

*Office of Adoption and Child
Protection*

2016 Annual Report



Executive Office of the Governor



This annual report from the Office of Adoption and Child Protection is submitted to:

The Honorable Rick Scott, Governor, State of Florida

The Honorable Richard Corcoran, Speaker, Florida House of Representatives

The Honorable Joe Negron, President, Florida Senate

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Section 1: Summary of Office Activities

Introduction

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 provides administrative support to the Florida Faith-Based and Community-Based (FBCB) Advisory Council as identified in §14.31, F.S and works in collaboration with the Executive Director of the Florida Children and Youth Cabinet (Children’s Cabinet) to provide administrative support as identified in §402.56, F.S.

The Office has a dedicated staff of one full-time employee: Zackary Gibson (Chief Child Advocate and Director) and one part-time employee: Frenchie Yon (Program Support). Student interns were supervised throughout the year to assist with the many tasks of the Office. Utilizing a servant leadership approach, this team worked to advance the Governor’s priorities on education, economic development, job creation, and strengthening communities by connecting with stakeholders to increase awareness of key issues, supporting state agency initiatives, and working towards achievement of desired outcomes for children and families.



On matters related to the prevention of child abuse, abandonment and neglect, promotion of adoption and support for adoptive families as defined in §39.001(9)(b), F.S., the duties of the Chief Child Advocate include acting as the Governor’s liaison with state agencies, other state governments, and the public and private sectors; working to secure funding and other support, developing strategic programs and funding initiatives, assisting in rule development, and developing public awareness campaigns.

As the Director of the Office, duties outlined in §39.001(9)(c), F.S. include overseeing the preparation and implementation of the state plan for the promotion of adoption, support for adoptive families and prevention of child abuse, abandonment and neglect, provide for or make available continuing professional education and training; work to secure funding, make recommendations pertaining to agreements and contracts; and monitor, evaluate and review the development and quality of local and statewide services and programs.

With responsibilities to provide administrative support to the FBCB Advisory Council and the Children’s Cabinet, the Office is uniquely positioned to facilitate and assist in the coordination of initiatives and activities at both the state and local levels. It also utilizes these two forums to disseminate information and highlight efforts from around the state that are making a positive difference to address the needs of vulnerable and at-risk populations being served.

Child Abuse Prevention and Permanency Plan

In 2010, the Office, through the support of the Child Abuse Prevention and Permanency (CAPP) Advisory Council, local Taskforces in each of Florida's 20 judicial circuits, and various planning partners, launched the Florida Child Abuse Prevention and Permanency (CAPP) Plan. This five-year plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption and support for adoptive families. It aligns and supports efforts by the Department of Children and Families (DCF) through the Child and Family Services Five-Year Plan (CSFP), the Child Abuse Prevention and Treatment Act (CAPTA), and the Community Based Child Abuse Prevention (CBCAP) federal grant. The central focus of the 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.



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.

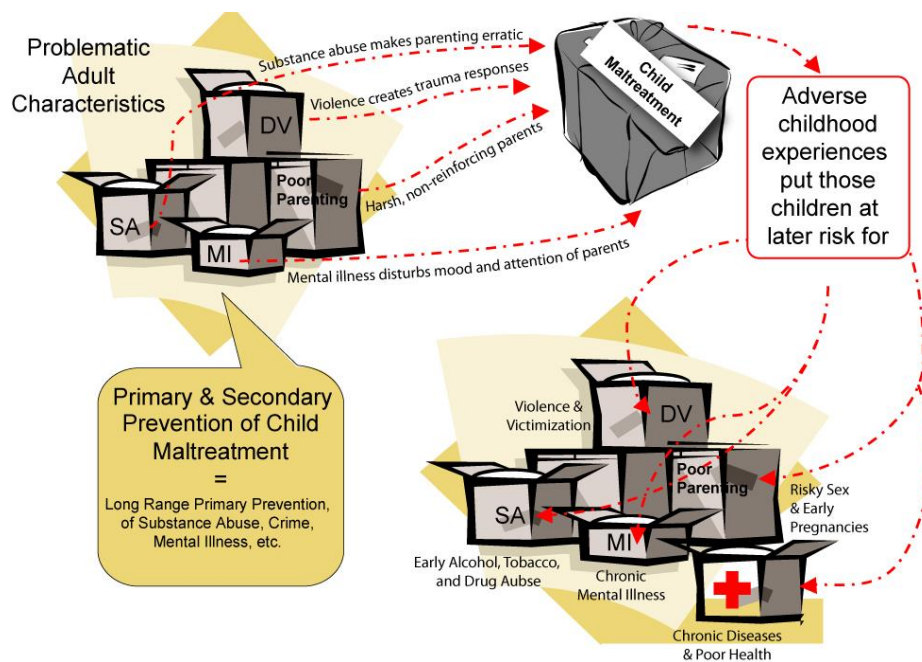
During the state fiscal year (SFY) period of 2010 - 2015, the state of Florida achieved three out of four desired population-level results:

- *By June 30, 2015, the verified rate of child abuse **was reduced** from the SFY 2008 -2009 statewide rate of 10.94 per 1,000 children **to a statewide rate of 10.84 per 1,000 children.***
- *By June 30, 2015, the percent of children adopted within 12 months of becoming legally free for adoption **was increased** from the SFY 2008 -2009 rate of 66.4% **to 71.9%.***
- *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 for more than 12 months **was reduced** from the SFY 2008 -2009 rate of 53.19% **to 28.1%.***
- *By June 30, 2015, the annual number of adopted children who are returned to foster care (regardless of when the adoption was finalized) **was not reduced** from the SFY 2008 – 2009 number of 98. Based on the most recent data available in SFY 2014 – 2015, 107 children were returned to foster care.*

While progress has been made in some areas, more work must take place through multi-sector and multi-level approaches to strengthen families to prevent incidents of child abuse, abandonment and neglect; to encourage individuals and families to open their hearts and homes to children in the foster care system who are available for adoption, and ensure families who have adopted children have the necessary supports through post-adoption services. These efforts are critical to enabling children to be healthy, safe, ready to learn to achieve, and transition to adulthood to become productive and self-sufficient.

2015-2016 Update

The framework of the original CAPP Plan provided the foundation to develop the next five-year state plan. Coupled with new research from the Centers for Disease Control and Prevention and from the Center on the Developing Child at Harvard University, the state plan recognizes a child’s relationship with others inside and outside the family plays a role in healthy brain development, as well as in the development of physical, emotional, social, behavioral, and intellectual capacities. When a child experiences strong, frequent, and/or prolonged adversity (e.g., physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship, without adequate adult support, a toxic stress response can occur. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression.



Source: Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. By Dube, Shanta R., Miller, Jacqueline W., Brown, David W., Giles, Wayne H., Felitti, Vincent J., Dong, Maxia, Anda, Robert F. Journal of Adolescent Health. Vol 38(4), Apr 2006, e1-e10.

A core component of the state plan is based on the research conducted by the Center for the Study of Social Policy who found there are *protective factors* that can make a difference for families. When families experience 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. Strengthening Families – the intentional incorporation of the *protective factors* to prevent child maltreatment, continues to be promoted and applied throughout the state. Activities that build *protective factors* can be incorporated into existing state programs and systems at little cost to strengthen the protective capacities of parents and caregivers.

Protective Factors

Nurturing and Attachment

Parental Resilience

Knowledge of Parenting and Child Development

Social Connections

Concrete Supports In Times of Need

Social and Emotional Competence

To develop the achievement targets for the state plan, the Office gained input from members of the CAPP Advisory Council and local Taskforces, and built upon previous outcome measures to establish the following desired population-level results. The Office continued to work with state agency partners to identify opportunities to align outcome measures and activities to be included within the state plan.

Florida Child Abuse Prevention and Permanency Plan
July 2015 – June 2020
Desired Population-Level Results

- ***Child Maltreatment Prevention:*** By June 30, 2020, the verified rate of child maltreatment will be reduced from the SFY 2014-2015 statewide rate of 10.84 per 1,000 children.
- ***Child Maltreatment Death Prevention:*** By June 30, 2020, the verified rate of child maltreatment death will be reduced from the SFY 2012-2013 statewide rate of 3.20 per 100,000 children.
- ***Promotion of Adoption:*** By June 30, 2020, the percent of children adopted within 12 months of becoming legally free for adoption will be increased from the SFY 2013-2014 statewide rate of 73.4 percent.
- ***Promotion of Adoption:*** By June 30, 2020, the percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights for more than 12 months will be increased from the SFY 2013-2014 statewide rate of 26.6 percent.
- ***Support for Adoptive Families:*** By June 30, 2020, the annual number of adopted children who are returned to foster care (regardless of when the adoption was finalized) will be reduced from the average of SFYs 2009-2015 number of 70 children.

The Office facilitated conference calls with CAPP Advisory Council members and Circuit Taskforces (a.k.a. Local Planning Teams) throughout the year to share updates on plan activities and incorporation of protective factors. Various stakeholders and taskforce members were invited to present information on innovative approaches to prevent child maltreatment, promote adoption or support adoptive families to illicit ideas for action in other parts of the state. Standing agenda items for the conference call included updates from the Children’s Cabinet and FBCB Advisory Council. Based on meeting locations of the FBCB Advisory Council, the local taskforce was enlisted to assist in identifying speakers and initiatives that support their efforts, coordinating exhibitors to connect with attendees, and promoting the meetings through their networks.

Public awareness topics were also included as part of the standing agenda items. To assist local taskforces, the Office worked with the Governor’s External Affairs Office to obtain extra copies of proclamations, or resolutions from the Florida Cabinet, for dissemination to the DCF Community Development Administrators (CDA) to be read at local events and issued to an individual or organization for recognition of their contributions. Local taskforces were encouraged to engage city and county officials to obtain proclamations that support the efforts of the CAPP Plan. Public awareness month topics include: *Bullying Prevention Month* (October), *Domestic Violence Prevention Month* (October), *National Adoption Month* (November), *Human Trafficking Awareness Month* (January), and *Child Abuse Prevention Month* (April). Additional public awareness topics include: Safe Sleep Practices, Water Safety, Who’s Watching Your Child, and Look Before You Lock (hot cars).

To capture information and activities from Circuit Taskforces, the Office developed a reporting template that includes performance data on circuit and county levels. Information to be reported include summaries of activities, highlights and accomplishments; engagement of stakeholders, progress towards attaining goals and objectives, and technical assistance needs to advance efforts to prevent child abuse, abandonment and neglect; promote adoption and support adoptive families.

[Child Maltreatment Prevention Activities](#)

The information below highlights activities that support the efforts of the CAPP Plan and promote the inclusion of protective factors and/or home visiting as a means to build protective capacities within parents/caregivers to prevent child maltreatment and promote the health and well-being of children.

Enhanced Prevention Services for Child Welfare Clients – Family Support Services

In the fall of 2015, the DCF, Office of Child Welfare, issued a solicitation for the purpose of development, operation, expansion, and enhancement of community-based, prevention focused programs and activities designed to strengthen and support families to prevent child abuse and neglect and the removal of children from their homes. Seven Community Based Care (CBC) Lead Agencies (Family Support Services of North Florida, Kids Central Inc., Eckerd Hillsborough, Eckerd Pasco/Pinellas, Families First Network, Child Net, and Community Partnership for Children) were awarded contracts and focus on families whose children have been determined to be safe, but are at high or very high risk for future maltreatment based on the Child Protective Investigator’s risk assessment. Case coordination will



occur throughout the life of the case and targeted at building a family's protective factors and addressing barriers to long term safety.

Program examples:

The STEPS program focuses on working in partnership with a family, their support system and an array of informal and formal service providers to intervene with a family in a manner that alleviates risk factors and improved parenting skills. Families that have been investigated by DCF and are found to be safe but at high or very high risk for child abuse or neglect are referred to STEPS In-Home Prevention program.

STEPS in-home services are geared toward meeting the following goals:

- Ensuring child safety
- Strengthening parental capacity
- Improving caretaking and coping skills
- Supporting healthy and nurturing relationships
- Fostering physical, mental and educational well-being
- Enhancing the potential for permanency

Family Connections is a multifaceted, community-based service program that works with families in their homes and in the context of their neighborhood to help them meet the basic needs of their children and reduce the risk of child neglect. Nine practice principals guide the intervention: community outreach, individualized family assessment, tailored interventions, helping alliance, empowerment approaches, strengths perspective, cultural competence, developmental appropriateness, and outcome-driven service plans. Individualized intervention is geared to increase protective factors and decrease risk factors.

The Safe at Home (SAH) program provides informed treatment models in a manner that is responsive to the individualized needs of each family served. By combining the Wraparound Model, Crisis Intervention, the Nurturing Parenting Curriculum, Trauma –Informed Treatment, Motivational Interviewing and Infant Mental Health informed principals, the SAH program will strengthen and support families to prevent child abuse and neglect and the removal of children from their homes.

Boystown South Florida will provide enhanced prevention services to 100 families (estimated 300 children) in the Glades region of Palm Beach County through IHFS and CSP. IHFS provides short-term, intensive, in home intervention designed to prevent out-of-home placement caused by child maltreatment or delinquency. Parents learn the skills needed to become self-sufficient and ensure a safe and stable home environment for their children. Major program goals for IHFS include enhancing protective factors and reducing child maltreatment. CSP teaches parents and caregivers practical methods to enhance positive interactions with children, implement effective discipline and combat challenging behavior. Services aim to give families the skills necessary to manage day-to-day life challenges as well as addressing their family's needs and quality of life. Major program goals of CSP include enhancing parent/caregiver capacity and increasing competency to reduce child maltreatment.

Healthy Families Florida

Healthy Families Florida (HFF) is a nationally accredited home visiting program for expectant parents and parents of newborns experiencing stressful life situations. The program improves childhood outcomes and increases family self-sufficiency by empowering parents through education and community support. Parents voluntarily participate in HFF so they can learn how to recognize and respond to their babies' changing developmental needs, use positive discipline techniques, cope with the day-to-day stress of parenting in healthy ways, and set and achieve short- and long-term goals.



Based on efforts during the SFY 2015-2016, HFF served 9,692 families and 17,480 children in all 67 counties in Florida (39 entire counties and selected high-risk zip codes in 28 counties). HFF has demonstrated a proven track record of preventing abuse and neglect as:

- 98% of children were free of maltreatment during services and one year after completion of services.
- 95% of children were free of maltreatment three years after completion of services.
- 93% of participants, who scored low on a tool measuring parenting-related abilities, improved their scores six months later.
- 88% of participants were screened for postnatal depression, a research-based risk factor correlated with child abuse and neglect.
- 84% of participants improved their self-sufficiency in such a way as gaining employment, enrolling in job training, furthering their education or securing stable housing.

HFF is focused on improving positive family outcomes that can enable children to be healthy, safe and ready to learn. Outcomes assessed in this area reflect:

- 98% of target children and participants were connected to a primary healthcare provider.
- 98% of mothers have no subsequent pregnancy within two years of the target child's birth.
- 93% of children received age-appropriate developmental screening at prescribed intervals.
- 89% of children were fully immunized by age two.

The HFF network of projects participated in activities related to continuous improvement of services and outcomes, including:

- Training on Healthy Families America accreditation requirements including observation of parent-child interaction (CHEEERS training), prenatal development and reflective supervision.
- Annual quality assurance (QA) visits and technical assistance (TA) to address challenges identified during QA visits or analysis of performance data
- Regional TA events to improve staff recruitment and retention, family engagement and supervision.

Recent legislative investments will enable HFF to serve nearly 300 additional families and provide for in-home clinical counseling and behavioral healthcare navigation services for families experiencing mental health, substance abuse and domestic violence challenges. More information can be found at <http://www.healthyfamiliesfla.org/index.asp>.

Florida Maternal, Infant and Early Childhood Home Visiting Initiative

Florida offers an array of home visiting programs that build on family strengths and protective factors to mitigate risks that could lead to poor childhood and family outcomes.



Florida Maternal Infant & Early Childhood Home Visiting Initiative

Expanding upon the programs already in place in an effort to serve more of Florida's families, the Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative, housed within the Florida Association of Healthy Start Coalitions (FAHSC), administers three home visiting models in 21 high-risk counties. The three models are Healthy Families Florida (accredited by Healthy Families America), Nurse-Family Partnership and Parents as Teachers. Through grants from the Health Resources and Services Administration's Maternal Child and Health Bureau, FAHSC allows eligible counties to apply for the funding by identifying an evidence-based home visiting model and making the case for how the program would address a gap in their community.

In FY 2015-16, the Florida MIECHV Initiative served approximately 1,800 high-risk families. All MIECHV grantees are measured on six benchmark areas and expected to show improvement on four of six from FY 2014-15 to FY 2015-16. The Florida MIECHV Initiative improved in five of six areas:

- Maternal & Newborn Health
- Child Injuries
- Abuse & Neglect
- School Readiness & Achievement
- Domestic Violence
- Coordination & Referral

The area in which there was no improvement was Economic Self-Sufficiency - a struggle for many families. Florida MIECHV continues to collaborate with the United Way of Florida to raise the awareness of home visiting staff about the tax credits and tax preparation resources. A partnership with War on Poverty-Florida was developed to focus on strategies for families to attain self-sufficiency and economic stability.

Because of the complexities of home visiting, professional development and continuous quality improvement are essential for building and sustaining high-performing and engaged staff. In addition to funding home visiting, the Florida MIECHV Initiative invested in several enhancements to benefit families:

- *Intimate Partner Violence Learning Collaborative* – Serving families experiencing intimate partner violence is one of the greatest challenges for home visitors. The Florida MIECHV Initiative, in partnership with the Florida Coalition Against Domestic Violence and other key partners, led a nine-month Learning Collaborative on this subject, using the Institute for Healthcare Improvement's Breakthrough Series Model. The results not only greatly improved screening and skills of staff, but also significantly strengthened partnerships with local domestic violence centers.
- *Moving Beyond Depression™* – In August 2016, mental health therapists and home visitors from four communities completed training in Moving Beyond Depression™, an evidence-based and integrated approach to identifying and treating depression in mothers who are participating in home visiting services. This pilot project is a collaboration between Florida MIECHV and community mental health agencies, which includes working with Florida Medicaid and other funders to ensure ongoing support for in-home therapy.

