

Governor's Office of Adoption and Child Protection

2013 Annual Report



December 31, 2013



Rick Scott
GOVERNOR

STATE OF FLORIDA
Office of the Governor

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December 31, 2013

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 Annual Report of the Governor's Office of Adoption and Child Protection. The purpose of the Office is to establish a comprehensive statewide approach for the promotion of adoption, support for adoptive families and prevention of child abuse, abandonment and neglect. In addition, the Office provides administrative support to the Florida Children and Youth Cabinet and the Florida Faith-Based and Community-Based Advisory Council.

As directed by Florida Statutes, Section 39.001, this annual report provides an update of the activities of the Office, an update on the *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015*, and a summary of data pertaining to adoption rates and child abuse and neglect. It also includes recommendations by state agencies for the prevention of child abuse and neglect, the promotion of adoption and support of adoptive families.

The Governor's Office of Adoption and Child Protection has collaborated with state agencies and many community and local organizations to advance its work in these areas. While there is still more work needed, the information below provides a snapshot of information contained within this report:

- Spoke and presented information on the functions and initiatives of the Office at national, state and regional conferences and meetings.
- Created new partnerships with businesses and organizations to increase awareness on topics to include National Human Trafficking Awareness Month, Pinwheels for Prevention (Child Abuse Prevention Month) and National Adoption Month.
- Facilitated connections with faith-based and community-based organizations to support the efforts of the State.
- Conducted surveys to assess opportunities to refine, improve and strengthen efforts towards achievement of state targets for the promotion of adoption, support for adoptive families and prevention of child abuse, abandonment, and neglect.
- Led and participated in various workgroups/committees to improve processes, coordinate efforts and support state agency activities.
- Served on multiple coordinating bodies designed to improve outcomes for children, youth and families.

With few state resources with which to work, the Governor's Office of Adoption and Child Protection has utilized various approaches to fulfill statutory requirements and support state initiatives and activities. The staff members of the Office are to be commended for their selfless efforts to improve outcomes for children, youth and families in our State. Our gratitude goes out to Governor Rick Scott and First Lady Ann Scott for their leadership, support and dedication to the vision that Florida is a place where children and families can thrive.

We appreciate your willingness to review the information in this report. We hope you will use it to make decisions that will safeguard and improve the lives of children and families across the state.

Sincerely,

Handwritten signature of Zackary Gibson in cursive.

Zackary Gibson
Florida's Chief Child Advocate
Director, Governor's Office of Adoption and Child Protection

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Part 1 – SUMMARY OF ACTIVITIES

Governor’s Office of Adoption and Child Protection

On June 12, 2007, the bill creating the Office of Adoption and Child Protection (Office), within the Executive Office of the Governor, was signed into law. The duties and responsibilities of the Office are enshrined in Section 39.001, Florida Statutes (§39.001, F.S.). The Office was created for the purpose of establishing, implementing, and monitoring a cross-agency comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect. In addition, the Office provided administrative support to the Florida Children and Youth Cabinet as outlined in Section 402.56, Florida Statutes (§402.56, F.S.) and the Florida Faith-Based and Community-Based Advisory Council as outlined in Section 14.31, Florida Statutes (§14.31, F.S.).

The Office worked diligently to advance the efforts of all three statutory requirements and state agencies through a servant leadership approach. As of December 2013, the Office has a dedicated staff of two full-time employees: Zackary Gibson (Chief Child Advocate and Director) and Christina Pacelle, MSW (Special Projects Manager), and one part-time employee: Frenchie Yon (Program Support). The Office also has two volunteer advocate positions: Advocate for Foster Care and Adoption – Currently Vacant (formerly held by Tanya Wilkins, RN, BSN), and Advocate Against Human Trafficking – Deborah Polston. To assist with the many tasks of the Office, student interns provided support throughout the spring, summer, and fall semesters of 2013. Together, this team has the passion and desire to work collaboratively with state agency leaders to support efforts that increase awareness and improve programs and services to achieve desired outcomes for children, youth and families.

Chief Child Advocate and Director

On matters that relate to the prevention of child abuse, abandonment and neglect, the promotion of adoption, and the support of adoptive families as defined in §39.001(8)(b), F.S. the duties and responsibilities of the Chief Child Advocate and Director include acting as the Governor’s liaison with state agencies and other state governments, working to secure funding and other support, developing strategic programs and funding initiatives, assisting in rule development, and developing public awareness campaigns.



The Chief Child Advocate and Director serves on the following coordinating bodies:

- *Child Abuse Prevention and Permanency Advisory Council*
- *Florida Children and Youth Cabinet*
- *Interstate Compact on Educational Opportunity for Military Children*
- *State Advisory Council on Early Education and Care* (through October 2013)
- *Statewide Child Abuse Death Review Committee*

Throughout 2013, the Chief Child Advocate and Director provided outreach to other state contacts to identify topics, strategies, and approaches Florida could consider to improve outcomes by children, youth, and families. A variety of foundation and federal grant opportunities were reviewed for the Office and forwarded to state agency contacts for consideration. Communication with various departments and program offices within state agencies occurred to discuss strategic development, opportunities for interagency collaboration, and availability to assist and support efforts, including rule development.

The Chief Child Advocate and Director spoke and presented information at the following events to increase the awareness of Office functions and initiatives:

- *21st Century Community Learning Centers State Conference (Orlando, FL)*
- *Angels Against Abuse – Advocacy Expo (St. Petersburg, FL)*
- *Forum for Youth Investment National Conference (Atlanta, GA)*
- *Gubernatorial Fellows Meeting (Tallahassee, FL)*
- *Local Adoption Events (Daytona Beach, FL and Tallahassee, FL)*
- *Prevent Child Abuse America Conference (Jacksonville, FL)*
- *National One Church One Child Conference (Tampa, FL)*
- *Statewide Adoption Celebration Event (Clearwater, FL)*



Angels



The Chief Child Advocate and Director established partnerships on behalf of the Office to assist in raising awareness of Human Trafficking, Child Abuse Prevention, and National Adoption Months. These partnerships include:



Comcast Cable – Aired an *Explore Adoption* public service announcement in support of National Adoption Month throughout Comcast affiliated markets in Florida during November and December 2013.

Florida Agriculture and Mechanical University (FAMU) – Supported National Adoption Month by having youth in foster care attend the Delaware State football game. Youth received FAMU apparel, went onto the field with football players at the start of the game, and were recognized during halftime activities. National Adoption Month was recognized on multiple occasions by the public address announcer and during the in-game radio broadcast. FAMU provided space within the stadium to display the *Explore Adoption* booth where staff and information were available to interested individuals.



Florida League of Cities – Mayor Relations – Assisted in disseminating information and materials to Mayors throughout Florida in support of Human Trafficking Awareness, Child Abuse Prevention and National Adoption Months. This resulted in cities and towns creating proclamations in support of these awareness efforts.



Florida Police Chiefs Association – Assisted in disseminating information and materials to their members throughout Florida in support of Human Trafficking Awareness, Child Abuse Prevention and National Adoption Months. This resulted in the creation of proclamations in support of these awareness efforts, as well as support identified through the association’s Facebook page and the display of the *Explore Adoption* banner on their webpage at <http://www.fpca.com/>.

Scholastic – Provided age appropriate books to children and youth attending the Governor and First Lady’s Easter Egg Hunt event and to the Department of Children and Families through their *Partners for Promise* initiative.



Starbucks of Northwest Florida – Assisted in raising awareness of National Adoption Month by displaying Heart Gallery photos of children available for adoption without an identified family at twelve local store locations in Panama City and Tallahassee. Each location featured children during November and December 2013.



WCTV – Featured children available for adoption without an identified family on air and through their website. During the month of November, the station aired older children, sibling groups, or medically involved children each week and committed to featuring this population monthly throughout 2014.



More information can be found at <http://www.wctv.tv/community/wctvcares>.

Advocate for Foster Care and Adoption

Tanya Wilkins, RN, BSN, served as the Advocate for Foster Care and Adoption in the Governor's Office of Adoption and Child Protection from January – September 2013. In partnership with the Department of Children and Families, she led the efforts for the Fostering Florida's Future initiative, which sought to recruit 1,200 new, quality foster parents throughout Florida. Mrs. Wilkins supported the work of the Governor's Office of Adoption and Child Protection by facilitating connections with local, statewide, and national organizations to improve the lives of children, youth, and families in Florida. To raise the awareness of the needs of Florida's foster care and adoption programs, Mrs. Wilkins spoke at state and national venues to numerous audiences, including civic groups, faith communities, and business organizations, as well as print and broadcast media.



Advocate Against Human Trafficking



In November 2012, Governor Rick Scott appointed Deborah Polston as the Advocate Against Human Trafficking, serving out of the Governor's Office of Adoption and Child Protection. January was Human Trafficking Awareness Month and Mrs. Polston was involved in several activities to raise the awareness. She participated in a press conference in the Capitol with the Secretaries of the Department of Children and Families and Juvenile Justice, the Directors of the Agency for Persons with Disabilities and the Governor's Office of Adoption and Child Protection. The state agencies collaborated to hand out blue ribbons on cards that were given to legislators as well as other state agency leadership. Mrs. Polston also collaborated with the Florida League of Cities and League of Mayors to encourage local communities to issue proclamations promoting Human Trafficking Awareness Month.

Mrs. Polston recommended to the Florida Department of Law Enforcement/ Fusion Center to have a Human Trafficking Law Enforcement Coordinator in seven regions around the state, with Tallahassee Fusion Center as the headquarters. Florida Department of Law Enforcement implemented the recommendations, and set up seven human trafficking Intel Squads around the State in October 2013. Tallahassee's Fusion Center serves as the human trafficking headquarters.

Throughout 2013 Mrs. Polston collaborated with the Departments of Children and Families, Juvenile Justice, Business Professional and Regulation, Education, as well as the Agency for Persons with Disabilities on behalf of the Governor's Office of Adoption and Child Protection to facilitate conversations in the local regions and communities to identify and combat human trafficking. Mrs. Polston developed the Battle Against Human Trafficking Initiative, and set up War Rooms in each region where regional leaders and federal, state and local law enforcement were brought together to discuss and examine the human trafficking work being done through prevention, protection, prosecution and partnering. Every state department involved in this initiative has a report from each region in the state. Domestic child exploitation, domestic adult exploitation, and labor trafficking, including farm labor and business labor were all discussed.

The Battle Against Human Trafficking Initiative is ending up the grassroots efforts and first phase. The second phase of the initiative involves a State Human Trafficking Awareness Campaign and Youth Campaign. Mrs. Polston serves on the United States Attorney's Human Trafficking Taskforce and Public Awareness Workgroup. The workgroup is currently looking into implementing a statewide campaign to continue raising awareness about human trafficking.

In addition to the information provided above, below are a few highlights of Mrs. Polston's work in 2013:

- Spoke and presented to numerous groups of relevant and interested organizations within and outside of Florida.
- Featured in the *Tallahassee Women Magazine*, highlighting her work as Florida's Human Trafficking Advocate.
- Attended Governor Scott's bill signing of the new Human Trafficking legislation passed in the 2013 Legislative Session. The new legislation allows victims of trafficking to have convictions of trafficking-related crimes to have their record cleared and for alleged victims to submit a written statement in place of testimony.
- Spoke on Human Trafficking at: Florida State University, Troy University, Tallahassee Community College, Broward College, National Faith Symposium, Department of Education Teacher's Training, Florida Bar Convention, Florida Association of School Superintendents, Florida Baptist Pastor's Conference, and National Children's Homes Director's Conference.
- Led discussions in Locking Arms Meetings across the state, with regional wrap-around service providers, discussing the best ways to serve and care for the victims of human trafficking.
- Spoke and led the Regional Shining the Light Events across the State with all the Human Trafficking non-governmental organizations, advocacy groups, college campus groups, and faith based groups.

Office Activities

The Office planned, staffed, and supported activities throughout 2013 to fulfill statutory requirements for Florida's Five Year Prevention and Permanency Plan, Florida Children and Youth Cabinet, and Florida Faith-Based and Community-Based Advisory Council. In addition, the Office participated on a various committees, workgroups and teams to advance the work of the state. The information below summarizes Office efforts with additional information on adoption provided on Page 9 and Florida's Five-Year Prevention and Permanency Plan provided on Page 14.

Florida's Five Year Prevention and Permanency Plan

- Convened dedicated staff from the Department of Children and Families, Department of Health and Ounce of Prevention Fund of Florida to discuss and assess the existing Local Planning Team structure, membership and identify opportunities to improve and strengthen the local efforts to reduce child maltreatment, promote adoption and support adoptive families. Communicated the availability of these staff to assist Local Planning Teams.
- Disseminated a needs assessment survey to identify the strengths and challenges of Local Planning Team structures. Results were provided to Local Planning Team leads and will be used by the Child Abuse Prevention and Permanency Advisory Council to guide and develop a framework to support local efforts during 2014 and create targets for a new plan effective July 1, 2015.
- Identified and disseminated a list of over 30 data elements that are contributing or resulting factors of child maltreatment. The information captured the most current data available for each element and was aggregated into county and statewide listings to enable Local Planning Teams to assess their county and circuit performance compared to other counties and the state, and to identify areas of future focus.
- Encouraged flexibility by allowing Local Planning Teams to integrate with other group meetings with similar personnel to minimize travel and potential duplicative efforts. While flexibility is encouraged, circuit and state level targets for the reduction of child maltreatment, promotion of adoption and support for adoptive families must be standing items on meeting agendas.
- Requested for meeting schedules and summary of meeting discussions to be provided for posting on the Office's website.
- Continued monthly conference calls to provide informational updates from the Florida Children and Youth Cabinet, Florida Faith-Based and Community-Based Advisory Council, and statewide initiatives and awareness events.

Florida Children and Youth Cabinet (Cabinet)

- Planned, staffed and supported four required Cabinet meetings throughout the state.
- Facilitated connections between meeting location contacts and the Florida Channel to televise meetings.
- Supported and participated on six Cabinet workgroups and initiatives identified by the Cabinet.
- Identified prospective candidates and encouraged them to apply for consideration to become a member of the Cabinet.
- Coordinated presentations from local organizations on their efforts to improve outcomes for children and youth.
- Created *Cabinet Crosswalks* to show alignment of Cabinet workgroups to Cabinet headline indicators and Cabinet strategic plan. These crosswalks were introduced during the April 2013 Cabinet meeting and have been provided at each Cabinet meeting for members since.
- Coordinated the Teens Only Town Hall event with the Florida Youth Commission.
- Provided direction to the Florida Youth Commission by recommending projects for youth commission consideration and action. The Office will continue to provide leadership and guidance to the Florida Youth Commission as the previous organization is no longer able to support these efforts.
- Worked with interim Chairman Alan Abramowitz to present an award to the Naples Community Foundation in recognition of their efforts to improve the lives and outcomes of children and youth in southwest Florida.

Florida Faith-Based and Community-Based Advisory Council (Council)

- Planned, staffed and supported four required Council meetings throughout the state.
- Supported and participated on six Council workgroups.
- Worked with the Appointments Offices for the Governor, Senate President, and Speaker of the House to have prospective candidates appointed to the Council.
- Increased attendance and participation at Council meetings that resulted in sufficient number of members to hold a quorum.
- Developed and introduced a vision and mission statement for the Council and associated workgroups to support state agency efforts and initiatives.
- Worked with Council members to develop criteria for and review nominations for the *Champions of Hope* award which recognizes faith-based organizations for their work in supporting efforts of the Department of Children and Families and Department of Juvenile Justice.
- Introduced a framework for creating a communication and support structure that can connect faith and community organizations with state efforts

Adoption Workgroup – Led the effort in collaboration with the Department of Children and Families, Guardian ad Litem, Florida State Courts, Adoption Information Center, an adoption supervisor, and an adoptive parent to assess opportunities to refine, improve, and strengthen processes and approaches to further solidify Florida as a national leader in foster care adoptions. Efforts of the workgroup included development of need assessment surveys related to the adoption process and post adoption services, assessment of the *30 Days of Amazing Children: Explore Adoption!* campaign, and an initial review of adoption timeframes from the judicial perspective. Through the leadership on the workgroup, location selection to conduct the statewide celebration event and planning for public awareness activities and partner engagement during National Adoption Month occurred.

Child Abuse Prevention Month Planning Committee – Worked with the Department of Children and Families and the Ounce of Prevention Fund of Florida to raise awareness through the national Pinwheels for Prevention campaign. Efforts included dissemination of letters and emails to seek the creation of proclamations and identification of local awareness events and activities, development of informational cards with lapel pins distributed to all 160 legislators, the Florida Children and Youth Cabinet, and the Florida Faith-Based and Community-Based Advisory Council. Also coordinated a celebration event held at the Governor’s Mansion where the DCF Secretary, Advocate for Foster Care and Adoption, Executive Director of Prevent Child Abuse Florida, and community partners spoke of the importance of healthy child development.



Child Care Development Fund Subcommittee – Assisted the Office of Early Learning develop information for their grant application on how the state of Florida will ensure the affordability, availability, and quality of child care. The grant application submitted to the Administration for Children and Families and was awarded in October 2013.

Faith Symposium Planning Committee – Supported the Department of Children and Families and Department of Juvenile Justice representatives on planning activities, disseminated information to encourage registration and participation during the symposium, and worked with members of the Florida Faith-Based and Community-Based Advisory Council to establish nomination criteria, review, and selection of faith-based organizations to receive the first annual *Champions of Hope* awards. In addition, secured a video welcome message from the Governor, identified Council members to offer invocations, and facilitate break-out sessions throughout the symposium.



Representative Dennis Baxley, Florida Faith-Based and Community-Based Advisory Council members, Governor’s Office of Adoption and Child Protection staff, award nominees, and winners of the first annual Champions of Hope award.

Florida Mentoring Partnership – Coordinated collaborative meetings with the Department of Education, Volunteer Florida, and Leon County Schools to launch the *Florida Mentors* initiative with the goal of registering 500 new volunteers to mentor children attending schools within Leon County. Participated in the planning process to disseminate information to all state agencies to encourage participation and identification of a Mentor Contact, identification of partner organizations, participated in the Mentor Contact training, and served as the point of contact for the Executive Office of the Governor.

Human Trafficking Awareness Month Planning Committee – Worked with the Agency for Persons with Disabilities, Department of Children and Families, and Department of Juvenile Justice representatives, and the Advocate Against Human Trafficking to plan and implement a public awareness campaign on Human Trafficking. Efforts included dissemination of letters and emails to seek the creation of proclamations and identification of local awareness events and activities, developed informational cards distributed to all 160 legislators, the Florida Children and Youth Cabinet, and Mayors throughout the state. Also coordinated a human trafficking press conference held in the Capitol Rotunda.



Office of Healthy Schools- Department of Education – Worked with the Office of Healthy Schools to incorporate human trafficking information and education as part of their Summer Academy training to teachers. Worked with the Advocate Against Human Trafficking, and representatives from the Department of Children and Families and Department of Juvenile Justice to collaborate with the Office of Healthy Schools to develop and review human trafficking information and education included as part of Florida’s Sexual Health Education Community Outreach Toolkit. Provided a letter of commitment for the Office of Healthy Schools’ grant application to the Centers for Disease Control titled, “Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance” that was awarded in 2013.



Explore Adoption



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 children who are in Florida's foster care system. After extensive research, statewide surveys and focus groups during the design phase, *Explore Adoption* was launched in May 2008. The campaign ran through December 2008, winning many state and national awards, including an EMMY and three ADDYs. The Governor's Office of Adoption and Child Protection has continued to promote public adoption through *Explore Adoption* while utilizing social media. For more information, please visit www.adoptflorida.org, call 1-800-96-ADOPT, or follow @ExploreAdoption on Twitter.

Governor Rick Scott and First Lady Ann Scott support public adoption and want every child to have their own loving, permanent family. In 2013 the Governor and First Lady sent congratulatory letters to families that have adopted children from foster care. Additionally, every month the First Lady introduced the new Child or Sibling Group of the Month featured on the *Explore Adoption* website, www.adoptflorida.org.

Credit for Florida's adoption successes is shared by many committed partners, including the *Explore Adoption* campaign, the Governor's Office of Adoption and Child Protection, the Department of Children and Families, Community Based Care Lead Agencies, local adoption providers, Adoption Information Center, Heart Galleries, and many others. During 2013 the Office and the Department of Children and Families partnered together to continue to raise the awareness of foster care adoption in Florida and to expand *Explore Adoption's* social media footprint.

