, November 4th and November 30th. A team of 12 representatives from the workgroup participated in the October 2009 Strengthening Families Summit hosted by the Center for the Study of Social Policy. Also, a team of four representatives from the workgroup participated in the December 2009 PCAN (Prevention of Child Abuse and Neglect curriculum) pre-institute hosted by Zero to Three.

During 2009, the Family Strengthening Initiative workgroup developed recommendations for the local planning teams, identified the early education and care community as the population for which to begin the initiative, developed drafts of a five-year initiative and identified preliminary message delivery systems, strategies and tactics for delivery of training and technical assistance, and research-based information and materials that could be provided to identified strengthening families communities. Additionally, the Ounce of Prevention Fund of Florida hosted a Webinar for the June 24th meeting that provided information on the reframing research conducted by FrameWorks Institute and Prevent Child Abuse America. This research gave advocates information vital to effectively communicate prevention to the general public. The Webinar was presented to the workgroup, members of the local planning teams and the Child Abuse Prevention and Permanency Advisory Council.

In the course of developing recommendations for the local planning teams, the workgroup identified the following critical elements or components of the Family Strengthening Initiative (FSI) to consider as it will be rolled out between July 2010 and June 2015.

A. Focus on the five protective factors and seven program strategies.
   Protective Factors:
   1. Parental Emotional Resilience – attitude, creativity, ability to rise to challenges
   2. Social Connections – positive social ties to parents of their children's friends
   3. Knowledge of Parenting and Child Development – understanding child development and positive discipline
   4. Concrete Support in Times of Need – access to material resources
   5. Nurturing and Attachment (Social and Emotional Competence of Children) – dependent on quality of primary relationships
   Program Strategies:
   1. Facilitate friendships and mutual support
   2. Strengthen parenting knowledge and skills
   3. Respond to family crises
   4. Link families to services and opportunities
   5. Value and support parents
   6. Facilitate children's social and emotional development
   7. Observe and respond to early warning signs of abuse or neglect

B. Provide consistent messages reinforcing the five protective factors and seven program strategies across all programs.

C. Develop leadership teams which include arrays of stakeholders (e.g., professionals from early education and care, health, mental health, interfaith, workforce development, local business, peer professionals, and others that may later implement FSI) that reflect the communities to be served.

D. Use Florida's Family Strengthening Initiative Web-based resources (to be launched in 2011).

E. Support parents (especially men) as partners and leaders.

F. Build on infrastructures available nationally and in Florida (e.g., Florida Education Channel, Florida Knowledge Network, Florida agency Web sites, Florida Association of Partners in Education, Early Childhood Association of Florida, Strengthening Families, Center for the Study of Social Policy, etc.).

G. Identify local champion(s).

H. Embrace and ensure staff training and support.

I. Participate in statewide evaluation activities and efforts.

J. Identify local resources and supports necessary to sustain the initiative at the local level.

The workgroup also recommended that the State of Florida provide:

    A. Rationale and training on the strategic frame analysis research.

    B. Funding options for assisting with implementation.

    C. Instructional materials for use in training of staff members.

    D. High resolution/fidelity document and media files accessible for download from the Web for use with staff members and parents.

    E. Multimedia components.

    F. Web- and television-based training options.

    G. Evaluation supports.

Prevention Goal 2 – Whole Child Community: *By 30 June 2010, the State of Florida will have determined the feasibility of implementing the Whole Child Connection in selected areas of Florida or statewide. And, if found to be feasible, the State of Florida will have a proposal for making this happen in Florida over the five-year period from July 2010 through June 2015.*

The Whole Child philosophy is grounded in the notion that communities must address all six dimensions of children's well-being to raise healthy children. They are: physical and mental health, quality early education and development, social-emotional development, spiritual foundation and strength, safe and nurturing environment, and economic stability. Whole Child is not another program, but a philosophy that uses strategic planning, Web-based technology, performance measurement and broad-based community engagement to build communities where everyone works together to make sure children thrive.

Donna Hagan, Executive Director of the Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc. serves as the convener of the workgroup and as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members include:

- *Convener and Lead CAPP Representative,* Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.

- Andrea Raasch, LCSW, Camelot Community Care, Inc. and CAPP Advisory Council Member

- Angel Trejo, Heart Gallery of North Florida; Whole Child Community

- Beverly Auerbach, Children's Services Council of Palm Beach

- Carol Scoggins, MS, Department of Health

- Christina Pacelle, MSW, Executive Office of the Governor

- Ed Feaver, Lawton Chiles Foundation

- Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member

- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Julie Hurst, MPA, Emerald Coast Children's Advocacy and CAPP Advisory Council Member
- Ken Armstrong, United Way of the Big Bend
- Loranne Ausley, Lawton Chiles Foundation and former Member of the Children and Youth Cabinet of Florida
- Marilyn "Bunny" Finney, Brevard County Community Alliance and CAPP Advisory Council Member
- Michael "Mike" Haney Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member
- Micki Thompson, Florida Alliance of Information and Referral Services
- Robert H. Seemer, Electronic Training Solutions, Inc.
- Sharon Franklin, Florida State University Early Head Start
- Vivienne Treharne, BSN, RNC, Department of Health

The workgroup met via conference call on February 23rd, March 18th, September 24th, and November 4th. The workgroup was formed to represent, but not be limited to Child Abuse Permanency and Prevention Advisory Council members, representatives and representation from the Children and Youth Cabinet, Whole Child communities, the Judicial Information System project managers, 2-1-1 Network, the Lawton Chiles Foundation, and other key stakeholders and potential contributors. The workgroup prepared instructions for local planning teams to use in the development of their five-year plans for prevention and permanency as appropriate, and also distributed the Whole Child toolkit to all local planning teams. The workgroup also worked on creating a statewide five-year plan for the Whole Child Prevention goal to be submitted to the Governor's Office of Adoption and Child Protection. The focus of the workgroup during 2009 was to:

- Create the Whole Child Community workgroup.
- Identify and develop, if possible, the strategies and tactics for development of a Whole Child philosophy and/or Connection as a part of the deliberation and decision-making process for the Children and Youth Cabinet.
- Identify the state-level and local-level communities that will participate in the implementation of this initiative.
- Prepare and submit for the Child Abuse Prevention and Permanency Advisory Council review, draft recommendations for a five-year plan to implement this initiative.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.
- Design an impact evaluation to be implemented for this initiative.

Prevention Goal 3/Permanency Goal 2 – Faith-Based Prevention and Adoption: *By 30 June 2010, each circuit will have explored the feasibility, and if appropriate, have a blueprint for a faith-based prevention initiative to promote the five protective factors in families and a faith-based adoption initiative to promote adoption of foster children and to support adoptive families for implementation over the five-year period from July 2010 through June 2015.*

One of the most effective and dependable ways to serve and ensure that the needs of Florida's children are being met is to engage Florida's communities and empower Florida's families. The vision is to engage faith communities so that they can empower our families to prevent child abuse and neglect, promote adoption and support adoptive families. Initially there were two workgroups – one for prevention and one for permanency. In order to ensure a unified message and effort, the faith-based prevention (see Prevention Goal 3) and faith-based adoption (see Permanency Goal 2) workgroups were combined and the Faith Based Initiative for Prevention and Permanency was established.

Patricia Nellius-Guthrie, Ph.D., Executive Director of the Community Based Care of Brevard County and Jim Kallinger, Chief Child Advocate in the Executive Office of the Governor serve as co-conveners of the joint workgroup. Also, Dr. Nellius-Guthrie serves as the lead CAPP representative for the workgroup. The workgroup members include:

- *Co-convener and Lead CAPP Representative,* Patricia Nellius-Guthrie, Ph.D., Community Based Care Lead Agency, Community Based Care of Brevard, Inc.
- *Co-convener,* Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- Andy Hindman, Department of Juvenile Justice Faith Outreach Office and CAPP Advisory Council Member
- Arie Sailor, MSW, DBS, One Church One Child
- Arne Nelson, Central Florida Catholic Charities
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Bob Rooks, Adoption Information Center
- Bryan Vaughn, Governor's Commission on Disabilities
- Dennis Baxley, Faith-based and Community-based Advisory Council and Adoptive Parent
- Greg Kurth, Community Based Care Lead Agency, Family Services of Metro Orlando
- Jennifer Diaz, Executive Office of the Governor
- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Johnny Carr, Bethany Prevention Services
- Kathleen Hawkins, Connecting God's Children and Heart Gallery of Metro Orlando

- Kathy Waters, Department of Children and Families, Office of Family Safety
- Ken Kelly, Private Business/ Public Relations
- Sheila Hopkins, Florida Catholic Charities and Faith-based and Community-based Advisory Council and CAPP Advisory Council Member

During 2009, the workgroup created a tool kit for local communities to implement a Faith-Based Initiative for Prevention and Permanency. The tool kit includes:
- Information on the five protective factors.
- *Explore Adoption* materials and research to help promote public adoption.
- Examples and strategies for implementing faith-based initiatives with information on best practices.
- Potential funding streams.
- Resource guides.
- Letters of support from Governor Crist and faith leadership.
- Contact information and descriptions of communities and organizations that already have active faith based prevention and/or adoption initiatives, identified to help facilitate sharing of best practices.

The workgroup began development of an interfaith summit to educate faith leaders on the prevention of child abuse and neglect, the five protective factors, targeted child recruitment, and supporting the needs of adoptive families. In addition, the workgroup completed recommendations to the local planning teams for use in the development of their local prevention and permanency plans. The workgroup met 10 times in 2009:
- The Faith Based Prevention Workgroup met February 23rd, March 23rd and April 23rd.
- The Faith Based Permanency Workgroup met January 26th and April 20th.
- The combined workgroup met July 6th, September 14th, October 5th, November 2nd and December 7th.

The meetings of the two separate workgroups were focused on developing recommendations to the local planning team five-year plan for prevention and permanency recommendations. The combined workgroup finished the local planning team recommendations, worked on products to be distributed to the local planning teams taking on this initiative and developed the state five-year plan recommendations which include a strategy of: By 30 June 2015, the state of Florida will have implemented a faith-based initiative that would provide for either universal or targeted efforts in which the faith community is engaged to:
- Provide family and community supports that would build the five protective factors identified in the Family Strengthening Initiative.
- Promote public adoption in Florida's faith communities.
- Empower faith communities to support adoptive families within their congregation and/or community at large using the five protective factors.

Prevention Goal 4 – Positive Parenting Program: *By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a plan for the adoption and diffusion of Triple P® – Positive Parenting Program within systems and programs that contribute to preventing child maltreatment (e.g., Substance Abuse Programs, Mental Health facilities, and Domestic Violence Shelters, Head Start Centers and others as appropriate) over the five-year period from July 2010 through June 2015.*

Triple P® has been given the highest evidence-based rating by the California Evidence-Based Clearinghouse for Child Welfare and the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). The Triple P® program targets parents and other caregivers of children from birth through age 18. Documented outcomes of the Triple P® program include child safety and child/family well-being. Triple P® is a multi-level system of parenting and family support. It aims to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or in a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 18. The multi-disciplinary nature of the program allows utilization of the existing professional workforce in the task of promoting competent parenting. The program targets five different developmental periods from infancy to adolescence. Within each developmental period, the reach of the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). Triple P® enables practitioners to determine the scope of the intervention given their own service delivery system, priorities and funding.

Johana Hatcher, Prevention Manager at the Department of Children and Families Office of Family Safety serves as the convener of the workgroup. Also, Ms. Hatcher serves as the lead CAPP representative for the workgroup. The workgroup members include:

- ***Convener and Lead CAPP Representative***, Johana Hatcher, Department of Children and Families, Office of Family Safety
- Andy Hindman, Department of Juvenile Justice and CAPP Advisory Council Member
- Benny Colbert, Heartland for Children
- Beverly Auerbach, Children's Services Council of Palm Beach County
- Christie Ferris, Ounce of Prevention Fund of Florida and CAPP Advisory Council Member
- Clint Rayner, Department of Children and Families, Substance Abuse/Mental Health
- Major Connie Shingledecker, Manatee County Sheriff's Office and CAPP Advisory Council Member
- Ed Feaver, Lawton Chiles Foundation
- Gabrielle Bargerstock, Children's Services Council of Palm Beach County
- Jeanine Evoli, LCSW, Juvenile Welfare Board of Pinellas County
- Kay Doughty, Operation PAR

- Laurie Blades, MA, BCBA, Department of Children and Families, Office of Children's Mental Health
- Lilli Copp, Head Start State Collaboration Office
- Nicole Murray, Department of Children and Families, Office of Children's Mental Health

The workgroup met via conference call February 24th, March 2nd, March 25th, April 29th, May 28th, June 9th, August 3rd, October 2nd, and November 6th. During 2009 the Triple P® workgroup developed recommendations for the local planning teams, prepared and disseminated a primer for use in local planning and implementation, conducted an onsite visit with the Palm Beach Children's Services Council to study start up and planning efforts for implementing Triple P® within an early childhood venue, developed possible strategies for implementation in Florida and drafted the framework for a five-year initiative. The Department of Children and Families hosted a Webinar for the workgroup and representatives from Triple P® International met with representatives of the state child welfare, substance abuse prevention and mental health program leadership; members of the Child Abuse Prevention and Permanency Advisory Council; and representatives from the local planning teams. This Webinar about Triple P® focused on the background information; research studies; findings on results, milestones, explanations of what it is and how it works; collaboration opportunities; implementation and intervention levels; and effects on child behavior. These interventions discussed were based on five levels of increasing intensity and included an early intervention and multidisciplinary approach. Of note, adopters have the option of implementing any level or combination of levels depending upon local needs. The Department of Children and Families has also provided technical assistance and consultation to local planning team members interested in learning more about Triple P®.

Prevention Goal 5 – Healthy Families Florida: *By 30 June 2010, the State of Florida will have continued its level of support for Healthy Families Florida and developed a plan for increasing its availability and capacity to provide home visitation for families at high risk of abuse or neglect and in need of parenting education and support over the five-year period from July 2010 through June 2015.*

Healthy Families Florida is an evidence-based, voluntary home visiting program that prevents child abuse and neglect in high-risk families before child abuse occurs. It provides quality services that are intensive, comprehensive, long-term, flexible and culturally appropriate. Healthy Families Florida uses a paraprofessional/professional home visitation model. It initiates services during pregnancy or soon after the birth of a baby. Highly trained family support workers provide frequent, intensive services to families in their homes for up to five years with intensity decreasing over time according to the needs of the family and their progress toward increasing protective factors and establishing a stable and nurturing home environment. Services follow a detailed curriculum that uses a strength-based approach to introduce topics that promote positive parent-child relationships, including basic care, cues and compassion, social and emotional development, play and stimulation, and brain development. In addition,

family support workers teach problem solving skills, conduct screening for developmental delays, provide social support, connect parents and children to a medical provider and make referrals to other family support services as needed. This collaboration with community partners such as Healthy Start, domestic violence shelters, child care centers, community-based care agencies and others links families to the services they need beyond home visiting without duplication of effort. By increasing the knowledge and skills of new parents, Healthy Families Florida empowers parents to accept personal responsibility for their future and the future of their families.

Carol McNally, Executive Director of Healthy Families Florida at the Ounce of Prevention Fund of Florida and Theodore Granger, President of United Way of Florida and Chair of the Healthy Families Florida Advisory Council serve as the co-conveners of the Prevention Goal 5 - Healthy Families Florida Workgroup. Christie Ferris, Director of Prevent Child Abuse Florida at the Ounce of Prevention Fund of Florida serves as the lead Child Abuse Prevention and Permanency Advisory Council representative. Workgroup members are:

- *Co-convener,* Carol McNally, Ounce of Prevention Fund of Florida/Healthy Families Florida
- *Co-convener,* Theodore Granger, United Way of Florida
- *Lead CAPP Representative,* Christie Ferris, Ounce of Prevention Fund of Florida
- Alan Abramowitz, Department of Children and Families, Office of Family Safety
- Ana Viamonte Ros, MD, MPH, Surgeon General, Department of Health
- Annette Phelps ARNP, MSN, Florida Department of Health, Family Health Services
- Carmel Munroe, Howard Phillips Center for Children and Families
- Cassandra Jenkins, Consultant
- Christina Pacelle, MSW, Executive Office of the Governor
- Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc. and CAPP Advisory Council Member
- Ed Feaver, Lawton Chiles Foundation
- Greg Johnson, Department of Juvenile Justice, Prevention and Victim Services
- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Lilli Copp, Florida Head Start State Collaboration Office and CAPP Advisory Council Member
- Marilyn "Bunny" Finney, Brevard County Community Alliance and CAPP Advisory Council Member
- Mary Maxwell, Healthy Families Florida Consumer
- Michael "Mike" Haney, Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member
- Mike Stone, Juvenile Welfare Board of Pinellas County

- Sylvie Kramer, Healthy Start Coalition of St. Lucie
- Terry Thomas, Special Agent, Florida Department of Law Enforcement and CAPP Advisory Council Member
- Yvonne Woodard, Department of Juvenile Justice

The workgroup met via conference call on February 6, 2009, and in person on June 6, and November 17, 2009. The following is a summary of the purpose and action taken for each meeting.

February 6 - The workgroup identified strategies, tactics, messages and message delivery systems necessary to support the continuation, expansion, and enhancement of the Healthy Families Florida program through 2009-2010. Action Taken: Advocacy materials and other appropriate documents that were developed by Healthy Families Florida (HFF) in partnership with the Healthy Families Advisory Committee in support of the continuation of current funding were shared with the group and discussed during the meeting. The group agreed that the materials support the activities required in this action area and offered revisions to the one page advocacy paper, the HFF fact sheet and the grass roots call to action paper.

June 6 - The workgroup addressed the action step due June 30, 2009 and began work on the five-year implementation plan. Action Taken: The workgroup agreed to submit the following budget issues to the department for consideration to help achieve Goal 5:
- Adjust the 2009 - 2010 based funding to address the increased cost of doing business and workload increase. Healthy Families has been flat funded since 2003-2004.
- Add high risk specialists to the core staffing. These high risk specialists will support the home visitors by providing consultation and enhanced services to high risk families with mental health problems, substance abuse and/or domestic violence.
- Increase base funding by $2,496,233 in General Revenue for Healthy Families Florida (HFF) to serve the more than 1,000 families that did not receive services due to budget reductions that occurred in 2008-2009.

Budget Issues were submitted to the Department in July. Due to the estimated shortfall for 2010-2011, the Department's Legislative Budget Request to the Governor maintained current funding. The workgroup also developed an additional strategy for the Goal 5 implementation plan that will be further refined in the next meetings. The strategy is: working together/advocating together, engaging citizens, and consolidating budget needs.

November 17 – The workgroup developed draft objectives and action steps for the Goal 5 Healthy Families Florida Five-Year Implementation Plan to continue, enhance and expand Healthy Families Florida. These will be submitted to the Governor's Office of Adoption and Child Protection by the end of January 2010.

Prevention Goal 6 - Short-term Home Visiting: *By 30 June 2015, the State of Florida will develop and implement a plan for providing an outreach effort to offer all parents of newborns the opportunity to have both support and information to promote healthy parent-child interactions and maximize their child's health and developmental potential and a system for evaluating the impact of such an effort on parenting/family cohesion and child health and development.*

Michael "Mike" Haney, Ph.D., NCC, LMHC, Division Director for Prevention and Intervention, Children's Medical Services, Florida Department of Health serves as the convener of the workgroup as well as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members include:

- ***Convener and Lead CAPP Representative,*** Michael "Mike" Haney, Ph.D., NCC, LMHC*,* Department of Health
- Alison Parrish, Healthy Families Florida
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Becky Loveland, MSW, Healthy Families Leon
- Carol McNally, Healthy Families Florida
- Christie Ferris, Ounce of Prevention Fund of Florida and CAPP Advisory Council Member
- Donna Hagan, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, and CAPP Advisory Council Member
- Elizabeth Barbella, Children Services Council of Martin County
- Jackie Barksdale, LCSW, Boys Town of North Florida
- Ed Feaver, Lawton Chiles Foundation
- Jane McPherson, Ph.D. candidate at Florida State University
- Jane Murphy, Hillsborough Healthy Start
- Janet Evans, MSPA, Department of Health
- Jennifer Diaz, Executive Office of the Governor
- Johana Hatcher*,* Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Juanita Arnold, Healthy Families Florida
- Kathy Derringer, Helping People Succeed, Stuart, FL
- Leslie Spurlock, Indian River County Healthy Start Coalition
- Lisa Williams, Children Services Council of Palm Beach County
- Lise Alives, Healthy Start Brevard
- Lorna Sinclair, Martin Memorial Health Center
- Mark Perlman, MA, Center for Growth and Development and CAPP Advisory Council Member
- Molly Shakar, Home Visiting Provider, Lactation Consultant

- Morgan Cooley, MSW, formerly with the Executive Office of the Governor
- Peter Gorski, MD, MPA, Children's Board of Hillsborough County
- Sally Barrios, ARNP, Nurse Practitioner, Developmental Specialist
- Stephanie Brandt, DOULA, United Way
- Susan Potts, LCSW, Department of Health
- Vivienne Treharne, Department of Health, Maternal and Child Health
- Yvonne Nelson-Langley, Florida A&M University

The original goal was to explore the feasibility of implementing universal short-term home visiting services for new parents. After much study and discussion a revised Goal 6 was agreed upon (as stated above). The purpose of an outreach effort is to offer all parents of newborns the opportunity to have both support and information to promote healthy parent-child interactions and maximize their child's health and developmental potential. The workgroup met [in person] four times in 2009: February 23rd, March 26th, September 22nd, and October 6th and also handled business through electronic means. The workgroup discussed current and relevant research and heard from many state experts, examined programs already operational, commissioned a literature review, and formatted recommendations to implement this initiative state wide. The workgroup identified a revised goal and strategies for implementing and supporting an outreach effort, which might include voluntary, short-term home visitation services, which could be made available to all parents of newborns in Florida.

Permanency Goal 1 - *Explore Adoption*: *By 30 June 2010, the State of Florida will have in place sustainable efforts to continue the Explore Adoption public awareness campaign through June 2015.*

During 2009, the workgroup for Permanency Goal 1 discussed ways to ensure sustainability for statewide adoption promotion in Florida.

Jim Kallinger, Chief Child Advocate, Executive Office of the Governor serves as the co-convener of the workgroup with Jennifer Diaz, Special Projects Manager, Executive Office of the Governor. Jim Kallinger also serves as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members include:
- *Co-convener and Lead CAPP Representative,* Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- *Co-convener* Jennifer Diaz, Executive Office of the Governor
- Bob Rooks, Adoption Information Center
- Cyndee Odom, Adoptive Parent and CAPP Advisory Council Member
- Deborah Moore, Guardian ad Litem
- Greg Kurth, MA, Community Based Care Lead Agency, Family Services of Metro Orlando

- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Kathy Waters, Department of Children and Families, Office of Family Safety
- Mark Reynolds, Trinity Broadcast Network
- Michelle Ubben, Ron Sachs Communications
- Theresa Flury, JD, Statewide Guardian ad Litem Program and CAPP Advisory Council Member

The workgroup met five times in 2009: January 26th, March 4th, April 20th, June 23rd, and September 23rd. On the local level, the group established the goals that measure the campaign success by percentage of inquires about public adoption. The workgroup set the following critical elements or components for a successful local initiative:

- Use state provided supports when developing circuit marketing strategy.
- Implement an intake survey questionnaire to measure inquires as a result of *Explore Adoption*.
- Develop media and vendor relationships to promote and produce materials as needed.
- Secure positive earned media coverage with tracking mechanism.
- Expand existing and establish new *Explore Adoption* Partnerships at the local level.

The workgroup set the following items that the State (or responsible party) will provide for a successful local initiative:

- Customizable templates of all print materials (includes brochures, flyers, posters, window clings, lapel pins)
- 30-minute TV special featuring three real Florida families – in any needed format
- Five PSAs - in any needed format
- Radio Spots – in any needed format
- Marketing Kits
- Bill Board design
- Print ad design
- Web banner design
- Established partnerships contact information
- Demographic Analysis – where to focus marketing efforts
- Survey Results – how to communicate message
- Web site with all materials, family stories, Child of the Month, FAQs, general adoption information, resources

The workgroup also formulated a strategy for sustaining a statewide public adoption awareness campaign over the next five years: the State will have resources necessary to continue a statewide public awareness campaign to promote public adoption. Objective: The Direct-support organization of the Governor's Office of Adoption and Child Protection will be tasked with raising funds for the purposes of continuing the statewide public awareness campaign to promote public adoption.

Permanency Goal 2: See Prevention Goal 3/Permanency Goal 2 above.

Permanency Goal 3 - Florida Association of Heart Galleries: *By 30 June 2010, the State of Florida will have an operational statewide association of heart galleries.*

Heart galleries work with local professional photographers to help find homes for specific children by creating compelling personal portraits that capture each child's unique personality and interests. These portraits are displayed in areas where families most likely to adopt will have a chance to view them. Attached to the portraits are brochures containing brief information on that child with contact information for inquiries. Heart gallery volunteers also work with the children in preparing them for their portraits and their biographies. In addition to the portrait exhibit, each heart gallery provides a Web site with general information on special needs adoption and a photo listing of children in the area who are legally free for adoption. These same portraits can be used on the state of Florida Adoption Exchange and the *Explore Adoption* Web site. The heart gallery movement has been a huge success and there are now over 100 heart galleries operating in nearly every state in the United States.

The State of Florida leads the nation in the development of heart galleries. Currently, almost all of Florida's counties are supported by heart galleries. There are 15 heart galleries operating in the following areas:

1. Brevard County
2. Broward County
3. Gainesville
4. Jacksonville
5. Miami
6. Orlando- Metro area
7. Palm Beach County
8. Pensacola – Art of Adoption
9. Pinellas and Pasco Counties
10. Sarasota County
11. Southwest Florida (Collier, Lee, Hendry, Glades and Charlotte)
12. Tampa
13. The Gulf Coast
14. North Florida (Big Bend Region)
15. Volusia County

A statewide association for the heart galleries would support the existing heart galleries and assist other counties and communities in the creation of local heart galleries. The state and local heart galleries could achieve economies of scale by working together and supporting one another's efforts (e.g., sharing examples of brochures, helping each other find new venues for their displays, hosting Web sites for those who cannot afford their own).

Jim Kallinger, Chief Child Advocate, Executive Office of the Governor serves as the co-convener of the workgroup along with Jennifer Diaz, Special Projects Manager, Executive Office of the Governor. Mr. Kallinger also serves as the lead CAPP Advisory Council representative. The workgroup members include:

- *Co-convener and Lead CAPP Representative*, Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- *Co-convener,* Jennifer Diaz, Executive Office of the Governor
- Andy Hindman, Department of Juvenile Justice Faith Outreach and CAPP Advisory Council Member
- Ashley Gonzalez, Heart Gallery of Volusia
- Bob Rooks, Adoption Information Center
- Deborah Moore, Guardian ad Litem
- Jeremiah Guccione, Heart Gallery of Sarasota
- Jesse Miller, Heart Gallery of Tampa Bay
- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Kathy Waters, Department of Children and Families, Office of Family Safety
- Kriss Vallese, Florida Children Services Council
- Matt Straeb, Heart Gallery of Broward County
- Mike Frasier, Reedy Photo

The workgroup met eight times in 2009: January 28th, February 18th, March 4th, March 11th, April 21st, June 22nd, July 20th, and September 21st. The workgroup first developed a vision, mission statement and key objections of a potential association of Heart Galleries to shape the discussion. The specific purpose of this corporation is to assist in finding adoptive homes for children in foster care in the State of Florida through marketing, advocacy and promotion, raising community awareness about adoption, and supporting the current and future Heart Gallery organizations in the State of Florida. From here a subcommittee worked with a Pro-bono attorney, Maria Bates, to finalize organization by-laws which were completed on December 2, 2009 and articles of incorporation which was completed on December 15, 2009. Below is more information about the association.

Vision
All Florida's children who are available for adoption are represented with dignity and individuality in a Heart Gallery.

Mission
The mission of the Florida Association of Heart Galleries is to provide assistance and resources to the local Heart Galleries, create and develop local and statewide partnerships, encourage collaboration, and raise public awareness of the need for adoptive families.

Key Objectives for the Florida Association of Heart Galleries
- Provide a united voice for children in foster care and adoptive families through legislative advocacy by influencing public policy that impacts children in foster care and adoptive families.
- Promote improvement in the accessibility, efficiency and effectiveness of adoption in Florida for children in foster care and adoptive families.
    - Public awareness
    - Web site
    - Information Sharing
    - Networking and Conferences

Permanency Goal 4 - Customer Service Protocol: *By 30 June 2010, the State of Florida will have a customer service protocol in place for the assistance and retention of prospective adoptive families.*

A customer service protocol (e.g. standard operating procedures) should be in place for each agency that requires immediate response to inquiries, assisting with questions, and following up on information mailed to prospective families. As the *Explore Adoption* campaign and the faith-based adoption initiative generate more inquiries, there must be a plan for response. A sample survey indicated that half of inquires made to agencies did not result in adoption and that there is only a 20 percent return of applications sent through the mail. Personal attention to prospective families will keep families engaged. The children legally free for adoption and who have been waiting the longest for an adoptive family will benefit from recruitment efforts that extend beyond agencies and circuits. A consistent, state-wide customer service protocol for prospective adoptive families will provide for this.

Jim Kallinger, Chief Child Advocate, Executive Office of the Governor serves as the convener of the workgroup, as well as the lead Child Abuse Prevention and Permanency Advisory Council representative. The workgroup members include:

- ***Convener and Lead CAPP Representative,*** Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- Cyndee Odom, Consultant and CAPP Advisory Council Member
- Dennis Moore, Attorney
- Jackie Barksdale, LCSW, Boys Town of North Florida
- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Judge Daniel Dawson, Ninth Judicial Circuit, CAPP Advisory Council Member
- Patricia "Trish" Nellius-Guthrie, Ph.D., Community Based Care of Brevard, Inc. and CAPP Advisory Council Member
- Sandy Neidert, MSW, Office of the State Court Administrator and CAPP Advisory Council Member

The workgroup met five times in 2009: March 5th, March 19th, April 23rd, May 14th, and May 22nd. During the meetings, the workgroup developed instructions for local planning teams and a complete Customer Service Protocol. A summary of the Protocol follows and the full Protocol can be seen in the Appendix 2 of this report.

Adoption success begins with a stated commitment to customer service and support for adoptive families. Governor Charlie Crist has made the adoption of Florida's children in state care a priority of his administration. In addition to the appointment of Florida's Chief Child Advocate to manage the Governor's Office of Adoption and Child Protection, the *Explore Adoption* marketing campaign was launched to raise awareness about adoption statewide, and to encourage Floridians to consider the prospect of adopting one or more of Florida's children in care, especially teens, sibling groups, minorities and children with medical needs.

As a requirement to this investment of taxpayer's dollars, and to ensure our best return on investment, a reasonable customer service protocol or standard operating procedure for Florida's adoption process should be in place for all our service providers. This protocol requires an appropriate response to all inquiries from our prospective adoptive families.

The goal is to make sure every customer (potential adoptive parent) is properly informed and feels comfortable and confident about the adoption process in Florida. We need to give our worthy customers the information they need in a simple, professional and timely manner in order for them to take the next step in adopting one of Florida's children. Studies show that our very first point of contact with our customers will determine the success of our efforts to encourage Floridians to consider public adoption.

Florida's commitment to customer service must continue throughout the adoption process. Prospective adoptive parents need guidance and encouragement to keep them engaged. They also need to be provided with realistic timeframes and expectations. The adoption process can be overwhelming and our families may become frustrated when trying to navigate the system.

Post adoption support is also a critical element of the customer service protocol. Families adopting children whose experience includes foster care placement will face significant challenges in coping with abuse and neglect, attachment and residual loss issues. Agencies need to have services in place and available to families to successfully meet the life long challenges of adoption. These services include: education and training, mental health assistance, and supportive assistance.

Funding Goal 1 – Direct-Support Organization: *By 30 June 2010, the Governor's Office of Adoption and Child Protection will have a blueprint for creating and funding a direct-support organization (DSO) and will have completed the steps for the DSO's establishment and ongoing administration.*

In Chapter 39.0011 Florida Statutes, the Legislature granted the Governor's Office of Adoption and Child Protection the authority to establish a direct-support organization to assist the state in carrying out its purposes and responsibilities regarding the prevention of child abuse, the promotion of adoption and the support of adoptive families. The DSO is a non-profit, tax exempt 501(c)3 entity whose main purpose is to raise money, public and private, and make expenditures for the benefit of and in a manner consistent with the goals of the Governor's Office of Adoption and Child Protection and in the best interest of the state. The Governor's Office of Adoption and Child Protection will be exercising this legislative authority and, after proper legal counsel, is expecting implementation early next year. Also, in consultation with the National Alliance for Children's Trust and Prevention Funds regarding possible funding streams, the Governor's Office of Adoption and Child Protection is considering making the DSO the official repository for the Trust.

The Direct-Support Organization (DSO) will be created to assist the state in carrying out its purposes and responsibilities regarding the prevention of child abuse, abandonment, and neglect; promotion of adoption; and support of adoptive families by raising money; submitting requests for and receiving grants from the Federal Government, the state or its political subdivisions, private foundations, and individuals; and making expenditures to or for the benefit of the office.

Cooperative Planning Teams

The Florida Statutes provide for workgroups of the Advisory Council to focus on cooperative planning efforts at the state level. Consequently, the Governor's Office of Adoption and Child Protection established two planning teams: The Education Cooperative Planning Team and the Law Enforcement Planning Team.

Education Cooperative Planning Team

Two subsections of the Florida Statutes govern the composition and charge to the Education Cooperative Planning Team:

> **§39.001 (8)(b)2, Florida Statutes.** *The Office of Adoption and Child Protection, the Department of Children and Families, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made.*

> **§39.001 (8)(b)5, Florida Statutes.** *The Office of Adoption and Child Protection, the Department of Children and Families, the Department of Education, and the Department of Health shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the state plan for the prevention of child abuse, abandonment, and neglect.*

The 18-month *Education Cooperative Plan* provided guidance for the work products of this team. It specified four (4) goals:

> **Education Cooperative Plan Goal 1:** By 30 June 2010, the Florida Department of Children and Families in collaboration with the Governor's Office of Adoption and Child Protection will:
> - Propose amending Subsection 39.001 (8)(b)2, Florida Statutes to include "prevention of child abuse, abandonment, and neglect".
> - Propose amending Subsection 39.001 (8)(b)5, Florida Statutes to include Early Childhood Education.
> - Propose amending Subsection 39.001 (8)(b)5, Florida Statutes to reflect the Next Generation Sunshine State Standards.
> - Propose amending Subsection 39.0015 (2), Florida Statutes, to add "other appropriate school personnel" as training recipients.

- Investigate the feasibility of amending Subsection 1003.428, Florida Statutes to reinstate the one half credit in Life Management Skills (stand alone Health Education course) as a graduation requirement for all high school students.
- Investigate the feasibility of amending the Florida Statutes to require a stand alone course in Health Education in either 7th or 8th grade.

Education Cooperative Plan Goal 2: By June 30 2010, the Education Cooperative Planning Team will develop and be ready to implement a five-year plan for the identification and development of parent-education resource materials and information, strategies for the instruction of parents, and methodologies for annual updates and dissemination to districts and schools.

Education Cooperative Plan Goal 3: By 30 June 2010, the Education Cooperative Planning Team will develop and be ready to implement a five-year plan for the development and dissemination of resource materials and information, and training of appropriate school personnel in:
- Detecting child abuse, abandonment, and neglect.
- Taking proper action in a suspected case of child abuse, abandonment, and neglect.
- Caring for a child's needs after a report has been made.
- Preventing child maltreatment before it occurs.

Education Cooperative Plan Goal 4: By 30 June 2010, the Education Cooperative Planning Team will identify model lessons, supplementary instructional materials, and examples of implementing content standards for instructional personnel to use in the classroom (appropriate for each grade, Prekindergarten through grade 12) to educate students on child abuse prevention, identification and intervention and will develop and be ready to launch a five-year effort to encourage and assist districts, schools and teachers in the use of these materials.

Pursuant to Subsection 39.001, Florida Statutes, the Education Cooperative Planning Team comprises representatives from the Governor's Office of Adoption and Child Protection, the Department of Children and Families, the Department of Education and the Department of Health. Jim Kallinger, Chief Child Advocate in the Governor's Office of Adoption and Child Protection serves as the convener and Frances Haithcock, EdD, Chancellor of K-12 Public Schools serves as the lead for the Department of Education. As of December 2009, representation on the education cooperative planning team includes:
- *Convener,* Jim Kallinger*,* Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- *Lead CAPP Representative,* Frances Haithcock, EdD, Department of Education
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member

- Christie Ferris, Ounce of Prevention Fund of Florida and CAPP Advisory Council Member
- Janet Evans, MSPA, Department of Health
- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Georgia "Joy" Bowen, Florida School Boards Association and CAPP Advisory Council Member
- Lynn Layton, Monique Burr Foundation
- Michael "Mike" Haney, Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member

Additional staff members within the Florida Department of Education provided input and assistance to the team during 2009. These included:
- Antionette Meeks, Assistant Director/Health Coordinator, Division of Public Schools
- Bambi Lockman, Bureau Chief, Bureau of Exceptional Education and Student Services
- Gria Davison, Student Services Consultant, University of South Florida
- Joe Davis, Bureau Chief, Bureau of Family and Community Outreach
- Mary Jane Tappen, Deputy Chancellor for Curriculum, Instruction and Student Services, Division of Public Schools
- Todd Clark, Bureau Chief, Bureau of Instruction and Innovation, Division of Public Schools

A leadership team provided assistance to planning for the inclusion of Prekindergarten within the purview and scope of Chapter 39, Florida Statutes. These included:
- Brittany Birken, Ph.D., Agency for Workforce Innovation, Office of Early Learning
- Deborah Russo, PMP, Department of Children and Families, Office of Child Care Services
- Shan Goff, Executive Director, Office of Early Learning, Division of Public Schools, Department of Education

Education Cooperative Planning Team Progress

The Education Cooperative Planning Team met five times in 2009: April 20th, May 29th, June 19th, and September 18th, and December 16th to work on the four goals and set the foundation for the five-year state education cooperative plan. The team worked towards developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts on the detection of child abuse, abandonment and neglect, on the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is

made. They also worked to enhance or adapt curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment and neglect. In addition, they discussed developing incentive strategies for encouraging all school districts to utilize the curriculum.

Of note, the Monique Burr Foundation and Childhelp® have been awarded federal funding to develop child abuse prevention and response curricula for elementary school students and their parents. These curricula will be developed for Florida based upon the latest research and instructional technology opportunities. The Education Cooperative Planning Team will provide guidance to the development and pilot of the curricula as a major focus during 2010.

Law Enforcement Cooperative Planning Team

The Law Enforcement Cooperative Planning Team effort is based upon the following section of the Florida Statutes:

> **§39.001 (8)(b)3, Florida Statutes.** *The Office (of Adoption and Child Protection), the Department (of Children and Families), the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.*

This cooperative plan provides for five goals to be accomplished between 1 January 2009 and 30 June 2010. These goals are:

Law Enforcement Cooperative Plan Goal 1: By 30 June 2010, the Criminal Justice Standards and Training Commission will specify in rule (under §943.17291, 17295, Florida Statutes), the certification requirements for inservice trainers, the minimum number of hours (i.e., four hours), and how often (i.e., every four years) child abuse training is required for those areas (e.g., drug cops, detectives and investigators) that work child abuse cases.

Law Enforcement Cooperative Plan Goal 2: By 30 June 2010, the Criminal Justice Standards and Training Commission will ensure that the existing preservice training provided for basic recruits covers:

- The Role of the Department of Children and Families – Protective Investigations and Dependency vs. Criminal Investigations and the differences in the standards of proof.

- Child Abuse Hotline – What should be reported/What should not be reported; What information should be provided when reporting; and How to report.

- The Role of the Department of Health – Child Protection Teams.

Law Enforcement Cooperative Plan Goal 3: By 30 June 2010, the Criminal Justice Standards and Training Commission will incorporate specific training for undercover drug officers and those who respond to drug-related search warrants and arrests where children are present and the judiciary and those that respond to drug busts where children are present.

Law Enforcement Cooperative Plan Goal 4: By 30 June 2010, the Florida Department of Law Enforcement, the Department of Children and Families, the Department of Health and the Department of Juvenile Justice will have signed a Memorandum of Understanding that provides for cross training of employees who work child abuse cases.

Law Enforcement Cooperative Plan Goal 5: By 30 June 2010, the Criminal Justice Standards and Training Commission will provide to local law enforcement agencies encouragement and support for the designation and training of detectives and investigators to work crimes against children investigations.

Pursuant to Subsection 39.001, Florida Statutes, the Law Enforcement Cooperative Planning Team consists of members from the Governor's Office of Adoption and Child Protection, the Department of Children and Families, the Department of Law Enforcement, the Department of Health, and the Department of Juvenile Justice. Special Agent Terry Thomas with the Florida Department of Law Enforcement serves as the convener and CAPP Advisory Council representative for the team. The membership on the team includes:

- ***Convener and Lead CAPP Representative,*** Terry Thomas, Special Agent, Florida Department of Law Enforcement
- Andy Hindman, Department of Juvenile Justice and CAPP Advisory Council Member
- Barbara Foster, Ph.D., Executive Office of the Governor and CAPP Advisory Council Member
- Christie Ferris, Ounce of Prevention Fund of Florida and CAPP Advisory Council Member
- Major Connie Shingledecker, Manatee County Sheriff's Office and CAPP Advisory Council Member
- Ed Hardy, Department of Children and Families, Office of Criminal Justice
- Janet Evans, MSPA, Department of Health
- Jennifer Diaz, Executive Office of the Governor
- Jim Kallinger, Executive Office of the Governor, CAPP Advisory Council Chairman, Children and Youth Cabinet of Florida Member
- Johana Hatcher, Department of Children and Families, Office of Family Safety and CAPP Advisory Council Member
- Matthew Claps, MSW, Department of Children and Families, Office of Family Safety
- Michael "Mike" Haney, Ph.D., NCC, LMHC, Department of Health and CAPP Advisory Council Member

- Mike McCaffrey, Department of Juvenile Justice, Staff Development and Training
- Nancy Crawford, Kids House of Seminole, Inc., Child Advocacy Center and CAPP Advisory Council Member
- Peggy Scheuermann, MEd, CPM, Department of Health

Law Enforcement Cooperative Planning Team Progress

The Law Enforcement Cooperative Planning Team met five times in 2009: March 6th, April 15th, May 28th, June 30th and September 16th. Recognizing the all the goals were of a similar nature, the group merged all five goals to one workgroup. The workgroup set out to create core and cross learning objectives for training of the Department of Law Enforcement, the Department of Children and Families, the Department of Health and the Department of Juvenile Justice Child Protective Investigators. The objectives cover all goals in the Law Enforcement Cooperative Plan. These recommended Core and Cross Learning Objectives Developed by the Law Enforcement Cooperative Planning Team include:

- Participants understand the meaning (definition) of child abuse, child abandonment and child neglect as defined by Florida statutes.
- Participants will recognize that multiple human services systems (agencies) exist for issues related to child abuse and neglect and understand their varying core purposes, mission and roles.
- Participants understand their own agency specific roles and processes when encountering situations/incidents of abuse, abandonment and neglect.
- Participants will know the differing reporting requirements and procedures for their own respective agency(s) in instances of child abuse and/or neglect.
- Participants will recognize physical and behavioral indicators of abuse, abandonment and neglect, as defined by the Department of Children and Families "Allegation Matrix" and related risk conditions.
- Participants will recognize that varying standards of proof exist as it relates to criminal or dependency proceedings in regards to allegations of child abuse and/or neglect.
- Participants will understand that mental health, substance abuse, and domestic violence issues have a co-relational relationship to child abuse, abandonment and neglect and be able to identify basic risk indicators of these three issues.
- Participants will learn to use interviewing techniques and strategies to prepare for and conduct interviews that are developmentally appropriate and in a non-leading manner.

Also, the Law Enforcement Cooperative Planning Team created a Memorandum of Understanding (See Appendix 3) between the Department of Law Enforcement, Department of Children and Families, the Department of Health, and the Department of Juvenile Justice to incorporate these objectives, for the agencies to work in concert during investigations and to provide for cross training of employees who work child abuse cases. The group will develop a Web site that lists all agency trainings state wide in an easily accessible manner.

Local Planning Teams

The Governor's Office of Adoption and Child Protection continued efforts to convene and support local planning teams in each of the twenty (20) circuits around the state. These circuits are aligned with the judicial and the Department of Children and Families circuits. The representation on these local planning teams is consistent with the make-up of the statewide advisory council. Over 600 people around the state are working on local plans of action for the state five-year plan for prevention and permanency. Initial memberships of these teams were reviewed by the Governor's Office of Adoption and Child Protection to ensure that the requirements of Chapter 39 for team membership were met. The local plans developed by the circuit teams will be incorporated into the state five-year plan for prevention and permanency.

As of December 2009, the conveners and key contacts of the local planning teams include:

CIRCUIT	POINTS OF CONTACT FOR EACH CIRCUIT'S LOCAL PLANNING TEAM:
1. Escambia, Okaloosa, Santa Rosa, Walton	Name: **Janice Thomas** Title: Circuit 1 Administrator Randy Fleming, Community Relations Consultant
2. Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	Name: **Traci Levine** Title: Circuit 2 Administrator Nicole Stookey, Community Relations Consultant
3. Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	Name: **Mona Gil de Gibaja, MSW, PhD** Title: Program Consultant for Partnership for Strong Families Becky Dobbin O'Brien, Community Relations- Circuits 3 & 8
4. Clay, Duval, Nassau	Name: **Jackie Green** Title: Community Relations Consultant Diane Seymore, Program Management Director
5. Citrus, Hernando, Lake, Marion, Sumter	Name: **Philip Scarpelli** Title: Community Relations Manager Ann Doyle, Program Manager for Devereux KIDS
6. Pasco, Pinellas	Name: **Lourdes Benedict** Title: Regional Operations Manager Bob Henriquez, Co-Administrator
7. Flagler, Putnam, St. Johns, Volusia	Name: **Betsy Lewis** Title: Community Relations Consultant
8. Alachua, Baker, Bradford, Gilchrist, Levy, Union	Name: **Mona Gil de Gibaja, MSW, PhD** Title: Program Consultant for Partnership for Strong Families Becky Dobbin O'Brien, Community Relations- Circuits 3 & 8

CIRCUIT	POINTS OF CONTACT FOR EACH CIRCUIT'S LOCAL PLANNING TEAM:
9. Orange, Osceola	Name: **Kristi Gray** Title: Community Relations Manager Syd McAllister, Division Manager, Orange County Government, Youth and Family Services
10. Hardee, Highlands, Polk	Name: **Liesta Sykes** Title: Community Relations Manager Kim Daughtery, Assistant Executive Director of Prevention and Community Relations, Heartland for Children
11. Miami-Dade	Name: **Gilda Ferradaz** Title: Administrator, Circuits 11 & 16 Lauren Krupa, Quality Assurance Manager, Department of Children and Families Southern Region
12. DeSoto, Manatee, Sarasota	Name: **Brena Slater** Title: Regional Operations Manager Maureen Coble, Director of Quality Management, Sarasota Family YMCA
13. Hillsborough	Name: **Margaret Fender** Title: Regional Operations Manager
14. Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Name: **Courtney Peel** Title: Circuit 14 Administrator Nicole Stookey, Community Relations Consultant
15. Palm Beach	Name: **Bryan Lindert** Title: Child Abuse Prevention Manager, Children's Services Council Palm Beach County Toby Pina, Director of Clinical Services
16. Monroe	Name: **Gilda Ferradaz** Title: Administrator, Circuits 11 & 16 Lauren Krupa, Quality Assurance Manager, Department of Children and Families Southern Region Elena Herrera, Operations Manager
17. Broward	Name: **Terry Lacman** Title: Regional Background Screening and Licensing Manager Monica King, Resource and Systems Manager, Children's Services Council Broward County
18. Brevard, Seminole	Name: **Heather Howlett** Title: OPS Management Consultant II
19. Indian River, Martin, Okeechobee, St. Lucie	Name: **Cheri Sheffer** Title: Community Relations Consultant
20. Charlotte, Collier, Glades, Hendry, Lee	Name: **Kim Kutch** Title: Operations Manager

This section provides descriptions about the supports provided to the twenty (20) local planning teams to assist with the development of their five-year prevention and permanency plans. The Governor's Office of Adoption and Child Protection provided the *Five-Year Local Planning Process Outline, V1.1* to these teams. This outline is provided in Appendix 1.

Monthly Local Planning Team Convener Meetings

Conference calls were held monthly with the conveners of the local planning teams, the Governor's Office of Adoption and Child Protection staff, and the Department of Children and Families staff members to address questions and provide information that would assist with the planning process. Copies of the current state and local plans are also available on the Web site at *http://www.flgov.com/child_abuse_prevention*.

- The purpose of the January 13th meeting was to discuss the monitoring reports that will be due four separate times throughout the 18-month period to denote progress. The state-wide goals for prevention and permanency were discussed as well.