- *Mothers and Babies Course* – In September 2016, 35 trainers completed training on the Mothers and Babies program, an evidence-based intervention to address anxiety, stress, and prevent perinatal depression. These trainers will work with Florida MIECHV, the model developers, and home visiting programs to train them in the intervention – the train-the-trainer workshops are planned statewide over the next year.
- *Coordinated Intake & Referral Learning Collaborative* – Eight community teams, led by local Healthy Start Coalitions, began an action learning collaborative on Coordinated Intake & Referral (CI&R). In addition to coalitions, teams include the local health department responsible for processing prenatal and infant screening forms, home visiting programs and other key stakeholders. Teams are working on designing and testing a CI&R system for their communities during the 21-month project.

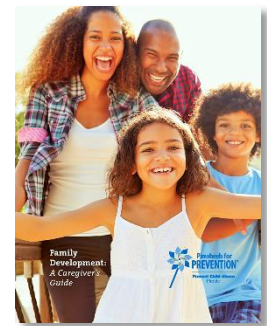
Home visiting programs can prevent many of the poor outcomes that cost taxpayer dollars and harm Florida’s children. By providing evidence-based home visiting and connections with additional services, families’ can build on their strengths and address their challenges. More information can be found at <http://flmiechv.com/>.

Child Abuse Prevention Month



In collaboration with the DCF, Prevent Child Abuse Florida (PCA FL), CBC Lead Agencies, and various state and local organizations, the Office worked to coordinate activities and develop new partnerships to support child abuse prevention month in April. The annual Pinwheels for Prevention campaign focuses on the importance of healthy child development and the role each person can play to support children.

Included as part of the campaign is the distribution of the campaign symbol, blue and silver pinwheels, and the *Family Development: A Caregiver’s Guide* that provides information on developmental stages of children, parenting tips, building protective factors, and resources. This guide was disseminated statewide in hard copy and is available in electronic format for download in English, Spanish and Creole. The campaign was kicked-off by First Lady Ann Scott who hosted an event at the Governor’s Mansion. During this event, a new strategy to enhance awareness



of healthy child development was unveiled - a tractor-trailer wrapped with the campaign symbol and a message about the role everyone can play to make a difference in the life of a child.



Ann Scott, and Executive Director Chris Lolley with PCA FL at the 2016 Pinwheels for Prevention kick-off event at the Florida Governor’s Mansion



The *Pinwheel Truck Tour* embarked on its journey to cover the entire state of Florida, stopping at local events and conferences during the month of April. The Director of the Office attended pinwheel events at state agency locations and attended several events in Florida to support local efforts. The Office coordinated a pinwheel event in front of the Old Capitol that invited state agencies, local organizations and staff within the Capitol to come together and plant pinwheels in support of child abuse prevention month.



At the conclusion of the campaign, the trailer was put into regular circulation and continued to spread the message of the difference each person can make for a child. The Office joined PCA FL and the DCF to initiate the development of a training program to enhance the utilization of the caregiver guide. The Office also continued to support PCA FL by identifying additional opportunities to establish parent groups through the *Circle of Parents* program – a free program based on a framework of shared leadership, mutual respect, and shared ownership and inclusiveness; where anyone in a parenting role can openly discuss the successes and challenges of raising children. Throughout the campaign, the Office developed relationships with different organizations to garner their support and involvement in future activities to promote healthy child development and prevent child abuse and neglect.



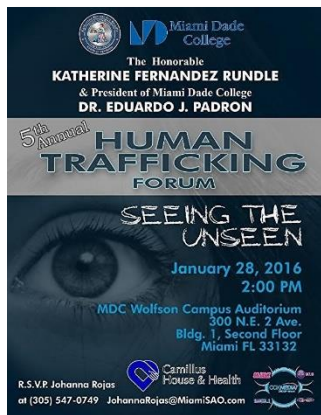
The Florida District Exchange Club is a service organization with affiliate clubs located throughout Florida. Their focus is on programs of service to include Americanism, Community Service, Youth Activities and their national project, Prevention of Child Abuse. The Florida District funds and supports six child abuse prevention centers in Florida and participates in various events to support youth activities and the communities they serve. The Director of the Office was invited to speak at the Florida District Convention to share information about the work of the Office and desire to collaborate with all affiliate clubs to promote the health and well-being of all children and prevent child abuse and neglect in Florida.

Human Trafficking Awareness Month



The Office supported the efforts of the Statewide Council on Human Trafficking and disseminated the Governor’s proclamation to local state agency partners to be read during events and to recognize an individual or organization for their contributions to address human trafficking. Attended the Broward County Children’s Services Council event to raise awareness of human trafficking in the 33311 zip code of Broward. This event featured a community walk that was started by student activist, Luisa Milton, called *Stop the*

Traffick. Also attended the 5th annual Human Trafficking Forum at Miami-Dade College with the honorable State Attorney Katherine Fernandez Rundle to support local effort to address issues related to human trafficking.



From left to right: Dr. Larry Feldman- Miami-Dade County School Board Chair, Debbie Montilla- Miami-Dade County Schools and Gilda Ferradaz- C11 DCF Deputy Regional Manager

Child Maltreatment Death Prevention Activities

As a member of the State Child Abuse Death Review (CADR) Committee, the Director of the Office served to study the adequacies of laws, rules, training and services to determine what changes are needed to decrease the incidence of child abuse deaths, develop strategies, and recruit partners to implement these changes at both the state and local levels. During the 2015 Child Protection Summit, the Director participated in a pre-conference session with state and local CADR committee members to review changes with local committee structures and alignment with judicial circuits. The Director shared information on the CAPP Plan, structure of Circuit Taskforces, and areas of focus that align with local CADR efforts. Local committees were encouraged to connect with their respective Circuit Taskforce to leverage data collected from local and state reviews, and data from the DCF's Child Fatality Prevention website (<http://www.dcf.state.fl.us/childfatality/>), to inform and improve practices, and assist in coordinating activities and messaging to reduce incidents of preventable child deaths.



Prevention recommendations from the 2015 State CADR Committee Annual Report (<http://www.flcadr.com/reports/index.html>) were shared with Circuit Taskforces, as well as the three primarily preventable causes of child deaths:

- *Drowning* - as in previous years, continues to be a primary cause of preventable death among children in Florida. Unsupervised access to pools, spas/tubs, and open bodies of water remains a potential threat to our most vulnerable citizens.
- *Asphyxia* – primarily as a result of unsafe sleep practices, claims the lives of our youngest. The overwhelming majority of children dying from asphyxia were less than one year old (88% of verified maltreatment deaths, 95% of non-verified deaths.)
- *Trauma/wounds caused by a weapon* – primarily the use of firearms or bodily force (e.g., fists and feet) to inflict harm, also ranks in the top three causes of child deaths.

The focus of the CAPP Plan and structure of Circuit Taskforces provides an ideal mechanism to integrate the prevention recommendations of state and local CADR committees to address preventable child maltreatment deaths. As such, an outcome indicator for child maltreatment deaths was included as part of the state plan.

Promotion of Adoption and Support for Adoptive Families Activities

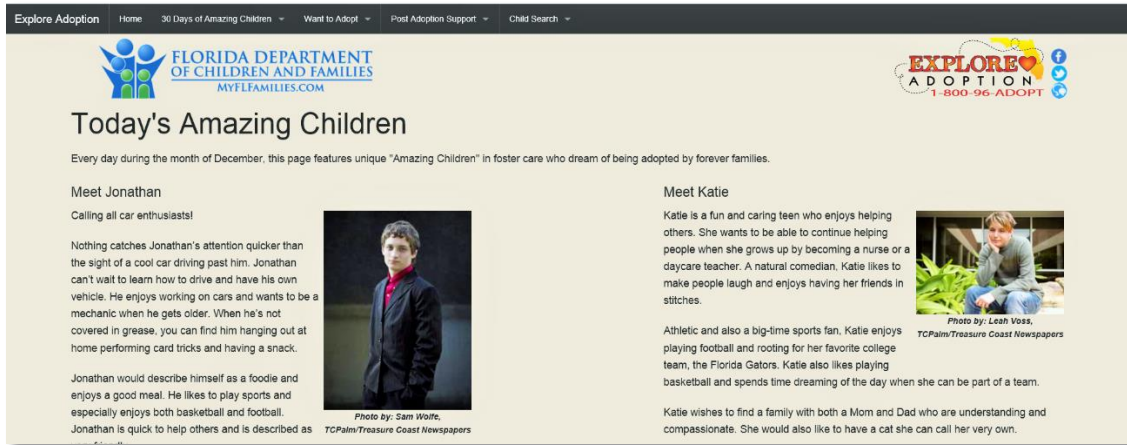
National Adoption Month



The Office worked closely with the DCF to plan and coordinate activities for National Adoption Month in November and to implement the signature *30 Days of Amazing Children: Explore Adoption* campaign on the state's Explore Adoption website (<http://adoptflorida.org/>). Information was disseminated to CBC Lead

Agencies and Heart Gallery organizations to identify local adoption events (e.g., court finalizations, celebrations, picnics, etc.) taking place and submission of photos and videos of children available for adoption to be featured each day during the month of November, and again during the month of December.

The Office received and organized submission of photos and videos and worked with the DCF Web Services Department to develop the schedule of children to be featured.



The 11th Circuit in Miami was selected as the host location for the statewide adoption celebration event on National Adoption Day. In addition to disseminating the Florida Cabinet's resolution on adoption month statewide, the Director attended several events during November to read the resolution and recognize individuals and organizations for their contributions toward promoting adoption in Florida.



Throughout SFY 2015-2016, the Office attended various events to share messages to promote adoption, support adoptive families, and to support the DCF's initiative to recruit of foster parents.

- Attended the Respect Life conference in Tallahassee, Florida hosted by the Florida Conference of Catholic Bishops. Engaged participants around strategies to promote adoption and support adoptive families, and for churches to spiritually adopt and pray for children. Secretary Mike Carroll was a featured speaker at this event.



2015 Respect Life Conference

- Attended the 72nd Annual NAACP Florida State Conference and served on a panel during the Membership Luncheon. Highlighted opportunities for the NAACP to increase membership by taking additional steps to have positive visibility in the community by becoming active in assisting children and families in need through mentoring and becoming foster and adoptive parents.
- Through a collaborative effort with stakeholders in Circuit 2, the Office worked with Pastor Steve and Yvonne Dow with Christian Heritage Church in Tallahassee, Florida to spiritually adopt six available children in need of a permanent family. The children's Heart Gallery photo was displayed in the main hallway along with photos of children who have found their forever family. During the service, Pastor Dow provided opportunities to speak to the congregation about the needs for foster and adoptive children and families and to encourage their prayers for children to find forever families.



Pastor Steve Dow (far left) and Pastor Yvonne Dow (center) with the Circuit 2 team for the unveiling of the Heart Gallery display at Christian Heritage Church



Jeanna Olson, DCF C2 CDA, addresses the congregation at Christian Heritage Church

Through the support of the Legislature, the Office supported the DCF's efforts to promote the Adoption Benefits for State Employees Program where qualifying state employees and other eligible applicants who adopt a child from Florida's child welfare system can receive a one-time lump sum of \$10,000 for a special needs child and \$5,000 for a non-special needs child. Through the support of the Department of Management Services, a link to access information about the Adoption Benefits program was provided on the PeoplesFirst website during the month of November.

The Office attended Foster and Adoptive Parent support groups to hear stories of adoption journeys and of the value these support groups provide to families. Throughout the year, the Office fielded calls from prospective and adoptive parents with questions and worked to facilitate connections to adoption staff within their area. The Office participated in an event with the Miami Foster and Adoptive Parent Association and Commissioner Barbara Jordan with the Miami-Dade County Board of County Commissioners to recognize families who have served as foster or adoptive parents for five or more years. The Office provided a letter to each parent to thank them for their service and for their commitment to children and community.

The information below highlights two initiatives: Early Childhood Court and its potential in Florida to reduce further maltreatment, access needed services, and enable children to achieve timely permanency, and the Florida Intelligent Recruitment Project to improve out-of-home care options and permanency outcomes for older youth in the foster care system.

Early Childhood Court

Nearly half of Florida's children in out-of-home care are 5 years of age and younger; nearly one-third are under 3 years of age. The goal of Florida's Early Childhood Courts (ECC) Initiative is to improve child safety and well-being, heal trauma, repair the parent-child relationship, expedite permanency, prevent recurrence of maltreatment, and stop the intergenerational cycle of abuse, neglect, and violence. ECC addresses child welfare cases involving children under the age of three.

ECC is what Florida refers to as the national ZERO TO THREE Safe Babies Court Teams Project. In 2014, the Safe Babies Court Teams Project was added to the California Evidence-Based Clearinghouse for Child Welfare with a scientific rating of 3 signifying promising research evidence, high child welfare system relevance, and a child welfare outcome of permanency. The next phase of research will examine the long-term impact of the Safe Babies Court Teams on outcomes of safety, permanency and well-being. Two evaluations have been completed to assess the effectiveness of the project. One evaluation was completed by James Bell Associates in 2009, and a second was completed by Kimberly McCombs-Thornton, Ph.D. in 2011. Both evaluations yielded positive results and demonstrated that the work of the Safe Babies Court Teams Project is making significant, positive differences in the lives of infants, toddlers, and their families. Key findings from the evaluations include:

- 99.05% of the 186 infant and toddler cases examined were protected from further maltreatment while under court supervision.
- 97% of the 186 children received needed services.
- Children monitored by the Safe Babies Court Teams Project reached permanency 2.67 times faster than the national comparison group.

In addition, *Economics for the Public Good* evaluated the effect of the expedited permanency outcome on the cost of Safe Babies Court Team implementation. *Economics for the Public Good* found that:

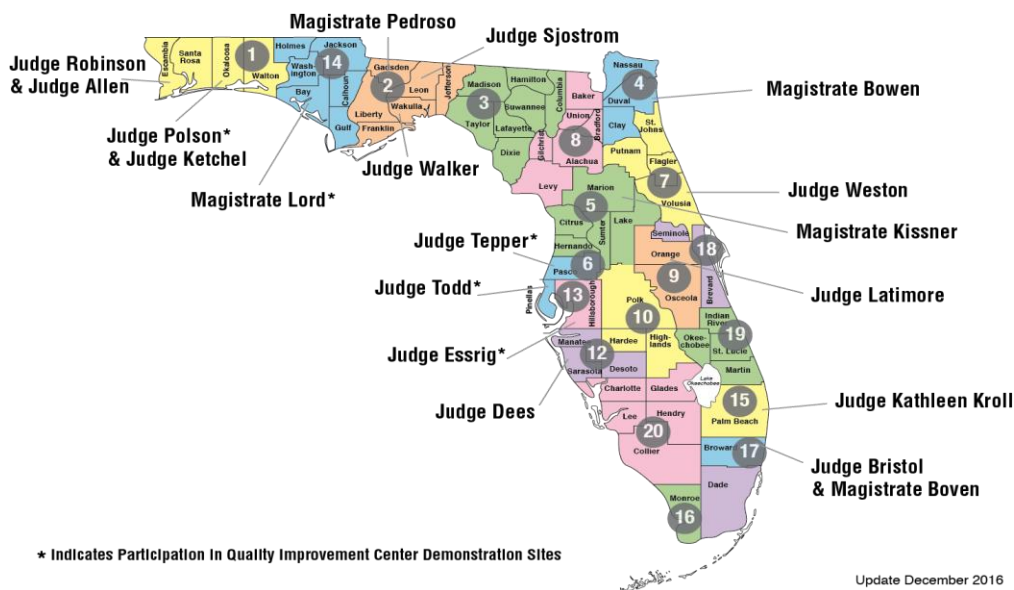
1. The average direct cost is \$10,000 per child, which is similar to or lower than those found in other early childhood interventions.
2. Short-term savings generated by their earlier exits from foster care are estimated at an average of \$7,300 per child. In other words, the Court Teams' reduced costs of foster care placements alone cover two-thirds of the average costs per child.

3. The Court Teams are able to leverage substantial in-kind resources: for every grant dollar, ZERO TO THREE has generated another dollar of in-kind support.
4. Children involved with Safe Babies Court Teams access more services than the comparison group. In particular, Court Teams children were significantly more likely to receive a developmental screening (92% v. 25%), health care visit (94% v. 76%), and dental visit (29% v. 18%).

Florida’s Office of Court Improvement (OCI) embarked on the ECC initiative in 2013, but it wasn’t until April, 2015 that the initiative began to really take hold with a statewide training event coordinated by OCI, and co-sponsored by the Department of Children and Families. Since that time, the initiative has grown from just a few sites to seventeen sites in Florida, with several additional sites showing interest. ECC is currently the primary initiative for the Office of Court Improvement’s Dependency Court Improvement Program (DCIP) Team.

Over the last few years, research has shown how critical the first three years are in a child’s life, involving rapid brain development strengthened by attachments and relationships with caring adults. With the use of specific evidence-based interventions, such as Child-Parent Psychotherapy and the Circle of Security parent education program, as well as bolstered practices, such as monthly court hearings and frequent parent-child contact, young children in out-of-home care have the best opportunity through ECC for stability to form secure attachments with their primary caregivers.

Between 2013 and 2015, the DCIP team coordinated efforts with FSU’s Center for Prevention and Early Intervention Policy to provide support and technical assistance to each new site as interest grew. In 2015, DCIP received a ZERO TO THREE Quality Improvement Center (QIC) grant, which led to the hiring of a statewide community coordinator, national technical assistance and training, and an evaluation component by RTI International. Receiving this grant has resulted in tremendous growth for the initiative. DCIP staff have facilitated numerous trainings and conducted presentations, and continues to develop and monitor the ECC Tracking System, which is being used to track data, measure processes, and assess outcomes for each site. See Florida’s ECC map below.



Based on information gathered from the tracking system, the following preliminary results have been observed as of December 13, 2016.

ECC Statewide

15 Counties; 236 active children in ECC

Since ECC referral, 96 children achieved *reunification* within 209 days (median)

Since ECC referral, 47 children achieved *case closure* within 378 days (median)

Since ECC referral, 2 children were *re-removed* after case closure

In 2015 - Ages 0-3 - NON-ECC Statewide

Same 15 counties

In 2015, 1,283 children in those same counties achieved *reunification* within 265 days (median)

In 2015, 2,621 children in those same counties achieved *case closure* within 559 days (median)

In 2015, 42 children in those same counties were *re-removed* after case closure

FDCIS Reporting December 13, 2016					
Number of Children					
	Removed	Reunified	Closed	Median Days - Removal To Reunification	Median Days - Removal To Case Closure
FL ECC Only	284	96	47	209	378
0-3, Same Counties, Non-ECC, 2015 Calendar Year	3,717	1,283	2,621	265	559

DCIP staff will continue to track these outcomes measures to assess performance towards decreasing the number of days to permanency for ECC children and reducing recidivism in cases where permanency was reached.

