

*Office of Adoption and Child
Protection*

2017 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

Background

The Office of Adoption and Child Protection (Office) was created in Section 39.001, Florida Statutes (§39.001, F.S.) 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. The Office coordinates the state's Child Abuse Prevention and Permanency (CAPP) Plan in collaboration with the CAPP Advisory Council and 20 Circuit Taskforces to implement strategies and initiatives that address state and local priorities in these areas. *The central focus of the state 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.*



Also outlined in §39.001, F.S. are the responsibilities of the Chief Child Advocate. This position serves as the Governor's liaison with state agencies, other state governments and the public/private sectors; assists with rule development; works to secure funding and other support; and develops public awareness campaigns that pertain to the promotion of adoption, support of adoptive families, and implementation of child abuse prevention efforts.

The Office is housed within the Executive Office of the Governor and has a dedicated staff of two full-time employees: Zackary Gibson (Chief Child Advocate and Director) and Jessica Collins (Special Projects Manager), and one part-time employee: Frenchie Yon (Program Support). Additional statutory responsibilities include:



The Florida Children and Youth Cabinet (Children's Cabinet or Cabinet) was created in §402.56, F.S. to ensure the public policy relating to children and youth is developed to promote interdepartmental collaboration and program implementation in order that services 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. The Director of the Office serves as a member of the Cabinet, as Chair of its Communications Committee, and member of its Policy Impact Committee. The Office coordinates with the Cabinet's Executive Director to provide administrative support to the Cabinet.



The Florida Faith-Based and Community-Based Advisory Council (FBCB Council) was created in §14.31, F.S. to enlist, equip, enable, empower and expand the work of faith-based, volunteer and community-based organizations to work cooperatively with government entities in order to deliver services more effectively. The Office coordinates all administrative activities with the Chair and Vice-Chair of the Council. It also supports six workgroups of the Council to advance initiatives at the state, regional and local levels.

Coordinated Efforts

The Office's involvement in these structures (i.e., Children's Cabinet, CAPP Plan and FBCB Council) uniquely positions it to:

- Integrate activities from the Children's Cabinet and state agencies within state and local CAPP Plans and FBCB Council initiatives.
- Facilitate connections to develop relationships and strategic partnerships that support state agency efforts to build capacity in local, regional and state systems of care.
- Identify alignment within local, regional and state systems to promote greater communication and coordination among state agencies and their respective stakeholders.
- Utilize each structure as a platform to highlight research, agency initiatives, promising/best practices, education, training and technical assistance; and disseminate information to include public awareness topics and activities.

System Frameworks

As the third largest state in the nation by population, Florida is rich in diversity that spans from the Florida Panhandle in the north to the Florida Everglades in the south, and surrounded by the Atlantic Ocean to the east and the Gulf of Mexico to the west. Additionally, Florida's population encompasses the full spectrum of economic well-being from those living at or below the federal poverty threshold to those who are super wealthy. This spectrum challenges our state to provide an array of programs and services that can effectively support individuals and families to remain in their communities when they experience a crisis or distress, and provide more intensive services to those who may become involved in the state's child welfare, juvenile justice and corrections systems.

For the purpose of this section, the frameworks presented are based on research, and on presentations made to the Children's Cabinet, to enable agency staff and contract providers to use common perspectives and terminology that strengthen each agency's system of care and promotes greater communication, coordination and integration of efforts at the local and state levels.

Initially introduced through the Communications Committee of the Children's Cabinet, and later refined in materials prepared by the Policy Impact Committee for the Cabinet's first annual retreat, the *Life and Learning Stages* framework conceptualizes stages of child development within the Cabinet's scope of prenatal through the transition to adulthood. This framework also assists in identifying the traditional roles played by each state agency on the Children's Cabinet through this continuum.

Figure 1: Life and Learning Stages

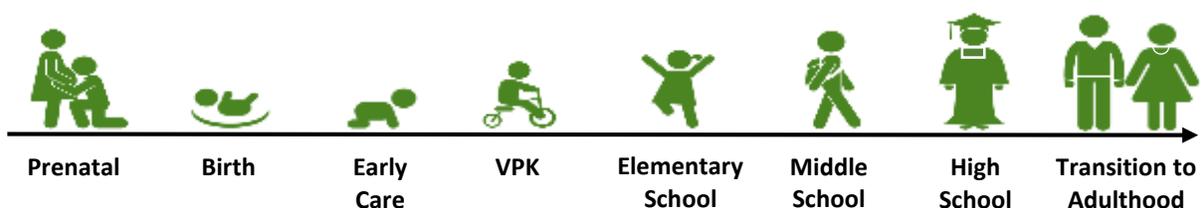
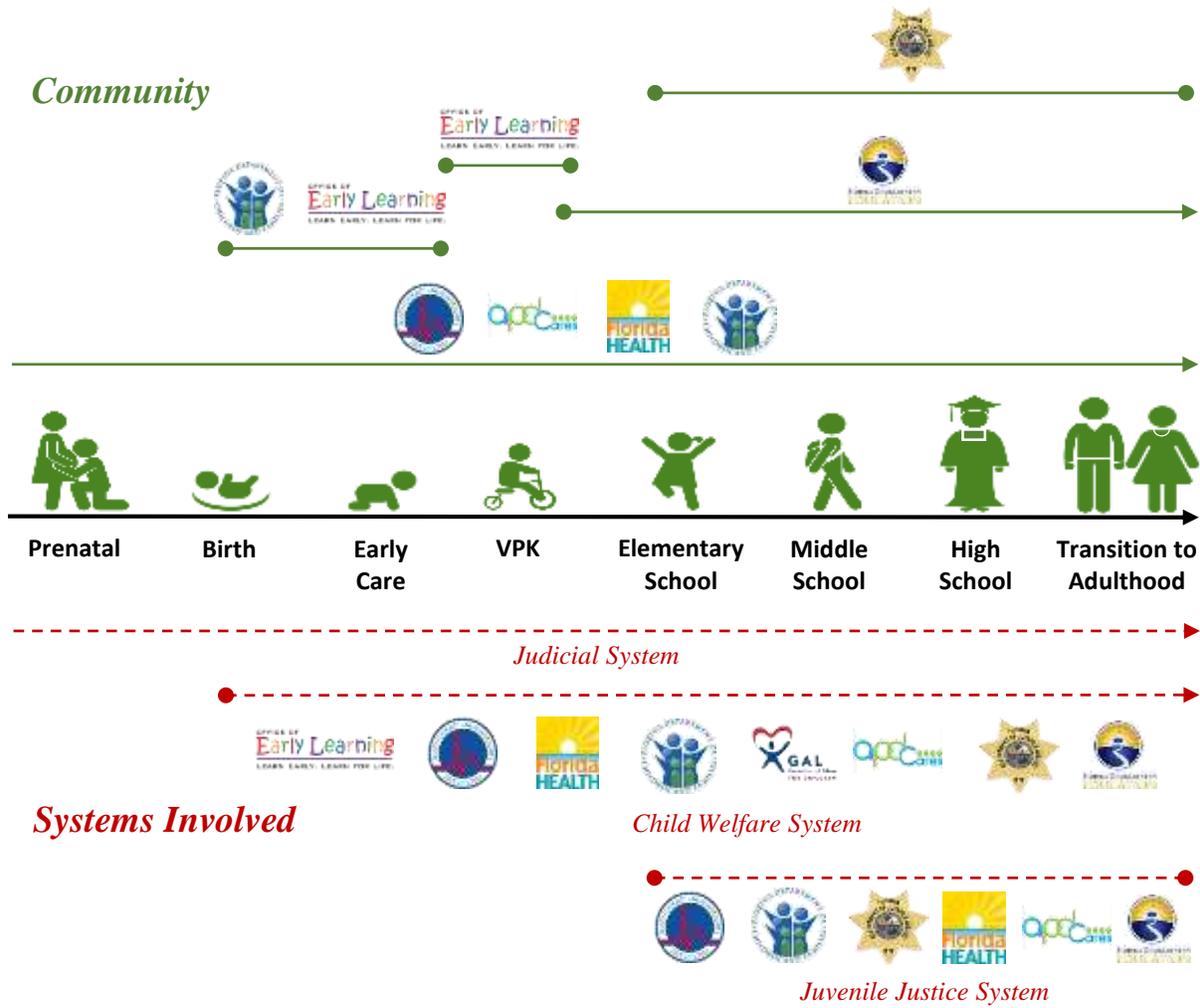


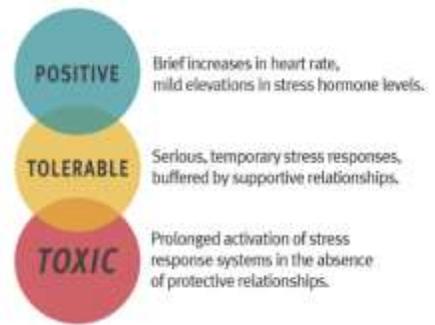
Figure 2: Life and Learning Stages with Traditional Roles of State Agencies



The goal of this framework is to assist the Cabinet in guiding discussions and strategic action. This framework can also be used to “map” the inventory of programs and services at the state and local levels, and identify transitions between one or more programs/services to another.

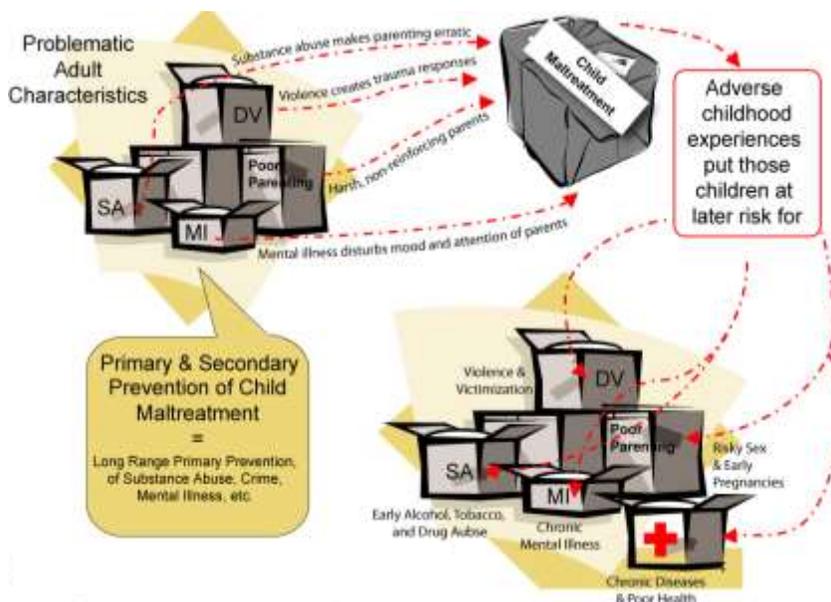
Since the inception of the 2010-2015 CAPP Plan, the state has recognized a child’s relationship with others inside and outside the family plays a role in healthy brain development, as well as in the development of physical, emotional, social, behavioral, and intellectual capacities. When a child experiences 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), a toxic stress response can occur. **It is not the stressful event or experience itself, but how the stress response system reacts that determines the impact of adversity.**

Figure 3: Response to Stress



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. Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of a toxic stress response. Figure 3 provides a perspective on adverse childhood experiences.

Figure 4: Adverse Childhood Experiences



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.

The ongoing research and implications of adverse childhood experiences (ACEs) emphasizes the importance of providing systems of care to enable children to grow up happy, healthy, safe, ready to learn, and eventually transition to adulthood to become productive and self-sufficient.

A strategy for prevention in the 2015-2022 CAPP Plan is to build protective factors within families and to integrate protective factors within state systems. These protective factors can reduce the incidence of child abuse and neglect by providing parents with what they need in order to parent effectively, even under stress. The Children’s Bureau, through the Capacity Building Center for States, created an infograph that identifies the common ground between the protective capacities framework and the protective factors framework. While this infograph was designed for child welfare practitioners, it can be easily adapted into other state systems for protecting children and strengthening families. Also included are six protective factors and a brief description of each.

**Common Ground for
Protective Capacities and Protective Factors**



Child welfare practitioners use varied but complementary frameworks for assessing child safety and working with families. A shared understanding of definitions and common ground can help strengthen consistency in services for families.



Protective Factors

Nurturing and Attachment – How caregivers response to children’s emotional expressions profoundly influences how they learn to process, understand, and cope with such feelings as anger, happiness and sadness. Promoting positive behavior and responses in children could strengthen parent-child relationships.

Parental Resilience – Parents who can cope with the stresses of everyday life, as well an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well.

Social Connections – Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Research has shown that parents, who are isolated, with few social connections, are at higher risk for child abuse and neglect.

Concrete Support in Times of Need – Partnering with parents to identify and access resources in the community may prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may help prevent unintended neglect that sometimes occur when parents are unable to provide for their children.

Knowledge of Parenting and Child Development – Extensive research links healthy child development to effective parenting. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.