- The focus of the February 10th meeting was to discuss the membership of the local planning teams to expand beyond the state agencies and include community-based agencies.

- On March 10th the discussion centered on Prevention Goal 1: Family Strengthening, the protective factors, and ways the circuits could implement them in their five-year plan for prevention and permanency.

- The April 14th meeting topics included the prevention summit, the monitoring reports, local planning team membership, requirements for the five-year plan per Section 39.001, Florida Statutes, data needs for the five-year plan, desired results of that plan, and MAPP training.

- The May 12th meeting focused on planning for the prevention summit- agenda, goals, timeline, and what the local planning teams hope to get out of the summit.

- On June 9th a Power Point Webinar presentation was given on the Positive Parenting Program. Discussion also began about the possibility of the creation of a statewide catalog of programs and services as required by Subsection 39.001, Florida Statutes.

- Discussion continued on July 14th concerning the creation of a state-wide catalog to be utilized by the local planning teams in the creation of their five-year plans for prevention and permanency. Plans for the August prevention summit were also discussed.

- The purpose of the August 11th meeting was the planning of the August prevention summit as well as the expansion of the protective factors training.

- The September 8th meeting discussion included information about the Office of Youth Development, the five-year plan for prevention and permanency, the FRIENDS' protective factors training opportunity, and the catalog for programs and services.

- The purpose of the October 6th meeting was to discuss the catalog for programs and services and to announce the *Trying Hard is Not Good Enough* workshop to be taught by Dr. Terry Rhodes.
- The November 10th meeting, the *Trying Hard is Not Good Enough* Webinar, covered the work of Mark Friedman on results based accountability.
- The December 8th meeting provided opportunities for the local planning teams to ask and answer questions related to the development of the five-year plans for prevention and permanency.

Additional Supports Provided to the Local Planning Teams

Webinars

Positive Parenting Program. This Webinar for the local planning teams consisted of the background information, studies, and milestones; explanations as to what it is, and how it works; collaboration; intervention levels; and effects on child behavior. These interventions are based on five levels of increasing intensity and include an early intervention and multidisciplinary approach.

Results Based Accountability. Results based accountability provides models for population accountability for the well-being of whole populations and communities and performance accountability for the impact of services on the well-being of specific client populations. Attendees learned that confusion often comes when there are too many ambiguous terms and failing to distinguish between population indicators and results due to services performance. In results based accountability, one starts with the end and works backward toward the means. It is action-oriented and provides models to hold programs, agencies and service systems accountable for performance.

Statewide Summits

Prevention Summit May 2009. The purpose of the May 2009 Prevention Summit was to gather with all the local planning team conveners as well as other stakeholders in the child welfare system and discuss the state five-year plan for prevention and permanency. This informational summit focused on prevention and the prevention goals. The local planning teams were also given examples for what is expected in their five-year plans for prevention and permanency. Approximately 130 individuals were involved with this summit.

Planning Meetings August 2009. The purpose of the August 2009 Planning Meetings was to give the local planning teams the template to use in writing their five-year plan for prevention and permanency, as well as to explain why this is important, how this will help, and whom this will benefit. Discussion also surrounded each of the states' workgroup goals, and results based accountability. Approximately 150 individuals participated in this summit.

Strengthening Families Leadership Summit October 2009. Local planning team conveners and members were represented on the twelve member state-wide team from the Strengthening Families Workgroup that attended the Strengthening Families Leadership Summit. At this national summit the team attended twenty-one workshops, including indicators for reduction of child abuse and neglect, customer satisfaction, parent partnership, working with infants, funding, grant giving, reciprocity, best practices, lessons learned, and more.

Web-based Support for the Local Planning Effort

MyFloridaSurvey Initiative. Pursuant to Chapter 39, Florida Statutes, Florida is embarking on a five-year plan to strengthen Florida's families and ensure that all of Florida's children are raised in safe, stable homes supported by nurturing family environments and healthy communities. Integral to this plan is the development of a statewide catalog documenting all available programs and services for children and their families. These five-year plans are required to include a description of programs and services that promote and empower communities and families, including information on the impact, cost-effectiveness, and sources of funding [In particular, local teams are seeking to identify those programs that would help all families better nurture and care for their children thus preventing child abuse, abandonment, and neglect; programs that promote adoption; and programs that support and strengthen adoptive families.]

Once cataloged, this information will be provided to Florida's circuits and local planning teams to use in their five-year planning process to strengthen families and communities, prevent child abuse, promote adoption, and support adoptive families. Additionally, if requested, the organization information could assist in local Information Resource and Referral efforts, supplement local Whole Child Community projects, and/or enable connections to your organization for recruiting local volunteers through SweatMonkey®, a Web-based organization that connects students to volunteer opportunities.

These efforts will empower communities and strengthen families throughout the state of Florida, as well as be a lasting gift to the communities and families.

On-site Training and Technical Assistance

The Governor's Office of Adoption and Child Protection staff provided on-site training and technical assistance to individual planning teams and their partners to discuss the 18-month plan, its goals and opportunities for the five-year plan. In March 2009, the Deputy Chief Child Advocate met with the leadership from Circuits 2 and 14 in Tallahassee and with the Orange County Children's Cabinet in Orlando. In September 2009, together with the Prevention Manager at the Department of Children and Families, the Deputy Chief Child Advocate met with the Brevard County Children's Cabinet, the Brevard County Community Alliance and the Seminole County Children's Cabinet.

Children and Youth Cabinet of Florida

On July 11, 2007, Governor Charlie Crist signed House Bill 509, creating Florida's Children and Youth Cabinet as a council within the Executive Office of the Governor. The legislation was sponsored by State Senator Nan Rich and State Representative Loranne Ausley. The Cabinet is charged with promoting and implementing collaboration, creativity, increased efficiency, information sharing and improved service delivery between and within state agencies and organizations. Every February 1, the Governor and the Florida Legislature receives an annual report detailing the Cabinet's progress.

Approximately 20 states have a children's cabinet. At a national meeting of Cabinet administrators in the summer 2008, Florida's newly formed Cabinet was lauded for its progress despite the limited resources it had. In addition to writing a strategic plan to better coordinate children and family services in Florida, in 2009 the Cabinet has completed or begun work on all nine of its statutorily required duties and responsibilities. For example, the Cabinet has begun pre-implementation of a Web-based, cross-agency data sharing system to help improve service delivery. The Cabinet is creating a children and youth budget structure for evaluating funding streams and aligning them with a framework of key child well-being indicators. Also, through the Cabinet, various agency heads have signed an agreement to improve interagency communication and cooperation.

In compliance with the Florida Statutes, the Cabinet meetings are held in different regions of the state in an effort to provide an accessible and open forum for the public. The public has had opportunities to make comments or presentations before the Cabinet at every meeting. When and where feasible, Cabinet meetings are co-located with other related conferences and workshops around the state to enhance citizen opportunities and attendance. All meetings are published in the Florida Administrative Weekly and are documented by the Florida Channel and various news organizations including Florida Public Radio.

In order to ensure the public has complete access and up-to-date information, Cabinet staff has created a Web page at *www.flgov.com/youth_cabinet* that contains information about the Cabinet, its members, activities, work products and meeting dates and locations.

As set forth in statute, the Children and Youth Cabinet consists of 20 members including:

Lt. Governor Jeff Kottkamp, Chairman

George Sheldon, Secretary of the Department of Children and Families

Frank Peterman, Jr., Secretary of the Department of Juvenile Justice

Tom Arnold, Secretary of the Agency for Health Care Administration

Jim DeBeaugrine, Director of the Agency for Persons with Disabilities

Cynthia Lorenzo, Director of the Agency for Workforce Innovation

Ana Viamonte Ros, State Surgeon General at the Department of Health

Eric J. Smith, Commissioner of the Department of Education

Theresa Flury, Statewide Director of the Guardian ad Litem Office

Jim Kallinger, Florida's Chief Child Advocate, Governor's Office of Adoption and Child Protection

The five ex-officio members of the Children and Youth Cabinet, or their designees are:

Senator Nan Rich for the Senate President

Representative Nick Thompson for the Speaker of the House

Maureen S. Dinnen for the Chief Financial Officer

Justice Barbara J. Pariente for the Florida Supreme Court

Deputy Attorney General Cynthia Guerra for the Attorney General

Additionally, the Governor appointed five members from around the state who are representatives of children and youth advocacy organizations, but who are not service providers, including:

Judy Schaechter, Physician and professor at the University of Miami, Mailman Center for Child Development

David Lawrence Jr., President of the Early Childhood Initiative Foundation in Miami and "University Scholar for Early Childhood Development and Readiness" at the University of Florida

Donna Gay Lancaster, Executive Director of Juvenile Welfare Board, Children's Services Council of Pinellas County

Antonia Crawford, Chairman of the Early Learning Coalition of Duval

Steve Uhlfelder, President, Uhlfelder and Associates

2009 Meetings of the Children and Youth Cabinet of Florida

January 13 – Tallahassee. At the January 13, 2009 meeting, the Children's Summit Workgroup presented their three legislative recommendations for the upcoming Session and received approval from the Cabinet. The Children's Summit Workgroup also gave an update on the progress of *The State of Florida's Child Report* and the Child Screening Report. The announcement by Lieutenant Governor Kottkamp on behalf of Governor Crist was made, instructing all of the Children's Cabinet agencies to move forward with the implementation of the Children and Youth Cabinet Information Sharing System (CYCISS).

March 17 – Tallahassee. Discussions at the March 17, 2009 meeting included the effort for the Cabinet to focus on *The State of Florida's Child Report* produced and published by the Policy Group for Florida's Families and Children; the Child Screening Report by the work group; and the Head Start Program.

March 31 – Kids Only Town Hall Meeting. On March 31, 2009 at a special meeting of the Cabinet during legislative session's annual Children's Week, Governor Charlie Crist greeted student representatives from middle and high schools across Florida at the Kids Only Town Hall Meeting. The event provides a forum for students from across the state to pose poignant questions to the Cabinet about the state of children's issues and services. Selected from a statewide pool of applications, twelve student panelists and one student moderator exchanged questions and answers with the Cabinet members on issues that ranged from positive youth development, mental health and substance abuse treatment, early childhood education, as well as many others.

June 16, 2009 – Miami. On June 16, 2009, the Cabinet initiated a series of workshops on *The State of Florida's Child Report.* Kate Stowell, Executive Director of the Policy Group led the discussions on the selection of key child well-being indicators.

July 30 – Ft. Myers. At the July 30, 2009 meeting, the Cabinet continued to focus their efforts on the revisions presented by Kate Stowell, Executive Director of the Policy Group for Florida's Families and Children to the indicators defined in *The State of Florida's Child Report* as requested by the Cabinet at the previous meeting.

September 16 – Orlando/Kissimmee Area. At the September 16, 2009 meeting, and through the generosity of Florida's United Way and the Florida Children's Services Council, Mark Friedman from the Fiscal Policy Studies Institute in Sante Fe, New Mexico led an educational discussion on Results Based Accountability for Communities. The Cabinet unanimously agreed to use the whole model presented by Mr. Friedman, including the language contained therein, in moving forward with their child well-being indicator work.

December 1 – Gainesville. At the December 1, 2009 meeting, Chairman Kottkamp called on the following state departments to give summaries addressing proposed budgets for the fiscal year 2010-2011:

- Kelly Layman, on behalf of Secretary Peterman for the Department of Juvenile Justice
- Director Lorenzo, Agency for Workforce Innovation
- Director Flury, Guardian ad Litem
- Surgeon General Viamonte Ros, Department of Health
- Secretary Sheldon, Department of Children and Families
- Michele Tallent, on behalf of Secretary Arnold, Agency for Health Care Administration
- Link Jarrett, on behalf of Commissioner Smith, Department of Education

Kate Stowell, Executive Director of the Policy Group for Florida's Families and Children, gave a process overview and then lead the Cabinet in a discussion on the trend data information and the headline indicators for child well-being in Florida, eventually calling for a vote on the four main indicators that the Cabinet wants to take first action on, one for each result area. A show of hands for each of the indicators was called and the results are:

Result Area	Main Indicator
Every Florida child is healthy	Children with health insurance
Every Florida child is ready to learn and succeed	Children whose kindergarten entry assessment scores show they are ready for school
Every Florida child lives in stable and nurturing family	Children in poverty
Every Florida child lives in a safe and supportive community	Homeless children

Projects of the Children and Youth Cabinet of Florida

Children and Youth Cabinet Indicator Work

The mission of the Cabinet is to improve the well-being of Florida's children and their families. Through the leadership of the Cabinet, Florida has established a priority focus on 13 key child well-being indicators and will specifically target its efforts and resources in these areas in order to improve the related outcomes.

The Children's Summit Workgroup provided the Cabinet with *The State of Florida's Child Report,* from which the identified indictors originated. The report provides an objective knowledge base to support the Cabinet in its mission to improve outcomes for our state's children and families, and provides data and information from which the Cabinet can move toward its stated goal of promoting increased efficiency and improved service delivery by all governmental agencies that provide services for children and their families in Florida. The baseline data in the report closely relates to indicators (or outcomes) shown by research to signify child well-being or improvement in child well-being. These indicators may be used to form a "results based" framework leading to shared goals and a cohesive vision for child and youth outcomes. Ultimately, the results framework can and should be linked to resources and state budgets.

The report's organization intentionally aligns with the Cabinet's Guiding Principles. The Cabinet's strategic plan requires creative and aggressive action to:
- Empower families to provide a nurturing, healthy and safe environment for children.
- Invest in children's health, safety, education and well-being.
- Align public finances, information technology and human resources to support the healthy growth and development of children.
- Ensure a long-term commitment to at-risk children and youth.

- Improve family and child outcomes related to the Cabinet's vision for children.
- Engage families, the community, stakeholders and businesses to improve child and family outcomes.

The *State of Florida's Child Report* recommendations are that the Cabinet:

- Adopt the outcomes accountability process described in this report.

- Identify and adopt a prioritized set of indicators that it will use as a roadmap for improving the lives of Florida's children by linking them to outcomes, budget and strategies to achieve the goals set forth in its strategic plan. The Cabinet may wish to shorten the list of indicators in each outcome area for priority focus moving forward.

- Discuss and adopt strategies for financing an agenda to improve outcomes for children and families as the Cabinet State Agency Budget Committee continues work on aligning state expenditures for children to outcomes adopted by the Cabinet. Specifically, that the Cabinet examine and determine ways to redeploy resources already in the system, find new resources and restructure funding in a way that creates incentives to invest in prevention, use some funds flexibly and change the way programs and services work together for children and families.

- Study, discuss and determine performance measures that allow state agencies to articulate and monitor their participation programmatically in reaching the goals discussed in this report and in improving results on the prioritized indicators.

- Develop and implement cross-agency action plans focused on improving prioritized indicators. The Cabinet may wish to assign a state agency lead in convening partners and developing plans, but is encouraged to maintain a focus on integration of effort toward changing outcomes.

- Determine where gaps and inconsistencies occur and develops ways to address them.

- Establish a process for ongoing monitoring and updating of progress, including continued collaboration with the early childhood partners developing a framework, the Governor's Office of Adoption and Child Protection, the Child Abuse Prevention and Permanency Advisory Council and others interested in ensuring continuity and consistency across disciplines.

The State of Florida's Child Report is a starting point and the report provides a foundation for the Cabinet to focus state work and create the "cohesive vision" as stated in the Cabinet's strategic plan. The report is provided as a tool to help create meaningful ways to improve child well-being outcomes and evaluate results. The Cabinet will realize the full value of the report when it is accompanied by a strong and enduring commitment to Florida's children, assuring they are healthy, learning, succeeding and nurtured by stable families living in safe and supportive communities.

Children and Youth Cabinet of Florida - Outcomes for Youth

1. **Goal/outcome: Every Florida child is healthy.**
   1.1. Mothers beginning prenatal care in the first trimester
   1.2. Children with health insurance
   1.3. Children with a medical home or primary health care provided (a primary care practice that provides them with accessible, continuous and coordinated care, including preventive health services

2. **Goal/outcome: Every Florida child is ready to learn and succeed.**
   2.1. Births to women with fewer than 12 years of education.
   2.2. Children who are read to by their parents or relative caregivers
   2.3. Children whose kindergarten entry assessment scores show they are ready for school
   2.4. Early childhood staff with bachelor's degree

3. **Goal/outcome: Every Florida child has a stable and nurturing family.**
   3.1. Children living in families with income below the poverty threshold
   3.2. Child abuse and neglect
   3.3. Teen births

4. **Goal/outcome: Every Florida child lives in a safe and supportive community.**
   4.1. Domestic violence
   4.2. Condition and availability of housing
   4.3. Percent of children ages 0-17 living in neighborhoods parents describe as supportive

Children and Youth Cabinet Information Sharing System (CYCISS)

One of the main charges of the Cabinet, as outlined in Subsection 402.56, Florida Statutes is to; "Design and implement actions that will promote collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state governmental organizations that provide services for children and youth and their families." To assist with the Cabinet's mission, the Children and Youth Cabinet Data Sharing Initiative was initiated. The Cabinet determined that the quickest vehicle for implementation would be to build on the existing Office of State Court Administration's (OSCA) Judicial Inquiry System (JIS). The JIS, a data and information sharing system acts as a portal to query multiple systems and display data from these systems.
The major goals of this multi-phase project are to:

- Equip state agencies that serve children, youth, and families with a tool that helps them provide better service in a timelier manner.
- Enable the eight Cabinet agencies to exchange and share data quickly.
- Identify and eliminate service overlaps between agencies.
- Empower agency leadership with tools for more effective decision-making.
- Enable agency staff to use resources more efficiently by gathering information more quickly.

Benefits to the Children and Youth Cabinet Information Sharing System (CYCISS) include:

- The JIS serves as a portal that accesses information from agency data sources for view only.
- It is a query system only – not a data warehouse.
- It will utilize the individual agency's data integrity and security.
- The system will quickly identify barriers to sharing information.
- It will provide as much, real time, up-to-date data and data exchange capability on a child or family as possible in a single view.
- It is a single sign-on system to facilitate better decision making and service delivery.
- It will utilize role based security.
- It leverages the existing solution and will be an immediate benefit to the users.
- A User Interface (dashboards) framework is already built and would require very little modification to meet the needs of the Cabinet agency users.
- Because the core solution is already built, highly stable, and rich in functionality, it will be very quick to connect the additional eight agency data source connections.
- Most of the implementation effort will be spent configuring software components that already exist versus writing code from scratch, a costly and lengthy process. This keeps costs low and allows for very quick deployment.
- Comprehensive logging and auditing of inquiries and transactions (this is the only information that this system will store and backup).

For Phase I, the following were identified as additional data sources (connections) to be added to the existing JIS:

1. Florida Online Recipient Integrated Data Access (FLORIDA)
2. Florida Safe Families Network (FSFN)
3. State Health Online Tracking System (SHOTS)
4. Vital Statistics (VS)
5. Medicaid Prior Authorization for Durable Medical Equipment
6. Florida Medicaid Management Information System (FMMIS)
7. Juvenile Justice Information System (JJIS)
8. Florida Education and Training Placement Information Program (FETPIP)

For this initiative, the following communication Web sites were developed to post supporting project documentation: *http://www.flgov.com/youth_cabinet_datasharing* and *http://cycproject.myflorida.com/*.

The first activity was the project planning, requirements gathering, and cost analysis. The objectives of this activity were to develop the requirements and technical specifications for this project and the associated costs. In addition, a realistic work plan for the project was developed in conjunction with all state agencies involved. The second activity of Phase I involved all the technical work and system testing necessary to set up the data connections and exchanges between all the agencies involved with this project. The third activity of Phase I included full customer acceptance testing of the products and implementation of all changes. The last activity of Phase I included all train the trainer sessions, communication, documentation, and project initiative marketing. Lessons learned sessions were conducted with all stakeholders to ensure future roll-outs and enhancements to the JIS system are implemented smoothly.

A workgroup made up of key policy, technical and legal experts from each agency was formed to carry out the Joint Application Design Sessions. From March 2 – April 30, the workgroup met to determine the data elements to be shared, gathering requirements and technical specifications. Each day of the discussion was focused on one data source and the agency representatives relayed what data elements their programs needed and why, and who will be using this data. The sessions were divided into two parts and focused on: 1) Agency data needs – what data do you need from the other agencies and why? 2) Legal issues and creating interagency policies to allow the data and information exchanges. Department of Children and Families staff members were instrumental in conducting this work and providing technical assistance to all of the agencies involved with this effort.

During these sessions, the following agencies expressed interest in accessing the identified data sources through the JIS and provided the necessary feedback:
- Agency for Persons with Disabilities
- Statewide Guardian ad Litem Program
- Agency for Workforce Innovation – Early Learning Coalition
- Department of Juvenile Justice
- Department of Children and Families – Family Safety/Community Based Care Agencies
- Department of Health – Women Infant and Children (WIC) and Healthy Start

Out of these sessions, a Project Charter was developed which included proposed business requirements. This is provided in Appendix 4.

During the summer and fall of 2009, the Executive Office of the Governor and agency staff members worked on a number of implementation options. In November 2009, the project was moved to the Northwest Regional Data Center for hosting and administration activities. Contracts with agencies were signed and work to connect the data sources began with the vendor, Metatomix.

Children and Youth Cabinet Children's Budget

Pursuant to Subsection 402.56(5)(h), Florida Statutes, the Children and Youth Cabinet of Florida is charged with creating a Children's Budget:

Develop a children-and-youth-based budget structure and nomenclature that includes all relevant departments, funding streams, and programs. The budget shall facilitate improved coordination and efficiency, explore options for and allow maximization of federal financial participation, and implement the state's vision and strategic plan.

The final Children's Budget will facilitate improved coordination and efficiency, explore options for and allow maximization of federal financial participation, and implement the state's vision and strategic plan. To this end, the Cabinet's Budget Committee, chaired by Governor's appointee D. Gay Lancaster has:

- Identified successful efforts in other states.
- Started an inter-agency dialogue on how best to proceed.
- Created a budget data collection system prototype.
- Reviewed prototype system with agencies.

In November and December 2009, the committee began developing a crosswalk of programs and services offered by agencies to the outcomes and indicators identified by the Cabinet. When identifying programs or services, agencies are encouraged to work at the highest aggregated level possible that will still allow matches to be made to specific indicators.

It is anticipated that a preliminary Children's Budget will be developed in early 2010. The output of this process will be similar to the table below:

Outcome	Indicator	Program/Service
Every Florida child is healthy	Mothers beginning prenatal care in the first trimester	Program A, B, C…
Every Florida child is ready to learn and succeed	Children who are read to by their parents or relative caregivers	Program 1, 2, 3…

Children and Youth Cabinet Reports and Recommendations Research

The Children and Youth Cabinet commissioned a report from it Sub-Committee on Reports and Recommendations. The Crosswalk of the Recommendations for Florida's Children and Youth Services Report was developed and presented to the Cabinet in July 2009. A copy is provided in Appendix 5.

This report was provided to the Florida Children and Youth Cabinet by the University of Central Florida's College of Health and Public Affairs. This report was not inclusive of all Commission, Council and Task Force Reports. Only those report recommendations received for this project addressing services to children and their families and which

afforded an opportunity for coordination and collaboration across Cabinet Departments and Agencies were included. The report to the Florida Children and Youth Cabinet (FCYC) included the following:

1. Recommendations from selected Florida commissions, councils, and task forces, including projected fiscal and legislative impact.
2. Strategic objectives of the Florida Children and Youth Cabinet plan.
3. Crosswalk of the intersection between the strategic plan goals and objectives and recommendations from selected Florida commissions, councils, and task forces.
4. Review of the strategic plan crosswalk to assess the potential for meeting the established Cabinet objectives.

Other Supports and Representation Provided by Staff in the Governor's Office of Adoption and Child Protection to the Children and Youth Cabinet of Florida

Florida invited to Ready by 21, Credentialed by 26 Summit in DC

Florida was one of only fives states, along with Maine, Ohio, New York, Tennessee, that was invited to the "Ready by 21, Credentialed by 26 Summit: An Invitational Convening for State Youth Policy Makers" held in Washington, DC on August 10-11, 2009. Dr. Irmgard Bocchino, Associate Vice President, The Robert "Bob" Elmore Honors Institute, Broward College; Dehryl McCall, staff to the Youth Opportunities Committee and member of Florida's Strengthening Youth Partnerships represented Workforce Florida Inc. and the efforts accomplished by Florida's Strengthening Youth Partnership initiative; and Jennifer Diaz with Florida's Children and Youth Cabinet attended the Summit. The goals of the Summit included:

- Understanding of state efforts in college and workforce readiness and success.
- Building the case for increased attention to the post-secondary population using a collaborative approach to support vulnerable students.
- Tying economic viability, poverty eradication and brain gain interests of states to broader access and success in post secondary education for all youth.
- Determining the key policy levers that states can use to impact post secondary education success.

The Summit also included discussions surrounding post-secondary education and what it takes to succeed; improving supports and services; state team discussion/planning; the Ready by 21 partners and building shared accountability; federal opportunities; State team planning; State data sharing efforts and National/Federal support. Dehryl McCall of Work Force Initiative was selected by the team representing Florida to report to the Children and Youth Cabinet the information obtained from the Summit. Next steps include creating a resource map for the state to help youth and agencies identify services statewide.

National Governor's Association: Building Brighter Futures for Children

The Special Projects Manager in the Governor's Office of Adoption and Child Protection was an invited speaker and panelist for a workshop during the 2009 National Governor's Association Building Brighter Futures for Children Conference in Maryland entitled: *Lessons from the States: Using Children's Cabinets to Support a Children's Agenda*. Speakers included:

- Jennifer Diaz, Special Projects Manager, Florida Governor's Office of Adoption and Child Protection
- Robert Frawley, Deputy Director, New York State Council on Children and Families
- Rosemary King Johnston, Executive Director, Maryland Governor's Office for Children
- Julienne Smrcka, African American Liaison, New Mexico Children, Youth and Families Department and former Director, New Mexico Children's Cabinet
- Facilitator: Susan Golonka, Program Director for Human Services, National Governor's Association

About the Workshop: Governors' Children's Cabinets are collaborative governance structures that seek to promote coordination across state agencies and improve the well-being of children and families. A strong and effective Children's Cabinet can:

- Improve coordination and efficiency across state departments and local levels of government.
- Mobilize resources around the governor's priorities for children.
- Increase accountability by establishing measurable outcomes and benchmarks.
- Facilitate a holistic approach to serving children and their families and strengthen partnerships with the nonprofit and private sectors.

At least twenty (20) states have a children's cabinet with as many variations in mission, focus, membership, activities, location and structure. For example, some cabinets focus on select priorities such as New York's emphasis on universal health insurance for children and universal Prekindergarten. Others, such as New Mexico and Maryland, focus on a wide range of child and family outcomes and may use results frameworks, children's budgets, and state-local collaborations to foster results. As part of its mission to promote interdepartmental collaboration and program implementation, Florida's cabinet analyzed the programs and budgets of ten (10) child- and youth-serving agencies to determine possibilities for collaboration around such issues as outreach, prevention and early intervention, child screening and assessment, parenting supports, and data. In this session, representatives of Children's Cabinets shared their insights on creating effective children's cabinets, including strategies to sustain them over time, and engaged in a discussion with the audience.

Explore Adoption – **The Governor's Award Winning Campaign**

The 2007 Legislature appropriated funding to the Governor's Office of Adoption and Child Protection for the purpose of initiating a statewide marketing campaign to promote the adoption of the children who are in Florida's foster care system. After extensive research, statewide surveys and focus groups, _Explore Adoption_ was launched in May 2008. The campaign ran through December 2008, winning many state and national awards. In 2009, the Governor's Office of Adoption and Child Protection continued to promote public adoption through _Explore Adoption_ and distributed materials including marketing kits, brochures, educational one-pagers, window clings, posters and lapel pins. Visit _www.adoptflorida_.org or call 800-96-ADOPT.

Governor Crist declared July 22, 2009 _Explore Adoption_ Day. Governor Crist, Lt. Governor Kottkamp, Chief Child Advocate Jim Kallinger, Department of Children and Families Secretary George Sheldon and Adoptive father Supreme Court Justice Ricky Polston toured the state holding adoption round tables with families and participating in adoption ceremonies to celebrate the second year of record breaking adoption numbers in Florida. Stopping in Tallahassee, Pensacola, Jacksonville, Tampa, Orlando, Naples, Ft. Lauderdale and Miami, Governor Crist and Lt. Governor Kottkamp announced that Florida had reached 3,777 adoptions in the fiscal year 2008-2009. This number is up 103 from last year's record of 3,674. On this day, Governor Crist took thanked families for opening their hearts and homes to Florida's children. He also thanked the Department of Children and Families, the Community-Based Care Lead agencies, and their providers for all their hard work in connecting adoptive parents with Florida's children. This record is an amazing feat because there are fewer children in foster care, through our adoption and diversion programs. As of July 1, 2009, there were 19,797 children in out-of-home care, down 32 percent (9,483 children), from 29,280 children in January 2007. This campaign has continued to focus on teens, sibling groups, and children with medical needs still in foster care to find them loving and permanent homes. Governor Crist has raised awareness, and the people of Florida have responded. They have accepted the challenge and welcomed Florida's children into their hearts and homes.

In 2009, the Dave Thomas Foundation recognized the state of Florida as the most adoption-friendly workplace for the second consecutive year. State and public school employees who adopt a child from state care are eligible for a one-time adoption benefit of $5,000 or $10,000. This includes state employees, employees of public schools, community colleges, universities and water management districts. The higher benefit is for families adopting older children, sibling groups, or children with medical challenges.

In December 2009, the _Explore Adoption_ 30-minute Television Program, hosted by Florida adoptee and author Ashley Rhodes-Courter, won an Emmy Award from the SunCoast Chapter of the National Academy of Television Arts and Sciences.

Chief Child Advocate

On July 1, 2007, former State Representative Jim Kallinger was appointed as Florida's first Chief Child Advocate. On matters that relate to the promotion of adoption, the support of adoptive families and the prevention of child abuse, abandonment and neglect, the duties and responsibilities of the Chief Child Advocate include assisting in rule development, acting as the Governor's liaison, working to secure funding, developing strategic programs, advising the Governor and Legislature and developing public awareness as defined in Florida Statutes, Subsection 7(b).

The Chief Child Advocate serves as the Director of the Governor's Office of Adoption and Child Protection and as the Chairman of the Governor's Child Abuse Prevention and Permanency Advisory Council. He also serves on the Department of Children and Families' Task Force on Fostering Success and is a member of Florida's Children and Youth Cabinet. In April 2008, the Chief Child Advocate was appointed by the Governor to serve as Chairman of the Guardian ad Litem Qualifications Committee to submit to the Governor a list of candidates for the position of Statewide Director of the Statewide Guardian ad Litem Program in the event of a vacancy.

Below is a representative sample of the public activities of the Chief Child Advocate during 2009:

- Participated in the National Governor's Association Policy Academy on Safely Reducing the Number of Children in Foster Care. Florida was one of six states that met throughout the year to discuss ways to maximize state resources and implement best practices to prevent the unnecessary removal of children from their home, and to achieve timely permanency for those children currently in state care. The Policy Academy set a benchmark for the participating states to commit to safely reducing the number of children in state care 50 percent by the year 2020. In a bold move, Florida felt confident enough to set their goal of 50 percent by the year 2012.

- Attended the Harvard Digital Government Summit and the Governing Conference on Information Technology which allowed leaders from across geographic and institutional boundaries to share ideas and identify best practices. These conferences provided intelligence and analysis on management and policy decisions in relation to Florida's Children and Youth Cabinet Information Sharing System.

- Initiated a dialogue with delegates from the Virginia Assembly and the office of Virginia's Governor to begin discussions about Florida's successes in child welfare, best practices and policies related to public adoption. Planning is in the works for a summit with State leaders from both states early next year to continue and enhance the dialogue.

- Traveled with the Governor to four cities in Florida to announce the record breaking number of finalized adoptions. The purpose of this outreach was to recognize and thank all the families across our state that have opened their hearts and homes to Florida's children, and to continue to raise public awareness and further the success of foster care adoption in our state.

- Represented the State of Florida at the annual meeting of the National Alliance of Children's Trust and Prevention Funds, giving a status report on child abuse prevention efforts in the Governor's Office of Adoption and Child Protection and an update on the formation of the Direct-Support Organization of the Office of Adoption and Child Protection.

- Continued to explore funding opportunities for office activities such as the creation of a Direct-Support Organization.

- Worked with various state agencies to maximize the funding Florida receives through the Community Based Child Abuse Prevention (CBCAP) grant, the appropriation of Florida's adoption bonus awarded through the federal Increasing Adoptions Act, developing a partnership with the National Alliance of Children's Trust and Prevention Funds and various other state and federal grant and appropriations opportunities.

- Made presentations at various summits and conferences around the state, including:
    - A status report and facilitated discussion was conducted at the annual Florida Coalition for Children Conference. This presentation focused on the Faith-based Prevention and Permanency Initiative which is a major component of the state's five-year plan for prevention and permanency being developed by the Governor's Child Abuse Prevention and Permanency Advisory Council.
    - At the National Governor's Association Center for Best Practices/National Conference of State Legislatures annual meeting for Achieving and Sustaining a Safe Reduction in Foster Care gave a presentation on some of the primary prevention plans and related efforts emanating from the Governor's Office of Adoption and Child Protection. Also participated in a panel discussion about engaging key stakeholders and increasing public confidence in the child welfare system.
    - Participated in a panel discussion at the Florida Association for Infant Mental Health annual meeting to discuss the Family Strengthening Initiative (the five protective factors and the goal in the state's five-year plan for prevention and permanency) and the Child Screening Report being considered by the Children and Youth Cabinet of Florida.

- Participated in press conferences, bill signings and other media events, including radio and television interviews throughout the year.

- Traveled around the state to attend meetings and site visit the facilities of various stakeholders involved with child welfare including non-profit organizations, community-based care lead agencies and service providers.

- Witnessed adoption ceremonies around the state where multiple adoptions were finalized in the same day.

- Presented the Governor's Points of Light Award to distinguished individuals who have demonstrated outstanding volunteer service in their community with a compassion for their fellow Floridians.

- Met with Legislators and presented to Legislative Committees regarding the Governor's Office of Adoption and Child Protection and Children and Youth Cabinet of Florida activities and also policy issues that affect child welfare in the state.
- Spoke at numerous events and conferences, including:
    - The Brevard County Child Safety Conference
    - Children's Week Advocacy Dinner
    - Kids Only Town Hall Meeting
    - One Church, One Child Annual Meeting
    - Light of Hope Ceremony for National Child Abuse Prevention Month
    - Florida Baptist Children's Home Annual Board Meeting
    - Booker T. Washington Success Academy
    - Empowering Visionaries through Education Seminar
    - Heart Gallery of North Florida event
    - Governor's Cabinet meeting
    - National Adoption Day event in Miami
    - National Adoption Day event in Tallahassee
- Met with many new adoptive families and discussed their experiences with the adoption process.
- Interacted with many concerned citizens and local leaders from across the state to listen to their issues and ideas, and then convey those messages into the appropriate discussions at the state and interstate levels.

Direct Support for the People of Florida

The Governor's Office of Adoption and Child Protection works with the Governor's Office of Citizen Services to better respond to Floridians who have challenges and concerns about our child welfare system. The two offices work together to coordinate their resources and collective knowledge base. The Governor's Office of Adoption and Child Protection uses a triage system that enables a proactive response to those citizens who have the greatest need. In doing so, the Governor's Office of Adoption and Child Protection has assisted approximately 100 individuals and/or families in 2009. Many of the cases requested assistance while engaged in the adoption process. Families outside of Florida also contacted the Governor's Office of Adoption and Child Protection seeking to adopt from Florida's foster care system. Adoptive parents contacted the Governor's Office of Adoption and Child Protection needing information on medical subsidies and financial support. Grandparents of children within Florida's foster care system also contacted the Governor's Office of Adoption and Child Protection seeking out ways to protect their grandchildren. Additional cases ranged from adult adoptees, barriers within the system, foster placement, relative placement/adoption, services assistance, adopted children that were about to age out of the system, and more. These are just a few types of citizens' calls with which the Governor's Office of Adoption and Child Protection received and assisted.

Other Activities of the Governor's Office of Adoption and Child Protection

The Deputy Chief Child Advocate serves as the Governor's appointee to the Child Care Executive Partnership. The Child Care Executive Partnership (CCEP) is an innovative, public/private partnership program that was created by the Florida Legislature in 1996 to help employers meet the needs of a growing segment of their workforce – working parents. This program leverages a relationship between businesses and families that want to work and succeed. The mission of the CCEP is to promoting public private partnerships to ensure that the children of Florida are provided safe, high quality, developmentally appropriate and enriching child care while parents work to remain self-sufficient. To that end, the CCEP seeks to:

- To encourage private employers to participate in the future of this state by providing employee child care benefits.
- To encourage private employers to explore innovative ways to assist employees to obtain quality child care.
- To expand the availability of child care options for working families by providing incentives for employers to contribute to meeting the needs of their employees' families by matching public dollars available for child care.

Additionally, the Deputy Chief Child Advocate represents the Executive Office of the Governor on the (ECCS) Statewide Multi-Agency Team. ECCS stands for the federally funded State Maternal and Child Health Early Childhood Comprehensive Systems Initiative implemented by the Department of Health. The purpose of ECCS is to build and integrate early childhood service systems that address the critical components of access to comprehensive health services and medical homes; social-emotional development and mental health of young children; early care and education; parenting education and family support. ECCS efforts involve a broad range of public and private agencies and organizations, parents and communities who share the goal of promoting the health and well-being of children from ages 0 to 5. ECCS is serving as a vehicle for bringing together a tremendous number of people who are working hard to address all the areas of a child's life that are critical to their health and well-being. The goal is to develop systems that more effectively meets the needs of children and families.

The Governor's Office of Adoption and Child Protection conducted various workshops and other supports around the state to promote the work of and educate stakeholders on office-related initiatives in 2009. These include:

- January 14: Developed and held a workshop called **Project Adoption Success**, a two-day workshop addressing "Customer Service" in the public adoption process. Sue Ebbers, Ph.D. was the group facilitator, working in cooperation with the Governor's Office of Adoption and Child Protection and the Department of Children and Families. Forty (40) participants from across the state of Florida represented all roles and responsibilities in the adoption systems.
- January 29: The Chief Child Advocate and the Deputy Chief Child Advocate conducted a briefing of the **circuit and state leadership** of the Department of

Children and Families. The meeting was designed to provide assistance with the components of the 18-month plan, the goals of the plan, the activities of support for the local planning team efforts and the needs identified by the circuits and state leadership.

- January 30: The Deputy Chief Child Advocate served as a featured presenter at the statewide **Adoption Journey Conference** sponsored by the Florida Adoption Information Center to discuss measures planned to prevent child maltreatment, promote adoption and support adoptive families.

- August 26-28: Held a workshop presenting **Family Strengthening - Protective Factors that Support Family Centered-Practice** at the Department of Children and Families Dependency Court Summit in Orlando. Participants explored five evidence-based protective factors that build resiliency in families and reduced the risk of child maltreatment. These protective factors provide reference points for identifying family strengths and needs and provide tools for implementing family centered practices that build on these strengths and address those needs. Additionally, the tools give a foundation for garnering community and natural supports. They enable practitioners to work in partnership with all members of the family to explore opportunities for building evidence-based protective factors to better nurture and support their children.

- October 8: Participated in **Read for the Record** with Lt. Governor Kottkamp, reading to two classes of Kindergarteners. Read for the Record exists to gather preschool children in an international campaign to read one book, in one day to raise awareness about early literacy. On October 8, 2009 over two million children were read *The Very Hungry Caterpillar*.

- October 12: Conducted a workshop on the Faith Based Initiative for Prevention and Permanency at the Florida Coalition of Children Conference in Orlando entitled: **Ways to Obtain Support of Adoptive Families, Assistance with Adoption and Prevention of Child Maltreatment from Your Faith Based Communities.** As all agencies are faced with increasingly limited resources, this initiative augments work to prevent child abuse, promote adoption and support adoptive families in a low cost/ no cost way using the faith community as partners in delivering messages and services. The participants in the workshop reviewed and tailored strategies, tools and resources to reach into their communities and engage all faiths with assisting the Community Based Care Agencies in efforts to support of adoptive families, recruitment of adoptive parents, and prevent child abuse.

- In the spirit of teamwork, the Governor's Office of Adoption and Child Protection has recognized what it means to be a part of a larger entity and has proven to be willing and able to help other offices within the Executive Office of the Governor to share resources, skills and supports. The Governor's Office of Adoption and Child Protection lent significant amounts of time and staff resources to the Governor's External Affairs Office in the planning and execution of major events involving the Governor such as, the **Governor's Easter Egg Roll Event for Local Foster Children**, the **Explore Adoption Day**

Fly Around, the **Governor's Holiday Events at the Mansion**, and many other related events.

Part 2 – Status of Child Maltreatment and Adoptions in Florida

Part 2 of this annual report is governed by Subsections 39.001(7)(c)(5) b-d, Florida Statutes which call for:

    b. A summary of the adoption data collected and reported to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and the federal Administration for Children and Families.

    c. A summary of the child abuse prevention data collected and reported to the National Child Abuse and Neglect Data System (NCANDS) and the federal Administration for Children and Families.

    d. A summary detailing the timeliness of the adoption process for children adopted from within the child welfare system.

The Department of Children in Families is the reporting agency for these data. Thus, staff members from the Department of Children and Families prepared Part 2 of this report.

Vision, Mission, Overarching Goal and Desired Results for the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Vision

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

Mission

To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Overarching Goal

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

Desired Results of Plan Implementation

1. *Child Maltreatment Prevention* – By 30 June 2010, the child abuse rate will be reduced from the fiscal year 2007-08 statewide rate of 28.8 to 27.5 per 1,000 children.

2. *Adoption Promotion* – By 30 June 2010, the percent of children adopted within 12 months of becoming legally free for adoption will increase from the 2007-2008 rate of 68.3 percent to 70.00 percent.

3. *Adoption Promotion* – By 30 June 2010, the percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2008 rate of 51.4 percent to 46.0 percent.

4. *Adoption Support* – By 30 June 2010, the annual number of adopted children who are returned to foster care (regardless of when the adoption was finalized) will be reduced from the June 2008 number of 155 to less than 120.

Summary of Child Maltreatment Data

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

Desired Result – Child Maltreatment Prevention. By 30 June 2010, the child abuse rate will be reduced to 27.5 per 1,000 children. This fiscal year 2008-2009, the statewide rate was reduced to 26.4 per 1,000 children from 28.8 per 1,000 children last fiscal year. Florida achieved the 2009-2010 desired outcome and will strive to maintain this desired outcome for fiscal year 2009-2010.

Child Abuse Rate (Per 1,000)
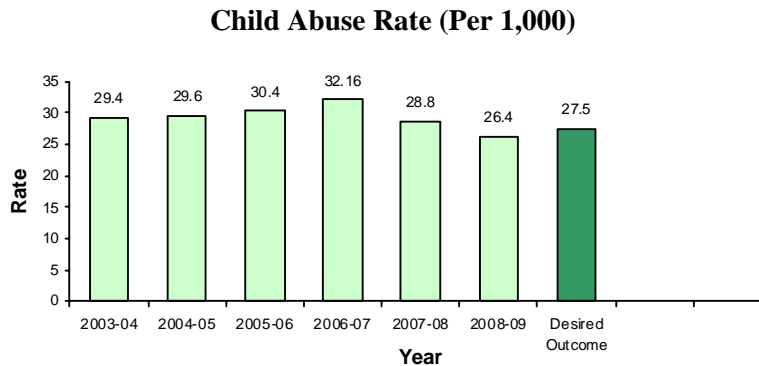
Status of Child Maltreatment in Florida

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

Florida's Abuse Hotline is the central toll-free (1-800-96-ABUSE) statewide access point for reporting suspected child maltreatment. Based upon the unduplicated data provided by the Florida Department of Children and Families in December 2009, during SFY2009 (State Fiscal Year July 2008 – June 2009), the hotline received calls concerning *220,189 alleged victims of child maltreatment*. This is a *statewide reporting rate of 52.5 alleged victims* per 1,000 children (birth - 17) in Florida. Of these, *110,795 (50.3 percent) were found to be substantiated* with findings of verified child maltreatment or some indication of it. This results in a *statewide victimization rate of 26.4 maltreated children* per 1,000 children (birth – 17) in Florida.

The Department of Children and Families' *Florida Safe Family Network* data system recorded the primary reasons for removal of the children entering into foster care. If a child was removed twice during the year, both sets of reasons are included in this

analysis. Of the 14,625 children entering foster care in the twelve month span from July 2008 – June 2009, the reasons for removal were divided into nine categories. These are shown in the table below.

Reasons for Services Reported in July 2008 – June 2009

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

As shown in the table above, parental drug and alcohol abuse was the most often cited reason for 48 percent of the children being removed from their parent or primary caregiver. The second most cited service reason for a removal was neglect including inadequate supervision or mental or physical neglect. This second reason represented 24 percent of the children taken into care. Both of these removal reasons represent the same reasons and percentages as last fiscal year.

Summary of Adoption Data

Adoption Data Reported by the Department of Children and Families to the Federal Administration for Children and Families via the Adoption and Foster Care Analysis and Reporting System (AFCARS).

In January 2007, the Federal Administration for Children and Families (ACF) published new federal child welfare outcome measures, including five measures related to the timeliness of adoptions from foster care. The fifth measure is not being reported this year as a significant portion of the data is incomplete.

Data and summaries were provided by the Department of Children and Families to the Executive Office of the Governor in December 2009. These data and information have been aggregated in order to describe the status of adoption in Florida. Performance information is based on the 12-month period from July 2008 to June 2009, using the most recent available data for this review. It should be noted that for the information provided below, comparisons will be made using prior federal fiscal years (FFY) which span the months October through September. For example, FFY2004 spans October 2003 through September 2004.

Measure 1 – Percent Discharged in Less than 24 Months. Of all children who were discharged from foster care to a finalized adoption during the period July 2008 through June 2009, *40.99 percent were discharged in less than 24 months from the date of the latest removal from home*. The target was to reach the national 75th percentile for FFY2004 which is 36.6 percent. *Florida has exceeded this target for a second year in a row.* Florida has made steady progress on this measure over the last several years, increasing from 23.9 percent in FFY2004 to 40.99 percent in the period July 2008 through June 2009. This measure is limited to children adopted during the period and does not address the likelihood that children, presently in care, will be adopted within 24 months. It is important to note that this measure can be misleading, especially when an agency successfully recruits adoptive families for older children/teens who have been in foster care for multiple years and therefore may create a negative impact on this measure. Individual circuit performance of the measure is reflected below. Of the 20 Florida circuits, 20 percent (4) did not meet the state's target. This is an improvement over last year when 6 of the 20 Circuits or 30 percent did not meet the state's target.

Percent Discharged in Less than 24 months (by Circuit)

Circuit	Performance	Circuit	Performance
First Circuit	46.09%	Eleventh Circuit	38.59%
Second Circuit	40.15%	Twelfth Circuit	17.91%
Third Circuit	46.67%	Thirteenth Circuit	25.85%
Fourth Circuit	67.46%	Fourteenth Circuit	38.14%
Fifth Circuit	37.73%	Fifteenth Circuit	49.38%
Sixth Circuit	25.42%	Sixteenth Circuit	50.00%
Seventh Circuit	45.99%	Seventeenth Circuit	45.80%
Eighth Circuit	38.89%	Eighteenth Circuit	46.04%
Ninth Circuit	47.47%	Nineteenth Circuit	23.96%
Tenth Circuit	44.33%	Twentieth Circuit	33.33%

Measure 2 – Median Length of Stay in Foster Care. Of all children adopted from foster care during the period July 2008 through June 2009, the *median length of stay in foster care was 26.8 months from the date of latest removal from home to the date of discharge to adoption*. The target was to reach the national 25th percentile for FFY2004 which is 27.3 months. *Florida has exceeded this target for a second year in a row*. This measure, like the first measure, is limited to children adopted during the period, so it only describes the length of stay of this particular group of adopted children. Florida's median has dropped for several years, from 35.1 months in FFY 2004 to 26.8 months in the period July 2008 through June 2009. Individual circuit performance of the measure is reflected below. Of the 20 Florida circuits, 45 percent (8) did not meet the state's target. Again, this is an improvement in comparison to last year when 50 percent (10) of the 20 Florida circuits did not meet the state's target.