In 2013, there were 325,025 visitors to the *Explore Adoption* site as of December 19, 2013, with 206,050 unique visitors (63.4%). Throughout 2013 the Child Search page had over 480,000 webpage views, more than any other page on the website. This is an increase of 29% compared to 2012. The type of child most searched were sibling groups, ages 0 – 17, with no maximum siblings.

The Office hosted *Explore Adoption* exhibits at the 2013 Department of Children and Families Summit, National Faith Symposium, Christian Alliance for Orphans Summit, and both Adoption Information Center Conferences. *Explore Adoption* marketing materials and *Our Adoption Journey* handbooks were distributed to participants during the events. The Office also hosted the *Explore Adoption* exhibit at the National Day of Prayer in Tallahassee, and the Governor and First Lady's Easter Egg Hunt at the Governor's Mansion.

Black History Month Campaign – 28 Days of Amazing African American Children

To celebrate Black History Month, Florida launched a public awareness campaign in February 2013 called *28 Days of Amazing African American Children*. Each day in February a different African American child or sibling group available for adoption without an identified was featured on the *Explore Adoption* website, www.adoptflorida.org. Florida also featured families who adopted African American children on the Family Stories section. Additionally, African American children available for adoption without an identified family were featured through Heart Gallery portraits at the Department of Children and Families Black History Month event at the Old Capitol Building in Tallahassee.

National Adoption Month

To celebrate National Adoption Month in Florida, Governor Rick Scott signed a proclamation declaring November 2013 as Florida Adoption Month. An opinion-editorial was authored by First Lady Ann Scott highlighting the joys of adoption.

During National Adoption Month the *Explore Adoption* website saw 31,496 visits, including 19,618 (62.29%) new visitors. Compared with November 2012, there was an 11.94% increase in total visits, while the percentage of new visits dropped by 4.42%. This, coupled with the fact that the number of new visits increased, could mean that the site is keeping new visitors interested while continuing to be more publicized. The average pages viewed per visitor was 7.91, with new visitors viewing roughly 8.44 pages per visit and returning visitors only viewing 7.03 pages per visit.



Governor's Cabinet Meeting

On Tuesday, November 19, 2013 the Governor's Cabinet issued a Resolution stating that Saturday, November 23, 2013 was National Adoption Day in Florida. Florida's Chief Child Advocate Zackary Gibson provided the Governor and Cabinet members a status update of adoption in Florida, and what the Office, Department of Children and Families, and other committed partners were doing to continue the work. Additionally, Davion Only, a young man who grew up in the foster care system and made national headlines when he went to church asked for someone to consider adopting him has been available for adoption shared his experiences and thoughts with the Cabinet members.



30 Days of Amazing Children: Explore Adoption!

30 Days of Amazing Children: Explore Adoption! was Florida's National Adoption Month awareness campaign in 2013. Over 300 children joined their forever families during November 2013. Florida featured over 100 children throughout November in videos and heart gallery

pictures. Each of the children featured were available for adoption without identified families.

On November 1, 2013 Governor and First Lady Scott launched a video message about National Adoption Month in Florida. This video encouraged Floridians to learn about the joys of adoption and to consider making a difference in the life of a child by becoming their permanent family. The video could be found on both the *Explore Adoption* website and Department of Children and Families video page, and was viewed by thousands of people throughout Florida and the nation.

E-mails were sent to partners throughout the state encouraging them to *Explore Adoption* and share the information with friends, families, and colleagues. Additionally, blog posts were featured by several families that adopted children from foster care in Florida and tweets were sent out by both *Explore Adoption* and Department of Children and Families Twitter handles.

Website

Customer service and providing quality, easy to access information is vital to the Office. During 2013, the Office staff reviewed all web pages connected to the Office, and streamlined the layout, initiatives,

and pages. When a citizen would like information about a specific initiative they can either visit the direct site, or visit the Office's main page (www.flgov.com/child_advocacy) and click on the initiative's name.

As of 2013, membership for both the Florida Faith-Based and Community-Based Advisory Council and Florida Children and Youth Cabinet are posted on their web pages. All meeting notices and materials for the Florida Children and Youth Cabinet, Florida Faith-Based and Community-Based Advisory Council, and Local Planning Team meetings are posted to the Office's website. Additionally, the Office supports the Governor's Office of Information Systems by ensuring all materials to be posted on the web are compliant with the American Disabilities Act.

Constituent Support and Assistance

The Governor's Office of Adoption and Child Protection has become well known to Floridians and as such is seen as a resource to those seeking help and assistance. The Office worked with the Governor's Office of Citizen Services and the Department of Children and Families in responding effectively to Floridians who have challenges and concerns about the Florida child welfare system. The three offices worked collaboratively to coordinate their resources and collective knowledge bases.

Intern Support

Throughout 2013, the Office has been fortunate to have several undergraduate student interns to learn about and work within child welfare and state government. Through the leadership of the Special Projects Manager, student interns were utilized during the spring, summer and fall semesters of 2013 to provide the following support:

Spring Intern Responsibilities

- Analyzed and summarized the Local Planning Teams' barriers, state, and legislative requests from their five-year plans.
- Analyzed and summarized the status of the Safe Harbor Plan for each region.
- Assisted in preparing for Florida Faith-Based and Community-Based Advisory Council and Florida Children and Youth Cabinet meetings.
- Created brief biographies with pictures of the Faith-Based and Community-Based Advisory Council members to be posted on their website.
- Drafted tweets for the *Explore Adoption* twitter account.
- Organized and began the process to archive office files.
- Prepared a draft layout for the Office's website.
- Reviewed the Child Search database on the *Explore Adoption* website to identify inconsistencies and grammatical errors in the children's biographies that was provided to the Department of Children and Families.
- Set up and supported the Black History Month Event at the Old Capitol and the Governor and First Lady's Easter Egg Hunt at the Governor's Mansion.

Summer Intern Responsibilities

- Analyzed and summarized attendee survey responses from the Adoption Information Center's conferences.
- Analyzed the *30 Days of Amazing Children* results since its inception.
- Created a list of Heart Gallery leads and their contact information.
- Created an initial point of contact list for faith-based organizations.
- Drafted notes from a faith-based meeting.
- Drafted tweets for the *Explore Adoption* twitter account.
- Finalized archiving office files.
- Identified county level data for over 30 community indicator for Local Planning Teams.
- Reviewed the Child Search database on the *Explore Adoption* website to identify inconsistencies in the children's biographies which was provided to the Department of Children and Families.
- Summarized and analyzed needs assessment survey results from Post Adoption Services Counselors at a meeting prior to the Adoption Information Center Conference in May.

Fall Intern Responsibilities

- Analyzed data provided by the Department of Children and Families for the data section of the 2013 annual report.
- Analyzed Local Planning Team needs assessment survey responses,
- Analyzed website data for the *Explore Adoption* website throughout 2013, the Black History Month initiative, *28 Days of Amazing African-American Children*; and National Adoption Month initiative, *30 Days of Amazing Children: Explore Adoption!*
- Combined each circuit's priorities, goals and strategies into one document.
- Created a flier promoting National Adoption Month.
- Created draft logos for the Faith-Based and Community-Based Advisory Council.
- Drafted tweets and e-mails for *30 Days of Amazing Children* initiative.
- Ensured all new documents posted to the Office's website were compliant with the American Disabilities Act.
- Posted National Adoption Month events on the *Explore Adoption* calendar.
- Provided tables summarizing attendance for meetings of the Florida Faith-Based and Community-Based Advisory Council.
- Provided transcripts for videos featured on *Explore Adoption* website.
- Researched adoption material to be posted on the *Explore Adoption* website.

Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015

The central focus of *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015* is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children. In accordance with the state law (§39.001, Florida Statutes), the five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

The plan was developed with the guidance and input of 166 planning partners representing 107 organizations and agencies, the 33 member Child Abuse Prevention and Permanency Advisory Council and the Local Planning Teams for the 20 Florida Circuits. The vision, mission, overarching goal are:

Vision

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

Mission

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

Overarching Goal

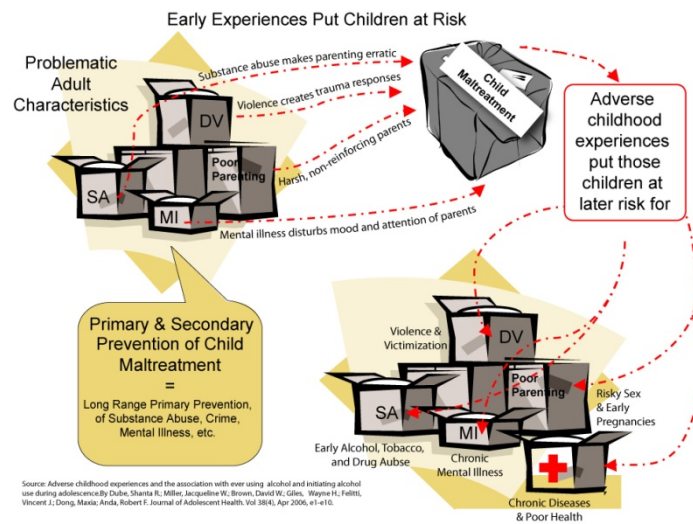
All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Research Guiding Plan Development

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

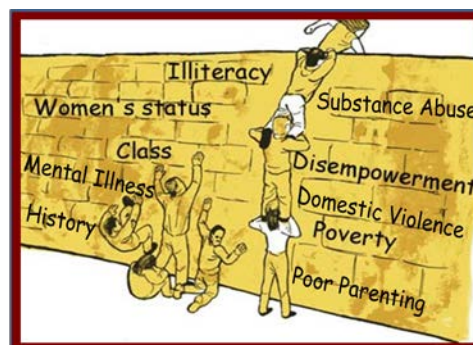
We as a nation, state, and communities are confronted with the problems of child abuse, abandonment and neglect. The Centers for Disease Control have declared child maltreatment to be the largest public health threat that we face today. Early adverse experiences put children at risk. Problematic adult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

Diagram 1. Early Experiences Put Children at Risk



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

Diagram 2. Positive Deviance



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

Strengthening Families – the intentional incorporation of the *Protective Factors* to prevent child maltreatment – has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states, including Florida. 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.

Summary of the Five-Year Prevention and Permanency Plan

The focal point of the five-year plan is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children and become a more stable and strong workforce. In accordance with the state law (§39.001, F.S.), the five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

Through the implementation of 12 strategies with 40 objectives, the five-year plan is the most ambitious and comprehensive low cost/no cost effort in the country crafted to strengthen families and empower communities where children are raised in safe, nurturing homes that support well-being. It is comprehensive and cross-agency focused in all aspects of the prevention of child abuse, abandonment and neglect; the promotion of adoption; and the support of adoptive families. The prevention plan seeks to reduce the rate of verified child abuse findings. This plan also includes the two cooperative child abuse prevention plans: one for education and one for law enforcement. The promotion of adoption plan seeks to reduce the amount of time children wait for permanent and stable homes. The support of adoptive families plan seeks to reduce the number of adopted children who are returned to foster care.

As of December 2013, the five-year plan is in its fourth year of implementation at the state and local levels. Each state objective lead as well as Local Planning Team was requested to submit an annual report providing a status update on their five-year plan. To read these submissions, and for more information about the five-year plan, please visit http://www.flgov.com/child_advocacy.

PART 2 – STATUS OF CHILD MALTREATMENT AND ADOPTIONS IN FLORIDA

Part 2 of this annual report is governed by Subsections 39.001(8)(c)(5) b-d, Florida Statutes (§39.001(8)(c)(5) b-d, F.S.) 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 and Families is the reporting agency for these data. Thus, staff members from the Department of Children and Families provided the data and information included in Part 2 of this report.

The central focus of the *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015* is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children. In accordance with the state law (§39.001, F.S.), the five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families. Below are Florida's desired population-level results after the five-year plan has been completed. Florida is using the data outlined above and governed in Florida Statutes to benchmark the success.

Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015

Desired Population-Level Results of Plan Implementation

- 1. *Child Maltreatment Prevention*** – By June 30, 2015, the verified findings of child abuse rate will be reduced from the State Fiscal Year 2008 – 2009 statewide rate of 10.94 per 1,000 children.
- 2. *Promotion of Adoption*** – By June 30, 2015, the percent of children adopted within 12 months of becoming legally free for adoption will increase from the State Fiscal Year 2008 – 2009 rate of 66.4 percent.
- 3. *Promotion of Adoption*** – By June 30, 2015, 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 State Fiscal Year 2008 – 2009 rate of 53.19 percent.
- 4. *Support of Adoptive Families*** – By June 30, 2015, the annual number of adopted children who are returned to foster care (regardless of when the adoption was finalized) will be reduced from the State Fiscal Year 2008 – 2009 number of 98.

Summary of Child Maltreatment Data

Child maltreatment is an all inclusive term for child abuse, abandonment and neglect. Data was provided by the Department of Children and Families to the Executive Office of the Governor in October 2013 for State Fiscal Year (SFY) 2012 through 2013 (July 1, 2012 – June 30, 2013). These data and information have been aggregated in order to describe the status of child maltreatment in Florida. The data in Chart 1 and Table 1 are based on the official published per capita rate for Florida and are based on data that were extracted during October 2013 specifically for the additional breakdowns to provide for more in-depth reporting and analysis. Therefore the numbers differ slightly because when querying a live data system, used for both case management and reporting, the time lag between different run dates allows for additional data entry and correction.

Status of Child Maltreatment in Florida

State Plan Desired Result 1 – Child Maltreatment Prevention. By June 30, 2015, the verified number of child victims per capita will be reduced from the State Fiscal Year 2008 – 2009 statewide rate of 10.94 per 1,000 children between the ages of birth – 17.

Chart 1. Verified Child Maltreatment Rate (per 1,000)

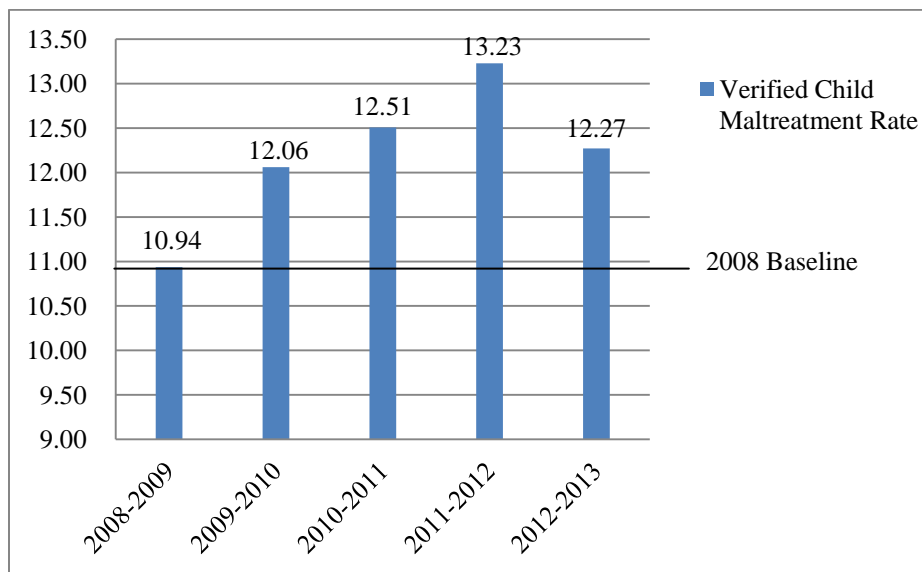
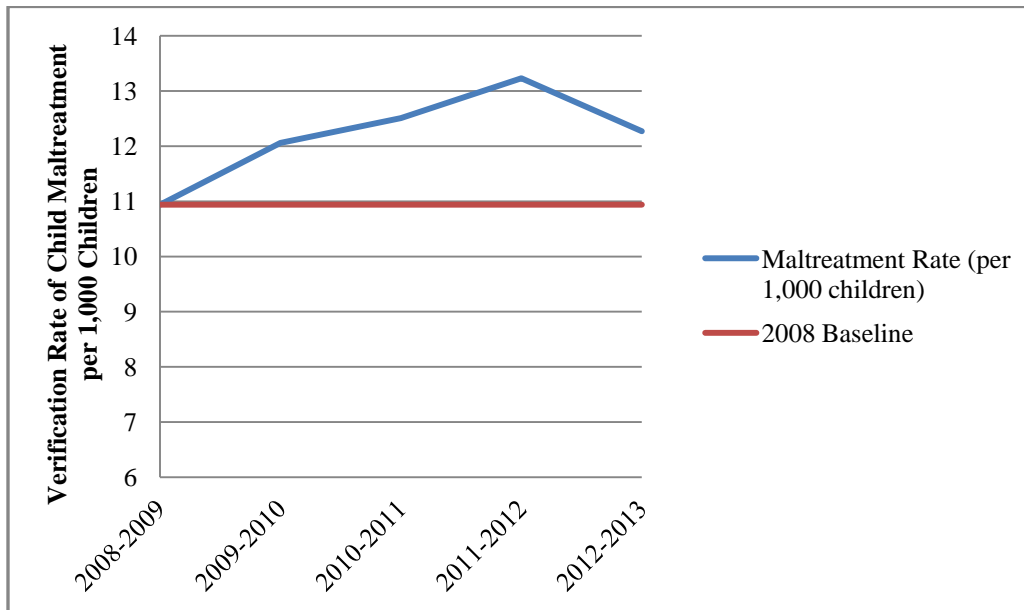


Chart 2. Verified Child Maltreatment Rate (per 1,000)



The Story Behind the Baseline

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

Interaction effects among these and other potential contributing factors may drive performance in directions that, if the factors were changing in isolation, might seem counter-intuitive. External influences that may contribute to a change since the baseline include:

- A tightening of definitions in the allegation matrix, now known as the child maltreatment index.
- Change in terminology for findings of investigations (e.g., “not substantiated” was added and “some indicators” was eliminated).
- Screening hotline calls to divert those that do not meet statutory criteria for investigation toward other Departmental services, increasing the proportion of those that will result in verified findings among those hotline calls that are accepted for investigation.
- Effectiveness of the primary and secondary prevention programs in place (e.g., Florida’s public awareness campaigns, Healthy Families Florida, programs funded by the Children’s Services Councils, Healthy Start, etc.).
- Loss of funding for secondary prevention (e.g., Healthy Families and Healthy Start) may increase the rate of child maltreatment.
- Loss of revenue to Children’s Services Councils which funded primary and secondary prevention programs may increase the rate of child maltreatment.
- Foreseeable stressors:
 - Changes in family living arrangements.
 - Economic losses / unemployment.
 - Increase in adoptions without sufficient post adoption supports.
 - Teen pregnancies and births.
 - Natural and environmental disasters (e.g., oil spill, hurricanes, etc.).

The incidence of child maltreatment is the estimated number of maltreated children in Florida, regardless of the number of children reported as abused. It would be expected that reporting and investigation rates would be low, conservative estimates of the actual abuse incident rates in Florida.

On April 27, 2012, Governor Scott signed into law Florida House Bill 1355. This legislation, referred to as *Protection of Vulnerable Persons*, expands the responsibility to report to include all types of child abuse. Previously, reporting was only required in the instance of caregiver abuse. However, with the enactment of this legislation any “*known or reasonably suspected physical or emotional abuse of a child by any adult person*” is included in that mandate¹. Furthermore, the willing failure to report known instances of child abuse, abandonment, or neglect was raised from a first degree misdemeanor to a third degree felony. The maximum prison sentence was raised from 1 year to 5 years and the maximum fine was raised from \$1,000 to \$5,000.

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 October for State Fiscal Year 2012 – 2013, the hotline accepted calls to commence investigations for **220,816 alleged victims of child maltreatment**.

- This is a **statewide rate of 54.90 alleged victims** per 1,000 children (birth – 17) in Florida.
- Of these commenced investigations, **49,289 (22.32%) resulted in verified findings** of child maltreatment.
- This results in a **statewide victimization rate of 12.27 maltreated children** per 1,000 children (birth – 17) in Florida.

This change is at least partially attributable to the fact that:

- The 0 – 17 year old child population in Florida is *higher than that of the previous fiscal year* (4,016,465 in SFY 2012 – 2013 vs. 4,009,221 in SFY 2011 – 2012).
- The number of alleged victims in commenced investigations is *lower than that of the previous year* (220,816 in SFY 2012-2013 vs. 228,111 in SFY 2011 – 2012).
- The number of children with verified findings is *lower than last year* (49,289 in SFY 2012 – 2013 vs. 53,035 in SFY 2011 – 2012).