Social and Emotional Competence – Parents and caregivers grow more responsive to children’s needs and less likely to feel stressed or frustrated as children learn to tell parents what they need and how parental actions make them feel, rather than acting out difficult feelings.

Child Abuse Prevention and Permanency Plan

The 2015-2020 CAPP Plan completed its second year of a five year, statewide approach for the promotion of adoption, support for adoptive families and prevention of child abuse, abandonment and neglect. The state level efforts build on the previous state plan by continuing to:



- Develop relationships and strategic partnerships to assist state and local efforts to promote adoption of children in the child welfare system that do not have an identified family.
- Engage state and local Foster and Adoptive Parent Associations, the DCF Adoption Unit, Community Based Care (CBC) Lead Agencies and contract providers to identify needs and strategies to strengthen supports for adoptive families.
- Provide education and training on the negative impacts of adverse childhood experiences, sign of child maltreatment and reporting requirements, and protective factors to strengthen protective capacities. These efforts are designed to reduce risk of future incidents of child maltreatment, preventable child deaths and promote the health, safety and well-being of children and their families.

The mission, vision and overarching goal of the CAPP Plan is listed below:

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.

The desired population-level results of the 2015-2020 CAPP Plan are listed on the next page. As recommended by members of the CAPP Advisory Council, the Office will work to incorporate existing prevention plans and outcome measures as part of the overall state plan for 2017-2018.

***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.

Promotion of Adoption

The Office continues to network with government entities, faith and community organizations, and other non-traditional groups to encourage participation and support in promoting adoption of children in the foster care system. On any given day in Florida, there are more than 800 children without an identified family, comprising of teens, large sibling groups and medically fragile children, who dream of one day being adopted by a forever family.

The Office incorporated promotion of adoption efforts during scheduled FBCB Council meetings by coordinating with local Heart Galleries to display photos of available children. The Office partnered with 4Kids of South Florida and Focus on the Family to participate in a pastor's roundtable discussion on the needs for children in the child welfare system and how they can become involved. The Director of the Office was filmed to provide an encouraging message to enlist the support of churches and faith leaders that was shown during the *Wait No More: Finding Families for Florida's Waiting Kids* event. As reported from Focus on the Family, approximately 275 people participated in the event and of those, 46 families submitted an initiation form to express their interest in adoption.



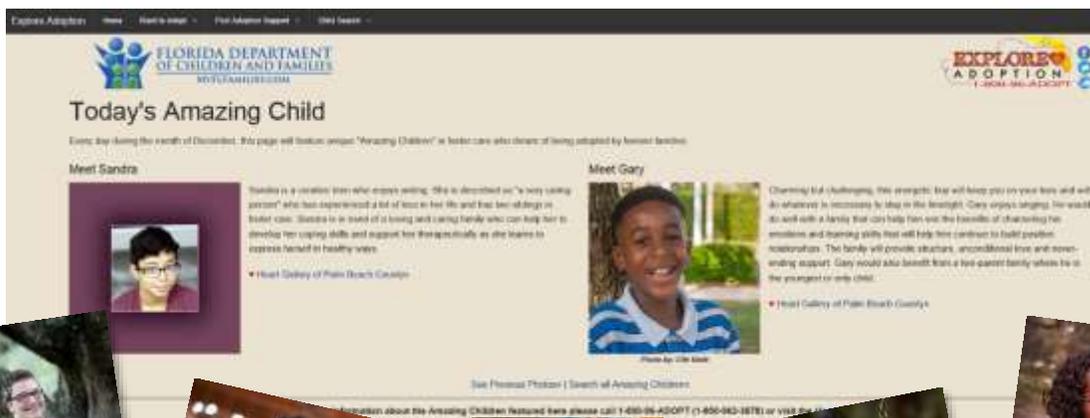
During Children’s Week, the Office secured an exhibit table for the Florida Association of Heart Galleries to display photos and engage participants to consider opening their hearts and homes for children in need. Locally in Circuit 2, the Office participated in board meetings of the Big Bend Heart Gallery and proposed strategies to improve communication and coordination for scheduling activities with youth, to request Heart Gallery photos to display at public events, and to inventory photos at partner sites to update the status of a child (i.e., matched or finalized) on the photo.

During the 2016-17 Legislative Session, the Office provided support to Forever Family, a non-profit organization dedicated to helping children and teens in foster care find permanent, loving homes, to secure funding to expand their services throughout Florida. Forever Family uses the power of television and leverages in-kind contributions from the TV stations to produce segments that feature children available for adoption without an identified family. The Office will continue facilitating connections to have more children featured through this approach.



National Adoption Month

Prior to the start of National Adoption Month in November, the Office worked closely with the DCF Adoptions Unit and Communications Office to plan and coordinate activities for National Adoption Month, including implementation of 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.) 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 submissions of photos and videos, and worked with the DCF Web Services Office to develop the schedule of children to be featured. To further promote adoption, the Office engaged the Early Steps and Children’s Medical Services offices to host photos of a medically fragile children in need of a forever family.





The 17th Circuit in Broward was selected as the host location for the statewide adoption celebration event on National Adoption Day. In addition to disseminating the Governor’s proclamation on adoption month statewide, the Director attended adoption events in Miami-Dade, Pasco and Pinellas Counties to read the proclamation and recognize individuals and organizations for their contributions toward promoting adoption in Florida.



The Office will continue to work with the DCF’s Adoption Unit, CBC Lead Agencies and contract providers to identify additional strategies to promote adoption, and ensure efforts are recorded in the FSFN System. As part of the ongoing dialogue with these agencies, the Office will work to identify other performance measures to incorporate into the state plan for the promotion of adoption.

Support for Adoptive Families

The Office continues to support 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. Flyers were posted in the Capitol and other state buildings to inform state employees of opportunities to make a positive difference in the life of a child in need. To enhance collaborative efforts, the Office has integrated the DCF’s annual Adoption Incentive Report as part of the CAPP Plan.

The Office attended various Foster and Adoptive Parent support groups to experience the meetings and learn from families who are either fostering or have adopted a child from the child welfare system. The Director of the Office participated in an event with DCF Secretary Mike Carroll, 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, adoptive or kinship families for five or more years. The Office provided a letter to each parent thanking them for their service and for their commitment to children and the community. Later that evening, the Director participated with the Secretary in a Town Hall Meeting to field questions from foster and adoptive families. After participating in the events in Miami, the Office convened meetings with the CBC Lead Agency, Our Kids, and other key stakeholders to propose recommendations for improved communication and support for foster and adoptive parents. These meetings continued into the next state fiscal year and will culminate with a local Foster Care and Adoption Summit.

In addition to addressing questions or concern at the meetings, the Office fielded calls from prospective and adoptive families seeking assistance. The Office connected these calls to the adoption information center, post adoption specialists, or sought the support of the Governor's Citizen Service office for assistance.

The Office also worked to engage the state Foster and Adoptive Parent Association (FAPA) to seek insight on best practices and innovations from around the state to support families. The Director participated in the state FAPA conference to meet additional foster and adoptive parents, and celebrated achievements of the various FAPA support groups throughout the state. With the support from the DCF Adoption Manager, the Director provided assistance to families on accessing services and support.



Child Maltreatment Prevention

The Office facilitated conference calls with CAPP Advisory Council members and Circuit Taskforces throughout the year to share updates on activities to healthy child development. Various stakeholders and taskforce members were invited to present information on innovative approaches to prevent child maltreatment, promote adoption, and 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 Council. Based on meeting locations of the FBCB 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. Extra copies of the Governor's proclamations were disseminated to the DCF Community Development Administrators (CDA) throughout the state. The CDAs were encourage to read the proclamation at local events and consider recognizing an individual or organization for their contributions to promote healthy child development. Additionally, 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 included: ***Bullying Prevention Month*** (October), ***Domestic Violence Prevention Month*** (October), ***National Adoption Month*** (November), ***Trauma Informed Care Day*** (November 1st), ***Human Trafficking Awareness Month*** (January), and ***Child Abuse Prevention Month*** (April),

Recognizing the value of social connections, the Office promoted the Circle of Parents program operated through Prevent Child Abuse Florida (PCA FL) to expand the number of support groups in Florida. This program is a mutual support and self-help program for parents based on a framework of shared leadership, mutual respect, shared ownership and inclusiveness. The program is free with training and technical assistance provided.



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. The 2017 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 campaign and Truck Tour kicked off at the Governor’s Mansion with an event hosted by First Lady Ann Scott. The Director of the Office coordinated with the Executive Director of PCA FL to maximize representation at pinwheel events at state agency locations and events in Florida to support local efforts. The Office also coordinated a pinwheel garden to be planted at the Capitol Complex.



With staff at the Agency for Persons with Disabilities



Pinwheels at the Old Capitol



With Dr. Randy Alexander, Ashley Clark and Chris Lolley at the Child Abuse and Neglect Conference



With staff at the Department of Corrections

Within Circuit 2, the Director of the Office partnered with PCA FL and the City of Tallahassee Police Department to have a patrol vehicle wrapped with the pinwheel logo. The unveiling of the patrol vehicle was included as part of a press event with the City Police Department to raise awareness of the role we all can play to support healthy child development.



At Orlando City Hall, the Director of the Office participated in the Manicure Movement led by Community-Based Care of Central Florida to raise awareness of and participate in child abuse prevention activities. By painting one or more fingernails in “prevention blue”, each participant showed their support of healthy child development and used this activity to start conversations on the need to prevent child abuse and neglect.



The information on the next page highlights home visiting activities that support the efforts of the CAPP Plan and promote the inclusion of protective factors as a means to strengthen protective capacities within parents/caregivers to prevent child maltreatment and promote the health, safety and well-being of children. Also included is information on Early Childhood Courts that work to promote child safety and well-being, and to achieve timely permanency.

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. HFF continues to be Florida's largest and most successful evidence-based family coaching and support program. HFF is a nationally accredited home visiting program for expectant parents and parents of newborns experiencing stressful life situations. The program is proven to improve childhood outcomes and increase family self-sufficiency by empowering parents through education and community support.



The annual cost of treating child abuse, including child welfare, hospitalization, special education and juvenile justice services, is \$105,131. HFF effectively prevents child abuse and neglect for an annual average cost of \$2,100 per child.

In 2016-2017, HFF served 9,960 families and 18,313 children in all 67 Florida counties. 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. Of parents who participated in the program last year, 85% improved their self-sufficiency in such ways as gaining employment, enrolling in job training, furthering their education or securing stable housing.

HFF has demonstrated a proven track record of preventing abuse and neglect and positive family outcomes. Data from 2016-2017 show that:

- 98% of children were free of maltreatment during services and one year after completing the program
- 95% of children were free of maltreatment three years after completing the program

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:

- 88% of participants were screened for postnatal depression, a research-based risk factor correlated with child abuse and neglect, and referred for additional services if needed
- 99% of target children and participants were connected to a primary healthcare provider
- 92% of children received age-appropriate developmental screening at prescribed intervals
- 89% of children were fully immunized by age two

Florida families affected by mental health, substance abuse and domestic violence challenges continue to be over-represented in the child welfare population. As the front-line of prevention services, HFF was asked by the Department of Children and Families (DCF) to develop and evaluate a behavioral healthcare enhancement in 11 HFF sites. This enhancement offers either in-home clinical counseling or behavioral healthcare navigation services for families experiencing mental health, substance abuse and domestic violence challenges. The enhancement, which is being evaluated by the Ounce of Prevention Fund of Florida, served 350 families in 2016-2017. In the first year, Family Specialists conducted 2,558 counseling visits and Behavioral Healthcare Navigators coordinated 163 referral plans including 347 referrals to community providers. Evaluation of the program will measure how the enhanced services contribute to positive participant outcomes related to their identified needs. With continued funding from the Legislature, this enhancement will continue through 2020.

More information about HFF 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. Expanding upon the programs already in place



**Florida
Maternal Infant & Early Childhood
Home Visiting Initiative**

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 evidence-based home visiting models in 25 high-need counties and four contiguous counties (<http://flmiechv.com/sites/>). The three models are Healthy Families Florida (accredited by Healthy Families America), Nurse-Family Partnership and Parents as Teachers (<http://flmiechv.com/about/the-models/>). Through grants from the Health Resources and Services Administration's (HRSA) 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 16-17, the Florida MIECHV Initiative served nearly 2,000 high-risk families. In addition to meeting all of the home visiting model requirements and performance measures, all MIECHV grantees are measured on six benchmark areas that are reported to HRSA each year: Maternal & Newborn Health, Child Injuries, Abuse & Neglect, School Readiness & Achievement, Domestic Violence and Coordination & Referral and Economic Self-Sufficiency.