Median Length of Stay in Foster Care (by Circuit)

Circuit	Median LoS	Circuit	Median LoS
First Circuit	24.5	Eleventh Circuit	28.2
Second Circuit	30.4	Twelfth Circuit	33.0
Third Circuit	25.2	Thirteenth Circuit	32.2
Fourth Circuit	19.1	Fourteenth Circuit	32.3
Fifth Circuit	28.8	Fifteenth Circuit	24.3
Sixth Circuit	31.9	Sixteenth Circuit	24.0
Seventh Circuit	25.0	Seventeenth Circuit	25.2
Eighth Circuit	25.4	Eighteenth Circuit	24.8
Ninth Circuit	24.5	Nineteenth Circuit	35.0
Tenth Circuit	26.7	Twentieth Circuit	27.1

Measure 3 – Finalized Adoptions. Of all children who were in foster care on the first day of July 2008, and who had been in foster care for 17 continuous months or longer, ***30.99 percent were discharged from foster care to a finalized adoption by June 30, 2009***. The target was to reach the national 75th percentile for FFY2004 which is 22.7 percent. ***Florida has exceeded this target*** for each of the last six federal fiscal years. This measure provides one way of looking at the likelihood of children being adopted who have been in care for a long period of time. It selects all children who were in care at the beginning of the period and follows up after 12 months to see whether they have been adopted. This measure excludes children who, by the last day of the period, have achieved permanency through reunification with parents or primary caretakers, living with other relatives, or guardianship. Individual circuit performance of the measure is reflected below. Of the 20 Florida circuits, only 5 percent (1) did not meet the state's target.

Percent of Finalized Adoptions (by Circuit)

Circuit	Performance	Circuit	Performance
First Circuit	45.54%	Eleventh Circuit	23.62%
Second Circuit	39.53%	Twelfth Circuit	42.69%
Third Circuit	27.94%	Thirteenth Circuit	29.12%
Fourth Circuit	32.64%	Fourteenth Circuit	54.55%
Fifth Circuit	37.78%	Fifteenth Circuit	25.22%
Sixth Circuit	36.99%	Sixteenth Circuit	34.69%
Seventh Circuit	30.68%	Seventeenth Circuit	24.05%
Eighth Circuit	40.59%	Eighteenth Circuit	32.74%
Ninth Circuit	23.96%	Nineteenth Circuit	23.17%
Tenth Circuit	36.41%	Twentieth Circuit	20.71%

Measure 4 – Legally Free for Adoption. Of all children who were in foster care on the first day of July 2008 or January 2009, had been in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that day, *14.08 percent became legally free for adoption* by December 31, 2008 or June 30, 2009. The target was to reach the national 75th percentile for FFY2004 which is 10.9 percent. *Florida has exceeded this target* for five of the last six federal fiscal years. This measure reflects how quickly Florida moved to obtain termination of parental rights (TPR) when it appeared that reunification was no longer a viable option. This measure excludes children who did not become legally free during the first six months of the period but who, during that six-month period, achieved permanency through reunification with parents or primary caretakers, living with other relatives, or guardianship. Individual circuit performance of the measure is reflected below. Of the 20 Florida circuits, only 20 percent (4) did not meet the state's target.

Percent of Children Legally Free for Adoption (by Circuit)

Circuit	Performance		Circuit	Performance
First Circuit	30.14%		Eleventh Circuit	2.83%
Second Circuit	6.78%		Twelfth Circuit	15.60%
Third Circuit	12.50%		Thirteenth Circuit	17.97%
Fourth Circuit	15.87%		Fourteenth Circuit	22.12%
Fifth Circuit	15.93%		Fifteenth Circuit	6.29%
Sixth Circuit	15.38%		Sixteenth Circuit	15.79%
Seventh Circuit	31.28%		Seventeenth Circuit	10.90%
Eighth Circuit	12.20%		Eighteenth Circuit	7.95%
Ninth Circuit	10.85%		Nineteenth Circuit	15.53%
Tenth Circuit	17.01%		Twentieth Circuit	13.30%

The Adoption Process for Children Adopted from within the Child Welfare System

In the state fiscal year July 2008 through June 2009 (SFY2009), 3,777 adoptions from the child welfare system were finalized in Florida. Three-quarters of these children were adopted by the families known to the children and where they were already living—their foster parents or relative caregivers: **31.9 percent** were adopted by foster parents and **43.9 percent** were adopted by relatives. The remaining **24.2 percent** of these children were adopted by families who were recruited for them. These percentages are the same as last fiscal year. Over the last three years, the number and therefore percentage of relative caregiver adoptions have increased. As documented in the chart below, the percentages of these three populations do vary by circuit.
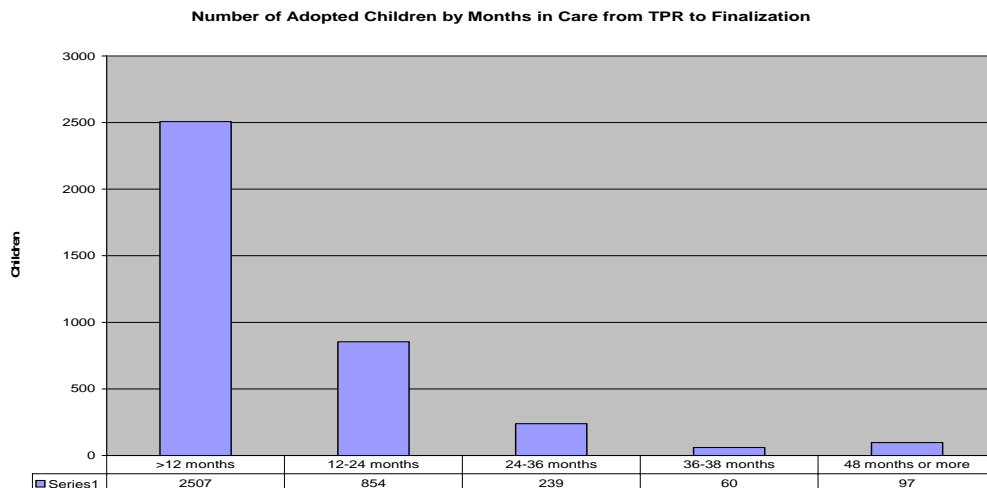
Of the Adoptions in SFY08-09, the Percentage by Circuit by Type of Adoptive Family

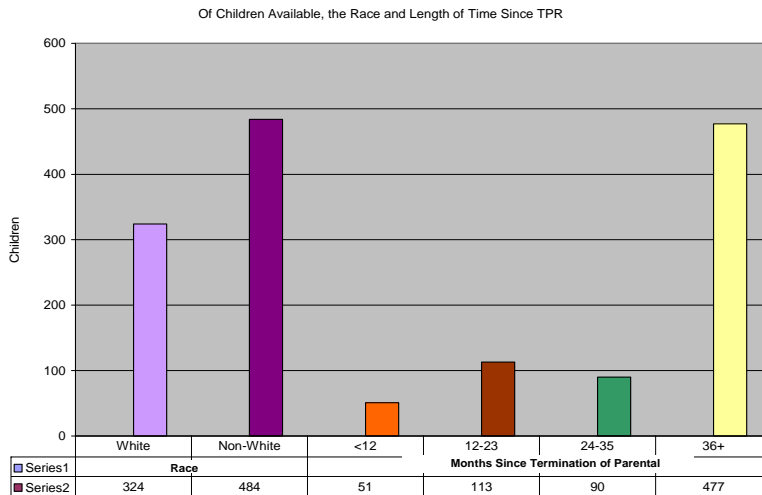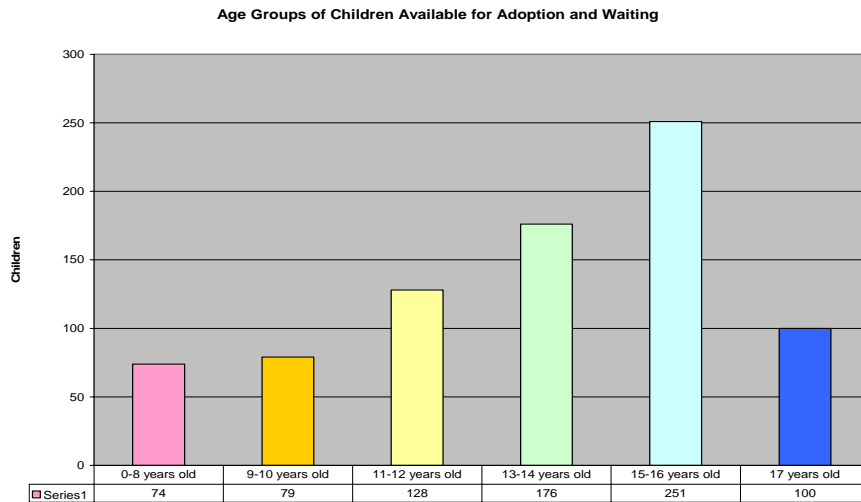| Circuit	Foster Parent	Relatives	Recruited Parents	Circuit	Foster Parents	Relatives	Recruited Parents
First Circuit	27%	42%	31%	Eleventh Circuit	32%	49%	19%
Second Circuit	45%	25%	30%	Twelfth Circuit	49%	30%	21%
Third Circuit	47%	28%	32%	Thirteenth Circuit	26%	46%	28%
Fourth Circuit	26%	54%	20%	Fourteenth Circuit	25%	47%	28%
Fifth Circuit	23%	45%	32%	Fifteenth Circuit	35%	48%	17%
Sixth Circuit	40%	33%	27%	Sixteenth Circuit	33%	34%	33%
Seventh Circuit	34%	51%	15%	Seventeen Circuit	44%	38%	18%
Eighth Circuit	25%	53%	22%	Eighteenth Circuit	13%	54%	34%
Ninth Circuit	36%	38%	26%	Nineteenth Circuit	35%	47%	18%
Tenth Circuit	27%	37%	36%	Twentieth Circuit	56%	32%	12%

To assess the adoption process, the Department of Children and Families submitted data describing the timeliness of finalized adoptions as well as descriptions of the children who are available and no adoptive family has been identified. Specifically, the data include the following:

- Data describing the number of months in foster care from the date of termination of parental rights to adoption finalization for the 3,777 children adopted in SFY 2009.

- Data describing the children available for adoption on October 31, 2009, including age group, race, and length of time in care.

Length of Stay in Foster Care from the Date of Termination of Parental Rights to the Date of Adoption Finalization. Verified data sets were available and provided for 3,757 of the 3,777 children who were adopted in SFY2009, a 99 percent sample. This section reports information based upon the sample of children for whom the data were complete. It should be helpful to know the number of months from securing the termination of parental rights (TPR) to the adoption finalization date to assess if there are delays. As the chart documents, 2,507 (66%) of the adoptions were finalized in less than twelve months from date of TPR.

Number of Adopted Children by Months in Care from TPR to Finalization

	>12 months	12-24 months	24-36 months	36-38 months	48 months or more
Series1	2507	854	239	60	97

Children Waiting for Adoption. The Department of Children and Families' data describe the 808 children available for adoption from the Florida child welfare system that do not have identified adoptive families as of October 31, 2009. It is important to remember that 75 percent of the total number of children legally available from the Florida child welfare system have identified families—they will be adopted by their foster parents or relative caregivers. Only the children available without identified adoptive families are described below. The first chart describes these children by age. Over half (65 percent) are youth thirteen or older. Youth who are 15-16 years old represent 250 (31 percent) of the waiting children. Less than ten percent (9 percent) of the available children are eight years of age or younger while 91 percent are between the ages of nine and seventeen.

Age Groups of Children Available for Adoption and Waiting

	0-8 years old	9-10 years old	11-12 years old	13-14 years old	15-16 years old	17 years old
Series1	74	79	128	176	251	100

Of Children Available, the Race and Length of Time Since TPR

	White	Non-White	<12	12-23	24-35	36+
Series1	Race			Months Since Termination of Parental		
Series2	324	484	51	113	90	477

The chart above describes the race of the 808 available children and number of months since termination of parental rights for 731 of the 808 available children. The data for 77 of the available children without identified families was insufficient to accurately describe the number of months since termination of parental rights. This still represents a 90 percent sample of the available children without identified families. Over half (60 percent) of these available children are non-white and over half (59 percent) have been legally available and waiting for three or more years.

Part 3 – Agency Recommendations and Requests

The following is a summary of the policy and budget recommendations as submitted by the various affected state agencies for the further development of services and programs for the promotion of adoption, support of adoptive families and prevention of child abuse and neglect. This summary is by no means to be considered all inclusive, by error or intent.

The agencies recommendations are not listed in any particular order, and they do not reflect in any way the priorities of the Executive Office of the Governor. This summary of agency recommendations may or may not even reflect the priorities of an agency, but it does show their level of commitment to these particular issues. By identifying the different, and sometimes similar, recommendations among the various state agencies, a dialogue will be created, duplicity of effort will diminish and better cooperation and collaboration between the agencies will be the result.

Agency Policy Recommendations

Seven (7) state agencies provided policy recommendations related to the prevention of abuse, abandonment and neglect. These recommendations are summarized below by state agency.

Agency for Persons with Disabilities

1. Funding to take individuals off waiting list for Home and Community Based Services waiver ($22.1 million requested). *
2. Information technology support ($821,300 requested).
3. Development of plan to transition program to individual budgets due to Legislature in February 2010.
4. Successful enrollment of up to 2,500 current waiver recipients into the Consumer Directed Care Plus (CDC+) program. Savings will be redirected to enroll individuals off the waitlist during the current year. *

* Please note that children in the foster care system are a top priority for enrollment off the waiting list. Savings from the CDC + program will go first to enroll approximately 250 children currently on the waitlist for the Home and Community Based Services waiver.

Agency for Workforce Innovation

The Agency for Workforce Innovation is currently participating on local workgroups through the Child Abuse Prevention and Permanency Councils for adoption promotion and prevention of child maltreatment. The Agency partners with 31 local early learning coalitions for the delivery of early learning programs statewide. The early learning coalitions currently provide services for nearly 250,000 children in the School Readiness program, nearly 150,000 children in the Voluntary Prekindergarten program and nearly 240,000 families who access the Child Care Resource and Referral system. Through the efforts of early learning coalitions, the Agency impacts families by utilizing local professionals and community partners to provide parent skill building classes, public awareness campaigns and parent education, child assessments and referrals, family assessments and referrals, family goal achievement, family/child referrals (developmental, medical, dental, economic, family support, infant mental health), and early childhood provider training. Each of these activities, when combined, becomes an integral part of the Family Strengthening Initiative.

The Agency for Workforce Innovation collaborates with partners across the state including the Governor's Office of Adoption and Child Protection and the early learning coalitions to review curricula that are aligned with Florida's Family Strengthening Initiative and that will be used for statewide training. Early learning coalitions have been recognized as integral partners in implementing Florida's Family Strengthening Initiative and has been specifically identified as "early adopters" in the Child Abuse Prevention and Permanency Plan. As early adopters of the initiative, early learning coalition staff participates in training that targets frontline early learning staff, Child Care Resource and Referral staff and early childhood providers.

Department of Children and Families

Policy Recommendations
- To address local child abuse and neglect prevention programs, it is recommended that a person within the Community-Based Care Agency or sub-contract provider be responsible for further development and improvement of local prevention programs and the budget reporting for the programs.

- To develop and improve support of adoptive parents, it is recommended that a person within the Community-Based Care Agency or sub-contract provider be assigned the responsibility of responding to all inquiries from adoptive parents regarding needed post adoption services.

Budget Requests
- Adoption promotion and support needs, and child abuse prevention program needs. Although there are many competing needs, the economic outlook for Florida at the present time dictates that we focus on our most critical needs. The Department has thus requested a total of $21,055,316 for maintenance adoption subsidy needs for FY 10-11.

Department of Corrections

Department of Corrections (DOC) is very active with volunteerism, both in terms of our own employees serving as volunteers in the community with schools and other organizations, and with volunteers who come into Florida prisons to work with incarcerated persons, and their families, including children of incarcerated parents. This past year, DOC employees volunteered more than 7,300 hours for mentoring youth in public schools across the state and community based youth activities.

Florida DOC has over 10,000 active volunteers on a given day that come into Florida prisons to work with incarcerated individuals, many of whom are parents. Our volunteers provide mentoring services to teach life skills, parenting skills, education, faith and character building and many partner with organizations such as Big Brothers / Big Sisters, Boys and Girls Clubs, and Faith Organizations to name a few.

These volunteers also work closely with the families of incarcerated individuals, particularly at-risk children within those families.

Recommendations to further develop and improve services / programs:

1. Training, education, awareness - both for employees and the public through public service announcements and other marketing campaigns

2. Many agencies (state and local, public and private) interact with the same at-risk families and youth. Continual improvement and opportunities to share data and information would aid in preventing further risk of abuse and neglect.

FLORIDA DEPARTMENT OF EDUCATION

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Just Read,
Florida!

December 17, 2009

Mr. Jim Kallinger
Chief Child Advocate
Executive Office of the Governor
The Capitol
Tallahassee, FL 32399

Dear Mr. Kallinger:

This letter is in response to your correspondence in which you requested information from the Department of Education regarding:

- Recommendations, by state agency, for the further development and improvement of services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.
- Budget requests, adoption promotion and support needs, and child abuse prevention program needs by state agency.

In response to the above request, please see the attachment.

I hope the information provided is helpful to you in your efforts in compiling your annual report. If you need further assistance, please do not hesitate to contact Ms. Bettye Hyle via email at betty.hyle@fldoe.org or via phone at (850) 245-7851.

Sincerely,

Dr. Eric J. Smith

ES/pan

Attachment

Florida Department of Education

Recommendations for the 2009 Annual Report of the Governor's Office of Adoption and Child Protection

Further Development and Improvement of Services and Programs for the Promotion of Adoption, Support of Adoptive Families, and Prevention of Child Abuse and Neglect

- Continue interagency collaboration through the Educational Cooperative Planning team and their development of the five-year plan for the prevention of child abuse
- Continue interagency collaboration related to children in care (foster children) to implement the 2008 interagency agreement
- Continue technical assistance for the implementation of the 2008 legislation related to the prevention of bullying and harassment in public schools (section 1006.147, Florida Statutes) and the tracking of such incidents through the School Environmental Safety Incident Reporting System (SESIR)
- Continue technical assistance for the implementation of the 2009 legislation related to zero tolerance and crime and victimization (section 1006.13, Florida Statutes)
- Continue the distribution of the Department of Education's Child Abuse Sourcebook, which provides information and resources on the reporting of suspected child abuse and support for children who have been abused, to all school district personnel
- Support more stringent and consistent requirement for fingerprinting and background screening across agency programs such as child care, after school programs

Budget Requests, Adoption Promotion and Support Needs, and Child Abuse Prevention Program

Support the Department of Education's legislative budget request related to the Florida Education Finance Program, specifically:

- Safe Schools Allocation, request for continuation funding of $67,260,840 for (1) after-school programs for middle school students; (2) other improvements to enhance the learning environment, including implementation of conflict resolution strategies; (3) alternative school programs for adjudicated youth; (4) suicide prevention programs; and (5) other improvements to make the school a safe place to learn (often partial or full funding for School Resource Officers).

Support the continue allocation for the federal Safe and Drug-Free Schools Program, PL 107-110, ($13,949,486) to support programs that offer a disciplined environment conducive to learning, by preventing violence in and around schools and by strengthening programs that prevent the illegal use of alcohol, tobacco, drugs, involve parents, and coordinate with related federal, state and community efforts and resources.

Department of Health, Children's Medical Services

The following is a listing of distance learning courses presented by the Florida Department of Heath, Children's Medical Services over the last thirty months. A total of 13,410 individuals at 833 separate sites took advantage of these trainings. Copies of the trainings are available in DVD form for those wishing to avail themselves of the material in the future. In addition, Dr. Michael Haney and Joseph J. Chiaro, MD, FAAP presented the Adverse Childhood Experiences (ACE) study on two separate occasions to over a hundred attendees including employees of the Department of Children and Families, psychologists, physicians, nurses, and other child health workers. Finally, the Department of Health's Child Protection Teams around the state (24 in total) continue to provide continuing education in their respective communities on the prevention of abuse and neglect.

CMS DIVISION OF PREVENTION AND INTERVENTIONS: DISTANCE LEARNING TRAINING PARTICIPANT/SATELLITE TOTALS

TITLE OF TRAINING/DATE OF TRAINING	NUMBER OF PARITICIPANTS	NUMBER OF SATELLITES PARTICIPATING	SPONSORED BY
Coping with Crying (Shaken Baby Syndrome Prevention) **(5/15/07)**	605	55	DOH/CMS Division of Prevention and Intervention
Introduction to Poison Control Centers and Common Pediatric Poisoning **(1/29/08)**	1380	80	DOH/CMS Division of Prevention and Intervention Florida Poison Control Centers
Poisoning in Florida, Opportunity for Prevention **(3/19/08)**	935	51	DOH/CMS Division of Prevention and Intervention Florida Poison Control Centers
Florida Red Tide and the Health Care Provider **(5/28/08)**	535	47	DOH/CMS Division of Prevention and Intervention Miami Poison Control Centers
The Impact of Trauma and Violence on Child Development **(6/4/08)**	930	70	DOH/CMS Division of Prevention and Intervention
Understanding Adolescent Brain Development **(3/6/09)**	1460	83	DOH/CMS Division of Prevention and Intervention The Florida Department of Children and Families

TITLE OF TRAINING/DATE OF TRAINING	NUMBER OF PARITICIPANTS	NUMBER OF SATELLITES PARTICIPATING	SPONSORED BY
Fetal Alcohol Spectrum (FASD) – What is it? How do we identify it? What can we do about it? **(6/19/09)**	1080	87	DOH/CMS Division of Prevention and Intervention and Division of Network and Related Programs
Self Injury: Testimony, Insight, and Critical Issues **(6/30/09)**	4800	360	DOH/CMS Division of Prevention and Intervention and The Florida Department of Children and Families DOH/Office of Injury Prevention Florida Office of Drug Control/Statewide Office of Suicide Prevention
Trauma Focused Therapy (Part I) **(10/9/09)**	975	71	DOH/CMS Division of Prevention and Intervention
Trauma Focuses Therapy (Part 2) **(11/06/09)**	710	54	DOH/CMS Division of Prevention and Intervention

The following is a proposal by the statewide Child Abuse Death Review Committee advocating and justifying an expanded review of children who die in Florida.

Proposal Title: Expanded Child Abuse Death Review

Brief Proposal Description:
An Expanded Child Abuse Death Review process will be established in Florida. To accomplish this, the statutory authority of the State Child Abuse Death Review Team (sec. 383.402, Florida Statutes) will be amended to allow for the review of the deaths of all children from birth until the age of 18 where a report has been made to the Florida Child Abuse Hotline. The death of a child is a community problem. A child's death is a sentinel event that should urge communities to identify other children at risk for illness or injury. The goal of Child Death Review process (local and state) is to better understand how and why children die and use the findings to take action that can prevent other deaths and improve the health and safety of children.

There are presently 24 locally-supported Child Abuse Death Review (CADR) teams covering all 67 counties. There are, also, 11 state-funded and 12 un-funded Fetal-Infant Mortality Review (FIMR) committees covering 44 counties. The work of these groups, at the local and state-level, need to be coordinated. It will also be advantageous to review the data management systems used by CADR and FIMR and the CDC CDR recommendations, so that a common nomenclature and system can be established for Florida. The CADR process does not involve contacting family members; all information is gathered from other primary sources, e.g., law enforcement reports, child protective investigation reports and medical examiner reports.

Justification:
While an All Child Death Review process would be ideal, an Expanded Child Abuse Death Review process will improve our understanding of how and why children die; demonstrate the need for policies and programs to improve child health, safety and protection; prevent other child deaths; reduce duplication of effort; and allow the Department of Health and other agencies to develop appropriate strategies to reduce the occurrence of child deaths from preventable situations.

By monitoring the occurrence of all childhood deaths where a report has been made to the Hotline and performing an appropriate investigation when deaths occur, child abuse death review teams have a unique ability to gather the detailed information that is necessary for effective injury/disease prevention activities. Collaboration among agencies enhances the ability to determine accurately the cause and circumstances of death. Information about the death of one child may lead to effective preventive strategies to protect the life of another. The benefits of implementing an expanded child abuse death review process would include increasing the number of thorough child death investigations by law enforcement and medical examiners, enhancing interagency cooperation, improving allocation of limited resources, and providing consistency in the certification of the cause and manner of death. The overall benefit is increasing the reliability of data from which to identify actions that will reduce child deaths.

Public Health Evidence:
Each day in Florida, an average of eight children from birth through aged 19 years die. The 2006 Kids Count Data Book ranks Florida as 27th out of 51 states (including the District of Columbia) for its child death rate for children ages one through 14 (REF). In 2006, a total of 3,241 children birth through 19 years of age died (Florida Vital Statistics). Of these, 1,713 were less than one year of age, and only a sampling of these would have been reviewed by a FIMR. The State CADR Team reviewed the deaths of 170 children who died in 2006. However, nearly 70% of all Florida child deaths are not given a thorough review. This means that conclusions and recommendations based on the deaths reviewed are limited in their generalization to the larger population of children who die in Florida. It is anticipated that an Expanded Child Abuse Death Review process will increase the number of deaths reviewed by nearly three fold. By identifying local factors related to mortality, heightening local awareness of these factors, and mobilizing communities to enact needed changes the incidence of child deaths can be decreased.

The State Child Abuse Death Review Annual Report identified drowning as a primary cause of death. Recommendations were developed in collaboration with the Office of Injury Prevention, and an extensive drowning prevention strategy has been implemented in the state.

Estimated Cost:
This proposal requests funding for 24 local teams, 6 statewide meetings, and 3 positions. These positions will be responsible training and technical assistance for local teams, coordinating lead efforts in conjunction with law enforcement and the Department of Children and Families regarding child deaths in the state, providing support for the statewide child death review team, monitoring data base, conducting data analysis and preparing the annual and other reports. Base funding for the local child death review teams will be provided. Local support will also be available to meet team fiscal needs. ***Refer to Feasibility below for comment on current no-cost proposal.

Expense Category	Actions	FY 09-10
State Team travel	6 meetings/yr	$22,000
Travel	for HQ staff	$20,000
Meeting Rooms	6 meetings/yr	$3,000
Materials, copying, etc.		$600
Communications	conference calls, HQ staff	$2,000
		$47,600

Potential Funding Sources:
Existing funding comes from the MCH Block Grant, the Social Services Block Grant, and State General Revenue. It is anticipated that additional funding will come from State General Revenue. In addition to currently provided state funding, local FIMR and CADR teams use a variety of community sources to fund their activities, including support from County Health Departments, local/regional CMS offices, and the Department of Children and Families.

Proposal Feasibility:
A legislative proposal for establishing an Expanded Child Abuse Death Review was submitted by the Department to the Governor. The submitted proposal does not have a fiscal note; it states that we will implement based on available resources. The above Cost Estimate is based on developing an exemplary system meeting national standards. Initially, the Department could move in an incremental manner to implement an All Child Death Review system within available resources. Input and guidance will be sought from the National FIMR and CDR programs, as well as other states that have implemented an All Child Death Review process.

Finally, there are three bureau reports outlining activities and recommendations to enhance the safety and care of foster children, including those eligible for adoption:

- Office of Injury Prevention is represented on the statewide Child Abuse Death Review (CADR) team as an ex-officio member. One of the top causes of death is drowning and is usually considered as neglect and preventable by the caregiver. Do not know the requirements for adoption or foster homes. However, would suggest that those homes with a residential swimming pool meet the current requirements of Chapter 515, Florida Statutes. This would require fencing of the pool. Florida leads the US in 1-4 year olds drowning, besides being a top cause of death in the CADR.

- Office of Emergency Operations (OEO) maintains contact with Meg Baldwin, Executive Director of Refuge House, a shelter for victims of domestic abuse and violence. In that regard, there is ongoing communication with Ms. Baldwin and Chip Wilson (Statewide Disability Coordinator for Emergency Management, who is funded by our ASPR Hospital Preparedness Program grant), encouraging their collaboration, and providing articles of interest on preparedness and accommodations mandated by the Americans with Disabilities Act (ADA). Quite often, when women suffer abuse, their children do, too, physically, psychologically, or both. They leave their homes to escape abusive husbands, fathers, boyfriends or other relatives (think "funny uncles"). The children who reside in such domestic violence shelters are vulnerable, and merit attention from the department and from the Legislature.

- One "At Large" Recommendation If not already being accomplished, suggest Office of Adoption develop and print materials, such as posters or flyers, about adoption that could be posted statewide in various public locations; e.g. Departments of Motor Vehicles, County Health Departments, Children's Medical Services offices, libraries, etc. The same would go for informing staff and the public about signs of child abuse, who to contact, etc.

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

INTEROFFICE MEMORANDUM

DATE: December 8, 2009

TO: Jim Kallinger, Chief Child Advocate, Office of the Governor

FROM: Secretary Frank Peterman, Jr.

SUBJECT: Children & Youth Cabinet --- Annual Report Data Request of Agencies

---

We are writing in response to your November 24th request for input to be included in the Governor's Office of Adoption and Child Protection's annual report of its findings related to the promotion of adoption, support of adoptive families, and the prevention of child abuse, abandonment, and neglect. We offer these comments:

1. The Department is currently working in conjunction with the Department of Children and Families (DCF) on a review of our agencies' transition planning practices and processes for youth adjudicated as dependent, disposed to foster care and subsequently committed to a DJJ residential program who are ready to return home. Next steps involve development of an assessment instrument to be used for determining a youth's readiness for returning to their communities. As part of this initiative, we have one full-time OPS employee through May whose sole purpose is to address the needs and concerns of the approximate 300 to 500 DJJ and DCF jointly served youth or "cross-over youth." Her duties include, but are not limited to, assisting in the design and development of high-level case management tracking options for cross-over youth and the production of a "How-to Guide" in accessing assistance during the case management process.

2. In addition, one of DJJ's five proposed legislative bills in the 2010 session is the establishment of Transition to Adulthood programs that would provide youth the assessment referenced above, to determine their skills and abilities to live independently and become self-sufficient. This is the Department's only proposed bill this year with fiscal impact; that may interfere with its passing, but we are hopeful. This proposal also clarifies the requirement that collaboration between DCF and DJJ continue whenever a youth is jointly served by both agencies.

I believe that these efforts will have an impact on the prevention of child abuse, abandonment and neglect by preparing youth to be successful as they transition back into their homes and communities. In addition, they support DJJ's mission to strengthen families and turn around the lives of troubled youth.

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Charlie Crist, Governor   Frank Peterman, Jr., Secretary

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

Please let me know if you need any additional information for your report. If you have specific questions regarding these efforts please feel free to contact Kelly Layman, Chief of Staff, at kelly.layman@djj.state.fl.us or 850-487-2492 or Beth Davis, Director of Program Accountability, at beth.davis@djj.state.fl.us or 850-414-8818.

Department of Law Enforcement

1. The State Child Death Review Team should review ALL child deaths, not just verified cases.
2. A salary incentive course on child abuse should be developed for law enforcement and presented to the Standards & Training Commission for approval.
3. Consider establishing a requirement in state statute for background check screening for private adoptions, and for persons who house foreign exchange students.
4. Enhance background screening for criminal history checks for persons who work or provide care services for children to include electronic fingerprint submission, retention of fingerprints with immediate arrest notification and national rescreening after a designated number of years.
5. Require agencies organizations or persons who provide care or care services to register with Florida Department of Law Enforcement's Sexual Offender Alert Notification System to ensure awareness of sexual offenders within proximity of the children that they care or provide service for.

The first two recommendations come from FDLE Inspector Terry Thomas and are in conjunction with recommendations already made as you know by the Child Abuse Prevention and Permanency Council. Inspector Thomas has already worked with Florida Department of Law Enforcement's Professionalism Program and has curriculum to be presented to the Criminal Justice Standards and Training Commission in February.

The third bullet is based on audit findings from the FBI, where DCF was doing background screening for private adoptions without an authorized statute and had to stop doing them by memo of Secretary Sheldon. We believe that federal law requires background checks on foreign adoptions, state statute governs adoptions under DCF that are required for HHS federal funding, but private adoptions are not covered anywhere to my knowledge and would need a separate statute and screening authority.

Below is the link on the foreign exchange student issue.
http://www.naplesnews.com/news/2009/aug/15/foreign-exchange-students-becoming-target-abuse-cr

The fourth bullet mirrors Florida Department of Law Enforcement's recommendations to the House and Governor's Workgroups on background screening for vulnerable populations.
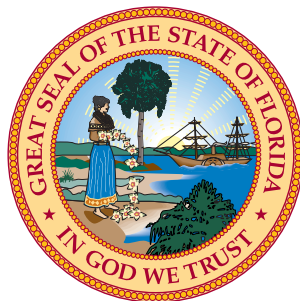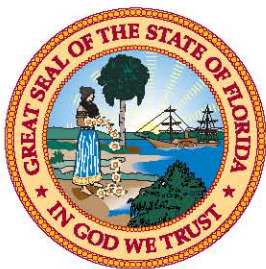
Office of Adoption and Child Protection
Executive Office of the Governor
The Capitol, Suite 2002
Tallahassee, Florida 32399-0001
Phone: (850) 921-2015
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Office of Adoption and Child Protection

Annual Report
2009

Appendices

Executive Office of
the Governor

Appendix 1

Five-Year Local Planning Process Outline

FIVE-YEAR LOCAL PLANNING PROCESS OUTLINE

This outline is designed to guide the local planning teams in developing the *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015*. The plan will cover three major areas of focus:

- 5-Year Plan on the Prevention of Abuse, abandonment, and neglect of Children
- 5-Year Plan on the Promotion of Adoption
- 5-Year Plan on the Support of Adoptive Families

The content of the outline arises from the provisions of §39.001(8)(b)6. and the *Florida Child Abuse Prevention and Permanency Plan: July 2009 – June 2010.* Please note:
- The first draft of the local circuit plan is due on or before 5 February 2010.
- The final draft is due on or before 21 May 2010.

See the SUBMISSSION section of this outline for information about number of copies and the destination address. Thanks!

PURPOSE

The local circuit plan and plan update will cover five years, beginning **1 July 2010 and ending 30 June 2015**. It will serve four major purposes:

- **First,** it will provide an integrated approach that will guide your circuit's efforts to strengthen Florida's families, creating a better environment for its children.

- **Second**, it will telescope child maltreatment prevention efforts to focus on preventing abuse, abandonment, and neglect <u>before</u> they occur:
  - o Primary prevention – Accessible by the general public in order to prevent child abuse, abandonment, and neglect from occurring.
  - o Secondary prevention – Geared to families who are vulnerable and at risk of maltreating their children in order to prevent child abuse, abandonment, and neglect from occurring.

- **Third**, your circuit plan of action, along with all the other circuit plans of action from around the state, will form the basis for the statewide plan of action and plan update being developed by the Governor's Child Abuse Prevention and Permanency Advisory Council, which is due to the Governor and the Legislature on 30 June 2010.

- **Fourth**, it will provide the structure for monitoring and reporting progress toward meeting the plan goals and objectives.

This outline has been created to assist you in developing a local plan of action that will conform to state requirements described in Subsection 39.001 (8)(b)(6), Florida Statutes. The Governor's Child Abuse Prevention and Permanency Advisory Council will incorporate information from all the local plans in the development of the statewide plan. Copies of the final local circuit plans will become a part of the state plan.

SUBMISSION

<u>Three hard copies</u> **(including one with original signatures)** and <u>one electronic copy</u> of the **first draft** of the local circuit plan **must be submitted by <u>5 February 2010</u>** to:
> Jim Kallinger, Chief Child Advocate
> Executive Office of the Governor, The Capitol, Suite 2002, Tallahassee, FL 32399-0001.

Sometimes the grace of insufficient funds concentrates the mind and inclines the will to try things not done before to find a way forward.

Barbara Foster, Deputy Chief Child Advocate
Executive Office of the Governor, The Capitol, Suite 2002, Tallahassee, FL 32399-0001
Telephone: 850-921-2015, Fax: 850-921-0173, Email: Barbara.Foster@myflorida.com
Web Site for Local Planning Teams: *http://www.flgov.com/ca_lpt*
Web Site for the Child Abuse Prevention and Permanency Advisory Council:
　　http://www.flgov.com/child_abuse_prevention
Web Site for the DCF "Spinner" Reports:
　　http://centerforchildwelfare.fmhi.usf.edu/Pages/Default.aspx

OVERVIEW OF THE PLAN – MAJOR HEADINGS AND COMPONENT PARTS

The format of the local circuit plan will follow the outline provided in this document. The major headings for this outline include:

Part 1 Introduction to the Plan

　I.　Circuit transmittal information
　II.　Process used to develop the plan and plan update

Part 2 Plan for the Prevention of Abuse, abandonment, and neglect of Children

Definitions: Two types of prevention of abuse, abandonment, and neglect (child maltreatment) of children are to be addressed in this plan:
- Primary prevention – Accessible by the general public in order to prevent child abuse, abandonment, and neglect from occurring.
- Secondary prevention – Geared to families who are vulnerable and at risk of maltreating their children in order to prevent child abuse, abandonment, and neglect from occurring.

The major sections of this prevention plan include:

　I.　Status of child maltreatment (including the documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, as well as child abuse, abandonment, and neglect in the geographical area) *§39.001(8)(b)6.a*
　II.　A continuum of programs necessary for a comprehensive approach to prevention of all types of child abuse, abandonment, and neglect (including brief descriptions of such programs and services) *§39.001(8)(b)6.f*
　III.　Description of programs currently serving abused, abandoned, and neglected children and their families (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.b*
　IV.　Description of programs for the prevention of child abuse, abandonment, and neglect (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.b*
　V.　A description, documentation, and priority ranking of local needs related to the prevention of child abuse, abandonment, and neglect based upon the continuum of programs (see 2-II) and services (see 2-IV). *§39.001(8)(b)6.g*
　VI.　A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding *§39.001(8)(b)6.h*
　VII.　Plans for monitoring progress and for determining the results of the prevention efforts
　VIII.　A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect *§39.001(8)(b)6.i*
　IX.　Recommendations for changes that can be accomplished only at the state program level or by legislative action. *§39.001(8)(b)6.j*

Part 3 Plan for the Promotion of Adoption

The major sections of this plan for the promotion of adoption include:

    I.   Status of adoption (including information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts) *§39.001(8)(b)6.c*

    II.   A continuum of programs necessary for a comprehensive approach to promotion of adoption (including brief descriptions of such programs and services) *§39.001(8)(b)6.f*

    III.   Description of programs currently promoting adoption (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.d*

    IV.   A description, documentation, and priority ranking of local needs related to the promotion of adoption based upon the continuum of programs (see 3-II) and services (see 3-III). *§39.001(8)(b)6.g*

    V.   A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding *§39.001(8)(b)6.h*

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

    VII.   A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption *§39.001(8)(b)6.i*

    VIII.   Recommendations for changes that can be accomplished only at the state program level or by legislative action. *§39.001(8)(b)6.j*

Part 4 Plan for the Support of Adoptive Families

The major sections of this plan for the support of adoptive families include:

    I.   Status of support of adoptive families (to be based upon such areas as the quantity and quality of adoptive parent support groups; quantity and accessibility of adoption competent mental health professionals; educational opportunities available for adoptive parents; and quantity of post adoption services counselors who provide information and referral, temporary case management for emotional support, and educational advocacy)

    II.   Description of a comprehensive approach for providing post-adoption services (including information on sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy) *§39.001(8)(b)6.e*

    III.   Description of programs currently supporting adoptive families (including information on the impact, cost-effectiveness, and sources of funding) *§39.001(8)(b)6.d*

    IV.   A description, documentation, and priority ranking of local needs related to the support of adoptive families based upon the comprehensive approach (see 4-II) and services (see 4-III). *§39.001(8)(b)6.g*

    V.   A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding *§39.001(8)(b)6.h*

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

    VII.   A description of barriers to the accomplishment of a comprehensive approach to the support of adoptive families *§39.001(8)(b)6.i*

    VII.   Recommendations for changes that can be accomplished only at the state program level or by legislative action. *§39.001(8)(b)6.j*

Part 5 Attachments

    I.   Local planning team membership and participation roster

<u>**PLAN OUTLINE**</u>

PART 1 – INTRODUCTION TO THE PLAN

I. **<u>CIRCUIT TRANSMITTAL INFORMATION</u>** [Use the supplied cover sheet.]

    A. Circuit number and listing of counties served in the circuit

    B. Local planning team convener (accountable circuit employee)
        1. Name
        2. Title
        3. Address (street, city, zip)
        4. Telephone
        5. Fax
        6. Email

    C. Local planning team chairman (if different from the convener)
        1. Name
        2. Title
        3. Address (street, city, zip)
        4. Telephone
        5. Fax
        6. Email

    D. Circuit administrator
        1. Printed name
        2. Signature
        3. Date of signature

II. **<u>PROCESS USED TO DEVELOP THE PLAN AND PLAN UPDATE</u>**

    A. Who led the planning effort

    B. Narrative description of the circuit and the demographics of the counties in the circuit

    C. Brief narrative description of the membership of the planning team(s)
        Note: the roster should be placed as Attachment 1.

    D. Overview of the meetings held

    E. Overview of the plan development process

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

I.   STATUS OF CHILD MALTREATMENT

Status of child maltreatment (including the documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, as well as child abuse, abandonment, and neglect in the geographical area) §39.001(8)(b)6.a

Data to be provided by the Department of Children and Families and reported by the circuits include:

1. Child maltreatment counts for State Fiscal Year (SFY) 2007-2008
   {See Excel Spreadsheet #1.}
2. Child population counts for SFY 2007-2008 *{See Excel Spreadsheet #1.}*
3. **Child maltreatment counts for SFY 2008-2009** *[***State Plan Goal***]*
   {See Excel Spreadsheet #2.}
4. Child population counts for SFY 2008-2009 *{See Excel Spreadsheet #2.}*
5. Unduplicated counts of victims by no indication, by some indication and by verified abuse (most serious finding on any report for the child) *{See Excel Spreadsheet #2.}*
6. Counts of children with most serious finding of verified abuse by age
   {See Excel Spreadsheet #3.}
7. Counts by the array of allegations of abuse *{See Excel Spreadsheets #4 & 6.}*
8. Counts by the array of allegations of abuse that were verified
   {See Excel Spreadsheets #5 & 6.}
9. Demographics (i.e., age, race, and gender) of children who were subjects of investigations (unduplicated counts) *{See Excel Spreadsheet #7.}*
10. Demographics and other characteristics that may be available for perpetrators (i.e., age, race, and gender) *{See Excel Spreadsheet #8.}*
11. Counts by recommendations for services (unduplicated by child and investigation) *{See Excel Spreadsheet #9.}*

Add your own indicators as are appropriate for the planning effort in your circuit.

In Part 2-I, report on your careful review and analysis of the status of child maltreatment for each of the counties in your circuit, in particular the geographic areas where maltreatment is occurring, the arrays of allegations of verified abuse, the demographics of the children involved, the demographics of the perpetrators involved and the array of recommendations for service. This analysis will set the foundation for determining where to put your circuit's efforts and what efforts should be made to prevent child maltreatment before it ever occurs. You will use the benefits of this work to determine the priority needs to be addressed by this prevention plan. The text should be no longer than necessary to convey the main ideas and reasoning process applied so that it can be used for planning and priority setting.

Note: The Excel workbook containing the above spreadsheets is located on the Governor's Web site for the local planning teams at: http://www.flgov.com/ca_lpt

II.   CONTINUA OF PRIMARY AND SECONDARY PREVENTION PROGRAMS

A continuum of programs necessary for a comprehensive approach to prevention of all types of child abuse, abandonment, and neglect (including brief descriptions of such programs and services) §39.001(8)(b)6.f

Note: The content of this section may be copied in whole and placed within the plan.

It is the intent of this planning effort to prevent child abuse, abandonment, and neglect before it ever occurs. Thus, for the purpose of this prevention plan, the continuum of programs (necessary for a comprehensive approach to prevention of all types of child abuse, abandonment, and neglect) focuses on the first two of the three levels of prevention and prevention-focused strategies:

Primary using Universal Strategies	Secondary using Selected Strategies	Tertiary using Indicated Strategies
Primary prevention is geared to the general public to prevent child maltreatment from ever occurring. Universal strategies are accessible to anyone with the goal of preventing child maltreatment from ever occurring in the first place.	Secondary prevention is geared to communities and families who are vulnerable and at risk of child maltreatment (e.g., have multiple risk factors – parent age, poverty, substance abuse, domestic violence, maternal depression). Targeted strategies assist these vulnerable groups with the goal of preventing child maltreatment from ever occurring in the first place.	Tertiary prevention consists of activities targeted to families that have confirmed or unconfirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. These are families that qualify for services under child welfare programs. These are families where there is an open case.

II.A.   CONTINUUM OF PRIMARY/UNIVERSAL PREVENTION PROGRAMS AND SERVICES *Accessible by the general public prior to the occurrence of child abuse and neglect*

Community Development – Community capacity building, community partnerships, etc.

Community Support for Families – Family resource centers, community events and fairs, etc.

Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.

Information and Referral and Helplines – Access to information about community and social services available for families including early health and development services, etc.

Public Awareness and Education Campaigns – Highlighting risk/protective factors, child development, positive parenting, child safety, domestic violence and substance abuse prevention, bullying prevention, etc.

Workforce – Family-friendly workplace policies, livable wage policies, etc.

II.B.   CONTINUUM OF <u>SECONDARY/SELECTED</u> PREVENTION PROGRAMS AND SERVICES *Targeted to families with multiple risk factors prior to the occurrence of child Abuse and Neglect*

Adult Education – High School Diploma, GED, job training, ESL classes, mentoring for high risk youth, etc.

Community Development – Community building, community partnerships, etc.

Community Support for Families – Food banks, clothing banks, housing assistance, transportation, emergency assistance, food stamps, quality childcare, etc.

Concrete Services – Referrals for (or provision of) clothing, food, utility payments, housing assistance, transportation, emergency assistance, respite care, etc.

Family Supportive Programs/Services – Voluntary home visiting (e.g., for families that meet Healthy Families Florida and Healthy Start criteria), parent education classes, teen parenting services, parent self-help support groups, domestic violence supports, substance abuse and mental health services, respite care (including families with disabilities), counseling for adults and children, developmental assessments, etc.

Workforce – Family-friendly workplace policies and livable wage policies, etc.