Florida Intelligent Recruitment Project

In 2013, the Department of Children and Families (DCF) was awarded a five-year federal Diligent Recruitment (DR) grant to implement the Florida Intelligent Recruitment Project (IRP). A collaborative initiative between DCF and three CBC Lead Agencies: Big Bend Community Based Care, Heartland for Children and Kids Central, the IRP seeks to improve out-of-home care options and permanency outcomes for older youth in foster care (aged 9-15) whose parental rights have been terminated for more than one year.



While the award requires IRP partners to assess the alignment of statewide policy and procedure with all components of the Diligent Recruitment framework, the project’s major focus is the implementation of a values and behavior-based multi-layered strategic marketing process to target and attract quality foster parents for youth in the target population. Created by Gold & Associates, Inc., “Intelligent Imagination”™, has been successfully deployed for Disney, GEICO, the National Football League and other Fortune 500s firms. With this approach, the project team intends to break recruitment ‘plateaus’ and achieve permanency for some of Florida’s most difficult to place foster children. Project results and the impact on the target population are being evaluated by J.K. Elder & Associates, Inc.

During the initial phases of the project, extensive research was completed by Gold & Associates with each of the partnering CBCs. This research: 1) determined the fundamental motivations of foster and adoptive parents who have successfully cared for children from the target population (psychographics); 2) found where they were most likely to congregate, shop, eat, and worship (demographics and geographics); and, 3) identified what triggered them to make the decision to foster or adopt (messaging). The project team found foster parents are most likely:

- Middle-aged and college educated;
- Strong-willed “helper” personalities who have a heart for children;
- Have raised their own biological children;
- Have a deep sense of “calling” to care for children who have suffered—usually tied to their personal religious faith; and
- Have often experienced some form of trauma or have been exposed to the child welfare system.

Messaging most likely to resonate and motivate them to foster or adopt contain the following core elements or characteristics:

- It is simple, bold, direct, unencumbered with non-essential information, and has a clear call-to action;
- It communicates how the need is local, how it is urgent, and how the target audience is uniquely qualified to help;
- It resonates with the sense of calling felt by high-quality prospects with the desired demographic and psychographic traits;
- It is customized based on the composition of the local market demographics and market conditions; and
- It focuses more on the children in need than on the parents who provide the assistance.

Together, these psychographic, demographic and messaging characteristics were used create a marketing strategy for each Lead Agency. Presently, at the beginning of the fourth year of the grant, project results are preliminary, yet encouraging. Marketing shown in post-campaign statistical research to have stimulated the highest number of responses include:

- Paid media spending that controls the message, raises awareness for the need, combats negative perceptions, and reinforces public/media/community relations efforts; (Partners who dedicated a higher percentage of their FIRP marketing budget on paid media placements achieved a higher prospect response rate than those who spent less.)
- Offline media in particular, as it has produced the highest level of message recall and has pushed respondents to launch an online investigation; and

- Use of visuals showing the children in need (meeting IRP target population demographics), as well as local community settings to localize the campaign.
- Faith-based marketing has also been effective, especially the use of pastor “champions” to communicate the need to their peers, along with community presentations.

The impact of the project on outcomes for the target population continues to be evaluated. To date, and quite significantly, the project has found that Lead Agencies closely following the marketing plan prepared for their Circuit have generated the greatest increases to the number of foster homes recruited, trained and licensed. Faced with the largest increases to children in out-of-home care in the past ten years, these results have come at a critical point in time for the partnering Lead Agencies. One partnering Lead Agency, though experiencing a 63% increase to the number of children in out-of-home care, has a higher percentage of children placed in foster homes than they did a year ago. The agency estimates cost savings due to improved recruiting outcomes exceeds \$1.7 million annually in their Circuit alone. The majority of children achieving adoption within the State do so in placement with their current caregivers. As such, efforts to increase foster home placement options for this target population should improve permanency outcomes.

Together with DCF, IRP partners are looking forward to reporting outcomes as they relate to the target population and plan on publishing more about project activities, findings and results in the coming year. More information about Diligent Recruitment can be found at <http://www.nrcdr.org>. For additional information about the full scope of the Florida IRP, please contact Aimee Gandy, Project Manager, Kids Central, at (352) 873-6332.

Florida Faith-Based and Community-Based Advisory Council



The Florida Faith-Based and Community-Based Advisory Council (Council) was created in 2006 in §14.31, F.S. State leadership felt that increased involvement of faith-based and community organizations was not a sufficient substitute for necessary public funding of services to individuals, families and communities in need. Likewise, they believed that without the involvement of these groups, public expenditures alone would limit the effectiveness of these government investments. The cost effectiveness of public expenditures can be greatly improved when government is focused on results and public-private partnerships are sought as a complement in order to leverage the talent, commitment and resources of faith-based and community organizations. During the 2010 Legislative Session, the Sunset requirement for the Council was repealed through legislation and the Council was assigned to the Executive Office of the Governor, where it is administratively housed.

The Council consists of 25 members and includes representatives from various faiths, faith-based organizations, community-based organizations, corporations, and state agencies. Members are appointed by and serve at the pleasure of the Governor, Senate President, and Speaker of the House.

Vision

To maximize the collaboration between faith-based and community organizations and State agencies to help strengthen individuals and families.

Mission

The Florida Faith-Based and Community-Based Advisory Council exists to facilitate connections to strengthen communities and families in the state of Florida.

Statutory Charge

To advise the Governor and the Legislature on policies, priorities and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

2015 – 2016 Update

The Office provided logistical, operational and fiscal administrative support to the Council to conduct four meetings during SFY 2015-2016 and develop its annual report. Duties included:

- Working with the Council to develop agenda items
- Identifying and securing meeting space, site visits, speakers, presenters, and exhibitors
- Noticing meetings and coordinating travel requests and approvals
- Developing meeting materials and summaries
- Updating and maintaining the Council's website (<http://www.flgov.com/fccb>)

Additionally, the Office supported the following workgroups of the Council to advance its mission, vision and statutory charge. Each workgroup was established to support state agency initiatives and to facilitate connections between government and faith and community organizations to improve services for Floridians. Information below highlights the role the Office played in supporting workgroup efforts.

- *Annual Conference Workgroup* – served on the planning committee with the DCF and Department of Juvenile Justice (DJJ) to host the National Faith Symposium conference. Coordinated the *Champions of Hope* award with agencies by receiving nominations, corresponding with nominees and winners, and developing certificates. Assisted the workgroup Chair with logistic needs during the conference. Secured over \$10,000.00 in sponsorships to support the conference.



- *Child Welfare Workgroup* – assisted the workgroup Chair incorporate presentations from CBC Lead Agencies on foster care and adoption initiatives, display Heart Gallery photos to raise awareness of children in need of permanent families, and developed presentation slides for public awareness topics during Council meetings.



- Assisted the workgroup Chair to advance the framework for the *Share Your Heart Program* which utilizes volunteer chaplains to respond to referrals from state and local government entities for individuals and families identified in crisis or distress. Volunteer chaplains provide concrete supports of food and clothing, and emotional and spiritual support based on the needs identified from the entities. The *Share Your Heart Program* received a non-recurring appropriation from the Legislature for SFY 2015-2016 to build capacity in its operation to serve Miami-Dade and Broward counties.

- *Criminal Justice Workgroup* – engaged the Department of Corrections (FDC) to identify opportunities for the Council to support their efforts with volunteers. Secured FDC’s sponsorship and participation in the National Faith Symposium conference. Worked with DJJ’s Faith Network Coordinator to share information and alignment of efforts to support youth and families involved in the juvenile justice system.

- *Disaster Planning Workgroup* – engaged the Division of Emergency Management and Department of Health’s Emergency Preparedness and Response Department to partner with the workgroup Chair to raise awareness of National Preparedness Month. Enlisted the support of faith and community organizations to disseminate information and resources to families for review and/or develop emergency preparedness plans. Secured sponsorship and participation from both groups for the National Faith Symposium conference.



- *Family Initiatives Workgroup* – supported the workgroup Chair in promoting the Summer Meals program through the Department of Agriculture and Consumer Services (DACCS). DACCS attended Council meetings as an exhibitor to engage faith and community organizations to become sponsors or providers of summer meals.
- *Legislative Workgroup* – shared state agency legislative proposals with the workgroup Chair to communicate with the Council and determine which items the Council should consider supporting.

Florida Children and Youth Cabinet



The Florida Legislature found 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. As such, the Florida Children and Youth Cabinet (Cabinet) was created and signed into law on July 11, 2007. The Cabinet is codified in §402.56, F.S. The statutory charge of the Cabinet is to ensure the public policy of the state relating to children and youth is best aligned for promoting interdepartmental collaboration in program implementation. This collaboration helps to ensure that services designed for children and youth are planned, managed, and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health, and quality of life of children across Florida.

Vision

All children in Florida grow up safe, healthy, educated and prepared to meet their full potential.

Mission

To ensure that the public policy of Florida relating to children and youth promotes interdepartmental collaboration and program implementation in order for services designed for children and youth to be planned, managed and delivered in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health and quality of life of all children and youth in Florida.

2015 -2016 Update

The Office provided fiscal administrative support to the Cabinet by noticing Cabinet and workgroup meetings and coordinating travel requests and approvals. Additionally, the Office provided historical perspective and logistical and operational suggestions to support the Executive Director in their administrative functions.

As a member of the Cabinet, the Director attended each meeting and joined colleagues to support the Cabinet’s positions on removing the five year waiting period for lawfully residing immigrant children to enroll in KidCare (approved during the 2016 Legislative Session) and the importance of early childhood development for the first 1,000 days in a child’s life.

Communications Workgroup

The Director chaired the Communications Workgroup to assist the Cabinet in fulfilling its statutory duty and responsibility to *foster public awareness of children and youth issues and develop new partners in the effort to serve children and youth* (§402.56(5)(e), F.S.). The purpose of the workgroup is to bring together all of the Cabinet agency’s Communications Directors to create consistent messaging and awareness about the Cabinet and public awareness topics that align with each agency’s efforts. A survey was developed to identify awareness month topics and have members identify: 1) which agencies should be involved with a particular topic, and 2) which agency should lead the efforts (e.g., develop and request proclamations, press releases, etc.) Results of the survey were shared with the members to encourage their support to have their Communications Directors collaborate in this effort.

Bullying Prevention Workgroup

The Director supported the efforts of the Cabinet’s Bullying Prevention Workgroup to raise awareness during National Bullying Prevention Month. A planning committee was convened and produced the following products:

- Developed a press release from the Chair of the Cabinet and Co-Chairs of the Bullying Prevention Workgroup in support of National Bullying Prevention Month to encourage dissemination through Cabinet agency networks.
 - Within the press release:



- Identified support of the efforts of Stand Strong USA who brought in international speaker, Nick Vujicic, to speak at Florida middle and high schools to share his story that promotes bullying and suicide prevention.
- Identified support for the *Child Safety Matters* curriculum from the Monique Burr Foundation for Children. This curriculum is free for all public elementary schools and focuses on child safety and bullying prevention.
- Promoted information and resources on bullying and cyberbullying available through the Department of Education’s website.

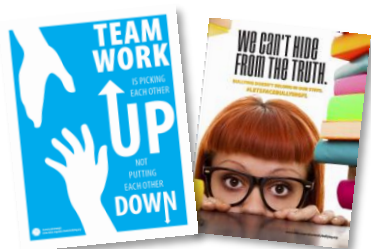


- Developed a graphic to encourage dissemination via social media through Cabinet agency networks.
- Disseminate posters with bullying prevention messages to schools and community centers through the Monique Burr Foundation for Children.

Define:
BULLY
 bul • ly
 /ˈbʊli/ (noun)
 verb
 1 to treat abusively.
 2 to use authority or force to harm or oppress.
 3 a person who treats, harms or oppresses another.
 (adjective)
 without, against, against, harm, hurt.

If you can't recognize it, you can't stop it.

#LetsFaceBullyingFL



The Director attended the Orlando event with Stand Strong USA and Nick Vujicic to hear his story and experiences with bullying and suicide. The Office also coordinated a live stream viewing of his presentation for state employees held in the auditorium of the Department of State. From these and other events, Stand Strong USA reported they reached 1.2 million students across Florida, 33 other states, and 22 other countries; and at least one school in 65 of the 67 districts participated.

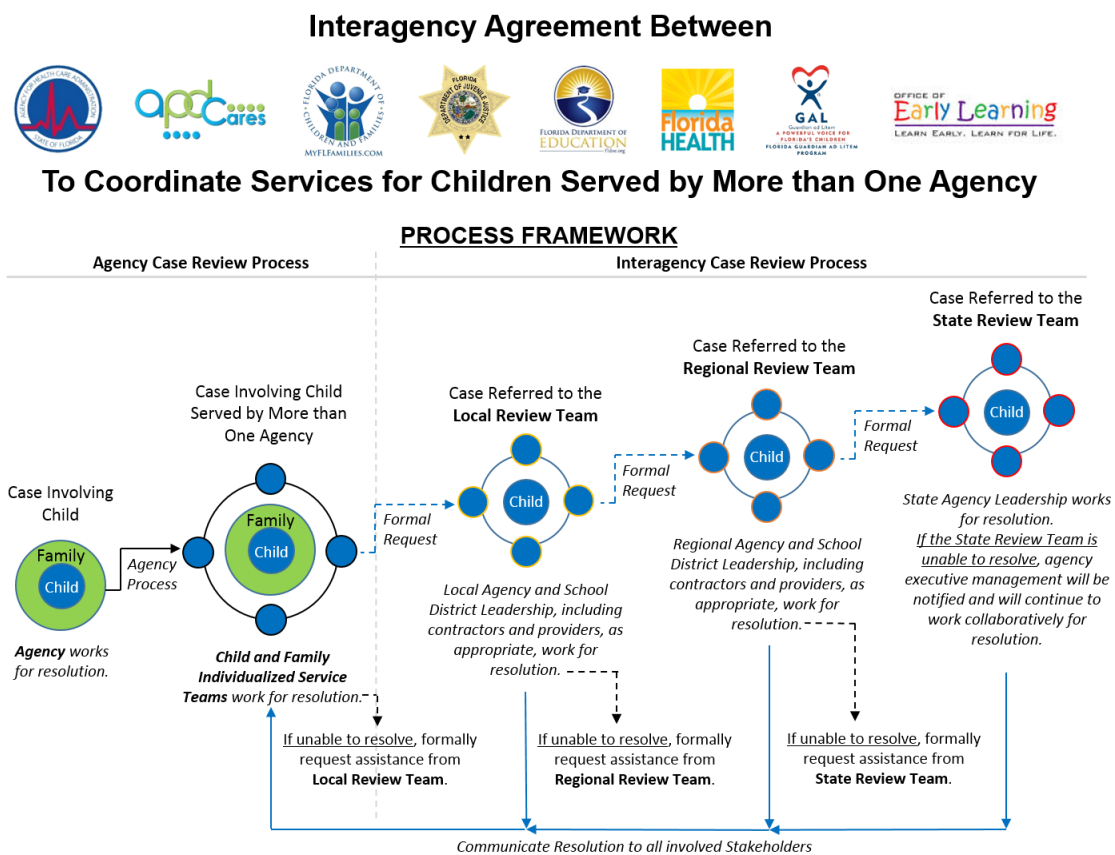


From left to right: Stan Smith- Marketing Director SSUSA, Nick Vujicic (center), Tina Morgan- C9 DCF CDA, and Roy Moore- Executive Director SSUSA

Multi-Systems Children and Youth Workgroup

In preparation for the expiration of the *Interagency Agreement to Coordinate Services for Children Served by More than One Agency* on June 30, 2017, a sub-group of the Multi-Systems Workgroup (later known as the Interagency Workgroup) solicited recommendations from state agencies and local and regional review teams in order to refine, improve and strengthen the next version (SFY 2017-2022) of the *Interagency Agreement*. Additionally, the team enlisted support from the *Florida Institute for Child Welfare* at Florida State University to conduct an analysis of data submitted by all review teams. To increase awareness and basic understanding of the *Interagency Agreement*, the team developed a *Process Framework* infograph to conceptualize the case resolution approach for children served by more than one agency. The workgroup continues to work with the Cabinet to finalize the *Interagency Agreement*.

Infograph 1: Interagency Agreement – Process Framework



Interagency Activities

The Office served on various workgroups to further state agency initiatives, identify opportunities to align and connect common efforts, and integrate statutory responsibilities related to the promotion of adoption, support for adoptive families and prevention of child abuse, abandonment and neglect.

Florida AWARE State Management Team – served to provide oversight and leadership towards building



capacity to support school districts in promoting mental wellness and ensuring youth who experience mental health problems have timely access to effective and coordinated supports and services. Supported efforts of the Department of Education, University of South Florida, and three *Florida AWARE* districts (Duval, Pinellas, Polk) to

develop and implement a multi-tiered system of mental health supports as a model for future duplication or replication. The Office has recognized the potential of FL AWARE to further primary and secondary prevention efforts where issues can be identified and services provided before a child becomes involved with state systems. To increase awareness on youth mental health, the Office promoted the *Youth Mental Health First Aid* program that provides free training to youth serving adults on how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis.



State Young Child Wellness Council – Project Launch – served to broaden prevention efforts through parent



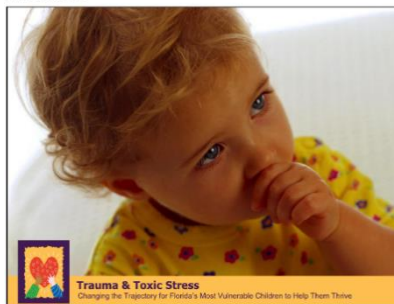
training, skill-building and selective interventions for young children in the Lealman Corridor, an area consisting of four zip codes in Pinellas County. Supported the partnership between the Department of Children and Families and the Department of Health by working towards preventing youth emotional and behavioral disorders by improving family functioning and quality of the parent-child relationship. Also explored strategies to increase provisions of Infant/Early Childhood Mental Health services in order to address root cause issues early on and result in healthy development where children are ready to learn and achieve.