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 home visiting, the Florida MIECHV Initiative engaged in additional activities to strengthen existing systems that will increase benefits for children:

- Supporting Child Development Learning Collaborative – The Supporting Child Development Learning Collaborative was launched in February 2017. There are 13 sites participating in two-day Learning Sessions and monthly webinars with expert faculty. The faculty includes model developers, the Part C state administrator, the MIECHV evaluator (whose expertise is in child development) and others. Each month, sites are submitting data and PDSA tests so we can track their progress and guide their learning. The final Learning Session will be in January 2018, but the Learning Collaborative will not wrap up until after Action Period 3, during which we will focus on sustaining the implementation of best practices learned through this process.
- Florida is one of 12 states awarded the five-year Early Childhood Comprehensive Systems (ECCS) Impact grant by HRSA. The 12 states are participating in a Breakthrough Series Model Learning Collaborative led by the National Institute for Children’s Health Quality (NICHQ). Using a collective impact framework and the Model for Improvement, ECCS is improving children’s developmental health and family well-being by building on existing early childhood initiatives and strengthening state and community systems. This project aims to show a 25% increase in the age-appropriate developmental skills of three-year-old children living in two high-need communities by 2021.

Home visiting programs, as part of a larger early childhood system, 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 that help families’ build on the their strengths and address their challenges. More information can be found at <http://flmiechv.com/>.

As a result of the positive impact of home visiting programs to prevent child maltreatment, the Office will explore additional opportunities to introduce other evidence-based home visiting models that complement the work of Healthy Families Florida and the Florida MIECHV programs by serving older youth and their families.

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 Early Childhood Courts (ECC) is to improve child safety and well-being; heal trauma, repair the parent-child relationship; promote timely 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.

Florida’s ECC Initiative is the same approach 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 significantly positive differences in the lives of infants, toddlers, and their families. Key findings from the evaluations include:

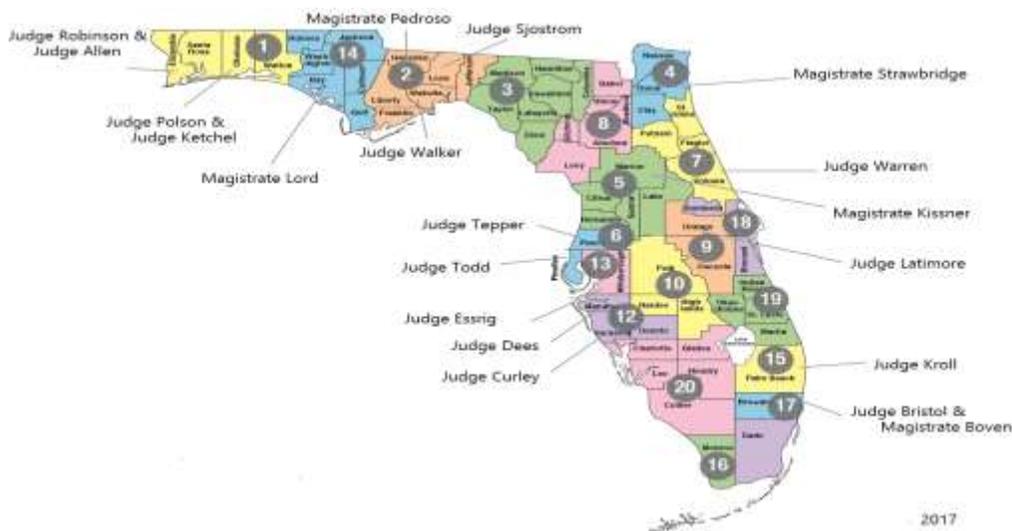
- 99.05% of the 186 infant and toddler cases examined were protected from further maltreatment while under court supervision.
- 97% of the 186 children received needed services.
- Children monitored by the Safe Babies Court Teams Project reached permanency 2.67 times faster than the national comparison 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 and 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. Since that time, the initiative has grown from just a few sites, to nineteen sites, and is considered to be a problem-solving court.

ECC is the primary initiative for OCI's Dependency Court Improvement Program. See Florida's map on the next page.



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, 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 and to achieve timely permanency.

OCI coordinated efforts with the National ZERO TO THREE and Florida State University's Center for Prevention and Early Intervention Policy to provide support and technical assistance to each of the ECC sites as they grew. In 2015, OCI 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 resulted in tremendous growth for the initiative. Since that time, OCI staff have facilitated numerous trainings, meetings, site visits, webinars, and conducted many presentations on the initiative. For fidelity, ECC best practice standards are being approved for implementation in 2018.

In addition to the national and statewide partnerships, ECC sites have focused their efforts to strengthen and build partnerships within their local communities. Examples of partnerships at the local level include:

- Foster parents who have become trained in the special needs of infants and toddlers in child welfare and have committed to caring for ECC children.
- Guardians ad Litem have committed to being designated volunteers for ECC cases.
- Child welfare partners participate in cross agency training on infant mental health.
- Family Intensive Treatment Teams (F.I.T.T.) accept all ECC families with substance misuse issues.
- Public-private partnerships with Manatee and Sarasota County government and the Manatee Community Foundation and Charles and Margery Barancik Foundation have led to significant funding for the local ECC.
- Gateway Community Service (substance abuse provider) has made their postpartum/pregnancy women's residential program available to ECC families.
- CWEEN (Child Welfare Early Education Partnership) helped to train the case workers on conducting the Ages and Stages Questionnaire (ASQ) on the children they serve.
- HOPE (domestic violence provider) committed to allowing the infant mental health therapist to conduct sessions at their office with mothers who are receiving domestic violence services. One of their victim advocates attends all family team meetings and court hearings with the parent.
- Real Recovery Men's Sober Living Community & Environment has aided in partnership efforts with a homeless outreach organization to help get ECC fathers with substance abuse into a place to begin their stable and sober living.
- The Safe Kids Coalition and Healthy Start Coalition of Pasco have donated baby items, car seats, and bike helmets for ECC families in need.
- Universities have partnered with their local ECC teams to help with training, evaluations, and consultation.
- Metropolitan Ministries (homeless shelter and housing support) has agreed to come and meet ECC families to talk about programs available to them within their organization.
- DACCO (substance abuse agency) provides a liaison who participates in all family team meetings and court hearings.

OCI continues to develop and monitor a data tracking system, which is used to track ECC data, measure processes, and assess outcomes for each site. Using the tracking system, OCI has observed the following preliminary results in 2016.

- Florida’s ECC children were placed in permanent homes more quickly than non-ECC children in the same age group:
 - ECC children reached permanency (reunification, placement with relatives, or placement with non-relatives) 112 days sooner than non-ECC children ages 0-3 in 2016.
 - ECC children reached permanency (adoption) 167 days sooner than non-ECC children ages 0-3 in 2016.
- Only two ECC children re-entered the system in 2016 (3.39% of Florida’s ECC cases) as compared to a 3.86% re-abuse rate for non-ECC children. See 2016 table.

Early Childhood Court 2016 ECC Tracking System Reporting			
	Florida ECC	Statewide 0-3 Non-ECC	<i>Difference between ECC and Non-ECC</i>
Adoption	537 median days	704 median days	167 days
Other (reunification, placement with relatives, or placement with non- relatives)	385 median days	497 median days	112 days
Re-entry rate	3.39% (N=2)	3.86% (N=211)	0.47%

OCI is hopeful as we continue to track these outcomes in 2018, we will see a continued trend of more timely permanency for ECC children and a reduction of recidivism in cases where permanency was reached. For more information on Early Childhood Courts, please visit: <http://www.flcourts.org/resources-and-services/court-improvement/problem-solving-courts/>.

For SFY 2017-2018, the Office will be integrating existing prevention plans and measures as part of the CAPP Plan. Additionally, the Office is working to retool the form to capture information and activities from Circuit Taskforces that advance efforts to prevent child abuse, abandonment and neglect; promote adoption and support adoptive families.

Child Abuse Death Prevention

As a member of the State Child Abuse Death Review (CADR) Committee, the Director of the Office serves 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. The Director worked with the CADR Chair and staff to host a joint state and local CADR committee meeting and facilitated one of the learning sessions to advance this collaborative effort. The Director provided 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. A listing of all Circuit Taskforce Chairs and Conveners was provided to advance connections and collaborative efforts.



Prevention recommendations from the 2016 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.



Through the collaborative efforts with Prevent Child Abuse Florida (PCA FL), the Office assisted in facilitating connections to disseminate *Floor Talkers* on the ABC's of Safe Sleep. PCA FL reports that since June 2017, approximately 1,300 English and 150 Spanish versions of the Floor Talkers have been disseminated throughout the state. Additionally, the Office has promoted the *Family Development: A Caregiver's Guide* (Caregiver Guide) to a host of organizations and partners to have this resource available for themselves and the families they work with. The Caregiver Guides provide information on stages of child development, child safety, tools and tips for parents and caregivers, and a listing of resources to support healthy child development. Through this effort, PCA FL reported that approximately 35,000 English, 15,000 Spanish and 6,500 Creole Caregiver Guides were disseminated in SFY 16-17. This is an increase of 17,000 English, 3,000 Spanish and 3,900 Creole Caregiver Guides from the previous state fiscal year.



Florida Faith-Based and Community-Based Advisory Council

The Office continued to provide logistical, operational and administrative support to the Council to conduct four meetings during SFY 2016-2017 and developed 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>)

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.

Additionally, the Office supported six 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.

2016 Florida Faith Symposium

"Our Children, Our Future: Strengthening Families and Communities through Faith"

- *Annual Conference Workgroup* – served on the planning committee with the DCF and Department of Juvenile Justice (DJJ) to host the Florida Faith Symposium. This conference engages faith organizations to partner with government to improve services for at-risk children and families. The Office coordinated the *Champions of Hope* award with partner agencies to nominate organizations for their innovations and support for agency initiatives. The Office developed all recognition certificates, secured over \$10,000.00 in sponsorships to support the Symposium, and provided logistical support during the event.



- 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. Trained 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 an additional non-recurring appropriation from the Legislature for SFY 2016-2017 to maintain capacity in its operation to serve Miami-Dade County.

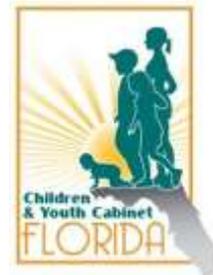
- Criminal Justice Workgroup – continued to engage the Department of Corrections (FDC) to identify opportunities for the Council to support their efforts with volunteers. Worked with DJJ’s Faith Network Coordinator to share information and alignment of efforts to support youth and families involved in the juvenile justice system.
- Disaster Planning Workgroup – disseminated preparedness messages encourage individuals and families to have a plan in the event of a storm or other natural disaster. Coordinated with the Division of Emergency Management to obtain materials for FBCB Council meetings to share with participants. 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 the Department of Health for the Florida Faith Symposium.
- Family Initiatives Workgroup – continued to support the workgroup Chair in promoting the Summer Meals program through the Department of Agriculture and Consumer Services (DACS). DACS attended Council meetings as an exhibitor to engage faith and community organizations to become sponsors or providers of summer meals. DACS was a sponsor for the Florida Faith Symposium.
- 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.



Ms. Trenia Cox (left) and Dr. Gretchen Kerr (right) with Governor Rick Scott at the Florida Faith Symposium

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. The activities of the Children's Cabinet have provided leadership and direction to guide the state's efforts to create and sustain an integrated approach for state agency collaboration and coordination. 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.



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.