Verified Maltreatment

As stated earlier, the rate of children with verified maltreatment was 12.27 during SFY 2012 – 2013. Table 1 on the next page provides the rates statewide and for each of the twenty (20) circuits for SFY 2010 – 2011, 2011 – 2012, and 2012 – 2013. It also shows the changes in the verified maltreatment rates from each circuit in both numbers per 1,000 children as well as the per capita maltreatment rate change.

- Highlighted in green, Table 1 shows that the rate of children with verified maltreatment declined for seventeen (85%) of the circuits and decreased by 7.23% statewide.

¹ Florida Department of Children and Families, *Reporting Abuse of Children and Vulnerable Adults*, p. 2

**Table 1. Rate of Children with Verified Maltreatment
per 1,000 Children in the General Population
July 2010 – June 2011, July 2011 – June 2012, and July 2012 – June 2013**

Circuit	2010 – 2011				2011 – 2012				2012 – 2013				Change from 2011 – 2012 to 2012 – 2013	
	Number Alleged Victims	Number Verified	Total Population	Maltreatment Rate	Number Alleged Victims	Number Verified	Total Population	Maltreatment Rate	Number Alleged Victims	Number Verified	Total Population	Maltreatment Rate	Change per 1,000 Children	Per Capita Maltreatment Rate Change
Circuit 01	12,031	2,879	161,052	17.88	12,171	3,118	153,905	20.26	11,934	2,955	154,809	19.09	-1.17121	-5.78%
Circuit 02	4,549	1,057	79,319	13.33	4,438	1,009	78,797	12.81	4,522	823	78,748	10.45	-2.354	-18.38%
Circuit 03	3,398	794	41,473	19.14	3,224	847	41,054	20.63	3,008	690	40,992	16.83	-3.79881	-18.41%
Circuit 04	17,101	3,782	283,383	13.35	17,601	3,786	268,639	14.09	17,019	3,716	268,638	13.83	-0.26052	-1.85%
Circuit 05	14,625	3,028	191,177	15.84	14,955	3,485	190,201	18.32	14,381	3,241	190,384	17.02	-1.29923	-7.09%
Circuit 06	18,316	5,055	262,114	19.29	17,950	5,271	259,535	20.31	16,934	4,860	258,897	18.77	-1.53746	-7.57%
Circuit 07	12,641	2,421	169,125	14.31	12,068	2,764	173,028	15.97	11,287	2,332	173,404	13.45	-2.52593	-15.81%
Circuit 08	5,632	1,763	77,388	22.78	5,917	1,607	72,122	22.28	5,712	1,570	72,428	21.68	-0.60499	-2.72%
Circuit 09	20,132	4,910	358,055	13.71	20,172	4,607	347,853	13.24	20,049	4,228	351,938	12.0	-1.23062	-9.29%
Circuit 10	11,401	2,063	164,776	12.52	11,434	1,959	167,515	11.69	11,455	1,799	167,919	10.71	-0.98098	-8.39%
Circuit 11	16,799	3,964	591,780	6.70	16,632	3,664	548,848	6.68	15,999	3,754	549,250	6.83	0.158974	+2.38%
Circuit 12	9,114	2,258	133,451	16.92	8,883	2,183	133,777	16.32	8,492	1,8878	133,855	14.10	-2.22086	-13.61%
Circuit 13	14,947	3,019	298,184	10.12	15,096	3,235	297,794	10.86	14,635	3,143	299,512	10.49	-0.36948	-3.40%
Circuit 14	5,433	740	62,669	11.81	5,478	851	61,892	13.75	5,215	943	61,803	15.26	1.508401	+10.97%
Circuit 15	13,553	2,717	271,266	10.02	13,111	2,769	268,495	10.31	12,824	2,641	268,437	9.84	-0.47461	-4.60%
Circuit 16	723	207	13,296	15.57	707	168	10,869	15.46	691	183	10,883	16.82	1.358413	+8.79%
Circuit 17	15,702	4,556	407,498	11.18	16,241	5,215	387,722	13.45	15,484	5,014	386,641	12.97	-0.48226	-3.59%
Circuit 18	12,817	2,504	204,466	12.25	12,424	2,425	202,614	11.97	11,965	1,885	201,548	9.35	-2.61596	-21.86%
Circuit 19	6,446	1,790	120,204	14.89	6,623	1,680	123,144	13.64	6,494	1,337	123,308	10.84	-2.7998	-20.52%
Circuit 20	12,658	2,048	231,065	8.86	12,986	2,392	221,417	10.80	12,716	2,228	223,071	10.26	-0.54632	-5.06%
Statewide	228,018	51,555	4,121,741	12.51	228,111	53,035	4,009,221	13.23	220,816	49,289	4,016,465	12.27	-0.95652	-7.23%

As shown in Chart 3 and Table 2 below, the younger the child, the more vulnerable the child to be maltreated (highlighted in orange in Table 2).

- The highest percentage of children with verified maltreatment during SFY 2012 – 2013 was in the birth to four year old range.
- This was followed by elementary school aged children (5 – 10 years).
- These two age groups make up 37,528 of 49,289 verifications, over 75% of total verifications.
- It should be noted that there is a very small percentage difference between middle school children and high school children with verified maltreatment during SFY 2012 – 2013 (11% vs. 12%).
- All identified age groups decreased between 5% and 8% for verified maltreatment from the previous year.

Chart 3. Unduplicated Counts of Children with Most Serious Finding of Verified Abuse by Age Range, July 2012 – June 2013 Statewide

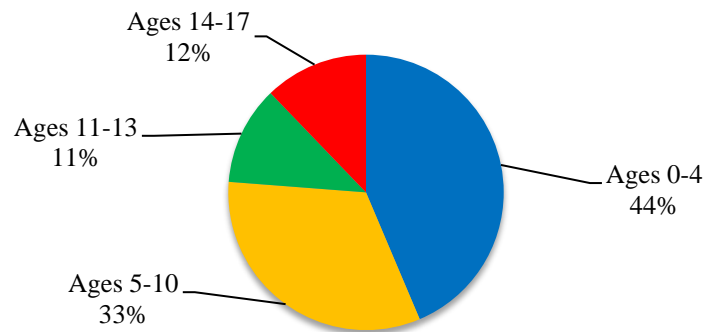


Table 2. Unduplicated Counts of Children with Most Serious Finding of Verified Abuse by Age Range, July 2012 – June 2013 by Circuit

Circuit	Age of Child						Totals
	0 – 4	5 – 10	11 – 13	14 – 17	18+	Unknown	
Circuit 01	1,272	1,004	324	380	0	6	2,986
Circuit 02	324	271	103	125	0	1	824
Circuit 03	273	245	91	78	0	0	687
Circuit 04	1,691	1,140	405	409	0	3	3,648
Circuit 05	1,259	1,070	403	408	0	2	3,142
Circuit 06	2,318	1,571	578	551	0	5	5,023
Circuit 07	1,062	794	306	340	0	3	2,505
Circuit 08	650	505	178	153	1	0	1,487
Circuit 09	1,825	1,303	468	574	1	5	4,176
Circuit 10	813	619	216	248	2	0	1,898
Circuit 11	1,584	1,292	441	495	2	3	3,817
Circuit 12	834	629	256	217	0	0	1,936
Circuit 13	1,431	950	308	306	0	0	2,995
Circuit 14	381	317	120	107	1	0	926
Circuit 15	1,172	943	299	319	2	4	2,739
Circuit 16	82	71	24	21	0	0	198
Circuit 17	2,196	1,482	558	572	1	7	4,816
Circuit 18	796	635	225	256	0	1	1,913
Circuit 19	574	462	153	165	0	0	1,354
Circuit 20	941	747	251	277	0	3	2,219
Statewide	21,478	16,050	5,707	6,001	10	43	49,289
Percent	44%	33%	11%	12%	.0002%	.0008%	100%

Allegations and Investigations of Child Maltreatment

This pattern continues when looking at allegations of child maltreatment. As shown in Chart 4 and Table 3 below, the largest percentage of allegations is for children between the ages of birth and four years old, with the next highest group being ages five to ten years old (highlighted in orange on Table 3).

- These two age groups include 155,724 children who were alleged victims of maltreatment, or 70.5% of all children who were alleged victims.

Chart 4. Age Ranges for Children who were Alleged Victims of Maltreatment (Unduplicated), July 2012 – June 2013 Statewide

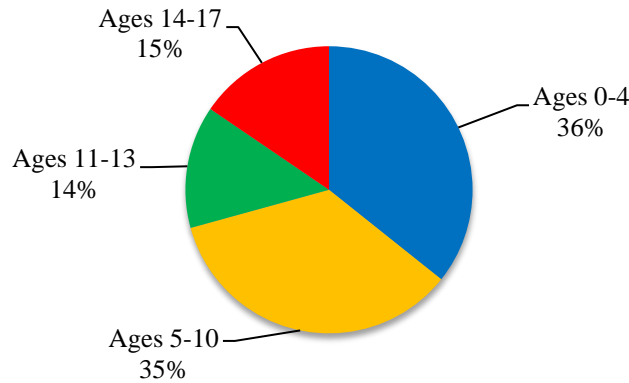


Table 3. Age Ranges for Children who were Alleged Victims of Maltreatment (Unduplicated) for July 2012 – June 2013 by Circuit

Circuit	Age of Child						Totals
	0 – 4	5 – 10	11 – 13	14 – 17	18+	Unknown	
Circuit 01	4,500	4,084	1,589	1,786	5	51	12,015
Circuit 02	1,560	1,567	634	734	1	26	4,522
Circuit 03	1,107	1,098	416	429	1	4	3,055
Circuit 04	6,283	5,768	2,242	2,508	9	45	16,855
Circuit 05	5,000	5,089	1,932	2,123	8	21	14,173
Circuit 06	6,443	5,861	2,371	2,608	5	33	17,321
Circuit 07	4,114	4,084	1,617	1,852	4	26	11,697
Circuit 08	2,153	1,878	714	744	6	6	5,501
Circuit 09	6,767	7,043	2,806	3,254	13	43	19,926
Circuit 10	4,085	4,235	1,615	1,729	10	24	11,698
Circuit 11	5,572	5,504	2,252	2,713	8	56	16,105
Circuit 12	3,113	3,003	1,220	1,244	6	9	8,595
Circuit 13	5,233	4,908	1,932	2,185	6	16	14,280
Circuit 14	1,842	1,820	713	773	2	9	5,159
Circuit 15	4,593	4,621	1,815	1,964	6	32	13,031
Circuit 16	259	261	100	98	1	0	719
Circuit 17	5,478	5,078	2,073	2,407	6	50	15,092
Circuit 18	4,137	4,246	1,630	1,934	11	17	11,975
Circuit 19	2,144	2,440	938	1,019	1	6	6,548
Circuit 20	4,258	4,495	1,765	1,994	5	32	12,549
Statewide	78,641	77,083	30,374	34,098	114	506	220,816
Percent	36%	35%	14%	15%	.0005%	.002%	100%

In Table 4 the highlighted cells in orange show the highest numbers of race, ethnicity, and gender per circuit as well as statewide.

- The largest percentage of children and youth who were alleged victims of maltreatment were white (62.40%), from eighteen circuits.
- For ethnicity, the largest portion was non – Hispanic (82.61%) from every circuit in Florida.

- Investigations were conducted for nearly equal numbers of boys and girls, with only four circuits having more boys than girls.

Table 4. Race, Ethnicity, and Gender of Children who were Alleged Victims of Maltreatment (Unduplicated) July 2012 – June 2013

Circuit	Race				Ethnicity		Gender			Total
	White	Black	Multiracial	Other	Hispanic	Other	Male	Female	Unknown	
Circuit 01	7,917	2,896	524	678	465	11,550	6,024	5,874	117	12,015
Circuit 02	1,839	2,338	93	252	152	4,370	2,256	2,211	55	4,522
Circuit 03	2,245	621	153	36	188	2,867	1,550	1,495	10	3,055
Circuit 04	8,592	6,842	429	992	920	15,935	8,342	8,378	135	16,855
Circuit 05	10,819	2,370	362	622	1,572	12,601	7,146	6,925	102	14,173
Circuit 06	12,181	3,464	866	810	1,780	15,541	8,688	8,522	111	17,321
Circuit 07	8,272	2,431	328	666	985	10,712	5,754	5,852	91	11,697
Circuit 08	3,037	2,065	248	151	267	5,234	2,736	2,743	22	5,501
Circuit 09	11,064	6,944	453	1,465	5,963	13,963	10,072	9,680	174	19,926
Circuit 10	8,053	2,783	324	538	2,144	9,554	5,811	5,814	73	11,698
Circuit 11	7,713	6,923	145	1,324	7,190	8,915	7,827	8,074	204	16,105
Circuit 12	6,174	1,790	291	340	1,654	6,941	4,255	4,300	40	8,595
Circuit 13	8,124	5,213	417	526	3,192	11,088	7,119	7,099	62	14,280
Circuit 14	3,825	896	192	246	185	4,974	2,491	2,628	40	5,159
Circuit 15	6,427	5,559	194	851	2,872	10,159	6,499	6,403	129	13,031
Circuit 16	528	129	32	30	196	523	366	351	2	719
Circuit 17	5,874	7,682	248	1,288	3,015	12,077	7,409	7,509	174	15,092
Circuit 18	8,005	2,888	674	408	1,386	10,589	6,050	5,875	50	11,975
Circuit 19	4,337	1,767	238	206	1,093	5,455	3,296	3,232	20	6,548
Circuit 20	9,176	2,307	317	749	3,017	9,532	6,149	6,346	54	12,549
Statewide	134,202	67,908	6,528	12,178	38,236	182,580	109,840	109,311	1,665	220,816
Percent	60.8%	30.6%	3%	5.6%	17.3%	82.7%	49.7%	49.5%	.8%	100%

On the next page Table 5 shows the number of allegations and verifications, in duplicated counts. The highest percents of allegations verified are highlighted in orange. A child might have been the alleged victim with more than a single allegation attributed to the same incident. For example, an investigation may be conducted for a child for whom family violence, substance abuse and failure to protect were all noted; resulting in three allegations being assigned to that one investigation. Using the updated run from October 2013, statewide there were 49,289 children with verified child maltreatment (unduplicated child count).

- For these children, there were 75,513 verified allegations of child maltreatment (duplicated child count).
- The largest numbers with verifications were for the following allegations: family violence followed by substance misuse in the home.
- The third through fifth, in terms of incidence, were those who lived in homes with inadequate supervision followed by environmental hazards and physical injury.
- The highest numbers of verified allegations were for family violence and substance misuse.
- The highest *rates* of verification (e.g., the number of verified allegations divided by the number of allegations) were for abandonment, threatened harm, and failure to protect (highlighted in orange).
- The lowest verification rates were for physical injury, mental injury, and asphyxiation.
- It should be noted that the top three most reported allegations (substance misuse, threats of violence, and inadequate supervision) have fairly low verification rates (17.76%, 26.29%, and 15.20% respectively).
- Many of the allegations that have the highest verification rates are relatively rare: of all allegations, 26.95% were allegations of abuse types with a verification rate higher than the base rate of 18.22%.

This could be due to the types of alleged abuse; for instance, the most reported type of abuse is abandonment. Abandonment is relatively easy to discern and there are very few signs that point to other cases when a child is abandoned. Citizens' ability to recognize the abuse easily could lead to them being more efficient in their reporting of it. This increased efficiency in reporting abuse would lead to a higher verification rate.

The SFY 2012 – 2013 rate was .06% lower from the SFY 2011 – 2012 rate of 18.82%. This could be caused by a number of factors:

- The number of allegations fell from 438,351 in SFY 2011 – 2012 to 414,529 in SFY 2012 – 2013. This drop could signal that more abuse is going unreported as instances of abuse are ignored. This is highly unlikely, as it is improbable that the visibility of these types of child abuse has changed so drastically in the past year.
- Assuming that citizens in Florida have the same attention to child abuse that they had in SFY 2011 – 2012, the lower number of allegations means that there is truly fewer opportunities in which one could suspect abuse. Seeing there is no drastic change in the verification rate for each individual type of abuse, the evidence supports the theory that the actual abuse rate is going down.

Table 5. Allegations and Verifications of Abuse (Duplicated Child Counts) July 2012 – June 2013

Type of Abuse Allegation	Number of Allegations	Number of Allegations Verified	Percent of Allegations Verified
Abandonment	1,108	800	72.20%
Threatened Harm	9,777	5,402	55.25%
Failure to Protect	4,459	2,166	48.58%
Internal Injuries	73	33	45.21%
Failure to Thrive	356	150	42.13%
Malnutrition/Dehydration	155	63	40.65%
Human Trafficking Labor	46	16	34.78%
Death	336	108	32.14%
Violence Threats	85,927	22,590	26.29%
Human Trafficking CSEC	356	93	26.12%
Human Trafficking	438	104	23.74%
Bone Fracture	867	199	22.95%
Medical Neglect	7,816	1,440	18.42%
Substance Misuse	95,375	16,934	17.76%
Inadequate Supervision	67,577	10,271	15.20%
Sexual Abuse	16,469	2,502	15.19%
Bizarre Punishment	2,045	290	14.18%
Environmental Hazards	51,514	6,430	12.48%
Burns	1,427	136	9.53%
Physical Injury	57,069	5,044	8.84%
Mental Injury	9,117	604	6.62%
Asphyxiation	2,222	138	6.21%
Total	414,529	75,513	18.22%

Reasons for Removal

The Department of Children and Families' *Florida Safe Families Network* (FSFN) data system recorded the primary reasons for removal of the children entering into foster care. If a child was removed more than once during the year, all sets of reasons are included in this analysis. Of the 14,235 children entering foster care in the twelve month span from July 2012 – June 2013, the reasons for removal were divided into nine categories. These are shown in Table 6 as drawn from the AFCARS data file. A child may have more than one reason for removal noted, thus the counts in this chart will represent duplicated child counts.

- Highlighted in orange, the highest percentage of removals (44.91%) were due to parental drug and alcohol abuse.

- The second most cited service reason for a removal was inadequate supervision and medical and physical neglect.
- The least cited reason for a child removal was child alcohol and drug abuse, followed by inadequate housing.

Table 6. Reasons for Removal Reported (Duplicated Child Counts) July 2012 – June 2013

Removal Reason	Number of Children	Percent of Removals
Parental Drug and Alcohol Abuse	6,393	44.91%
Inadequate Supervision, Medical and Physical Neglect	2,889	20.30%
Physical and Sexual Abuse	2,565	18.02%
Domestic Violence	2,142	15.05%
Death of Parent/Caretaker Unable to Cope	1,978	13.90%
Incarceration of Parents	1,908	13.40%
Child Behavior/Relinquishment/Abandonment	1,838	12.91%
Inadequate Housing	1,740	12.22%
Child Alcohol and Drug Abuse	187	1.31%

Services Recommended

The Department of Children and Families' *Florida Safe Families Network* data system recorded the services recommended at disposition of an investigation for alleged victims. Multiple services might be recommended for the same child and would be counted for each service. Additionally, there may have been an array of services recommended for a child but only the first few might have been recorded in the electronic data system. These data most likely under-represent the complete numbers of actual services recommended at disposition for alleged victims of reported abuse. As shown in Table 7, the services with the largest numbers of recommendations include counseling services, day care services, and case management services, which are highlighted in orange. These underscore the importance of the *Protective Factors* as foundational for family stability and resilience:

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

Table 7. Services Recommended for Alleged Victims at Investigation Disposition July 2012 – June 2013

Recommended Services	Number	Percentage	Recommended Services	Number	Percentage
Counseling Services	39,565	22.04%	Pregnancy Parenting Services	927	0.52%
Day care Services Child	21,959	12.23%	Employment Services	845	0.47%
Case Management Services	18,662	10.39%	Educational Training Services	843	0.47%
Informational Referral Service	17,279	9.62%	Family Planning Services	481	0.27%
Services Offered Refused	16,584	9.24%	Crisis Counseling Program	472	0.26%
Other Services	15,624	8.70%	Juvenile Court Petition	460	0.26%
Substance Abuse Services	14,330	7.98%	Related Home Services	397	0.22%
Family Support Services	10,026	5.58%	Transportation Services	276	0.15%
Mental Health Services	5,233	2.91%	Respite Care Services	257	0.14%
Family Preservation Services	3,917	2.18%	Special Juvenile Delinquent	199	0.11%
Home Based Services	3,175	1.77%	Adoption Services	172	0.10%
Legal Services	1,686	0.94%	Possible False Report	143	0.08%
Foster Care Services	1,684	0.94%	Independent Transition Living	137	0.08%
Appointed Representative	1,392	0.78%	Petition Dismissed by Judge	60	0.03%
Family Builders	1,364	0.76%	Special Services Disabled	37	0.02%
Housing Services	1,362	0.76%	Total (duplicated counts across services)	179,548	100.00%

Summary of Adoption Data and the Timeliness of Adoptions

This subsection comprises three areas of reporting:

- 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.
- A summary detailing the adoption process and its timeliness for children adopted from within the child welfare system.
- A summary of the support of adoptive families' information.