Interstate Compact for Military Children – served to provide support and address key educational transition issues encountered by active duty military families including enrollment, placement, eligibility, and graduation. These efforts are led through the Department of Education.

Interagency Trauma Informed Care Workgroup – served to promote trauma informed care within state and

Trauma & Toxic Stress

Introduction



local systems to understand and address root causes of issues, not just the symptoms. This team explores state and local efforts that integrate trauma informed approaches; works to identify connections and strategies that can result in improved health and well-being of children, families and communities. A product of this collaboration resulted in the creation of the *Florida Trauma* website (www.floridatrauma.org) through the Florida State University Center on Prevention and Early Intervention. This website provides information and research on trauma and toxic stress, screening and interventions, and trauma informed systems to build consensus on strategies to identify and combat the effects of childhood adversity.

From collaborative efforts through the Interagency Trauma Informed Care Workgroup, the Office began working with the Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET). SEDNET serves all Florida school districts and works with education, mental health, child welfare, and juvenile justice professionals; along with other agencies and families, to ensure children with mental, emotional and behavioral problems, and their families, have access to services and supports they need to succeed. The Office has recognized the potential of SEDNET to further primary and secondary prevention efforts where issues can be identified before a child becomes involved with state systems. The Office has participated in SEDNET Work Days and supports their implementation of targeted services for children in schools and trauma informed care training for teachers, administrators and staff at elementary, middle and high schools.



CCDF Plan Subcommittee – served to review and provide comment on the Office of Early Learning’s application for the federal fiscal year 2016-2018 Child Care and Development Fund state plan. Focused on areas pertaining to child abuse and neglect education and reporting requirements.

Faith- and Community-based Advisory Council – served to advance the Department of Education’s efforts to engage and enlist faith and community organizations to support efforts of schools and districts located in their areas. Participated on various Council workgroups to share perspectives and strategies to initiate action. Worked to ensure collaboration with the state FBCB Advisory Council to promote activities and opportunities.

Interagency Workgroup – served with representatives from state entities on the Children’s Cabinet to share information and updates on agency initiatives, advance the work of the Cabinet, and oversee the implementation and reporting on the Cabinet’s *Interagency Agreement*. The team has developed an inventory of various interagency workgroups to assess their alignment to the Cabinet’s current *Headline Indicators*. It also performed an analysis of data sources used to measure progress toward each indicator. Products were presented to the Cabinet to consider alternative approaches for establishing indicators and reporting performance to “turn the curve” on child well-being.

The Office participated on two learning collaboratives to increase awareness and knowledge of federal initiatives, innovative ideas and approaches to address system issues, and building collective impact among stakeholders. Also shared activities and strategies used in Florida to improve practice and outcomes, and established relationships with other state and local leaders to seek feedback and/or guidance on specific topics. These collaboratives include:

- State Ombudsman Collaborative – engaged in conference calls with a network of other state child advocates and ombudsmen. Coordinated through the Office of the Child Advocate in the State of Georgia.
- Children’s Cabinet Network – participated in webinars provided by the Forum for Youth Investment who works to support efforts of children’s cabinets, or similar entities, throughout the country.

Funding and Other Support

Throughout SFY 2015-2016, the Office identified and disseminated federal funding announcements and promoted a unique opportunity to propose projects that seek administrative flexibilities and to blend/braid federal discretionary funding to improve outcomes for “disconnected youth”.

- *Performance Partnership Pilots (P3)* – through the federal Consolidated Appropriations Act, 2014, federal agencies were authorized to test innovative, cost-effective, and outcome-focused strategies for improving results for “disconnected youth” (low-income individuals, ages 14 – 24 years old, who are either homeless, in foster care, involved in the juvenile justice system, unemployed, or not enrolled in, or at-risk of dropping out of, an educational institution). These pilots give states, regional, localities, and tribal communities additional flexibility in using federal discretionary funds.



The Broward County Children Services Council (CSC) applied and was selected as one of nine communities in the country for the first round of the *P3* initiative. Their pilot seeks to develop a local integrated data system for children and improve academic performance and workforce readiness skills for youth meeting the target population. The Office assisted in the framing of the CSC pilot and continues to support their efforts to achieve outcomes. Upon release of the announcement for the second round of *P3*, the Office disseminated information and resources for state and local entities to consider as a way to create efficiencies and effectiveness in their delivery of services and support.

The Office continued to work and explore opportunities to secure funding and other support for the promotion of adoption, support for adoptive families and child abuse prevention.

Section 2: Status of Child Maltreatment and Adoptions in Florida

Section 2 of this annual report is governed by Subsections 39.001(9)(c)(5) b-d, Florida Statutes (§39.001(9)(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 AFCARS and NCANDS and provided data and available information included in Section 2 of this report.

Summary of Child Maltreatment

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 December 2016 for State Fiscal Year 2015-2016 (July 1, 2015 – June 30, 2016). These data and information have been aggregated in order to describe the status of child maltreatment in Florida. The data are based on the official published per capita rate for Florida to provide for more in-depth reporting and analysis. Therefore, the numbers may 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, 2020, the verified rate of child abuse will be reduced from the State Fiscal Year 2014 – 2015 statewide rate of 10.84 per 1,000 children.

The targeted desired result was established by identifying the lowest rate of child maltreatment during the *2010-2015 Child Abuse Prevention and Permanency (CAPP) Plan*. It should be noted that interaction effects among the items below 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.
- 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.).
- 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.).

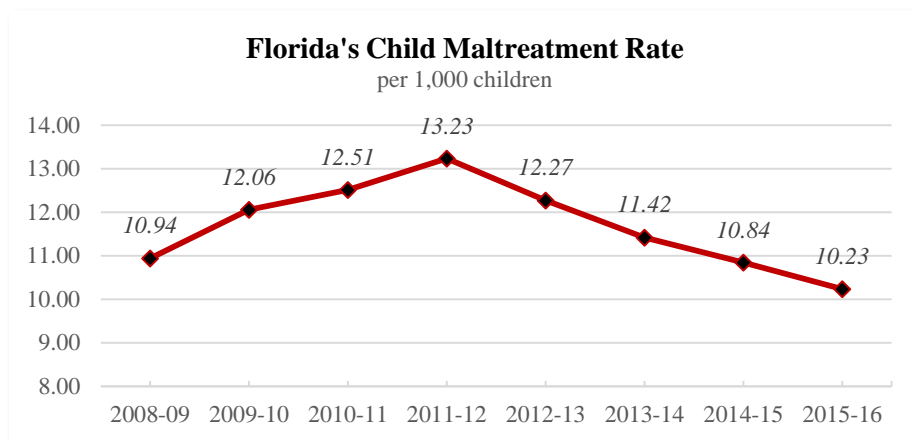
The incidence of child maltreatment is the *estimated number* of maltreated children in Florida, regardless of the number of children reported as abused. It would be expected that reporting and investigation rates would be low, conservative estimates of the actual abuse incident rates in Florida. According to the Centers for Disease Control and Prevention (CDC), child protective services reports may underestimate the true occurrence of abuse and neglect. It is estimated that 1 in 4 children (25%) experience some form of child maltreatment in their lifetimes.

Verified Maltreatment

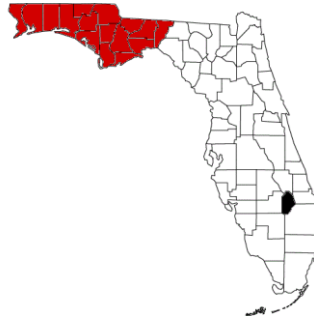
The rate of children with verified maltreatment during SFY 2015-16 was 10.23. This represents a reduction of 0.61 per 1,000 children since SFY 2014-15, and a reduction of 3.00 per 1,000 children since SFY 2011-2012, the highest verified maltreatment rate during the 2010-2015 CAPP Plan period.

On the chart below, the state rates of verified maltreatment per 1,000 children are presented since SFY 2008-2009 as provided by the Department of Children and Families. On the following pages, rates of verified maltreatment per 1,000 children are presented with infographs at both the regional and judicial circuit levels. Shifting from a broad to a more specific focus may help communities identify which efforts are most effective to address each community’s unique needs. It is important to consider many factors when reflecting on how to best use this data—data which indicates an overall downward trend of child maltreatment since SFY 2011-2012.

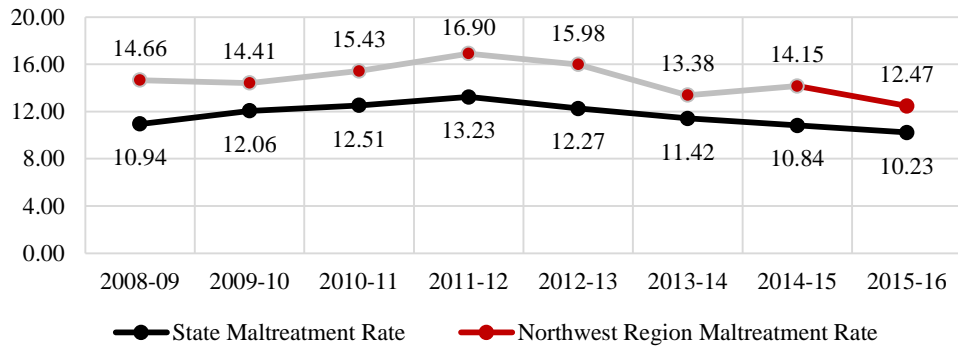
Chart 1: Florida’s Child Maltreatment Rate



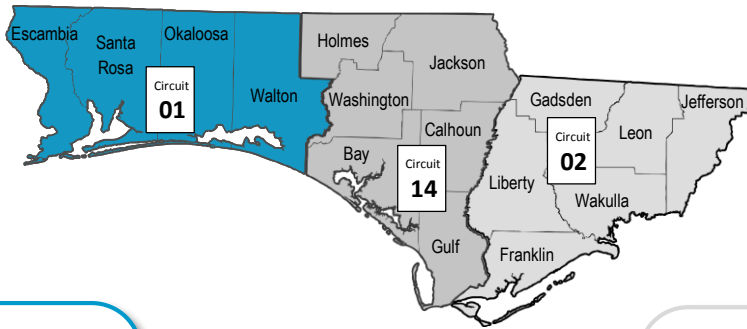
Infograph 2: Rate of Verified Maltreatment in Northwest Region and Circuits



Northwest Region Maltreatment Rate



Note: The Regional Rate was calculated by dividing the total number of verified cases in the region by the combine child populations within each circuit of the region.

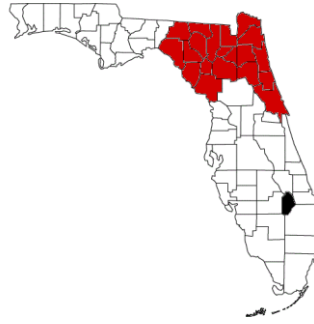


Circuit 1
Maltreatment Rate
 2008-09: 16.21
 2009-10: 15.91
 2010-11: 17.88
 2011-12: 20.26
 2012-13: 19.09
 2013-14: 15.37
 2014-15: 17.59
2015-16: 14.68

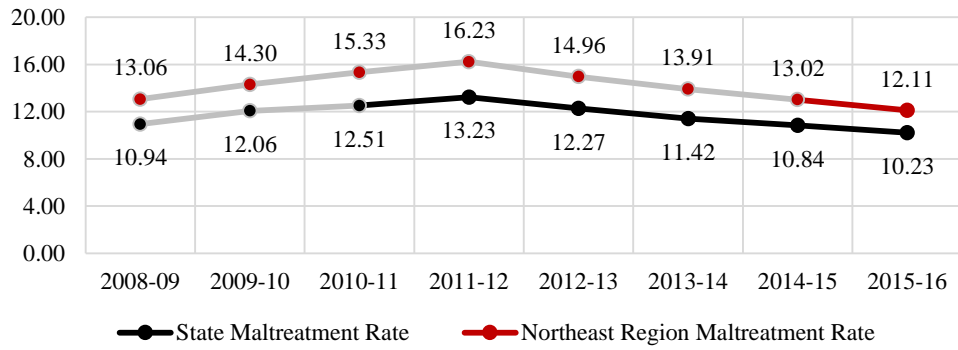
Circuit 14
Maltreatment Rate
 2008-09: 14.56
 2009-10: 14.79
 2010-11: 11.81
 2011-12: 13.75
 2012-13: 15.26
 2013-14: 12.57
 2014-15: 11.06
2015-16: 13.39

Circuit 2
Maltreatment Rate
 2008-09: 11.61
 2009-10: 11.11
 2010-11: 13.33
 2011-12: 12.81
 2012-13: 10.45
 2013-14: 10.02
 2014-15: 9.73
2015-16: 7.35

Infograph 3: Rate of Verified Maltreatment in Northeast Region and Circuits



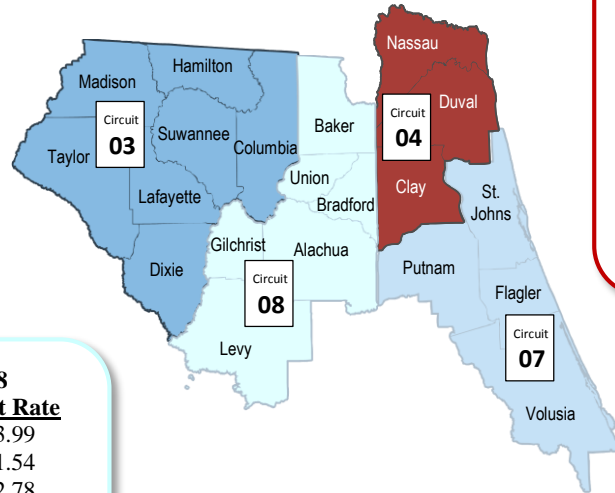
Northeast Region Maltreatment Rate



Note: The Regional Rate was calculated by dividing the total number of verified cases in the region by the combine child populations within each circuit of the region.

**Circuit 3
Maltreatment Rate**

- 2008-09: 14.49
- 2009-10: 19.34
- 2010-11: 19.15
- 2011-12: 20.63
- 2012-13: 16.83
- 2013-14: 19.90
- 2014-15: 18.87
- 2015-16: 15.04**



**Circuit 4
Maltreatment Rate**

- 2008-09: 11.52
- 2009-10: 12.63
- 2010-11: 13.35
- 2011-12: 14.09
- 2012-13: 13.83
- 2013-14: 13.84
- 2014-15: 12.06
- 2015-16: 10.99**

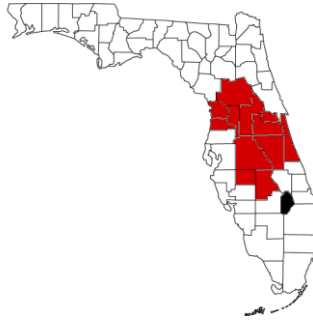
**Circuit 8
Maltreatment Rate**

- 2008-09: 23.99
- 2009-10: 21.54
- 2010-11: 22.78
- 2011-12: 22.28
- 2012-13: 21.68
- 2013-14: 17.23
- 2014-15: 15.32
- 2015-16: 14.87**

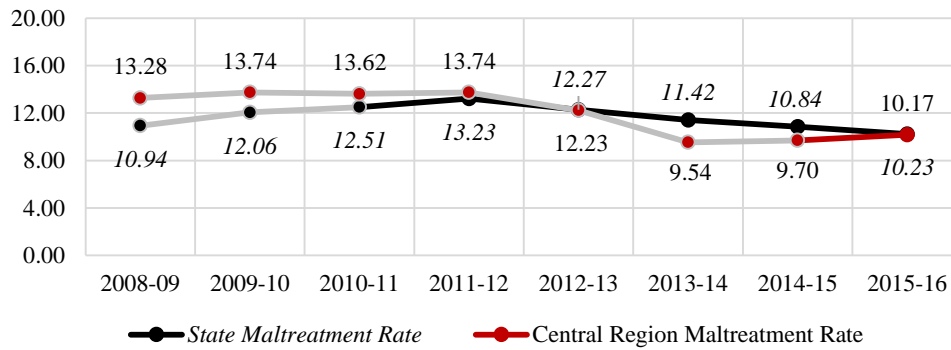
**Circuit 7
Maltreatment Rate**

- 2008-09: 10.49
- 2009-10: 12.62
- 2010-11: 14.32
- 2011-12: 15.97
- 2012-13: 13.45
- 2013-14: 11.25
- 2014-15: 12.22
- 2015-16: 12.06**

Infograph 4: Rate of Verified Maltreatment in Central Region and Circuits

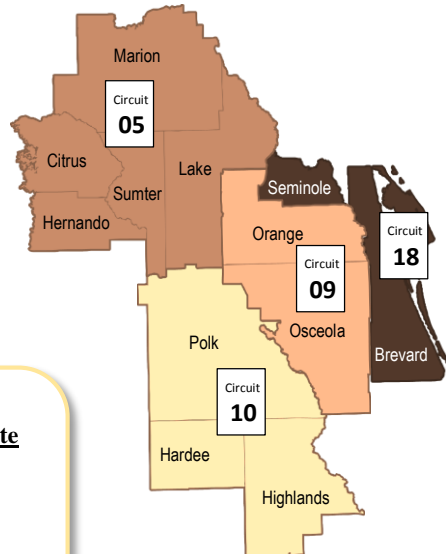


Central Region Maltreatment Rate



Note: The Regional Rate was calculated by dividing the total number of verified cases in the region by the combine child populations within each circuit of the region.