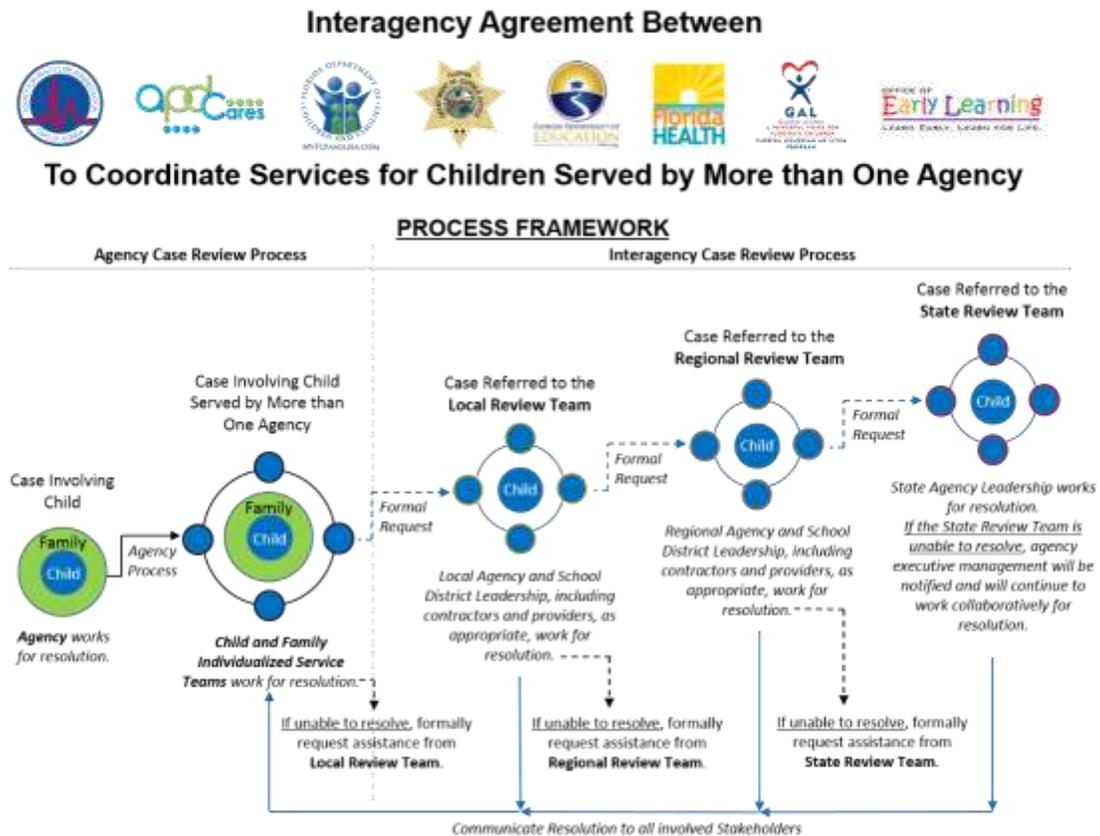
As Chair of the Communications Committee, the Director of the Office provided members with an outline of public awareness topics to strengthen involvement and support for key issues. As part of monthly conference calls with Circuit Taskforces, information and updates from the Children's Cabinet are provided. During Children's Week at the Capitol, the Director of the Office arranged to have the Cabinet lead the noon press conference to highlight Cabinet initiatives and priorities.

As a member of the Policy Impact Committee, the Director of the Office collaborated with committee members to provide an outline of Cabinet responsibilities, proposed the adoption of domains and indicators from Florida Kids Count, and prepared supplemental materials for review at the first annual retreat of the Cabinet. These materials provided the Cabinet with visual perspectives related to outcomes identified in agency *Long Range Program Plans* and their relationship to the *Life and Learning Stages* framework.

During SFY 2016-2017, the State Review Team began preparations for the sunset of the *2012-2017 Interagency Agreement*. Each member worked with their respective agency leadership to review and recommend additions to strengthen the agreement. A focus of the new agreement is to include case reviews of children who are at-risk of being served by more than one agency in order to prevent additional involvement in state systems. The team also introduced an online data collection tool to gather data and information to provide a more detailed overview of the efforts of Local and Regional Review Teams. The review process has continued into the next fiscal year and is anticipated to be completed before the end of 2017.

At the 2016 Child Protection Summit, the Director facilitated a panel discussion with members from Local, Regional and State Review Teams to provide perspectives and strategies to implement the interagency agreement in their circuit.

Figure 5: Interagency Agreement – Process Framework



On a national level, the Director of the Office participated in the Forum for Youth Investment’s Collective Impact Summit in Washington, DC that brought together leaders of children’s cabinets and coordinating councils from across the country. The summit provided insights and perspectives to strengthen collaborative efforts, and provided opportunities for the Director of the Office to share the work taking place in Florida through the Children’s Cabinet. The Director also participated on a national webinar through the Children’s Cabinet Network to highlight the work of the Cabinet and the *Interagency Agreement to Coordinate Services for Children Served by More than One Agency*.

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 – continued 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 – participated 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. Through this effort, an Infant-Family Mental Health Graduate Certificate program was established at the University of South Florida – St. Petersburg campus, with a special emphasis to include co-parenting, cultural diversity and humility, and Triadic and Family-focused Interventions.

Interstate Compact for Military Children – continued to serve 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 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. The Director of the Office served as the keynote speaker for the Circuit 2- Instilling Hope- Trauma Informed Care Conference and worked to establish connections with the League of Cities to identify opportunities for partnership that advance their initiatives on quality of life initiatives, public safety and economic development.

The Office continued its collaboration 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 supported SEDNET's efforts to provide trauma informed care training to teachers, administrators and staff in school districts throughout Florida. The Office also collaborated with the Florida Coordinated School Health Partnership to have trauma informed care training identified on the district's self-assessment in order to earn bonus points towards qualifying as a Gold, Silver or Bronze school district. The Director of the Office served as a speaker at the 8th Annual SEDNET Conference in Orange Park, FL to highlight the importance of their work and opportunities to build community connections to effectively intervene during challenging situations.



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 Council to promote activities and opportunities.

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 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 2017 for State Fiscal Year 2016-2017 (July 1, 2016 – June 30, 2017). 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 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.).

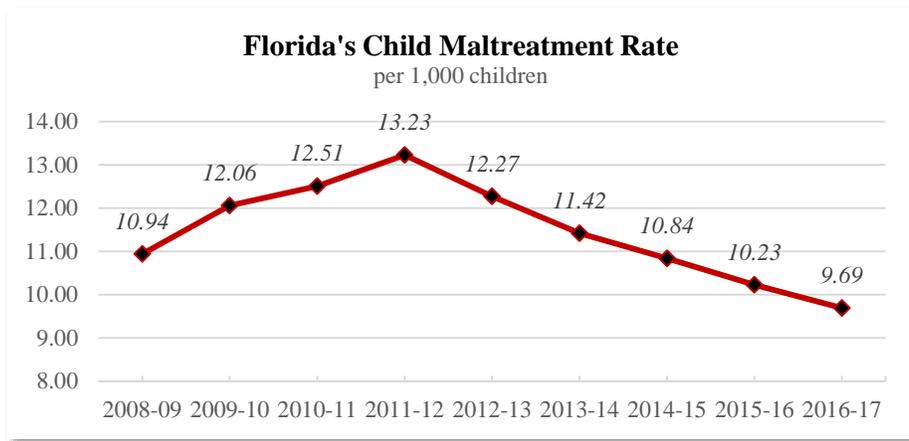
The incidence of child maltreatment is the *estimated number* of maltreated children in Florida, regardless of the number of children reported as abused. It would be expected that reporting and investigation rates would be low, conservative estimates of the actual abuse incident rates in Florida. According 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 2016-17 was 9.69. This represents a reduction of 0.54 per 1,000 children since SFY 2015-16, and a reduction of 3.54 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.

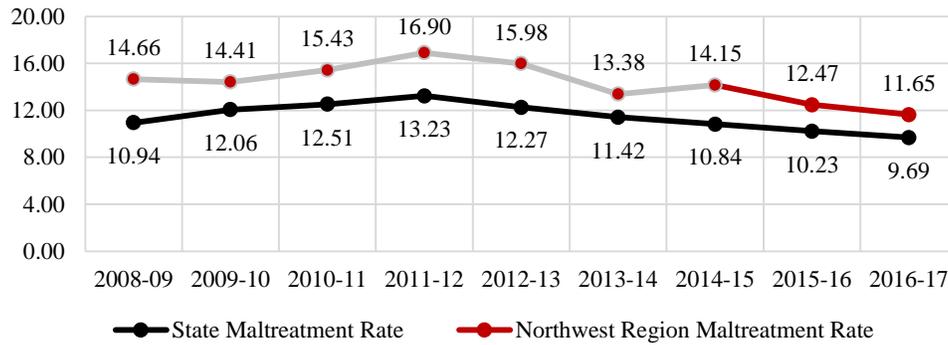
Chart 1: Florida’s Child Maltreatment Rate



Infograph 1: 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
2016-17: 14.04

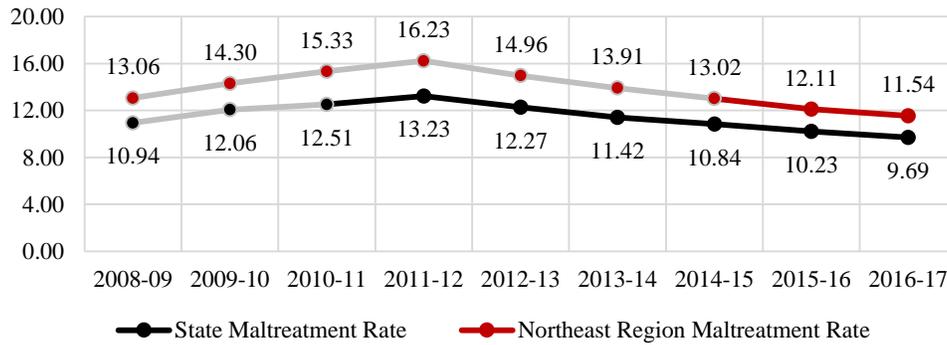
Circuit 14 Maltreatment Rate
 2008-09: 14.56
 2009-10: 14.79
 2010-11: 11.81
 2011-12: 13.75
 2012-13: 15.26
 2013-14: 12.57
 2014-15: 11.06
 2015-16: 13.39
2016-17: 10.57

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
2016-17: 7.72

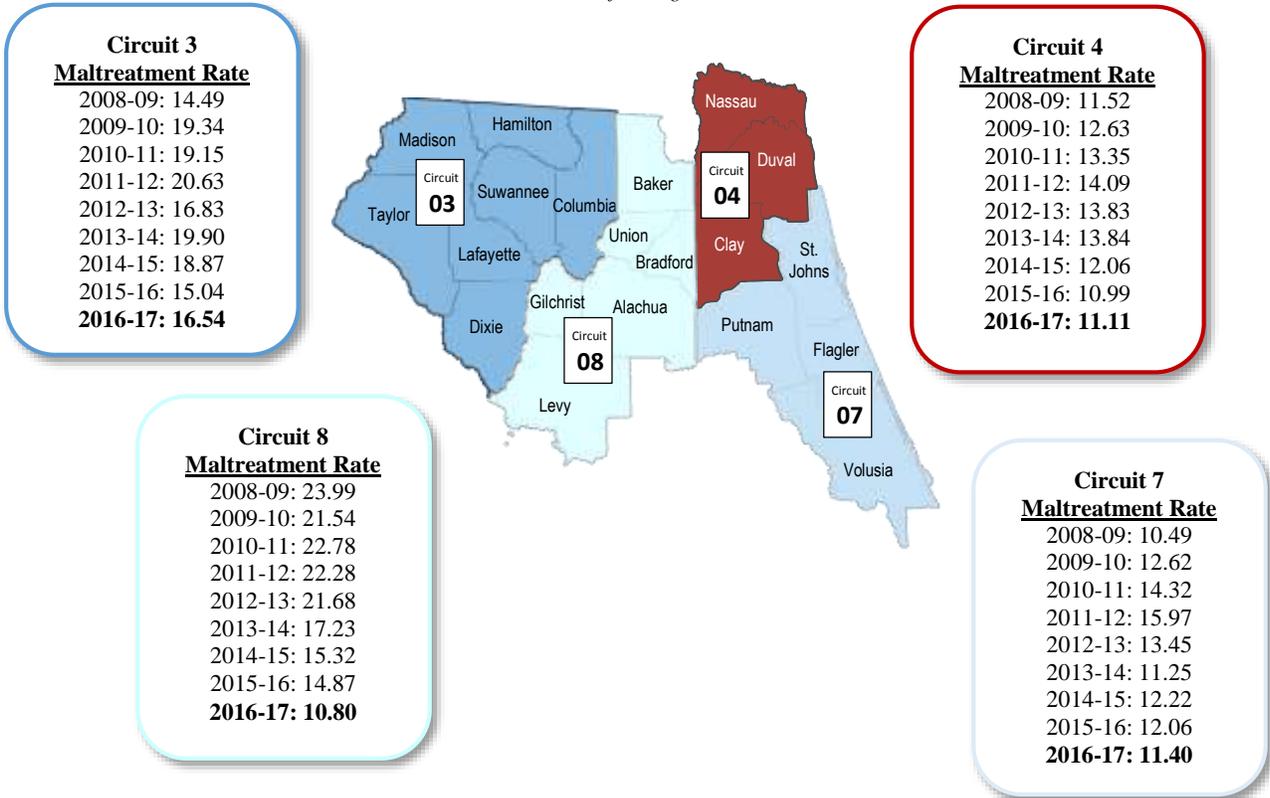
Infograph 2: Rate of Verified Maltreatment in Northeast Region and Circuits



Northeast Region Maltreatment Rate



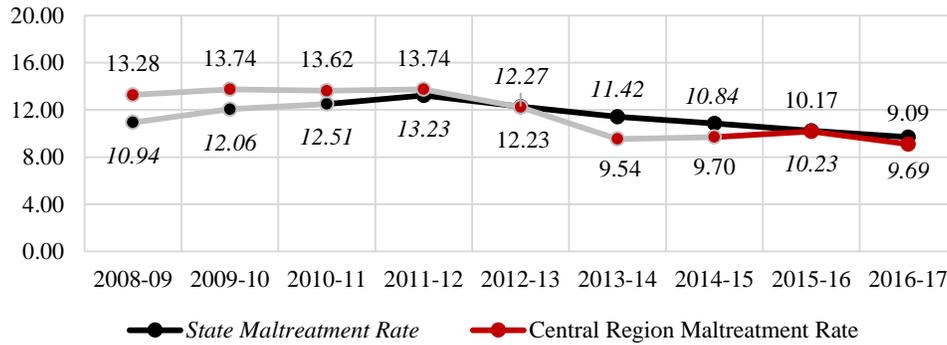
Note: The Regional Rate was calculated by dividing the total number of verified cases in the region by the combine child populations within each circuit of the region.