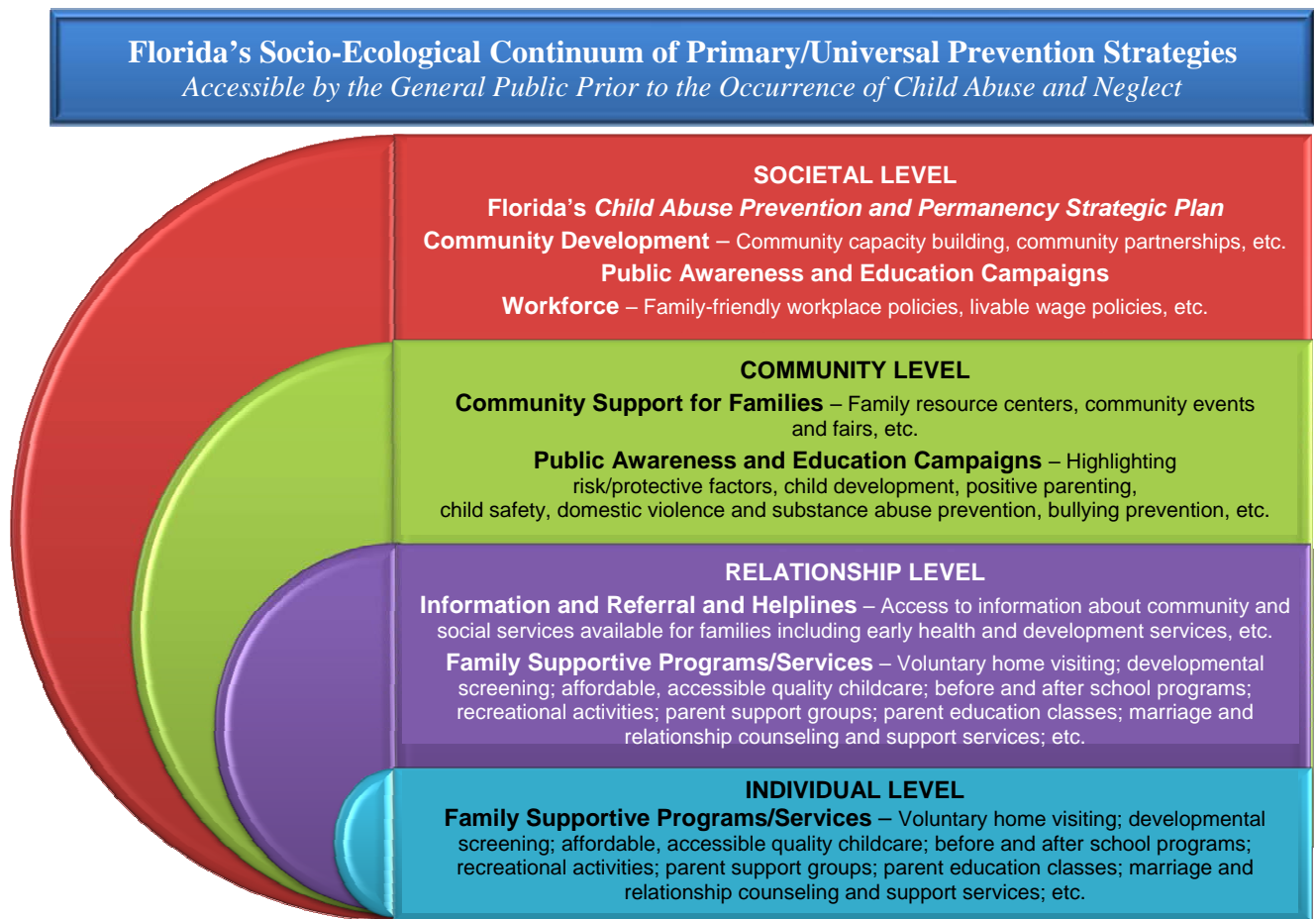**II.C.   <u>FLORIDA'S ECOLOGICAL FRAMEWORK</u>**

Florida's ecological framework serves to organize the potential influence and impact of prevention strategies and is based on the following assumptions:

- Children and families exist as part of an ecological system. This means that prevention strategies must target interventions at multiple levels: the individual, the relationship, the community, and society.
- Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they raise their children.
- Assuring the well-being of all families is the cornerstone of a healthy society and requires universal access to support programs and services.
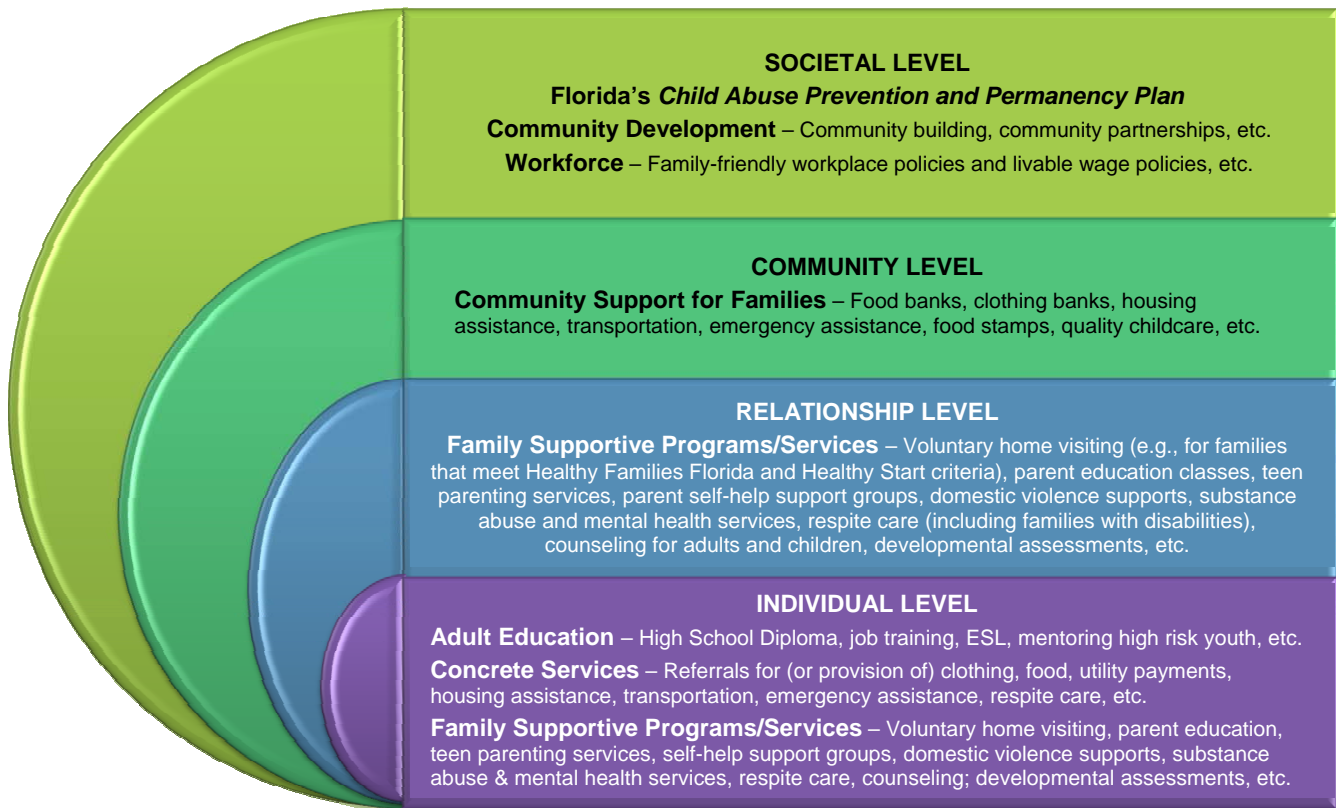
It comprises four levels of influence:

1. *Individual level***:** At this level are **parent and child characteristics** – emotional and psychological characteristics, temperament, behavior, problem-solving skills, health conditions, and beliefs – that can affect the rearing of children. Interventions at this level are often designed to affect an individual's social skills, cognitive skills, behavior and immediate circumstances.

2. *Relationship level***: Interpersonal relationships** with peers, intimate partners, and family members shape an individual's behavior and range of experiences. This level contains factors such as family size, cohesion, communication, support, conflict, and stability that directly affect the child and influence the way in which adults care for children and each other. Interventions at this level are often designed to improve a person's ability to engage in positive and constructive relationships, especially within the immediate family.

3. *Community level*: Families operate within **neighborhoods and communities**. Factors that characterize this level include availability of supports (governmental and community), stability, violence, poverty, disorganization, and isolation; all affect the ability of families and communities to nurture their children. Interventions at the community level are typically designed to impact the climate, systems and policies in a given (usually geographic) setting.

4. *Societal level*: The **larger culture** in which families operate and children are raised plays a significant role in how families care for their young. Religious or cultural belief systems, values such as self-reliance and family privacy, and the cultural acceptance of media violence and corporal punishment of children affect the way in which parents raise their children and the ways in which communities support families. Interventions at the societal level typically involve collaborations of multiple partners to change laws and policies as well as to determine and influence societal norms and harmful cultural belief systems.

Florida's Socio-Ecological Continuum of Primary/Universal Prevention Strategies
Accessible by the General Public Prior to the Occurrence of Child Abuse and Neglect

SOCIETAL LEVEL
Florida's *Child Abuse Prevention and Permanency Strategic Plan*
Community Development – Community capacity building, community partnerships, etc.
Public Awareness and Education Campaigns
Workforce – Family-friendly workplace policies, livable wage policies, etc.

COMMUNITY LEVEL
Community Support for Families – Family resource centers, community events and fairs, etc.
Public Awareness and Education Campaigns – Highlighting risk/protective factors, child development, positive parenting, child safety, domestic violence and substance abuse prevention, bullying prevention, etc.

RELATIONSHIP LEVEL
Information and Referral and Helplines – Access to information about community and social services available for families including early health and development services, etc.
Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.

INDIVIDUAL LEVEL
Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.

Example provided for illustrative purposes only for the CAPP Council from the Ounce of Prevention Fund of Florida

III.   PROGRAMS CURRENTLY SERVING CHILDREN WHO HAVE BEEN MALTREATED

Description of programs currently serving abused, abandoned, and neglected children and their families (including information on the impact, cost-effectiveness, and sources of funding) §39.001(8)(b)6.b

Note: The content of this section can be copied in whole and placed within the plan.

These data have been collected and reported as a part of the Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010 and have been updated within Florida's Child and Family Services Plan as submitted in June 2009.

IV.   CHILD MALTREATMENT PREVENTION PROGRAMS
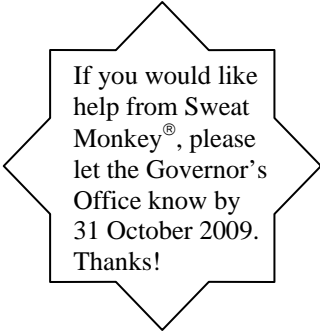
Description of programs for the prevention of child abuse, abandonment, and neglect (including information on the impact, cost-effectiveness, and sources of funding) §39.001(8)(b)6.b

IV.A.   PRIMARY/UNIVERSAL PREVENTION STRATEGIES – PROGRAMS ACCESSIBLE BY THE GENERAL PUBLIC PRIOR TO THE OCCURRENCE OF CHILD ABUSE AND NEGLECT

Note: Primary prevention is geared to the general public to prevent child maltreatment from ever occurring. Universal strategies are accessible to anyone with the goal of preventing child maltreatment from ever occurring in the first place.

For each <u>universal prevention strategy or program (primary prevention)</u> provided in your circuit, please provide:

- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families, children served
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Protective factor(s) built by the prevention strategy: (may be more than one)
  - Parental emotional resilience
  - Social connections
  - Knowledge of parenting and child development
  - Concrete support in times of need
  - Nurturing and attachment
- Type of universal prevention strategy (may be more than one)
  - Community development
  - Community support for families
  - Family supportive programs/services
  - Information and referral and helplines
  - Public awareness and education campaigns
  - Workforce
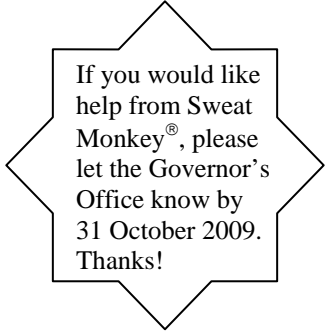
If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

IV.B. **SECONDARY/SELECTED PREVENTION STRATEGIES** – **PROGRAMS TARGETED TO FAMILIES WITH MULTIPLE RISK FACTORS FOR CHILD ABUSE PRIOR TO THE OCCURRENCE OF CHILD ABUSE AND NEGLECT**

Note: Secondary prevention is geared to communities and families who are vulnerable and at risk of child maltreatment (e.g., have multiple risk factors – parent age, poverty, substance abuse, domestic violence, maternal depression). Targeted strategies assist these vulnerable groups with the goal of preventing child maltreatment from ever occurring in the first place.

For each selected prevention strategy or program (secondary prevention) provided in your circuit, please provide:

- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families, children served
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Protective factors built by the prevention strategy: (may be more than one)
    - Parental emotional resilience
    - Social connections
    - Knowledge of parenting and child development
    - Concrete support in times of need
    - Nurturing and attachment
- Type of secondary prevention strategy (may be more than one)
    - Adult education
    - Community development
    - Community support for families
    - Concrete services
    - Family supportive programs/services
    - Workforce

If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

V. PLAN PRIORITIES

A description, documentation, and priority ranking of local needs related to the prevention of child abuse, abandonment, and neglect based upon the continuum of programs and services. §39.001(8)(b)6.g

In Part 2-I, carefully review and analyze the status of child maltreatment, in particular the geographic areas where maltreatment is occurring, the arrays of allegations of verified abuse, the demographics of the children involved, the demographics of the perpetrators involved and the array of recommendations for service.

In Part 2-IV.A & IV.B, carefully review and analyze the presence (and absence) of primary and secondary prevention programs in these areas, especially in light of the continua of primary and secondary programs and services that should be in place (see Part 2-II). For those that are present, note the protective factors that are built by these programs. Identify the areas where there are needs for building protective factors, and identify which protective factors should be the focus of the five-year plan.

For each county covered in the circuit plan, list the needs of that county for primary and secondary prevention efforts in priority order.

Priority Ranking of County-Level Needs Related to the Primary and Secondary Prevention of Child Abuse, abandonment, and neglect
Repeat this table for each county covered in this plan.

County:

Priority	County-Level Need with Description	Level of Prevention Intervention Necessary to Address the Need o Primary (Universal Strategies) o Secondary (Selected Strategies)	Protective Factors that Should be Built/Supported when Meeting this Need o Parental Emotional Resilience o Social Connections o Knowledge of Parenting and Child Development o Concrete Support in Times of Need o Nurturing and Attachment

For example, a county may have a high incidence rate of physical abuse and neglect by mothers under the age of 18. This could be displayed as:

1	*Reduce the rate of abuse and neglect by younger mothers (under the age of 18).*	*Secondary*	*Social connections* *Knowledge of parenting and child development* *Concrete support in times of need* *Nurturing and attachment*

VI. PLAN OF ACTION FOR THE PREVENTION OF CHILD ABUSE, ABANDONMENT, AND NEGLECT

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

What would it take to <u>succeed</u> in reducing the rate of child maltreatment in our circuit and counties?

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Goal 1
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

> *County ___ Goal 1.1*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

> *County ___ Goal 1.2*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:

A. Level of Prevention addressed by this Strategy: ❏ Primary Prevention/Universal Strategies *(Complete D)* ❏ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ❏ Societal Level ❏ Relationship Level ❏ Community Level ❏ Individual Level	**C. Protective Factors that Should be Built/Supported when Meeting this Priority Need:** ❏ Parental Emotional Resilience ❏ Social Connections ❏ Knowledge of Parenting and Child Development ❏ Concrete Support in Times of Need ❏ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ❏ Community Development ❏ Community Support for Families ❏ Family Supportive Programs/Services ❏ Information and Referral and Helplines ❏ Public Awareness and Education Campaigns ❏ Workforce	**E. Secondary Prevention Continuum Addressed by this Objective:** ❏ Adult Education ❏ Community Development ❏ Community Support for Families ❏ Concrete Services ❏ Family Supportive Programs/Services ❏ Public Awareness and Education Campaigns ❏ Workforce

Repeat for each strategy

Objectives (List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)
Objective 1.1
Objective 1.2

Objective: *(List objectives that will be accomplished by the action steps below.)*					
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**

Definitions *(Consistent with Strategic Planning for Child Welfare Agencies; Frizsell, O'Brien and Arnold, 2004)***:**

Overarching context for the plan:
- The **vision** specifies the "ideal" the kind of world we want to create for tomorrow's children.
- The **mission** identifies what the agency does, why, and for whom. A mission reminds everyone – the public, the Governor, legislators, the courts and agency personnel – of the unique purposes promoted and served by the circuit.

What we want to accomplish:
- **Outcomes** are the desired results or expected consequences of the plan of action.
- **Goals** are the aims, purposes, directions or priorities of the plan that can be measured.

What we will do to get there:
- **Strategies** are broad or overarching efforts to be undertaken to achieve the agency goals or outcomes.
- **Objectives** are specific, measurable, intermediate steps towards accomplishment of goal or outcome within a specific timeframe.
- **Action Steps** are specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.

How we will know if we are making progress:
- **Measures** are evidence of achievement of the goals and/or outcomes. There are two types of measures:
  - **Quantitative Measures** are indicators of progress that can be expressed in numerical terms, counted or compared on a scale.
  - **Qualitative Measures** are indicators of progress that are process oriented and difficult to capture in numerical terms.
- **Benchmarks** are interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.

VI.   PLAN OF ACTION FOR THE PREVENTION OF CHILD ABUSE, ABANDONMENT, AND NEGLECT

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Circuit Goal 1
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

> *Note: This goal should be customized for your circuit ✍ and for each county ↳ in your circuit.*

> #### County ___ Goal 1.1
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

> #### County ___ Goal 1.2
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the county-level child abuse rate from the fiscal year 2008-09 of ___ to a rate of ___ per 1,000 children by 30 June 2015.

Develop a combination of strategies that when implemented will have sufficient power to achieve the results you seek within five years.

Strategy 1
By 30 June 2015, Circuit _____ will _____.

Priority Level:	Priority Need:

A. Level of Prevention addressed by this Strategy:	C. Protective Factors that Should be Built/Supported when Meeting
☐ Primary Prevention/Universal Strategies *(Complete D)* ☐ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ☐ Societal Level ☐ Relationship Level ☐ Community Level ☐ Individual Level	**this Priority Need:** ☐ Parental Emotional Resilience ☐ Social Connections ☐ Knowledge of Parenting and Child Development ☐ Concrete Support in Times of Need ☐ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ☐ Community Development ☐ Community Support for Families ☐ Family Supportive Programs/Services ☐ Information and Referral and Helplines ☐ Public Awareness and Education Campaigns ☐ Workforce	**E. Secondary Prevention Continuum Addressed by this Objective:** ☐ Adult Education ☐ Community Development ☐ Community Support for Families ☐ Concrete Services ☐ Family Supportive Programs/Services ☐ Public Awareness and Education Campaigns ☐ Workforce

Objectives *(List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)*
Objective 1.1
Objective 1.2

Objective: *(List objectives that will be accomplished by the action steps below.)*					
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
List the specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.	*List the evidence of achievement of the goals and/or outcomes. And as appropriate, interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.*	*Identify the person or position to take the lead for this action step.*	*Identify the partners who will help the lead with accomplishment of this action step.*	*Identify the earliest start date.*	*Identify the date this step should be completed.*

= = = = = = = = ***Repeat for each strategy.*** = = = = = = = =

VII.   MONITORING AND EVALUATION
Plans for monitoring progress and for determining the results of the prevention efforts.

VII.A. MONITORING PLAN IMPLEMENTATION

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

Two strategies for monitoring are suggested for consideration by the teams:

1. Have partners, who are tasked with implementation efforts, complete their sections of the monitoring report template (See Attachment 10) and discuss their progress with the entire planning team on a monthly basis (or on some predetermined regular schedule). These conversations will serve to guide decisions about process implementation and performance. The information could then be rolled up into the monitoring reports to be submitted to the Executive Office of the Governor.
2. At regularly scheduled intervals, have the team members talk through the outline for the annual progress report. The benefits of sharing this information on a regularly scheduled basis, not only include having the annual report compiled throughout the year, but also inform, guide and give cause for truly informed decision-making about continued and future direction and results. What could be better?

Note: Although the teams should plan to monitor progress frequently, only two monitoring reports will be submitted to the Executive Office of the Governor. See Attachment 9 of this outline for the timeframe for this reporting.

VII. B ANNUAL PROGRESS REPORTING

Describe how the circuit planning team will prepare for reporting the annual progress of the efforts to implement the plan. See number two above for one idea about this effort (hint). See Attachment 9 of this outline for the timeframe for this reporting.

VIII.   BARRIERS
A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse, abandonment, and neglect. §39.001(8)(b)6.i

IX.   RECOMMENDATIONS
Recommendations for changes that can be accomplished only at the state program level or by legislative action. §39.001(8)(b)6.j

PART 3 – PLAN FOR THE PROMOTION OF ADOPTION

I.   STATUS OF ADOPTION PROMOTION
Status of adoption (including information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts) §39.001(8)(b)6.c

Data to be provided by the Department of Children and Families and reported by the circuits include:

From the Data System – Federal Measures {See Excel Spreadsheet #10.}
Note: These are county level data that cannot be rolled up to circuit level data.
1. Of the children adopted during the period July 2008 through June 2009, the percent who were adopted within 24 months of entering out of home care
2. Median length of stay for children whose adoptions were finalized – total, by relatives, by foster parents and by recruited parents
3. Percent of foster children in care 17+ months who were adopted by the end of the period
4. Percent of children in foster care 17+ months who became legally free for adoption within six months
5. *Of the children legally free for adoption on 1 July 2008, the percent adopted by 30 June 2009*

From the Data System – Other Measures
6. Number of adoptions finalized SFY 2008-2009 *{See Excel Spreadsheet #11.}*
7. Percent of children adopted – by relatives, by foster parents and by recruited parents.
    {See Excel Spreadsheet #12.}
8. Number of children in out of home care for 12 months or more on 30 June 2009
    {See Excel Spreadsheet #13.}
9. **Of the children legally free for adoption on 30 June 2009, the length of time since becoming legally free for adoption** *[***State Plan Goal 2***]*
    {See Excel Spreadsheet #14.}
10. Time to finalization (median months) from removal to TPR and TPR to finalization – total, by relatives, by foster parents, and by recruited parents
    [Tentative at this time. The data may not become available.]
11. Number of children with a goal of APPLA as of 30 June 2009 *{See Excel Spreadsheet #15.}*
12. **The length of time between becoming legally free for adoption and adoption finalization for children adopted during SFY 2008-2009**
    *[***State Plan Goal 1***] {See Excel Spreadsheet #16.}*

From the Adoption Exchange System (800-96-ADOPT)
13. Number of children in out of home care available for adoption who need child-specific adoption promotion efforts as of 30 June 2009
14. Number of sibling groups in out of home care available for adoption who need child-specific adoption promotion efforts as of 30 June 2009
15. Time (in months) children have been waiting for adoption by age ranges and by race

Add your own indicators as are appropriate for the planning effort in your circuit.

In Part 3-I, report on your careful review and analysis of the status of the adoption promotion for those children in need of adoptive homes. This analysis will set the foundation for determining where to put your circuit's efforts and what efforts should be made to promote adoption for those children without homes. You will use the benefits of this work to determine the priority needs to be addressed by this adoption promotion plan.

II.   CONTINUUM OF ADOPTION PROMOTION PROGRAMS

A continuum of programs necessary for a comprehensive approach to promotion of adoption (including brief descriptions of such programs and services) §39.001(8)(b)6.f

Note: The content of this section may be copied in whole and placed within the plan.

Adoption awareness efforts – Web-based, television, newspaper, magazine and radio public service announcements that provide a backdrop for general community awareness about the children in foster care who need adoptive families. The *Explore Adoption* campaign is pre-packaged and ready to be customized and used.

Targeted recruitment efforts – Focusing on specific groups of children and teens needing homes and identifying and targeting those communities most likely to adopt these children. Descriptions of common special needs of available children will lead to target populations that should be recruited; community and faith-based initiatives; incentive programs for foster and adoptive families to recruit others from their communities; advertisements, posters or flyers at places where foster and adoptive parents typically shop or visit; Web sites such as *Explore Adoption*; etc. The *Explore Adoption* campaign is pre-packaged and ready to be used.

Child-specific recruitment efforts – Locating and matching an identified waiting child with an approved adoptive family; media or materials describing and recruiting parents for an individual child; statewide and national adoption Web sites (e.g., *Explore Adoption*, Adoption Information Center, etc.); statewide and local heart galleries; radio, newspaper or television features; "passports" or brochures featuring the child's strengths and needs; etc.

Orientation for prospective adoptive parents – Meetings for staff to explain the adoption process and requirements for becoming an adoptive family; follow-up literature and guides; etc.

Assistance (navigating the system) for prospective adoptive parents – Consistent contact with prospective families, helpdesk for prospective families, guidebooks, brochures or paperwork that explains the process and steps that must be completed to become an approved adoptive parent, etc. *Explore Adoption* Web site has a FAQ page that would assist with this.

Pre-adoption training for prospective parents – Adoptive parent training (e.g., MAPP) and family self-assessment to determine if adoption is a feasible plan for prospective adoptive family, adoption specific training after completion of the MAPP class, etc.

Pre-adoption information for "waiting" parents (i.e., family approved for adoption) – Referrals to local adoptive parent support groups; consultation, brochures or paperwork explaining the process and steps that must be completed once a child is identified as a possible match for approved adoptive families; adoption-specific training after receiving approval to adopt; etc.
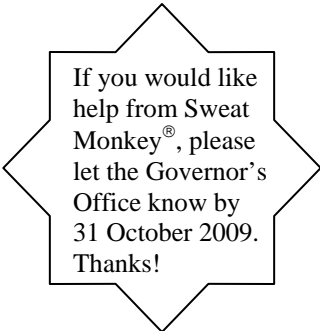
Placement case management for "pre-adoptive" parents – Match staffing, placement supervision, child history disclosure, anticipated child-specific services and training needs, etc.

III.   __PROGRAMS CURRENTLY PROMOTING ADOPTION__

Description of programs currently promoting adoption (including information on the impact, cost-effectiveness, and sources of funding) §39.001(8)(b)6.d

For each <u>adoption promotion program</u> provided in your circuit, please provide:
- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families reached
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Type of adoption promotion strategy (may be more than one)
  - Adoption awareness efforts
  - Targeted recruitment efforts
  - Child-specific recruitment efforts
  - Orientation for prospective adoptive parents
  - Assistance (navigating the system) for prospective adoptive parents
  - Pre-adoption training for prospective parents
  - Pre-adoption information for "waiting" parents
  - Placement case management for "pre-adoptive" parents

If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

IV. PLAN PRIORITIES

A description, documentation, and priority ranking of local needs related to the promotion of adoption based upon the continuum of programs (see Part 3-II) and services (see Part 3-III). §39.001(8)(b)6.g

In Part 3-I, carefully review and analyze the status of the adoption promotion for those children in need of adoptive homes.

In Part 3-III, carefully review and analyze the presence (and absence) of adoption promotion services in your circuit counties, especially in light of the continuum of options that should be in place (see Part 3-II).

For each county covered in the circuit plan, list the needs of that county for adoption promotion efforts in priority order. Identify the types of promotion activities that would help meet the priority needs.

Priority Ranking of County-Level Needs Related to the Promotion of Adoption for Children in Need of Adoptive Families
Repeat this table for each county covered in this plan.

County:

Priority	County-Level Need with Description	Type(s) of Approach Warranted to Meet this Priority Need o Adoption Awareness o Targeted Recruitment o Child-Specific Recruitment o Orientation for Prospective Adoptive Parents o Assistance for Prospective Adoptive Parents o Pre-adoption Training for Prospective Adoptive Parents o Pre-adoption Information for "Waiting" Parents o Placement Case Management for "Pre-adoptive" Parents

For example, a county may have found that they have several sibling groups with medical needs that have been waiting for over three years to be adopted. This could be displayed as:

1	*Reduce the wait time for sibling groups with medical needs to be adopted.*	Adoption Awareness Targeted Recruitment Child-Specific Recruitment Assistance for Prospective Adoptive Parents

V.   **PLAN OF ACTION FOR THE PROMOTION OF ADOPTION**

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

What would it take to <u>succeed</u> in having each and every child eligible for adoption to have an appropriate identified home with an efficient timeline in place for adoption in our circuit and counties?

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Goal 1
The percent of children adopted within 12 months of becoming legally free for adoption will increase from the fiscal year 2008-09 rate of ___ percent to ___ percent by 30 June 2015.

Goal 2
The percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2009 rate of ___ percent to ___ percent by 30 June 2015.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:

Types of Approaches Warranted:	Types of Approaches Warranted (continued):
☐ Adoption Awareness	☐ Assistance for Prospective Adoptive Parents
☐ Targeted Recruitment	☐ Pre-adoption Training for Prospective Adoptive Parents
☐ Child-specific Recruitment	☐ Pre-adoption Information for "Waiting" Parents
☐ Orientation for Prospective Adoptive Parents	☐ Placement Case Management for "Pre-adoptive" Parents

Repeat for each strategy

Objectives (List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)
Objective 1.1
Objective 1.2

Objective:	*(List objectives that will be accomplished by the action steps below.)*				
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**

V. PLAN OF ACTION FOR THE PROMOTION OF ADOPTION

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Goal 1
The percent of children adopted within 12 months of becoming legally free for adoption will increase from the fiscal year 2008-09 rate of ___ percent to ___ percent by 30 June 2015.

Goal 2
The percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2009 rate of ___ percent to ___ percent by 30 June 2015.

   Note: These goals should be customized for your circuit ☞and if appropriate, for each county (if useful) in your circuit.

Develop a combination of strategies that when implemented will have sufficient power to achieve the results you seek within five years.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:	
Types of Approaches Warranted: ☐ Adoption Awareness ☐ Targeted Recruitment ☐ Child-specific Recruitment ☐ Orientation for Prospective Adoptive Parents		**Types of Approaches Warranted** (continued)**:** ☐ Assistance for Prospective Adoptive Parents ☐ Pre-adoption Training for Prospective Adoptive Parents ☐ Pre-adoption Information for "Waiting" Parents ☐ Placement Case Management for "Pre-adoptive" Parents

Objectives *(List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)*
Objective 1.1
Objective 1.2

Objective: *(List objectives that will be accomplished by the action steps below.)*					
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
List the specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.	*List the evidence of achievement of the goals and/or outcomes. And as appropriate, interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.*	*Identify the person or position to take the lead for this action step.*	*Identify the partners who will help the lead with accomplishment of this action step.*	*Identify the earliest start date.*	*Identify the date this step should be completed.*

= = = = = = = = ***Repeat for each strategy.*** = = = = = = = =

VI.   MONITORING AND EVALUATION
Plans for monitoring progress and for determining the results of the adoption promotion efforts.

VI.A.   MONITORING PLAN IMPLEMENTATION

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

Two strategies for monitoring are suggested for consideration by the teams:

1.   Have partners, who are tasked with implementation efforts, complete their sections of the monitoring report template (See Attachment 10) and discuss their progress with the entire planning team on a monthly basis (or on some predetermined regular schedule). These conversations will serve to guide decisions about process implementation and performance. The information could then be rolled up into the monitoring reports to be submitted to the Executive Office of the Governor.
2.   At regularly scheduled intervals, have the team members talk through the outline for the annual progress report. The benefits of sharing this information on a regularly scheduled basis, not only include having the annual report compiled throughout the year, but also inform, guide and give cause for truly informed decision-making about continued and future direction and results. What could be better?

Note: Although the teams should plan to monitor progress frequently, only two monitoring reports will be submitted to the Executive Office of the Governor. See Attachment 9 of this outline for the timeframe for this reporting.

VI. B   ANNUAL PROGRESS REPORTING

Describe how the circuit planning team will prepare for reporting the annual progress of the efforts to implement the plan. See number two above for one idea about this effort (hint). See Attachment 9 of this outline for the timeframe for this reporting.

VII.   BARRIERS
A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption. §39.001(8)(b)6.i

VIII.   RECOMMENDATIONS
Recommendations for changes that can be accomplished only at the state program level or by legislative action. §39.001(8)(b)6.j

Part 4 – PLAN FOR THE SUPPORT OF ADOPTIVE FAMILIES

I.   STATUS OF SUPPORT OF ADOPTIVE FAMILIES

Status of support of adoptive families (to be based upon such areas as the quantity and quality of adoptive parent support groups; quantity and accessibility of adoption competent mental health professionals; educational opportunities available for adoptive parents; and quantity of post adoption services counselors who provide information and referral, temporary case management for emotional support, and educational advocacy).

Data to be provided by the Department of Children and Families and reported by the circuits include:

From the Circuits via Kathy Waters and Keith Perlman's analysis of the MAS data

1. **Number of adoptions that were dissolved and the reasons for the dissolutions based on those adopted children returning to foster care during the year.** *[State Plan Goal]*

From the Adoption Exchange System (800-96-ADOPT) via Kathy Waters

2. Quantity and quality of adoptive parent support groups.
   {**** quality to be determined by the circuit ****}

From other sources via Kathy Waters

3. Quantity and accessibility of adoption competent mental health professionals.
   {**** to be determined by the circuit ****}

4. Educational opportunities available for adoptive parents.
   {**** to be determined by the circuit ****}

5. Quantity, name, title, and contact information of post adoption services counselors who provide information and referral, temporary case management for emotional support, and educational advocacy.
   {**** to be determined by the circuit ****}

Please note, the best way to determine the status of your adoption support efforts and the needs of your adoptive families is to ask them. Knowing the number of dissolutions and the documented reasons for these dissolutions only gives you a small piece of a much larger picture. With input from your adoptive families, the larger picture would provide more information for planning to meet the needs of these families with less expensive and intensive efforts than would be required when events move to crisis levels. A sample survey is provided in the attachments to this format document.

In Part 4-I, report on your careful review and analysis of the status of the support needs of adoptive families, in particular the geographic areas where adoptions are dissolving and unmet requests for assistance are high. This analysis will set the foundation for determining where to put your circuit's efforts and what efforts should be made to promote adoption for those children without homes. You will use the benefits of this work to determine the priority needs to be addressed by this adoption promotion plan.

II.   CONTINUUM OF ADOPTION SUPPORT PROGRAMS

Description of a comprehensive approach for providing post-adoption services (including information on sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy) §39.001(8)(b)6.e

Note: The content of this section may be copied in whole and placed within the plan.

Adoptive parent and teen support groups – Small group opportunities for parents and teens that are accessible; configured and meeting as often as appropriate for the languages, cultures and needs of the participants in your communities; provision of support from umbrella organizations and qualified facilitators where appropriate (e.g., teen support groups); etc.

Education and training opportunities for adoptive parents – Education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and "acting out" behaviors; skill-building to equip adoptive parents with the skills needed to meet the specific and developing needs of children (e.g., fetal alcohol, substance abuse, autism, etc.); providing adoption resource centers, lending libraries, newsletters, annual adoption conferences, and ongoing training and workshops for parents; etc.

Adoption competent education and mental health assistance services for adoptive families – Those providing education and therapeutic services have the basic knowledge and skills to effectively work with adoptive families and to empower adoptive parents and families to provide the environment necessary for ameliorating the effects of trauma (e.g., build relationships, improve relationships, develop nurturing and attachment, etc.); campaigns to recruit professionals to seek adoption competency; etc.
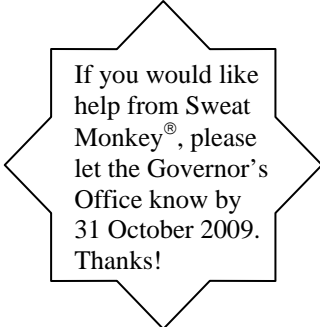
Case management services for adoptive parents and children – An intake process for families to return for needed services; designated case manager to respond to adopted children and families post-legal finalization; system to notify families of continued training, adoption workshops, and support group meetings, and resource guide that includes adoption-support information and service providers; etc.

III.   PROGRAMS CURRENTLY SUPPORTING ADOPTIVE FAMILIES

Description of programs currently supporting adoptive families (including information on the impact, cost-effectiveness, and sources of funding) §39.001(8)(b)6.d

For each <u>program that supports adoptive families</u> provided in your circuit, please provide:

- Name of the program
- Target audience for the program
- Counties served by the program
- Frequency of provision
- Number of families, children served
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding
- Protective factors built by the prevention strategy: (may be more than one)
  - Parental emotional resilience
  - Social connections
  - Knowledge of parenting and child development
  - Concrete support in times of need
  - Nurturing and attachment
- Type of adoption support strategy (may be more than one)
  - Adoptive parent and teen support groups
  - Education and training opportunities for adoptive parents
  - Adoption competent services for adoptive families
  - Case management services for adoptive parents and children

If you would like help from Sweat Monkey®, please let the Governor's Office know by 31 October 2009. Thanks!

IV.   PLAN PRIORITIES

A description, documentation, and priority ranking of local needs related to the support of adoptive families based upon the comprehensive approach (see Part 4-II) and services (see Part 4-III). §39.001(8)(b)6.g

In Part 4-I, carefully review and analyze the status of the support needs of adoptive families, in particular the geographic areas where adoptions are dissolving and unmet requests for assistance are high. We recommend augmenting the data in Part 4-I with information collected from a survey of adoptive families in your communities.

In Part 4-III, carefully review and analyze the presence (and absence) of adoption supports for adoptive families in your circuit counties, especially in light of the continuum of care that should be in place (see Part 4-II). For those that are present, note the protective factors that are built by these programs. Identify the areas where there are needs for building protective factors, and identify which protective factors should be the focus of the five-year plan in order to ensure stability of the placements and minimize the risk of dissolution or abuse in these homes. Again, local surveys would help you greatly with this analysis.

For each county covered in the circuit plan, list the needs of that county for adoption promotion efforts in priority order.

Priority Ranking of County-Level Needs Related to the Support of Adoptive Families
Repeat this table for each county covered in this plan.

County:

Priority	County-Level Need with Description	Type(s) of Approach Warranted to Meet this Priority Need o Support Groups o Education and Training o Adoption Competent Services o Case Management Services	Protective Factors that Should be Built/Supported when Meeting this Priority Need o Parental Emotional Resilience o Social Connections o Knowledge of Parenting and Child Development o Concrete Support in Times of Need o Nurturing and Attachment

For example, a county surveyed a representative sample of adoptive parents and learned that many were considering "taking drastic measures including seeking residential treatment for their children. The most commonly reported concerns were: frustration with the lack of response by the system, lack of access to counseling, child behavior problems, lack of adoption competent counselors, difficulty with teachers and staff, and lack of accessible parent support groups.

1	*Improve availability and access to adoption competent mental health and education services.*	*Adoption Competent Services*	*Concrete Support in Times of Need*
2	*Improve access to case management services and supports.*	*Case Management Services*	*Concrete Support in Times of Need*
3	*Increase availability of appropriate support groups for parents and youth.*	*Support Groups*	*Parental Emotional Resilience* *Social Connections* *Knowledge of Parenting and Child Development* *Concrete Support in Times of Need* *Nurturing and Attachment*

V. PLAN OF ACTION FOR THE SUPPORT OF ADOPTIVE FAMILIES

A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding §39.001(8)(b)6.h

What would it take to <u>succeed</u> in having every adoptive placement supported as needed to sustain stable, healthy and nurturing homes in our circuit and counties?

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Goal 1
The number of adopted children who were returned to foster care (regardless of when the adoption was finalized) in the circuit will be reduced from ____ during the 2008-2009 fiscal year to less than ____ during the 2014-2015 fiscal year.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:

Protective Factors to be Built by the Strategy:	Types of Approaches Warranted:
☐ Parental emotional resilience ☐ Social connections ☐ Knowledge of parenting and child development ☐ Concrete support in times of need ☐ Nurturing and attachment	☐ Adoptive parent and teen support groups ☐ Education and training opportunities for adoptive parents ☐ Adoption competent mental health assistance services for parents and children ☐ Case management services for adoptive parents and children

Repeat for each strategy

Objectives *(List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goa.,)*
Objective 1.1
Objective 1.2

Objective:	*(List objectives that will be accomplished by the action steps below.)*				
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**

V. PLAN OF ACTION FOR THE SUPPORT OF ADOPTIVE FAMILIES

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Goal 1
The number of adopted children who were returned to foster care (regardless of when the adoption was finalized) in the circuit will be reduced from ___ during the 2008-2009 fiscal year to less than ____ during the 2014-2015 fiscal year.

Note: This goal should be customized for your circuit ☞and if appropriate, for each county, if useful, in your circuit.

Develop a combination of strategies that when implemented will have sufficient power to achieve the results you seek within five years.

Strategy 1
By 30 June 2015, Circuit ____ will _____.

Priority Level:	Priority Need:
Protective Factors to be Built by the Strategy: ☐ Parental emotional resilience ☐ Social connections ☐ Knowledge of parenting and child development ☐ Concrete support in times of need ☐ Nurturing and attachment	**Types of Approaches Warranted:** ☐ Adoptive parent and teen support groups ☐ Education and training opportunities for adoptive parents ☐ Adoption competent mental health assistance services for parents and children ☐ Case management services for adoptive parents and children

Objectives (List all objectives — intermediate steps toward accomplishing the strategy and contributing toward achievement of the goal.)
Objective 1.1
Objective 1.2

Objective: *(List objectives that will be accomplished by the action steps below.)*					
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
List the specific actions that will be undertaken to accomplish the strategies or objectives and demonstrate progress toward the goals and/or outcomes.	*List the evidence of achievement of the goals and/or outcomes. And as appropriate, interim and measurable indicators that will be assessed to determine if progress is being made toward achieving the established goal.*	*Identify the person or position to take the lead for this action step.*	*Identify the partners who will help the lead with accomplishment of this action step.*	*Identify the earliest start date.*	*Identify the date this step should be completed.*

= = = = = = = = *Repeat for each strategy.* = = = = = = = =

VI.   MONITORING AND EVALUATION
Plans for monitoring progress and for determining the results of the efforts to support adoptive families.

VI.A.   MONITORING PLAN IMPLEMENTATION

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

Two strategies for monitoring are suggested for consideration by the teams:

1.   Have partners, who are tasked with implementation efforts, complete their sections of the monitoring report template (See Attachment 10) and discuss their progress with the entire planning team on a monthly basis (or on some predetermined regular schedule). These conversations will serve to guide decisions about process implementation and performance. The information could then be rolled up into the monitoring reports to be submitted to the Executive Office of the Governor.
2.   At regularly scheduled intervals, have the team members talk through the outline for the annual progress report. The benefits of sharing this information on a regularly scheduled basis, not only include having the annual report compiled throughout the year, but also inform, guide and give cause for truly informed decision-making about continued and future direction and results. What could be better?

Note, although the teams should plan to monitor progress frequently, only two monitoring reports will be submitted to the Executive Office of the Governor. See Attachment 9 of this outline for the timeframe for this reporting.

VI. B   ANNUAL PROGRESS REPORTING

Describe how the circuit planning team will prepare for reporting the annual progress of the efforts to implement the plan. See number two above for one idea about this effort (hint). See Attachment 9 of this outline for the timeframe for this reporting.

VII.   BARRIERS
A description of barriers to the accomplishment of a comprehensive approach to the support of adoptive families. §39.001(8)(b)6.i

VIII.   RECOMMENDATIONS
Recommendations for changes that can be accomplished only at the state program level or by legislative action. §39.001(8)(b)6.j

PART 5 – ATTACHMENTS

I.   Local planning team membership and participation roster

CROSSWALK OF THE <u>PREVENTION</u> CONTINUA WITH THE 18-MONTH *FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN: JANUARY 2009 – JUNE 2010*

CONTINUUM OF <u>PRIMARY/UNIVERSAL</u> PREVENTION STRATEGIES *Targeted toward the general public prior to the occurrence of child abuse and neglect*	Family Strengthening Initiative	Whole Child Community	Faith-based Prevention Initiative	Positive Parenting Program Triple P®	Healthy Families Florida	Short Term Home Visiting
Community Development – Community capacity building, community partnerships, etc.	✓	✓	✓			
Community Support for Families – Family resource centers, community events and fairs, etc.	✓	✓				
Family Supportive Programs/Services – Voluntary home visiting; developmental screening; affordable, accessible quality childcare; before and after school programs; recreational activities; parent support groups; parent education classes; marriage and relationship counseling and support services; etc.	✓	✓	✓	✓		✓
Information and Referral and Helplines – Access to information about community and social services available for families including early health and development services, etc.	✓	✓	✓			✓
Public Awareness and Education Campaigns – Highlighting risk/protective factors, child development, positive parenting, child safety, domestic violence and substance abuse prevention, bullying prevention, etc.	✓	✓		✓		
Workforce – Family-friendly workplace policies, livable wage policies, etc.	✓		✓			

CONTINUUM OF <u>SECONDARY/SELECTED</u> PREVENTION STRATEGIES *Targeted to families with multiple risk factors prior to the occurrence of child abuse and neglect*	Family Strengthening Initiative	Whole Child Community	Faith-based Prevention Initiative	Positive Parenting Program Triple P®	Healthy Families Florida	Short Term Home Visiting
Adult Education – High School Diploma, GED, job training, ESL classes, mentoring for high risk youth, etc.	✓	✓	✓	✓		
Community Development – Community building, community partnerships, etc.	✓	✓	✓			
Community Support for Families – Food banks, clothing banks, housing assistance, transportation, emergency assistance, food stamps, quality childcare, etc.	✓	✓	✓			
Concrete Services – Referrals for (or provision of) clothing, food, utility payments, housing assistance, transportation, emergency assistance, respite care, etc.	✓	✓	✓		✓	✓
Family Supportive Programs/Services – Voluntary home visiting (e.g., for families that meet Healthy Families Florida and Healthy Start criteria), parent education classes, teen parenting services, parent self-help support groups, domestic violence supports, substance abuse and mental health services, respite care (including families with disabilities), counseling for adults and children, developmental assessments, etc.	✓	✓	✓	✓	✓	✓
Workforce – Family-friendly workplace policies and livable wage policies, etc.	✓		✓			

CROSSWALK OF THE <u>PROMOTION OF ADOPTION</u> CONTINUA WITH THE 18-MONTH
FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN:
JANUARY 2009 – JUNE 2010

CONTINUUM OF <u>ADOPTION PROMOTION</u> STRATEGIES	Explore Adoption	Faith-based Adoption Initiative	Florida Association of Heart Galleries	Customer Service Protocol
Adoption awareness efforts – Web-based, television, newspaper, magazine and radio public service announcements that provide a backdrop for general community awareness about the children in foster care who need adoptive families. The *Explore Adoption* campaign is pre-packaged and ready to be utilized.	✓	✓	✓	
Targeted recruitment efforts – Focusing on specific groups of children and teens needing homes and identifying and targeting those communities most likely to adopt these children. Descriptions of common special needs of available children will lead to target populations that should be recruited; community and faith-based initiatives; incentive programs for foster and adoptive families to recruit others from their communities; advertisements, posters or flyers at places where foster and adoptive parents typically shop or visit; Web sites such as *Explore Adoption*; etc. The *Explore Adoption* campaign is pre-packaged and ready to be utilized.	✓	✓	✓	
Child-specific recruitment efforts – Locating and matching an identified waiting child with an approved adoptive family; media or materials describing and recruiting parents for an individual child; statewide and national adoption Web sites (e.g., *Explore Adoption*, Adoption Information Center, etc.); statewide and local heart galleries; radio, newspaper or television features; "passports" or brochures featuring the child's strengths and needs; etc.		✓	✓	
Orientation for prospective adoptive parents – Meetings for staff to explain the adoption process and requirements for becoming an adoptive family; follow-up literature and guides; etc.		✓		✓
Assistance (navigating the system) for prospective adoptive parents – Consistent contact with prospective families, helpdesk for prospective families, guidebooks, brochures or paperwork that explains the process and steps that must be completed to become an approved adoptive parent, etc. *Explore Adoption* Web site has a FAQ page that would assist with this.	✓	✓		✓
Pre-adoption training for prospective parents – Adoptive parent training (e.g., MAPP) and family self-assessment to determine if adoption is a feasible plan for prospective adoptive family, adoption specific training after completion of the MAPP class, etc.		✓		✓
Pre-adoption information for "waiting" parents (i.e., family approved for adoption) – Referrals to local adoptive parent support groups; consultation, brochures or paperwork explaining the process and steps that must be completed once a child is identified as a possible match for approved adoptive families; adoption-specific training after receiving approval to adopt; etc.	✓	✓		✓
Placement case management for "pre-adoptive" parents – Match staffing, placement supervision, child history disclosure, anticipated child-specific services and training needs, etc.				✓

CROSSWALK OF THE <u>SUPPORT OF ADOPTIVE FAMILIES</u> CONTINUA WITH THE 18-MONTH *FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN: JANUARY 2009 – JUNE 2010*

CONTINUUM OF STRATEGIES FOR THE <u>SUPPORT OF ADOPTIVE FAMILIES</u>	Explore Adoption	Faith-based Adoption Initiative	Florida Association of Heart Galleries	Customer Service Protocol
Adoptive parent and teen support groups – Small group opportunities for parents and teens that are accessible; configured and meeting as often as appropriate for the languages, cultures and needs of the participants in your communities; provision of support from umbrella organizations and qualified facilitators where appropriate (e.g., teen support groups); etc.	✓ *If circuits send this in to the Web site*	✓		✓
Education and training opportunities for adoptive parents – Education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and "acting out" behaviors; skill-building to equip adoptive parents with the skills needed to meet the specific and developing needs of children (e.g., fetal alcohol, substance abuse, autism, etc.); providing adoption resource centers, lending libraries, newsletters, annual adoption conferences, and ongoing training and workshops for parents; etc.		✓		✓
Adoption competent education and mental health assistance services for adoptive families – Those providing education and therapeutic services have the basic knowledge and skills to effectively work with adoptive families and to empower adoptive parents and families to provide the environment necessary for ameliorating the effects of trauma (e.g., build relationships, improve relationships, develop nurturing and attachment, etc.); campaigns to recruit professionals to seek adoption competency; etc.		✓		✓
Case management services for adoptive parents and children – An intake process for families to return for needed services; designated case manager to respond to adopted children and families post-legal finalization; system to notify families of continued training, adoption workshops, and support group meetings, and resource guide that includes adoption-support information and service providers; etc.		✓		✓

ATTACHMENT 2

CROSSWALK OF THE <u>FIVE PROTECTIVE FACTORS</u> WITH THE 18-MONTH *FLORIDA CHILD ABUSE PREVENTION AND PERMANENCY PLAN: JANUARY 2009 – JUNE 2010*

PREVENTION STRATEGIES	Parental Emotional Resilience	Social Connections	Knowledge of Parenting and Child Development	Concrete Support in Times of Need	Nurturing and Attachment
Family Strengthening Initiative	✓	✓	✓	✓	✓
Whole Child Community	✓	✓		✓	
Faith-based Prevention Initiative	✓	✓	✓	✓	✓
Positive Parenting Program Triple P®	✓	✓	✓		✓
Healthy Families Florida	✓	✓	✓	✓	✓
Short Term Home Visiting	✓	✓	✓	✓	✓
ADOPTION STRATEGIES	Parental Emotional Resilience	Social Connections	Knowledge of Parenting and Child Development	Concrete Support in Times of Need	Nurturing and Attachment
Explore Adoption					
Faith-based Adoption Initiative	✓	✓	✓	✓	✓
Florida Association of Heart Galleries					
Customer Service Protocol	✓	✓	✓	✓	✓

ATTACHMENT 3

DESCRIPTION OF ADOPTION COMPETENCE

(Developed by Casey Family Services)

Adoption competence training for mental health professionals is necessary to ensure that those providing therapeutic services have the basic knowledge and skills to effectively work with adopted children and to support their adoptive parents. Again, the goal is that there will be no adoption dissolutions. In the plan for Circuits 11 and 16, "adoption competence" for mental health practitioners is defined as:

- Successful completion of the post graduate certification program for adoption competence, or
- Recommendations from a minimum of three adoptive families and three adoption counselors regarding individual or family counseling provided to adoptive families, or
- Successful completion of a minimum of twenty hours of competency-based adoption training and passing scores on evaluations provided at the end of each training.

In addition, the following list was developed to describe the prerequisites for adoption competence for a mental health, educational or child welfare professional:

- Knowledge that adoption is one way to form a family and is a life-long process with remarkably universal experiences as well as unique individual feelings and perceptions.