**Circuit 5
Maltreatment Rate**
 2008-09: 17.36
 2009-10: 16.98
 2010-11: 15.84
 2011-12: 18.32
 2012-13: 17.02
 2013-14: 12.25
 2014-15: 10.66
2015-16: 11.88

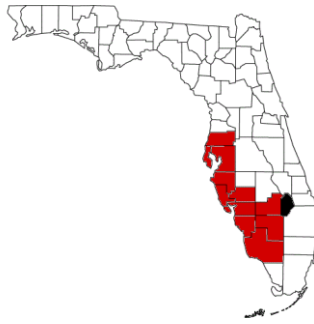


**Circuit 18
Maltreatment Rate**
 2008-09: 12.22
 2009-10: 11.74
 2010-11: 12.25
 2011-12: 11.97
 2012-13: 9.35
 2013-14: 7.95
 2014-15: 11.23
2015-16: 1.07

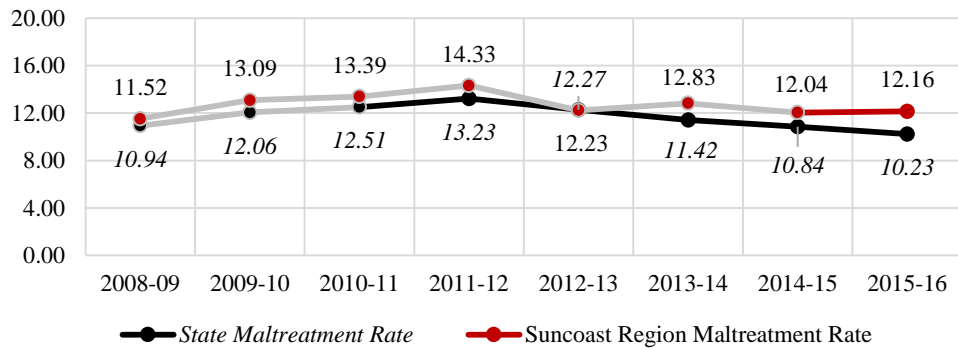
**Circuit 10
Maltreatment Rate**
 2008-09: 13.57
 2009-10: 13.07
 2010-11: 12.52
 2011-12: 11.69
 2012-13: 10.71
 2013-14: 9.43
 2014-15: 8.78
2015-16: 10.72

**Circuit 9
Maltreatment Rate**
 2008-09: 11.58
 2009-10: 13.47
 2010-11: 13.71
 2011-12: 13.24
 2012-13: 12.01
 2013-14: 9.04
 2014-15: 8.80
2015-16: 8.78

Infograph 5: Rate of Verified Maltreatment in Suncoast Region and Circuits

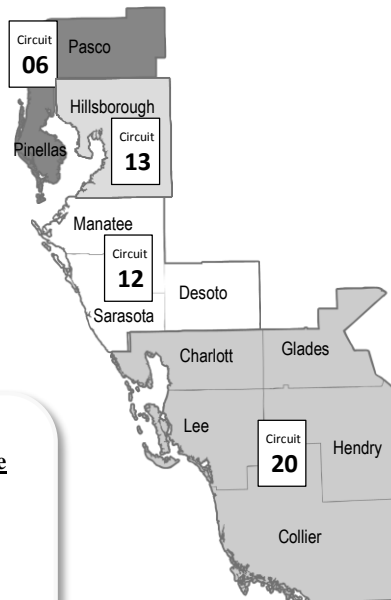


Suncoast Region Maltreatment Rate



Note: The Regional Rate was calculated by dividing the total number of verified cases in the region by the combine child populations within each circuit of the region.

Circuit 6
Maltreatment Rate
2008-09: 15.25
2009-10: 18.64
2010-11: 19.29
2011-12: 20.31
2012-13: 18.77
2013-14: 17.92
2014-15: 16.02
2015-16: 14.66

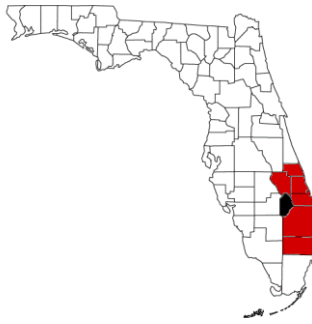


Circuit 13
Maltreatment Rate
2008-09: 9.83
2009-10: 10.58
2010-11: 10.12
2011-12: 10.86
2012-13: 10.49
2013-14: 10.03
2014-15: 9.83
2015-16: 10.37

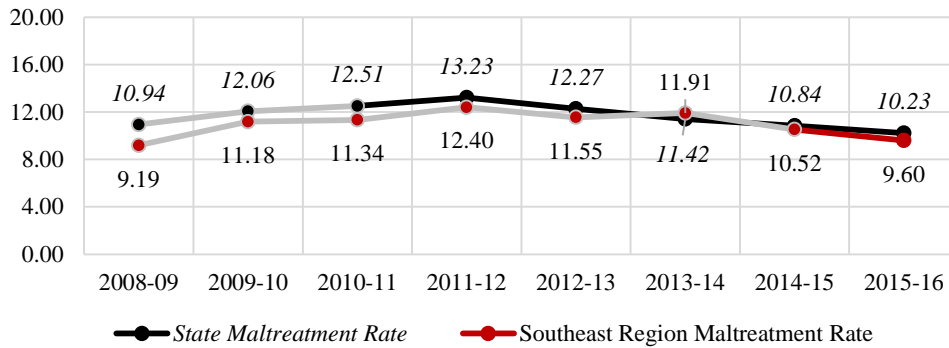
Circuit 12
Maltreatment Rate
2008-09: 14.77
2009-10: 15.03
2010-11: 16.92
2011-12: 16.32
2012-13: 14.10
2013-14: 13.70
2014-15: 15.11
2015-16: 15.78

Circuit 20
Maltreatment Rate
2008-09: 7.61
2009-10: 8.92
2010-11: 8.86
2011-12: 10.80
2012-13: 10.26
2013-14: 10.29
2014-15: 8.70
2015-16: 9.66

Infograph 6: Rate of Verified Maltreatment in Southeast Region and Circuits

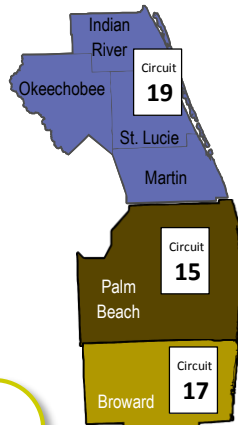


Southeast Region Maltreatment Rate



Note: The Regional Rate was calculated by dividing the total number of verified cases in the region by the combine child populations within each circuit of the region.

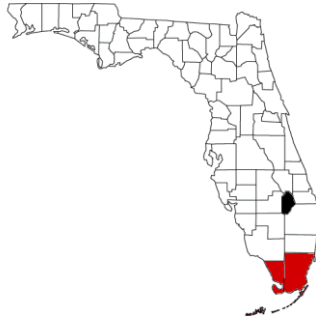
Circuit 19 Maltreatment Rate
 2008-09: 13.93
 2009-10: 15.04
 2010-11: 14.89
 2011-12: 13.64
 2012-13: 10.84
 2013-14: 10.84
 2014-15: 11.74
2015-16: 9.61



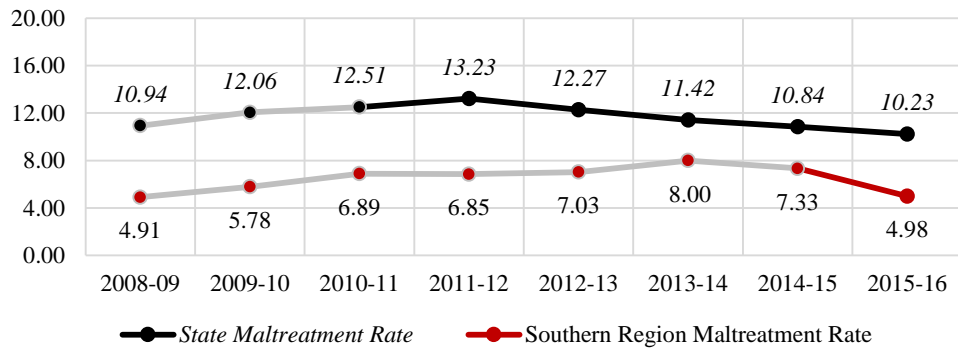
Circuit 15 Maltreatment Rate
 2008-09: 9.13
 2009-10: 10.71
 2010-11: 10.02
 2011-12: 10.31
 2012-13: 9.84
 2013-14: 11.50
 2014-15: 7.07
2015-16: 5.37

Circuit 17 Maltreatment Rate
 2008-09: 7.83
 2009-10: 10.36
 2010-11: 11.18
 2011-12: 13.45
 2012-13: 12.97
 2013-14: 12.53
 2014-15: 12.54
2015-16: 12.52

Infograph 7: Rate of Verified Maltreatment in Southern Region and Circuits

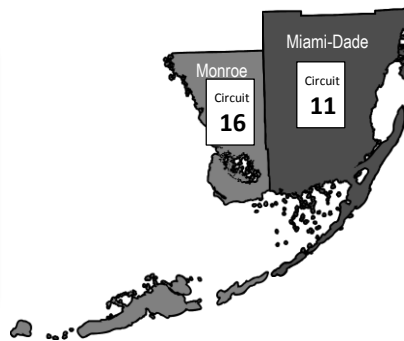


Southern Region Maltreatment Rate



Note: The Regional Rate was calculated by dividing the total number of verified cases in the region by the combine child populations within each circuit of the region.

Circuit 16 Maltreatment Rate
 2008-09: 16.82
 2009-10: 16.68
 2010-11: 15.57
 2011-12: 15.46
 2012-13: 16.82
 2013-14: 23.02
 2014-15: 21.17
2015-16: 14.39



Circuit 11 Maltreatment Rate
 2008-09: 4.64
 2009-10: 5.54
 2010-11: 6.70
 2011-12: 6.68
 2012-13: 6.83
 2013-14: 7.71
 2014-15: 7.06
2015-16: 4.80

Age Ranges with Verified Maltreatment

As shown in Chart 2 and Table 1 below, the younger the child, the more vulnerable the child is to be maltreated (highlighted in orange on Table 2).

- The highest percentage of children with verified maltreatment during SFY 2015 – 2016 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 32,255 of 42,296 verifications, over 76% 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 2015 – 2016 (11.19% vs. 12.41%).

Chart 2: Unduplicated Counts of Children with Most Serious Finding of Verified Abuse by Age Range, SFY 2015-2016 Statewide

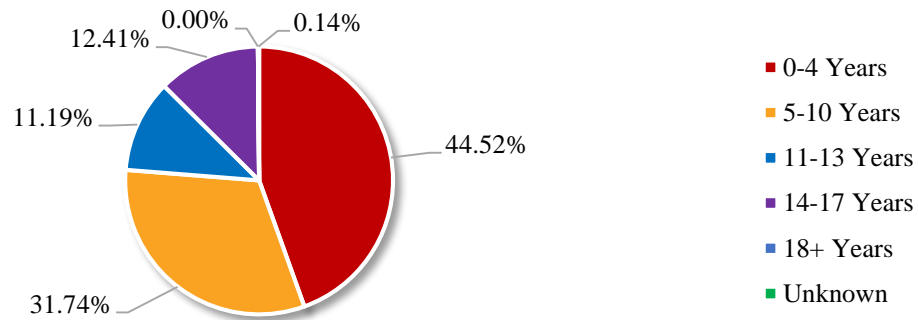


Table 1. Unduplicated Counts of Children with Most Serious Finding of Verified Abuse by Age Range, SFY 2015-2016, Statewide

Circuit	Age of Child						Totals
	0-4 Years	5-10 Years	11-13 Years	14-17 Years	18+ Years	Unknown	
1	1,011	776	286	308	0	2	2,383
2	260	175	64	112	0	1	612
3	261	217	69	84	0	1	632
4	1,457	930	302	295	0	6	2,990
5	985	723	287	254	0	2	2,251
6	1,880	1,200	411	478	0	2	3,971
7	947	696	251	300	0	0	2,194
8	496	331	103	116	0	1	1,047
9	1,489	1,001	383	437	0	7	3,317
10	815	598	229	243	0	5	1,890
11	1,142	910	295	420	0	1	2,768
12	935	697	278	247	1	2	2,160
13	1,532	1,011	313	362	0	0	3,218
14	376	261	95	86	0	1	819
15	691	454	156	209	0	2	1,512
16	66	64	17	19	0	3	169
17	2,194	1,559	513	533	1	19	4,819
18	880	717	263	301	0	1	2,162
19	490	391	157	147	0	1	1,186
20	922	715	260	298	0	1	2,196
Statewide	18,829	13,426	4,732	5,249	2	58	42,296
Percentage	44.52%	31.74%	11.19%	12.41%	0%	0.14%	100%

Allegations and Investigations of Child Maltreatment

As shown in Chart 3 and Tables 2 below, the largest ranges of allegations is for children between the ages of birth and four years old and children between 5 and 10 years old (highlighted in orange). The middle school (11-13) and high school (14-17) ranges are also similar.

- The 0-4 and 5-10 age groups include 160, 202 children who were alleged victims of maltreatment or 69.7% of all children who were alleged victims.

Chart 3: Age Ranges for Children who were Alleged Victims of Maltreatment (Unduplicated), SFY 2015-2016, Statewide

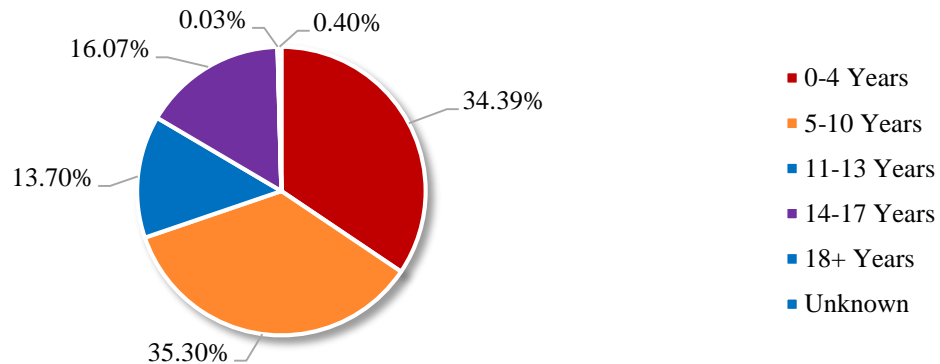


Table 2: Age Ranges for Children who were Alleged Victims of Maltreatment (Unduplicated), SFY 2015-2016, Statewide

Circuit	Age of Child						Total
	0-4 Years	5-10 Years	11-13 Years	14-17 Years	18+ Years	Unknown	
1	4,561	4,267	1,633	1,910	2	66	12,439
2	1,850	1,734	690	861	0	58	5,193
3	1,177	1,272	512	494	1	14	3,470
4	6,290	6,327	2,337	2,664	8	125	17,751
5	4,938	5,297	2,037	2,251	5	34	14,562
6	6,180	5,872	2,226	2,810	2	79	17,169
7	4,364	4,387	1,783	2,052	3	48	12,637
8	2,135	1,992	778	847	1	11	5,764
9	6,927	7,406	2,901	3,492	2	112	20,840
10	4,323	4,484	1,744	1,962	3	46	12,562
11	5,310	5,691	2,346	2,882	12	128	16,369
12	3,140	3,154	1,256	1,395	6	50	9,001
13	5,233	5,287	2,007	2,366	3	80	14,976
14	1,899	1,935	762	783	1	27	5,407
15	4,451	4,645	1,759	2,032	3	4	12,930
16	244	243	94	105	0	5	691
17	5,516	5,645	2,201	2,740	12	119	16,233
18	4,102	4,383	1,695	2,095	6	31	12,312
19	2,167	2,461	961	1,131	3	13	6,736
20	4,256	4,657	1,769	2,069	5	72	12,828
Statewide	79,063	81,139	31,491	36,941	78	1,158	229,870
Percentage	34.39%	35.30%	13.70%	16.07%	0.03%	0.40%	100%

In Table 3, 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 (56.9%), from nineteen circuits.
- For ethnicity, the largest portion was Other (non – Hispanic) (82.7%) from every circuit in Florida.
- Investigations were conducted for nearly equal numbers of boys and girls.

Table 3: Race, Ethnicity, and Gender of Children who were Alleged Victims of Maltreatment (Unduplicated), SFY 2015—2016, Statewide

Circuit	White	Black	Multirace	Other	Hispanic	Other	Male	Female	Unknown	Total
1	7,721	2,952	499	1,267	547	11,892	6,061	6,070	308	12,439
2	1,905	2,639	101	548	155	5,038	2,527	2,519	147	5,193
3	2,433	714	140	183	209	3,261	1,691	1,722	57	3,470
4	8,500	6,980	580	1,691	1,013	16,738	8,802	8,580	369	17,751
5	10,590	2,459	468	1,045	1,671	12,891	7,175	7,160	227	14,562
6	11,426	3,666	824	1,253	1,701	15,468	8,594	8,355	220	17,169
7	8,291	2,695	383	1,268	1,007	11,630	6,301	6,140	196	12,637
8	3,123	2,042	234	365	291	5,473	2,859	2,831	74	5,764
9	10,385	7,384	486	2,585	6,262	14,578	10,306	10,040	494	20,840
10	7,981	2,965	393	1,223	2,471	10,091	6,212	6,070	280	12,562
11	7,527	6,448	135	2,259	7,168	9,201	7,914	8,059	396	16,369
12	6,076	1,757	328	840	1,733	7,268	4,426	4,423	152	9,001
13	8,047	5,461	502	966	3,431	11,545	7,404	7,416	156	14,976
14	3,714	917	265	511	192	5,215	2,627	2,672	108	5,407
15	5,926	5,168	259	1,577	2,867	10,063	6,439	6,224	267	12,930
16	518	108	21	44	233	458	341	343	7	691
17	5,734	7,993	326	2,180	3,204	13,029	7,920	7,906	407	16,233
18	7,936	2,918	690	768	1,632	10,680	6,193	5,985	134	12,312
19	4,203	1,728	241	564	1,097	5,639	3,323	3,351	62	6,736
20	8,484	2,267	317	1,760	2,993	9,835	6,304	6,322	202	12,828
Statewide	130,520	69,231	7,192	22,897	39,877	189,993	113,419	112,188	4,263	229,870
Percentage	56.87%	30.13%	3.13%	9.96%	17.35%	82.65%	49.34%	48.80%	1.86%	100%

Table 4, on the next page, shows the number of allegations and verifications, in duplicated counts. The three highest values in each category are highlighted in orange. A child might have been the alleged victim with more than a single allegation attributed to the same incident.

- For these children, there were 68,328 verified allegations of child maltreatment (duplicated child count).
- The highest numbers of allegations were for family violence threatens child, inadequate supervision, and physical injury.
- It should be noted that the top three most reported allegations (family violence, inadequate supervision, and physical injury) have fairly low verification rates (20.4%, 12.9%, and 6.56%, respectively).