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

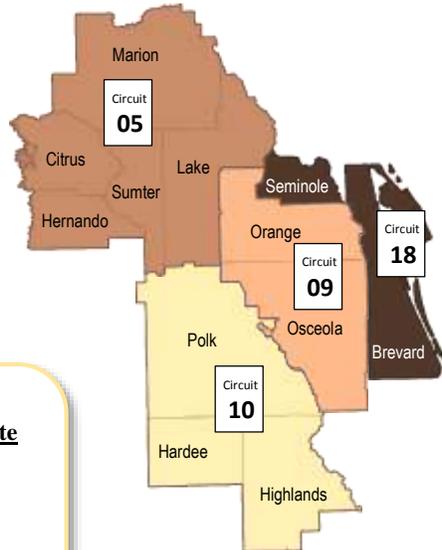


Central Region Maltreatment Rate



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
2016-17: 9.69



**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
2016-17: 9.35

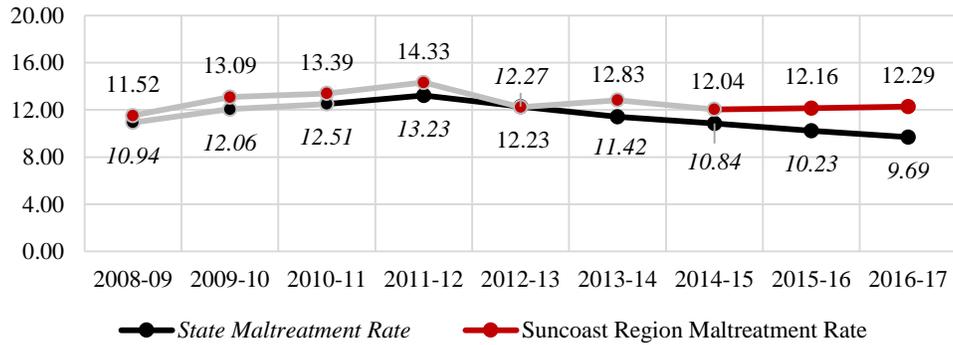
**Circuit 10
Maltreatment Rate**
 2008-09: 13.57
 2009-10: 13.07
 2010-11: 12.52
 2011-12: 11.69
 2012-13: 10.71
 2013-14: 9.43
 2014-15: 8.78
 2015-16: 10.72
2016-17: 10.87

**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
2016-17: 7.84

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

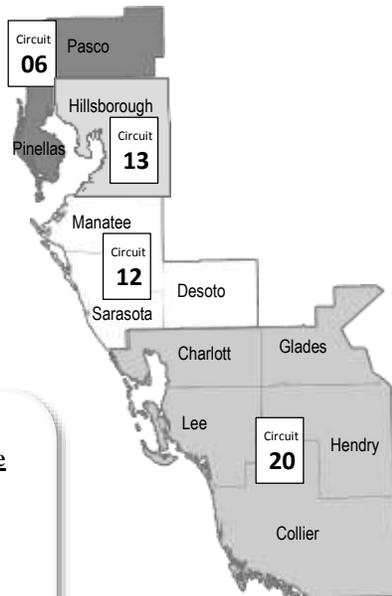


Suncoast Region Maltreatment Rate



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
2016-17: 15.63



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
2016-17: 9.97

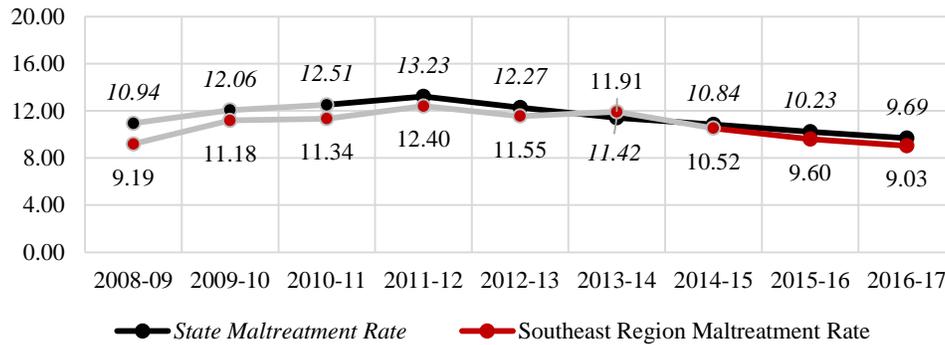
Circuit 12
Maltreatment Rate
2008-09: 14.77
2009-10: 15.03
2010-11: 16.92
2011-12: 16.32
2012-13: 14.10
2013-14: 13.70
2014-15: 15.11
2015-16: 15.78
2016-17: 14.14

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
2016-17: 10.57

Infograph 5: 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
2016-17: 9.95



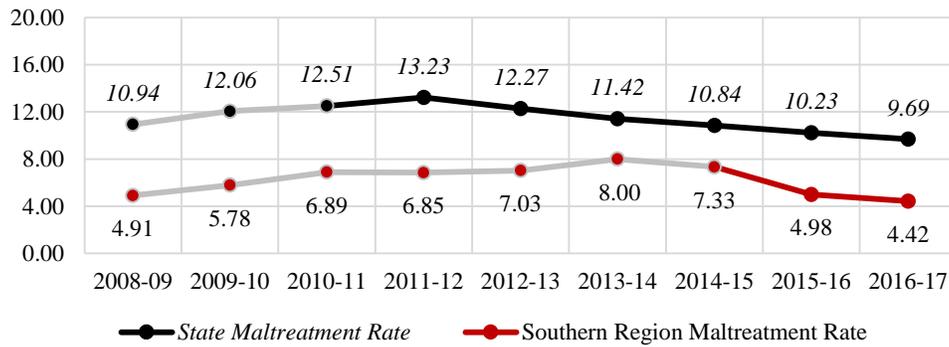
Circuit 15
Maltreatment Rate
2008-09: 9.13
2009-10: 10.71
2010-11: 10.02
2011-12: 10.31
2012-13: 9.84
2013-14: 11.50
2014-15: 7.07
2015-16: 5.37
2016-17: 5.11

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
2016-17: 11.47

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

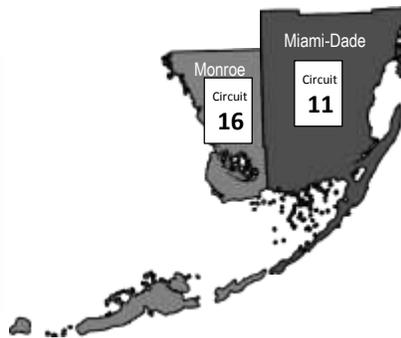


Southern Region Maltreatment Rate



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
2016-17: 10.92



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
2016-17: 4.29

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 2016 – 2017 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 30,857 of 40,336 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 2016 – 2017 (10.92% vs. 12.48%).

Chart 2: Unduplicated Counts of Children with Most Serious Finding of Verified Abuse by Age Range, SFY 2016-2017 Statewide

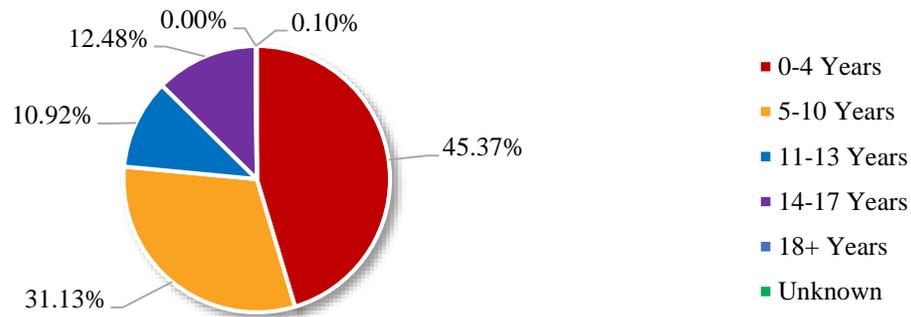


Table 1. Unduplicated Counts of Children with Most Serious Finding of Verified Abuse by Age Range, SFY 2016-2017, Statewide

Circuit	Age of Child						Totals
	0-4 Years	5-10 Years	11-13 Years	14-17 Years	18+ Years	Unknown	
1	961	769	261	253	0	4	2,248
2	235	186	91	101	1	3	617
3	331	208	58	64	0	3	664
4	1,406	1,027	313	347	0	3	3,096
5	888	561	211	228	0	0	1,888
6	1,995	1,258	458	482	0	3	4,196
7	985	624	244	265	0	0	2,118
8	330	245	81	90	1	0	747
9	1,297	882	331	463	0	3	2,976
10	857	622	213	230	0	1	1,923
11	1,058	767	295	348	1	1	2,470
12	873	654	225	246	0	2	2,000
13	1,432	992	332	359	0	0	3,115
14	321	206	64	70	0	1	662
15	680	434	137	196	0	2	1,449
16	54	32	13	20	0	0	119
17	2,139	1,330	445	512	0	7	4,433
18	864	612	218	233	0	1	1,928
19	528	417	140	187	0	2	1,274
20	1,067	730	274	338	0	4	2,413
Statewide	18,301	12,556	4,404	5,032	3	40	40,336
Percentage	45.37%	31.13%	10.92%	12.48%	0%	0.10%	100%

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 69.51% of all children who were alleged victims.

Chart 3: Age Ranges for Children who were Alleged Victims of Maltreatment (Unduplicated), SFY 2016-2017, Statewide

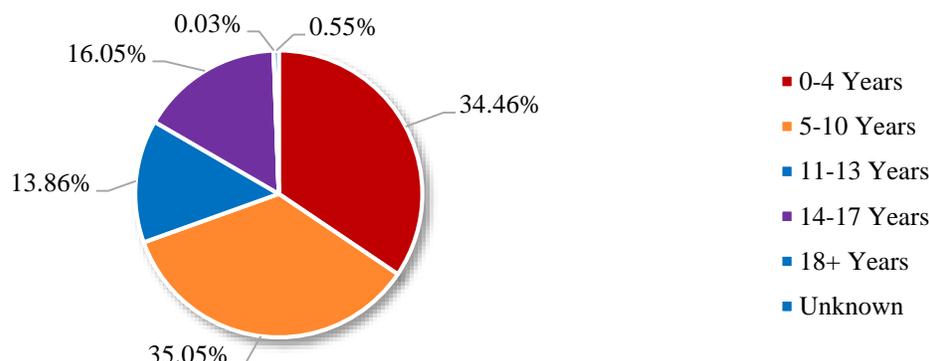


Table 2: Age Ranges for Children who were Alleged Victims of Maltreatment (Unduplicated), SFY 2016-2017, Statewide

Circuit	Age of Child						Total
	0-4 Years	5-10 Years	11-13 Years	14-17 Years	18+ Years	Unknown	
1	4,505	4,339	1,658	1,867	3	71	12,442
2	1,925	1,827	756	885	2	32	5,425
3	1,367	1,260	488	512	1	14	3,642
4	6,520	6,601	2,519	2,814	4	85	18,542
5	5,330	5,474	2,203	2,281	7	88	15,378
6	6,596	6,236	2,539	2,843	7	112	18,327
7	4,423	4,297	1,703	1,985	4	30	12,435
8	2,087	2,066	796	904	2	27	5,874
9	6,401	6,974	2,842	3,270	10	132	19,620
10	4,517	4,726	1,807	2,014	3	56	13,113
11	5,583	5,842	2,355	3,054	14	161	16,998
12	3,180	3,207	1,270	1,426	1	49	9,121
13	5,448	5,488	2,045	2,519	4	104	15,596
14	1,859	1,892	763	803	1	29	5,333
15	4,337	4,504	1,737	2,099	6	52	12,720
16	260	236	84	98	2	6	670
17	5,451	5,325	2,133	2,567	10	105	15,574
18	4,432	4,550	1,810	2,156	5	39	12,974
19	2,290	2,636	1,031	1,205	3	20	7,166
20	4,628	4,827	2,003	2,379	4	82	13,909
Statewide	80,932	82,307	32,549	37,684	91	1,294	234,859
Percentage	34.46%	35.05%	13.86%	16.05%	0.03%	0.55%	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 2016—2017, Statewide