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).

The Federal Administration for Children and Families (ACF) tracks state performance on federal child welfare outcome measures using AFCARS, including five measures related to the timeliness of adoptions from foster care. Four of these measures are included in this report.

Data and summaries were provided by the Department of Children and Families to the Executive Office of the Governor in October 2013. These data and information have been aggregated in order to describe the status of adoption in Florida. It should be noted that for the information provided below on the AFCARS measures, original comparison benchmarks were established in 2007 based on analyses using data from the 2004 Federal Fiscal Year (FFY) which spans the months October through September. Differences in reporting period can alter measured performance. For example, FFY 2013 spans October 1, 2012 through September 30, 2013. On the other hand, the current state performance information is based on the 12 month period from July 1, 2012 to June 30, 2013 (SFY 2012 – 2013), using the most recent available data for this report.

During State Fiscal Year 2012 – 2013 Florida finalized 3,354 adoptions throughout the state. This is due to the diligent efforts of the Department of Children and Families, Community Based Care Lead Agencies, Florida Association of Heart Galleries, the Governor's Office of Adoption and Child Protection, and many others.

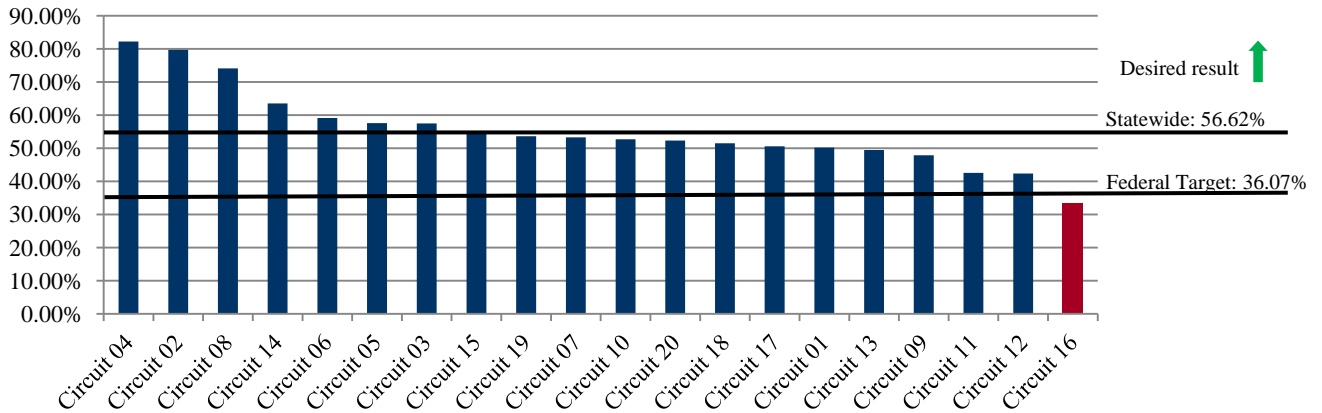
- This is an increase of over 100 adoptions from 2011 – 2012, the previous SFY.
- About 12 percent, or 421 of the children adopted in Florida were 13 or older.
- One hundred of these children had been in foster care for longer than five years.

AFCARS 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 2012 through June 2013, on average, ***56.62 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 FFY 2004 which is 36.07 percent.

- ***Florida has exceeded this target for the fifth consecutive year.***
- Florida has made steady progress on this measure over the last several years, increasing from 23.9 percent in FFY 2004 to 53.72 percent in SFY 2011 – 2012 (e.g., July 2011 through June 2012) and to 56.62 percent in SFY 2012 – 2013.

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. As shown in Chart 5, all but one of the 20 Florida circuits exceeded the federal target.

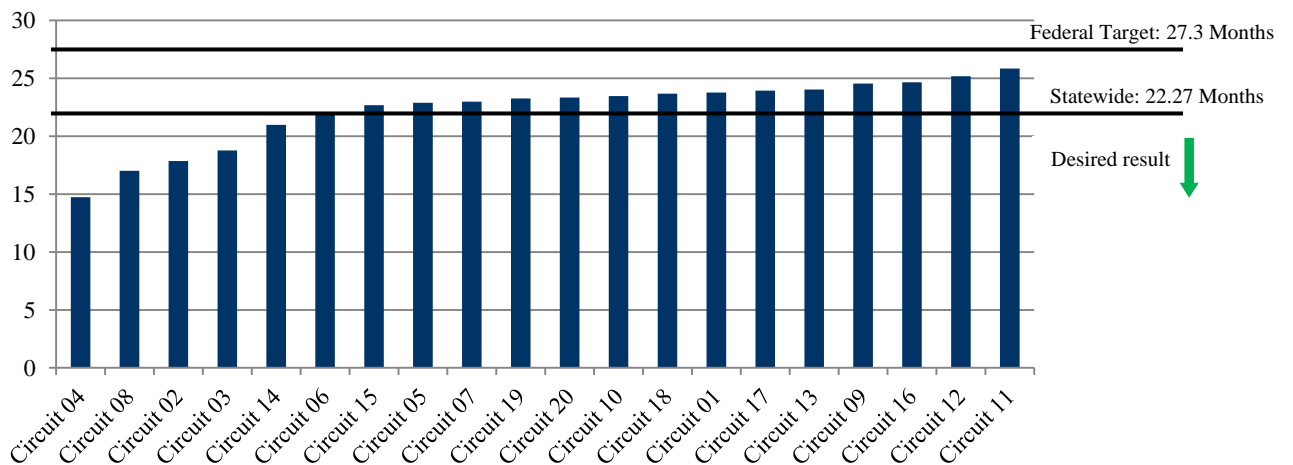
Chart 5. Percent Discharged to Adoption in Less than 24 Months by Circuit



AFCARS Measure 2 – Median Length of Stay in Foster Care. Of all children adopted from foster care during the period July 2012 through June 2013, the *median length of stay in foster care was 22.27 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 FFY 2004, established in FFY 2007, which is 27.3 months. 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 met and exceeded the federal target.**
- As shown in Chart 6, Florida’s median length of stay has dropped for several years, from 35.1 months in FFY 2004 to 22.27 months in SFY 2012 – 2013.
- Individual circuit performance of the measure is reflected below, and *all of Florida’s circuits were below the federal target in SFY 2012 – 2013.*
- On average, the time spent by a child in foster care in Florida was *5 months shorter than the federal target.*

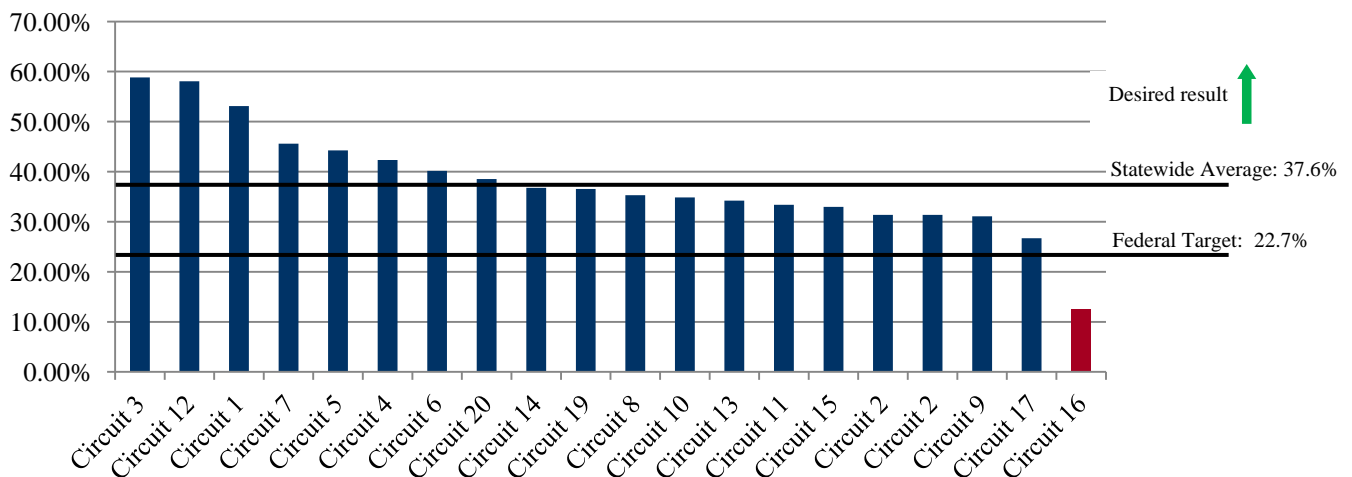
Chart 6. Median Length of Stay in Foster Care for Children Discharged to Adoption by Circuit



AFCARS Measure 3 – Finalized Adoptions. Of all children who were in foster care on the first day of July 2012, and who had been in foster care for 17 continuous months or longer, **37.67 percent were discharged from foster care to a finalized adoption by June 30, 2013.** The target was to reach the national 75th percentile for FFY 2004, established in FFY 2007 of 22.7 percent.

- **Florida has met and exceeded this target.**
- 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.
- As shown in Chart 7, of the 20 Florida circuits, 19 (95%) met or exceeded the federal target during SFY 2012 – 2013. The circuit that did not meet the target is shown in red below.
- **It should be noted that Florida, for the fifth year in a row, has received an adoption incentive award from the Department of Health and Human Services for the number of finalized adoptions. Only Texas and Arizona exceeded the amount of Florida’s award.**

Chart 7. Percent of Finalized Adoptions by Circuit

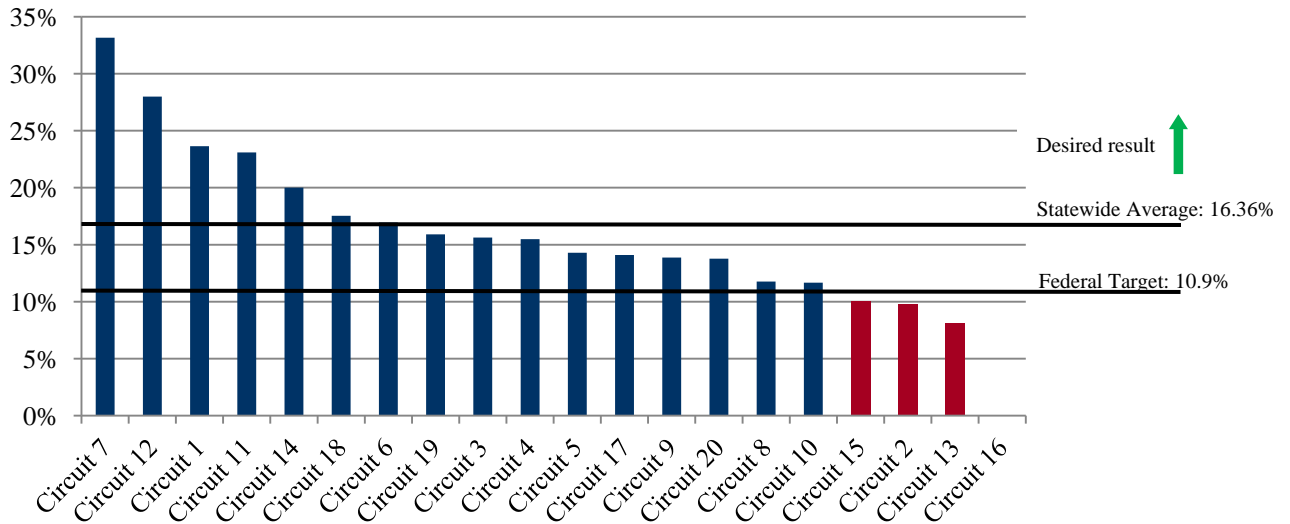


AFCARS Measure 4 – Legally Free for Adoption. Of all children who were in foster care on the first day of July 2012 or January 2013, had been in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that day, **16.36 percent became legally free for adoption** by December 31, 2012 or June 30, 2013 respectively. The target was to reach the national 75th percentile for FFY 2004, established in FFY 2007 which is 10.9 percent.

- **Florida met and exceeded this target.**
- As shown in Chart 8, of the 20 Florida circuits, 16 (80%) met or exceeded the federal target.

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 on the next page.

Chart 8. Percent of Children Legally Free for Adoption by Circuit*



* Circuit 16 reported 0% of children legally free for adoption in SFY 2012-2013.

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

The Department of Children and Families (DCF) uses several data sources and metrics related to adoption. Each serves a unique purpose. Some of the differences between these metrics, though important, can be somewhat nuanced. To avoid miscommunication or inadvertent misinterpretation, it is critical to use “the right tool for the right job”. For example, the answer to the question of how many children are available for adoption in Florida depends entirely on the meaning of the term “available for adoption.” Different interpretations of this term refer to different populations, or population subsets. These may include:

- a. Children with a primary goal of adoption, who have not been TPR’ed (that is the termination of their parental rights);
- b. Children who have been TPR’ed, making them legally available for adoption, regardless of whether adoption is a primary goal;
- c. Children who have been both TPR’ed and have a primary goal of adoption;
- d. Children who have been TPR’ed, have a primary goal of adoption, and an adoptive family has been identified, but the adoption has not been finalized; and
- e. Children who are TPR’ed, have the primary goal of adoption, but no family has been identified and recruitment for a family is still ongoing. These are the children who are eligible to be featured on the *Explore Adoption* website.

As shown in Table 8, adoption-related populations overlap or are nested within each other, and each yields a different number. Table 8 provides a point in time chart as of July 1, 2012 and provides a starting base at the beginning of SFY 2012 – 2013.

Table 8. Adoption-Related Populations as of July 1, 2012

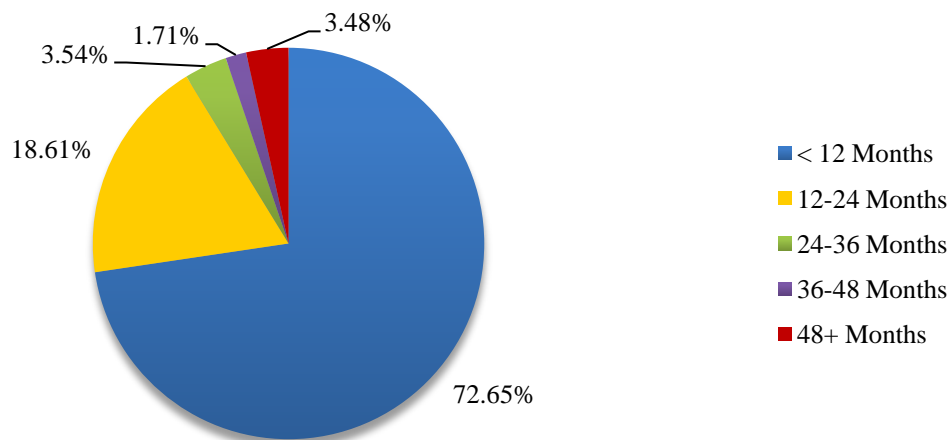
POPULATION DESCRIPTION	NUMBER OF CHILDREN
a) Children TPR'ed or who have a primary goal of adoption	5,875
b) Children with a primary goal of adoption regardless of TPR status	5,147
c) Children TPR'ed, regardless of goal	3,612
d) Children who have been TPR'ed and have a primary goal of adoption	2,884
e) Children who have been TPR'ed, have a primary goal of adoption, and are available for the website	614*

*The 614 is from the Monthly Adoption Report; all other figures are from the July 1, 2012 AFCARS extract.

Chart 9 shows the length of time from the last TPR date until the adoption finalization for all children adopted during SFY 2012 – 2013. The date of TPR was recorded in the system for 3,331 out of the 3,354 of the children adopted; a 99.3 percent non-random sample.

- Of these 3,331 children, most (72.65%) were adopted in less than twelve months and almost all (91.26%) were adopted within 24 months of their TPR dates.
- As the following chart documents, 2,420 (72.65%) of the adoptions were finalized in less than twelve months from date of TPR.
- This is above the target of exceeding 66.4 percent in the next four years. Statewide efforts will continue in order to maintain this progress.
- As shown in this chart, of the children adopted during SFY 2012 – 2013, over 290 children were adopted after waiting two or more years and of these, 116 children had been waiting for four or more years.
- The circuits and their providers have made adoption possible for 911 of these children in their care that had waited longer than 12 months for their adoption.
- The longer a child is in foster care waiting adoption, the more difficult it may be to place the child.

Chart 9. Length of Time between TPR and Adoption Finalization for Finalized Adoptions, July 2012 – June 2013



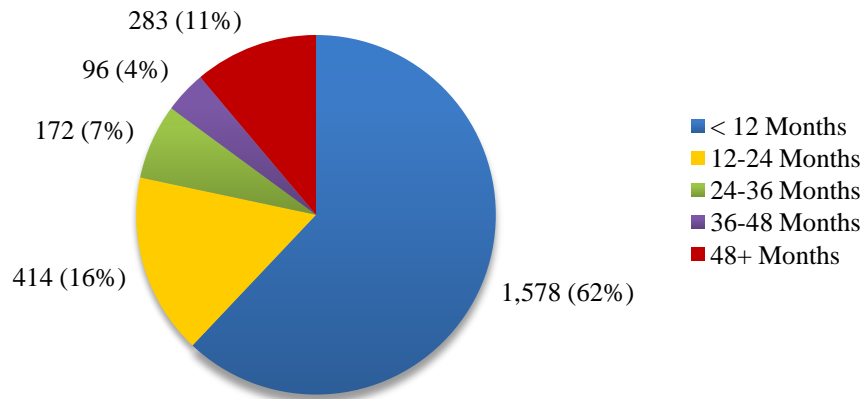
* The percentages only include the children for whom the TPR was entered.

On the next page, Chart 10 shows the length of time from the last TPR date until June 30, 2013 for the children who were legally free for adoption as of the end of the State Fiscal Year. The date of TPR was

recorded in the system for 2,543 of the 2,740 children who were legally free for adoption by June 30, 2013, a 92.81 percent non-random sample.

- Of these 2,543 children, less than half (38%) have been waiting more than 12 months to be adopted.
- 379 children who were available for adoption at the end of the SFY 2012 – 2013 have been waiting for three or more years to be adopted (15%).

Chart 10. Length of Time Since TPR for Children Remaining Available for Adoption as of June 30, 2013*



* The percentages only include the children for whom the TPR was entered.

Timeliness of Adoption

The *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015* has two desired population results for the promotion of adoption. Both speak to the timeliness of adoption – increasing the adoptions that occur within 12 months of TPR and decreasing the length of time for children that have been waiting for adoption for more than 12 months since TPR.

State Plan Desired Result 2 – Promotion of Adoption – By June 30, 2015, the percent of children adopted within 12 months of becoming legally free for adoption will increase from the State Fiscal Year 2008 – 2009 rate of 66.4 percent.

During SFY 2012 – 2013 3,354 children were adopted. Verified data sets were available and provided for 3,331 of these 3,354 children, representing a 99.3 percent non-random sample of this population. This section reports information based upon this sample of children for whom the data were complete.

As stated earlier, during SFY 2012 – 2013, 3,354 adoptions from the child welfare system were finalized in Florida.

- Of those, 3,298 had the adoptive parent relationship data entered into the system, a 98.3 percent non-random sample.
- Three-quarters of the 3,298 children were adopted by the families known to them and where they were already living – by their foster parents or relative caregivers: **25 percent** were adopted by foster parents and **51 percent** were adopted by relatives.
- The remaining **24 percent** of these children were adopted by families who were recruited for them.

- Over the last five years, the number and therefore the percentage of relative caregiver adoptions have increased.
- As documented in Table 9 below, the percentages of these three adoptive populations do vary by circuit, with the orange highlighted cells showing the highest percentage for each circuit.