Table 4: Allegations and Verifications of Abuse (Duplicated Child Counts), SFY 2015-2016, Statewide

Type of Abuse Allegation	Allegations	Verified	Percent of Allegations Verified
Abandonment	2,119	884	41.72%
Asphyxiation	2,013	105	5.22%
Bizarre Punishment	2,298	217	9.44%
Bone Fracture	770	159	20.65%
Burns	1,259	102	8.10%
Death	388	78	20.10%
Environmental Hazards	53,574	5,001	9.33%
Failure to Protect	4,646	2,162	46.53%
Failure to Thrive	45	148	36.54%
Family Violence Threatens Child	88,899	18,133	20.40%
Human Trafficking	38	10	26.32%
Human Trafficking CSEC	1,473	366	24.85%
Human Trafficking Labor	180	61	33.89%
Inadequate Supervision	83,443	10,257	12.29%
Internal Injuries	80	27	33.75%
Malnutrition/Dehydration	155	37	23.87%
Medical Neglect	7,790	1,273	16.34%
Mental Injury	11,961	329	2.75%
Physical Injury	55,924	3,671	6.56%
Sexual Abuse	43	4	9.30%
Sexual Abuse – Sexual Battery	4,448	1,042	23.43%
Sexual Abuse – Sexual Exploitation	991	153	15.44%
Sexual Abuse – Sexual Molestation	10,884	1,476	13.56%
Substance Misuse	11,476	1,992	17.36%
Substance Misuse – Alcohol	28,023	4,234	15.11%
Substance Misuse – Illicit Drugs	53,385	9,459	17.72%
Substance Misuse – Prescription Drugs	18,334	3,034	16.55%
Threatened Harm	6,617	3,914	59.15%
Statewide	451,616	68,328	15.13%

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 children entering foster care in the twelve month span from July 2015 – June 2016, the reasons for removal were divided into nine categories, shown in Table 5 on the next page. 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 (27.68%) was due to inadequate supervision, medial and physical neglect.
- The second most cited service reason for a removal (25.20%) was due to parental drug and alcohol abuse.

- The least cited reason for a child removal was child alcohol and drug abuse (0.66%), followed by incarceration of parents (5.32%).

Table 5: Reasons for Removal Reported (Duplicated Child Counts), SFY 2015-2016, Statewide

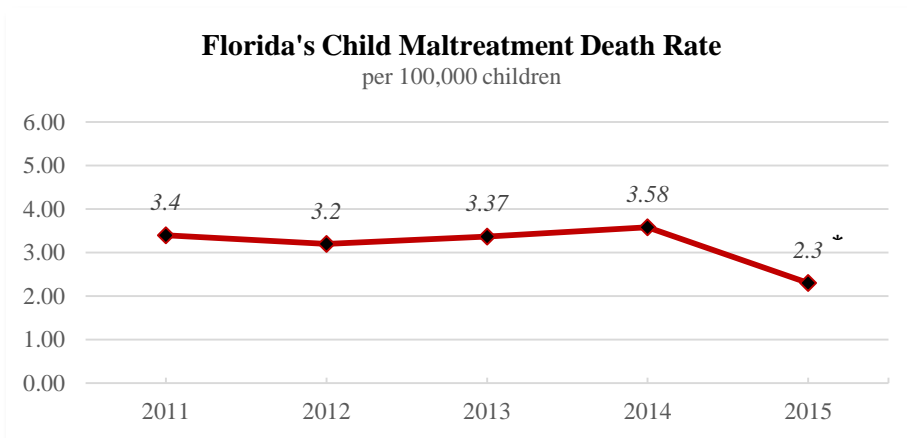
Removal Reason	Number of Children	Percent
Inadequate Supervision, Medical and Physical Neglect	8,994	27.68%
Parental Drug and Alcohol Abuse	8,189	25.20%
Domestic Violence	3,447	10.61%
Physical and Sexual Abuse	2,604	8.01%
Death of Parent/Caretaker Unable to Cope	2,968	9.13%
Child Behavior/Relinquishment/Abandonment	2,417	7.44%
Inadequate Housing	1,928	5.93%
Incarceration of Parents	1,729	5.32%
Child Alcohol and Drug Abuse	216	0.66%

Summary of Child Maltreatment Deaths

State Plan Desired Result 2 – Child Maltreatment Death Prevention. By June 30, 2020, the verified rate of child maltreatment death will be reduced from the State Fiscal Year 2012-2013 statewide rate of 3.20 per 100,000 children. Section 383.402, F.S., has been expanded over the years and currently requires local and state Child Abuse Death Review (CADR) committees to review all child deaths reported to the Florida Abuse Hotline. In January 2015, local committee boundaries were adjusted to realign with judicial circuits. This realignment reflects the structure of Circuit Taskforces associated with the CAPP Plan and provides an ideal opportunity to utilize data to inform strategies to address the three primary preventable causes of child deaths, which have remained consistent with findings from previous years, to include Drowning, Asphyxia (e.g., unsafe sleep practices) and Trauma/wounds caused by a weapon.

The rate of child maltreatment death rate in 2015 was 2.30* per 100,000 children. Chart 4 on the next page should be considered tentative and an underestimate as there are a number of cases that are still open at DCF and not yet transferred to local CADR committees for which verification status has been determined. Chart 4 on the next page shows the trend for child maltreatment deaths since 2011 as provided by the CADR 2016 Annual Report. .

Chart 4: Florida's Child Maltreatment Death Rate



* The number of verified child maltreatment cases for 2015 is not complete given the number of cases still open and not yet transferred to local CADR Committees for review. Past year figures may have changed as cases were closed following the submission of past CADR reports.

The State CADR Committee developed this year's prevention recommendations based on input and participation from local committee members, an analysis of case review data findings, and a review of literature and the most current research on prevention strategies as outlined by our nation's foremost experts. Prevention recommendations were developed and organized using a multi-level social ecological model for change to identify strategies that will address all levels of our social ecology. Strategies geared toward individuals, families and their interpersonal social networks, communities, and society as a whole, seek to create sustainable change as they target the top three primary causes of child fatalities as defined by all data sources.

The following prevention recommendations for 2016 provide a high-level overview of strategies and approaches aimed at eliminating preventable child fatalities in Florida that can be implemented between the local CADR committees and Circuit Taskforces with the CAPP Plan:

- ***Enhance and Support the Integration of Behavioral Health Services into the Child Welfare System:*** Substance use disorders, mental health disorders, and dynamics associated with domestic violence have profoundly negative impacts on parental capacity and child well-being while greatly increasing the risk of child harm. Readily accessible and appropriate interventions for at-risk families dealing with these issues is a critical step toward ensuring a safe, stable, and nurturing environment for children. Behavioral health services in the child welfare system should include an assessment of trauma for children exposed to adverse child experiences (ACE) and appropriate trauma informed interventions to improve short and long-term health outcomes.
- ***Continue to Support Programs that Enhance Parenting Skills:*** Family support programs provide high risk families with the necessary knowledge, resources, and support to bolster parental protective capacities, thereby increasing child safety. These supports lead to improved outcomes for families including reduction and prevention of child abuse and neglect, reduction in risk factors for abuse and neglect, improved parent-child interaction, increased family stability and self-sufficiency, and improved maternal and child health.

- ***Ensure Clear and Consistent Messaging among Agencies During Efforts to Increase Awareness:*** A wide array of agencies and organizations are actively involved in prevention messaging. While all stakeholders are striving toward similar goals, inconsistencies in messaging can and do occur. Consistency in messaging, particularly those communications designed to encourage prevention-oriented behaviors, eliminates confusion among caregivers and sends a stronger, more unified message to the general public. The consistency of Florida’s prevention messaging is a priority at the state and local levels and requires active collaboration and communication between agencies to ensure alignment of content.
- ***Encourage Collaborative Partnerships at both the State and Community Levels:*** Interagency and community stakeholder partnerships must be established and maintained at both the state and local levels. Truly collaborative partnerships encourage the sharing of data and information by establishing reliable streams of communication between agencies and organizations. Active collaboration encourages the pooling of resources, reinforces the alignment of prevention planning, and ensures the consistency of collective prevention messaging informed by research literature, and state/federal agency.
- ***Explore the Value and Utility of Existing Prevention Activities Throughout Florida:*** The value and utility of current prevention initiatives and efforts should be fully explored. Strategies and approaches that show promise and appear to have positive impacts on prevention efforts should be considered for replication in other areas within the state. Resources including tools, templates, and promising practices should be shared among local committees to further attempt to reduce duplication of effort and encourage consistent messaging throughout the state.
- ***Support the Development of Toolkits to Assist in the Planning and Development of Prevention Activities:*** Various toolkits should be developed to help address specified hot topics, such as water safety awareness, safe sleep initiatives, bolstering protective factors to increase parental capacity, and tips and techniques for fostering community collaboration. These toolkits should be developed based on standards and recommendations acknowledged by research, professional literature, and/or existing state and federal agencies.
- ***Offer Training and Technical Assistance to Circuits Regarding How to Leverage Data to Inform and Improve Practice:*** Training and technical assistance should be offered to those circuits most interested in delving into their own localized data to further identify contributing factors specific to their community. This training should incorporate information on how to leverage available data tools, training on basic data analysis techniques, and instruction on action planning. All circuits and stakeholders should be provided with guidance regarding how to best leverage the findings of this report to develop sound and effective prevention techniques designed to meet the specific needs of their areas.

Summary of Adoption and Support for Adoptive Families

This subsection comprises of 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 Governor’s Office of Adoption and Child Protection in December 2016. These data and information have been aggregated in order to describe the status of adoption in Florida. The current state performance information is based on the 12 month period from July 1, 2015 to June 30, 2016, using the most recent available data for this report.

During SFY 2015 – 2016, Florida finalized 3,469 adoptions throughout the state. This is due to the diligent efforts of Community Based Care Lead Agencies, Florida Association of Heart Galleries, the Department of Children and Families, the Governor’s Office of Adoption and Child Protection, and many others.

- Of the children adopted last state fiscal year for whom information is available:
 - 910 were nine years of age or older (26.23%), 410 were 13 and older (11.82%), and 157 were 16 or 17 (4.53%).
 - 1,803 were sibling groups that experienced finalized adoptions.
 - 88 were identified as medically fragile that experienced finalized adoptions.

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

The Department of Children and Families 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 what it means to be “available for adoption.” Different interpretations of this term can operationally 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 6, adoption-related populations overlap or are nested within each other, and each yields a different number. The table provides a point in time chart as of July 1, 2015 and provides a starting base at the beginning of SFY 2015 – 2016.

Table 6: Adoption-Related Populations as of June 30, 2015

Population Description	Number of Children
Children TPR'ed or who have a primary goal of adoption	5,807
Children with a primary goal of adoption regardless of TPR status	5,288
Children TPR'ed, regardless of goal	3,767
Children who have been TPR'ed and have a primary goal of adoption	3,248
Children who have been TPR'ed, have a primary goal of adoption, and are on the website	654*

Source: July 1, 2015 AFCARS Extract

*This comes from the Monthly Adoption Report and includes all children who are legally free for adoption, have the goal of adoption, are listed on the adoption web site, and do not have an identified family.

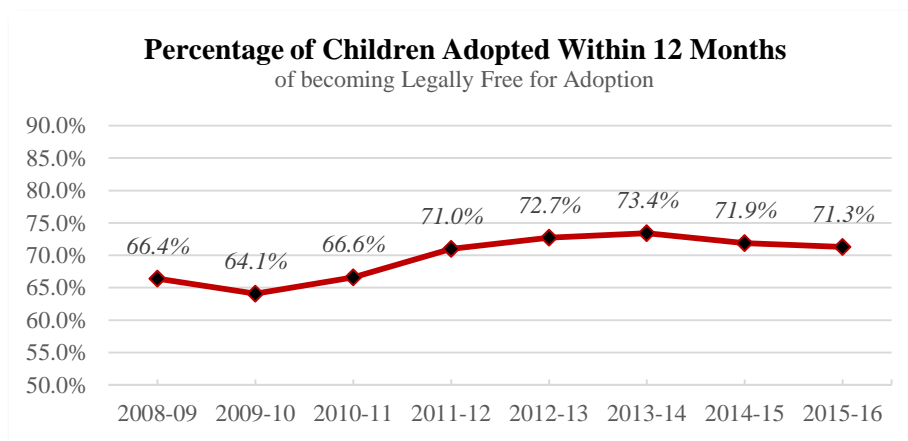
Timeliness of Adoption

The 2015-2020 CAPP Plan 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 Termination of Parental Rights (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 3 – Promotion of Adoption – By June 30, 2020, the percent of children adopted within 12 months of becoming legally free for adoption will be increased from the State Fiscal Year 2013 – 2014 rate of 73.4 %.

The percentage of children adopted within 12 months of becoming legally free for adoption during SFY 2015 – 2016 was 71.3%. The table below reflects the state’s performance since SFY 2008 – 2009 as provided by the Department of Children and Families.

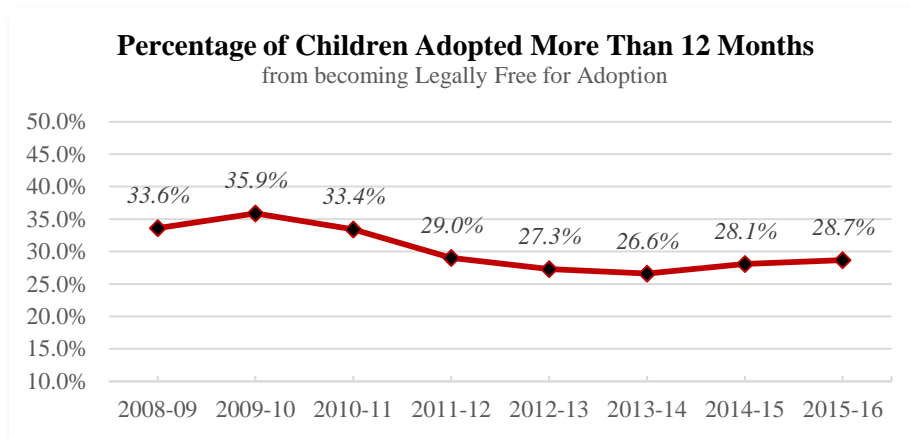
Chart 4: Percentage of Children Adopted Within 12 months of becoming Legally Free for Adoption



State Plan Desired Result 4 – Promotion of Adoption – By June 30, 2020, 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 increased from the State Fiscal Year 2013 – 2014 rate of 26.6%.

The percentage of children adopted more than 12 months from becoming legally free for adoption during SFY 2015 – 2016 was 28.7%. The table below reflects the state’s performance since SFY 2008 – 2009 as provided by the Department of Children and Families.

Chart 5: Percentage of Children Adopted More Than 12 months from becoming Legally Free for Adoption

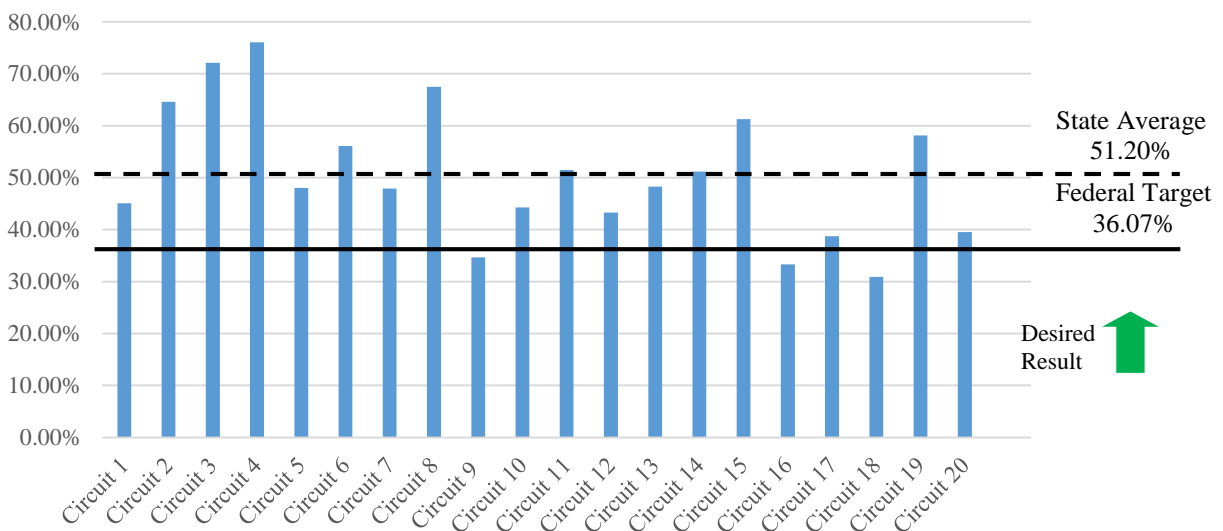


AFCARS Measure 1 – Percent Discharged to Adoption in Less than 24 Months

Of all children who were discharged from foster care to a finalized adoption during the period July 2015 through June 2016, on average, **51.20% 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 eighth consecutive year.**

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—as opposed to recruiting adoptive families for younger children more recently introduced into foster care. Individual circuit performance of the measure is reflected below. As shown on Chart 6, all but three of the 20 Florida circuits exceeded the federal target.

Chart 6: Percent Discharged to Adoption in Less than 24 Months by Circuit



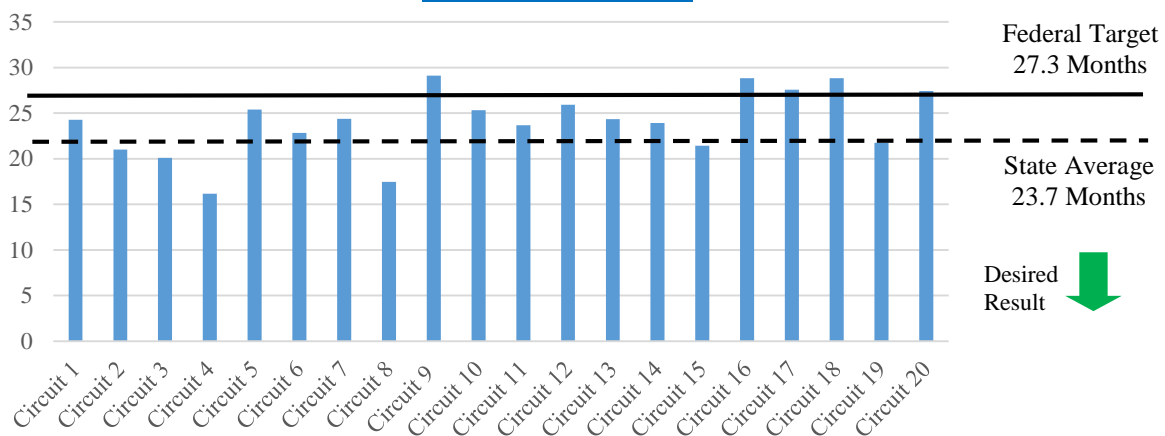
Note: Private adoptions were excluded. County is based on county of courtesy worker or primary worker at time of adoption.