Circuit	White	Black	Multirac	Other	Hispanic	Other	Male	Female	Unknown	Total
1	7,650	2,916	521	1,355	467	11,975	6,138	6,042	262	12,442
2	1,954	2,675	95	701	172	5,253	2,599	2,675	151	5,425
3	2,503	774	162	204	210	3,432	1,790	1,809	43	3,642
4	8,652	7,531	664	1,695	1,120	17,422	9,149	9,059	334	18,542
5	10,948	2,617	503	1,310	1,830	13,548	7,639	7,439	300	15,378
6	12,076	3,937	858	1,456	1,775	16,552	9,228	8,885	214	18,327
7	8,113	2,736	381	1,205	1,050	11,385	6,178	6,115	142	12,435
8	3,164	2,022	244	444	325	5,549	2,874	2,928	72	5,874
9	9,647	6,770	466	2,737	5,686	13,934	9,725	9,461	434	19,620
10	8,122	3,187	370	1,434	2,683	10,430	6,438	6,412	263	13,113
11	7,421	6,890	121	2,556	7,130	9,868	8,162	8,490	346	16,998
12	6,126	1,836	351	808	1,666	7,455	4,453	4,545	123	9,121
13	8,285	5,724	494	1,120	3,581	12,015	7,651	7,788	157	15,596
14	3,700	879	253	501	198	5,135	2,589	2,627	117	5,333
15	5,729	5,009	266	1,716	2,787	9,933	6,267	6,194	259	12,920
16	504	84	17	65	208	462	330	323	17	670
17	5,385	7,678	297	2,214	3,142	12,432	9,625	9,645	304	15,574
18	8,339	3,056	680	899	1,874	11,100	6,431	6,418	125	12,974
19	4,304	1,894	315	653	1,233	5,933	3,597	3,493	76	7,166
20	9,156	2,397	385	1,971	3,502	10,407	6,815	6,865	229	13,909
Statewide	131,750	70,612	7,443	25,054	40,639	194,220	115,678	115,213	3,968	234,859
Percentage	56.10%	30.07%	3.17%	10.67%	17.30%	82.70%	49.24%	49.06%	1.69%	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 (19.38%, 11.21%, and 5.80%, respectively).

Table 4: Allegations and Verifications of Abuse (Duplicated Child Counts), SFY 2016-2017, Statewide

Type of Abuse Allegation	Allegations	Verified	Percent of Allegations Verified
Abandonment	3,854	1,150	29.84%
Asphyxiation	1,914	73	3.82%
Bizarre Punishment	2,236	193	8.63%
Bone Fracture	783	175	22.35%
Burns	1,173	53	4.52%
Death	362	82	22.65%
Environmental Hazards	57,651	4,839	8.39%
Failure to Protect	5,116	2,333	45.60%
Failure to Thrive	253	104	41.11%
Family Violence Threatens Child	53,344	10,337	19.38%
Household Violence Threatens Child	19,875	3,633	18.28%
Human Trafficking	10	0	0%
Human Trafficking CSEC	1,831	458	25.01%
Human Trafficking Labor	194	43	22.16%
Inadequate Supervision	88,374	9,911	11.21%
Internal Injuries	80	43	53.75%
Intimate Partner Violence Threatens	7,875	1,547	19.64%
Malnutrition/Dehydration	141	43	30.50%
Medical Neglect	7,666	1,408	18.37%
Mental Injury	13,406	293	2.19%
Physical Injury	56,406	3,272	5.80%
Sexual Abuse	36	4	11.11%
Sexual Abuse – Sexual Battery	4,517	1,060	23.47%
Sexual Abuse – Sexual Exploitation	950	156	15.42%
Sexual Abuse – Sexual Molestation	10,760	1,542	14.33%
Substance Exposed Newborn	1,445	458	31.70%
Substance Misuse	7,918	1,152	14.55%
Substance Misuse – Alcohol	29,474	4,244	14.40%
Substance Misuse – Illicit Drugs	58,854	10,197	17.33%
Substance Misuse – Prescription Drugs	17,097	2,722	15.92%
Threatened Harm	6,707	4,047	60.34%
Statewide	471,650	67,462	14.30%

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 2016 – June 2017, 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 (27.95%) was due to inadequate supervision, medial and physical neglect.

- The second most cited service reason for a removal (21.40%) was due to parental drug and alcohol abuse.
- The least cited reason for a child removal was child alcohol and drug abuse (0.56%), followed by incarceration of parents (4.19%).

Table 5: Reasons for Removal Reported (Duplicated Child Counts), SFY 2016-2017, Statewide

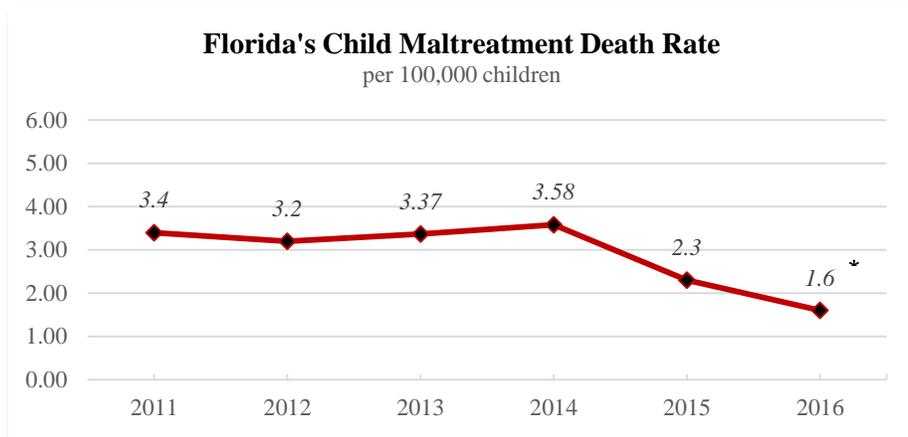
Removal Reason	Number of Children	Percent
Inadequate Supervision, Medical and Physical Neglect	11,056	27.95%
Parental Drug and Alcohol Abuse	8,465	21.40%
Domestic Violence	8,110	20.50%
Death of Parent/Caretaker Unable to Cope	3,746	9.47%
Physical and Sexual Abuse	2,517	6.36%
Child Behavior/Relinquishment/Abandonment	1,959	4.95%
Inadequate Housing	1,853	4.68%
Incarceration of Parents	1,629	4.19%
Child Alcohol and Drug Abuse	223	0.56%

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 2016 was 1.60* 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 2017 Annual Report. .

Chart 4: Florida's Child Maltreatment Death Rate



* The number of verified child maltreatment cases for 2015 and 2016 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 2016-2017 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:

- ***Expand Efforts to Relay Timely Information to Parents Regarding the Safety of Children:*** The committee recommends that communities consider providing timely messaging to parents regarding potential risks to children. For example, partnering with the business sector, such as pool supply and maintenance companies, may provide a venue to distribute additional water safety information during the purchase of pool or spa supplies. Waterfront communities are encouraged to post signage regarding potential water safety hazards. This could be further expanded by distribution of information by hotels and other locations where tourists may visit, such as turnpike rest areas and water parks. Messaging should consider language barriers and cultural differences which may apply to international tourists. The same concept applies to the prevention of asphyxia, by educating parents of infants on safe sleep practices. Breastfeeding education should incorporate instruction on safe sleep practices, and include information on over-the-counter and prescription medications that may pose a risk to an adult's alertness while breastfeeding.

- ***Expand Training of First Responders to Assess Risk to Children:*** First responders play a key role in prevention efforts, as evidenced by several locally-based prevention strategies seeking to intervene during hazardous situations that place children at risk. First responders can assess for adequate supervision, substance misuse, and other factors that contribute to child death. Increased reporting by these professionals will allow for timely intervention. In those cases where a death has occurred, reporting such deaths and surrounding circumstances will aid efforts to further study and prevent the incidence of child death.
- ***Consider the Use of Social Media to Provide Timely Messaging and Support to Parents:*** Parenting programs and awareness campaigns have begun to leverage social media as a powerful communication tool, especially among young parents. Expanding upon this platform, location services and targeted messaging could be used to alert parents to potential hazards in their environment. This potential targeted messaging should be further explored.
- ***Leverage the Power of Shared Data:*** Agencies such as DOH, the Department of Children and Families (DCF), community-based care agencies, and substance-abuse and mental health managing entities must capitalize on the vast amount of data collected on children, including aspects of child welfare involvement and health outcomes. Matching child death data with other data-rich systems such as Florida Safe Families Network (FSFN), Florida Community Health Resource Tool (FLCHARTS), and DOH vital statistics data could further inform prevention strategies. Data findings could be expanded for further analysis to assess for racial disproportionality, health inequities and will increase understanding of how social determinants for health may play into the occurrence of preventable child death. Additional analysis can help determine if preventable deaths such as drowning are under-reported in certain areas. The sharing of data between agencies is crucial to this expanded effort. The committee recommends that sufficient resources be provided to these agencies to sufficiently collect clean, accurate data, enabling the committee to further drill-down into specific maltreatments that lead to child death. While much of the CADR data and related prevention strategies target asphyxia and drowning, the dynamics behind inflicted trauma should be further explored. This knowledge will improve the ability to provide the appropriate support to families and caregivers and prevent violence within the home.

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- Continue to Encourage Collaborative Partnerships at both the State and Community Levels:***
 As demonstrated within this report, the well-being and protection of Florida’s children is a shared responsibility, involving numerous agencies and professional services. Collective responses are necessary to fully meet the needs of at-risk children. A prime example of such efforts is a community-based approach provided by the National Drug-Endangered Children (DEC) Coalition. The National Alliance for Drug Endangered Children targets drug endangered children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution. This includes children whose caretaker’s substance misuse interferes with the caretaker’s ability to parent and provide a safe and nurturing environment. DEC provides training and support to communities seeking to protect these children via a multi-agency, multidisciplinary response to drug crises. Another useful venue for state and local collaboration would be the continuation of joint meetings with State CADR Committee members and local chairpersons. The joint meetings provide opportunities to share ideas and best practices and troubleshoot concerns at both state and local levels. At the local level, partnerships between agencies, councils, and task forces are a necessity. This would allow local groups to compare data, decide on key consistent prevention messaging, and develop collaborative community-based action plans to target the specific needs of their community. Local CADR committees should partner with community coalitions, their local Child Abuse Prevention and Permanency Task Force, local school systems, and community-based initiatives with similar goals.
- Continue to Support the Integration of Behavioral Health Services into the Child Welfare System:*** Substance use disorders, mental health disorders, and dynamics associated with intimate partner violence (IPV) can both independently and collectively impact parental capacity and child well-being while greatly increasing the risk of child harm. Readily accessible and appropriate interventions for families at risk dealing with these issues is a critical step toward ensuring a safe, stable, and nurturing environment for children. Community-based systems of care must take the necessary steps to ensure behavioral health services are comprehensively integrated into the service delivery system to sufficiently meet the needs of their client population. Scope of services should address all levels of need, including prevention, intervention, and treatment services. The provision of ongoing support services helps to ensure families at risk have the resources needed to bolster resiliency and sustain stability.
- Continue to Support Programs that Enhance Parenting Skills:*** Home visiting programs, such as Healthy Families Florida (HFF), serve families at risk and bolster those protective factors that offset the risk of child maltreatment and preventable child death. The services provided by such programs are wide in scope and timely address all potential causes of maltreatment death. Targeted prevention programs such as HFF ensure an efficient and strategic use of our state’s resources. Continued expansion of Family Intensive Treatment Teams (FITT) is another example of a targeted response to prevent child maltreatment deaths. The implementation of these comprehensive prevention strategies will provide the momentum needed to work toward our ultimate goal: To eliminate preventable child deaths in Florida by better understanding the complexities of child maltreatment and leveraging this evidence-based knowledge to drive current and future prevention strategies.

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 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.

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 2017. 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, 2016 to June 30, 2017, using the most recent available data for this report.

During SFY 2016 – 2017, Florida finalized 3,689 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:
 - 977 were nine years of age or older (26.48%), 411 were 13 and older (11.14%), and 132 were 16 or 17 (3.58%).
 - 2,013 were sibling groups that experienced finalized adoptions.
 - 59 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, 2016 and provides a starting base at the beginning of SFY 2016 – 2017.

Table 6: Adoption-Related Adoptions as of June 30, 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.