Chart 11. Percentage of Adoptions by Type of Adoptive Family – Statewide

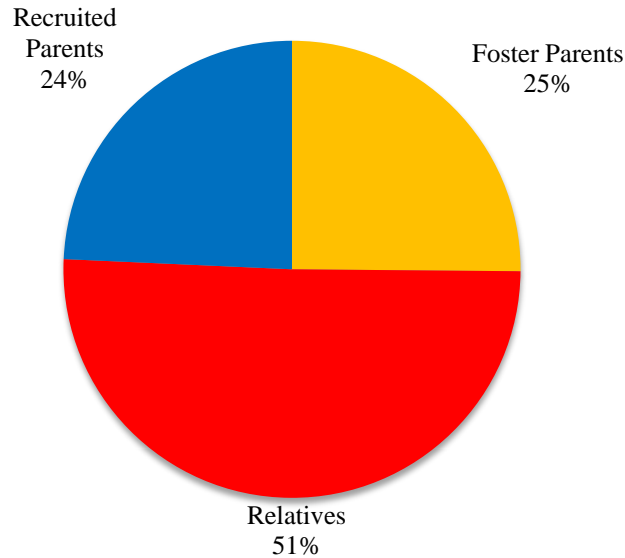


Table 9. Percentage of Adoption by Type of Adoptive Family by Circuit

Circuit	Foster Parents	Relatives	Recruited Parents	Circuit	Foster Parents	Relatives	Recruited Parents
Circuit 01	27%	58%	15%	Circuit 11	25%	56%	19%
Circuit 02	25%	54%	22%	Circuit 12	30%	36%	34%
Circuit 03	38%	30%	33%	Circuit 13	27%	51%	22%
Circuit 04	20%	56%	25%	Circuit 14	32%	43%	24%
Circuit 05	18%	56%	27%	Circuit 15	23%	54%	23%
Circuit 06	23%	53%	24%	Circuit 16	33%	0%	67%
Circuit 07	23%	56%	21%	Circuit 17	40%	38%	23%
Circuit 08	15%	53%	32%	Circuit 18	24%	54%	23%
Circuit 09	25%	46%	29%	Circuit 19	27%	55%	18%
Circuit 10	14%	40%	46%	Circuit 20	39%	39%	22%

State Plan Desired Result 3 – Promotion of Adoption – By June 30, 2015, 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 State Fiscal Year 2008 – 2009 rate of 53.19 percent. (Note: In the original plan submission the figures for SFY 2008 – 2009 were based on a different calculation and have been updated retroactively to improve the quality of the metric. Previously, these figures were calculated based on the date of removal to the end of the fiscal year. The modified metric instead uses the last date of TPR until the end of the fiscal year.)

Table 10 shows the same categories found in Table 8, but for a different snapshot of time. These counts were taken on June 30, 2013 and provide for end of State Fiscal Year 2012 – 2013 counts as well as a starting base for the beginning of the next State Fiscal Year 2013 – 2014.

Table 10. Adoption-Related Populations as of June 30, 2013

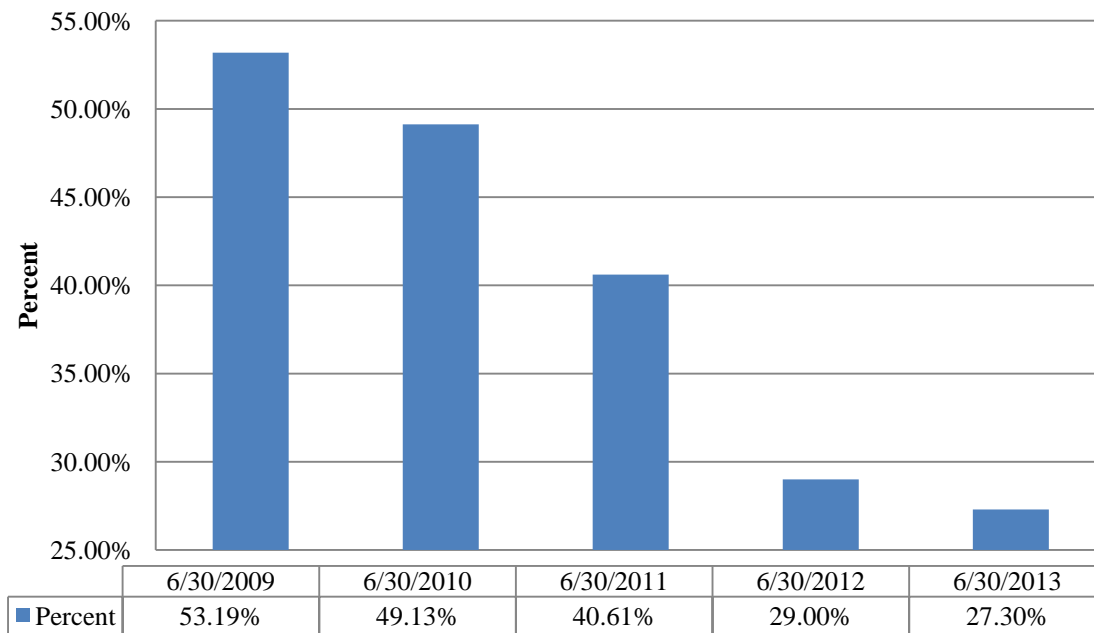
POPULATION DESCRIPTION	NUMBER OF CHILDREN
a. Children TPR'ed or who have a primary goal of adoption	5,196
b. Children with a primary goal of adoption regardless of TPR status	1,346
c. Children TPR'ed, regardless of goal	4,966
d. Children who have been TPR'ed and have a primary goal of adoption	1,116
e. Children who have been TPR'ed, have a primary goal of adoption, and are available for the website	673*

*The 673 is from the Monthly Adoption Report; all other figures are from the July 1, 2013 AFCARS extract.

As shown in Table 10, 1,116 children were legally available with a primary goal of adoption, and waiting to be adopted as of June 30, 2013.

- Of the 2,740 children who were legally free for adoption by June 30, 2013, 2,543 had TPR dates entered in the system providing a 92.81 percent non-random sample for analysis.
- Of those, 305 (27.3%) have been waiting longer than 12 months from the date of their TPR.
- As shown in Chart 12 below, the percent has decreased from the prior year of 29 percent.

Chart 12. Percent of Children Awaiting Adoption Who Have Been Waiting Longer than 12 Months



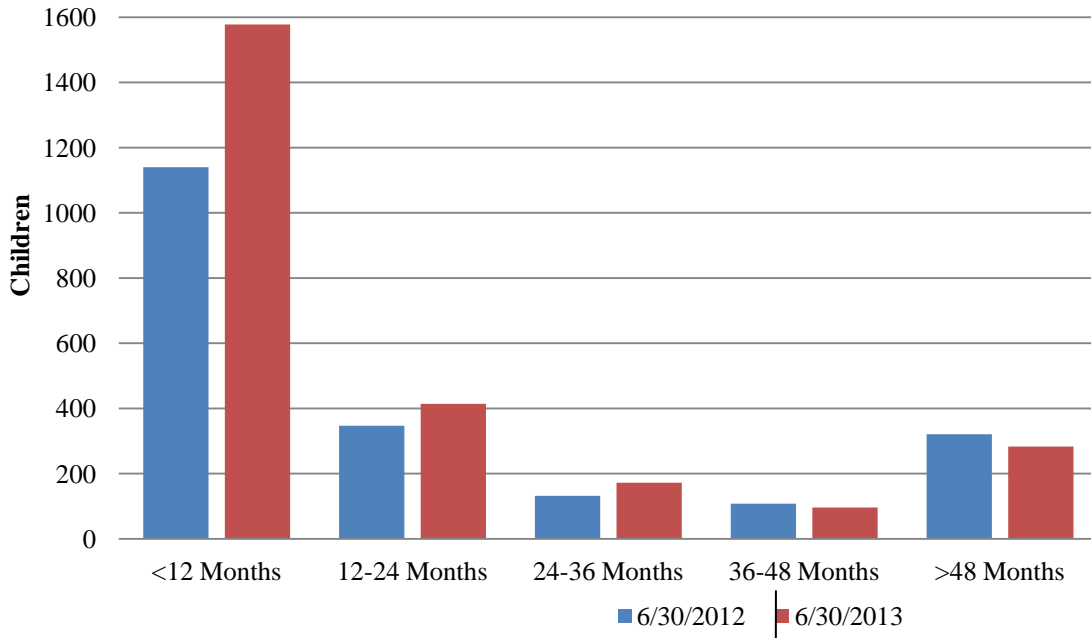
The children awaiting adoption can be further illustrated by the length of time (in months) since they became legally free for adoption (TPR). Chart 13 displays the proportion of children who have been TPR'ed, have a primary goal of adoption, and are therefore said to be “available for adoption” for the last two state fiscal years.

- Taken together, Charts 13 and 14 indicate that more children becoming newly available for adoption are being found permanent adoptive homes within 12 months and that an increasing

number of children who have been in foster care and awaiting adoption for a longer period of time are being found permanent homes.

- In fact, the majority of the total number children available for adoption at the end of the fiscal year have been waiting less than 12 months.

Chart 13. Children Awaiting Adoption by Length of Time Since TPR



Total Number of Children	2,351	2,740
Number with complete data	2,048	2,543
Percent in Non-random sample	87%	93%

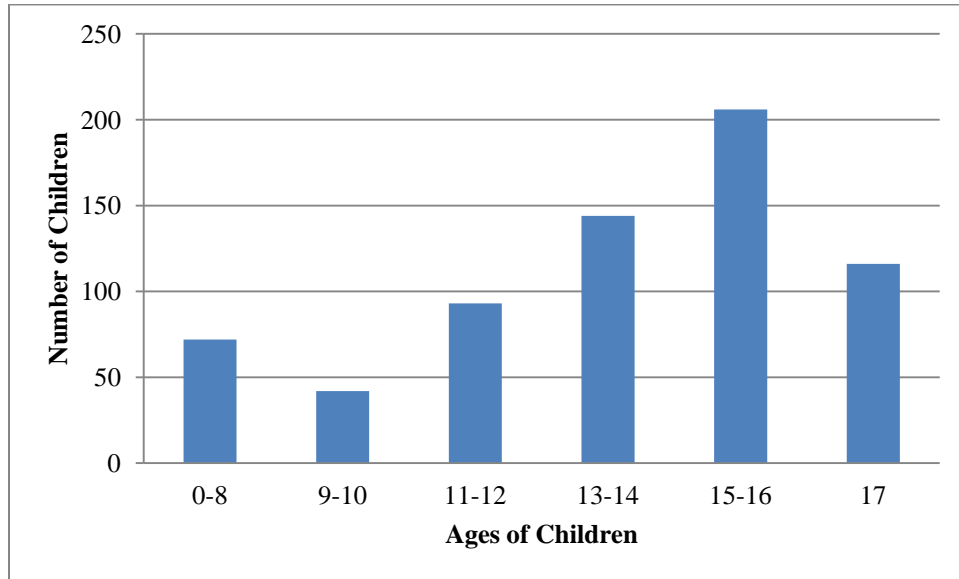
As previously shown in Table 8, there were 2,884 children legally available for adoption with a primary goal of adoption as of July 1, 2012.

- Of these, 673 (23%) do not have identified adoptive families as of June 30, 2013 and are eligible to be listed on the website as available for adoption.

Only the 673 children available without identified adoptive families are described in Charts 14-17.

- Youth who are 15 – 16 years old represent 212 (30.6%) of the waiting children.
- Over half (69.2%) are youth age thirteen or older.
- 10 percent of the available children are eight years of age or younger while 90 percent are between the ages of nine and seventeen.

Chart 14. Age Groups of Children without Identified Adoptive Families Awaiting Adoption



Charts 15, 16, and 17 describe the races, lengths of time waiting to be adopted and the genders of a non-random sample of the 673 children without identified adoptive families awaiting adoption and are eligible to be featured on the website.

- Of these children, 62% are male and 38% are female.
- Over half (54%) of the available children with race data are non-white.
- Nearly half (48.57%) have been legally available and waiting for three or more years without an identified family.
 - This is significantly different than Chart 13, which includes all of the children available for adoption or 2,543 children. Chart 13 is inclusive of children with an identified family and children without an identified family. And because a large number of the 2,543 children had an identified adoptive family at the time of TPR, a large number are able to finalize their adoptions in less than 12 months from TPR.

Chart 15. Race of Children without Identified Adoptive Families Awaiting Adoption

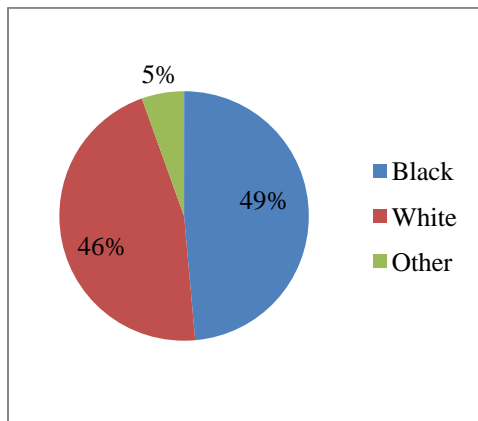


Chart 16. Gender of Children without Identified Adoptive Families Awaiting Adoption

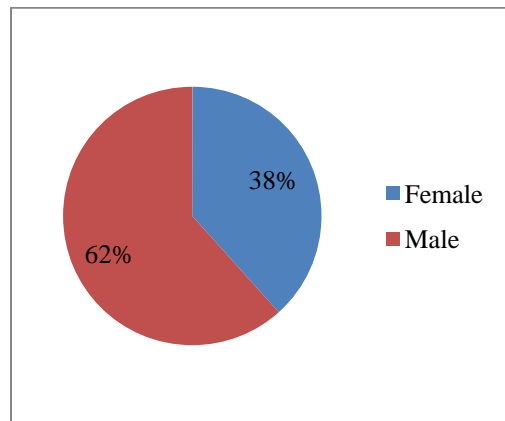
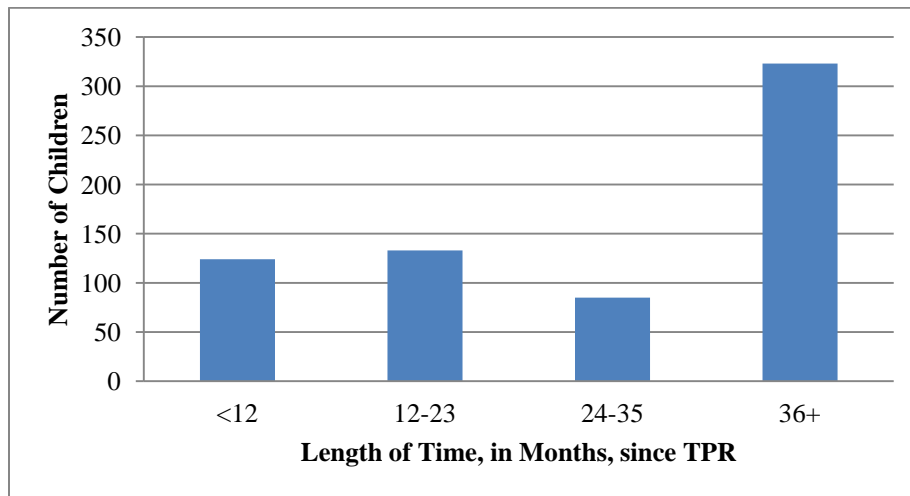


Chart 17. Of Children without an Identified Family, Amount of Time Since TPR*



* Includes only the 665 children for whom the TPR was entered.

Dissolutions of Adoptions

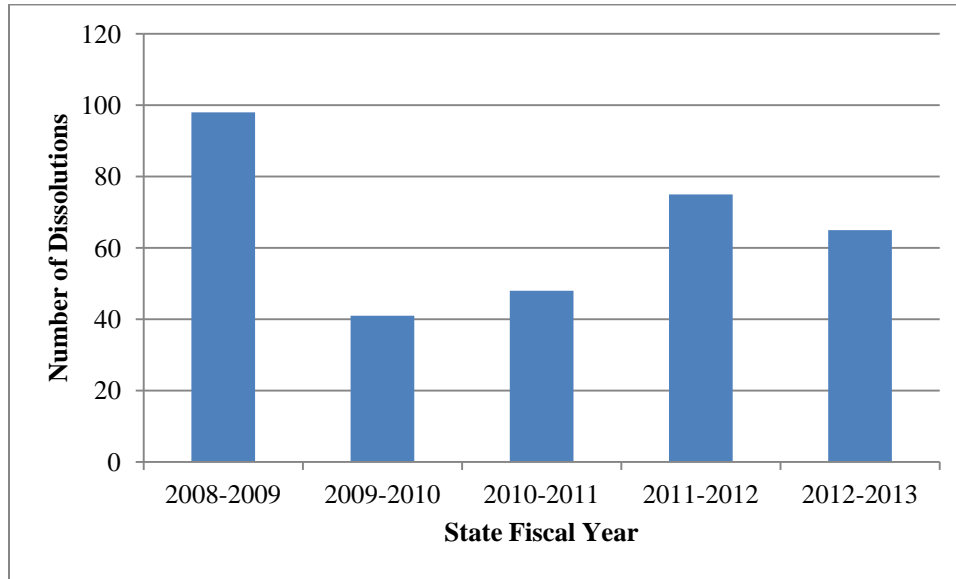
The Department of Children and Families Office of Child Welfare submitted data provided by the circuits on the number of children who were returned to foster care after finalized adoptions and the parental rights of the adoptive parents were terminated.

State Plan Desired Result 4, Support of Adoptive Families – By June 30, 2015, the annual number of adopted children who are returned to foster care (regardless of when the adoption was finalized) will be reduced from the State Fiscal Year 2008 – 2009 number of 98.

An analysis of the reasons and circumstances for each dissolution can assist the local post adoption services programs in determining if existing post adoption services are effective and if additional post adoption services are needed. Circuit 16 is the only circuit with no dissolutions for State Fiscal Year 2012 – 2013. Many adoptive parents do not request post adoption services for many months or even years after a problem arises. Some post adoption services may be perceived as ineffective or too cumbersome for adoptive parents to access. The sooner effective services are requested and implemented; the sooner stress can be reduced within an adoptive family.

A research study published by the Evan B. Donaldson Adoption Institute in October 2010 supports the need for an ongoing analysis of the post adoption services in each community. The 65 children with dissolutions listed below involved 52 adoptive families. This is lower than the 75 dissolutions reported in 2012. The reasons for the dissolutions were also documented by the Community Based Care Agencies in each circuit for each child, as shown in Tables 11 and 12.

Chart 18. Statewide Number of Dissolutions



A research study published by the Evan B. Donaldson Adoption Institute in October 2010 supports the need for an ongoing analysis of the post adoption services in each community. The 65 children with dissolutions listed below involved 53 adoptive families. This is lower than the 75 dissolutions reported in 2012.

Table 11. Dissolutions and Child-Related Reasons Cited by Circuit

CIRCUIT	NUMBER OF DISSOLUTIONS (UNDUPLICATED COUNT)	NUMBER OF FAMILIES (UNDUPLICATED COUNT)	BEHAVIORAL ISSUES	EDUCATIONAL ISSUES	JUVENILE JUSTICE ISSUES	MENTAL HEALTH ISSUES	PHYSICAL HEALTH ISSUES	SAFETY OF OTHERS
Circuit 01	4	4	1		1	2		1
Circuit 02	1	1				1		
Circuit 03	1	1				1		1
Circuit 04	9	6	6		3	3		2
Circuit 05	7	3	2			1		
Circuit 06	3	2	1			1	2	
Circuit 07	4	3	4					
Circuit 08	2	2	2					1
Circuit 09	3	2	1				2	
Circuit 10	1	1				1		1
Circuit 11	5	3	5			3		
Circuit 12	2	2	1			1		1
Circuit 13	8	8	3			6		2
Circuit 14	1	1				1		
Circuit 15	3	3				3		
Circuit 16	0	0						
Circuit 17	2	2	1		1			
Circuit 18	6	5	5			3		
Circuit 19	1	1	1					
Circuit 20	2	2					1	
Statewide Total	65	52	33		5	27	5	9

The 43 children with abuse/neglect investigations listed in Table 12 represent 52 adoptive families. It should be noted that every adoptive parent with an abuse investigation did not result in a case of verified child maltreatment and numerous investigations involved sibling groups, not just one child.

- Circuits cited that there were dissolutions due to the inability of the adoptive parents to either care for or provide a safe home for the adopted child(ren), specifically investigations were initiated after an adoptive parent refused to allow an adopted child to return home after being released from a mental health facility or Department of Juvenile Justice facility.
- One adoptive mother admitted that she was afraid of the adopted son because of significant threats and serious prior assaults by the adopted child on the adoptive parent or another child in the home.