- Recognition that parenting relationships and family connections are the single most therapeutic element in the life of a child over time.

- Ability to understand that there are common developmental challenges in the experience of adoption.

- Willingness to help families promote secure attachments and healthy relationships no matter what the developmental challenges.

- Ability to address adoption from a culturally competent family perspective: understanding the power of the triad of family relationships.

- Willingness to "balance the power" with adoptive families, collaborating with them as team players and colleagues toward the mutual goal of helping a child to heal.

- Willingness to avoid blaming adoptive parents for their children's behaviors, reframe everyone's goal as being "part of the solution".

- Ability to help adoptive parents honor their child's past and talk with their child about separation, loss and feelings about birth parents.

- Ability to support adoptive parents in assuming parental entitlement and authority, fully empowering them as decision-makers and "experts" when it comes to their child and family.

- Recognition of and respect for the characteristics and skills that make adoptive families successful and assist families in developing and practicing those skills.

- Willingness to work and provide in-home and outreach services to families that meet them "where they are".

- Recognition that temporary out-of-home treatment may be essential (not a "failure" in the adoption) and that the focus is to work to keep the child and family connected and reunified as soon as possible.

The above adoption competency prerequisites can serve as a model in identifying topics for continued education and in establishing a successful adoption program. Three Florida circuits (i.e., Circuits 5, 11, and 16) indicated in their 18-month prevention and permanency plans that they are working on developing training programs with assistance from private funders. Currently, the Department of Children and Families is working with Rutgers University to bring an adoption competency training and certification program to the state of Florida. Most likely, it will be offered through a college (such as St. Petersburg Community College) and as a "Train the Trainer" program for consistency and professional credentialing. The training will be over a 3-day period or totaling 15 hours. Day one will cover "the psychology of adoption", day two "the life cycle of infant adoption", and day three "the life cycle of older child adoption".

ATTACHMENT 4

PREVENTION EXAMPLES

PLAN OF ACTION FOR THE PREVENTION OF CHILD ABUSE, ABANDOMENT AND NEGLECT FOR CIRCUIT *AAA*

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Circuit Goal 1
Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 14.71 to a rate of 10.00 per 1,000 children by 30 June 2015.

> *County fff Goal 1.1*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 7.18 to a rate of 6.00 per 1,000 children by 30 June 2015.

> *County ggg Goal 1.2*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 19.12 to a rate of 15.00 per 1,000 children by 30 June 2015.

> *County hhh Goal 1.3*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 20.00 to a rate of 15.00 per 1,000 children by 30 June 2015.

> *County iii Goal 1.4*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 13.16 to a rate of 10.00 per 1,000 children by 30 June 2015.

> *County jjj Goal 1.5*
> Children and teenagers are free from abuse, abandonment, and neglect and have safe, loving and permanent homes as measured by a reduction in the circuit-level child abuse rate from the fiscal year 2008-09 of 17.95 to a rate of 14.00 per 1,000 children by 30 June 2015.

Example

Strategy 1

By 30 June 2015, Circuit <u>AAA</u> will have implemented a faith-based prevention initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.

Priority Level:	Priority Need:
#1 – *ggg* County	Reduce the rate of abuse and neglect by younger mothers (Concrete support in times of need)
#1 – *hhh* County	Reduce the rate of physical abuse of children under age two (Knowledge of parenting and child development, nurturing and attachment and social connections)
#2 – *jjj* County	Reduce the rate of neglect (Concrete support and social connections)

A. Level of Prevention addressed by this Strategy:	**C. Protective Factors that Should be Built/Supported when Meeting this Priority Need:**
☑ Primary Prevention/Universal Strategies *(Complete D)* ☐ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ☐ Societal Level ☑ Relationship Level ☐ Community Level ☑ Individual Level	☑ Parental Emotional Resilience ☑ Social Connections ☑ Knowledge of Parenting and Child Development ☑ Concrete Support in Times of Need ☑ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy:	**E. Secondary Prevention Continuum Addressed by this Objective:**
☑ Community Development ☑ Community Support for Families ☑ Family Supportive Programs/Services ☑ Information and Referral and Helplines ☐ Public Awareness and Education Campaigns ☐ Workforce	☐ Adult Education ☐ Community Development ☐ Community Support for Families ☐ Concrete Services ☐ Family Supportive Programs/Services ☐ Public Awareness and Education Campaigns ☐ Workforce

Objectives

1.1 Develop county-level strategies to engage at least two faith communities in each of Counties *ggg*, *hhh* and *jjj* in the promotion of child abuse prevention using the protective factors with emphasis on social connections, concrete support in times of need, and knowledge of parenting and child development by 30 June 2011.

1.2 Develop systems for identifying existing and/or needed faith oriented child abuse prevention resources available across the faith community that strengthens families using the five protective factors by for all five counties in the circuit by 30 June 2012.

1.3 Achieve full implementation and support of the faith-based initiatives in Counties *ggg*, *hhh* and *jjj* by 30 June 2013.

1.4 Develop county-level strategies to engage at least two faith communities in each of the remaining two counties (Counties *fff* and *iii*) in the circuit in the promotion of child abuse prevention using the protective factors by 30 June 2014.

1.5 Achieve full implementation and support of the faith-based initiatives in Counties *fff* and *iii* by 30 June 2015.

Note: Economies of scale and outreach can be achieved by aligning the adoption and prevention efforts.

Planning Outline V1.1, *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015*

Example

Objectives:

1.1 Develop county-level strategies to engage at least two faith communities in each of Counties *ggg*, *hhh* and *jjj* in the promotion of child abuse prevention using the protective factors with emphasis on social connections, concrete support in times of need and knowledge of parenting and child development by 30 June 2011.

1.3 Achieve full implementation and support of the faith-based initiatives in Counties *ggg*, *hhh* and *jjj* by 30 June 2013.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Identify local champions for prevention.	3 champions identified by 15 November 2010	*ggg* CBC – community resource specialist UWof*jjj* – CEO *hhh* Whole Child Coordinator	FL Catholic Conference The Interfaith Council	1 July 2010	15 Nov. 2010
Identify faith communities to implement the initiative.	6 faith communities identified by 31 December 2010 1 *ggg* faith community identified by 31 October 2010 1 *hhh* faith community identified by 31 October 2010 1 *jjj* faith community identified by 31 October 2010	*ggg* CBC – community resource specialist UWof*jjj* – CEO *hhh* Whole Child Coordinator	*ggg* champion *hhh* champion *jjj* champion FL Catholic Conference The Interfaith Council	1 Sept. 2010	31 Dec. 2010
Convene a summit of the 6 communities to train on the protective factors and ways to assist their communities, especially with emphases on concrete support in times of need and knowledge of parenting and child development.	Etc.				

Objective: 1.2 Develop systems for identifying existing and/or needed faith oriented child abuse prevention resources available across the faith community that strengthens families using the five protective factors by for all five counties in the circuit by 30 June 2012.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Establish a leadership team that spans the five counties.	10-member team (with representation from the faith community and local information, resource and referral) established by ____.	3 local champions	FL Catholic Conference The Interfaith Council Summit Leadership	1 July 2011	15 Aug. 2011
Identify methods for cataloguing and reporting resources.	Cataloguing and reporting strategies developed for each county by ____.	County IRR representatives	*ggg* champion *hhh* champion *jjj* champion FL Catholic Conference The Interfaith Council Summit Leadership	1 July 2011	31 Dec. 2011
	Etc.				

Example

Strategy 2

By 30 June 2015, Circuit <u>AAA</u> will have developed and supported Whole Child Communities in *ggg* and *jjj* counties.

Priority Level:	Priority Need:
#1 – *ggg* County	Reduce the rate of abuse and neglect by younger mothers (Concrete support in times of need)
#2 – *jjj* County	Reduce the rate of neglect (Concrete support and social connections)

A. Level of Prevention addressed by this Strategy: ☑ Primary Prevention/Universal Strategies *(Complete D)* ☐ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ☑ Societal Level ☑ Relationship Level ☑ Community Level ☑ Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: ☑ Parental Emotional Resilience ☑ Social Connections ☐ Knowledge of Parenting and Child Development ☑ Concrete Support in Times of Need ☐ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ☑ Community Development ☑ Community Support for Families ☑ Family Supportive Programs/Services ☑ Information and Referral and Helplines ☑ Public Awareness and Education Campaigns ☑ Workforce	**E. Secondary Prevention Continuum Addressed by this Objective:** ☐ Adult Education ☐ Community Development ☐ Community Support for Families ☐ Concrete Services ☐ Family Supportive Programs/Services ☐ Public Awareness and Education Campaigns ☐ Workforce

Objectives

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

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

2.3 Develop county-level strategies to develop and implement a Whole Child Community in County *jjj* by 30 June 2013.

2.4 Attain Level 2 status of the *jjj* Whole Child Community by 30 June 2015.

Example

Objective:	2.1 Develop county-level strategies to develop and implement a Whole Child Community in County *ggg* by 30 June 2010.				
	2.2 Attain Level 2 status of the *ggg* Whole Child Community by 30 June 2013.				
Action Steps	**Measures/Benchmarks**	**Lead**	**Partners**	**Begin Date**	**End Date**
Convene a small leadership team and meet with the Lawton Chiles Foundation.	Leadership team identified and confirmed (with representation from city govt., county govt., school board, chamber of commerce and medical community) by 31 August 2010.	Senator Blahblah	Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 July 2010	31 Aug. 2010
Establish a group of community leaders and service providers who are committed to building a Whole Child Community (WCC) in partnership with the Foundation.	Community Leaders confirmed by 30 November 2010. Community Leaders provided with copies of the Whole Child Toolkit by 30 November 2010. WCC Convener identified by 31 December 2010.	Senator Blahblah	Leadership Team Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 Sept. 2010	31 Dec. 2010
Draft and adopt a *Commitment to Children* statement.	*Commitment to Children* statement that conforms to the WCC standards adopted by the WCC by 31 Mar. 2011.	WCC Convener	Leadership Team Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 Jan. 2011	31 Mar. 2011
Adopt the *Whole Child Vision Statement*.	Whole Child Vision Statement that conforms to the WCC standards adopted by the WCC by ____.	WCC Convener	Leadership Team Lawton Chiles Foundation *ggg* CBC – community resource specialist *hhh* Whole Child Coordinator	1 Jan. 2011	31 May 2011
Conduct a comprehensive baseline assessment of the community to determine the status of children with respect to the community's Commitment to Children statement and the six dimensions of the Whole Child.	Baseline Survey Report delivered to the WCC by 31 July 2011.				
Develop partnerships and recruit Whole Child providers.	Etc.				

ATTACHMENT 5

ADOPTION PROMOTION EXAMPLE

Example

PLAN OF ACTION FOR THE PROMOTION OF ADOPTION FOR CIRCUIT *AAA*

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Goal 1
The percent of children adopted within 12 months of becoming legally free for adoption will increase from the fiscal year 2008-2009 rate of *xx* percent to *yy* percent by 30 June 2015.

Goal 2
The percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2009 rate of *xx* percent to *yy* percent by 30 June 2015.

Strategy 1

By 30 June 2015, Circuit <u>AAA</u> will use *Explore Adoption* as a component for targeted recruitment strategies.

Priority Level:	Priority Need:
ggg County #1 *iii* County #1	Reduce the wait time (now 3+ years) for sibling groups with medical needs to get adopted (Targeted and child specific recruitment) Reduce the rate of children in their late teens who have been waiting for identified adoptive families for more than 12 months. (Targeted and child specific recruitment)

Types of Approaches Warranted:	Types of Approaches Warranted (continued):
☑ Adoption Awareness ☑ Targeted Recruitment ☑ Child-specific Recruitment ☐ Orientation for Prospective Adoptive Parents	☑ Assistance for Prospective Adoptive Parents ☐ Pre-adoption Training for Prospective Adoptive Parents ☐ Pre-adoption Information for "Waiting" Parents ☐ Placement Case Management for "Pre-adoptive" Parents

Objectives

1.1   25 percent of all inquiries about public adoption in fiscal year 2010-2011 are a result of *Explore Adoption* awareness.
1.2   30 percent of all inquiries about public adoption in fiscal year 2011-2012 are a result of *Explore Adoption* awareness.
1.3   35 percent of all inquiries about public adoption in fiscal year 2012-2013 are a result of *Explore Adoption* awareness.
1.4   40 percent of all inquiries about public adoption in fiscal year 2013-2014 are a result of *Explore Adoption* awareness.
1.5   45 percent of all inquiries about public adoption in fiscal year 2014-2015 are a result of *Explore Adoption* awareness.

Objectives:
1.1   25 percent of all inquiries about public adoption in fiscal year 2010-2011 are a result of *Explore Adoption* awareness.
1.2   30 percent of all inquiries about public adoption in fiscal year 2011-2012 are a result of *Explore Adoption* awareness.
1.3   35 percent of all inquiries about public adoption in fiscal year 2012-2013 are a result of *Explore Adoption* awareness.
1.4   40 percent of all inquiries about public adoption in fiscal year 2013-2014 are a result of *Explore Adoption* awareness.
1.5   45 percent of all inquiries about public adoption in fiscal year 2014-2015 are a result of *Explore Adoption* awareness.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Establish a leadership team for targeted adoption awareness.	Leadership team established by 15 November 2010	LPT Adoption Representative	Local TV station Local radio station Local newspaper Local PR firm CBC Adoption Specialist	1 July 2010	15 Nov. 2010
Develop a process for posting orientation information, training opportunities and adoption support group information on the EA Web site.	Etc.				

Example

Objectives:
1.1   25 percent of all inquiries about public adoption in fiscal year 2010-2011 are a result of *Explore Adoption* awareness.
1.2   30 percent of all inquiries about public adoption in fiscal year 2011-2012 are a result of *Explore Adoption* awareness.
1.3   35 percent of all inquiries about public adoption in fiscal year 2012-2013 are a result of *Explore Adoption* awareness.
1.4   40 percent of all inquiries about public adoption in fiscal year 2013-2014 are a result of *Explore Adoption* awareness.
1.5   45 percent of all inquiries about public adoption in fiscal year 2014-2015 are a result of *Explore Adoption* awareness.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Analyze the EA needs assessments (i.e., Family Profiles) to clearly identify the communities to target and the media these communities value and use.					
Develop a circuit marketing strategy.					
Develop an intake survey questionnaire to be used to measure EA awareness.					
Train circuit and CBC staff members on use of the questionnaire and EA materials.					
Develop media and vendor relationships to promote and produce materials (e.g., those in EA and those for our children available for adoption).					
Secure positive earned media coverage with a tracking mechanism.					
	Etc.				

Planning Outline V1.1, *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015*

Example

ATTACHMENT 6

ADOPTION SUPPORT EXAMPLE

Note: Economies of scale and outreach can be achieved by aligning the adoption and prevention efforts.

PLAN OF ACTION FOR THE SUPPORT OF ADOPTION FOR CIRCUIT *AAA*

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

Mission
To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

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

Goal 1
The number of adopted children who were returned to foster care (regardless of when the adoption was finalized) in the circuit will be reduced from 12 during the 2008-2009 fiscal year to less than 6 during the 2014-2015 fiscal year.

Strategy 1
By 30 June 2015, Circuit *AAA* will have implemented a faith-based adoption initiative that would provide for either universal or targeted efforts in which the faith community is engaged to provide family and community supports that would build the protective factors identified in the Family Strengthening Initiative.

Priority Level:	Priority Need:
#1 for *ggg* County	Reduce the number of dissolutions due to: lack of respite, child behavior problems, lack of access to counseling.
#1 for *iii* County	Improve availability and access to adoption competent mental health and education services.
#3 for *iii* County	Increase availability of appropriate support groups for parents and youth.

Protective Factors to be Built by the Strategy:	Types of Approaches Warranted:
☑ Parental emotional resilience	☑ Adoptive parent and teen support groups
☑ Social connections	☑ Education and training opportunities for adoptive parents
☑ Knowledge of parenting and child development	☑ Adoption competent education and mental health assistance services for adoptive families
☑ Concrete support in times of need	☐ Case management services for adoptive parents and children
☑ Nurturing and attachment	

Example *Objectives*

1.1 Develop county-level strategies to engage at least two faith communities in Counties *ggg* and *iii* to help support adoptive families using the five protective factors with emphases on social connections, concrete support in times of need and knowledge of parenting and child development by 30 June 2011.

1.2 Develop systems for identifying existing and/or needed adoption support resources available across the faith community that strengthens families using the five protective factors by for all five counties in the circuit by 30 June 2012.

1.3 Develop county-level strategies to engage at least two faith communities in all five counties in the circuit in the support of adoptive families using the five protective factors by 30 June 2015.

Objective: 1.1 Develop county-level strategies to engage at least two faith communities in Counties *ggg*, *hhh* and *jjj* in the promotion of child abuse prevention using the five protective factors with emphases on concrete support in times of need and knowledge of parenting and child development by 30 June 2010.

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Identify local champions for adoption support (note- these may be the same people as prevention or different people).	2 champions identified by 15 November 2010	*ggg* CBC – community resource specialist UW*iii* – CEO	FL Catholic Conference The Interfaith Council	1 July 2010	15 Nov. 2010
Identify faith communities to implement the initiative.	4 faith communities identified by 31 December 2010 1 *ggg* faith community identified by 31 October 2010 1 *iii* faith community identified by 31 October 2010	*ggg* CBC – community resource specialist UW*iii* – CEO *hhh* Whole Child Coordinator	*ggg* champion *iii* champion FL Catholic Conference The Interfaith Council	1 Sept. 2010	31 Dec. 2010
Convene a summit of the 4 communities to train on the protective factors, needs of adoptive parents and children, issues related to trauma-based care and ways to assist their communities, especially with emphases on support groups, adoption competence training, parenting and child development, adoptive family training opportunities.	Etc.				

ATTACHMENT 7

PROTECTIVE FACTORS HANDOUT DEVELOPED BY THE CENTER FOR THE STUDY OF SOCIAL POLICY *(adapted from www.strengtheningfamilies.net)*

Protective Factors

The Five Protective Factors

The five Protective Factors are the foundation of the Strengthening Families approach. Extensive research supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and neglect diminish.

- Parental resilience: The ability to cope and bounce back from all types of challenges
- Social connections: Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents
- Knowledge of parenting and child development: Accurate information about raising young children and appropriate expectations for their behavior
- Concrete support in times of need: Financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like TANF and Medicaid, and informal support from social networks
- Nurturing and Attachment: A child's ability to interact positively with others and communicate his or her emotions effectively

Parental Resilience

- Parental psychology plays an important role in both the causes and prevention of child abuse and neglect. Parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively rise to challenges in their lives—and they are less likely to abuse or neglect their children.
- Parents who have experienced violence or abuse and neglect themselves or who have other risk factors for becoming abusers need caring relationships to help them develop and maintain positive relationships with their children.
- Parents who know and trust staff are more likely to reveal problems such as domestic violence or feelings of frustration and ask for assistance.

How Early Care and Education Programs Build It

- Programs set aside space for parents, have a welcoming atmosphere throughout, and offer coffee and snacks.
- Staff are trained and expected to create trusting relationships with families and the program provides time and opportunities for these relationships to flourish.
- Programs hire dedicated family support workers whose job it is to build trusting relationships with parents and employ mental health consultants who are available to parents when they need them.
- Staff watch for early signs of child or family distress and respond with encouragement, support, and help in solving problems.

Social Connections

- Helping parents build constructive friendships and other positive connections can reduce their isolation, which is a consistent risk factor in child abuse and neglect. Isolation is a problem in particular for family members who are in crisis or need intensive help, such as victims of domestic violence.
- Social connections build parents' "social capital," their network of others in the community—family, friends, neighbors, churches, etc.—whom they can call on for help solving problems.
- Social connections also enable parents to develop and reinforce community norms about behavior. Norms against violence help reduce child abuse and neglect.
- Friendships lead to mutual assistance in obtaining resources that all families need from time to time, including transportation, respite child care, and other tangible assistance as well as emotional support.

How Early Care and Education Programs Build It

- Potluck dinners with parents and children
- Sports activities for parents
- Parent education classes and workshops
- Helping parents connect with organizations and resources outside the program (e.g., helping them find a church)
- Special outreach and activities for fathers, grandparents, and other extended family members

Knowledge of Parenting and Child Development

- Parents who understand normal child development are less likely to be abusive and more likely to nurture their children's healthy development. Observing other children helps parents understand their own children in context.
- Parents often need timely help from someone they trust in order to address children's problem behaviors, such as biting or hitting, without resorting to harsh discipline techniques.
- People who model alternative discipline techniques, males who serve in nurturing roles, and programs with a norm of non-violence demonstrate alternatives for parents.
- Parents of children with developmental or behavior problems or special needs require support and coaching in their parenting roles to reduce their frustration and provide the help their children need.

How Early Care and Education Programs Build It

- Informal daily interactions between parents and program staff, including coaching on issues such as biting, sharing toys, and bullying
- Parent education classes that use various approaches, including presenting information on developmental stages, teaching parents with children the same age in one group, etc.
- Observation space where parents can watch their child interact with others and learn new techniques from observing staff

Concrete Support in Times of Need

- Child neglect can be a consequence of family crisis, a parental condition such as substance abuse, or stresses associated with lack of resources.

How Early Care and Education Programs Build It

- Offering on-site food pantries and clothing closets
- Giving referrals to specific individuals at service agencies (not just the agencies themselves) and transportation to those agencies, if needed
- Providing immediate assistance and support in the event of an eviction or other emergency
- Supporting the family throughout a crisis
- Linking family members to jobs, job training, transportation, and other means of economic security
- Serving as an access point for health care, child care subsidies, and other services
- Initiating contact or inviting conversation if staff suspect a family problem or emergency

Nurturing and Attachment

- Children with challenging behaviors are at greater risk for abuse. Identifying and working with children early to keep their development on track helps keep them safe.
- Programs' essential work of helping children develop socially and emotionally also has impact on the way parents and children interact. As children learn to verbalize their emotions rather than act them out, they are more able to tell parents how they feel, what they need, and how their parents' actions make them feel. Parents can then be more responsive to their children's needs and less likely to yell or hit.
- In particular, children who have experienced or witnessed violence need a safe environment, trained staff, and opportunities to develop normally.

How Early Care and Education Programs Build It

- Staff members teach children social skills (such as sharing and being respectful of others) and emotional skills (such as expressing feelings).
- Staff members are trained to notice possible signs of problems, and when they are concerned about a child, they respond quickly by asking another teacher or staff member to observe, talking with the parent, or bringing in a consultant.
- Programs offer art programs that allow children to express themselves in ways other than words, many of which include a take-home component that involves parents.

For Additional Resources about the Protective Factors and Child Abuse Prevention

More about Protective Factors – www.strengtheningfamilies.net
Strengthening Families and Communities 2009 Resource Guide
- ■ www.childwelfare.gov/preventing

FRIENDS Protective Factors Survey – www.friendsnrc.org/outcome/pfs.htm
Prevent Child Abuse and Parenting Information & the 2009 Parent Resource Booklet
- ■ www.ounce.org

ATTACHMENT 8

SAMPLE SURVEY THAT COULD BE ADPATED OR USED WITH YOUR ADOPTIVE FAMILIES

Note this survey is provided to illustrate the types of information that could be collected from your families. If you want to use this survey, please format the items so that there will be space for respondents to fill in their information.

This is information to put in a cover letter or instructions with the survey to ensure families understand what you are trying to accomplish: In an effort to assess the local community efforts to support adoptive parents after an adoption has been finalized, a survey has been created and is being sent to adoptive parents who adopted from the public foster care system in Florida. The results of this survey will be used to assess the current services being provided and what services are needed by adopted children and their families. I hope you will complete and return this survey to help us conduct a comprehensive assessment of service needs for adoptive families.

Thank you for taking the time to complete this survey and thank you for being an adoptive parent to one or more of our foster children.

Sincerely,

SURVEY FOR POST ADOPTION SERVICES ASSESSMENT
Your county of residence:
Number of adopted children in your home:
Age(s):
How long have you been an adoptive parent?
  (determine # of years by oldest adoption if more than one child has been adopted)

ADOPTIVE PARENT SUPPORT GROUP INFORMATION
1. Is there a local adoptive parent support group in your county?
2. If not in your county, is there a group close to you? Or is it too far to travel?
3. How often does the group meet?
4. What is the most helpful part of the adoptive parent support group?
5. Does the group have "buddy families" or "mentor families" for new adoptive parents?
6. Does the group have guest speakers or educational training opportunities?
7. Please make any comments about adoptive parent support groups.

EDUCATIONAL AND TRAINING OPPORTUNITIES
1. Have you attended a local educational or training opportunity within the last year that related to the needs of your adopted child or adoption in general? Yes No
2. If yes, please describe the type of educational material or training provided.
3. Who sponsored the event?
4. Please rate the educational material/training.
5. What specific educational/training topics, you may list more than one, would you like to have offered in your local community?

MENTAL HEALTH SERVICES
1. Have you utilized mental health services in the past two years? Yes   No
2. What type of mental health services — individual, family or residential?
3. Please rate the services provided.
4. Were there mental health services needed that were not available and if so, please describe.

POST ADOPTION SERVICES COUNSELOR
1. Do you have a name and number to contact for post adoption services in your county? Yes No
2. Are your inquiries to the post adoption services person responded to timely? Yes No
3. How could the post adoption services program in your county be improved?

ATTACHMENT 9

REPORTING AND PLANNING DEADLINES FROM JULY 2010 – JUNE 2015

Note this timeline depicts the periods for reporting progress and results to the Executive Office of the Governor. Circuit planning teams should provide for more frequent internal reporting and discussions in order to provide optimum opportunities for community partners to better effect change and make mid course adjustments as necessary to achieve the outcomes, goals and objectives of the plan.

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

ATTACHMENT 10

MONITORING REPORT TEMPLATE

Strategy 1 *(Repeat this worksheet for each strategy.)*
By 30 June 2015, Circuit _____ will _____.

Objective(s):					
ACTION STEP	**PLANNED SCHEDULE**		**ACTUAL SCHEDULE**		**STATUS**
	Begin Date	**End Date**	**Start**	**Finish**	
	List the begin date identified in the plan.	*List the end date identified in the plan.*	*List the date started.*	*List the date completed.*	*- Not started* *- In process* *- Completed*
	MEASURES/ BENCHMARKS			**OPTIONAL COMMENTS**	
	Report on the results assessed to determine if progress is being made toward achieving the established goal.			*Adjustments: planned or made*	
ACTION STEP	**PLANNED SCHEDULE**		**ACTUAL SCHEDULE**		**STATUS**
	Begin Date	**End Date**	**Start**	**Finish**	
	List the begin date identified in the plan.	*List the end date identified in the plan.*	*List the date started.*	*List the date completed.*	*- Not started* *- In process* *- Completed*
	MEASURES/ BENCHMARKS			**OPTIONAL COMMENTS**	
	Report on the results assessed to determine if progress is being made toward achieving the established goal.			*Adjustments: planned or made*	

Etc.

Repeat for each action step.

Repeat for each set of objectives.

ATTACHMENT 11

ANNUAL PROGRESS REPORT OUTLINE

I. Circuit identification information

II. Indicator baselines (status indicators and goals):
New data on the Circuit (and County, where appropriate) Goals as well as 4 or 5 most important indicators the Circuit is working to improve.

III. Story behind the data:
New information on causes, from national or local sources.

IV. Partners:
New partners the circuit planning team(s) been able to bring to the table since the last report.

V. What works:
New information on what works to improve the outcome and goals, from national or local sources.

VI. Progress made in implementing the plan of action:

  A. Population Well-being: Turning the curve on an indicator: Actual movement for the better away from the baseline. *Prevention example: The rate of growth in the rate of child maltreatment for the circuit has slowed from the previous 2 years. Child maltreatment rates have dropped in two of the five counties in the circuit.*

  B. Program/ service performance which contributes to turning the curve: Performance measures for providers which show that their clients have made progress. *Adoption example: Twenty (20) churches have stepped up to find 20 adoptive homes (including sibling groups), reporting commitments to host parent and youth support groups, providing adoption competence training for mental health and education personnel in the congregation and community; and assuring congregational support of the family by the dentists, mental health professionals, and pediatricians.*

  C. Major Accomplishments: Positive activities, not included above. *Prevention/Adoption examples: Three faith-based networks have been established with a reach of 56 faith-based organizations. Seven parent, six teen, and three children's adoptive support groups have begun operation.*

  D. Protective Factors Accomplishments: Descriptions of the major movement in "institutionalizing the five protective factors within the circuit. This may be anecdotal or based upon a systematic assessment.
Prevention/Adoption example: Fifty (50) churches and organizations have been trained on the five protective factors and 30 have developed action plans for how these can be incorporated in their daily activities.
 - 15 early learning centers are working on all 5 protective factors.
 - 5 churches are working on providing concrete support in times of need.
- 6 organizations have begun offering free child development classes for their communities.
- 2 counseling centers have expanded the scope of their practice to help with nurturing and attachment.

  E. Anecdotes: Stories beneath the statistics, which show how individuals are better off. *Let me tell you about John and Mary Jones.* Often simple stories (word pictures) illustrate the impacts of community changes and make powerful arguments to leadership and policy makers because they show how efforts have worked together, lead to results, and change lives.

VII. Action plan changes for the next fiscal year (if any):
Given the above and potential need for more specificity in the next plan of action, provide a revised plan that depicts any changes the circuit planning team proposes to make in the strategy, objectives, action plans, etc.

ATTACHMENT 12

RESULTS-BASED ACCOUNTABILITY

Information is adapted from *Trying Hard is not Good Enough: How to Produce Measurable Improvement for Customers and Communities* by Mark Friedman, 2005). See additional credits at the end of this Attachment.

What is the difference between population well-being (population accountability) and client well-being (performance accountability) and why is it important?

Results-Based Accountability starts with a crucial distinction: between results for whole populations like all children, all elders, all citizens in a geographic area - and results for the customers or clients of a particular program, agency or service system. The most important reason for this distinction is the difference in "who is accountable." Performance accountability can be assigned to the managers who run the various programs, agencies or service systems. Population accountability can not be assigned to any one individual, organization or level of government. The whole community, public and private sectors, must share responsibility for results. Results-Based Accountability is made up of two parts: Population Accountability and Performance Accountability. Results-Based Accountability is the overarching idea, which includes results-based decision-making and results-based budgeting. Accountability is by someone to someone for something important.

1. Population accountability is accountability for the well-being of a whole population in a geographic area. Population accountability is bigger than any one program or agency or one level of government. In fact, it's bigger than government. It requires the whole community, public and private partners to make a difference. ("It takes a village to turn a curve.") Population accountability is accountability BY THE COMMUNITY (city, county or state) TO THE COMMUNITY (city, county or state) FOR THE WELL-BEING (RESULTS) OF A POPULATION (children, adults, families, all citizens...).

Population Accountability for Programs Agencies and Service Systems
1. What are the quality of life conditions we want for the children, adults and families who live in our community?
2. What would these conditions look like if we could see or experience them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures? Where have we been; where are we headed? (baselines and the story behind the baselines)
5. Who are the partners who have a potential role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do? (multi-year action plan and budget, including no-cost and low-cost items)

2. Performance accountability is accountability for the performance of a program, agency or service system.
The most important performance measures are about the well-being of a client population (i.e. those who receive service or otherwise benefit from the program.) Performance accountability is accountability BY THE MANAGERS (of the program, agency or service system) TO THE CUSTOMERS (and other stakeholders) FOR THE PERFORMANCE OF THE PROGRAM (agency or service system). *Results-Based Accountability is a different way of thinking*. It organizes the work of programs, agencies, communities, cities, counties and states around the end conditions we seek for those who live in our community and those receiving service. It uses those end conditions as the grounding for all of the work, including decision making and budgeting.

Performance Accountability for Programs Agencies and Service Systems
 1. Who are our customers, clients, people we serve? (e.g., children in a child care program)
 2. How can we measure if our customers/clients are better off? (performance measures about client results - e.g. percent of children with good literacy skills)
 3. How can we measure if we are delivering service well? (e.g., client staff ratio, unit cost, turnover rate, etc.)
 4. How are we doing on the most important of these measures? Where have we been; where are we headed? (baselines and the story behind the baselines)
 5. Who are the partners who have a potential role to play in doing better?
 6. What works, what could work to do better than baseline? (best practices, best hunches, including partners' contributions)
 7. What do we propose to do? (multi-year action plan and budget, including no-cost and low-cost items)

3. This distinction between population well-being (Results-Based Accountability) and client well-being (performance accountability) is important because it both explains and determines who is accountable for what. Managers are accountable for the performance of the programs, agencies and service systems they manage. They are not accountable for the well-being of whole populations. Population accountability lies with the whole community.

How Does it Work?
1. Start with ends, and then work backward to means. What do we want? How will we recognize it? What will it take to get there?
2. Be clear and disciplined about language.
3. Use plain language, not exclusionary jargon.
4. Keep accountability for populations separate from accountability for programs and agencies.
   a. Results are end conditions of well-being for populations in a geographic area: children, adults, families and communities. They are the responsibility of partnerships.
   b. Customer or client results are end conditions of well-being for customers of a program, agency or service system. They are the responsibility of the managers of the program or agency.
5. Use data (indicators and performance measures) to gauge success or failure against a baseline.
6. Use data to drive a disciplined business-like decision making process to improve.
7. Involve a broad set of partners.
8. Get from talk to action as quickly as possible.

Why bother with Results-Based Accountability?

Because trying hard is not good enough. We need to be able to show results to taxpayers and voters.

It provides a way to communicate with taxpayers and voters in plain English (plain Spanish, Japanese, Korean etc.).

Results are conditions of well-being stated in plain language, that taxpayers and voters can understand and recognize as important. They include things like "a prosperous economy," "a clean environment," "a safe community," "healthy children and adults," "children ready for and succeeding in school."

Indicators are measures which quantify the achievement of results. So for example, the unemployment rate helps quantify economic prosperity, the percentage of troubled streams helps quantify a clean environment, the percentage of children reading at grade level helps quantify children succeeding in school, the teen pregnancy rate helps quantify children "staying out of trouble." Indicators can be used to create a report card on well-being for a geographic area (state, county, city, school district, community) like the Casey Foundation Kids Count report.

It provides a way to get from talk to action across agencies and across communities.

It is a disciplined business-like thinking process where we start with the ends we want (results and indicators) and works backward to the means to get there. We establish indicator baselines showing where we've been and where we're headed if we stay on our current course. Then we consider the story behind the baselines (e.g. the causes of teen pregnancy or poor water quality). Next we consider all the potential partners who can contribute to making the numbers better. Then we consider what works to do better than baseline, including what the research tells us and what our common sense tells us. Finally, we craft an action strategy that includes no-cost and low-cost actions over a multi-year period.

The process can harness the power of the community to improve conditions. It can help community partnerships bring public and private sectors together to turn around conditions that are "not OK". And it sometimes requires not much more than a little glue money for convening these groups, and supporting elements of their action plan.

With this thinking process we can use results to drive budgets, develop cross agency plans to turn around specific conditions of well-being, and tap the contributions of public and private sector partners and the power of no-cost low-cost actions. We can use this process to inform budget choices over several years. And when one action plan works to improve conditions of well-being, it can set the pattern to tackle another. Over time we can build up the capacity to view progress across agencies on many different results.

It provides a way to hold programs, agencies and service systems accountable for performance.

We must avoid the thousand-pages-of-useless-paper versions of performance measurement. We must insist that programs and agencies identify the 3 or 4 most important measures, make sure these measures focus on customer results, not just amount of effort, create baselines for these measures, and hold agencies accountable for making progress against their baselines. We can use these measures in a simple day-to-day management process that builds data-based decision making into the culture of the organizations, and periodically produces what's needed for the budget.

TOOL FOR CHOOSING A COMMON LANGUAGE
(and constructing a meaningful glossary) - FPSI: 2005

Framework Idea	Common Labels for Each Idea	Modifiers *(if you must)*	Chosen Word or Phrase *Each word or phrase can be used only once*
A. The Basics			
1. A condition of well being for children, adults, families and communities stated in plain language.	Result, Outcome, Goal, Vision	Population, Community-wide *(For "client results" see D3 below)*	**1. Outcome**
2. A measure that helps quantify the achievement of a result.	Indicator, Benchmark		**2. Goal**
3. A coherent set of actions that has a reasoned chance of working to improve results.	Strategy, What Works		**3. Strategy**
4. A measure of how well a program, agency or service system service is working.	Performance Measure Performance Indicator	Program, Agency, System, Cross-system	**4.**
B. Other Important Ideas - Part 1			
1. A picture of a desired future, one that is hard but possible to attain.	Vision, Desired future	Often contains one or more results	**1. Vision**
2. The purpose of an organization.	Mission, Purpose		**2. Mission**
3. A person or organization who benefits from program or agency service delivery.	Customer, Client, Consumer		**3.**
4. A person or organization who has a significant interest in the performance of a program, agency or service system.	Stakeholder, Constituent		**4.**
5. A person or organization who has a role to play in improving results.	Partner	Current, Potential	**5.**
6. A visual display of the history and forecast for a measure.	Baseline, Trendline		**6**
7. An analysis of the conditions, causes and forces at work that helps explain why a baseline looks the way it does.	Story behind the baseline Epidemiology, Etiology		**7.**
8. Possible actions that could make a difference on a result or performance measure.	What works, Options, Strategy	Research based, Asset based	**8.**
9. A description of proposed actions.	Action plan, Strategy, Strategic Plan		**9.**
10. The components of an action or strategic plan.	Goals and objectives, Planned actions		**10.**
11. A description of the funding of existing and/or proposed actions.	Budget, Funding plan		**11.**
12. A document that describes what new data is needed or where existing data needs to be improved.	Data development agenda		**12.**
13. A document that describes what new information is needed about causes, conditions, and/or what works to improve results.	Information and research, Agenda	About causes, About solutions	**13.**
14. A desired level of achievement for an indicator or performance measure.	Target, Goal, Standard	Realistic, Arbitrary, Punitive, Insane	**14.**

Framework Idea	Common Labels for Each Idea	Modifiers *(if you must)*	Chosen Word or Phrase *Each word or phrase can be used only once*
	----------------- Choices -----------------		
C. Other Important Ideas - Part 2			
1. A description of why we think an action or set of actions will work.	Theory of change, Logic model	Used at both the population and performance levels	**1.**
2. A structured, disciplined analysis of how well a program is working or has worked.	Program Evaluation		**2.**
3. A system or process for holding people in a geographic area responsible for the well-being of the total population or some defined population.	Results Accountability Results-based accountability Outcome Accountability Outcome-based Accountability	"Results Accountability" is sometimes used to describe all of 3 through 7 combined	**3.**
4. A system or process for holding managers and workers responsible for the performance of their programs, agencies, and/or service systems.	Performance Accountability	Program, Agency, Service system	**4.**
5. A system or process of working from ends to means, using (population and/or program results to drive decisions about what to do.	Results-based decision making, Outcome-based decision making		**5.**
6. A system or process of working from ends to means, using (population and/or program) results to drive the budget.	Results-based budgeting Outcome-based budgeting		**6.**
7. A system or process of working from ends to means, using (population and/or program) results to drive grant making decisions.	Results-based grant making Outcome-based grant making		**7.**
D. Types of Performance Measures			
1. Measures of the quantity or amount of effort, how much service was delivered.	How mach did we do? Input, Output, Resources Process measure, Product measure		**1.**
2. Measures of the quality of effort, how well the service delivery and support functions were performed.	How well did we do it? Efficiency measure Customer satisfaction Process measure result, Customer outcome, Impact,		**2.**
3. Measures of the quantity and quality of effect on customers' lives.	Is anyone better off? Effectiveness measure, Customer outcome, Impact, Cost/benefit ratio, Return on Investment, Output, Outcome, Product, Value Added, Customer Satisfaction	Program, Agency, Service system	**3.**
E. A Basketful of Modifiers **to use with any of the above.**	Measurable, Urgent, Priority, Targeted, Incremental, Systemic, Core Quantitative, Qualitative, Positive, Negative, Short-term, Mid-term, Long-term Intermediate, Internal, Infernal, External, Eternal, Allegorical, Extraterrestrial		

ATTACHMENT 13

PREVENTION GOAL 1 – FAMILY STRENGTHENING INITIATIVE
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 1 – Family Strengthening Initiative. By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a blueprint for a family strengthening initiative (i.e., Strengthening Families + multi-media materials and supports) in Florida over the five-year period from July 2010 through June 2015. *See Section II of this Attachment for recommendations for the local planning teams.*

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Family Strengthening for Prevention of Child Maltreatment. The state will explore and plan, if appropriate, a family strengthening initiative that would entail one or more of the following:

- Adopt and diffuse the Strengthening Families for Early Education and Care approach within the early education and care systems in Florida and branching into other systems (e.g., Workforce development) as appropriate.
- Develop training and support materials for the service delivery systems to use with staff and parents as appropriate.
- Design multimedia vehicles (e.g., print, electronic, audio) for the initiative which supports positive parenting knowledge and skill-building components with calls for action that include seeking help before challenges become crises.

The goal of the planning effort is to develop strategies, methodologies and funding for this family strengthening initiative that would be carried out during the five-year period, July 2010 – June 2015.

Supports for Positive Parenting

According to a 2003 study by the National Association for the Education of Young Children (NAEYC), 97 percent of child care providers wanted to do more to prevent child maltreatment and stated that they need the tools necessary to do so. In December 2008, the early education and care community in Florida notes, that although it has access to a wide array of parenting materials, they are disparate in nature, focus and content (because of the many systems developing and disseminating them). It would be beneficial for the state to have a concerted and consistent effort to identify what is and what is not available to assist parents and to make this information available. Additionally, it was reported that Florida child care staff would benefit from instruction and supports that would assist them in talking with and providing guidance to parents. These efforts would encourage and equip providers to respond to inquiries and requests from parents. For example, they would be able to respond with developmentally appropriate and evidence-based parenting assistance and advice, as well as provide information and encouragement to help parents to seek parenting assistance and supports.

Strengthening Families

Across the country, early care and education programs, child welfare departments, and others are using the Strengthening Families approach (developed by the Center for the Study of Social Policy with funding from the Doris Duke Foundation) to build five protective factors in families. The approach works by identifying and promoting protective factors that may serve as buffers for families that would otherwise be at risk for abuse and neglect. Protective factors help families become familiar with alternate resources, supports, and coping strategies that will allow them to parent more effectively under stress. The strategies of early child care and education programs should be to effectively build the five protective factors known to prevent child abuse and neglect:

- **Parental resilience** – Parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively rise to challenges in their lives –are less likely to abuse or neglect their children.

- **Social connections** – There is a well-documented link between social isolation and child maltreatment. Parents who have positive social ties to parents of their children's friends are able to discuss childrearing issues with them and establish a consensus on shared standards.

- **Knowledge of parenting and child development** – Many health professionals who work with maltreating parents have observed that child abuse and neglect are often related to a lack of understanding of basic child development. Parents who abuse their children commonly have inappropriate expectations of children's abilities and respond to children's behaviors in excessively negative ways. Giving parents accurate information and teaching alternative discipline techniques would be vital to curbing similar events.

- **Concrete support in times of need** – In some cases, what may appear to be neglect may simply be the direct result of lack of resources, such as leaving a child home alone due to lack of affordable child care or malnutrition due to poverty. Helping families access the material sources they need could reduce these incidences.

- **Nurturing and Attachment (formerly, Social and emotional competence of children)** – Research indicates that difficult child behaviors do not themselves cause maltreatment but are commonly part of an escalating cycle of negative parent-child interactions that may include physical abuse. A child's social and emotional development is highly dependent on the quality of a young child's primary relationships. How caregivers respond to children's emotional expression profoundly influences how they learn to process, understand, and cope with such feelings as anger, happiness, and sadness. Promoting positive behavior and responses in children could strengthen parent-child relationships.

Research shows that these factors reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. By building relationships with families, programs can recognize signs of stress and build families' protective factors with timely, effective help. This strategy for dealing with child neglect and abuse shows great promise because:

- The protective factors have been demonstrated to work and are informed by extensive, rigorous research.

- Activities that build the protective factors can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.

- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.

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

Public Education

Child care and workforce development providers are likely to be the professionals and care givers who most frequently interact with families with young children. In particular, infant and toddler child care providers are uniquely positioned to recognize and respond to families' needs for information and support. Thus, the initial effort of such a family strengthening initiative would be to reinforce through public media and venues the information that would seek to encourage and teach parents to use positive parenting techniques and encourage parents to seek parenting assistance and supports before major crises occur. That is, in addition to providing materials, information, training and supports to providers, the initiative could develop and disseminate a year's worth of newsworthy briefs and articles for print in newspapers, newsletters and Internet blogs and discussion arenas as well as a series of public service announcements to broadcast year round in English, Spanish and possibly Creole through television, radio, iPods and the Internet. Its goal would be to make positive parenting the "in thing" to do, reinforce parents for seeking parenting assistance and support, and offer developmentally appropriate and evidence-based parenting assistance and advice. The collective purpose of these efforts is to empower parents and families to do what they could and should do for themselves and their families.

Such avenues would be invaluable to expanding awareness and encouragement to both providers and all parents in the communities supported by those media markets. The multi-media products should role model one-time positive parenting behaviors and advertise resources where parents and caregivers can find more information. Such products could show parents effectively demonstrating developmentally appropriate discipline and child guidance techniques that are simple and easily remembered; parents talking in a support group about common child-rearing challenges and discussing easy, positive solutions; community members in common settings simply reaching out to support parents as they are struggling with a child who is acting out; or divorced parents working together to make the best decision regarding raising their child in a consistent environment. The purpose of the series will be to normalize difficult challenges that many parents face, normalize the act of giving and receiving help with parenting issues, demonstrate positive activities that can be easily imitated and adopted by parents, and provide information about where and when resources could be accessed. All would be consistent with the information and materials published for the early education and care providers.

In October 2008, the U.S. Department of Health & Human Services Health Resources and Services Administration (HRSA) announced that almost $5 million in grant funding will be awarded to states to develop public awareness campaigns to aid first-time parents. The First-Time Motherhood/New Parent Initiative funds efforts in 13 states to develop and disseminate marketing tools. The tools will promote greater health knowledge and stronger parenting skills among men and women of childbearing age and emphasize a holistic approach to the health of the mother, baby and their family beginning prior to conception and following delivery. Florida is one of the 13 states with an award of over $223,363. "New parents can benefit from opportunities to learn from peers and professionals," said HRSA Administrator Elizabeth M. Duke. "These grants will help first-time mothers and new parents gain access to helpful resources on prenatal care, family support and parenting." The awareness campaign will promote services for expectant mothers and new parents and encourage a healthy first year of life for their infants. The HRSA grant target population will be women and men from racial and ethnic minorities who live in communities disproportionately affected by pregnancies with health problems. Grantees will use the campaigns to heighten awareness of the importance of preparing couples for their new roles as parents and increase their access to available resources, including parenting education programs. Funds also will be used to promote greater knowledge of pregnancy risk factors, ways to reduce risky behaviors, and strategies to reduce health problems during pregnancies and improve reproductive health.

Seeking universal and public communications vehicles to share knowledge of parenting and encouraging parents to seek assistance would provide supports to a family strengthening initiative. Because of the readily available multimedia in Florida, an array of low cost alternatives could be tapped (e.g., Pod casts, blog responses, newspaper articles, etc.).

State Planning Workgroup Action Areas that will be completed between January 2009 and June 2010.

- Create the family strengthening initiative workgroup to include, but not be limited to, the identified CAPP representatives and representation from the Florida Education Channel, early education and care, workforce development, and other key stakeholders and potential contributors.
- Identify the education and care community, and other possible communities that will participate in the implementation of this initiative.
- Identify the message delivery systems that would encourage parents to ask for help with parenting questions and dilemmas.
- Identify and develop, if possible, the strategies and tactics for delivery of training and technical assistance to the identified providers on ways to communicate with parents and build the protective factors with families.
- Prepare and submit for CAPP Advisory Council review, draft recommendations for a 5-year plan to implement this initiative.
- Identify and develop, where feasible, age-appropriate research based information and materials that could be provided to the identified family strengthening communities.
- Identify and develop, if possible, the messages that would encourage parents to ask for help with parenting questions and dilemmas.
- Identify and develop, if possible, the staff training and technical assistance components and materials.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.
- Design an impact evaluation to be implemented for this initiative.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Family Strengthening Initiative

Strategy 1 – By 30 June 2015, the State will have implemented the Family Strengthening Initiative within its early education and care systems and investigated other possible avenues for implementation.

A. Level of Prevention addressed by this Strategy: ☑ Primary Prevention/Universal Strategies *(Complete D)* ☐ Secondary Prevention/Selected Strategies *(Complete E)* **B. Socio-Ecological Model Level(s) Influenced by this Objective:** ☐ Societal Level ☑ Relationship Level ☑ Community Level ☑ Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: ☑ Parental Emotional Resilience ☑ Social Connections ☑ Knowledge of Parenting and Child Development ☑ Concrete Support in Times of Need ☑ Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: ☐ Community Development ☑ Community Support for Families ☑ Family Supportive Programs/Services ☑ Information and Referral and Helplines ☐ Public Awareness and Education Campaigns ☐ Workforce	**E. Secondary Prevention Continuum Addressed by this Objective:** ☐ Adult Education ☐ Community Development ☐ Community Support for Families ☐ Concrete Services ☐ Family Supportive Programs/Services ☐ Public Awareness and Education Campaigns ☐ Workforce

See also Attachments 1 and 2 of this Planning Outline.