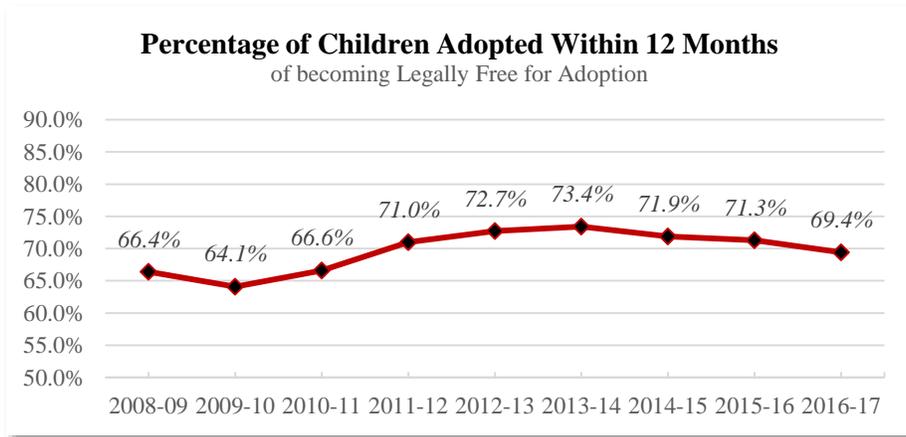
Timeliness of Adoption

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 2016 – 2017 was 75.9%. The table below reflects the state’s performance since SFY 2008 – 2009 as provided by the Department of Children and Families.

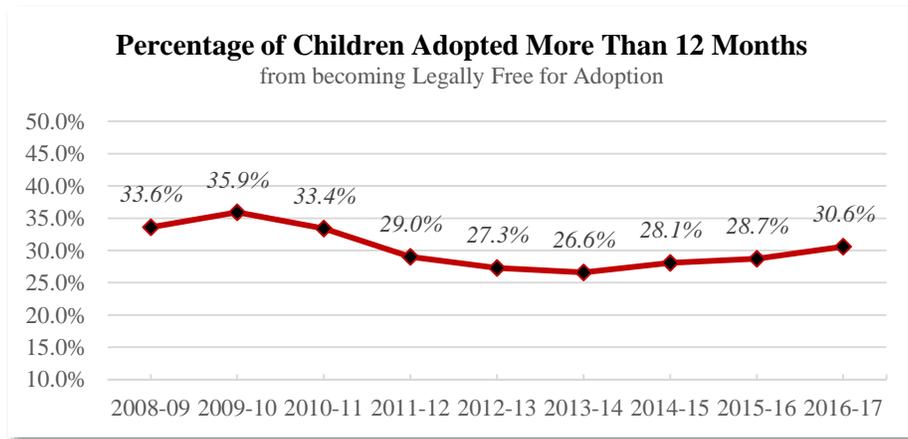
Chart 4: Percentage of Children Adopted Within 12 months of becoming Legally Free for Adoption



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 2016 – 2017 was 30.6%. The table below reflects the state’s performance since SFY 2008 – 2009 as provided by the Department of Children and Families.

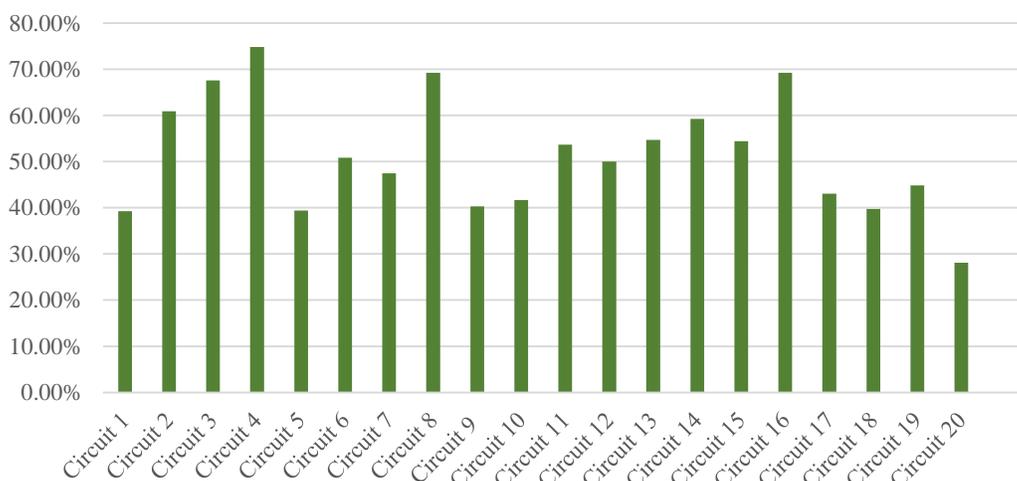
Chart 5: Percentage of Children Adopted More Than 12 months from becoming Legally Free for Adoption



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 2016 through June 2017, on average, **49.89% were discharged in less than 24 months from the date of the latest removal from home.** 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.

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

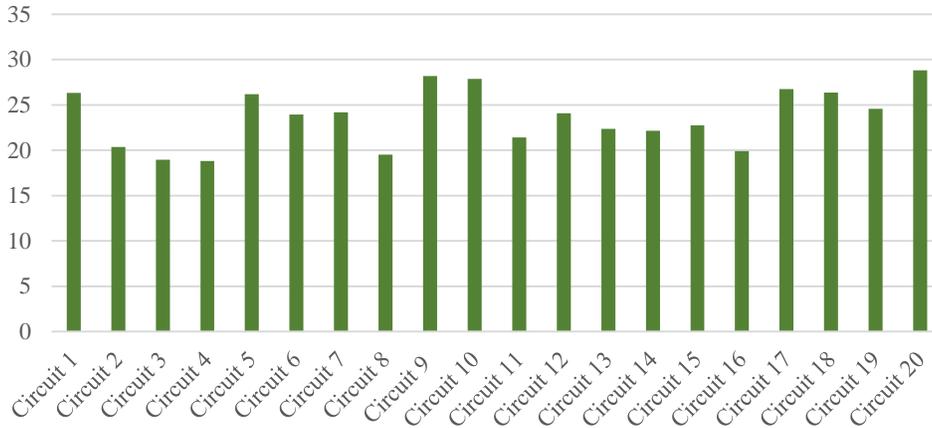


Note: Private adoptions were excluded. County is based on county of courtesy worker or primary worker at time of adoption.

Median Length of Stay in Foster Care.

Of all children adopted from foster care during the period July 2016 through June 2017, the *median length of stay in foster care was 24.05 months from the date of latest removal from home to the date of discharge to adoption.* Chart 7 below reflects this. 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.

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 7/1/2016 and 6/30/2017 as of 11/15/2017
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

Table 7 on the next page 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.

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

Circuit	Foster Parents	Relatives	Recruited Parents
1	29%	48%	23%
2	26%	48%	26%
3	21%	58%	22%
4	29%	49%	22%
5	13%	56%	31%
6	23%	51%	26%
7	27%	47%	26%
8	19%	61%	20%
9	30%	39%	31%
10	22%	39%	38%
11	26%	53%	21%
12	16%	55%	29%
13	24%	54%	22%
14	19%	57%	24%
15	27%	40%	33%
16	31%	62%	8%
17	36%	51%	13%
18	25%	46%	29%
19	27%	56%	16%
20	38%	46%	16%
State	26%	50%	24%

Source: FSFN Finalized Adoption List and AFCARS Submissions for adoptions from 7/1/2016-6/30/2017 as of 11/2/2017
 Note: Duplicated as a child can have multiple adoptive parent relationships. 3,634 unique adoptions included above. Adoptive Parent Relationship data is missing on 56 of the included adoptions. "Relative" includes Step-Parents. Excludes private adoptions.

Chart 9: Percentage of Adoptions by Type of Adoptive Family, SFY 2016-2017, Statewide

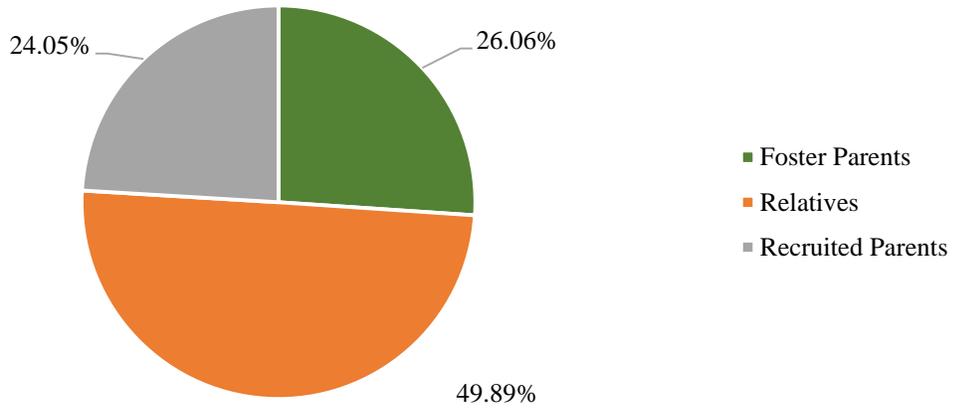


Table 8 on the next page shows the same categories found in Table 6 but for a different snapshot of time. These counts were taken on June 29, 2017 and provide for end of SFY 2016 – 2017 counts as well as a starting base for SFY 2017 – 2018. As of June 30, 2017 4,069 children were legally available with a primary goal of adoption, and waiting to be adopted.

Table 8: Adoption-Related Populations as of June 30, 2017

Population Description	Number of Children
Children TPR'ed or who have a primary goal of adoption	7,491
Children with a primary goal of adoption regardless of TPR status	6,960
Children TPR'ed, regardless of goal	4,600
Children who have been TPR'ed and have a primary goal of adoption	4,069
Children who have been TPR'ed, have a primary goal of adoption, and are on the website	599*

Source July 1, 2017 AFCARS Extract

**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>

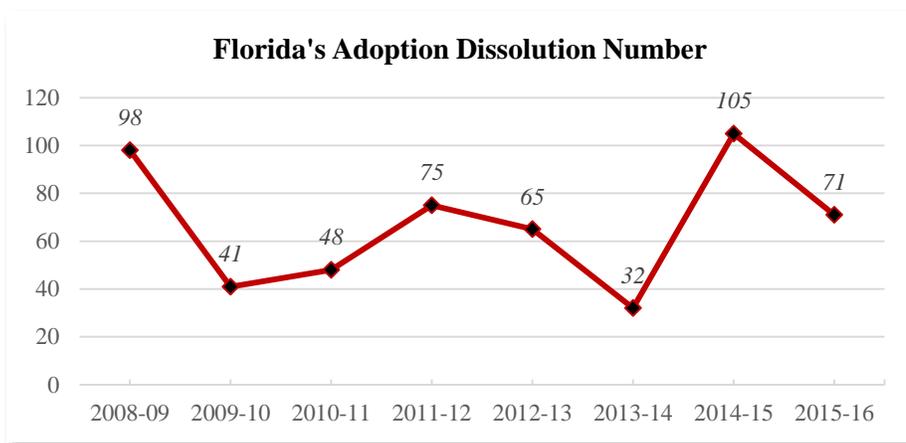
Adoption Dissolutions

Information provided by the DCF 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.

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.

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). 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 adoptive families to communicate with each other.

- 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.

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.

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.

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 Agency for Person with Disabilities works closely with its 15 regional Family Care Councils (FCC) to educate adoptive and foster parents about services and supports available for children with specials needs. APD developed an informational card to assist the FCCs with spreading the word about the rewards of caring for youth with developmental disabilities and to encourage families to consider becoming foster parents. The FCCs have agreed to provide peer support for foster families serving children with developmental disabilities.

Youth in the child welfare system are a high priority for waiver enrollment. The agency waiver enrolled 148 children at the time of adoption, entry into extended foster care, and family reunification, who were referred to APD for services by Community-Based Care organizations in fiscal year 2016-17. The Governor's budget for 2018-19 calls for \$18 million to enroll approximately 900 more individuals into the waiver, including youth with involvement in the child welfare system.

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 \$6,561,972 of budget authority; \$1,218,209 in General Revenue; \$1,048,015 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 2018-19 is \$199,645,540; Recurring Appropriation 2018-2019 \$197,379,316; Additional Request \$2,266,224

Prevention Services

Child abuse prevention and family support programs in Florida continue to focus on the provision of support and services to promote positive parenting and healthy family functioning and family self-sufficiency. A variety of service models are funded including family resource centers, family support services, and intensive home visiting. Statewide and regional projects focus on public awareness and community education initiatives, and training for professionals. 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; \$17,314,251 from the General Revenue Fund, \$1,488,375 from the Federal Grants Trust Fund and \$9,577,637 from the Welfare Transition Trust Fund are to be provided for the Healthy Families Florida Program.

Most recently, 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 also include an evaluation process measuring outcomes and effectiveness.

Statewide prevention efforts also occur through the Department's contractual relationship and partnership with the Ounce of Prevention. The Ounce of Prevention (The Ounce) serves as the state Chapter Liaison for Prevent Child Abuse America (PCA). The Ounce is a private, nonprofit corporation whose mission is to identify, fund, support, and evaluate innovative prevention and early intervention programs that improve the health, education, and life outcomes of Florida's at-risk children and families. The Ounce of Prevention Fund of Florida works in partnership with the Department as well as other funding and collaborative sources. Statewide prevention services are provided by maintaining the charter agreement with Prevent Child Abuse America (PCA), implementing the Florida Circle of Parents® program, and launching a Child Abuse Prevention Month Education and Awareness Campaign, Pinwheels for Prevention™.