AFCARS Measure 2 – Median Length of Stay in Foster Care.

Of all children adopted from foster care during the period July 2015 through June 2016, the *median length of stay in foster care was 23.70 months from the date of latest removal from home to the date of discharge to adoption.* Chart 7 on the next page reflects this. The target was to be below 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.**
- Individual circuit performance of the measure is reflected below, and *all of Florida’s circuits but five were above the federal target in SFY 2015 – 2016.*
- On average, the time spent by a child in foster care in Florida was *3.6 months shorter than the federal target.*

Chart 7: Median Length of Stay in Foster Care for Children Discharged to Adoption by Circuit, in Months



Source: Finalized FSFN Adoption List and AFCARS submissions with adoptions 7/1/2015 and 6/30/2016 as of 11/14/2016
Note: The statewide and circuit medians shown (for circuits with more than one county) will not be recreatable without having all 3,496 entries.
Note: Private adoptions are excluded

AFCARS Measure 3 – Finalized Adoption

Of all children who were in foster care on the first day of July 2014, and who had been in foster care for 17 continuous months or longer, *39.96% were discharged from foster care to a finalized adoption by June 30, 2015.* Chart 8 on the next page reflects this. 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 a means for examining 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 8, all of the 20 Florida circuits met or exceeded this goal.

Chart 8: Percent of Finalized Adoptions by Circuit

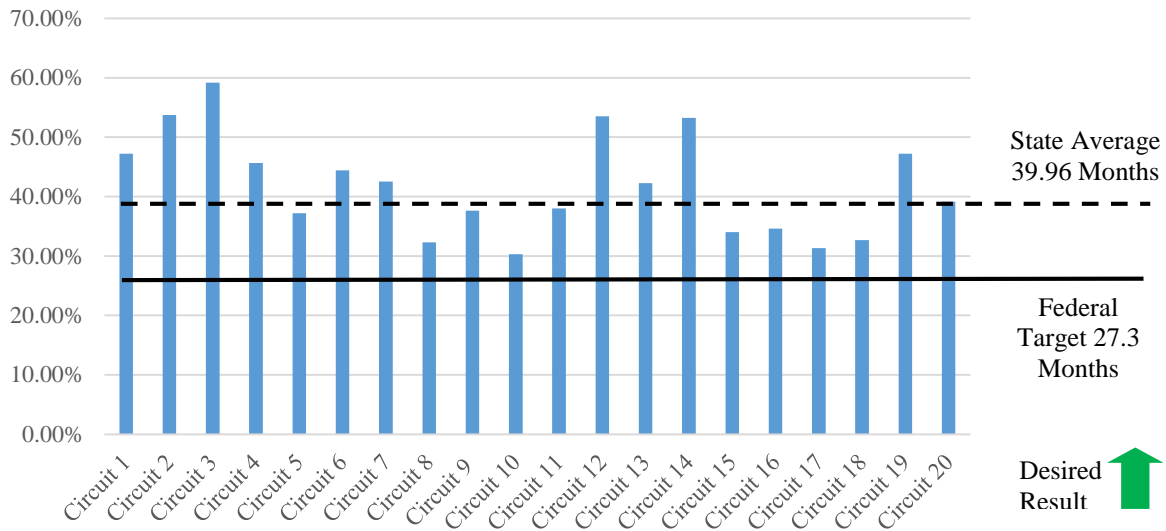


Table 7 below identifies the percentages of three adoptive populations by judicial circuit. Cells highlighted in orange show the highest percentage for each circuit. This information reflects a need for Community Based Care Lead Agencies to avoid a one-size-fits-all approach for maximizing adoption in their areas – instead allocating efforts which best meets the unique needs of their communities.

Table 7: Percentage of Adoption by Type of Adoptive Family by Circuit

Circuit	Foster Parents	Relatives	Recruited Parents
1	36.67%	48.10%	15.24%
2	21.54%	46.92%	31.54%
3	20.93%	67.44%	11.63%
4	25.37%	49.25%	25.37%
5	27.21%	52.21%	20.59%
6	30.90%	46.53%	22.57%
7	32.52%	44.79%	22.70%
8	12.82%	56.41%	30.77%
9	30.32%	50.97%	18.71%
10	25.83%	43.33%	30.83%
11	23.82%	57.06%	19.11%
12	30.71%	32.28%	37.01%
13	29.86%	43.06%	27.08%
14	33.86%	45.67%	20.47%
15	34.27%	45.51%	20.22%
16	35.00%	40.00%	25.00%
17	44.92%	41.02%	14.06%
18	29.36%	36.70%	33.94%
19	19.77%	63.37%	16.86%
20	45.78%	36.75%	17.47%
State	30.08%	47.50%	22.42%

Source: FSN Finalized Adoption List and AFCARS Submissions for adoptions from 7/1/2015-6/30/2016 as of 11/14/2016
 Note: Duplicated as a child can have multiple adoptive parent relationships. 3, 140 unique adoptions included above. Adoptive Parent Relationship data is missing on 59 of the included adoptions. "Relative" includes Step-Parents. Excludes private adoptions.

Chart 9: Percentage of Adoptions by Type of Adoptive Family, SFY 2015-2016, Statewide

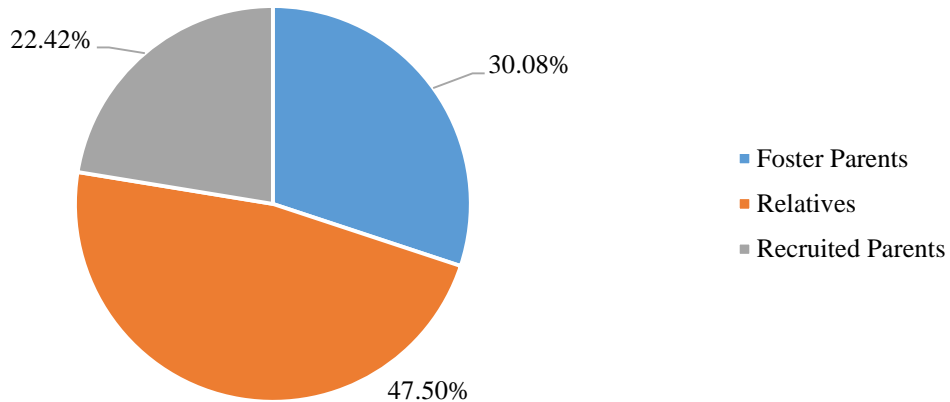


Table 8 (see below) shows the same categories found in Table 6 but for a different snapshot of time. These counts were taken on June 29, 2016 and provide for end of SFY 2015 – 2016 counts as well as a starting base for SFY 2016 – 2017. As of June 29, 2015 3,484 children were legally available with a primary goal of adoption, and waiting to be adopted.

Table 8: Adoption-Related Adoptions as of June 29, 2016

Population Description	Number of Children
Children TPR'ed or who have a primary goal of adoption	6,531
Children with a primary goal of adoption regardless of TPR status	5,958
Children TPR'ed, regardless of goal	4,057
Children who have been TPR'ed and have a primary goal of adoption	3,484
Children who have been TPR'ed, have a primary goal of adoption, and are on the website	628*

Source June 30, 2016 AFCARS Extract (the extract failed to run on July 1)

**This comes from the Monthly Adoption Report and included all children who are legally free for adoption, have the goal of adoption, are listed on the adoption web site, and do not have an identified family.*

Adoption Incentive Annual Report

As required by §409.1662(4), F.S., the Department of Children and Families provides an annual Adoption Incentives Program report to the Governor and Legislature on the established targets, outcomes achieved, and incentive payments made to each CBC Lead Agency during the previous fiscal year. The Adoption Incentive Program is intended to improve the achievement of permanency, stability, and well-being for children residing in foster care through the development of specific and measurable performance standards.

§409.1662(2)(a), F.S., requires the completion of a baseline assessment of performance. The most recent five years of available data were evaluated for the following adoption performance areas:

- The number of families attempting to adopt children from foster care and the number of families completing the adoption process.

- The number of children eligible for adoption and the number of children whose adoptions were finalized.
- The length of time eligible children waited for adoption.
- The number of adoptions that resulted in disruption or dissolution and the subset of those disrupted adoptions that were preventable by the CBC Lead Agency or the subcontracted provider.
- The length of time taken to complete each phase of the adoption process.
- The expenditures made to recruit adoptive homes and a description of any initiatives to improve adoption performance or streamline the adoption process.
- The results of any specific effort to gather feedback from prospective adoptive parents, adoptive parents, children in the child welfare system, adoptees, and other stakeholders.
- The use of evidence-based, evidence-informed, promising and innovative practices in recruitment, orientation and preparation of appropriate adoptive families; matching children with families; supporting children during the adoption process; and providing post-adoptive support.

The Office will work closely with the Department to review information and performance on adoption related targets to determine opportunities to integrate aspects of the Offices annual report with the Adoption Incentive Program report. The intent of this approach is to streamline the reporting of adoption related information and performance and reduce duplication of efforts. Information on the Adoption Incentive Annual Report can be found on the *Center for Child Welfare's* website at:

<http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/MandatedReportsLegislature.shtml>

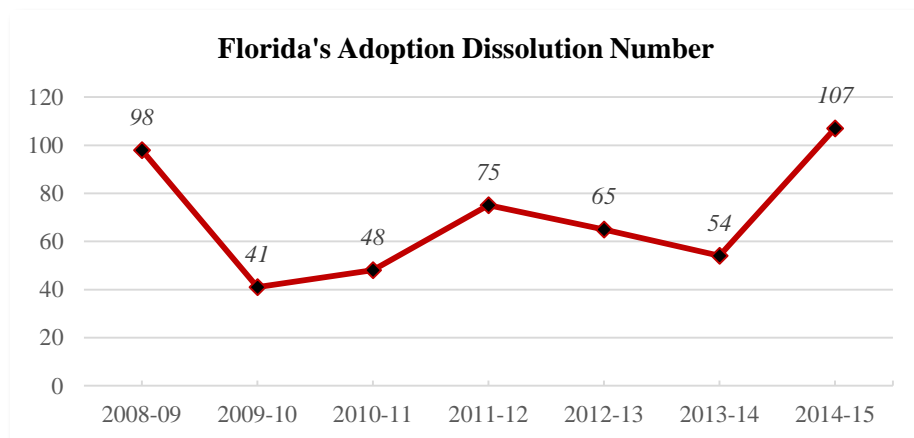
Adoption Dissolutions

Information provided by the Department for SFY 2014-2015 on the number of children who were returned to foster care after finalized adoptions and the parental rights of the adoptive parents were terminated is included in this report.

State Plan Desired Result 5 – Support for Adoptive Families – By June 30, 2020, the annual number of adopted children who are returned to foster care (regardless of when the adoption was finalized) will be reduced from the average of SFY 2010-2015 number of 70 children.

The chart below reflects the state's performance since SFY 2008 – 2009 on the number of adoption dissolutions as provided by the Department of Children and Families.

Chart 10: Number of Adoption Dissolutions



The dissolution number is counted by child and includes sibling groups. 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. In addition to nine sibling groups of two, there were five sibling groups of three and one large sibling group of four included in the dissolution data.

- The most prominent reasons for dissolutions of adoption were the adopted child’s behaviors or abuse reports as to the adoptive parents.

Chart 11: Ages of Children at Time of Dissolution

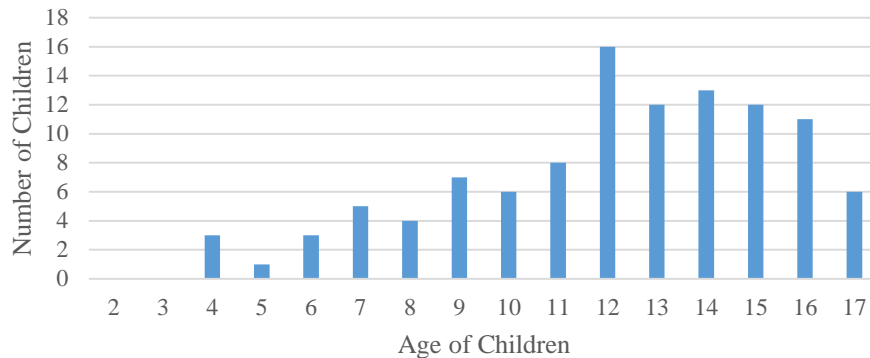


Chart 11 shows the ages of children at the time of dissolution and includes sibling groups. A comprehensive analysis of adoption dissolutions by the post adoption services program for each Community Based Care Agency will assist in assessing the effectiveness of their post adoption services program.

- The most prominent reason reported by the Circuits for dissolutions of adoption were the adopted child’s violent behaviors (65%) occurred during the adopted child’s teen years—ages 12 or older.
- An analysis of the dissolution data reveals that a significant number of the dissolutions involved teens—54 of the 107 children were 13 years of age or older.
- 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.

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 45 adoptive parent support groups this year and 9 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.

Table 9: 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
Circuit 01	2		Yes	Quarterly
Circuit 02	2	1	Yes	Quarterly
Circuit 03	1		Yes	Quarterly
Circuit 04	4	1	Yes	Quarterly
Circuit 05	3		Yes	Quarterly
Circuit 06	4		Yes	Quarterly
Circuit 07	2		Yes	Quarterly
Circuit 08	2		Yes	Quarterly
Circuit 09	2	2	Yes	Quarterly
Circuit 10	5		Yes	Monthly
Circuit 11	1		Yes	Monthly
Circuit 12	3		Yes	Monthly
Circuit 13	2	4	Yes	Quarterly
Circuit 14	3		Yes	Quarterly
Circuit 15	3	1	Yes	Quarterly
Circuit 16	1		Yes	Monthly
Circuit 17	1		Yes	Quarterly
Circuit 18	1		Yes	Quarterly
Circuit 19	1		Yes	Quarterly
Circuit 20	2		Yes	
Statewide Total	45	9	20	19

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.

- An Adoption Competency workgroup was initiated in July of 2015 to update and streamline the established curriculum.

- 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.
- Ongoing training has been implemented throughout the state to increase the number of mental health professionals who are adoption competent.

Table 10: Quantity of New Adoption Competent Mental Health Professionals by Circuit

CIRCUIT	NUMBER OF NEW ADOPTION COMPETENT MENTAL HEALTH PROFESSIONALS	CIRCUIT	NUMBER OF NEW ADOPTION COMPETENT MENTAL HEALTH PROFESSIONALS
Circuit 01	7	Circuit 11	
Circuit 02		Circuit 12	10
Circuit 03		Circuit 13	3
Circuit 04	4	Circuit 14	2
Circuit 05	2	Circuit 15	
Circuit 06		Circuit 16	
Circuit 07	4	Circuit 17	
Circuit 08		Circuit 18	
Circuit 09	17	Circuit 19	3
Circuit 10		Circuit 20	
Statewide Total	52		

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 there has been an increase of 40 full time Post Adoption Services Counselors who have been identified to assist adoptive parents and their families, which is an increase of 20 positions from last year.
- Three 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 11: Quantity of Post Adoption Service 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	7	4	2
Circuit 02	1	1	
Circuit 03	1	1	1
Circuit 04	6	6	
Circuit 05	2	2	
Circuit 06	2		2
Circuit 07	2	2	
Circuit 08	1	1	1
Circuit 09	4	4	4
Circuit 10	1	1	
Circuit 11	1	1	4
Circuit 12	6	6	3
Circuit 13	2	2	
Circuit 14	1	1	
Circuit 15	1	1	
Circuit 16	1	1	4
Circuit 17	1	1	
Circuit 18	3	2	1
Circuit 19	1	1	
Circuit 20	2	2	2
Statewide Total	46	40	24

With the number of children being adopted from foster care each year, 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 or 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.

Section 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.

The state agencies below 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 Governor's 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

Medicaid provides health insurance for children adopted from foster care, providing comprehensive coverage of medically necessary medical, behavioral health, and dental care services at no cost to the family. This benefit lends strong support for adoptions. We have no further recommendations at this time.

Agency for Persons with Disabilities

The Governor and the Legislature appropriated \$36.4 million to enroll individuals with developmental disabilities on the waiting list into the Home and Community Based Medicaid Waiver program in fiscal year 2016-17. Youth in the child welfare system are a high priority for waiver enrollment. The Agency for Persons with Disabilities (APD) works closely with DCF to enroll youth at the time of adoption, reunification, or at age 18 onto the waiver.

Providing adoptive parents and reunified families assurance that funding is available for support services removes barriers to caring for children with special needs. Additional funding for individuals on the APD waiting list in the future will ensure the transition from foster care to permanent families continues unabated. Moreover, the agency is working to facilitate DCF recruitment efforts for foster and adoptive families of children with special needs. APD is engaging its Family Care Councils as local points-of-contact to further this effort.

Department of Children and Families

Maintenance Adoption Subsidy

The Department recognizes that maintenance adoption subsidies (MAS) and Medical Assistance enable families to consider adoption of special needs children who have been traumatized by abuse and neglect, and are unable to safely return home to their birth parents. These children remain in foster care until an approved adoptive family has been identified. Subsidies have enabled a new population of families to adopt special needs children, especially foster parents and relative caregivers who develop a committed and nurturing relationship with these children. Medical Assistance provides financial assistance to families post-adoption for medical, surgical, hospital and related services needed as a result of a child's physical or mental condition, which existed before the adoption. 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. At this time, there are over 36,000 children receiving maintenance adoption subsidies.

The Department has requested the following funding for fiscal year 2017-18 to accommodate the increase in the number of children eligible for adoption services.