Table 12. Dissolutions and Adoptive Parent-Related Reasons Cited by Circuit

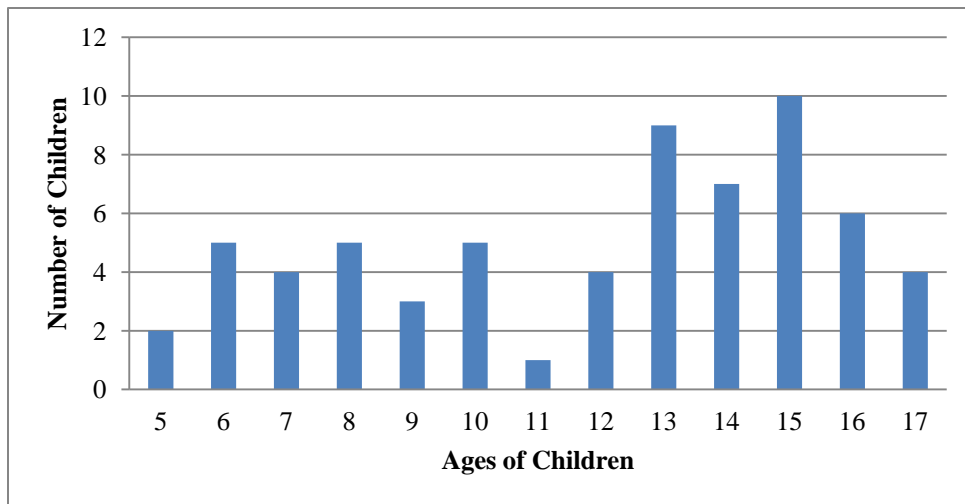
CIRCUIT	NUBER OF DISSOLUTIONS (UNDUPLICATED COUNT)	NUMBER OF FAMILIES (UNDUPLICATED COUNT)	ABUSE OR NEGLECT REPORT BY THE ADOPTIVE PARENT	ADOPTIVE PARENT HEALTH ISSUES	OTHER
Circuit 01	4	4	2	1	Single adoptive mom would not continue prescribed medication and children were not safe
Circuit 02	1	1	1		
Circuit 03	1	1	1		
Circuit 04	9	6	6		
Circuit 05	7	3	3		
Circuit 06	3	2	2		
Circuit 07	4	3	2		
Circuit 08	2	2	2		
Circuit 09	3	2	1	2	
Circuit 10	1	1		1	Adoptive parents were mentally and physically exhausted
Circuit 11	5	3	3		
Circuit 12	2	2	2		
Circuit 13	8	8	6		
Circuit 14	1	1	1		
Circuit 15	3	3	3		
Circuit 16	0	0			
Circuit 17	2	2	2		
Circuit 18	6	5	4		
Circuit 19	1	1	1		
Circuit 20	2	2	1	1	Single adoptive mom became seriously ill and could no longer care for a severely medically involved child
Statewide Total	65	52	43	5	

The dissolution number is counted by child and includes sibling groups. In addition to six sibling groups of two, there was one large sibling group of five included in the dissolution data. Large sibling groups can be difficult to assimilate within a family especially when a family has a limited support network and one or more children in the sibling group are experiencing significant behavioral issues. The large sibling group of five children was adopted by a relative who became involved in illegal drug activity and the single adoptive father was unwilling to accept services. Another relative who adopted a sibling group of two children was also unwilling to accept mental health services for the children and the family. Local resources are needed when sibling groups are being placed together for adoption and adoption competent family therapy, supportive in-home services and educational supports are needed to assist these adoptive families as children transition from foster care to an adoptive family.

A comprehensive analysis of adoption dissolutions by the post adoption services program for each Community Based Care Agency will assist in assessing the effectiveness of their post adoption services program.

- The most prominent reasons for dissolutions of adoption were the adopted child’s violent behaviors or significant mental health issues and most of the dissolutions (55%) occurred during the adopted child’s teen years—ages 13 or older.
- Because the behaviors and mental health issues are so closely related, many of the reported dissolutions cited both reasons. In those cases, the counts are provided for both.

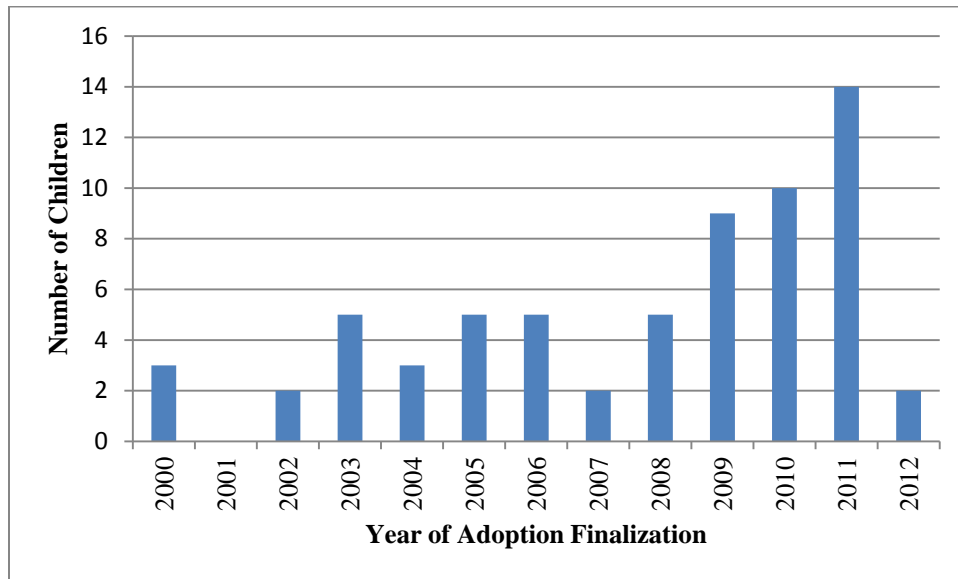
Chart 19. Ages of Children at Time of Dissolution in 2013



Charts 19 and 20 show the years adoptions were finalized and ages of children when the dissolutions occurred in 2013.

- An analysis of the dissolution data reveals that a significant number of the dissolutions involved teens—36 of the 65 children were 13 years of age or older.
- Also of note is the fact that 30 of the 65 children were finalized between 2000 and 2008, all between five and thirteen years ago.
- The developmental challenges of the teen years and that many teens “start wondering about their birth families” may require that a training curricula be developed to directly address these concerns.

Chart 20. Year of Adoption Finalization for 2013 Dissolutions



Status of Support of Adoptive Families

To assess the status of support of adoptive families, the Department of Children and Families Office of Child Welfare submitted data provided by the circuits on the number of adoptive parent support groups, number of adoption competent mental health professionals and number of post adoption services counselors. These data were checked against the numbers submitted in the local five-year plans for the support of adoptive families. Where discrepancies were found between the two sets of information, the circuits were contacted to assist with providing the final numbers.

Support Groups

Adoptive parent and youth support groups provide opportunities for adoptive parents and youth to meet with other adoptive parents and youth who are struggling with similar challenges and concerns, generally meet once a month and are appropriate for the languages, cultures and needs of the participants in each community; receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups); etc. In the rural areas where there are limited numbers of adoptive families, newsletters and group emails are being utilized to provide new information about post adoption services and provide an avenue for some adoptive families to communicate with each other.

- The twenty circuits reported 39 adoptive parent support groups this year and seven teen support groups.
- While there are nine less adoptive parent support groups than last year, there are three new teen support groups.
- Every circuit has at least one support group at this time and several meetings each year include a training opportunity by a local community resource.
- It should be noted that support groups are easy to start but difficult to maintain over time.
- Also of note, all twenty circuits reported disseminating either a quarterly or monthly newsletter.

Table 13. Quantity of Adoptive Parent Support Groups by Circuit

CIRCUIT	NUMBER OF ADOPTIVE PARENT SUPPORT GROUPS	NUMBER OF TEEN SUPPORT GROUPS	TRAINING OPPORTUNITIES INCLUDED	NEWSLETTERS, FLYERS, E-MAILS SENT	COMMENTS
Circuit 01	4		Yes	Quarterly	
Circuit 02	1		Yes	Quarterly	
Circuit 03	1		Yes	Quarterly	
Circuit 04	3	1	Yes	Monthly	
Circuit 05	4		Yes	Quarterly	
Circuit 06	1	1	Yes	Quarterly	In January 2014, the newsletter will be monthly
Circuit 07	2		Yes	Quarterly	
Circuit 08	1		Yes	Quarterly	
Circuit 09	3	3	Yes	Monthly	
Circuit 10	1		Yes	Quarterly	
Circuit 11	6		Yes	Monthly	
Circuit 12	2		Yes	Quarterly	
Circuit 13	1	1	Yes	Monthly	
Circuit 14	1		Yes	Quarterly	
Circuit 15	1	1	Yes	Quarterly	
Circuit 16	1		Yes	Quarterly	
Circuit 17	1		Yes	Quarterly	
Circuit 18	2		Yes	Quarterly	
Circuit 19	1		Yes	Quarterly	
Circuit 20	2		Yes	Quarterly	One meets monthly; and one meets quarterly.
Statewide Total	39	7	20	20	

Over 20,000 children have been adopted from Florida’s child welfare system in the last seven years. Research has shown that essential to family resilience are social connections, knowledge of parenting and of child and youth development, parental resilience, and concrete support in times of need. All of these can be made available to families through adoptive parent support groups. All of the post adoption services counselors are connected to one of the support groups in their area and assist with providing local community resource persons as speakers for one or more of the support group meetings during the year. Each teen support group has an adoption competent mental health professional facilitating.

Adoption Competency

Adoption competent mental health professionals are mental health professionals who have completed the Rutgers *Adoption Competency* or an equivalent curriculum and provide educational and therapeutic services for adoptive families. The educational and therapeutic services focus on strengthening relationships within the family unit and assist families in understanding the developmental stages of adoption and how adoption impacts each family member and the family as a unit.

During State Fiscal Year 2012 – 2013, three more trainers of the Rutgers University Adoption Competency curricula were transferred to new positions. Therefore, limited training occurred during the past State Fiscal Year. More trainers are needed in order to continually build a sufficient number of mental health professionals who are adoption competent. A third train the trainer class will be scheduled for Tampa between February and April 2014. In addition to losing trainers for the curricula, mental health professionals who completed the training moved to new positions and some are no longer accepting the Medicaid adoptive families utilize. For adoptive families in some areas of the state, this has created a significant loss of a needed service. Prior to the beginning of the upcoming train the trainer sessions, the Department of Children and Families will request that all post adoption services staff conduct a survey of their mental health community and determine their needs. The survey will also provide the Department of Children and Families with accurate information about the mental health

professionals who have completed the adoption competency training in order to update the *Explore Adoption* website.

Fortunately, the Department of Children and Families has been able to provide, at no cost to the trainees, Certified Educational Units (CEUs) for each mental health professional who is licensed and needs the training hours for continued licensure. This has been an incentive for mental health professionals to attend the Adoption Competency training. Table 14 describes by circuit, the mental health professionals who completed the adoption competency training this past State Fiscal Year, with 55 new mental health professionals established statewide.

- The post adoption staff has stated that many mental health professionals who completed the training over a year ago are no longer in their county or are no longer working for the Medicaid provider or community mental health center.

Table 14. Quantity of New Adoption Competent Mental Health Professionals in 2013 by Circuit

CIRCUIT	NUMBER OF NEW ADOPTION COMPETENT MENTAL HEALTH PROFESSIONALS	CIRCUIT	NUMBER OF NEW ADOPTION COMPETENT MENTAL HEALTH PROFESSIONALS
Circuit 01	0	Circuit 11	0
Circuit 02	5	Circuit 12	5
Circuit 03	3	Circuit 13	10
Circuit 04	0	Circuit 14	0
Circuit 05	0	Circuit 15	0
Circuit 06	0	Circuit 16	0
Circuit 07	0	Circuit 17	0
Circuit 08	0	Circuit 18	0
Circuit 09	20	Circuit 19	0
Circuit 10	12	Circuit 20	0
Statewide Total	55		

Post Adoption Services Counselors

A post adoption services counselor is a staff person designated to respond to the requests and service needs of adoptive parents and their families after adoption finalizations have occurred. The response to requests and service needs should include, at a minimum, information and referrals with local resources, assistance to child protective investigators when an investigation involves an adoptive parent, temporary case management, assistance with subsidy and Medicaid issues and assistance in establishing and maintaining one or more adoptive parent support groups. All post adoption services staff assisted child protective investigators when an investigation involved an adoptive family. The post adoption services counselor assisted by conducting an assessment of the needs and potential services for the adopted child and adoptive family.

- It is significant that forty post adoption services staff have been identified to assist adoptive parents and their families, which is an increase of ten positions from last year.
- Four circuits continue to assign the responsibilities for post adoption services to one or more staff as a part of their job duties rather than having at least one full time position for post adoption services.
- As noted, additional positions are being identified, including full and part time positions.

Table 15. Quantity of Post Adoption Services Counselors by Circuit

CIRCUIT	NUMBER OF POST ADOPTION SERVICES COUNSELORS	NUMBER OF FULL TIME POST ADOPTION SERVICES COUNSELORS	NUMBER OF PART TIME/PARTIAL JOB DUTY POST ADOPTION SERVICES COUNSELORS
Circuit 01	4	2	2
Circuit 02	1	1	0
Circuit 03	1	1	0
Circuit 04	6	5	1
Circuit 05	2	2	0
Circuit 06	2	1	1
Circuit 07	2	1	1
Circuit 08	1	1	0
Circuit 09	3	1	2
Circuit 10	1	1	0
Circuit 11	3	0	3
Circuit 12	3	0	3
Circuit 13	3	1	2
Circuit 14	1	1	0
Circuit 15	1	1	0
Circuit 16	1	0	1
Circuit 17	1	1	0
Circuit 18	1	0	1
Circuit 19	1	1	0
Circuit 20	2	2	0
Statewide Total	40	22	18

With over 20,000 children adopted from foster care during the last seven years, one or more full time designated post adoption services counselors in each circuit are critical for responding timely to the service needs of adoptive families. The State of Florida and its partners are committed to providing a sufficient and accessible array of post adoption services in each circuit including information and referral services, temporary case management, assistance with assessments during investigations, assistance with subsidy and Medicaid issues and assistance in maintaining one or more adoptive parent support groups for the many adoptive families who face significant challenges as their adoptive children age and experience the various developmental milestones.

PART 3 – AGENCY RECOMMENDATIONS AND REQUESTS

The following is a summary of the policy and budget recommendations as submitted to the Governor’s Office of Adoption and Child Protection, 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 listed in alphabetical order by agency name. This order does not reflect in any way the priorities of the Executive Office of the Governor, or the Office of Adoption and Child Protection. 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.

Nine (9) state agencies provided policy and budget recommendations related to the prevention of abuse, abandonment and neglect, the promotion of adoption, and the support of adoptive families. The Office of Adoption and Child Protection appreciates the time, resources, and support that each of the agencies invested into creating their recommendations and submissions. These recommendations are summarized below by state agency.

Agency for Health Care Administration

The Agency for Health Care Administration contracted with a specialty plan, Sunshine State Health Plan, to manage and coordinate the medical care for Medicaid enrolled children under the age of 21 who have an open case in the Florida Safe Families Network system. This specialty plan will operate in all 11 regions, statewide and has collaborative agreements in place with the Community-Based Care Lead Agencies that have delegated responsibility for these children. Children who are in the child welfare system often have extensive physical and behavioral health needs. Through the child welfare specialty plan, these children can receive their care through an integrated delivery system, with close coordination between physical and behavioral health care providers. The child welfare specialty plan will:

- Provide enhanced care coordination for this population;
- Ensure that each child has access to a medical home;
- Provide increased opportunities to engage parents or relative caregivers in the child’s care as we work towards reunification or adoption;
- Focus on additional preventive and outcome measures specific to this population; and
- Provide training and education (e.g., trauma informed care) to parents, caregivers, health care providers, foster care staff and other child serving systems.

The child welfare specialty plan will be implemented regionally between May 2014 – August 2014. The anticipated roll-out schedule is as follows:

Regions	Enrollment Date
2, 3 and 4	May 1
5, 6 and 8	June 1
10 and 11	July 1
1, 7 and 9	August 1

Agency for Persons with Disabilities

During the 2013 Legislative Session, the Governor and the Legislature gave the Agency \$36.3 million dollars in total funds between General Revenue and the Trust Fund for moving clients from the waiting list to the Home and Community Based (HCBS) Medicaid Waiver. One of the categories within the waiting list is Children in the system that are being adopted or reunified.

The Agency priority is to move these children that are in foster care from the APD waiting list to the waiver when an adoption or reunification has been deemed imminent by the court. Potential adoptive and reunified parents have the assurance that APD will provide Medicaid Waiver funds, which further enhances the decision to adopt a child with special needs.

Further funding of the APD waiting list will ensure that the trend of moving foster children with known adoption or reunification dates will continue.

National statistics have revealed that nearly 90% of individuals with developmental disabilities will likely be the victims of abuse, neglect, or exploitation at some point during their lives. To prevent further abuse, APD is working to garner support from and partner with Florida prosecutors to develop and utilize a settlement agreement template that would essentially prohibit alleged perpetrators from working with certain populations or within certain settings in lieu of prosecution.

There will be a need to partner with provider associations in the development of additional proactive steps that can be used to prevent abusive situations from occurring.

Department of Children and Families

Office of Child Welfare

1. Child Abuse and Neglect Prevention Initiative (Issue 4000060)

The Department requests \$6,000,000 of General Revenue budget authority to contract with not-for-profit organizations to develop and implement strategic initiatives to reduce incidences of child maltreatment in targeted geographical areas and procure an evaluation to determine outcomes, cost effectiveness, and potential for statewide replication.

The Department and the Governor's Office of Adoption and Child Protection have identified specific counties within the state with statistically higher than average rates of verified child abuse and neglect and other societal factors associated with child maltreatment, such as domestic violence, teen births, poverty and lower than average high school graduation rates. The Department proposes to contract with not-for-profit organizations that will collaborate with local schools, businesses, faith-based organizations and other child-serving agencies in the development and implementation of strategic initiatives to impact the causal factors identified in specific communities in order to reduce the incidence of child maltreatment. In addition, the Department will competitively procure an independent evaluation of the pilot projects that will look at outcomes, cost effectiveness, and potential for successful statewide replication. This information can then be used going forward to focus on best practices to be implemented around the state to improve practice in the prevention of child maltreatment. The Department would like to expand the state's capacity to effectively enhance the safety and well-being of all of Florida's children in proven effective programming.

Simply increasing prevention expenditures will not guarantee better results. However, family support programs are expected to produce a progression of outcomes beginning with short term outcomes (engagement and learning), that lead to intermediate outcomes (behavior change), eventually resulting in long term outcomes (population-wide impact such as reduced risk/incidence of child abuse and neglect).

It is critical for child maltreatment programs to demonstrate that desired, measurable outcomes are occurring as a result of their services. An outcome evaluation is necessary to ensure quality services with positive outcomes.

2. Healthy Families Florida High Risk Specialists (Issue 4000240)

The Department requests \$500,000 of General Revenue budget authority to fund the High Risk Enhancement in six Healthy Families Florida projects (Gadsden/Leon, Jacksonville, Lake/Sumter/Marion, Martin/Okeechobee, Palm Beach and Sarasota) to add one licensed clinician (Family Specialist) to the core Healthy Families staffing in each of these projects. The role of the Family Specialist is to provide in-home therapeutic counseling to a minimum of 180 Healthy Families participants in Fiscal Year 2014-2015 who are experiencing substance abuse, domestic violence and mental health issues. The Family Specialist also provides consultation and support to the paraprofessional Healthy Families home visitors to better serve families experiencing these challenges.

In Fiscal Year 2011-2012 and Fiscal Year 2012-2013, the Department provided non-recurring funding to enhance the Healthy Families Florida core model. This High Risk Enhancement is designed to increase the number of participants with mental health problems, domestic violence and substance abuse who will accept therapeutic counseling services, and to improve the number of families who complete needed services. This issue is necessary to improve family stability, prevent child abuse and neglect, and maintain children safely with their families.

Healthy Families Florida serves families at high risk for abuse and neglect based on the validated Healthy Families Florida Assessment Tool. Some of the research-based risk factors for families enrolled in Fiscal Year 2012-2013 include: 30% have maternal depression or other mental health issues; 26% have experienced domestic violence; 17% live with someone who abuses substances in the home; and, 14% used alcohol and/or drugs during pregnancy (Healthy Families Florida Performance Management Reports, 2013).