Human Trafficking

In the 2016, 'Human Trafficking Response in Florida' report to the Statewide Council on Human Trafficking the Department reported that \$3,000,000 in Recurring General Funds had been dedicated to Community Base Care Lead Agencies to support services and placement of sexually exploited youth. The increase in spending reflected the better identification and assessment of trafficked youth in Florida. Legislation passed in 2016 also increased victim and witness protections for minors and victims of human trafficking by increasing the allowable age for court videotaping testimony from age 16 through the revised age of 18. Statutory changes also included the prohibiting the prosecution of any youth under the age of 18 for prostitution.

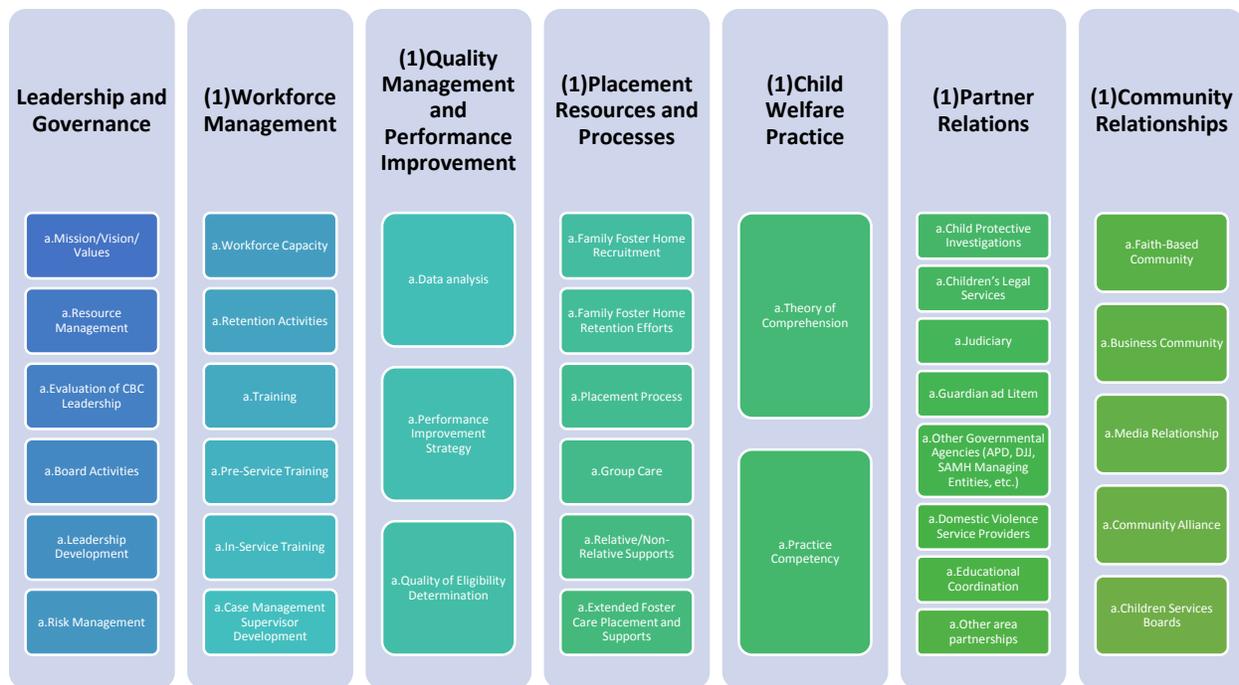
Service Delivery

The Office of Contracted Client Services, through the CBC Contract Oversight Team, has developed a new method for monitoring the service delivery of our Community Based Care (CBC) providers. The monitoring process requires an in-depth assessment of the system of care in seven critical areas of operation. Through guidance and recommendations from the contract oversight advisory committee, which includes a wide variety of child welfare experts representing the Department of Children and Families, Community-Based Care Lead Agencies and Case Management Organizations, the seven critical areas of operation were identified. These include:

- (1) Leadership and Governance
- (2) Workforce Management
- (3) Quality Management and Performance Improvement
- (4) Placement Resources and Processes
- (5) Practice
- (6) Partner Relationships
- (7) Community Relationships

On-site monitoring is conducted by a team, led by two representatives from COU and supported by two representatives from DCF and two representatives from peer CBCs. Prior to the on-site monitoring, the COU members will conduct an analysis of the CBC's performance and quality measures, as well as provide a summary of the CBC and the community they serve. Once the team is on-site, they will conduct interviews with CBC and CMO staff, as well as child protective investigators, foster parents and children's legal services to gather information in the 7 critical areas.

Each critical area, has sub categories that build the framework for the system analysis process used to evaluate whether if a CBC is meeting the terms of the contract and meeting safety, permanency and well-being goals for the children they serve.



A key piece of the system evaluation, is the information gathered surrounding a CBC’s internal performance improvement strategy, which evaluates how they use performance and quality data internally to develop an improvement strategy. This includes how they evaluate the quality and effectiveness of their family support service programs, their safety management programs and their safety, permanency, and well-being outcomes.

After an on-site monitoring, the information provided in the monitoring report will drive the development of corrective action plans to address areas where the CBC needs improvement.

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 and email to maintain family ties while individuals are incarcerated.
- Incorporating family/material programs into each Substance Abuse contract services.
- Identifying risk factors associated with family dynamics through the use of evidence driven assessments and applying programming to reduce these risks.

Department of Education

In 2017, the department continued its participation in Child Abuse Prevention and Permanency (CAPP) efforts 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 are used in part to combat trafficking of children, promoting child abuse prevention resources via training sessions and our agency website, and offering 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

The Department of Health (Department) continues to support prevention of child abuse and neglect, and adoptive families through Florida's 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/>

The Department is leveraging its established universal prenatal and infant screening process to facilitate access to an array of home visiting programs that focus on maternal and child health, prevention of abuse and neglect, and school readiness. Florida's unique network of community-based Healthy Start Coalitions is providing the foundation for the development of local systems of care with a goal of linking at-risk families with services that best meet their preferences and needs.

In July 2017, the Department incorporated the coordinated intake and referral framework within the coalition's contracts to bring to statewide scale. The process began as a pilot project with 10 coalitions and are now providing peer support for other coalitions.

The Department receives funding through the General Appropriations Act and proviso language to contract with the Florida Pregnancy Care Network to implement the Florida Pregnancy Support services Program. The purpose of the program is to support and assist women and men faced with difficult pregnancy decisions. Services include adoption information and counseling.

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 continues with the engagement of Florida'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.

Florida is one of five states that has been selected to participate, with the Department as the state lead, in a national project addressing safe sleep to reduce infant death. The project, National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN) Collaborative is an effort to make safe infant sleep and breastfeeding a national norm. NAPPSS-IIN is funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) and led by the National Institute for Children's Health Quality (NICHQ).

The purpose of the NAPPSS-IIN is to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe infant sleep and breastfeeding within a hospital setting and supported by the community. With the support of content experts and partners, NICHQ will facilitate the NAPPSS-IIN Collaborative, providing training and technical support for testing and implementing safe infant sleep and evidence-based breastfeeding guidelines, data collection and quality improvement science.

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

- Child Abuse Death Review Committee (CADR) Prevention Recommendations

The 2017 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:

- Asphyxiation (Unsafe sleep)
- Drowning
- Inflicted Trauma

Prevention recommendations were based on the Social Ecological Model for Change as presented by the Centers for Disease Control and Prevention (CDC), which ensures that societal, community, relationship, and individual levels of social ecology are all considered during the development of prevention strategies. This results in a highly collaborative, comprehensive, multi-level, and multi-sector approach to preventing child fatalities.

Strategies and approaches recommended by the CDC and endorsed by the State CADR Committee are as follows:

- Strengthen economic supports to families
 - Strengthen household financial security
 - Promote family-friendly work policies
- Change social norms to support parents and positive parenting
 - Enhance public engagement and expand education campaigns
 - Support legislative approaches to reduce corporal punishment
- Provide quality care and education early in life
 - Provide preschool enrichment with family engagement
 - Improve quality of child care through licensing and accreditation
- Enhance parenting skills to promote healthy child development
 - Expand early childhood home visitation
 - Encourage parenting skill and family relationship approaches
- Intervene to lessen harms and prevent future risk
 - Enhance the provision of primary care
 - Offer behavioral parent training programs
 - Provide treatment to lessen harms of abuse and neglect exposure
 - Provide treatment to prevent problem behavior and later involvement in violence

In addition to the above CDC recommendations, the State CADR committee made the following recommendations:

- Expand efforts to relay timely information to parents regarding the safety of children
- Expand training of first responders to assess risk to children
- Consider the use of social media to provide timely messaging and support to parents
- Leverage the power of shared data to assess for racial disproportionality and health inequities to increase understanding of how social determinants for health may play into the occurrence of preventable child death.
- Continue to encourage collaborative partnerships at both the state and community levels
- Continue to support the integration of behavioral health services into the child welfare system to address the contributing factors of substance misuse, mental health, and domestic violence.
- Continue to support programs that enhance parenting skills, such as Healthy Families Florida and Family Intensive Treatment Teams.

- 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 the Department continues to participate through the second cohort of this initiative. Florida is the only state participating in all five strategy areas focused on the following topic areas: interpersonal violence prevention, child passenger safety, falls prevention, suicide and self-harm prevention, and teen driver safety. For example, the Child Protection Team (CPT) staff are involved in the Florida Interpersonal Violence Prevention Strategy Team with an aim to decrease child injury and mortality as it relates to interpersonal violence. Strategy team members continue to collaborate internally and externally and set a national example to other state health departments.

- 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
- Training for CPT medical providers to prepare for the required certification exam conducted by the Florida Certification Board
- Training for CPT Case Coordinators, to include training in forensic interviewing
- 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 CPT 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. To date, an implementation plan was developed and data sources for reporting indicators were identified.

- 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 2018-19 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:

- \$3,671,291 R-TF funding to continue the Stop Now and Plan (SNAP) program which funded an additional 6 judicial circuits in FY 2017-18 and to continue expansion in the remaining 10 judicial circuits in Florida.
- \$1,400,000 NR-GR funding to continue PACE Center for Girls programs for middle and high school girls statewide.
- \$1,400,000 NR-GR funding to continue PACE Center for Girls programs in Hernando County.
- \$1,000,000 R-TF to continue Prodigy Cultural Arts program located in central west Florida (Pinellas, Hillsborough, Pasco, Polk, Osceola, Manatee, Sarasota, Orange and Highlands counties).
- \$500,000 R-GR funding to continue Florida Alliance of Boys and Girls Clubs after school prevention services.
- \$1,000,000 (\$600,000 R-GR and \$400,000 R-TF) funding to continue Big Brothers Big Sisters Association of Florida mentoring programs.
- \$200,000 R-TF funding to continue Outward Bound extended follow-up services for youth completing the 20-day wilderness expeditions.

The Department is also requesting 3 regional positions and \$317,000 in funding to establish an Office of Youth and Family Advocacy to serve as a firsthand resource working directly with youth and families to foster communication and amplify their voice in the ongoing improvement of the juvenile justice system.

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

GAL Reimbursement for Extraordinary Advocate Expenses

This issue seeks \$331,262 in recurring general revenue funding to reimburse Guardian ad Litem (GAL) volunteers for extraordinary travel expenses related to best interests advocacy. Florida law requires the appointment of a GAL as early as possible in a dependency case – a person responsible for getting to know the child and his or her family, giving that child a voice in court, and representing the child’s best interests within the child-welfare system. Due to increased numbers of children in out-of-home care, Gals must travel longer distances to do their work. Some GAL volunteers, particularly those who are retired on fixed incomes, have indicated that the costs of travel could cause them to decline cases, thereby reducing the overall number of GAL volunteers and thus the number of children represented. The general revenue funds requested here will allow the GAL Program to reimburse volunteers for extraordinary travel costs in cases where the best interests of the child justify it.

Baby Court

The Florida Statewide Guardian ad Litem (GAL) Office requests \$1,054,143 in recurring general revenue funds to establish 18 FTEs Child Advocate Manager I positions (class code (8401) and 1 FTE Program Director (class code 8505) to provide targeted advocacy for the best interests of infants and toddlers aged 0 to 3 within Early Childhood Courts in Florida's judicial circuits. These courts, known as “Baby Courts,” work with teams to focus case-specific resources and intensive oversight on very young children; they engage stakeholders and parents with frequent monitoring and assessment to prevent further maltreatment, reduce the time needed to permanency, and improve the child's well-being.[1] The GAL Program, as the child's representative, has a crucial role to play on these teams, which require a greater time commitment than other cases to establish an early path to permanency.

Office of Early Learning

The Office of Early Learning recommends increasing funding for the School Readiness program. This would improve supports for adoptive and foster families and help to prevent child abuse and neglect by providing access to affordable child care.

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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