Objectives:

1.1. By 30 June 2011, Florida will have designed and developed the family strengthening initiative for use statewide in early education and care. This includes such action steps as:

    1.1.1. Identification of early learning coalitions and Head Start grantees that would serve as early adopters.

    1.1.2. Identification of target audience(s) – staff members and parents.

    1.1.3. Design and development of training curriculum.

    1.1.4. Design of staff resource materials.

    1.1.5. Design of parent resource materials.

    1.1.6. Creation of the messages to be used for the media component.

    1.1.7. Design of the evaluation plan and strategies.

    1.1.8. Utilization of a Web site to provide linkages to resources and information for the initiative.

1.2. By 30 June 2012, the first phase of implementation of the family strengthening initiative will have commenced. This includes such action steps as:

1.2.1. Early adopters will have completed training.
1.2.2. Parent and staff resource materials will be produced and used by the early adopters.
1.2.3. Multimedia components will be produced and disseminated.

1.3. By 30 June 2013, the first phase of implementation of the family strengthening initiative will have been reviewed and the second phase of implementation will have commenced. This includes such action steps as:

1.3.1. Review of the experience and results from the early adopters will be completed.
1.3.2. Training, materials and plans will be revised accordingly.
1.3.3. Leadership team will assess the applicability and feasibility for moving to additional systems (e.g., workforce development) for implementation.
1.3.4. Second wave of training including additional early learning coalitions and Head Start grantees will be completed.
1.3.5. Implementation of the media components will be expanded.

1.4. By 30 June 2014, the second phase of implementation of the family strengthening initiative will have been reviewed and the third phase of implementation of the family strengthening initiative will have commenced. This includes such action steps as:

1.4.1. Review of the experience and results from the first two phases of implementation will be completed.
1.4.2. Training, materials and plans will be revised accordingly.
1.4.3. Planning and design of a five-year initiative for implementation within other state systems will be drafted.
1.4.4. Training additional early learning coalitions and Head Start grantees will be completed.
1.4.5. Full implementation of the media components.

1.5. By 30 June 2015, the family strengthening initiative will have been implemented statewide including the early learning coalitions and Head Start grantees. This includes such action steps as:

1.5.1. Review of the experience and results from the first three phases of implementation will be completed.
1.5.2. Plans for continuation and expansion will be included in the 2015 – 2020 state prevention and permanency plan.

Critical elements or components of the Family Strengthening Initiative (FSI) for the <u>Local Planning Teams</u> to consider as it will be rolled out between July 2010 and June 2015.

A. Focus on the five protective factors and seven program strategies.

Protective Factors:

1. Parental Emotional Resilience – attitude, creativity, ability to rise to challenges
2. Social Connections – positive social ties to parents of their children's friends
3. Knowledge of Parenting and Child Development – understanding child development and positive discipline
4. Concrete Support in Times of Need – access to material resources
5. Nurturing and Attachment (Social and Emotional Competence of Children) – dependent on quality of primary relationships

Program Strategies:

1. Facilitate friendships and mutual support
2. Strengthen parenting
3. Respond to family crises
4. Link families to services and opportunities
5. Value and support parents
6. Facilitate children's social and emotional development
7. Observe and respond to early warning signs of abuse or neglect

B. Provide consistent messages reinforcing the five protective factors and seven program strategies across all programs.
C. Develop leadership teams which include arrays of stakeholders (e.g., professionals from early education and care, health, mental health, interfaith, workforce development, local business, peer professionals, and others that may later implement FSI) that reflect the communities to be served.
D. Use Florida's Family Strengthening Initiative Web-based resources (launched in 2011).
E. Support parents (especially men) as partners and leaders.
F. Build on infrastructures available nationally and in Florida (e.g., Florida Education Channel, Florida Knowledge Network, Florida agency Web sites, Florida Association of Partners in Education, Early Childhood Association of Florida, Strengthening Families, Center for the Study of Social Policy, etc.).
G. Identify local champion(s).
H. Embrace and ensure staff training and support.
I. Participate in statewide evaluation activities and efforts.
J. Identify local resources and supports necessary to sustain the initiative at the local level.

The <u>State</u> (or responsible party) will provide:

A. Rationale and training on the strategic frame analysis research.
B. Funding options for assisting with implementation.
C. Instructional materials for use in training of staff members.
D. High resolution/fidelity document and media files accessible for download from the Web for use with staff members and parents.
E. Multimedia components.
F. Web- and television-based training options.
G. Evaluation supports.

ATTACHMENT 14

PREVENTION GOAL 2 – WHOLE CHILD COMMUNITY
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 2 – Whole Child Community. By 30 June 2010, the State of Florida will have determined the feasibility of implementing the Whole Child Community Initiative in selected areas of Florida or statewide. And, if found to be feasible, the State of Florida will have a proposal for making this happen in Florida over the five-year period from July 2010 through June 2015.

I. Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Community Strengthening for Prevention of Child Maltreatment. The state will explore and plan, if appropriate, an initiative to adopt and diffuse the Whole Child approach linking community-based systems in Florida counties. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

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

- Assist parents in identifying needs and connecting with providers.
- Assist providers in building holistic service delivery networks.
- Assist policy makers, community leaders and advocates to identify critical issues related to the well-being of children 0-5 and develop the capacity to address these issues.

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

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

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

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

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

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

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

State Planning Workgroup Action Areas that will be completed between January 2009 and June 2010.

- Create the Whole Child Community workgroup to include, but not be limited to, the identified CAPP representatives and representation from the Children and Youth Cabinet, Children and Youth Cabinet workgroup, Whole Child communities, the Judicial Information System project managers, 211 Network, Whole Child Center, and other key stakeholders and potential contributors.
- Identify and develop, if possible, the strategies and tactics for development of a Whole Child philosophy and/or Connection as a part of the deliberation and decision-making process for the Children and Youth Cabinet.
- Identify the state-level and local-level communities that will participate in the implementation of this initiative.
- Prepare and submit for CAPP Advisory Council review, draft recommendations for a 5-year plan to implement this initiative.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.
- Design an impact evaluation to be implemented for this initiative.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy: By 30 June 2015, Florida will build a Whole Child Community by having at least one Whole Child Project in each judicial circuit that has attained a Level 2 status as outlined in the Recognition Criteria in the Whole Child Tool Kit. *See Attachment 4, Strategy 2 of this outline for an example of local planning for a Whole Child Community.*

Critical elements or components of the Whole Child Community Initiative for the Local Planning Teams to consider as it will be rolled out between July 2010 and June 2015.

1. Identify a group of community leaders and service providers who are committed in building a Whole Child Community in partnership with the Foundation.
2. Draft and adopt a Commitment to Children statement. The Whole Child Tool Kit provides examples of such statements for your consideration.
3. Adopt the Whole Child Vision Statement, *"Imagine a community where everyone works together to make sure children thrive".* Three core elements must be accepted: *community*, *working together* and *children thriving*.
4. Address all six dimensions of the Whole Child Project in its planning process.
5. Conduct a comprehensive baseline assessment of the community to determine the status of children with respect to the community's Commitment to Children statement and the six dimensions of the Whole Child.
6. Conduct an annual self-assessment of its progress toward fulfilling its vision, using the Foundation's Whole Child Self-Assessment Guide.
7. Share the process the community follows and the lessons it learns in becoming a Whole Child Community by providing information for the Foundation's Whole Child Web site and participating in meetings or conversations with other Whole Child Communities.
8. Implement web-based technology that enables parents to assess their needs related to supporting their children, electronically connects parents with service providers who can meet their needs, facilitates provider networking and creating a "no wrong door culture", and provides the community with data on priority needs, gaps in service and provider performance. Electronic Training Solutions, Inc. is an established provider of software that meets these criteria and is available to assist communities at their request.
9. Conduct an annual community meeting to present a status report on the community's progress in fulfilling its commitments to children across all six dimensions of the Whole Child, and encourage the community to engage in activities that will improve its ability to fulfill these commitments.
10. Use the Whole Child logo on all materials, publications and promotions related to the Whole Child Community.
11. Identify a fiscal agent that recognizes and supports the Whole Child Community as universal, primary prevention.

The State (or responsible party) will provide:

1. Tool Kit from the Lawton Chiles Foundation.
2. Web site and technical assistance from the Foundation.
3. Mentoring from the Foundation or other representatives from other Whole Child Communities.

ATTACHMENT 15

PREVENTION GOAL 4 – POSITIVE PARENTING PROGRAM (TRIPLE P ®)
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 4 – Positive Parenting Program. By 30 June 2010, the State of Florida will have explored the feasibility, and if appropriate, have a plan for the adoption and diffusion of the Positive Parenting Program (Triple P®) within systems and programs that contribute to preventing child maltreatment (e.g., Substance Abuse Programs, Mental Health facilities, and Domestic Violence Shelters, Head Start Centers and others as appropriate) over the five-year period from July 2010 through June 2015.

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Prevention of Child Maltreatment within the Nexus of Substance Abuse, Mental Illness and Domestic Violence. The state will explore and plan, if appropriate, for the adoption and diffusion of the Triple P® initiative within the substance abuse, mental health and domestic violence prevention and treatment systems in Florida to provide professionals with skills to assist the families they serve with evidence-based positive parenting practices. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out July 2010 – June 2015.

Poverty, substance abuse, mental illness, domestic violence, social isolation and insecure parental attachment history are intricately linked to child maltreatment. If the focus of Florida's efforts is to prevent child maltreatment before it occurs in the first place, then bringing together partners that would assist in lowering the incidence rates in these areas, as well as building resiliency in homes affected by these areas, are critical. The service systems that are working to prevent, identify and/or treat substance abuse, mental illness and domestic violence could assist with the identification and amelioration of family dysfunction that results from these impairments and thus serve as a secondary child maltreatment prevention strategy. The professional and paraprofessional staff members working with families in substance abuse programs, mental health facilities and centers, and domestic violence shelters could receive additional training (e.g., "upskilling") on delivering parenting education and support to their clients. Providing staff with additional skills or offering credentialing programs in family support services will add a few more tools in their toolbox in terms of delivering positive parenting advice and promoting child well-being.

Triple P® has been given the highest evidence-based rating by the California Evidence-Based Clearinghouse for Child Welfare and the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). The Triple P® program targets parents and other caregivers of children from birth through age 18. Documented outcomes of the Triple P® program include child safety and child/family well-being.

Triple P® is a multi-level system of parenting and family support. It aims to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or in a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 18. The multi-disciplinary nature of the program allows utilization of the existing professional workforce in the task of promoting competent parenting. The program targets five different developmental periods from infancy to adolescence. Within each developmental period, the reach of the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). Triple P® enables practitioners to determine the scope of the intervention given their own service delivery system, priorities and funding.

State Planning Workgroup Action Areas that will be completed between January 2009 and June 2010.
- Create the Triple P® workgroup to include, but not be limited to, the identified CAPP representatives and representation from the Florida Council for Community Mental Health, community-based mental health and substance abuse agencies, Florida Coalition Against Domestic Violence, the Domestic Violence Coalitions, the Children Services Councils, Head Start and other key stakeholders and potential contributors.
- Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate (e.g., circuits sign up and identify providers for training).
- Identify and develop, if possible, the strategies and tactics for development and implementation of a Triple P® initiative within the substance abuse, mental health and domestic violence service systems in Florida.
- Identify state and local communities that will participate in the implementation of this initiative.
- Prepare and submit for CAPP Advisory Council review, draft recommendations for a 5-year plan to implement this initiative.
- Identify and procure, where feasible, resource needs, funding streams and funding strategies.
- Design an impact evaluation to be implemented for this initiative.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy: By 30 June 2015, each circuit will identify potential on-going delivery systems with professionals that interact with families and determine the feasibility for the incorporation of the Positive Parenting Program (Triple P®) serving as an enhancement to the system.

Critical elements or components of the Positive Parenting Program (Triple P®) for the Local Planning Teams to consider as it will be rolled out between July 2010 and June 2015.
1. Assure fidelity of implementation.
2. Build on infrastructures available nationally and in Florida.
3. Develop knowledge and exploration of potential blended and braided funding at the local level
4. Ensure and support training of providers.
5. Address coordination of effort and capacity issues (*Action planning*).
6. Design an impact evaluation to be implemented for this initiative.
7. Recognize and adhere to the diversity and uniqueness of the community based upon cultural and ethnic citizenships.
8. Utilize Triple P® parenting principles.

The State (or responsible party) will provide:
1. An overview of the Triple P® program
2. Updates to applicable national information regarding the Positive Parenting Program
3. Contact information for national and Florida initiatives for support.
4. Components of the statewide evaluation to be utilized in the local evaluation plan.

Local Team Recommendations for 5-year plan:
1. Research Triple P®, gain understanding of how it is used and its efficacy through resources available.
2. Review current system in Circuit and identify appropriate places where Triple P® could be effective.
3. Identify possible funding streams from multiple agencies serving the identified target population that could support initial and sustained implementation.
4. Define action steps that are reasonable and achievable.
5. Implement an evaluation component that includes the state required evaluation objectives.
6. Continue planning for expansion.

ATTACHMENT 16

PERMANENCY GOAL 1 – EXPLORE ADOPTION
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Prevention Goal 1 – Explore Adoption. By 30 June 2010, the State of Florida will have in place sustainable efforts to continue the *Explore Adoption* public awareness campaign through June 2015.

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

In May of 2008, the state of Florida launched the *Explore Adoption* campaign. This campaign was the initiative of Governor Charlie Crist and demonstrates his commitment to adoption. *Explore Adoption* is a marketing campaign designed to broaden the pool of people who consider public adoption. Two goals stated in the Governor's Adoption Strategic Plan are:

- To promote a culture of life by raising positive awareness about adoption.
- To promote adoption of foster children in need of permanent families by expanding awareness and interest among the general population and specifically among demographic groups that meet the profile of likely adoptive parents.

Explore Adoption marketing kits are available to adoption specialists (e.g., recruiters and homefinders), faith-based organizations, community liaisons, adoption advocates, or anyone who can deliver the materials and the message about public adoption. The marketing kits include printed materials utilizing information and testimonies of families who have successfully adopted special needs children. These are also available on DVD to be shown in small groups such as adoption orientations or as Public Service Announcements (PSAs) for the media. The *Explore Adoption* Web site (*www.adoptflorida.org*) is linked to the Adoption Information Center for general information on the adoption process and to the State of Florida Adoption Exchange to view children legally free for adoption. The *Explore Adoption* Campaign has been successfully initiated throughout the State of Florida with collateral material distributed on the local level.

To keep this campaign successfully moving forward, materials will need to be reprinted and redistributed; the Web site will need to be maintained and provided with new and evidence-based information; the existing PSAs and programs will need to be disseminated and broadcasted; and updated public awareness videos, stories and materials will need to be created and disseminated.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy 1 – By 30 June 2015, all circuits' efforts to promote adoption in Florida will fully utilize and incorporate *Explore Adoption* Campaign materials.

Objectives:

1.1 By 30 June 2011, at least 25 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

1.2 By 30 June 2012, at least 30 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

1.3 By 30 June 2013, at least 35 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

1.4 By 30 June 2014, at least 40 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

1.5 By 30 June 2015, at least 45 percent of all inquiries about public adoption are a result of *Explore Adoption* awareness.

Critical elements or components of this initiative:

1. Use state provided supports when developing circuit marketing strategy.
2. Implement an intake survey questionnaire to measure inquires as a result of Explore Adoption.
3. Develop media and vendor relationships to promote and produce materials as needed.
4. Secure positive earned media coverage with tracking mechanism.
5. Expand existing and establish new Explore Adoption Partnerships at the local level.

The State (or responsible party) will provide:

1. Customizable templates of all print materials (includes brochures, flyers, posters, window clings, lapel pins).
2. 30-minute TV special featuring three real Florida families – in any needed format.
3. Five PSAs - in any needed format.
4. Radio Spots – in any needed format.
5. Marketing Kits.
6. Bill Board design.
7. Print ad design.
8. Web banner design.
9. Established partnerships contact information.
10. Demographic Analysis – where to focus marketing efforts.
11. Survey Results – how to communicate message.
12. Website with all materials, family stories, Kid Of The Month, FAQs, general adoption information, resources.

ATTACHMENT 17

**FAITH BASED INITIATIVE FOR PREVENTION AND PERMANENCY
PREVENTION GOAL 3 & PERMANENCY GOAL 2**
Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010

18-month Plan Goals for Faith-based Initiatives.
   Prevention Goal 3 – Faith-based Prevention Initiative. By 30 June 2010, the State of Florida will
   have explored the feasibility, and if appropriate, have a blueprint for a faith-based prevention initiative
   to promote protective factors in families for implementation over the five-year period from July 2010
   through June 2015.
   Permanency Goal 2 – Faith-based Adoption Initiative. By 30 June 2010, the State of Florida will
   have explored the feasibility, and if appropriate, have a blueprint for a faith-based adoption initiative to
   promote adoption of foster children and to support adoptive families for implementation over the five-
   year period from July 2010 through June 2015.

I.   Background Information from the *Florida Child Abuse Prevention and Permanency Plan: January 2009 – June 2010*

Faith-Based Prevention Initiative. The state will explore and plan for the implementation of a faith-
based prevention initiative that would provide for either universal or targeted efforts in which the faith
community is engaged to provide family and community supports to build the five protective factors. This
initiative will work in tandem with the faith-based adoption initiative (see Permanency Goal 2). The
identifying, locating and contacting of faith-based communities will be led and supported with joint
efforts. The faith-based community is in the "business" of caring for its members and the communities it
serves. Developing intentional outreach that would build protective factors for the families they serve will
position the faith-based community to further their efforts for the prevention of child maltreatment.
Examples would include:

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

Faith-based Adoption Initiative. The state will explore and plan for the implementation of a faith-based
adoption initiative that would provide for targeted recruitment, child specific recruitment, location of an
adoptive home, and support of the adoptive home for children available for public adoption. The goal of
the planning effort is to develop strategies, methodologies and funding for initiatives. If one family in
every faith-based institution (e.g., church, synagogue, mosque, etc.) in Florida adopted one child,
regardless of that child's special needs, or a sibling group, there would be no children waiting in state
care. The adoptive family's faith-based home would then collectively provide needed post-adopt support
and types of care to help each family raise the adopted children. In addition to promoting foster care
adoption, the faith community will be encouraged to develop and implement a post-adoption family
support network to assist those families who had the courage to answer the call and adopt a child from
foster care. These "congregation builders" strategies will be developed locally with support and advice
from the Governor's Office of Adoption and Child Protection, the Governor's Faith-based and
Community-based Advisory Council, and other outside sources. When a couple, or possibly multiple
couples, in a congregation make the decision to adopt a child from foster care, there are many others in
the same congregation who would make some commitment, especially with encouragement from their

faith leader, to provide support to the adoptive family. Some of these supports can be reflective of the skills or background of the individuals offering to help such as medical or counseling assistance, or providing a meal or baby-sitting for the family. Post-adopt support plans should include provisions for potential medical, dental and mental health care needs for the adopted children and their parents. A respite care plan for adoptive parents should be in place to provide meals and breaks when needed. Also, parent support groups and child support groups should be formed that consist of peers from the congregation who can relate to their unique situation. Another effort to consider would be to organize those from the faith-based community who have adopted foster children to provide support and encouragement to other partner congregations. Other ways that a faith community can provide post-adopt support or build-up their congregation would be to:

- Conduct an adoption ceremony in front of the whole congregation.
- Host support groups for adopted children (especially teenagers) in the community.
- Host support groups for adoptive parents in the community.
- Organize a congregational support and mentoring project to "wrap around" the adoptive couple.
- Organize and lead a prayer support network for the adoptive families within the congregation and with other associated faith communities.
- Recognize the key supporters within the congregation who are engaged with the initiative.
- Showcase the new family on regular basis, promoting and encouraging more adoptions.

II. Recommendations from the State Level Workgroup for Local Planning Teams to use in the Development of their 5-year Plans.

Strategy: By 30 June 2015, Florida will have implemented faith based initiatives to prevent child abuse.

Objective: By 30 June 2015, each circuit will have at least one faith based initiative for prevention and permanency serving targeted numbers of families and children available for adoption.

Critical elements or components for LPTs

- Devise a local strategy to identify faith leaders and engage faith communities in the promotion of building resilient families using the five protective factors, promotion of adoption using the *Explore Adoption* research and materials, and commitments for post adoption supports.
- Identify a local champion for children within the faith community that will promote family strengthening strategies and adoption and help secure post adoption supports in the community.
- Provide the faith community with lists of available community resources and funding strategies that will promote family resilience, adoption awareness, adoption support and education.
- Identify and promote best practices that support the five protective factors and best practices for targeted and child specific recruitment.
- Designate a point of contact dedicated to interacting with the faith communities on prevention and permanency.

State Provided Items

- Information on the five protective factors in user-friendly format.
- Explore Adoption materials and research to help promote public adoption.
- Tool Kit with potential opportunities, suggested strategies, potential funding streams, best practices, resource guides and information and letters of support from Governor Crist and state and faith leadership.
- Identified communities and organizations that have active faith based prevention and/ or adoption initiatives and facilitate sharing of best practices.
- Inter-faith summit educating faith leaders on prevention, the five protective factors, targeted child recruitment, and supporting the needs of adoptive families.

Appendix 2

Customer Service and Customer Support
Protocol for Adoption Services

Customer Service and Customer Support Protocol for Adoption Services

Office of Adoption and Child Protection
Executive Office of the Governor

EXPLORE♥
ADOPTION
FINDING FAMILIES FOR FLORIDA'S KIDS

August 25, 2009

Table of Contents

Purpose

Definitions

Background

"Overcoming Barriers to the Adoption of Foster Children"

Customer Service

- Friendly and Responsive

- Predictability of Process

- Support During the Waiting Period

- Project Adoption Success- Summary of Survey

- Sample- Customer Service Survey

- Customer Service Recommendations

- Agency Assessment #1 for Customer Service

Customer Support

- Post Adoption Services

- Customer Support Recommendations

- Agency Assessment #2 for Customer Support

10 Commandments of Customer Service

Purpose:

Governor Charlie Crist has made the adoption of Florida's children in state care a priority of his administration. In addition to the appointment Florida's Chief Child Advocate to manage the Governor's Office of Adoption and Child Protection, the Explore Adoption marketing campaign was launched to raise awareness about adoption statewide, and to entice Floridians to consider the prospect of adopting one or more of Florida's children in care. As a requirement to this investment of taxpayer's dollars, and to ensure our best return on investment, a reasonable customer service protocol or standard operating procedure for Florida's adoption process should be in place for all our service providers that requires an appropriate response to all inquiries from our prospective adoptive families.

Our goal is to make sure every customer (potential adoptive parent) is properly informed and feels comfortable and confident about the adoption process in Florida. We need to give our worthy customers the information they need in a simple, professional and timely manner in order for them to take the next step in adopting one of Florida's children. Studies show that our very first point of contact with our customers will determine the success of our efforts to encourage Floridians to consider public adoption.

Furthermore, our commitment to customer service must continue throughout the adoption process. Our prospective adoptive parents need guidance and encouragement to keep them engaged. They also need to be provided with realistic timeframes and expectations. The adoption process can be overwhelming and our families may become frustrated when trying to navigate the system.

Post adoption support is also a critical element of the customer service protocol. Families adopting children whose experience includes foster care placement will face significant challenges in coping with abuse and neglect, attachment and residual loss issues. Agencies need to have services in place and available to families to successfully meet the life long challenges of adoption. These services include: education and training, mental health assistance, and supportive assistance.

Our customers are making a life changing commitment. In turn, they deserve a commitment from us.

Adoption success begins with a stated commitment to customer service and support for adoptive families.

Definitions:

Customer – A person who buys- especially one who buys regularly; an individual with whom one must deal.

Customize – Make according to individual specifications.

Service – The act of helping, supplying or providing; Work done on behalf of persons, organizations, or institutions.

Support – To maintain by supplying things necessary for existence; to sustain under trail or affliction; to uphold or advocate; to serve as a foundation.

Customer Services – Assistance and other resources that a company provides to the people who buy its products or use its services.

Customer Satisfaction – A qualitative measure of performance as defined by customers that meets their basic requirements and standards.

Customer Satisfaction Index – Degree of satisfaction provided by the goods or services of a company as measured by repeat or sustained customers.

The goal is to boost customer satisfaction and keep current customers rather than devoting additional resources to chase potential new customers.

Customer Satisfaction Survey – Tool used to help understand customers needs and desires; provides actionable feedback; identifies factors that enhance relationships, loyalty and success.

"What you ask the customer is important. How, when, and how often you ask questions is also important. But, the most important thing about conducting a customer satisfaction survey is what you do with the answers."   F. John Reh, About.com

Protocol – A preliminary draft or record of transaction; standard operative procedures or instructions; a code of correct conduct.

Stakeholder – A person or group that has an investment, share, or common interest. Stakeholders include investors, customers, suppliers and employees.

The National Resource Center for Family-Centered Practice and Permanency Planning reported that over the last decade, the inclusion of "consumer voice" has become a vital part of the child welfare practice. Most states have started developing internal mechanisms for inclusion in their programs. In a subsection on stakeholder involvement, it reads, "Consumer voice can provide vital perspectives on what is "working" and what is not. Further, advocacy efforts not directly affiliated with an agency have also produced policy and practice changes."

Background:

Victor Groza, PhD, in an article appearing in the National Child Welfare Resource Center, wrote about the increase of international adoptions as a result of families being dissatisfied with the public adoption process. Groza stated, "There are several things public agencies can do to increase the number of families who adopt from the public system rather than internationally. These include:

- friendly and responsive customer service.
- predictability about the adoption process.
- support during the waiting period.

Customer service begins with the initial call from a prospective adoptive family. When a family calls, it is important to return the call in a timely fashion. When a family contacts to agency, it is critical to be welcoming and helpful. If agency staff say that they are going to do something, such as mailing an invitation or information or calling back, the agency must ensure that the action actually happens.

Families need consistent, ongoing support throughout out the process. A phone call to offer a kind words, an invitation to an event, or an e-mail lets them know that they have not bee forgotten.

Good customer service does not end with an adoption; it is essential post adoption. There are unique health issues and well as behavioral, developmental, and psychosocial issues well-known from research with children adopted from the public system and internationally.

…After all, the purpose of both domestic and international adoption is finding a family for a child.

"Good Customer Service: What Public Welfare Workers Should Know About International Adoptions", printed in *The Roundtable, Volume 23, Number 1*., 2009 National Child Welfare Resource Center for Adoption, Spaulding for Children, MI, www.nrcadoption.org

Overcoming Barriers to the Adoption of Foster Children
Jeff Katz, Listening to Parents Project

Questions at the State Level

Q. The first call a prospective parent makes to learn about adopting a child from foster care can be intensely emotional. It may be the culmination of years of losses, such as failed relationships or infertility, and may embody a lifetime's hope for becoming a parent. Is the first person to answer a call from a prospective adoptive parent capable--- and appropriately trained--- to provide the necessary support and information to a prospective parent?

Q. What is the attrition rate for people interested in adopting a child from foster care? Of all the people who call about adopting a child from a state's foster care system, what percentage eventually do adopt?

Q. What methods, if any, does a state use to measure customer satisfaction among prospective adoptive parents? Do they make use of customer questionnaires? Focus groups? Operational audits? "Mystery shopping"? How does a state use feedback from adoptive parents, and prospective adoptive parents, to shape a customer friendly adoption process?

Questions at the National Level

Q. What is the federal government doing to force states to measure parent satisfaction with the adoption process and improve the way they treat prospective adoptive parents?

Q. Under the 1997 Adoption and Safe Families Act, states have a financial incentive to increase the numbers of children adopted from foster care. What can state and federal governments do to create incentives for individual workers to create adoptions for children on their caseload?

Research at Harvard University and the Urban Institute has documented that in any given year, 240,000 Americans call social service agencies for information about adopting a child from foster care. Yet only 10,000 to 15,000 of these will actually adopt. Interviews and focus groups with prospective adoptive parents have documented a range of barriers that keep prospective adoptive parents from completing the process. These include difficulty in reaching the right person at an agency, unpleasant initial contacts with agency staff, negativity about the children designed to scare off "uncommitted" parents, and frustration with agency bureaucracy.

What ever the reason that public child welfare agencies treat prospective parents so poorly, one fact is clear: Few public child welfare agencies use traditional customer service feedback methods to assess the quality of their services.

To prevent the steep attrition of prospective adoptive parents and make the adoption process more accessible, public child welfare agencies can adopt a number of strategies. Elements of best practice include:

- Soliciting input from adoptive and prospective parents in every aspect of the adoption process. This can include surveys, focus groups, and interviews.
- Involving experienced adoptive parents in the design of the adoption process.
- Guaranteeing that prospective parents can reach the right person on the first try. Agencies should have a specialized adoption hotline where a well-trained and friendly individual can assure callers of a direct and immediate response.
- Emphasizing recruitment rather than screening in the beginning stages of the adoption process (initial calls, information meetings). Early in the process, the risks of alienating a potentially suitable parent far out weighs the risk of allowing an inappropriate parent to begin training.
- Addressing prospective parent's emotional needs during their initial contact with the agency. For most prospective adoptive parents, their first contact with a public child welfare agency in very emotionally charged. The first person to speak with prospective parents should be professional staff with a background in counseling and specialized training in adoption.
- Developing support systems for prospective parents as they go through the adoption process, such as matching programs with adoptive parents. As one prospective parent put it, "This is a very impersonal process for a very personal thing."

Customer Service

I. Friendly and Responsive Customer Service

Below is the process that will be used by the Adoption and Information Center. A similar procedure ought to be considered for implementation within each CBC lead agency in order to create continuity throughout the system. The various points of contact, interaction and cooperation between the Center and the lead agencies are crucial to the advancement of this standard operating procedure. The CBC lead agencies are asked to do a self-assessment and then put into effect any changes necessary to comply with and enhance this process.

A. Phone Etiquette

1. All calls received are answered live by one of the Center's adoption information specialists.

   NOTE: The Center uses its professional automated system only for missed calls and after-hours calls. All missed calls are returned by the next business day. A log of all missed calls is kept with the date and time of the incoming call, and the date and time the call was returned.

2. The customer is greeted in a warm and friendly manner. The adoption information specialist (AIS) should identify himself by name and agency.

3. The contact information of the caller is obtained and entered into database for follow-up purposes, including name, phone, address and email. The AIS should refer to the caller by name during the conversation.

4. The caller is asked what motivated them to call and how they got the number. This is for future adoption recruitment purposes.

5. The stated and implied needs of the customer are sought. Do they have an approved home study? Are they interested in a specific child? Do they want basic information about adoption? Do they have specific questions?

6. If prospective adoptive family has an email address, a receipt or "thank you for your interest in adoption" message should be forwarded. This message could contain information specific for the callers area or circuit.

At this point, based on the conversation and the answers to the questions, the particular type of prospective adoptive parent will be realized. There are 2 kinds of prospective parents who inquire about adopting from our foster care system. They are:

     A. Those who already have a current and approved Home Study, and are interested in a specific child. (73%) Go to A.

     B. Those who are interested in adopting from foster care, who have questions and possibly want to begin the process. (27%) Go to B.

A. Calls from those with a current and approved Home Study, interested in a specific child.

1. The prospective adoptive parent is asked by the AIS for the Exchange ID number of the child they have identified to help the Center determine which **CBC lead agency** needs to be contacted. The prospective adoptive parent is told what area of the state the child is located in.

    NOTE: All children must be listed on Florida's Adoption Exchange no later than 30 days after the child is legally available for adoption. (§ 409.167 F.S.) See Attachment.

2. The prospective adoptive parent is given the current and updated contact information of the person **(adoption recruiter)** at the **CBC lead agency** that has been identified to specifically receive and monitor families with a Home Study.

    *NOTE: The **adoption recruiter** should be able to, in a timely manner, accept the Home Study, process and distribute it to the appropriate match team. Attached is the list of current **CBC adoption recruiters** that the Center is presently using. Please verify the accuracy of this information and update with the Center as needed. See Attachment.*

3. The prospective adoptive parent is directed by the AIS to contact the provider who has an official copy of their Home Study and have them send a copy of it electronically to the adoption recruiter.

    NOTE: If the Home Study is not current, the provider will work with the prospective adoptive parent to update it.

4. A referral notice is sent from the Center to the **CBC adoption recruiter**, via email, with the contact information of the prospective adoptive parent, as well as the Exchange ID number of the specific child identified.

5. Within 72 hours, the **CBC adoption recruiter** will acknowledge that they have received the referral and have followed-up with the prospective adoptive parent.

6. After 72 hours, if the Center has not received acknowledgement from the **CBC adoption recruiter**, the Center will contact the **CBC lead agency** by telephone to determine the status of the referral.

7. The **CBC adoption recruiter** will enter all prospective adoptive parents, who were not successfully matched with a child in their jurisdiction, in the Family Section of the Adoption Exchange System (AES) for further consideration by others.

B. Calls from those interested in adopting from foster care, with questions about the process.

1. The adoption information specialist at the Center will briefly explain and answer questions about the adoption process. Use the "How the Process Works" reference page.

   NOTE: The prospective parent is given a realistic time expectation of how long it takes to adopt one of Florida's children (compare to a 9 month pregnancy). The possibility of actually adopting a child identified on the Exchange or on a Heart Gallery is discussed, as well as the average profile of available children. Also explained is the background check and personal nature of the process, including the costs and benefits available.

2. The Center mails to the prospective adoptive parent a general adoption information packet. This packet will include: 1) a Cover Letter that clarifies any misconceptions about public adoptions, 2) the Contact information of their local **CBC adoption recruiter**, 3) a Copy of "How the Process Works", 4) an Adoptive Home Application with instruction to contact the Center with any questions, and 5) Other pertinent information. *See Attachments.*

3. As directed, the prospective adoptive parent will fill out the Adoptive Home Application and send it back to the Center via mail or fax.

4. Immediately upon receipt, the Center will forward the application electronically to the **CBC adoption recruiter**.

5. Within 72 hours of receipt of application, the **CBC adoption recruiter** will respond to the prospective adoptive parent with an invitation to register and attend orientation class. The **CBC adoption recruiter** will provide a schedule and locations of orientation classes and MAPP training seminars.

6. The **CBC adoption recruiter** will contact the Center to verify the application was received and acted upon.

7. If no verification is received 72 hours after sending the application to the **CBC adoption recruiter**, the Center will follow-up with the **CBC lead agency** via telephone to determine the status of the application.

B. Web Sites

The use of technology provides the prospective adoptive parent with control to seek information on the public adoption process in the state of Florida as well as to view waiting children.   Working families need the flexibility to search at home during the evening hours.   Email is another way to respond to prospective families and send information electronically.

The website for the Office of Adoption and Child Protection will have a dedicated clearing house with all the necessary information needed for dissemination. This website page will be updated with the latest information on a regular basis. The CBCs will participate in keeping this information current and it can then be used as a resource when needed.

Each website will have a basic and uniform "Q and A" page to help answer any simple and anticipated questions that will most likely arise in a first-time call. This same information will also be on the Office's website for consistency.

A webpage specific to the CBC or agency can post local information including orientation meetings, pre-service trainings, and other adoption events.

1. Websites: (insert your local CBC Web site, *Explore Adoption*, and AIC)

2.   Heart Galleries: (insert local and state HG Web sites)

C. Navigator

Families experience the public adoption process as bureaucratic and impersonal. They express frustration as they try to navigate the system. CBCs should have:

1. A "manual" containing general information, requirements and expectations, and a resource guide.

2. A "Web site" to locate information, post questions, or blog.

3. **AND** a "navigator" to assist them through the adoption process (pre and post) in addition to the other tools.

A navigator could be designated staff or a volunteer, such as a successful adoptive parent. The North American Council on Adoptable Children (NACAC) reports success in using navigators in post-adoption support as well. They stated the importance of adoptive parents to have mentors with adoption experience. Some agencies utilize adoptive parents in their orientation meetings, trainings, and as speakers for panels and meetings.   Adoptive parents bring a level of credibility, practical advice, and specific recommendations on local services and providers.   A navigator is not to provide case management.

II. Predictability of Process

Prospective adoptive families need to be provided with realistic expectations on the public adoption process as well as on the children in the foster care system. This includes listing all requirements for adoption approval in the State of Florida and an anticipated timeline for the process.

This information can be distributed in a brochure, posted on the website or included in a handbook or guide for the family.

A. How Process Works

Once you decide to pursue adoption, you will begin the approval process. Because the process varies slightly in different areas of the state, some of the steps may also vary.

- **Orientation:** The first step in some areas is an orientation meeting for prospective adoptive parents. At this meeting the prospective parents may meet experienced adoptive or foster parents and one or more counselors who will provide an overview of the whole process, timeframes involved and the training schedule.
- **Background Check:** The FDLE/FBI background screening should be done after orientation and before MAPP training if possible.
- **Preparation Course or MAPP:** The Model Approach to Partnerships in Parenting (MAPP) is a ten-week training and preparation course that adoptive parents are required to successfully complete. These training sessions are usually scheduled at night or on the weekends. The purpose of the training is twofold---for parents to assess themselves and their family and to explore and learn about adoption issues.
- **Home study:** A home study includes the following parts:
  1. You will be required to provide information about your health.
  2. Background checks at the local, state and federal level will be conducted, including having your fingerprints screened at the federal level.
  3. References will be requested from your employer, school officials if you have children in school and character references from individuals who have known you and your family.
  4. The counselor will visit your home one or more times to complete the home study. If you have children, it will be important for the counselor to ask them a few questions about what they think about adoption. Some of the topics that will be discussed with you and your spouse, if you have one, are:
     - Why do you want to adopt?
     - Describe your childhood.
     - What are the strengths of your marriage?
     - How do you think a new child in your home will alter your lifestyle?
     - Describe your financial situation.
     - Describe your parenting style/philosophy.
- **Approval:** All of the information is gathered into a home study packet and sent for approval to an adoption specialist. When your application has been approved, you will be notified.
- **After Approval:** You may continue to look at the available children and attend recruitment activities, especially the picnics or events when foster children who are

available for adoption are in attendance. Notify your counselor when you are interested and need more information about a certain child or sibling group.

- **Match:** When the needs of a child or sibling group is matched with the strengths of your family, your adoption counselor will discuss with you the pre-placement activities that must occur. The official placement in your home will occur when you, the child and counselor determine that the child is ready.
- **Placement Supervision:** After a child is placed, a counselor must make monthly visits in order to assess the child's adjustment and if new or additional services are needed. The supervision period ends when the counselor provides "consents to adopt" to your attorney.
- **Finalization:** Your attorney will schedule a hearing before a judge. At this hearing the adoption will be legalized and the child will legally become part of your family.

B. Frequent Adoption Orientations

National and local media campaigns about adoption inform the public that there are thousands of foster children waiting to be adopted. When prospective adoptive families realize that adopting is a prolonged process, that some children they have seen on a web site or know about in foster care already have a potential placement resource identified, and/or that there may be a wait for a match with a child, many lose interest or feel disenfranchised. It is also discouraging to families if they are told that they will have to wait months until the next cycle of training to begin with the adoption process. Clearly it is better to minimize waiting times.

Agencies must have sufficient staff to handle the adoption orientations and pre-service trainings. Another solution would be to utilize experienced adoptive parents and foster parents.   Some agencies provide compensation to their adoptive or foster parents for their roles in recruitment or training.   Explore opportunities for grants through national adoption agencies such as NACAC.

C. Pre-service Training

Recruitment and Orientation meetings should be designed to help families "select in" not to screen families out.   Pre-service training for adoptive families should include a self-assessment tool where they can make informed decisions about adopting or fostering.

Pre-service training is designed to educate prospective parents about specific emotional, developmental, and behavioral needs of children who enter the child welfare system. During this time, families are being prepared for their role as foster parent or adoptive parent and possibly beginning their home studies.

Additional training that is more adoption specific (such as Adoption 101) should be available while they are waiting for placement. Once a child has been identified, adoptive parents should be provided child-specific training to be able to meet the specific needs of the child (such as parenting a child who has experienced trauma, attachment deprivation, or physical/sexual abuse).

III. Support During the Waiting Period

A. Engagement

When families do have to wait, another good customer service practice is keeping them engaged. Strategies of engagement might include keeping prospective adoptive parents informed about:

1. How long it will take for a child to be placed in their home.
2. What to expect and what the next steps will be.
3. Defining concurrent planning and options to foster and/or open up their acceptance criteria.
4. Adoption events and local, state, and national web sites where they can view available children, including the AdoptUsKids web site at www.adoptuskids.org .
5. Arranging times to touch base or sponsoring support or "while you wait" groups.
6. Connecting them with mentors who are experienced adoptive parents.
7. Or, in some other way, conveying that your agency values them, understands their anxiety during the process, and that staff are there to support them before during and after placement, all of which will collectively result in higher retention rates.
8. Families can be referred to other volunteer opportunities such as mentoring or serving as a Guardian ad Litem. This way, they can become familiar with the children and the child welfare system.

B. Best Practice

"Treat your employees with respect and chances are they will have a higher regard for customers"

1. Professional Development

> Working with the public can be challenging. Adoption professionals working in the child welfare system need consistent supervision and sincere appreciation. This will not only affect best practice but also retention of employees.

> CBCs should ensure that adoption staff have;

- Current forms and updated policies
- Knowledge, skills, and abilities to perform all tasks assigned
- Access to consultation with mental health providers or legal counsel in making important decisions
- Certification in adoption competency
- A philosophy of "You Gotta Believe" as it relates to adoption practice

2. Inter-jurisdictional Issues

Adoption is a state-wide program. To find homes for waiting children, recruitment efforts must extend across adoption agencies, CBCs, and Circuits. It is the adoption providers responsibility to build relationships and networks so that adoptive families will not find closed doors and children do not experience closed opportunities.

The Department of Children and Families is implementing the following procedures to remove barriers and facilitate interagency cooperation:

- Data system to link agencies across the state of Florida
- Unified Family Home Study that will be accepted by all agencies and expedite the process for foster parents or relatives who adopt
- Working Agreements that include placement and supervision
- Monitoring for Compliance

C. Survey

It is important to solicit feedback from your adoptive parents throughout the adoption process. Some agencies are required to complete client satisfaction surveys as a part of their Council on Accreditation procedures.

Adoptive parents need to be able to express their concerns in an appropriate format, and one that lends to response. Adoption support groups provide another venue for feedback, training and support.

A sample Customer Satisfaction Survey is included in their protocol for modification by your agency.

Project Adoption Success:
"…Survey Says!"

Project Adoption Success was a two-day workshop addressing customer service in public adoption. Forty-five participants were invited from across the state of Florida, representing all roles and responsibilities in the public adoption system. The outcome was successful as it provided an opportunity to engage and participate in a solution-based workshop with adoption agencies, adoption-related staff, and adoptive parents.

The project began with a pre-workshop survey of those individuals to identify specific areas of concern. There were six major systemic challenges identified within the state of Florida's public adoption process. They included:

1. Call-backs on Inquiries
2. Families Being Prepared to Adopt
3. Professional Knowledge, Skills and Abilities
4. Legal, Paperwork, and Casework Issues
5. Inter-jurisdictional issues
6. Transitional and Post-Adoption Services

In the workshop, a facilitator engaged the participants in activities to identify essential solution criteria and to develop goals for each challenge. Goals:

1. Effective engagement and retention of prospective adoptive parents who are appropriate for adopting children in the foster care system from inquiry through post-adoption

2. Families will have the knowledge, skills and capacity necessary to provide for an adopted child's welfare.

3. Florida will have adoption-competent professionals providing services and involved in the decision-making process.

4. Establish/implement a state-wide, uniform best practice for all professionals engaged in the decision-making for permanency options for children.

5. Children with the goal of adoption will achieve permanency in a timely manner through increased cooperation between all entities involved in adoption throughout the state of Florida.

6. All adoptive families will have early and ongoing access to quality transitional and post-adoption services statewide.

Customer Service Survey:

Customer Satisfaction Rating					
	Excellent	Good	Average	Fair	Poor
Staff was available in timely manner.					
Staff greeted you, was courteous, and offered to help					
Staff answered your questions					
Staff provided information, realistic expectations and time frame					
Staff showed knowledge of the services and system.					
Staff offered pertinent advice.					
Staff offered resources and referrals					
Staff was positive and committed to process					
Overall, how would you rate our customer service?					
Open-Ended Questions					
What did you like best about our customer service?					
How could we improve our customer service?					
Is there a staff person you would like to commend?					
Name: Reason:					
Thank you for taking time to complete our customer service survey.					

Recommendations

We are asking you as a Community Based Care agency to implement the following procedures (if not already implemented) to make the process of adopting a child in foster care more efficient and effective.

The Adoption Information Center has developed a phone etiquette/protocol that you should find helpful and worthy of replicating, for your Community Based Care agencies. Some of you already use similar procedures; others may need to make small adjustments in the way you respond to families.

1. Use a live person to answer adoption inquiry calls (if possible), if not, return calls within one business day.
2. Keep a log of calls missed and after hour's calls, with date and time of incoming call and time call was returned.
3. Greet the family in a warm and friendly manner. The adoption recruiter should identify his or herself by name and agency and should refer to the caller by name during the conversation.
4. Obtain contact information from the caller to be able to follow-up on the call. Name, phone, address and email.
5. Ask the caller what motivated them to call and how they obtained your number. This is especially helpful as you plan adoption recruitment campaigns.

The two most frequent inquiries the Center receives from prospective parents are:
1. Families that have a current and approved Home Study and are interested in a specific child or children (73%).
2. People who are interested in adopting from foster care, who have questions and possibly want to begin the process (27%).

The current protocol that the Adoption Information Center uses for currently approved families interested in a specific child is to refer that family to the child's case manager. In many cases the Center will receive over 20 and as many as 100 inquiries on a particular child. It is not realistic for most case managers to respond to numerous family inquires.

Proposed Procedure
1. It is our recommendation that each Community Based Care agency use a central point of contact (designated person) to receive and distribute Homes Studies to the appropriate match teams. This would also be the liaison between the agency and the family and takes the burden from the case manager.
2. The Center will provide contact information to the inquiring family. A referral with family contact information and child Adoption Exchange information will be forwarded to the local CBC contact person.

3. The family will then be directed back to the agency that completed their Home Study and ask that agency to submit their home study to the CBC that conducting the match staffing.
4. The CBC contact person should acknowledge within 72 hours that they have received the prospective family contact information and have followed-up with the family.
5. If the Center has not received acknowledgement from the CBC contact person and a receipt of the referral, the Adoption Information Center will contact the CBC agency by telephone to ascertain the status of the referral.
6. Families need to know the outcome of the match staffing and why the decision was made. This information can be shared with the prospective adoptive family by phone or by email. The message should be delivered in a strengths/needs format such as *"Based on the child's needs the team decided to place with a two parent family…".*
7. Thank the family for their interest and ask if you can retain home study for other children you are recruiting for.
8. The CBC contact person will enter families not selected on the Family section of the Adoption Exchange System (AES) to be considered for other children.

Process for families making an initial inquiry about adopting children in foster care:
1. The Adoption Information Center will explain the adoption process to the inquiring family. The Specialist will explain time frame of the process, approx 6-8 months from beginning of Model Approach to Partnerships in Parenting (MAPP) class to Home Study approval.
2. Cost (usually none or very little)
3. Average profile of children available (mostly older children and sibling groups).
4. The Adoption Exchange website and search strategies i.e.: age, sex and level of handicap. www.adoptflorida.org

The Center will refer the family to their local CBC adoption recruiter. The Center will collect contact information from the family, name, phone, email and mailing address.

The Center will mail the family a packet of general adoption information including a "standard" Department of Children & Families Adoptive Home Application (attached). The family will be informed that they may return the application to the Adoption Information Center. All applications returned to the Center will be forwarded to the local CBC Adoption Recruiter electronically. The Adoption Recruiter will in turn contact the family to schedule orientation or MAPP training. The Adoption Information Center will not screen families; this is better left to the CBC Adoption Staff. If the Center has not received a response in 72 hours, the Center will follow-up with the CBC Adoption Recruiter and the prospective family to determine status of inquiry.

Agency Assessment for Customer Service

We are going to ask you to take a look at the adoption process you use locally and make adjustments as needed to ensure every prospective family or "customer" feels comfortable and confident about the adoption process in Florida.