The actual percentage of participants experiencing these issues is likely to be higher, as some participants wait to share this information until after they have established a trusting relationship with their family support worker (home visitor) or until the family support worker observes signs of these issues during program participation. The independent evaluators who conducted a rigorous five-year evaluation of Healthy Families Florida recommended enhancing the program by adding a high risk specialist to the core staffing to determine if better outcomes are achieved for families who are hardest to serve (Williams, Stern and Associates, 2005).

Children of mothers with mental illness have an increased likelihood of foster care placement. Among Medicaid-eligible mothers in one urban city, mothers with a serious mental illness (defined as schizophrenia or a major affective disorder) were 2.8 times more likely to have their child placed into out-of-home care than mothers without a serious mental illness (Park, Solomon, and Mandell, 2006).

A majority of the studies reveal there are child victims in 30 to 60 percent of families experiencing domestic violence (Appel and Holden, 1998; Edleson, 1999). Another study found that in 78 percent of single-mother families in the U.S. experiencing domestic violence, the domestic violence preceded the child maltreatment (McGuigan and Pratt, 2001). Healthy Families Florida is successful at preventing child abuse and neglect 95 percent of families who complete the program are free from abuse three years later. The most common maltreatment type among children (37.5 percent) was Family Violence Threatens Child (Ounce of Prevention Fund of Florida, 2012).

Research also supports the association between substance abuse and child maltreatment. According to the U.S. Department of Health and Human Services (1999) and the Child Welfare League of America (1998),

parental substance abuse is reported to be a contributing factor for between one- and two-thirds of maltreated children in the child welfare system. Substance abuse and child maltreatment often co-occur with other problems, including mental illness, producing extremely complex situations that can be difficult to resolve (U.S. Department of Health and Human Services, 1999). These studies continue to be cited in later publications regarding the association between substance abuse and child maltreatment.

A Johns Hopkins study (Windham, et al., 2004) provides relevant information regarding what family support workers need to effectively serve high-risk families. The study concluded, Identification of and response to problems such as substance abuse, depression and domestic violence require extensive training, consistent supervision, and access to professionals to provide assessment and treatment services. This is especially true in voluntary programs where families are identified on the basis of potential risk to their infants, but who may not recognize their need for services for mental health or substance use problems. While the Healthy Families Florida model includes extensive training and weekly supervision, many of the families with mental health, substance abuse and domestic violence issues will not accept referrals to an outside professional.

Another Johns Hopkins study (Tandon, et al., 2005) concluded, Home visiting programs might benefit from collaborating with professionals who are more skilled and experienced in dealing with mental health, domestic violence and substance abuse issues. A portion of the Family Specialist's time is spent providing one-on-one consultation with Healthy Families paraprofessional home visitors and their supervisors to discuss the challenges these families are facing and to make recommendations that will help the home visitors in their work with parents to build protective factors and gain the knowledge and skills families need to provide a safe and stable environment for their children and improve self-sufficiency. This consultation also serves to develop strategies to improve family follow-through on treatment plans, referrals to other community resources and engagement in the program.

In 2012-2013, Family Specialists conducted 486 consultations to support Healthy Families staff. In addition, the Family Specialists facilitate group staffings, provide training and professional development as well as participate in clinical supervision when warranted. When surveyed in April 2013, 98.0 percent of family support workers and 98.8 percent of families served indicated they were satisfied with the services provided by the Family Specialist (Ounce of Prevention Fund of Florida, 2013).

3. Maintain Funding for the Healthy Families Program (Issue 40002310)

The Department requests \$5,000,000 of budget authority in General Revenue in the Grants and Aids Child Abuse Prevention and Intervention category within the Family Safety and Preservation Services budget entity to restore nonrecurring funding with recurring general revenue for Healthy Families Florida (HFF) to maintain the Fiscal Year 2013-2014 funding of \$21,114,329. This will prevent cutting services to approximately 1,471 families and 2,618 children who are at high risk of abuse and neglect, the elimination of services in up to 12 counties and the reduction of services in up to 29 counties that currently receive services. In addition, maintaining the current level of funding will prevent the loss of approximately 89 jobs.

Very young children (5 years of age and younger) represent 48.42% of the out-of-home care (Quick Facts, November 2012). This age group typically leads removals of the victims of abuse and neglect. At this age, the consequences of child maltreatment are likely to be more severe and have lasting adverse effects on the child's life. This issue is necessary to improve family stability.

Families served by Healthy Families Florida have multiple factors that place their children at risk of abuse and neglect. These research-based risk factors include incomes below 200% poverty; single parent households; possessing neither a high school diploma or General Education Diploma (GED); experienced abuse as a child; having multiple children under five years of age; experiencing mental health, substance

abuse or domestic violence; having unrealistic expectations about developmental milestones; and having a parent-verbalized need to physically punish a child one year old or younger.

The foundation of many skills needed for 21st-century jobs is established in the first five years of life (Heckman, James, 2008). Research shows that the most rapid brain development occurs before the age of five, during the same period when child abuse and neglect is most likely to occur (Shonkoff, J., 2009). Early traumatic experiences can impede development resulting in children who are more likely to struggle in school and have lower earnings as adults (Johnson and Schoeni, 2006). Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities and more successful interpersonal relationships into adulthood and beyond (Shonkoff, J., 2009). Proven home visiting programs that intervene early and promote supportive parenting can prevent the trauma of early childhood adversity, and contribute to strong early brain development and social and emotional well-being (The Pew Center on the States, 2011).

4. Maintain Funding for Maintenance Adoption Subsidies (Issue 4002370)

The Department requests \$17,584,011 of budget authority (\$12,369,288 of General Revenue and \$5,214,723 of Federal Grants Trust Fund) to restore nonrecurring funding for maintenance adoption subsidies for children adopted from foster care. Maintenance adoption subsidies (MAS) enable families to consider adoption of special needs children who have been traumatized by abuse and neglect, are unable to safely return home to their birth parents and must remain in foster care until an approved adoptive family has been identified.

This issue along with issue 4006020 (Maintenance Adoption Subsidies) for \$11,159,088 requests a total of \$28,743,099.

In Section 409.166, Florida Statutes (F.S.), the Legislature describes the intent to protect and promote the right of every child to have the stability and security of a permanent family, especially when the Department has removed a child due to abuse or neglect and determined that a child cannot safely return to his/her birth parents. In this section, the Legislature also recognized the need for financial assistance for families adopting foster children with special needs who have proven more difficult to place with adoptive families because of the significant trauma they experienced and therefore they have long-term special needs.

National research, such as *Never Too Old, Achieving Permanency* by Evan B. Donaldson Adoption Institute (2011) and *Beyond the Foster Care System* by Betsy Krebs and Paul Pitcoff (2006), has shown that children who age out of foster care without a permanent connection to an adult/family have significantly poor outcomes and are at greater risk for substance and alcohol abuse, early pregnancy, criminal conduct and limited post-secondary education. Preventing these negative outcomes by providing economic support for families who adopt these at-risk foster children represents a compelling and ongoing public and community need for the state of Florida.

Nationally, and in Florida, the maintenance adoption subsidy program has proven to be an important support in the adoptions of foster children with special needs. Subsidies have enabled a new population of families to adopt special needs children, especially foster parents and relative caregivers who develop a commitment and nurturing relationship with these children. Each year, foster parents and relative caregivers represent 75% of Florida's adoptions from foster care (Fifth Annual Report of the Office of Adoption and Child Protection, 2011). As a result, thousands of children each year are being nurtured by permanent adoptive families in Florida's communities rather than being raised in foster care; for example between July 1, 2007 and June 30, 2013, there have been 19,100 children adopted from Florida's foster care system. For eligible children, s.409.166(4)(b), F.S., allows subsidies of \$5,000 annually or an amount agreed upon by the adoptive parents and the department. This amount may be adjusted or enhanced based

on the increased needs of a child. For example, a child with multiple physical problems or severe/increasing mental health issues may need additional services over time, especially as the child becomes an adolescent when some physical and mental health issues are exacerbated. Florida Statute and federal regulations also allow for reimbursement of nonrecurring expenses up to \$1,000 for the finalization of an adoption such as attorney fees and court costs. (s. 409.166(7), F.S.)

Although a state may experience difficulties in its ability to fund maintenance adoption subsidies due to state budget shortfalls, such difficulties cannot relieve or alter the state's obligation under Title IV-E to honor adoption assistance agreements signed and approved by the Department to provide a monthly subsidy until the month the child turns age 18. Federal policy guidance also states using a family's income to determine eligibility for a Title IV-E subsidy, also known as means testing, is not allowed. This is consistent with the federal requirements in sections 473(a)(1)(B)(ii) and 473(a)(3) of the Social Security Act.

5. Maintenance Adoption Subsidies Funding (4006020)

The Department requests \$11,159,088 of budget authority (\$7,849,744 of General Revenue and \$3,309,344 of Federal Grants Trust Fund) to restore nonrecurring funding for maintenance adoption subsidies for children adopted from foster care. Maintenance adoption subsidies (MAS) enable families to consider adoption of special needs children who have been traumatized by abuse and neglect, are unable to safely return home to their birth parents and must remain in foster care until an approved adoptive family has been identified.

This issue along with issue 4002370 (Maintenance Adoption Subsidies) for \$17,584,011 requests a total of \$28,743,099.

National research, such as *Never Too Old, Achieving Permanency* by Evan B. Donaldson Adoption Institute (2011) and *Beyond the Foster Care System* by Betsy Krebs and Paul Pitcoff (2006), has shown that children who age out of foster care without a permanent connection to an adult/family have significantly poor outcomes and are at greater risk for substance and alcohol abuse, early pregnancy, criminal conduct and limited post-secondary education. Preventing these negative outcomes by providing economic support for families who adopt these at-risk foster children represents a compelling and ongoing public and community need for the state of Florida.

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honor adoption assistance agreements signed and approved by the Department to provide a monthly subsidy until the month the child turns age 18. Federal policy guidance also states using a family's income to determine eligibility for a Title IV-E subsidy, also known as means testing, is not allowed. This is consistent with the federal requirements in sections 473(a)(1)(B)(ii) and 473(a)(3) of the Social Security Act.

Substance Abuse and Mental Health (SAMH)

1. Restore Non-Recurring Funding for Project LAUNCH (400260)

The Department requests \$53,858 of recurring Federal Grants Trust Fund authority. This federal funding from Substance Abuse Mental Health Service Administration (SAMHSA) is for the Project LAUNCH grant. The Legislature appropriated nonrecurring funding in Fiscal Year 2013-14 (issue number 1600490, "Continue Project LAUNCH Grant"). This issue replaces a nonrecurring fund source with recurring funds for the Project LAUNCH Grant as this is a recurring operational activity.

The focus of this grant is families in Pinellas County known as the Lealman Corridor. This area was chosen based on data that shows high levels of substance use, crime, and major gaps between needs and services. Nineteen percent of the population is living at or below the federal poverty guidelines. Children in distressed areas, like the Lealman Corridor, are exposed to multiple risk factors that can lead to negative outcomes. These children have substantial development and social competency deficits that affect readiness to learn. Data suggests that between one half to one third of kindergarteners in the Lealman Corridor are not ready for school.

Child welfare data reports that 70% of the cases reported in the Lealman Corridor were related to parental substance abuse (50% with prescription drug abuse as a contributing factor). The environmental scan completed identifies a lack of understanding of the importance of substance use by parents or caregivers on the developing child. For this reason, Project LAUNCH plans to include a focus on substance abuse with training and coordination efforts.

The environmental scan revealed several barriers to screening and early intervention services, highlighting the need to increase appropriate referrals and coordination, expand the use of evidence-based practices, promote universal screening approaches, and include maternal depression screening for home visiting programs and primary care settings.

In addition to the identified needs listed above, LAUNCH will enhance the early childhood system by focusing on its infrastructure by addressing practices, policies, and training needs. Funds appropriated for Fiscal Year 2013-14 as nonrecurring need to be recurring for this grant.

Restoration of these funds will continue critical funding for the Project LAUNCH grant in Pinellas County for the promotion of wellness of young children from birth to 8 years by addressing the gaps in existing prevention and targeted intervention services. The population of Lealman Corridor faces many early childhood developmental risk factors, such as limited services, high crime, substance use, domestic violence, and high rates of child maltreatment associated with substance use and unemployment. Restoring this funding will allow the continued implementation of this federal grant.

2. Maintain Funding for Children's Substance Abuse Services (4002320)

The Department requests \$1,125,000 of recurring General Revenue authority to continue children's community substance abuse services. The Legislature appropriated nonrecurring funding in FY 2013-14 (issue code 4002320) for these services. Recurring funding will ensure continued substance abuse services for approximately 1,200 children and adolescents in Fiscal Year 2014-15.

According to the most recent Florida Youth Substance Abuse Survey (FYSAS) conducted in FY 2011-12, there are approximately 276,000 children with substance use disorders statewide. In FY 2012-2013, 42,093 children received treatment and recovery support services in the community at an average cost of \$961 per child served (data retrieved from the Department's dashboard, 9/4/2013). The Department provides substance abuse services to meet 15.3% of those in need.

Based on Florida substance abuse treatment admissions data, marijuana accounts for the highest percent of adolescent admissions (44.5%), followed by other drugs (40.7%), and alcohol (5.4%) (data retrieved from the Department's LRPP for FY 2012-2013, Substance Abuse). Based on the results of the FYSAS, the rate of underage drinking remains a significant concern in Florida.

If non-recurring funding is not restored as recurring, approximately 1,200 children/adolescents will not receive critical treatment and recovery support services. Without access to substance abuse treatment and supports, these children will likely have ongoing and acute substance abuse issues that will impact hospital emergency departments. For these children, there is also an increased risk of entry to the juvenile detention system if they did not get services. Lastly, the reduction of General Revenue funding will impact the Maintenance of Effort (MOE) for the federal Substance Abuse Prevention and Treatment Block Grant, thereby jeopardizing Block Grant funding.

3. Maintain Funding for Community Adult Substance Abuse Services (4002340)

The Department requests \$2,500,000 of recurring General Revenue authority to continue community substance abuse services. The Legislature appropriated nonrecurring funding in Fiscal Year 2013-14 (issue code 4002340) for these services. Recurring funding is needed to enable approximately 1,800 adults to access substance abuse treatment and support services in Fiscal Year 2014-15.

Restoration of programs supported by these funds will continue critical treatment and recovery support to approximately 1,200 children and their families affected by substance use. It will prevent the elimination of the following statewide services: residential treatment, intensive outpatient, and recovery support. Funding restoration will also prevent the more costly utilization of emergency rooms and inpatient hospital programs and the burden to the criminal justice system, in terms of both local jails and juvenile detention facilities.

According to the most recent National Household Survey on Drug Use and Health, there are approximately 1,154,000 adults with substance use disorders statewide. In FY 2012-2013, the Department served 100,184 adults with substance abuse problems through an array of individualized intervention, treatment, and recovery support services (data retrieved from the Department's dashboard, 9/4/2013). These treatment services were provided at an average cost of \$1,382.00 per adult served.

As of the 2012 Substance Abuse and Mental Health Plan Update, alcohol continues to account for the highest percent of treatment admissions for adults (30.7%), followed by prescription drugs (24.1%), marijuana and crack/cocaine (combined 23%) (data retrieved from the Department's LRPP for FY 2012-2013, Substance Abuse). There has been a significant increase in opiate and benzodiazepine admissions due to Florida's growing prescription drug abuse problem. From 2005-2010, opiate related deaths increased by 49% and benzodiazepine related deaths increased by 62.5% (data retrieved from the Medical Examiners Commission, Florida Department of Law Enforcement).

If the non-recurring funding is not restored as recurring, approximately 1,800 adults will not receive critical treatment and recovery support services. Without access to substance abuse treatment and support, these adults with ongoing and acute substance abuse issues will impact hospital emergency departments. These individuals also run a greater risk of entering the jail and prison systems if they do not get the services they need. Lastly, the reduction of General Revenue funding will impact the Maintenance of

Effort (MOE) for the federal Substance Abuse Prevention and Treatment Block Grant, thereby jeopardizing Block Grant funding.

4. Restore Expansion of Substance Abuse Services for Pregnant Women and Women with Children (4003100)

The Department requests \$8,967,000 of recurring General Revenue budget authority to continue expanded substance abuse services for pregnant women and women with children. The Legislature appropriated \$8,967,000 in nonrecurring General Revenue in Specific Appropriation 375 of the General Appropriations Act for Fiscal Year 2013-2014.

Substance abusing parents are less likely to utilize appropriate parenting practices and may be neglectful in basic nurturing and caretaking. Drug-seeking behavior may contribute to more criminal activity and an unsafe care-giving environment. Children born to addicted women are subject to Neonatal Abstinence Syndrome (NAS) which makes mother-infant bonding more difficult. NAS is a group of problems that occur in a newborn exposed to substances while in the mother's womb. These substances pass through the placenta to the baby during pregnancy. The baby becomes addicted along with the mother, and at birth the baby is still dependent on the drug. Because the baby is no longer getting the drug after birth, symptoms of withdrawal may occur. Factors such as parental drug treatment, maternal guilt, prolonged neonatal hospitalization for NAS and separation challenge maternal infant bonding. As these drug-exposed children mature, they are likely to have poorer physical and emotional outcomes and are at higher risk of developing challenging behaviors. Exposure to adverse events that often occur in substance abusive environments has a marked negative effect on the normal trajectory of social and emotional development.

If nonrecurring funding is not restored as recurring, pregnant women and women with dependent children will have reduced access to specialized services for this population. Specialized services include but are not limited to housing, case management, primary medical services, therapeutic interventions, and substance abuse treatment. In addition, the reduction of General Revenue funding will impact the Maintenance of Effort (MOE) for the federal Substance Abuse Prevention and Treatment Block Grant, thereby jeopardizing Block Grant funding.

Department of Corrections

The Department of Corrections understands that many inmates and persons on probation are parents or part of family units with children; placing these families and, in particular, these children in a higher risk category. Targeted services for this population (either while in custody, or state supervision) offer opportunities to develop healthy parental skills and bring stability to these family units.

The Department of Corrections is not making any specific budget requests at this time but would support funding for these services.

Department of Education

In 2013, the department continued its participation on the Child Abuse Prevention and Permanency (CAPP) Council with support from all relevant bureaus and program areas; specifically, the Bureau of Exceptional Education and Student Services, the Bureau of Curriculum and Instruction, and the Bureau of Family and Community Outreach. The department's efforts have included securing federal grant funds that will be used in part to combat trafficking of children, to promote child abuse prevention resources via training sessions and our agency website, and to provide technical assistance to school district administrators on compliance with the current anti-bullying statute.

At this time, the department has no further recommendations related to CAPP activities and will not be submitting a budget request for this area.

Department of Health

Enhanced distribution of Coping with Crying and Safe Sleep brochures and training for professionals on these topics.

Department of Juvenile Justice

The Department of Juvenile Justice (DJJ) submits the following policy proposals and budget request related to the development and improvement of services and programs promoting adoption, adoptive families, child abuse and neglect prevention, or adoption promotion and support needs.

- Budget: \$637,000 in the 2014-15 Legislative Budget Request (LBR) for expansion of PACE services. Funding would be used to open a PACE center in Clay county to serve (50) at risk middle & high school aged girls. PACE centers are successful alternative schools for at risk girls that provide gender specific life management curriculum, counseling, and transition services in a non-traditional educational setting. (*DJJ Category: Prevention*)
- Legislation: As part of DJJ's 2014 legislative package, the Department is proposing a number of comprehensive revisions to chapter 985, Florida Statutes to codify best practices for juvenile justice that reflect previous and ongoing reforms. These revisions will be a part of the department's Chapter 985 general revision bill proposed during the 2014 session. This proposal includes codifying and emphasizing the area of "prevention", increasing transition services to youth exiting residential commitment, and codifying "trauma informed care" to address the specific needs and factors of each child. It also adds criminal sanctions for employees found guilty of abuse or neglect of any individual being held in a juvenile facility or program regardless of their age. This last provision is based on a result of a March 8, 2012 Grand Jury Report on the death of Eric Perez while in the custody of the Department of Juvenile Justice. Eric Perez had turned 18 just a few days before his tragic death. The report specifically identified a recommendation regarding the definition of a "child" and stated: The Legislature should enact a statute addressing the criminal neglect of anyone in the care or custody of the DJJ. A subsequent Miami-Dade Grand Jury Report dated July 25, 2012 cited and supported the Palm Beach report in their recommendation to change the definition of child in statute.