1. The Department requests \$6,299,493 of budget authority; \$3,357,150 in General Revenue; \$2,942,343 in Federal Grants and Trust Fund to address increased costs in the following areas:
 - MAS Benefits Received for Eligible Children as required in s. 409.166(4)(b), F.S.
 - Medical Assistance Received for Eligible Children, as required in s. 409.166 (4)(c), F.S.
 - A. 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.
 - B. The Legal Fee for adoption Finalization is a one-time payment that the State is able to provide up to \$1,000 per child per adoption for the costs/expenses related to adopting a foster child, such as court costs, attorney fees, new birth certificate, and travel for the parent, if required.
2. Total Need for fiscal year 2017-18 is \$197,379,316; Recurring Appropriation 2016-2017 \$191,079,823; Additional Request \$6,299,493

Prevention Services

Child abuse prevention and family support programs in Florida focus on the provision of support and services to promote positive parenting, healthy family functioning, and family self-sufficiency. Florida funds community-based services targeting the prevention of child abuse and neglect statewide that address the needs of our multi-ethnic and multi-cultural state population.

One of Florida's strategies is to focus on prevention as a means to strengthen and support families. The Department embraces all three levels of child maltreatment prevention: primary, secondary, and tertiary efforts. The Department strives for a comprehensive, cohesive, community-based prevention continuum designed to provide support to families and children. The strategy is targeted to reduce risk factors and increase protective

factors to combat abuse and neglect, family disruption, substance abuse, mental illness, school failure, and criminal justice involvement. To implement effective prevention strategies, the Department works to integrate efforts with multiple local and statewide stakeholders. A common goal is to accomplish a family-centered, holistic, preventive service approach with consistent and effective messaging for Florida's families and communities.

The ongoing priority is to continue to effectively engage all community partners, parents, advocates, the faith-based community, special population stakeholders, the courts, schools, health and housing programs, funders, and legislators, and sustain their role and influence over time.

Funding of prevention services is included in the Department's base budget and is recurring; \$19,114,251 from the General Revenue Fund, \$1,488,375 from the Federal Grants Trust Fund and \$7,777,637 from the Welfare Transition Trust Fund are to be provided for the Healthy Families Florida Program.

Additionally, the Department and the Florida Coalition for Children, Prevention and Diversion subcommittee, collaborated on a service array assessment and a survey template to assess the different service types and give a greater understanding of the types of services available, their level of effectiveness, and the evidence supporting the services, as well as trauma-informed services, and develop a plan of action based upon the results of the survey.

The Community-Based Care Lead Agencies completed the service array survey process in April and May 2015. The Department analyzed the data to assess our family support services and safety management services baseline. The various survey elements were used to inform evidence-based service availability, outcome measurements of services, change theory and logic models associated with the services available, as well as trauma-informed approaches and how and if the services address protective factors. This data was used to ascertain next steps in building the service array Florida needs and to evaluate outcomes and effectiveness of the services currently utilized in alignment with Florida's child welfare practice.

Based on the results of the service array survey, the Department identified a need for additional Family Support Services throughout the State; these include services provided to families that have been identified as at-risk for abuse or neglect through community referrals, assessments, or calls received by the Florida Abuse Hotline.

As a result of these needs, the Department utilized the Community-Based Child Abuse Prevention (CBCAP) grant award along with additional revenue to competitively procure seven contracts to work in partnership with selected community-based care lead agencies to support the development of evidence-based prevention pilot programs that provide voluntary, in-home family supports when children are safe and at high- or very high risk for future maltreatment. It is intended that these services will help divert families from becoming a part of the child welfare system by engaging the family in early intervention services to prevent maltreatment. These pilot programs include an evaluation process currently being developed.

Human Trafficking

The Department has requested \$1,043,238 for our community-based care partners to serve additional youth and young adults who are victims of commercial sexual exploitation. Each year, the number of identified sexually exploited children served by CBCs has increased, and the lead agencies have exceeded the appropriated amount to serve child victims of commercial sexual exploitation. The additional appropriation would enable the community-based care lead agencies to serve and treat the approximately 200 identified child victims of commercial sexual exploitation annually seeking services through the child welfare system throughout the state.

Safety Management Services

The 2016 Legislature designated \$8,087,040 in nonrecurring funding to create additional resources for the development of safety management services to decrease the number of children coming into care while keeping them safe in their own homes and to increase the number of children currently in out-of-home care to return home as soon as it is safe and appropriate to do so with a managed safety plan. The Department requested a restoration of the nonrecurring funding in its 2017-18 legislative budget request.

Department of Corrections

The Governor’s Office of Adoption and Child Protection’s overarching goal is that “**All** families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.” Strengthening families’ protective factors to reduce incidences of child abuse and neglect by providing parents with effective parenting strategies coincides with the Florida Department of Corrections (Department) family reunification and parenting efforts. The Department recognizes that family members are key variables in the success of individuals transitioning to the community from prison. Maximizing the role of families in the reentry process increases public safety. As of December 31, 2015, there were over 64,000 children identified with a parent incarcerated with the Department. This includes over 34,000 inmates who have one or more minor child. By focusing on family reunification and parenting skills the Department is promoting stronger relationships between offenders and their families which empirically correlates with increased post-release successes. The Department is currently focused on:

- Fostering visitation of family members by moving inmates closer to home, when able.
- Partnering with organizations, such as Children of Inmates and volunteers to promote family reunification and strengthen family support units.
- Utilizing volunteers to implement the Parenting from Inside curriculum.
- Exploring the use of video visitation to maintain family ties while individuals are incarcerated.
- Incorporating family/material programs into each Substance Abuse contract services.

Department of Education

In 2016, the department continued its participation in 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 Standards and Instructional Support 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

Promotion of Adoption; Support of Adoptive Families

- Children’s Medical Services Managed Care Plan
Current practice: Adopted children are automatically eligible for Medicaid. If a child is clinically eligible for the CMS Managed Care Plan, the Plan would ensure services are provided pursuant to Medicaid Managed Care, Chapter 409, Part IV, Florida Statutes and other applicable Medicaid program requirements. Clinical eligibility is necessary for a child to remain in the Children’s Medical Services Managed Care Plan.

§391.029 (4) – Program Eligibility: “Any child who has been provided with surgical or medical care or treatment under this act prior to being adopted and has serious and chronic special health needs shall continue to be eligible to be provided with such care or treatment after his or her adoption, regardless of the financial ability of the persons adopting the child.”

- Maternal and Child Health Section
In March, 2016, the Department launched the Florida Healthy Babies Initiative, a collaborative statewide initiative to positively influence social determinants of health and reduce racial disparities in child death including infant mortality. The Initiative engaged the Department’s 67 county health departments as well as other public and private sector partners to identify, evaluate, prioritize, and address health disparities with evidence-based interventions.
To address the protective factors, 27 county health departments implemented Circle of Parents or the Parent Café model. Circle of Parents is a parent-led, mutual support and self-help program for parents based on a framework of shared leadership, mutual respect, shared ownership, and inclusiveness. Circle of Parents also provides a friendly and supportive place where anyone in a parenting role can openly discuss the successes and challenges of raising children. The Parent Café model is a method of facilitating meaningful, reflective conversations that promote leadership and collaboration.
Additionally, the Department contracted with the University of Florida, College of Public Health, to identify and summarize safe sleep approaches currently being utilized across Florida, and to compare and evaluate these approaches with current evidence-based practices around the country. The Department also contracted with Florida A & M University to conduct statewide focus groups to evaluate the acceptance of “Baby Boxes,” an infant safe sleep concept in which infants are placed in purpose built boxes to sleep.

The activities produced through the initiative are currently being reviewed by the department’s Healthy Equity Program Council to define funding allocations for continuing and promoting additional evidence based strategies.

The Department continues to support prevention of child abuse and neglect, and adoptive families through the Healthy Start Program. The Healthy Start Program provides resources to mothers who are considering placing a child for adoption, provides infant services to adoptive parents if the infant is at risk for health or developmental problems, provides parenting education which includes stress management, infant / child growth and development, shaken baby syndrome, conducts referrals for mental health counseling and other services as needed. <http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/>

Prevention of Child Maltreatment (Abuse, Neglect, and Medical Neglect)

- Child Abuse Death Review Committee (CADR) Prevention Recommendations

The 2016 CADR Annual Report identifies prevention recommendations that were developed based on input and participation from local committee members, an analysis of case review data findings, as well as a review of literature and the most current research on prevention strategies. The prevention recommendations are intended to target the top three primary causes of child fatalities called to the child abuse hotline:

1. Drowning
2. Asphyxia
3. Inflicted Trauma

The following represents a high-level overview of strategies and approaches aimed at eliminating preventable child fatalities in Florida:

- Education and Awareness Campaigns – directed to public, caregivers and high-risk populations
 - Ensure clear and consistent messaging among agencies during efforts to increase awareness
- Direct Service Strategies
 - Continue to support programs that enhance parenting skills
 - Support the development of toolkits to assist in the planning and development of prevention activities
 - Various toolkits developed to help address hot topics, such as water safety awareness, safe sleep initiatives, bolstering protective factors to increase parental capacity, and tips and techniques for fostering community collaboration
 - Enhance and support the integration of behavioral health services into the child welfare system
- State and Community-Level Strategies
 - Encourage collaborative partnerships at both the state and community levels
 - Explore the value and utility of existing prevention activities throughout Florida
 - Strategies and approaches that show promise and appear to have positive impacts on prevention efforts should be considered for replication in other areas within the state
 - Offer training and technical assistance to circuits regarding how to leverage data to inform and improve practice
 - For the circuits who are most interested in delving into their own localized data to further identify contributing factors specific to their community

- Child Safety Collaborative Improvement and Innovation Network (CS CoIIN)
In 2015, the Florida Department of Health was selected by the U.S. Department of Health and Human Services to participate in the CS CoIIN, which is a national initiative that serves to make advances in child safety and reduce child injuries. One of the focus areas for Florida is the prevention of injuries due to abuse and neglect that directly contribute to morbidity and mortality as well as increased risks for future adverse health behaviors and outcomes. To date, several strategy teams have been developed to focus on specific topic areas such as interpersonal violence and child passenger safety. For example, the Child Protection Team (CPT) staff are involved in the Florida Interpersonal Violence Strategy Team with an aim to decrease child injury and mortality as it relates to interpersonal violence.
- Children’s Medical Services Child Protection Team (CMS CPT)
 - Educate and promote protective behaviors via communication media
 - Example: “Coping with Crying” and “Safe Sleep for Your Infant” pamphlets are sent to Florida birth centers for distribution to caregivers of newborns
 - Trainings conducted by Florida Child Protection Teams
 - Trainings for healthcare professionals: enhance knowledge and skills regarding the identification of child maltreatment; requirements and methods of reporting child maltreatment; and the implementation of prevention and intervention best practices, and evidence-based strategies
 - Trainings for caregivers and general public: enhance knowledge and skills to support protective behaviors and environments for children
 - Participate in educational and community awareness campaigns on child abuse, abandonment, and neglect in an effort to enable citizens to more successfully prevent, identify, and treat child abuse and neglect in the community.
 - Evaluation and assessment of practices, program activities and initiatives that address child maltreatment.
 - Implementation of statewide procedures in coordination with the Department of Children and Families (DCF):
 - All children 36 months and younger served by the child protective system are screened for developmental delays. If the screen is positive for delays, the child is referred to the local Early Steps Program.
 - Participation and Support of External Initiatives and Programs
 - Participation in the State Health Improvement Plan (SHIP) which is a statewide plan of five year strategic goals to improve the health of Floridians. Goals will include addressing social determinants of health and health equity
 - Staff within the Child Protection Team are a part of a subcommittee in the Maternal & Child Health Priority Area Workgroup (PAW). This subcommittee represents CMS interests in the children with special healthcare needs population.

Department of Juvenile Justice

The Department's 2017-18 legislative budget request included several requests that support our goal of expanding delinquency prevention and early intervention services to at-risk youth. Proactive prevention and interventions can save taxpayer dollars, while saving the futures of these youth and keeping communities safe. The Department has requested funding for the following prevention programs:

- Funding request of \$2.8 million for PACE Center for Girls to continue day program and Reach services to girls as funded in FY 2016-17, expand day program slots statewide, and expand the Reach program into three (3) additional counties. These prevention and early intervention services improve girls' success in school, home and their community.
- Funding request of \$1 million to expand Stop Now and Plan (or SNAP), an evidence-based intervention for children ages 6 - 11 and their families. This family-focused intervention is currently in four (4) counties and the Department requests funding to expand this program into six (6) additional areas.
- Funding request of \$500,000 to provide truancy prevention services in Quincy, Florida through a blended day and after school dropout prevention program for middle and high school youth who will participate in the program in lieu of suspension or expulsion.
- Funding request of \$266,000 for CINS/FINS Outward Bound to extend transition services to youth, including home visits, case management, and community services referrals, providing much-needed support as youth return home. This request would also fund the purchase of computers for students using educational services during the program.

In addition, the Department continues its participation and development of The Crossover Youth Practice Model (CYPM), a collaboration between DJJ and DCF, led by Georgetown University, which provides communication, joint case management, shared early intervention, and comprehensive services for foster care youth involved in the juvenile justice system to reduce delinquency and improve outcomes. Dually-served youth, those in both the child welfare system and the delinquency system need careful and competent joint case management. The support of this high-risk population results in fewer delinquent events and better outcomes for these youth. The CYPM has been implemented in Judicial Circuits 4, 5, 7, 10, 11, 17 and 18.

Department of Law Enforcement

The Department of Law Enforcement has no budget requests or recommendations at this time.

Guardian ad Litem

FUNDING FOR SALARY INCREASES

The GAL Program's top priority is to stabilize its workforce by obtaining salary increases. Turnover for GAL has gone up as job demands escalate due to the continued increase in the number of children in the child welfare system. GAL salaries are among the lowest in state government. GAL employees are paid less and receive fewer benefits than similarly situated employees.

GAL seeks increased budget to modestly increase salaries for child advocacy managers, program attorneys, and recruiters, all of whom work directly with children and volunteers. While all state agencies have

turnover, the negative impacts for GAL directly affect the abused and abandoned children the Program represents. Increasing salaries will be an investment that will cost the state less than the negative effects of turnover:

- The cost of turnover, recruiting and training new staff, is estimated at 50% of an employee's salary.
- GAL volunteers cite staff turnover as a reason for leaving the Program, and a recent national study reports a statistically significant correlation between staff loss and volunteer departure.
- High turnover among GAL staff can delay permanency for children, who remain in out-of-home care longer, unable to go home or be adopted.
- Children lose steady, consistent advocacy. Sometimes the GAL is the only constant in a child's case and national studies show children with a GAL are statistically more likely to be adopted, half as likely to reenter foster care, and less likely to spend time in long-term foster care.

LAW EXPEDITING PERMANENCY

A year is a long time in a child's life. Florida law says a child removed from his or her home should be able to return in a year or be given another permanent home. Unfortunately, some parents don't take the steps you'd expect to get their children home. Though the best result for dependent children is to be returned to their parents, if a parent isn't working toward reunification, the children should not languish in foster care and continue to wait for permanency.

The law should be clarified to:

- Require parents to take prompt, substantial action to be reunified with their children;
- Establish parents' responsibility to tell DCF or the court when there is a barrier to case plan completion;
- When possible, require that incarcerated parents work on their case plans so permanency is not delayed;
- Ensure DCF acts quickly to find a solution when a parent identifies a barrier, consistent with its obligation to make reasonable efforts to reunify; and
- Prevent continuances for case plan completion if a parent fails to notify DCF or the court in a reasonable time.

Making parents responsible and active partners in reunification, empowering them to ask for help and get it, and preventing them from prolonging a child's stay in foster care is in the best interest of Florida's children.

Office of Early Learning

The Office of Early Learning has no policy or budget recommendations at this time.

APPENDIX

Governor’s Office of Adoption and Child Protection
Florida Statutes 39.001, Sections 8 – 12

- (8) **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.
- (9) **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 (10) 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.

(10) 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 Families, 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.

(11) 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 (10)(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 under this section.

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

History.—s. 1, ch. 26880, 1951; s. 1, ch. 73-231; s. 1, ch. 78-414; s. 1, ch. 82-62; s. 62, ch. 85-81; s. 1, ch. 85-206; s. 10, ch. 85-248; s. 19, ch. 86-220; s. 1, ch. 90-53; ss. 1, 2, ch. 90-208; s. 2, ch. 90-306; s. 2, ch. 91-33; s. 68, ch. 91-45; s. 13, ch. 91-57; s. 5, ch. 93-156; s. 23, ch. 93-200; s. 19, ch. 93-230; s. 14, ch. 94-134; s. 14, ch. 94-135; ss. 9, 10, ch. 94-209; s. 1332, ch. 95-147; s. 7, ch. 95-152; s. 8, ch. 95-158; ss. 15, 30, ch. 95-228; s. 116, ch. 95-418; s. 1, ch. 96-268; ss. 128, 156, ch. 97-101; s. 69, ch. 97-103; s. 3, ch. 97-237; s. 119, ch. 97-238; s. 8, ch. 98-137; s. 18, ch. 98-403; s. 1, ch. 99-193; s. 13, ch. 2000-139; s. 5, ch. 2000-151; s. 5, ch. 2000-263; s. 34, ch. 2004-267; s. 2, ch. 2006-97; s. 1, ch. 2006-194; s. 2, ch. 2006-227; s. 1, ch. 2007-124; s. 3, ch. 2008-6; s. 1, ch. 2010-114; s. 42, ch. 2011-142; s. 2, ch. 2012-105; s. 19, ch. 2012-116; s. 4, ch. 2013-15; s. 9, ch. 2014-19; s. 2, ch. 2014-224.

Note.—Former s. 39.20; subsections (3), (5), and (6) former s. 39.002, s. 409.70, subsections (7)-(9) former s. 415.501.

Florida Children and Youth Cabinet
Florida Statute 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 16 members including the Governor and the following persons:
- (a)
 - 1. The Secretary of Children and Families;
 - 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 Adoption and Child Protection;
 10. A superintendent of schools, appointed by the Governor; and
 11. Five members who represent children and youth advocacy organizations, and who are not service providers, 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; s. 152, ch. 2014-19; s. 1, ch. 2016-19.

Florida Faith-Based and Community-Based Advisory Council
Florida Statute 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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