1. Ensure that all available children are listed on the Adoption Exchange System with accurate and current information.
   ð Current practice ð Can implement ð Cannot implement;
   explain:_____

2. When possible, the Adoption Recruiter and inquiry phones are answered directly by live Adoption Recruiter.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

3. Assign a specific point of contact to accept and process adoption Home Studies.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

4. List all families that have submitted a Home Study, but not selected on the Family Section of the Adoption Exchange.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

5. Adoption Recruiter and identified Home Study contact person acknowledges receipt and follow-up with families referred by the Adoption Information Center.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

6. Have regular orientation meetings (at least monthly) for prospective families and post dates, times and places on the agency website.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

7. Include the Adoption Exchange ID# on all child specific promotional material, including Heart Galleries.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

8. Have a system in place to survey or gather feedback from adoptive families.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

9. Have a website with local information including "Q and A's" and adoption events and trainings.
    ð Current practice   ð Can implement ð Cannot implement; explain: _____

10. Provide families with realistic information about the adoption process that includes an anticipated time line.
    ð Current practice   ð Can implement ð Cannot implement; explain: _____

11. Utilize recruitment activities that help prospective families select in rather than screen out.
    ð Current practice   ð Can implement ð Cannot implement; explain: _____

12. Have a resource guide or handbook for adoptive families.
    ð Current practice   ð Can implement ð Cannot implement; explain: _____

13. Sign inter-agency agreements that remove barriers to interjurisdictional placements.
    ð Current practice   ð Can implement ð Cannot implement; explain: _____

14. According to Florida Statue, provide the most current Reunion Registry Brochure to adoptive parents and others as indicated.
    ð Current practice   ð Can implement ð Cannot implement; explain: _____

15. According to Florida Statue, distribute the Adoption Benefit Brochure to all adoptive families.
    ð Current practice   ð Can implement ð Cannot implement; explain: _____

Customer Support

Successful adoption programs require the recognition that adoption is a life long process, the understanding that there will be life long challenges associated with adoption, and the commitment to all adoptive families that supportive assistance will be available when needed. Agencies should have in place:
- An intake process for families to return for needed services,
- A designated case manager to respond to adopted children and families post-legal finalization,
- A system to notify families of continued training, adoption workshops, and support group meetings, and
- A resource guide that includes adoption information and adoption competent service providers.

Education and Training

Adoptive Parents greatly benefit from education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and acting out behaviors. Continued parent training must be included in post-adoption support to equip adoptive parents with the skills needed to meet the developing needs of children. Various types of parent training options include providing adoption resource centers, lending libraries, newsletters, annual adoption conferences, and on-going training and workshops for parents.

Mental Health Services

Adopted children and their parents continue to need mental health services beyond the adoption finalization. Mental health services help children (and their adoptive families) cope with their childhood, foster care and adoption experiences, and the behavioral aftermath of these experiences. Services include individual counseling, family counseling, medication management, educational supports, and temporary residential treatment. Intervention should be tailored to the specific emotional and behavioral needs of children in the child welfare system (such as reactive attachment disorder). Research studies have provided data suggesting that adoptive parents and adoptive practitioners have a significant need for mental health providers to be knowledgeable about adoption issues. Mental health providers who are adoption competent will provide the most successful treatment. Research also indicates a higher success rate for adoptive families when the therapeutic focus shifts from child-centered to family-centered.

Adoptive parents have identified the need for a coordinated effort between child welfare, mental health, and education professionals regarding the provision of post-adoption services for our children and their adoptive families. School issues (including academic performance, behavior management, educational supports, social skills, etc.) are a significant concern for adopted children.

Adoption competency is necessary for all who make decisions that impact the adopted child and the adoptive family. CBCs should require that contracted mental health providers have certification in adoption competency. The adoptive families must be able to access their services through Medicaid, Magellan, or therapeutic funds.

<u>Supportive Assistance</u>

Post-adoption support refers to services and assistance offered to families after the legal finalization of their adoption. Although there is not an open case in dependency court or within the adoption agency, the ongoing needs of the child continue. The fundamental goal is to ensure that children remain stable in their adoptive families and that with supportive assistance and services there will be no adoption disruptions. Post-adoption services are provided by lead agencies, sub-contractors, and/or fee-for-service staff members. Services identified to support the adoptive placement include: case management, financial assistance, medical coverage, education and counseling, support groups, and respite care.

Every circuit and community based care agency providing adoption services should also provide for adoption support groups for their adoptive families. These support groups could be:
- Offered to waiting families, available during the transition or placement process, and after finalization
- Held in conjunction with a foster parent association or support group
- Led by an adoptive parent or by an agency liaison
- Supported by a faith-based community
- Operated through a contract with another program (but still connected to adoption)
- Supplemented by a newsletter or Web site

A secondary benefit of an adoption support group is that participation provides the venue for building relationships that could lead into opportunities for respite care

Recommendations

In 2008, the Department of Children and Families convened a Task Force on Child Protection. The Task Force accepted the following recommendations of its Permanency and Placement Stabilization Workgroup. These recommendations include:

Minimum Standards for Provision of Post Adoption Services:

1. A sufficient number of accessible adoptive parent support groups that meet at least once a month with a CBC liaison assigned to each group to assist, when needed, in maintaining the groups over time. An adoptive parent support group for Spanish-speaking adoptive parents is necessary in some areas. In rural areas where there are insufficient numbers of adoptive families for a support group, a monthly or quarterly newsletter may be established and maintained.

2. At the time of finalization, the adoptive parents must be provided a letter or document that explains the process for accessing post-adoption services, including specific contact information when a family has a questions or concerns about subsidy, Medicaid, or services.

3. One or more post-adoption case managers are needed to temporarily assist adoptive parents. At a minimum, temporary case management is needed for emotional support, assisting in accessing services, including medical subsidy funds, changes to subsidy or Medicaid and information and referral services. *Beginning in September*, cases providing post-adoption services will be documented in FSFN (the state data system) by the assigned case manager and reports of this workload will be available.

4. A process is in place to inform adoptive parents of training/ educational opportunities occurring locally, in the state of Florida and nationally related to adoption or specific behavioral, mental health, or educational needs.

5. A process is established that allows a post-adoption case manager to assist a child protective investigator with an investigation that involves an adopted child. The assistance may include an assessment for services related to the needs of the child, other children in the family or the adoptive parents.

6. With the assistance of an adoption competent facilitator, adopted teen support groups may be established to assist adopted teens and teens waiting for adoption to discuss and handle adolescent issues related to the adoption process.

The Governor's Office of Adoption and Child Protection recommends that every CBC implement the Minimum Standards for Provision of Post Adoption Services. The Department of Children and Families could provide incentives and support to the CBCs as well as monitoring for compliance. The implementation of these recommendations would better prepare parents to adopt the children waiting for forever families as well as better support those families after adoptions are finalized.

Agency Assessment for Customer Support   (Post-Adoption Services)

We are going to ask you to take a look at the services you have in place to support adoptive families (education/training, mental health assistance, supportive assistance).

1. A designated adoption competent staff member to respond to adopted children and families
   ð Current practice ð Can implement ð Cannot implement;
   explain:_____

2. An intake process for families to return for needed services.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

3. A system to notify families of continued training, adoption workshops, and support group meetings- such as a Web site.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

4. A resource guide that includes adoption information and service providers.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

5. A support group for adoptive parents (and/or foster parents) that meets on a regular basis.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

6. Provisions for other supports such as mentors and respite care.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

7. Assess to mental health services and providers who are certified adoption competent.
   ð Current practice ð Can implement ð Cannot implement;
   explain: _____

It is the Governor's hope that you have incorporated or are willing to incorporate the above listed procedures. After completing your agency assessment for both Customer Service and Customer Support, please sign below.

_____   _____
Printed Name   Title

_____   _____
Signed   Agency

_____   _____
Phone   mail

Acknowledgements:

Customer Service Protocol Workgroup Members

The Ten Commandments of Great Customer Service-   Susan A. Friedman

1. **Know who is boss**. You are in business to service customer needs, and you can only do that if you know what it is your customers want. When you truly listen to your customers, they let you know what they want and how you can provide good service. Never forget that the customer pays our salary and makes your job possible.

2. **Be a good listener**. Take the time to identify customer needs by asking questions and concentrating on what the customer is really saying. Listen to their words, tone of voice, body language and most importantly, how they feel. Beware of making assumptions- thinking you intuitively know what the customer wants. Do you know what three things are most important to your customers?

3. **Identify and anticipate needs**. Customers don't buy products or services. They buy good feelings and solutions to problems. Most customer needs are emotional rather than logical. The more you know your customers, the better you become at anticipating their needs. Communicate regularly so that you are aware of problems or upcoming needs.

4. **Make customers feel important and appreciated**. Treat them as individuals. Always use their name and find ways to compliment them, but be sincere. People value sincerity. It creates good feelings and trust. Think about ways to generate good feelings about doing business with you. Customers are very sensitive and know whether or not you really care about them. Thank them every time you get a chance.

5. **Help customers understand your systems**. Your organization may have the world's best systems for getting things done, but if customers don't understand them, they can get confused, impatient, and angry. Take time to explain how your systems work and how they simplify transactions. Be careful that your systems don't reduce the human element of your organization.

6. **Appreciate the power of "Yes".** Always look for ways to help your customers. When they have a request (as long as it is reasonable) tell them that you can do it. Figure out how afterwards. Look for ways to make doing business with you easy. Always do what you say you are going to do.

7. **Know how to apologize**. When something goes wrong, apologize. It's easy and customers like it. The customer may not always be right, but the customer must always win. Deal with problems immediately and let customers know what you have done. Make it simple for customers to complain. Value their complaints. As much as we dislike it, it gives us an opportunity to improve. Even if customers are having a bad day, go out of your way to make them feel comfortable.

8. **Give more than expected**. Since the future of all companies lies in keeping customers happy, think of ways to elevate yourself above the competition. Consider the following:
    - What can you give customers that they cannot get elsewhere?
    - What can you do to follow-up and thank people even when they don't buy?
    - What can you give customers that is totally unexpected

9. **Get regular feedback**. Encourage and welcome suggestions about how you could improve. There are several ways in which you can find out what customers think and feel about your service.
    Listen carefully to what they say.
    Check back regularly to see how things are going.
    Provide a method that invites constructive criticism, comments and suggestions.

10. **Treat employees well.** Employees are your internal customers and need a regular dose of appreciation. Thank them and find ways to let them know how important they are. Treat your employees with respect and chances are they will have a higher regard for customers. Appreciation stems from the top. Treating customers and employees well is equally important.

Source: http://marketing.about.com/od/relationshipmarketing/a/crmtopten.htm
12. ©2009 About.com, Inc. a part of *The New York Times Company*.

Appendix 3

Interagency Agreement Between
FL Department of Children and Families,
FL Department of Juvenile Justice,
FL Department of Health,
FL Department of Law Enforcement

INTERAGENCY AGREEMENT
BETWEEN
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
FLORIDA DEPARTMENT OF JUVENILE JUSTICE
FLORIDA DEPARTMENT OF HEALTH
FLORIDA DEPARTMENT OF LAW ENFORCEMENT

TO COORDINATE AND DELIVERY TRAINING ACTIVITIES RELATING TO
CHILD ABUSE AND NEGLECT

The Department of Children and Families (DCF), the Department of Juvenile Justice (DJJ), the Department of Health (DOH) and the Department of Law Enforcement (FDLE) enter into this interagency agreement to coordinate the training and professional development of staff who are performing duties related to the investigations and delivery of services as it relates to incidents of child abuse and neglect. This Interagency Agreement recognizes the importance of the development and ongoing support of a highly qualified professional staff who are working with the children and families involved with the criminal justice and child welfare system as a result of an incident of child abuse and neglect. This interagency agreement recognizes the benefit of adopting a shared philosophy consistent with family-centered principles for those professionals from the above named agencies who may be involved in issues relating to child welfare, and that, ongoing learning and professional development opportunities is critical to ensuring that these staff have knowledge, skills and abilities necessary to competently carry out their professional duties and responsibilities.

This Interagency Agreement is entered into with the support of the Office of Adoption and Child Protection, within the Executive Office of the Governor, and the Child Abuse Prevention and Permanency Advisory Council whose Florida Child Abuse Prevention and Permanency Plan: January 2009- June 2010 which recommends, *"…By 30 June 2010, the Florida Department of Law Enforcement, the Department of Children and Families, the Department of Health and the Department of Juvenile Justice will have signed a Memorandum of Understanding (MOU) that provides for cross training of employees who work child abuse cases."*

I.   Effective Date

The terms of this Interagency Agreement shall begin on the date of the last signature and shall continue until otherwise amended. The agreement shall be periodically reviewed upon request by a participating agency, and if necessary, shall be renegotiated as needed.

II.   Shared Learning Opportunities

In an effort to provide an expansive array of ongoing learning and professional development opportunities, DCF, DJJ, DOH and FDLE will endeavor to make available to other participating agencies in this agreement, their training events related to the investigation of, and service delivery for, incidents of child abuse and neglect. Cross agency participation in training events will be contingent upon available resources, not limited to issues such as space, logistics, production costs, and relevancy of content. Outreach efforts for including other participating agencies shall include, but not be limited to, providing relevant information, advertisements and invitations to staff members concerning the expanded options and opportunities for training available to them.

In order to provide the logistical support for the advertising and announcement of available training opportunities, DCF will provide through its existing contract with the University of South Florida's Center for the Advancement of Child Welfare Practice (Center), a shared calendar feature that will allow for the posting of available local training opportunities. All participating agencies are responsible for maintaining and updating available training opportunities through the Center's publically available Circuit Calendar features. DCF will continue to provide the Center's shared calendar feature for as long as the Center, or other web-based information dissemination system, is available within DCF's available resource capacity.

All participating agencies are encouraged to promote the development of local working relationships by periodically requiring those staff with local training coordination and management responsibilities to meet, assess and inform the other local parties in this agreement of training and professional development needs and opportunities. The inclusion of other interested stakeholders, such as community-based care agencies or other contract based providers, in local planning meetings for the assessment and development of training opportunities is strongly encouraged.

III.   Development of Core Foundational Training Curriculum

In an effort to develop a foundational introductory curriculum for cross-training purposes, the participating agencies will partner in a core curriculum review, development and maintenance process. The core and foundational introductory curriculum will provide a unifying instructional basis of key learning points of which all participating agencies staff involved in issues with child abuse and neglect must have mastery. The core and foundational introductory curriculum will be mutually determined by representatives with appropriate background and expertise from each participating agency.

IN WITNESS WHEREOF, the parties have caused their hand to be set to this Agreement written by their respective authorized officials thereto.

DEPARTMENT OF JUVENILE JUSTICE ENFORCEMENT   DEPARTMENT OF LAW

DEPARTMENT OF HEALTH AND FAMILIES   DEPARTMENT OF CHILDREN

Appendix 4

Project Charter for
Children and Youth Cabinet
Data Sharing Initiative

CHILDREN AND YOUTH CABINET PROJECT **CHARTER** FOR CHILDREN AND YOUTH CABINET DATA SHARING INITIATIVE

FOR

FISCAL YEAR 2009-10

State of Florida

The Florida Legislature   *Governor's Office of Policy and Budget*

July 2009

Table of Contents

I. Project Charter Cover Sheet

Project Charter Cover Sheet and Agency Project Approval	
Agency: Children and Youth Cabinet	**Submission Date:** **June 30, 2009**
Project Name: Children and Youth Cabinet Data Sharing Initiative	**Is this project included in the Agency's LRPP?** __X__Yes _____ No
FY 2009-10 LBR Issue Code: NA	**FY 2009-10 LBR Issue Title:** NA
Agency Contact: **Jim Kallinger, Chief Child Advocate, State of Florida** **850-921-2015 jim.kallinger@myflorida.com**	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Project Charter in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Project Charter and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: **Printed Name: Jeff Kottkamp, Lt Governor/Chairman, Children and Youth Cabinet**	**Date:**
Agency Chief Information Officer: **Printed Name:**	**Date:**
Budget Officer: **Printed Name:**	**Date:**
Planning Officer: **Printed Name:**	**Date:**
Project Sponsor: **Printed Name: Jim Kallinger, Chief Child Advocate, State of Florida**	**Date:**
Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	

Executive Summary: Children and Youth Cabinet Data Sharing System Project

In 2007, the Florida Legislature created the Children and Youth Cabinet which consists of 20 members, including the secretaries and directors of:
1. Department of Children and Families (DCF)
2. Department of Education (DOE)
3. Department of Health (DOH)
4. Department of Juvenile Justice (DJJ)
5. Agency for Health Care Administration (AHCA)
6. Agency for Persons with Disabilities (APD)
7. Agency for Workforce Innovation (AWI)
8. Guardian Ad Litem Program (GAL)

See http://www.flgov.com/youth_cabinet

The Cabinet is statutorily charged to promote and implement collaboration, creativity, increased efficiency, **information sharing**, and improved service delivery between and within state agencies and organizations. To assist with the Cabinet's mission, the Children and Youth Cabinet Data Sharing Initiative was initiated.

The Cabinet determined that the most efficient and cost effective methodology for implementation would be to simply enhance the existing Office of State Court Administration's (OSCA) Judicial Inquiry System (JIS) solution. The JIS, a data and information sharing system, acts as a portal through which multiple systems can be queried and the resulting data elements displayed.

The major goals of this multi-phase project are to:
- Equip state agencies that serve children, youth, and families with a tool that helps them provide better service in a more timely manner
- Enable the eight Cabinet agencies to exchange and share data quickly
- Identify and eliminate service overlaps between agencies
- Empower agency leadership with tools for more effective decision-making
- Enable agency staff to use resources more efficiently by gathering information more quickly
- Eliminate data entry and rekeying errors through automatic exchanges of data elements

For Phase I, the following were identified as agency <u>data sources</u> (connections) that would be added to the existing JIS:
- Florida Online Recipient Integrated Data Access (FLORIDA)
- Florida Safe Families Network (FSFN)
- State Health Online Tracking System (SHOTS)
- Vital Statistics (VS)
- Medicaid Prior Authorization for Durable Medical Equipment
- Florida Medicaid Management Information System (FMMIS)
- Juvenile Justice Information System (JJIS)
- Florida Education and Training Placement Information Program (FETPIP)

For Phase I, the following were identified as <u>data exchanges</u>:
    <u>Department of Children and Families</u>
- FMMIS to DCF (Family Safety)
- JJIS to DCF (Family Safety)
- FMMIS to DCF (ACCESS)

    <u>Department of Juvenile Justice</u>
- FSFN to JJIS

    <u>Guardian ad-Litem Program</u>
- CCIS to GAL (SQL case management system)

    <u>Department of Health</u>
- FLORIDA to DOH (County Health System)

    <u>Agency for Persons with Disabilities</u>
- FLORIDA to APD
- Unemployment Compensation to APD
- FMMIS (AHCA) to APD

    Agency for Healthcare Administration
- DCF (ACCESS) to FMMIS

For this initiative, the following communication websites were developed to post supporting project documentation:
http://www.flgov.com/youth_cabinet_datasharing and
http://cycproject.myflorida.com/.

The initial tasks of the initiative were project planning, requirements gathering, and cost analysis. The objectives of these activities were to develop the requirements and technical specifications for this project and the associated costs. In addition, a realistic work plan for the project was developed in conjunction with all state agencies involved.

The second activity of Phase I will involve all the technical work and system testing necessary to set up the data connections and exchanges between all the agencies committed to this project.

The third activity of Phase I includes full customer acceptance testing of the products and the implementation of all necessary changes, while the final activity of Phase I is comprised of all train the trainer sessions, communication, documentation, and project initiative marketing. Lessons learned sessions will be conducted with all stakeholders to ensure that future roll-outs and enhancements to the JIS system are implemented smoothly.

To date, Joint Application Development ((JAD) sessions were conducted to identify the following:

- Business requirements
- Policy and legal barriers

During the JAD sessions, the following agencies expressed an interest in accessing the identified data sources through the JIS and provided the necessary feedback:

- APD (Agency for Persons with Disabilities
- GAL (Guardian Ad Litem)
- AWI (Agency for Workforce Innovation – Early Learning Coalition)
- DJJ (Department of Juvenile Justice
- DCF (Department of Children and Families – Family Safety/CBCs)
- DOH (Department of Health – Women Infant and Children (WIC), Healthy Start)

Out of these JAD sessions, a Business Requirements Document was developed.

Benefits:

- JIS serves as a portal that accesses information from agency data sources for view only
- A query system only – not a data warehouse
- Utilizes and preserves the individual agency's data integrity and security
- System will quickly identify the barriers to information sharing
- Provides as much, real time, up-to-date data and data exchange capability on a child or family as possible in a single view
- A single sign-on system to facilitate better decision making and service delivery
- Data exchanges allow agencies to automate receiving data and eliminating re-keying entry time and errors
- Utilizes role based security
- Leverages the existing solution which will be an immediate benefit to the users
- User Interface (dashboards) framework is already built and would require very little modification to meet the needs of the Cabinet agency users
- Since the core solution is already built, highly stable, and rich in functionality, it will be very quick and efficient to connect the additional eight agency data source connections.
- Most of the implementation effort will be spent configuring software components that already exist versus writing code from scratch, a costly and lengthy process. This keeps costs low and allows for very quick deployment.
- Comprehensive logging and auditing of inquiries and transactions (this is the only information that this system will store and backup)

II. *Business Case*

Business Case Section	$1-1.99M	$2 – 10 M		> $10 M
		Routine upgrades & infrastructure	Business or organizational change	
Background and Strategic Needs Assessment			X	X
Baseline Analysis			X	X
Proposed Business Process Requirements			X	X
Cost Benefit Analysis		X	X	X

A. Background and Strategic Needs Assessment

One of the main charges of the Cabinet is to, "design and implement actions that will promote collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state governmental organizations that provide services for children and youth and their families"(F.S. 402.56(5)(d), by:

a. Developing and implementing a shared and cohesive vision for child and youth outcomes across state agencies, departments and programs.
b. Creating communication mechanisms and strategies between state agencies to share information and resources.
c. Coordinating planning between state agencies to promote a continuum of integrated and comprehensive services for children and youth through adoption of common benchmarks, integration of funding streams, and shared data.

The rationale is linking information systems of state agencies involved in children's services. This linkage is the precursor for identifying additional information that can be shared to assist state agencies, providers and parents/caregivers to better serve the children in their care and for creating more coordinated planning and comprehensive services for those children. It is the foundation upon which significant future efforts by the Cabinet will rest.

1. Agency Program(s)/Service(s) Environment

A. The proposed query facility known as the Children and Youth Cabinet Information System (CYCIS) will eventually serve all major, mission critical programs for children and youth at: the Agency for Persons with Disabilities, Guardian Ad Litem, Department of Juvenile Justice, Agency for Workforce Innovation, Department of Children and Families, Department of Health, Agency for Healthcare Administration, Department of Education and State Courts (Courts). Sharing this information will allow these agencies to achieve a major strategic objective by enabling them to provide continuity of care for children and

their families and to treat them as people in need of service instead of as outcomes.

B. The customers and users are the children and families of Florida and the individuals who serve them in the agencies listed above. The specific data needs were discussed and defined in depth during the requirements gathering sessions and are posted at: http://www.flgov.com/youth_cabinet_datasharing and http://cycproject.myflorida.com/.

This initiative provides services that are at the heart of the mission of the Children and Youth Cabinet, such as: promoting collaboration, creativity, increased efficiency, information sharing and improved service delivery between and within state governmental organizations that provide services for children and youth and their families. Being able to share information across agencies that historically have acted independently of each other will support that mission (reference Florida's Children and Youth Cabinet mission at: http://www.flgov.com/youth_cabinet).

2. **Business Objectives**

To enable and ensure that public policy in Florida, related to children and youth, promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health and quality of life of all children and youth in Florida (reference Florida's Children and Youth Cabinet mission at: http://www.flgov.com/youth_cabinet).

As previously stated, one of the main charges of the Cabinet (as outlined in FS 402.56 at: http://www.flgov.com/pdfs/ChildAdvocacy/402.56fs.pdf) is to; "Design and implement actions that will promote collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state governmental organizations that provide services for children and youth and their families."

By sharing information within and between the agencies that touch the lives of Florida's children and youth, our state will be able to provide more effective, efficient and timely services as well as identify and correct gaps and overlaps in resources and save our state agencies time and money.

There are two major components to this initiative, a web-based real-time data inquiry and a data exchange system that will allow state agencies, that most closely affect the lives of Florida's children and their families, to better communicate and share information, and thus make more efficient and sound decisions about the children and youth they are serving.

Benefits:
- To provide agencies with access to better, more relevant information when

it is needed the most in order to provide the right services to the children and families in the state of Florida.
- While maintaining each agency's individual agency data integrity and system of security, this initiative will break down barriers to sharing information across multiple branches of government, agencies and data sources. It will provide users with as much, real-time, up-to-date data on a child or family as possible and provide a single view, single sign-on functionality (using a single query and single data set) and a data exchange capability that will better facilitate decision making and service delivery.

B. Baseline Analysis

1. Current Business Process Requirements

As a way to achieve this charge, Cabinet member and Chief Justice Fred Lewis suggested that the Cabinet look at the Judicial Inquiry System (JIS), a data and information sharing system, which has been adopted and is successfully working in the Office of State Courts Administration (OSCA). JIS is a query facility that allows users to ask multiple existing information systems to return information in answer to a single question (query) at the same time. In this way, JIS uses existing systems and avoids the need to create a new system simply for information sharing. The only data stored is the required audit trail information. Details and demonstrations of the system were presented to the Cabinet and the directive was given to investigate implementation options. After exploring all possible options with the Purchasing Office of the Department of Management Services, the quickest vehicle for implementation would be to **extend** the existing OSCA JIS solution. The OSCA solution already provides access to critical information that is needed by the service providers from the Cabinet agencies. Chief Justice Lewis and the OSCA staff have generously offered to set up the Court as the hosting entity of the solution. This would allow the Cabinet agencies to leverage the existing OSCA connections, the contract and the $3 million system already in place, thus saving the state valuable time and money.

In addition to the highly relevant and extensive data source access already in available within the production JIS system, a comprehensive and consistent process for integrating dissimilar data systems and data sets has been developed. This process has proven to be successful as the JIS system has grown considerably over the last 7 years. It enables the inter-agency cross-functional teams to work together in integrating and deploying planned or future data sources for the CYCIS.

For additional information see:
http://www.flgov.com/pdfs/ChildAdvocacy/cycdatasharingcomposite.pdf and http://www.flgov.com/pdfs/ChildAdvocacy/080108datasharingletter_secbutterworth.pdf which is located on the data sharing initiative's website at: http://www.flgov.com/youth_cabinet_datasharing.

The scope of Phase I includes working with the eight health and human services state agencies that are represented on Florida's Children and Youth Cabinet to allow data access across existing state systems in order to enhance the services for the people of Florida. Currently, the Judicial Inquiry System (JIS) is housed and maintained at the Office of State Court Administrators (OSCA) which already contains connections to multiple systems. This project includes setting up an additional eight data sources (connections) and permitting access for up to 1,000 people in all eight state agencies. Phase I also consists of connecting the participating Cabinet agencies' data sources with the existing sources provided by OSCA. This phase will also include 10 data exchanges to allow the cabinet agencies to effectively exchange data between all agencies. Users will have seamless access between the new agency data sources and the existing sources at OSCA. In addition to the software required for this solution, technical resources will be required to support the users, which will be housed at OSCA. The recommended approach to accomplishing this scope of activity is to divide and conquer in staged activities.

The first activities of this initiative are project planning, requirements gathering, and cost analysis. The objectives of these activities are to develop the requirements and technical specifications for this project and determine the associated costs. In addition, a realistic work plan for the project is to be developed in conjunction with all state agencies involved. The second activity of Phase I involves all the technical work and system testing necessary to set up the data connections and exchanges between all the agencies involved with this project. The third activity of Phase I includes full customer acceptance testing of the products and implementation of all changes. The last activity of Phase I includes all "train the trainer" sessions, communication, documentation, and project initiative marketing. Also "lessons learned" sessions will be conducted with all stakeholders to ensure future roll-outs and enhancements to the JIS system are implemented smoothly. Reference project communication plan and business requirements documents respectively at:
http://www.flgov.com/pdfs/ChildAdvocacy/cycdataprojplan.pdf and http://cycproject.myflorida.com/index.asp?path=/Business%20Requirements%20Document.

Problem Statement:

Many agencies do an outstanding job at managing their data and making it accessible to their many users by providing user interfaces with logins. If every agency shared their information this way it would be unrealistic for a consumer of the information to log into every agencies system to acquire the data they need. Even if they did the user would then have to manually determine which data records from each of those systems are related to the person or subject of

interest. On a small scale a simple point-to-point interface between each agency might suffice.

The challenge arises when some of the data in that agency is needed for critical to processes by another agency. And, what if multiple agencies need the data, each requiring a different subset to be used in differing contexts, each having differing user roles? This challenge becomes even more complex when each of the agencies is not only contributors of data, but also consumers of it. The numerous roles and business rules make it extremely difficult for each agency to manage in isolation.

The problem is how to get the consumers of the silos of information the relevant information for their jobs in a timely manner in order to reduce health, safety, and financial risk. At the same time, enable the owners and contributors of the information to maintain the control, consistency, and validity of their data. And finally, to implement a system that can easily keep pace with the ever changing business processes and data needs of the service providers of children.
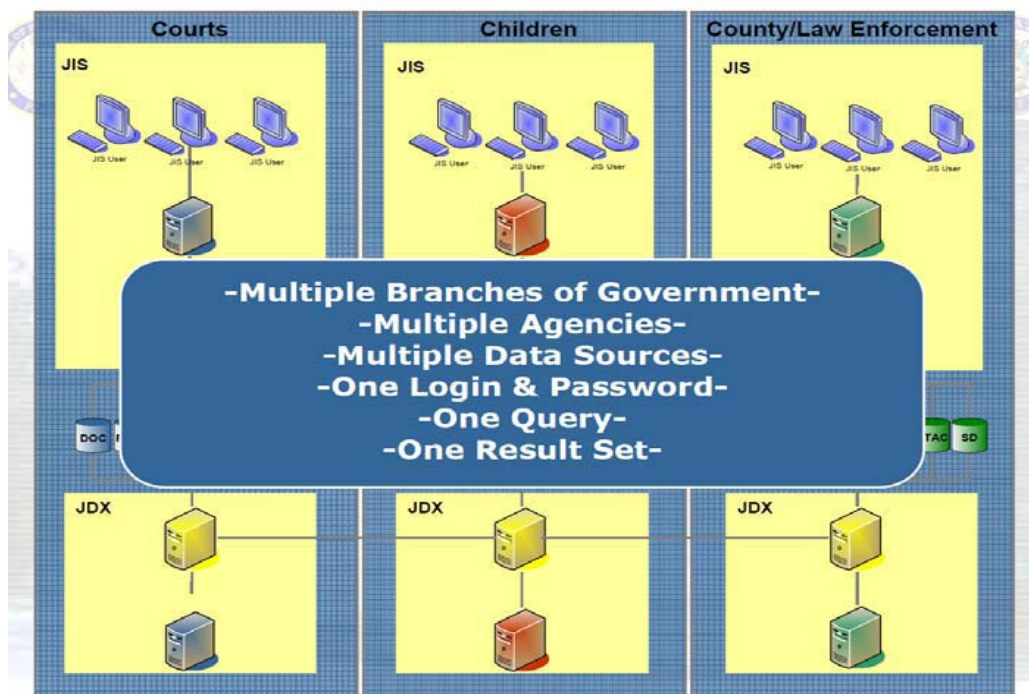

AGENCY SYSTEMS – silos of valuable data exists across many state agencies.

Limited time and resources prevent timely access to data. Lack of relevant information adds risk to a child's situation and increases the costs of providing services.

Reference document at:
http://www.flgov.com/pdfs/ChildAdvocacy/cycdatasharingcomposite.pdf

Solution:

Reference document at:
http://www.flgov.com/pdfs/ChildAdvocacy/cycdatasharingcomposite.pdf
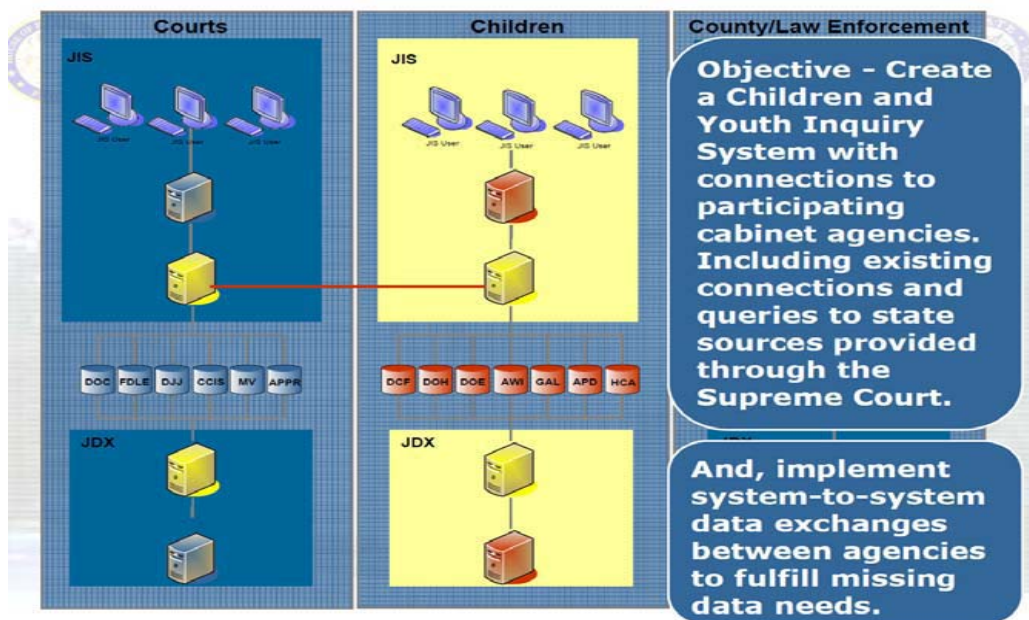
2. Assumptions and Constraints

Existing and proven technology in state government will be utilized for this initiative. The JIS is a web-based system that enables judges, judicial staff, and other governmental entities to access multiple data sources through one point of entry. The system is a secure, "anywhere" access system where a single query can gather information from many different data sources and display the information in a user friendly format.

Through the current JIS, information is streamlined from a variety of local, state, and federal agencies as listed below:

- **APPRISS** - This data source compiles information entered into the jail booking applications throughout Florida and 42 additional states. It provides up-to-date arrest information as well as current booking images.
- **CCIS** - Comprehensive Case Information System: This data source from the FACC provides current information on court cases for all 67 counties in Florida. In most cases a local clerk detail link is available on an individual case enabling the user to go directly to the Clerk's website to view the progress docket. Otherwise the docket is available directly through the CCIS.
- **DHSMV** - DAVID Driver and Vehicle Information Database: This data source provides driver history, vehicle, and vessel information as well as images from the Department of Highway Safety and Motor Vehicles. (Image access is dependent upon user profile.)
- **DJJ** – Department of Juvenile Justice: This data source provides information on juvenile arrest, probation, incarceration and dispositions. OSCA is currently working with DJJ on a pilot to receive photos from four circuits.

- **DOC** - Department of Corrections: This data source provides information regarding the status of individuals who have been placed under the supervision of the DOC. For example, in addition to providing detailed information regarding arrest date, underlying offense and dates of supervision, the file will also indicate if the individual is currently supervised, incarcerated, or no longer under Department custody.
- **FCIC** – Hotfiles: This data source provides information from the Florida Department of Law Enforcement regarding outstanding Warrants, Injunctions, Probationary Statuses, as well as risk identifications such as Violent Felony Offender of Special Concern (VFOSC), High Risk Sexual Offender (HRSO), Sexual Offender or Sexual Predator, and Habitual or Career Offender.
- **FCIC** – Rap Sheet: This data source provides the information regarding arrest history and disposition from the Florida Department of Law Enforcement. This is the traditional rap sheet providing the oldest arrest first and most recent arrest last.
- **FCIC** – FL Summary: This data source provides information regarding arrest history and disposition from the FDLE in a summarized format. The Florida Summary Rap Sheet summarizes the arrest history listing total number of felony arrests and convictions, total number of misdemeanor arrests and convictions, total number of incarcerations, etc. The most recent arrest appears first, with the oldest arrest appearing last.
- **NCIC** – National Crime Information Center: This data source provides information regarding out-of-state arrest histories. Any information that is provided when querying the NCIC will be provided in a tab format in the NCIC file either by identifying the state that provided the arrest history, or

through the generic 'FBI' tab which captures immigration and federal law enforcement arrests.

By extracting and making readily accessible information from different databases, the system allows judges and other users to obtain comprehensive search results from a single query, saving both time and money. Users can obtain necessary information rapidly and retrieve a complete criminal history background check more readily than ever before. The system saves users a tremendous amount of time and effort by allowing the users to log into one system and gather information from multiple data sources, rather than having to log in and out of nine different data sources. Currently, there are approximately 5,500 users and it continues to grow.

As benefits are realized, demand for use of the system is such that OSCA has had to deny users access to JIS due to the need for more support staff to setup accounts, train and provide 24/7 support. For example, the Department of Corrections and the Jacksonville sheriff's office alone have requested that an additional 3000 users have access to the JIS. The only users currently being added are those who support the judiciary (i.e., court staff, public defenders, state attorneys) and other entities that support the court.

The system will also identify individuals that have warrants, injunctions, suspended/revoked drivers licenses, concealed weapon permits, as well as sex offender/predators, violent felony offenders, etc. With the recent catastrophe at Virginia Tech, OSCA was contacted by many users requesting that concealed weapon permit information be added. Within a week, users knew immediately if an individual has a concealed weapon permit.

Another enhancement recently added to ensure public safety was immigration and federal arrest information. As a result, in addition to the Florida and national information, the system now includes any federal arrest information as well.

When a query is made, the JIS system filters through the responses from each data source to find common identifiers that match. The identifiers used are FBI numbers, SSNs, DOC numbers, SID numbers and DL numbers. If none of the above identifiers match, a combination of exact matches on first name, last name and DOB are used. For example, if the two responses have the same FBI number, it will match the records together.   Also, if the responses have the same first name, last name and DOB it will match as well.

The strength of this matching process allows the JIS to limit the possibility of matching two people that may not be the same person. One of the concerns with going into multiple data sources is matching records together that may not be the of same person.

A weakness to this approach is that the system may miss someone who could

have a mis-spelled name or an incorrect ID number entered. However, even though they may not merge, the names will still be displayed as probable matches so the user will have the discretion to view each possibility.

Each users is set up for access based on their profile as determined by the type of requestor (i.e. judge, case manager, state attorney, public defender, sheriff, etc). This allows the user to view only the data that they are authorized to access based on their pre-determined role, Florida Statutes, or the policies and rules of the data source provider. An audit log tracks each user and any queries they perform. For example, FDLE tracks users by their Social Security number. At DHSMV they track users by their digital certificate, which contains the user's name.

Most constraints appear to be policy decisions based on what data can be shared. In some cases, these constraints may be removed by agency decision, executive order or legislative change.

C. Proposed Business Process Requirements

1. Proposed Business Process

The CYC data sharing initiative is meant to provide a holistic approach to service delivery and case management for all governmental agencies, local and state, that touch the lives of children. While maintaining the individual agency data integrity and security, the system will break down barriers to sharing information and provide as much, real time, up-to-date data on a child or family as possible in a single view, single sign-on system to facilitate better decision making and service delivery. The technology is available to bridge these gaps, and it is the Cabinet's goal to bring the agencies together to use this technology to share information and exchange data in a way that eliminates data entry errors and omissions.

Currently, agencies share information through a multitude of mediums. For example, case managers from various state agencies call, email, fax and physically travel to locations, and have to contact multiple sources in order to find out a piece or multiple pieces of information on a child or family in order to work on the case. This results in time inefficiencies and possible data entry errors. The CYC data sharing system will provide the needed information to the case manager in either a "one-stop-shop" setting or through a data exchange, thus saving time and resources and preventing errors.

Benefit:
- While maintaining each individual agency's data integrity and security, the system will break down barriers to sharing information and provide as much, real time, up-to-date data and data exchange capability on a child or family as possible, and in a single view, single sign-on system to facilitate better decision making and service delivery.

2. **Business Solution Alternatives**
   The individual agencies have been working on this through individual efforts for over twenty years with no real progress or success.

3. **Rationale for Selection**
   By leveraging the existing JIS solution, there will be immediate benefits to the users. A User Interface (dashboard) framework is already built and would require very little modification to meet the needs of the Cabinet agency users. Because the core solution is already built, highly stable, and rich in functionality, it will be very quick to connect the additional eight agency data source connections. Most of the implementation effort will be spent configuring software components that already exist; this versus writing code from scratch which is a costly and lengthy process. This keeps costs low and allows for very quick deployment. This solution will allow the users to share and access real-time information from multiple branches of government, multiple agencies, and multiple data sources through a single log-in, using a single query, and receive a single result set. The result is more relevant and timely information when it is needed the most, in order to provide services to the children, youth and their families in the state of Florida at the right time. This is a query system – read only portal (Google like query system).

4. Summary of Spring 2009 Business Requirements Gathering Sessions
   One of the main charges of the Cabinet (as outlined in FS 402.56) is to;
   "Design and implement actions that will promote collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state governmental organizations that provide services for children and youth and their families." By sharing information within and between the agencies that touch the lives of Florida's children and youth, our state will be able to provide more effective, efficient and timely services as well as identify and correct gaps and overlaps in resources and save our state agencies time and money. The Interagency Agreements Committee of the Children and Youth Cabinet led the Data and Information Sharing System Initiative, which is a web-based real-time data inquiry and exchange system that will allow the agencies that most closely affect children's lives to better communicate and share information, and make more efficient and sound decisions about the children and youth they are serving. Benefits of the system, which align with the Cabinet's mission and statutory charge, include:
   • To provide agencies with access to better, more relevant information when it is needed the most to provide the right services to the children and families in the state of Florida.
   • While maintaining the individual agency data integrity and security, the system will break down barriers to sharing information across multiple branches of government, agencies and data sources. It will provide users with as much, real-time, up-to-date data on a child or family as possible and provide a single view, single sign-on functionality (using a single query and

single data set) and data exchange capability to facilitate better decision making and service delivery.

The Committee stated that the data to be shared needed to be defined and the users identified and security roles outlined. Upon advice from technical and governmental experts, Cabinet staff and representatives from each of the Cabinet agencies began Joint Application Design (JAD) Sessions. At the kick-off meeting, each agency identified the priority sources that would help their agency from a data catalog comprised of over 300 existing, silo'd sources from each of the Cabinet agencies. Phase I Sources included:
1. Florida Online Recipient Integrated Data Access (FLORIDA)
2. Florida Safe Families Network (FSFN)
3. State Health Online Tracking System (SHOTS)
4. Vital Statistics (VS)
5. Medicaid Prior Authorization for Durable Medical Equipment
6. Florida Medicaid Management Information System (FMMIS)
7. Juvenile Justice Information System (JJIS)
8. Florida Education and Training Placement Information Program (FETPIP)

With agency representatives from the committee, a workgroup made up of key policy and technical experts from each agency was formed to carry out the Joint Application Design Sessions. From March 2, 2009 to April 30, 2009 the workgroup met to determine the data elements that will be shared, gathering requirements and technical specifications. Sessions were divided into two categories. During the policy and technical session, each day of discussion focused on one data source with a detailed explanation of the source and how it works and the agency representatives relayed what data elements their programs need and why and who will be using this data. During the legal sessions, discussion focused on legal issues and developed interagency policies to allow the data and information exchanges. As a result of the meetings, a Requirements Document was developed that includes the data sources, the specific agency data source interest(s) and the agencies corresponding user roles/profiles for data source access. Also provided are the specific data (source) elements by user role/profiles, technical information and legal authority references. For more information on this project, JAD Session Agendas, Minutes and more, please visit www.flgov.com/youth_cabinet_datasharing.

5. **Recommended Business Solution**
    Solution provided on document referenced at:
    http://www.flgov.com/pdfs/ChildAdvocacy/cycdatasharingcomposite.pdf

III. Project Charter Cost Benefit Analysis

A. The Cost-Benefit Analysis Forms

State of Florida TRW Cost Benefit Analysis — APPENDIX C — Fiscal Year 2009-2010 Cost Benefit Analysis Guidelines

CBAForm 1 - Net Tangible Benefits — Agency: 0 — Project: 0

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A

Agency (Operations Only -- No Project Costs)	FY 2009-10			FY 2010-11			FY 2011-12			FY 2012-13			FY 2013-14		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	$0	$203,512	$203,512	$0	$203,512	$203,512	$0	$203,512	$203,512	$0	$203,512	$203,512	$0	$203,512	$203,512
A.b Total FTE	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00
A-1.a. State FTEs (Salaries & Benefits)	$0	$203,512	$203,512	$0	$203,512	$203,512	$0	$203,512	$203,512	$0	$203,512	$203,512	$0	$203,512	$203,512
A-1.b. State FTEs (# FTEs)	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00
A-2.a. OPS FTEs (Salaries)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-2.b. OPS FTEs (# FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-3.b. Staff Augmentation (# of Contract FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Data Processing -- Costs	$0	$661,258	$661,258	$0	$166,773	$166,773	$0	$166,773	$166,773	$0	$166,773	$166,773	$0	$166,773	$166,773
B-1. Hardware	$0	$50,000	$50,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Software	$0	$563,258	$563,258	$0	$118,773	$118,773	$0	$118,773	$118,773	$0	$118,773	$118,773	$0	$118,773	$118,773
B-3. Other Colo in Miami	$0	$48,000	$48,000	$0	$48,000	$48,000	$0	$48,000	$48,000	$0	$48,000	$48,000	$0	$48,000	$48,000
C. External Service Provider -- Costs	$0	$331,000	$331,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-1. Consultant Services	$0	$331,000	$331,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-2. Maintenance & Support Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-3. Network / Hosting Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-4. Data Communications Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D. Plant & Facility -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E. Others -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-1. Training	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-2. Travel	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total of Operational Costs (Rows A through E)	$0	$1,195,770	$1,195,770	$0	$370,285	$370,285	$0	$370,285	$370,285	$0	$370,285	$370,285	$0	$370,285	$370,285
F. Additional Tangible Benefits:		$41,674,108			$2,000,000			$2,000,000			$2,000,000			$2,000,000	
F-1. AHCA CBA		$40,427,807			$0			$0			$0			$0	
F-2. DCH CBA		$1,246,301			$0			$0			$0			$0	
F-3. Other		$0			$2,000,000			$2,000,000			$2,000,000			$2,000,000	
Total Net Tangible Benefits:		$40,478,338			$1,629,715			$1,629,715			$1,629,715			$1,629,715	

SPECIFY CHARACTER OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous ☐	Confidence Level	
Order of Magnitude ☐	Confidence Level	
Placeholder ☐	Confidence Level	

Guidelines for Preparing the Feasibility Study for Information Technology Projects — Version 2.0

B. Cost-Benefit Analysis Results

State of Florida TRW Cost Benefit Analysis   APPENDIX C   Fiscal Year 2009-2010 Cost Benefit Analysis Guidelines

CBAForm 2 - Project Cost Analysis   Agency _____ 0 _____   Project _____ 0 _____

PROJECT COST ELEMENTS		FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	TOTAL
State FTEs (Salaries & Benefits)		$203,512	$203,512	$203,512	$203,512	$203,512	$1,017,560
OPS FTEs (Salaries)		$0	$0	$0	$0	$0	$0
Contractors (Costs)		$331,000	$0	$0	$0	$0	$331,000
Deliverables		$0	$0	$0	$0	$0	$0
Major Project Tasks		$0	$0	$0	$0	$0	$0
Hardware	Servers	$50,000	$0	$0	$0	$0	$50,000
COTS Software		$563,258	$118,773	$118,773	$118,773	$118,773	$1,038,350
Misc. Equipment	Specify	$0	$0	$0	$0	$0	$0
Other Project Costs	Colo in Miami	$48,000	$48,000	$48,000	$48,000	$48,000	$240,000
		$0	$0	$0	$0	$0	$0
TOTAL PROJECT COSTS (*)		$1,195,770	$370,285	$370,285	$370,285	$370,285	$2,676,910
CUMULATIVE PROJECT COSTS		$1,195,770	$1,566,055	$1,936,340	$2,306,625	$2,676,910	

INVESTMENT SUMMARY		FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	TOTAL
General Revenue		$0	$0	$0	$0	$0	$0
Trust Fund		$0	$0	$0	$0	$0	$0
Federal Match		$0	$0	$0	$0	$0	$0
Grants		$0	$0	$0	$0	$0	$0
Other	CC Agencies JT	$1,195,770	$370,285	$370,285	$370,285	$370,285	$2,676,910
TOTAL INVESTMENT (*)		$1,195,770	$370,285	$370,285	$370,285	$370,285	$2,676,910
CUMULATIVE INVESTMENT (*)		$1,195,770	$1,566,055	$1,936,340	$2,306,625	$2,676,910	

(*) Total Costs and Investments are carried forward to CBAForm3 Project Investment Summary worksheet.

Character of Project Costs Estimate - CBAForm 2B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	☐	Confidence Level	
Order of Magnitude	☐	Confidence Level	
Placeholder	☐	Confidence Level	

State of Florida TRW Cost Benefit Analysis   APPENDIX C   Fiscal Year 2009-2010 Cost Benefit Analysis Guidelines

CBAForm 3 - Project Investment Summary

Agency	0	Project	0

COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	TOTAL
Project Cost	$1,195,770	$370,285	$370,285	$370,285	$370,285	$2,676,910
Net Tangible Benefits	$40,478,338	$1,629,715	$1,629,715	$1,629,715	$1,629,715	$46,997,198
Return on Investment	$39,282,568	$1,259,430	$1,259,430	$1,259,430	$1,259,430	$44,320,288
Year to Year Change in Program Staffing	3	3	3	3	3	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	N/A	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2009-10	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	$41,488,414	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Treasurer's Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Cost of Capital	5.35%	5.38%	5.38%	5.38%	5.38%

Agency Cost/Benefit Analysis:

- **DCF:** Quicker access to consistent information--shared in timely fashion--may save children and vulnerable adults from injury, permanent disability, and even death. These benefits are intangible, and this initiative will help a reduced workforce spend less time hunting information and more time coordinating care.