Department of Law Enforcement

Recommendation One: We understand that currently Florida is the only State that does not have some form of ALL child death review. To achieve the goal of moving to ALL death review FDLE recommends a phased approach as follows:

- Phase I - Expand the State's child death review process to include the review of all deaths reported to the Florida Abuse Hotline
- Phase II - Expand the child death review to all deaths reported to the Medical Examiners that are either suspicious or result from an accident
- Phase III – Obtain all statistical data from DOH's Bureau of Vital Statistics relating to child deaths to identify areas of concern and or improvement

Recommendation Two: Consider establishing a requirement in state statute for background check screening for private adoptions and for persons who house foreign exchange students. If implemented, this requirement could potentially have a fiscal impact as a government agency would be required to conduct the checks to authorize the adoption or placement of the student. We believe that all children

placed in homes should be afforded the same level of protection regardless of whether the adoption goes through DCF, through a private organization or an attorney.

Additionally, from a training perspective, FDLE will continue providing training to Florida law enforcement and child protection workers at the current level. Training above this level would require an adequate budget allotment to offset the increased costs.

Guardian ad Litem

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.

1. Expediate adoption by shifting from administrative to circuit court determination - Affirmatively authorizes an unsuccessful applicant to adopt a specific child in DCF custody to seek review of the DCF's denial by filing a petition to adopt the child in the circuit court with jurisdiction over the dependency/termination of parental rights proceeding. Simultaneously eliminates the right to pursue an administrative proceeding under Chapter 120, F.S. The GAL will be supporting this DCF initiative.
2. Keys to Independence – The Guardian ad Litem Program has been working with the Legislature to develop a bill to enhance normalcy for youth in foster care. If passed, this initiative, under the leadership of Representative Ben Albritton and Senator Nancy Detert, would create a pilot program to partially reimburse foster youth and caretakers for the cost of driver's education and auto insurance. The aim is to increase the ability of foster youth to gain independence for school and employment by teaching them to drive safely. Criteria will be established to ensure that foster youth achieve good grades and behave responsibly before reimbursement can occur.
3. Keeping I.D. Safe (KIDS) Act - The Guardian ad Litem Program is supporting S.B. 242, the Keeping I.D. Safe (KIDS) Act. Agriculture Commissioner Adam Putnam worked with the Legislature to develop the KIDS Act, which will enable parents and guardians to create a credit record for their children and freeze it, effectively blocking thieves from using it. The KIDS Act was introduced in the Senate today by its sponsor, Sen. Nancy Detert. The bill has also been filed in the House, H.B. 151 by Rep. Heather Dawes Fitzenhagen.

Budget requests, adoption promotion and support needs, and child abuse prevention program needs by state agency.

1. GAL Budget request to expand representation - The Statewide Guardian ad Litem Office is requesting \$6 million in new funding to increase the number of children represented in keeping with its statutory mandate to serve all children in the dependency system. If funded, the increase would allow the Program to increase its representation to include all children in out of home care and 80% of children in the child welfare system.

Office of Early Learning

The Office of Early Learning will continue to implement a Parent Engagement Initiative with technical assistance and mentoring to infuse the Protective Factors through Florida's 30 Early Learning Coalitions. Partnering with the Children and Youth Cabinet, OEL has submitted a legislative budget request of \$12 million for a statewide parent skill-building initiative to give parents 24-hour access to consistent, reliable "just-in-time" information on a wide range of parenting topics and resources available to them.

Appendix

Governor's Office of Adoption and Child Protection
Florida Statutes 39.001, Sections 7 – 10

- (7) **LEGISLATIVE INTENT FOR THE PREVENTION OF ABUSE, ABANDONMENT, AND NEGLECT OF CHILDREN.**—The incidence of known child abuse, abandonment, and neglect has increased rapidly over the past 5 years. The impact that abuse, abandonment, or neglect has on the victimized child, siblings, family structure, and inevitably on all citizens of the state has caused the Legislature to determine that the prevention of child abuse, abandonment, and neglect shall be a priority of this state. To further this end, it is the intent of the Legislature that an Office of Adoption and Child Protection be established.
- (8) **OFFICE OF ADOPTION AND CHILD PROTECTION.**—
- (a) For purposes of establishing a comprehensive statewide approach for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect, the Office of Adoption and Child Protection is created within the Executive Office of the Governor. The Governor shall appoint a Chief Child Advocate for the office.
- (b) The Chief Child Advocate shall:
1. Assist in developing rules pertaining to the promotion of adoption, support of adoptive families, and implementation of child abuse prevention efforts.
 2. Act as the Governor's liaison with state agencies, other state governments, and the public and private sectors on matters that relate to the promotion of adoption, support of adoptive families, and child abuse prevention.
 3. Work to secure funding and other support for the state's promotion of adoption, support of adoptive families, and child abuse prevention efforts, including, but not limited to, establishing cooperative relationships among state and private agencies.
 4. Develop a strategic program and funding initiative that links the separate jurisdictional activities of state agencies with respect to promotion of adoption, support of adoptive families, and child abuse prevention. The office may designate lead and contributing agencies to develop such initiatives.
 5. Advise the Governor and the Legislature on statistics related to the promotion of adoption, support of adoptive families, and child abuse prevention trends in this state; the status of current adoption programs and services, current child abuse prevention programs and services, the funding of adoption, support of adoptive families, and child abuse prevention programs and services; and the status of the office with regard to the development and implementation of the state strategy for the promotion of adoption, support of adoptive families, and child abuse prevention.
 6. Develop public awareness campaigns to be implemented throughout the state for the promotion of adoption, support of adoptive families, and child abuse prevention.

- (c) The office is authorized and directed to:
1. Oversee the preparation and implementation of the state plan established under subsection (9) and revise and update the state plan as necessary.
 2. Provide for or make available continuing professional education and training in the prevention of child abuse and neglect.
 3. Work to secure funding in the form of appropriations, gifts, and grants from the state, the Federal Government, and other public and private sources in order to ensure that sufficient funds are available for the promotion of adoption, support of adoptive families, and child abuse prevention efforts.
 4. Make recommendations pertaining to agreements or contracts for the establishment and development of:
 - a. Programs and services for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.
 - b. Training programs for the prevention of child abuse and neglect.
 - c. Multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, young adults, and families.
 - d. Efforts to promote adoption.
 - e. Postadoptive services to support adoptive families.
 5. Monitor, evaluate, and review the development and quality of local and statewide services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect and shall publish and distribute an annual report of its findings on or before January 1 of each year to the Governor, the Speaker of the House of Representatives, the President of the Senate, the head of each state agency affected by the report, and the appropriate substantive committees of the Legislature. The report shall include:
 - a. A summary of the activities of the office.
 - 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.

- e. 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.
 - f. Budget requests, adoption promotion and support needs, and child abuse prevention program needs by state agency.
6. Work with the direct-support organization established under s. 39.0011 to receive financial assistance.

(9) PLAN FOR COMPREHENSIVE APPROACH.—

- (a) The office shall develop a state plan for the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children and shall submit the state plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than December 31, 2008. The Department of Children and Family Services, the Department of Corrections, the Department of Education, the Department of Health, the Department of Juvenile Justice, the Department of Law Enforcement, and the Agency for Persons with Disabilities shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the Florida local advocacy councils; community-based care lead agencies; private or public organizations or programs with recognized expertise in working with child abuse prevention programs for children and families; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, abandoned, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies; and the circuit courts, when guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

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

- 1. The office shall establish a Child Abuse Prevention and Permanency Advisory Council composed of an adoptive parent who has adopted a child from within the child welfare system and representatives from each state agency and appropriate local agencies and organizations specified in paragraph (a). The advisory council shall serve as the research arm of the office and shall be responsible for:
 - a. Assisting in developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the promotion and support of adoption and the prevention of child abuse, abandonment, and neglect conducted by the office in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.

- b. 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.
 - c. Providing the districts with technical assistance in the development of local plans of action, if requested.
 - d. Assisting in examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.
 - e. Assisting in preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the incorporation into the state plan of information obtained from the local plans, the cooperative plans with the members of the advisory council, and the plan of action for coordination and integration of state departmental activities. The state plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the state plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The state plan shall also include each separate local plan of action.
 - f. Conducting a feasibility study on the establishment of a Children's Cabinet.
 - g. Working with the specified state agency in fulfilling the requirements of subparagraphs 2., 3., 4., and 5.
2. The office, the department, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.
 3. The office, the department, the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.
 4. Within existing appropriations, the office shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect. The plan for accomplishing this end shall be included in the state plan.
 5. The office, the department, the Department of Education, and the Department of Health shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect.

The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the state plan for the prevention of child abuse, abandonment, and neglect.

6. Each district of the department shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the advisory council for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in this paragraph, as well as representatives from those departmental district offices participating in the promotion of adoption, support of adoptive families, and treatment and prevention of child abuse, abandonment, and neglect. In order to accomplish this, the office shall establish a task force on the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect. The office shall appoint the members of the task force in accordance with the membership requirements of this section. The office shall ensure that individuals from both urban and rural areas and an adoptive parent who has adopted a child from within the child welfare system are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:
 - a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child abandonment and neglect in its geographical area.
 - b. A description of programs currently serving abused, abandoned, and neglected children and their families and a description of programs for the prevention of child abuse, abandonment, and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.
 - c. Information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts.
 - d. A description of programs currently promoting and supporting adoptive families, including information on the impact, cost-effectiveness, and sources of funding of such programs.
 - e. A description of a comprehensive approach for providing postadoption services. The continuum of services shall include, but not be limited to, sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy.
 - f. A continuum of programs and services necessary for a comprehensive approach to the promotion of adoption and the prevention of all types of child abuse, abandonment, and neglect as well as a brief description of such programs and services.
 - g. A description, documentation, and priority ranking of local needs related to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect based upon the continuum of programs and services.

- h. 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.
- i. A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect.
- j. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

(10) FUNDING AND SUBSEQUENT PLANS.—

- (a) All budget requests submitted by the office, the department, the Department of Health, the Department of Education, the Department of Juvenile Justice, the Department of Corrections, the Agency for Persons with Disabilities, or any other agency to the Legislature for funding of efforts for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect shall be based on the state plan developed pursuant to this section.
- (b) The office and the other agencies and organizations listed in paragraph (9)(a) shall readdress the state plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. At least biennially, the office shall review the state plan and make any necessary revisions based on changing needs and program evaluation results. An annual progress report shall be submitted to update the state plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required above.

Florida Children and Youth Cabinet
Florida Statutes 402.56

- (1) SHORT TITLE.—This act may be cited as the “Children and Youth Cabinet Act.”
- (2) LEGISLATIVE FINDINGS AND INTENT.—
 - (a) The Legislature finds that all state agencies and programs that touch the lives of children and youth must work in a coordinated and comprehensive fashion, with an emphasis on providing a continuum of services that benefit children from prenatal care through programs supporting successful transition to self-sufficient adulthood. The Legislature further finds that creating a Children and Youth Cabinet is the best method by which the state might achieve the visions and plans necessary to ensure that this state is the first place families think of when asked, “Where do you want to raise a child?”
 - (b) The Legislature, in collaboration with the Governor, intends to develop and implement a shared vision among the branches of government in order to improve child and family outcomes in this state. By working collaboratively, the Legislature intends to invest in the education and skills of our children and youth, develop a cohesive vision and plan that ensures a long-term commitment to children and youth issues, align public resources serving children and youth to support their healthy growth and development, and promote increased efficiency and improved service delivery by all governmental agencies that provide services for children, youth, and their families.
- (3) ORGANIZATION.—There is created the Children and Youth Cabinet, which is a coordinating council as defined in s. 20.03.
 - (a) The cabinet shall ensure that the public policy of this state relating to children and youth is developed to promote interdepartmental collaboration and program implementation in order that services designed for children and youth are planned, managed, and delivered in a holistic and integrated manner to improve the children’s self-sufficiency, safety, economic stability, health, and quality of life.
 - (b) The cabinet is created in the Executive Office of the Governor, which shall provide administrative support and service to the cabinet.
 - (c) The cabinet shall meet at least four times each year, but no more than six times each year, in different regions of the state in order to solicit input from the public and any other individual offering testimony relevant to the issues considered. Each meeting must include a public comment session.
- (4) MEMBERS.—The cabinet shall consist of 14 members including the Governor and the following persons:
 - (a)
 1. The Secretary of Children and Family Services;
 2. The Secretary of Juvenile Justice;
 3. The director of the Agency for Persons with Disabilities;
 4. The director of the Office of Early Learning;
 5. The State Surgeon General;
 6. The Secretary of Health Care Administration;
 7. The Commissioner of Education;

8. The director of the Statewide Guardian Ad Litem Office;
 9. The director of the Office of Child Abuse Prevention; and
 10. Five members representing children and youth advocacy organizations, who are not service providers and who are appointed by the Governor.
- (b) The President of the Senate, the Speaker of the House of Representatives, the Chief Justice of the Supreme Court, the Attorney General, and the Chief Financial Officer, or their appointed designees, shall serve as ex officio members of the cabinet.
 - (c) The Governor or the Governor's designee shall serve as the chair of the cabinet.
 - (d) Nongovernmental members of the cabinet shall serve without compensation, but are entitled to receive per diem and travel expenses in accordance with s. 112.061 while in performance of their duties.
- (5) DUTIES AND RESPONSIBILITIES.—The Children and Youth Cabinet shall:
- (a) Develop and implement a shared and cohesive vision using integrated services to improve child, youth, and family outcomes in this state.
 - (b) Develop, no later than December 31, 2007, a strategic plan to achieve the goals of the shared and cohesive vision. The plan shall be centered upon a long-term commitment to children and youth issues and align all public resources to serve children and youth and their families in a manner that supports the healthy growth and development of children. The plan shall prepare the children and youth to be responsible citizens and productive members of the workforce. The plan shall include a continuum of services that will benefit children from prenatal care through services for youth in transition to adulthood.
 - (c) Develop and implement measurable outcomes for each state department, agency, and program that are consistent with the strategic plan. The cabinet shall establish a baseline measurement for each outcome and regularly report on the progress made toward achieving the desired outcome.
 - (d) 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. In particular, the efforts shall include the long-range planning process mandated by s. 216.013.
 - (e) Foster public awareness of children and youth issues and develop new partners in the effort to serve children and youth.
 - (f) Create a children and youth impact statement for evaluating proposed legislation, requested appropriations, and programs. The impact statement shall be shared with the Legislature in their deliberative process.
 - (g) Identify existing and potential funding streams and resources for children's services, including, but not limited to, public funding, foundation and organization grants, and other forms of private funding opportunities, including public-private partnerships.
 - (h) 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.

- (i) Engage in other activities that will implement improved collaboration of agencies in order to create, manage, and promote coordinated policies, programs, and service delivery systems that support children and youth.
- (6) **ADVISORY BOARD.**—The Governor may appoint an advisory board to assist the cabinet in its tasks. The board shall include persons who can provide to the cabinet the best available technical and professional research and assistance. If an advisory board is created, it shall include representatives of children and youth advocacy organizations and youth, wherever practicable, who have been recipients of services and programs operated or funded by state agencies.
- (7) **ANNUAL REPORT.**—The Children and Youth Cabinet shall, by February 1 of each year, provide an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the public concerning its activities and progress towards making this state the first place families think of when asked, “Where do they want to raise their children?” The annual report may include recommendations for needed legislation or rulemaking authority.

History.—s. 1, ch. 2007-151; s. 53, ch. 2008-6; s. 284, ch. 2011-142; s. 61, ch. 2012-96; s. 16, ch. 2012-178.

Florida Faith-Based and Community-Based Advisory Council
Florida Statutes 14.31

- (1) LEGISLATIVE FINDINGS.—The Legislature finds that:
- (a) Compassionate groups of individuals have selflessly aided this state in serving our most vulnerable residents and our most debilitated neighborhoods.
 - (b) Inspired by faith and civic commitment, these organizations have accomplished much in changing the lives of thousands and resurrecting neighborhoods torn by the strife of crime and poverty.
 - (c) It is essential that this state cooperate with these organizations in order to provide an opportunity to participate on an equal basis, regardless of each organization’s orientation, whether faith-based or secular.
- (2) LEGISLATIVE INTENT.—It is therefore the intent of the Legislature to recognize the contributions of these organizations and to encourage opportunities for faith-based and community-based organizations to work cooperatively with government entities in order to deliver services more effectively. The Legislature further intends that the purpose of the council is to advise the Governor and the Legislature on policies, priorities, and objectives for the state’s comprehensive effort to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.
- (3) ESTABLISHMENT OF THE COUNCIL.—
- (a) The Florida Faith-based and Community-based Advisory Council, an advisory council as defined in s. 20.03, is established and assigned to the Executive Office of the Governor. The council shall be administratively housed within the Executive Office of the Governor.
 - (b) The council shall consist of 25 members. Council members may include, but need not be limited to, representatives from various faiths, faith-based organizations, community-based organizations, foundations, corporations, and municipalities.
 - (c) The council shall be composed of the following members:
 - 1. Seventeen members appointed by and serving at the pleasure of the Governor.
 - 2. Four members appointed by and serving at the pleasure of the President of the Senate.
 - 3. Four members appointed by and serving at the pleasure of the Speaker of the House of Representatives.
 - (d) Council members shall serve 4-year terms, except that the initial terms shall be staggered as follows:
 - 1. The Governor shall appoint six members for a term of 3 years, six members for a term of 2 years, and five members for a term of 1 year.
 - 2. The President of the Senate shall appoint two members for a term of 3 years and two members for a term of 2 years.
 - 3. The Speaker of the House of Representatives shall appoint two members for a term of 3 years and two members for a term of 2 years.
 - (e) A vacancy shall be filled by appointment by the original appointing authority for the unexpired portion of the term.

(4) MEETINGS; ORGANIZATION.—

- (a) The first meeting of the council shall be held no later than August 1, 2006. Thereafter, the council shall meet at least once per quarter per calendar year. Meetings may be held via teleconference or other electronic means.
- (b) The council shall annually elect from its membership one member to serve as chair of the council and one member to serve as vice chair.
- (c) Thirteen members of the council shall constitute a quorum.
- (d) Members of the council shall serve without compensation but may be reimbursed for per diem and travel expenses pursuant to s. 112.061.

(5) SCOPE OF ACTIVITIES.—The council shall review and recommend in a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives:

- (a) How faith-based and community-based organizations can best compete with other organizations for the delivery of state services, regardless of an organization's orientation, whether faith-based or secular.
- (b) How best to develop and coordinate activities of faith-based and community-based programs and initiatives, enhance such efforts in communities, and seek such resources, legislation, and regulatory relief as may be necessary to accomplish these objectives.
- (c) How best to ensure that state policy decisions take into account the capacity of faith-based and other community-based initiatives to assist in the achievement of state priorities.
- (d) How best to identify and promote best practices across state government relating to the delivery of services by faith-based and other community-based organizations.
- (e) How best to coordinate public awareness of faith-based and community nonprofit initiatives, such as demonstration pilot programs or projects, public-private partnerships, volunteerism, and special projects.
- (f) How best to encourage private charitable giving to support faith-based and community-based initiatives.
- (g) How best to bring concerns, ideas, and policy options to the Governor and Legislature for assisting, strengthening, and replicating successful faith-based and other community-based programs.
- (h) How best to develop and implement strategic initiatives to strengthen the institutions of families and communities in this state.
- (i) How best to showcase and herald innovative grassroots nonprofit organizations and civic initiatives.
- (j) How best to eliminate unnecessary legislative, regulatory, and other bureaucratic barriers that impede effective faith-based and other community-based efforts to address social problems.

- (k) How best to monitor implementation of state policy affecting faith-based and other community-based organizations.
- (l) How best to ensure that the efforts of faith-based and other community-based organizations meet objective criteria for performance and accountability.
- (6) **RESTRICTED ACTIVITIES.**—The council may not make any recommendation that conflicts with the Establishment Clause of the First Amendment to the United States Constitution or the public funding provision of s. 3, Art. I of the State Constitution.
- (7) **REPORT.**—By February 1 of each year, the council shall prepare a written report for the Governor, the President of the Senate, and the Speaker of the House of Representatives containing an accounting of its activities and recommended policies, priorities, and objectives for the state’s comprehensive effort to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community-based organizations to the full extent permitted by law.

History.—s. 1, ch. 2006-9; s. 1, ch. 2011-155.



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