- **DJJ:** Using the Children and Youth Cabinet Data System has the potential of increasing the effectiveness of the Department's operation. With ever increasing workload and the requirement to cut budgets, this system has the potential to allow staff to spend less time on administrative tasks and more time with direct contact with the youth. Time savings estimated at 12,500 hours per year.

- **DOE:** As with the proposed system envisaged by the Florida Children's Cabinet, consolidating related data functions greatly facilitates coordination on a variety of data collection and access issues including collection cycles and methods, data element definitions, security, exchange protocols, access, research, and reporting. It also facilitates higher levels of programmatic and service integration at the state and local level.

- **GAL:** With access to better information concerning our children, our case coordinators will be more efficient, consistent and able to get this information back to our volunteers and staff on a quicker basis. Although this efficiency does not lend itself to being captured in terms of dollars and cents, it does provide better advocacy for our children in need. Additionally, if we are able to utilize the background investigation component of the system, we will be able to more promptly turn around the background checks and have volunteers in place sooner.

- **AWI:** We believe that increased data sharing capabilities will provide a variety of benefits for our agency and local partners. These include reductions in payment errors, improved case management, and reduced

time to process cases. Based on this analysis, we are pleased to support this project.

Overall Benefits (Please see each agency's analysis for detailed information)

- **APD**
    - Identification of Fraud:
        - APD may be able to determine if there is duplication of waiver services rendered to a child through viewing several agencies' data about that child.
        - APD may be able to determine actual guardianship of a child (if the child is currently in the custody of DCF, and someone else brings the child in for services) and identify possible fraud
        - APD would have access to Vital Statistics information about a child (birth and death records)
        - APD employee would only have to sign onto one computer system versus several systems to view information about a child.

    - Forensic Services:
        - APD could have direct access to County Clerk records to obtain a person's juvenile or criminal history for competency referrals and residential options.

    - Provider Enrollment:
        - Access to AHCA or DCF license revocations to ensure that our current licensees and those that apply for licenses haven't had their licenses revoked by those agencies. This is currently a manual process.
        - Access to DOH environmental health survey information on our licensed residential facilities. We are currently accessing this information.
        - Access to criminal violations for APD providers. We are currently accessing this information.

    - Supported Living and Employment Program:
        - Access to AWI data to allow verification of benefits, anticipate individuals graduating from schools and offering employment support if that individual is on our waitlist.

- **DCF**
    - Efficiency (accessing a single site);
    - Consistency of practice and ease of training (getting information from the same place instead of many places);

- Consistency of information and fewer opportunities for miscommunication if it comes from one place;
- Timeliness (the information is readily available to authorized users);
- Better decisions about care and service and clearer communications among all involved professionals;
- Better ability to demonstrate due diligence for background searches for relative and non-relative placements for foster care; and
- Better ability to document background searches for adoption (for good practice and federal compliance).

- **DOE**
    - Access to data to assist in the location of students when they are absent from the classroom
    - Background information for reasons for perpetual truancy
    - Ability to associate external influences (health, legal, etc.) with classroom performance
    - By integrating data systems on an ongoing basis, consistent business rules and processes will be developed that do not have to be replicated on an ad hoc basis.
    - At the local level, considerable efforts are expended among local agencies to assist children and families in need of services.
    - This is often done on an as needed basis and requires considerable effort to meet with, work through information sharing protocols, and follow-up with analyses and personal contact.
    - These efforts can be facilitated considerably by a continuously updated, current data system containing information about individual children and their families.
    - The benefits of this approach include the use of the state's repository of education data to define information that will alert local communities about issues which may have both local and systemic impact.
    - The specific value will depend on the actual data fields made available and the speed and accuracy of the data sharing process relative to the current process.
    - For example, students who are absent from the classroom for extended periods of time are often receiving services from other state and locally administered programs or have been relocated into a juvenile justice facility.
    - Teachers and school administrators are unable to locate these students in a timely fashion in order to make the appropriate accommodations.
    - By having timely access to extra-education data, accommodations and interventions can occur in a more appropriate manner.

- This would give teachers and administrators access to valuable information on events which occur outside the classroom, yet have major impact on activities inside the classroom.

- **DJJ**
    - Detention
        - Easy access to systems such as FCIC/NCIC and Department of Corrections (DOC) will tell our staff within minutes if the person picking up a youth has an arrest history, active warrants, whether or not they are a sexual predator, etc. This will make the Department more compliant with requirements to check adults picking up youth.

    - Probation
        - Youth presented to the Department for detention screening do not always meet criteria for secure detention and must be released. Staff wouldn't have to spend hours searching multiple databases from multiple agencies to complete a thorough background check on adults that youth are released to.
        - The ability to quickly access jail booking data keeps staff in the loop on those cases where they have a youth 18 years of age on juvenile probation that gets arrested and booked into a county jail, but bonds out before the JPO can get a hold in place. Public safety is jeopardized when youth bond out of jail without the JPO knowing about it.
        - Department of Highway Safety and Motor Vehicles data would tell the JPO whether or not a youth is permitted to drive an automobile. Youth sometimes have their driver's license suspended or revoked and the JPO is the last person to know about it.
        - Data from the various Clerks of Court systems is vital. This is where the JPO can go to access information on upcoming court dates, restitution payments, pending pick-up orders for failure to appear, address changes made without JPO knowledge, etc.
        - Many of our youth are required to participate in various programs that require as part of their admission a copy of the youth's immunization records, health records and school records. The Children and Youth Cabinet Data System would provide all of this required information with just one query of the system.
        - A large percentage of youth on Probation are also served by DCF. JPOs would greatly benefit from having direct access to DCFs data. Our staff needs to be able to stay informed on any dependency issues past or present to ensure that our

agency does its part to protect victims of abuse and neglect. Also, our staff will be safer if they know who in the child's life is considered dangers.

- Inspector General
  - o The Inspector General is required to conduct many investigations that require checks into multiple agency system. The Children and Youth Cabinet Data System would greatly reduce the amount of time it would take to gather information from these multiple systems. Also Background Screenings could be done faster with the ability to use this system

- **AWI**
  - o Reduced payment errors. Improved documentation of income and other eligibility criteria would result in better determinations of client eligibility and co-payments. Local staff must review several different types of documentation to establish a client's income. Some of this documentation may be self-disclosed. Direct access to some of this information, such as court-ordered child support payments, would improve income documentation and reduce payment errors.
  - o Improved Case Management. Case managers can be expected to have more information when supporting our clients. The ability to identify other programs serving a client or collect information regarding a client's needs will help improve the overall level of case management.
  - o Reduced time spent collecting client documentation. Case managers will be able to reduce the amount of time spent collecting appropriate documentation for the client if that information is made available through the proposed system.
  - o Reduced time for provider eligibility determination. Simplified and real-time access to licensing and other data on child care providers will simplify the process of determining whether a provider is eligible to participate in state funded programs.
  - o Reduced time for establishing teacher credentials. Access to records maintained by DCF and DOE could reduce the amount of time it takes determine whether a teacher has the appropriate credentials to participate in state funded programs.

IV. Major Project Risk Assessment Component

The Major Project Risk Assessment Component identifies the risks faced by the project so the agencies can enact appropriate mitigation strategies for managing those risks. **This Feasibility Study Component is required for *all* IT projects.**

A. Risk Assessment Tool
    Purpose: To provide an initial high-level assessment of overall risk incurred by the project to enable appropriate risk mitigation and oversight to improve the likelihood of project success.

    Eight major project risk assessment areas:
    - Strategic
    - Technology
    - Change Management
    - Communication
    - Fiscal
    - Project Organization
    - Project Management
    - Project Complexity

B. Risk Assessment Summary
    Purpose: To identify the overall level of risk associated with the project and provide an assessment of the project's alignment with business objectives.

    Discuss the results from the *Project Risk Area Summary Table* and the *Project Risk Summary Chart*.

V. Technology Planning Component

Technology Planning Section	$1-1.99M	$2 – 10 M		> $10 M
		Routine upgrades & infrastructure	Business or organizational change	
Current Information Technology Environment		X	X	X
Proposed Solution Description	X	X	X	X
Capacity Planning	X	X	X	X
Analysis of Alternatives	X	X	X	X

Current Information Technology Environment

Benefits to Leveraging Existing JIS system to create a Children and Youth Cabinet Inquiry System
The technology used for the Office of the State Courts Administrator's JIS system and which will be used for the CYCIS is not what one would normally think of as a "system". This technology is not a monolithic system that requires a huge "footprint" and it is relatively in-expensive when compared to other technology initiatives.

This is a paradigm shift in use of technology. This solution takes advantage of the existing legacy systems (silos) by allowing data and information to be shared in a non-invasive manner. This technology is a middleware solution that uses semantic models (NOTE: Semantics - understanding the meaning of data by understanding the relationships it has to other data. A Semantic Model describes data and its relationships and does not require a host repository).

There are 2 distinct components of Phase I of this project. One component is a query system which is very similar in scope and complexity to the current JIS system. The current JIS system is:

1. A proven, successful data sharing system, running for seven years and with over 5,500 users.
2. Information is displayed in real-time from multiple systems that once required users to have numerous user ids and passwords in order to gain access. What that took hours or days of effort can now be done in minutes.
3. Multimillion dollar foundation already in place. The total amount expended is $3.6 million (includes one position, hardware, license and services).
4. Minimal cost for connections of new data sources, software and support
5. No large system is needed. This is not a data warehouse:
    a. Data access is non-invasive – no software updates or modifications to existing systems are required.
    b. Data is accessed in place, so agencies and jurisdictions maintain full control over their database content.
        i. Real time access to data with single sign on

     c. The most recently posted data is always immediately available
       i. Leverage already connected agency data

6. Current Agencies Data Systems that are part of JIS:
   a. Florida Department of Law Enforcement & National Crime Information Center (FBI)
   b. Department of Highway Safety
   c. Department of Corrections
   d. Appriss/JX Exchange System (Jail Booking 42 States)
   e. Department of Juvenile Justice
   f. Comprehensive Case Information System (CCIS 67 Counties)
7. Consistent User Interface across all agency users
   a. Current users include courts, state attorneys, public defenders, law enforcement, probation, pretrial services, state agencies (FDLE, DOC, DOS, DCF, DJJ)
8. Role based security
   a. Users are limited to data sources and unique data elements based on roles determined by the agencies
   b. The security requirements to access criminal justice information are extremely important, similar to the requirement that the Children's Cabinet agencies will have.
9. Comprehensive logging and auditing of inquiries and transactions (this is the only information that this system will store and backup)
10. Consolidated summary view of correlated results
11. Drill-down into each agencies detailed results
12. DCF, DJJ, DOH already using system on a pilot offered by the Courts
13. Alerts that inform officials and staff of high risk or important information
14. Leverages the National Information Exchange Model (NIEM), which enables automated enterprise-wide data exchange and allows more efficient and expansive information sharing between agencies and jurisdictions

The other component of Phase I is a data exchange system which the courts are currently using to exchange information from CCIS to a dependency system. System features are:

1. Automate data and document transfers between systems. Apply rules to routing data and documents
2. Comprehensive logging and auditing of inquiries and transactions
3. A system to system transfer from one-to-many sources to one-to-many destinations
4. Integrates existing systems
5. Enables event based document /data exchanges in bulk or transaction
6. Provides real-time information access across multiple agencies, dissimilar applications and systems
7. Accelerates workflow processes where data needs to be shared electronically.

8. Uses non-invasive methods to process data, no software required on end-point systems.
9. Eliminates duplicate manual data entry, which is prone to error
10. Increases productivity through easier/faster access to information
11. Secure, role-based system administration access
12. Web-based, distributed architecture
13. JIEM, GJXDM and NIEM compliant

There are two other solutions that OSCA has implemented in partnership with Metatomix. One is First Appearance Calendaring Functioning (per the Jessica Lunsford Act) and the other is the development of a state wide arraignment calendar. This was project is a result of a police officer killed in the line of duty in Lee County after a warrant was issued on the defendant. No one checked the system when the defendant was to appear for arraignment. He was released and subsequently killed the police officer.

The state court currently utilizes the JLA calendar for first appearance which automatically flags defendants with any alerts, i.e. warrants, high risk sex offender, injunctions, etc. The arraignment calendar will function the same way with a list of individuals provided daily to avoid any other defendants from being released when they should remain incarcerated.

Lee County is piloting this functionality and the governor's office is investigating the feasibility of requesting funding to develop a state wide arraignment calendar system.

Technology Model for the Proposed Solutions:

The Children's Cabinet asked the Office of the State Courts to host this system for multiple reasons.

One of the main charges of the Cabinet (as outlined in FS 402.56) is to; "Design and implement actions that will promote collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state governmental organizations that provide services for children and youth and their families."

By sharing information within and between the agencies that touch the lives of Florida's children and youth, our state will be able to provide more effective, efficient and timely services as well as identify and correct gaps and overlaps in resources and save our state agencies time and money.

As a way to achieve this charge, Cabinet member and then-Chief Justice Fred Lewis suggested that the Cabinet look at the Judicial Inquiry System (JIS), a data and information sharing system, which had been adopted and is successfully working in the Office of State Courts Administration (OSCA). Details and demonstrations of the system were presented to the Cabinet and the directive was given to investigate implementation options.

After exploring all possible options with the Purchasing Office of the Department of Management Services, the quickest, most feasible and most cost effective vehicle for implementation was determined to be extending the existing OSCA JIS solution. The OSCA solution already provides access to critical information that is needed by the service providers from the Cabinet agencies. Justice Lewis and the OSCA staff have generously offered to setup the Court as the hosting entity for the solution. This would allow the Cabinet agencies to leverage the existing OSCA connections, the contract and the $3 million already invested, thus saving the state valuable time and money. In addition:

1. The OSCA already has 7 years of experience with this system and the vendor.
2. The OSCA staff can leverage their KSA's to make this a smooth process.
3. As stated previously, this is not like other systems that most are familiar with. As this system grows, the agencies can develop their own instances at their individual expense. For example, there are 6 counties that have their own instances, and based on the contract and depending on their security roles, they are currently allowed to access JIS data sources.
4. Meetings were held with the staff of 2 other shared data centers to explore their capacity and see if they could at least match OSCA's offering. The shared data centers would only agree to host the hardware.

Based on previous experience in hosting a similar system, OSCA has determined that the following projected performance requirements need to be addressed for this initiative:
 • network and system availability
 • network and system capacity

- network and system reliability
- network and system backup and operational recovery
- scalability to meet long-term system and network requirements

Remember that this is a query system and it can be hosted in different sites. For example, if DCF needs multiple data sources and data exchanges for their own business needs, they can move forward and host it at their own shared data center.

Capacity Planning

Since this is a query only system there will be no burden on existing networks and systems. The majority of these users are already accessing some of these data sources so it should not create any additional load on their servers.

Phase one for the on-line query component is slated for 1000 users with 8 data sources. Phase 1 for the data exchange is limited to 10 data exchanges. As the system expands, budget needs will need to be addressed. Phase II and Phase III pricing has been estimated – see appendix.

System Housing Location

After meeting with key staff of the two State's Shared Resource Centers (SRC), Department of Children and Families, Governor's Office, and the Office of the State Courts Administrator (OSCA), it was decided that hosting of the Children and Youth Cabinet (CYC) data sharing application should reside at OSCA, as the original plan. There is little doubt that housing and administering this application at OSCA will leverage the experience that has been developed through the successful implementation of the JIS. This technology can have multiple instances and could be implemented at all of the data centers (depending on need, etc.) and having those instances administered by executive branch agencies. There appears to be enough commonly understood information to recognize that there would be greater risk to the success of the CYC project in changing courses at this point in the project.

VI. Project Management Planning Component

Project Management Section	$1-1.99 M	$2 – 10 M		> $10 M
		Routine upgrades & infrastructure	Business or organizational change	
Project Charter	X	X	X	X
Work Breakdown Structure	X	X	X	X
Project Schedule	X	X	X	X
Project Budget	X	X	X	X
Project Organization			X	X
Project Quality Control			X	X
External Project Oversight			X	X
Risk Management			X	X
Organizational Change Management			X	X
Project Communication			X	X
Special Authorization Requirements			X	X

A. **Project Charter**
   This document constitutes our charter. See references below for additional details about the project:
   http://www.flgov.com/youth_cabinet_datasharing and following documents within: http://www.flgov.com/pdfs/ChildAdvocacy/cycdataprojplan.pdf and http://www.flgov.com/pdfs/ChildAdvocacy/finalcycdatacommplan.pdf http://cycproject.myflorida.com/

B. **Work Breakdown Structure**
   See references below for detailed information:
   http://www.flgov.com/youth_cabinet_datasharing and following documents within: http://www.flgov.com/pdfs/ChildAdvocacy/cycdataprojplan.pdf and http://cycproject.myflorida.com/

C. Resource Loaded Project Schedule
   See references below for additional details about the project:
   http://www.flgov.com/youth_cabinet_datasharing and following documents within: http://www.flgov.com/pdfs/ChildAdvocacy/cycdataprojplan.pdf and http://cycproject.myflorida.com/

D. Project Budget
    See references below for additional details about the project:
    http://www.flgov.com/youth_cabinet_datasharing and following documents
    within: http://www.flgov.com/pdfs/ChildAdvocacy/cycdataprojplan.pdf and
    http://www.flgov.com/pdfs/ChildAdvocacy/finalcycdatacommplan.pdf
    http://cycproject.myflorida.com/

E. Project Organization
    See project plan at:
    http://www.flgov.com/pdfs/ChildAdvocacy/finalcycdatacommplan.pdf

F. Project Quality Control
    See project documentation at:
    http://www.flgov.com/youth_cabinet_datasharing and
    http://cycproject.myflorida.com/ and the following document within:
    http://cycproject.myflorida.com/index.asp?path=/Business%20Requirements%
    20Document .

G. External Project Oversight
    The Children Youth Cabinet, which is comprised of members of the legislative,
    executive and judicial branches, oversees the progression of the project. Staff
    provides updates at the scheduled cabinet meetings.

H. Risk Management
    See risk management approach at:
    http://www.flgov.com/pdfs/ChildAdvocacy/finalcycdatacommplan.pdf

I. Organizational Change Management
    See change management approach at:
    http://www.flgov.com/pdfs/ChildAdvocacy/finalcycdatacommplan.pdf

J. Project Communication
    See project communications plan at:
    http://www.flgov.com/pdfs/ChildAdvocacy/finalcycdatacommplan.pdf

K. Special Authorization Requirements
    Through cooperative agreements between agencies, the State Courts and LBC
    budgets amendments.

VII.   Appendices

- Project Schedule

- Project Costs

- Phase I Identified Data Source Summary and Time Line

- Complete Requirements Document

Appendix 5

Florida's Children and Youth Cabinet: Crosswalk of the Recommendations for Florida's Children and Youth Services

Florida's Children and Youth Cabinet

2009

This report to the Florida Children and Youth Cabinet (FCYC) includes the following: 1) Recommendations from selected Florida Commissions, Councils, and Task Forces, including projected fiscal and legislative impact; 2) Strategic objectives of the Florida Children and Youth Cabinet; 3) Crosswalk of the intersection between the FCYC Strategic Plan Goals and Objectives and Recommendations from Selected Florida Commissions, Councils, and Task Forces; and 4) Review of the strategic plan crosswalk towards meeting the established objective.

Crosswalk of the Recommendations for Florida's Children and Youth Services

This report is provided to the Florida Children and Youth Cabinet by:

University of Central Florida

College of Health and Public Affairs

This report is not inclusive of all Commission, Council and Task Force Reports.

Only those report recommendations received for this project addressing services to children and their families and which afforded an opportunity for coordination and collaboration across Cabinet Departments and Agencies are included herein.

Table of Contents

I. **Recommendations from Selected Florida Commissions,**

    Councils, and Task Forces

A. *Department of Juvenile Justice Blueprint Commission 2008*

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
A1. Awareness Campaign. Conduct statewide awareness campaign to raise awareness of prevention and early intervention services and how to access care and services.	Grant application by DJJ *No substantive legislative impact.*	All families
A2. Partnerships to Assist Children Involved in Domestic Violence Cases. Prevent children and youth from being arrested without prior contact with law enforcement due to domestic violence by allowing the use of alternatives such as CINS/FINS shelters or other respite care.	Additional funding for CINS/FINS beds in second year *No substantive legislative impact.*	Youth
A3. Review and Amend K-12 Zero Tolerance Policies. Eliminate the referral of youth to DJJ for misdemeanor offenses.	Funding for training school/law enforcement personnel on diversion options *No substantive legislative impact.*	Youth
A4. Gang-Free Initiative. Identify indicators and signs of gang involvement and put effective intervention strategies into place.	Grant funding will be sought for intervention strategies as needed *No substantive legislative impact.*	Youth
A5. Assessment of Health Service. Resources for health, mental health and substance abuse services are grossly inadequate in DJJ; provide an independent assessment of health services and recommendations.	No fiscal impact for assessment; fiscal impact in order to provide health services Legislative impact: OPPAGA	Youth
A6. Assessment of Health Expenses. Comprehensive assessment of the costs for providing services to youth with extenuating health, mental health, development disabilities, including physical disabilities.	*No substantive legislative impact*	Youth

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
A7. Amend Zero Tolerance Statute. Amend F.S. 1006.13 to prevent referral of youth to DJJ for petty acts of misconduct or misdemeanor and to involve law enforcement only instances of serious threats to school safety.	Funding may be required for training school and law enforcement personnel *Substantive legislation required*	Youth
A8. Statewide Multi-Agency Plan. Coordinate efforts of local, state and federal programs, appropriation or activities to prevent juvenile delinquency.	Current funding would be used to implement plan *No substantive legislative impact*	Youth
A9. Create a Model Template. Integrate education and treatment services from separate funding sources within juvenile justice program.	Current funding would be used *No substantive legislative impact*	Youth

B. *Florida Child Abuse Death Review 2007*

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
B1. Implement All Child Death Review. Review all child deaths reported to the Florida abuse hotline.	Fiscal impact would include costs associated with the review process *Legislation may be required to mandate death reviews*	Youth
B2. Full funding for Healthy Families Florida. Fully fund Health Families Florida to ensure all children are protected from abuse and neglect	Fiscal impact would include cost to expand Healthy Families Florida to state-wide availability as well as enhanced services for high-risk areas *Legislation is required to mandate this initiative.*	Youth
B3. Comprehensive Approach to Drowning Prevention. Mandate child protective investigators conduct assessments for drowning risk factors when body found near water/pool. Mandate the reporting of all child drowning deaths to the Florida Abuse Hotline. Mandate Florida Abuse Hotline accept reports from law enforcement or medical professionals on child deaths that result from drowning.	Minimal fiscal impact *Legislation required to mandate reporting.*	Youth
B4. Full Funding for Abuse Prevention. Provide ongoing funding to increase identification and awareness of common triggers for physical abuse and to train investigators, providers, and service agencies for the purpose of providing educational efforts focused on adult males between the ages of 20-30.	Fiscal impact would include training and education campaign costs *No substantive legislation required*	Youth/Young males

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
B5. Co-sleeping and Unsafe Sleeping Training and Education. Provide funding for education and awareness on safe sleeping environments. Establishment of a collaborative to provide educational materials and support to hospitals, medical providers, child protective investigators, service providers and parents of newborns.	Fiscal impact would include training and education campaign costs *No substantive legislation required*	Youth (Particularly newborns)
B6. Improve Consistency in Findings in Child Abuse Death Cases. Improve DCF Administrative Code 65C-30.020(5)(f), allowing Death Review Coordinators to review and modify findings as necessary and appropriate.	No fiscal impact *No legislation required*	Youth (Particularly newborns)
B7. Improve Death Scene Investigations. Improve accuracy in reporting SIDS deaths through the adoption of the Sudden Unexplained Infant Death Investigation (SUIDI) model.	Fiscal impact would include training and coordination. *Legislation required to implement Sudden Unexplained Infant Death Investigation (SUIDI) model.*	Youth (particularly newborns)
B8. Implement Multidisciplinary Staffing. Implement a system to include multidisciplinary staffing in cases where a family has 3 or more prior reports of abuse and neglect irrespective of the previous findings.	Fiscal impact would include coordination across various agencies. *No substantial legislation required.*	Youth
B9. Public Education for Substance Abuse. Implement a public education campaign to inform the public of misuse of illegal, legal, and prescribed substances as a potential risk factors for child maltreatment.	Fiscal impact would include education campaign costs. *No substantial legislation required.*	Youth
B10. Judicial Review of Child Death. Mandate judicial review while case under jurisdiction of the court to ensure an independent review process.	Minimal fiscal impact *Legislation required to mandate judicial review.*	Youth

C. *Florida Child Abuse Prevention and Permanency Plan: January 2009 through June 2010*

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
C1. Family Strengthening Initiative. State of Florida to explore feasibility, and if appropriate, have blueprint for a family strengthening initiative in Florida.	Fiscal impact may include funding for five-year implementation of the initiative to begin July 2010. *No substantive legislation required*	Families
C2. Whole Child Connection. State of Florida to determine the feasibility, and if appropriate, implement the Whole Child Connection program in selected areas of Florida.	No state fiscal impact. Fiscal impact may include cost to local government or organizations to staff and support Whole Child Community meetings. *No substantive legislation required*	Families
C3. Faith-based Prevention Initiative. State of Florida to explore feasibility, and if appropriate, have a blueprint for a faith-based prevention initiative to promote protective factors in families.	Fiscal impact may include additional funding for materials, guidance and training at the state level for local program implementation to begin July 2010. *No substantive legislation required*	Families
C4. Positive Parenting Program. State of Florida will explore the feasibility, and if appropriate, have a plan for the adoption and diffusion of the Positive Parenting Program within systems and programs that contribute to preventing child maltreatment.	Fiscal impact may include additional funding for training, materials procurement and program implementation. *No substantive legislation required*	Families
C5. Healthy Families Florida. State of Florida will continue current level of support for Healthy Families Florida and develop plan for increasing availability and capacity to provide home visitation for families at high risk of abuse or neglect and in need of parenting education and support.	Fiscal impact may include continued funding and additional funding to increase capacity. *No substantive legislation required*	Families

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
C6. Short-term Home Visiting. State of Florida will explore feasibility, and if appropriate, develop a plan for providing short-term, voluntary, time-limited post-partum home visiting services for families that improve the health and developmental outcomes of babies.	Fiscal impact may include additional program funding for program implementation to begin July 2010. *No substantive legislation required.*	Families
C7. Explore Adoption Campaign. State of Florida will have in place sustainable efforts to continue the *Explore Adoption* public awareness campaign.	Fiscal impact may include continued funding for campaign. *No substantive legislation required.*	Families
C8. Faith-based Adoption Initiative. State of Florida will explore the feasibility, and if appropriate, develop a blueprint for a faith-based adoption initiative to promote adoption of foster children and to support adoptive families for implementation.	Fiscal impact may include additional funding for materials, guidance and training at the state level for local program implementation to begin July 2010. *No substantive legislation required.*	Families
C9. Customer Service Protocol. State of Florida will have a customer service protocol in place for the assistance and retention of prospective adoptive families.	Fiscal impact may include cost of implementation of protocol. *No substantive legislation required.*	Families
C10. Direct Support Organization (DSO). Governor's Office of Adoption and Child Protection will develop a blueprint for creating and funding a DSO and complete steps for DSO's establishment and ongoing administration.	No fiscal impact. *Legislation already exists to establish the DSO*	Families
C11. Education Cooperative Plan. Education Cooperative Planning Team to develop comprehensive plan for informing and instructing parents, school personnel, teachers and students about preventing child maltreatment and responding to child maltreatment.	Fiscal impact to include funding for the development and implementation of the cooperative plan. *Legislation already exists to mandate the plan and its implementation.*	School Personnel, Parents and School-age Children

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
C12. Law Enforcement Cooperative Plan. Law Enforcement Cooperative Planning Team to develop comprehensive plan for informing and instructing law enforcement personnel about preventing child abuse and responding to child abuse.	Fiscal impact to include funding for the development and implementation of the cooperative plan. *Legislation already exists to mandate the plan and its implementation.*	Law Enforcement Personnel

D. Task Force on Child Protection 2007

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
D1. Background screening. Implement and standardize mandatory background requirements for all potential caregivers for children.	Fiscal impact may include increased funding for conducting background screenings *Substantive legislation may be required to change some screening requirements*	Youth
D2. Reporting and recovery of missing children. Develop a model memorandum of understanding governing law enforcement and social service response. Improve assessment process in shelters and intervention services.	Fiscal impact may include funding for shelter improvement strategies and staff training and education *No substantive legislation required*	Youth

E. Five Year State Plan for the Prevention of Child Abuse, Abandonment, and Neglect 2007

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
E1. Parent Education. Implement system to improve anticipatory guidance given to parents in primary care settings.	Fiscal impact may include funding for anticipatory guidance publications *No substantive legislation required*	Families and youth
E2. Public Education. Implement system to provide information regarding the respite system, medical foster care, and risk factor assessments for delinquency and low birth weight.	Fiscal impact includes funding for public service campaigns *No substantive legislation required*	Families and youth
E3. Service Provider Education. Implement system to share information regarding best practices, program capacities, services and collaborative opportunities.	Fiscal impact may include funding for provider education *No substantive legislation required*	Youth
E4. Outreach. Increase Medicaid and Florida KidCare enrollment and utilization, promote infant mental health, and increase dental health education efforts.	Fiscal impact may include additional funding for outreach *No substantive legislation required*	Youth
E5. Build Health Infrastructure. Broaden the availability of physical, mental (including substance abuse) and dental health prevention, screening and treatment services.	Fiscal impact includes funding targeting increased health services *Substantive legislation may be required to expand availability and access*	Youth
E6. Build Service System Infrastructure. Develop an integrated service system for children and their families and standard protocols for collaboration for use with any family seeking assistance.	Fiscal impact unclear *Substantive legislation may be required for service integration*	Youth

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
E7. Build Early Childhood Education Infrastructure. Increase child care availability in areas of need, increase training for all child care providers, increase availability of care for children with disabilities, improve regulation of child care facilities and develop and implement a rate licensing system for child care.	Fiscal impact may include increased funding for training and education, incentive and enhancement funds for higher rated centers and infrastructure improvements *Substantive legislation required to revise child care regulations*	Youth
E8. Build Staff Screening Infrastructure. Develop screening techniques to certify workers that have contact with children.	Fiscal impact may include increased funding for screening *Substantive legislation may be required to revise staff screening requirements*	Youth
E9. Build State Indicator Infrastructure. Develop statewide indicators.	No fiscal impact *No substantive legislation required*	Youth
E10. Building Home Visiting Infrastructure. Expand Healthy Families Florida and home visiting services to all at risk families.	Fiscal impact includes increased funding for home visiting services *No substantive legislation required*	Youth
E11. Build Behavioral Health Infrastructure. Provide a comprehensive and integrated behavioral health screening and assessment and expand behavioral health issues to include substance abuse screening and assessment.	Fiscal impact may include additional funding for screening *No substantive legislation required*	Youth
E12. Build Professional Development Infrastructure. Support emerging fields of specialization – infant mental health, early interventionists and developmental specialists.	Fiscal impact may include additional funding for professional development infrastructure supports *No substantive legislation required*	Youth

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
E13. Build Evaluation Infrastructure. Improve evaluation and regulation including evaluation of the Voluntary Pre-Kindergarten Program, impact of community-base care, and success of collaboration efforts.	Fiscal impact may include additional funding for evaluation *Substantive legislation may be establish evaluation and regulation infrastructure*	Youth
E14. Build After School Infrastructure. Provide financial support and infrastructure needs for after-school programs.	Fiscal impact may include increased funding for services *Substantive legislation may be required to dedicate prevention funds to after school services*	Youth
E15. Build Family Support Infrastructure. Increase the availability of family supports including provision of family counseling through multiple family service programs.	Fiscal impact may include increased funding for services *Substantive legislation may be required to allow flex fund to "purchase" needed family supports*	Youth
E16. Build Maternal Support Infrastructure. Ensure access to case management, parenting support and education services to all at-risk pregnant women and their infants.	Fiscal impact includes increased funding for services to pregnant and parenting women *No substantive legislation required*	Families and youth
E17. Create Mental Health Services. Provide mobile mental health in-home mental illness crisis counseling program.	Fiscal impact includes increased funding for services to pregnant and parenting women *No substantive legislation required*	Youth
E18. Create Dental Services. Provide mobile dental screening units.	Fiscal impact includes increased funding for mental health services *No substantive legislation required*	Youth
E19. Create Medically At-Risk Services. Increase the availability/accessibility of services for medically at-risk, developmentally delayed infants and young children.	Fiscal impact includes increased funding for services *No substantive legislation required*	Youth

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
E20. Create School Nurse Services to ensure a school nurse in every school.	Fiscal impact includes increased funding for school nurse services *No substantive legislation required*	Youth
E21. Create Parent Support Services. Increase opportunities for parenting skill, communication and problem-solving skills.	Fiscal impact may include increased funding for parent support services *No substantive legislation required*	Youth

F. *Inclusion NOW Strategic Action Plan 2007*

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
F1. Developmental screening and early identification system. Establish a screening and assessment system that is accessible to all infants and toddlers and supports parents with the information and resources needed to choose intervention options.	Fiscal impact unclear *No substantive legislation required*	Infants and toddlers (Birth-3)
F2. Single state agency over birth to five programs. Designate one state agency as the responsible entity for all birth to five programs.	Fiscal impact unclear *Substantive legislation required*	Young children (Birth-5)
F3. Full funded universal inclusive pre-K program for all children three- and four-yeas of age. Expand current VPK to include three-year-olds and increase funding to ensure inclusive services.	Fiscal impact includes increased funding to serve three-year-olds and to provide staff education and training *Substantive legislation required*	Young children (Birth-5)
F4. Early childhood education teacher certification. Establish initial and continuing education requirements that ensure foundation competencies on meeting needs of diverse learners.	Fiscal impact includes resources, materials and supports to develop and implement the goal S*ubstantive legislation required*	Youth
F5. Incentives for Inclusion. Develop and propose funding incentives that motivate private and public early childhood programs to enroll children with disabilities.	Fiscal impact includes resources, materials and supports to develop and implement the goal *Substantive legislation required*	Young children (Birth-5)
F6. Education of All students within regular education class settings. Establish a goal, implementation plan, technical assistance resources.	No fiscal impact for planning *No substantive legislation required*	Youth

G. *Challenges & Opportunities: An Analysis of the Current Florida System of Service for Persons with Disabilities & Future Directions for System Change*

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
G1. Strategic Planning to Align Early Childhood Health, Early Intervention and Education. Build systems and infrastructure and maximize resources for young children and their families.	No fiscal impact for planning *No substantive legislation required*	Youth
G2. Embed Family Preservation and Permanency Planning into Value Base of Service System. Develop mechanisms that keep children with their primary caregivers or in other long-term family relationships and policies and practices that provide supports to family homes.	Fiscal impact unclear *Legislative impact unclear*	Youth
G3. Inclusive Education For All. Design instruction and an assessment system in Florida's schools to include the general curriculum content as well as relevant functional and skill-building education that will contribute to improved postsecondary outcomes for students with developmental disabilities.	Fiscal impact unclear *Substantive legislation required*	Youth (school-age)

H. *Florida Policy Matters – Early Childhood Systems Analysis*

Recommendations with Potential for Cabinet Collaborations	Fiscal and /or *Legislative Impact Identified*	Target Group
H1. Early Childhood Facilities and Capital. Investments in improving the quality of early care and education settings require supports for facility improvement.	Fiscal impact likely includes increased funding for quality improvements *No substantive legislation required*	Youth
H2. Adequate compensation for early care and education staff. Increase teacher competency and education standards and improve the quality of care and education.	No fiscal impact *No substantive legislation required*	Youth
H3. Early childhood education planning. Increase coordination across governance entities.	No fiscal impact *No substantive legislation required*	Youth
H4. Early childhood training system. Support a career lattice, establish core competencies, provide quality assurances and ensure access and outreach for professional development.	Fiscal impact may include increased funding for support systems *No substantive legislation required*	Youth

II. The Florida Children and Youth Cabinet of Florida: Strategic Plan Goals

Strategic Plan Goals and Objectives

1. **Promote increased efficiency and improved service delivery by all governmental agencies that provide services for children, youth and their families.**
   a. Develop and implement a shared and cohesive vision for child and youth outcomes across state agencies, departments and programs
   b. Create communication mechanisms and strategies between state agencies to share information and resources
   c. Coordinate planning between state agencies to promote a continuum of integrated and comprehensive services for children and youth through adoption of common benchmarks, integration of funding streams, and shared data
   d. Develop and implement a child and youth budget structure and nomenclature for use among state departments
   e. Identify existing and potential public and private funding streams for children and youth services, including opportunities for revenue maximization of federal funding
   f. Create a child and youth impact statement to evaluate all proposed legislation appropriations and program proposals with the goal of maximizing positive outcomes and eliminating the potential for unintended consequences

2. **Ensure that all children live in permanent, safe and nurturing environments.**
   a. Establish mechanisms and strategies to support families in providing for the optimal growth and development of their children and youth
   b. Promote the creation and maintenance of an integrated prevention framework that enables local communities, state agencies and organizations to collaborate to implement efficient and properly applied evidence-based child abuse prevention practices
   c. Develop structures to ensure children have adequate representation to receive the services that are in their best interest, including effective legal representation through a guardian ad litem and an attorney when needed
   d. Identify and implement policies to increase youth success and decrease the number of children entering the juvenile justice and criminal justice system
   e. Support environmental and policy improvements to reduce the risk of child injury, acquired disease and disease exacerbation

Strategic Plan Goals and Objectives

3. **Ensure that all children in Florida have access to high-quality preventative primary, specialty and long-term healthcare.**
  a. Promote the development of a culturally-competent and comprehensive system of quality health care and medical home services, including prevention; prenatal; early and continued developmental, mental and behavioral screening and diagnosis; early intervention and on-going treatment
  b. Identify and implement policies to support access to affordable health insurance for all children
  c. Develop opportunities for child, youth and family health education and injury prevention
  d. Support the transitioning of adolescents into adult health care, especially those with special needs

4. **Assure high-quality, seamless, research-based education and learning opportunities for all children**
  a. Support policies and practices to increase high quality early learning environments for children birth through age three
  b. Identify and implement strategies to improve Florida's Voluntary Pre-kindergarten Education Program
  c. Build opportunities for service coordination and improvements to Florida's K-20 Education System
  d. Create transition mechanisms between education and learning entities and systems

5. **Build, allocate and align sufficient resources and functions to meet the goals set forth by the Children and Youth Cabinet**
  a. Develop public awareness and partnerships to benefit all children and youth
  b. Establish annual Revenue Estimating Conference for children's funding
  c. Identify gaps and resources required to meet the health, safety, educational and support needs of children and their families

III. **Crosswalk by Commission, Council, or Task Force**

Instructions for Crosswalk

The crosswalk on the following pages represents an intersection between the Florida's Children and Youth Cabinet (FCYC) Strategic Plan and recommendations from various Florida Commissions, Councils, and Task Forces. The FCYC Strategic Plan goals and objectives are listed in the first column of Section IV. Each goal is listed in numerical order followed by the strategic objectives annotated by an alphabetic assignment. Proceeding across the top of the crosswalk, the various Commissions, Councils, and Task Force Reports analyzed in this report are listed. Each of the listed Reports is detailed in Section II of this Report. The following table presents the alphabetic assignment of each Commission, Council, and Task Force included in this analysis.

A	Department of Juvenile Justice Blueprint Commission
B	Florida Child Abuse Death Review 2007
C	Florida Child Abuse Prevention and Permanency Plan: January 2009 through June 2010
D	Task Force on Child Protection 2007
E	Five Year State Plan for the Prevention of Child Abuse, Abandonment, and Neglect
F	Inclusion Now Strategic Action Plan 2007
G	Challenges & Opportunities: An Analysis of the Current Florida System of Service for Persons with Disabilities & Future Directions for System Change
H	Florida Policy Matters – Early Childhood Systems Analysis

In using the crosswalk, the letters and numbers included in the crosswalk table refer to the corresponding number from Section II. As an example, DJJ Blueprint Panel (second column from left) cross references with Strategic Plan Goal #1, Objective a (3rd row from top) corresponds to recommendations A3, A4, & A8 (see pages 5 & 6 of this report). Please note that some reports included herein did not allow for specific cross referencing to strategic planning objectives, in which case the recommendation is referenced in the crosswalk with the strategic goal. **CYC Strategic Plan Goals & Objectives**	DJJ Blueprint Commiss.	Child Abuse Death Review	Florida Child Abuse & Prevention	Task Force Child Protec-tion	Child Abuse, Abandon-ment & Neglect	Inclusion NOW	Analysis of Persons with Disabilities	Early Childhood Systems Analysis
1. Promote increased efficiency and improved service delivery by all governmental agencies that provide services for children, youth and their families						*F2*		
a. Develop and implement a shared and cohesive vision for child and youth outcomes across state agencies, departments and programs	*A3, A4, A8*	*B7*		*D1, D2*		*F1*	*G1*	
b. Create communication mechanisms and strategies between state agencies to share information and resources	*A2, A8, A9*	*B1, B2, B3,B8,B9*		*D1*			*G2*	*H3*
c. Coordinate planning between state agencies to promote a continuum of integrated and comprehensive services for children and youth benchmarks, integration of funding streams, and shared data through adoption of common	*A2, A8, A9*	*B8, B9, B10*						
d. Develop and implement a child and youth budget structure and nomenclature for use among state departments	*A9*							
e. Identify existing and potential public and private funding streams for children and youth services, including opportunities for revenue maximization of federal funding		*B10*	*C10*					*H1, H2*

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f. Create a child and youth impact statement to evaluate all proposed legislation appropriations and program proposals with the goal of outcomes and eliminating the potential for unintended consequences maximizing positive	*A8*							
2. Ensure that all children live in permanent, safe and nurturing environments						*F1, F2*		
a. Establish mechanisms and strategies to support families in providing for the optimal growth and development of their children and youth		*B2,B3,B9*	*C1-C6, C8, C9*	*D1*				
b. Promote the creation and maintenance of an integrated prevention framework that enables local communities, state agencies and organizations to collaborate to implement efficient and properly applied evidence-based child abuse prevention practices		*B1,B2,B3, B5,B7,B8, B9*	*C2-C4*	*D2*	*E3, E6*			
c. Develop structures to ensure children have adequate representation to receive the services that are in their best interest, including through a guardian ad litem and an attorney when needed effective legal representation		*B7, B9*						

In using the crosswalk, the letters and numbers included in the crosswalk table refer to the corresponding number from Section II. As an example, DJJ Blueprint Panel (second column from left) cross references with Strategic Plan Goal #1, Objective a (3rd row from top) corresponds to recommendations A3, A4, & A8 (see pages 5 & 6 of this report). Please note that some reports included herein did not allow for specific cross referencing to strategic planning objectives, in which case the recommendation is referenced in the crosswalk with the strategic goal. **CYC Strategic Plan Goals & Objectives**	**DJJ Blueprint Commiss.**	**Child Abuse Death Review**	**Florida Child Abuse & Prevention**	**Task Force Child Protec-tion**	**Child Abuse, Abandon-ment & Neglect**	**Inclusion NOW**	**Analysis of Persons with Disabilities**	**Early Childhood Systems Analysis**
d. Identify and implement policies to increase youth success and decrease the number of children entering the juvenile justice and criminal justice system			*C1, C4*					
e. Support environmental and policy improvements to reduce the risk of child injury, acquired disease and disease exacerbation		*B3,B4,B6,B7 B8*						
3. Ensure that all children in Florida have access to high-quality preventative, primary, specialty and long-term healthcare					*E1, E13, E12*			
a. Promote the development of a culturally-competent and comprehensive system of quality health care and medical home services, including prevention; prenatal; early and continued developmental, mental and behavioral screening and diagnosis; early intervention and on-going treatment	*A5, A6*		*C5, C6*		*E5, E10, E11, E16-E20*			
b. Identify and implement policies to support access to affordable health insurance for all children	*A5, A6*				*E4*			
c. Develop opportunities for child, youth and family health education and injury	*A3, A5, A6*	*B2*	*C1, C4-C6*		*E1*			
d. Support the transitioning of adolescents into adult health care, especially those with special needs								

In using the crosswalk, the letters and numbers included in the crosswalk table refer to the corresponding number from Section II. As an example, DJJ Blueprint Panel (second column from left) cross references with Strategic Plan Goal #1, Objective a (3rd row from top) corresponds to recommendations A3, A4, & A8 (see pages 5 & 6 of this report). Please note that some reports included herein did not allow for specific cross referencing to strategic planning objectives, in which case the recommendation is referenced in the crosswalk with the strategic goal. **CYC Strategic Plan Goals & Objectives**	DJJ Blueprint Commiss.	Child Abuse Death Review	Florida Child Abuse & Prevention	Task Force Child Protec-tion	Child Abuse, Abandon-ment & Neglect	Inclusion NOW	Analysis of Persons with Disabilities	Early Childhood Systems Analysis
4. Assure high-quality, seamless, research-based education and learning opportunities for all children					E1,E8, E9, E10, E20, E21	F5, F6		
a. Support policies and practices to increase high quality early learning environments for children birth through age three	*A3, A7*		*C1*		*E7*	*F4*		
b. Identify and implement strategies to improve Florida's Voluntary Pre-kindergarten Education Program						*F3*		
c. Build opportunities for service coordination and improvements to Florida's K-20 Education System	*A3, A7, A9*		*C11*		*E7, E14, E15*		*G3*	*H3, H4*
d. Create transition mechanisms between education and learning entities and systems			*C11*				*G3*	
5. Build, allocate and align sufficient resources and functions to meet the goals set forth by the Children and Youth Cabinet						*F5*		*H1*
a. Develop public awareness and partnerships to benefit all children and youth	*A1, A3, A4*	*B4*	*C7, C1*		*E2*			
b. Establish annual Revenue Estimating Conference for children's funding								

In using the crosswalk, the letters and numbers included in the crosswalk table refer to the corresponding number from Section II. As an example, DJJ Blueprint Panel (second column from left) cross references with Strategic Plan Goal #1, Objective a (3rd row from top) corresponds to recommendations A3, A4, & A8 (see pages 5 & 6 of this report). Please note that some reports included herein did not allow for specific cross referencing to strategic planning objectives, in which case the recommendation is referenced in the crosswalk with the strategic goal. **CYC Strategic Plan Goals & Objectives**	DJJ Blueprint Commiss.	Child Abuse Death Review	Florida Child Abuse & Prevention	Task Force Child Protec-tion	Child Abuse, Abandon-ment & Neglect	Inclusion NOW	Analysis of Persons with Disabilities	Early Childhood Systems Analysis
c. Identify gaps and resources required to meet the health, safety, educational and support needs of children and their families	*A5, A6*	*B2, B5,B4, B7, B8, B9*						

III. Review of Strategic Plan Crosswalk

In 2007, Governor Charlie Crist and the Florida legislature passed the Children and Youth Cabinet (FCYC) Act to promote a coordinated and comprehensive continuum of care, inclusive of all agencies and programs that touch the lives of Florida's children and youth. In working towards achieving this overarching goal, the Committee on Commissions, Councils and Report

Recommendations requested the development of a "matrix" representing the intersection between the FCYC Strategic Plan Goals and Objectives and the various entities that have made recommendations for children and youth services to the Florida legislature. This crosswalk has been developed as one of the primary efforts of this committee to begin the establishment of a comprehensive continuum of care for children and youth services in the state of Florida. The goal of this initial crosswalk is twofold. First, we sought to identify major statewide initiatives employed by various commissions, councils, and task forces whose goals paralleled those in the FCYC Strategic Plan. Secondly, we identified gaps – whether in our lack of inclusion in this report or in the lack of the provision of services – to serve as a basis for the development of a comprehensive continuum of care for children and youth services.

This report includes recommendations that were made to the Florida legislature between 2007 and 2008.   This report is not inclusive of all recommendations received or reviewed by the Florida legislature, but instead includes only those recommendations which demonstrate direct relevance to the Strategic Plan Goals and Objectives of FCYC. This crosswalk establishes a template for the inclusion of future recommendations at the state and county-level.

Respectfully Submitted,

Dick Batchelor
Chairman,
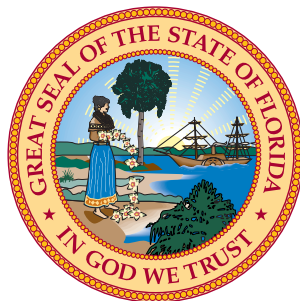Commissions, Councils and Report Recommendations Committee

This report provided to the Florida Children and Youth Cabinet by the:

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