

Part 4 – State Plan of Action

Florida has had in place a *State Plan for the Prevention of Child Abuse, Abandonment and Neglect: July 2005 through June 2010*. This new plan of action amends the original plan as an 18-month update that has been developed in accordance with federal and state requirements. Additionally, in accordance with state law (§39.001, Florida Statutes), this 18-month plan provides for the promotion of adoption and the support of adoptive families. The vision, mission, overarching goal and desired results of the plan are:

Vision

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

Mission

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

Overarching Goal

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

Desired Results of Plan Implementation

1. ***Child Maltreatment Prevention*** – By June 30, 2010, the child abuse rate will be reduced from the fiscal year 2007-08 statewide rate of 29.4 to 15.0 per 1,000 children.
2. ***Adoption Promotion*** – By June 30, 2010, the percent of children adopted within 12 months of becoming legally free for adoption will increase from the 2007-2008 rate of 68.29 percent to 65.00 percent.
3. ***Adoption Promotion*** – By June 30, 2010, the percent of children legally free for adoption who have been waiting for adoption for more than 12 months since the date of termination of parental rights (TPR) will be reduced from the 2007-2008 rate of 51.3 percent to 47.1 percent.
4. ***Adoption Support*** – By June 30, 2010, the annual number of child welfare adoption dissolutions (regardless of when the adoption was finalized) will be less than 5.

The vision and mission are the same as those contained in the previously adopted five-year plan. The overarching goal and desired results have been changed to reflect the charges codified in statute, the advice of state experts on prevention and permanency, and on what might realistically be achievable by the state based upon community-based efforts over the next 18-months.

The 18-month state plan of action was developed by the Governor’s Office of Adoption and Child Protection with the assistance of the Governor’s Child Abuse Prevention and Permanency Advisory Council and its membership agency and organization staff members. To prepare for its development, office staff, council members and agency staff members heard from the local planning teams representing Florida’s 20 judicial circuits, representatives from the state agencies and organizations working in the prevention and permanency areas, and from advocates and experts throughout Florida. This plan of action encompasses an 18-month plan update for the **prevention** of child abuse, abandonment and neglect; an 18-month plan for **permanency** – the promotion of adoption and support of adoptive families; and an 18-month plan for **funding** and supporting the work of the Office and this plan of action. Thus, this part, Part 4 of the state plan, is divided into three sections:

- I. Prevention – Prevention of Child Abuse, Abandonment and Neglect,
- II. Permanency – Promotion of Adoption and Support of Adoptive Families, and
- III. Funding – Supports for Children and Youth Initiatives.

I. Prevention Prevention of Child Abuse, Abandonment and Neglect

The vision and desire of the Governor’s Office of Adoption and Child Protection and the Governor’s Child Abuse Prevention and Permanency Advisory Council is that no child is ever abused, abandoned or neglected. The focus of this plan of action is to provide opportunities for all families to nurture and support their children and to assist families at risk of child maltreatment in acquiring skill sets that would help them nurture rather than harm their children. Given this, the desired result for this 18-month plan update is:

By June 30, 2010, the child abuse rate will be reduced from the fiscal year 2007-08 statewide rate of 28.84 to per 1,000 children.

As shown in Part 3 of this plan, the most current data show a 2007-2008 statewide rate of 28.84 of children with verified and some indication of abuse. Looking at each circuit individually, only five (25 %) of the circuits have rates below the statewide rate, and of the circuits have already reached the June 2010 level.

Circuit	Ratio of Verified + Some Indication per 1,000 Child Population		Circuit	Ratio of Verified + Some Indication per 1,000 Child Population
Circuit 1	37.45		Circuit 11	12.51
Circuit 2	32.44		Circuit 12	38.31
Circuit 3	37.25		Circuit 13	26.88
Circuit 4	31.47		Circuit 14	55.41
Circuit 5	46.82		Circuit 15	24.60
Circuit 6	39.51		Circuit 16	40.45
Circuit 7	31.51		Circuit 17	21.59
Circuit 8	42.27		Circuit 18	29.89
Circuit 9	30.75		Circuit 19	31.50
Circuit 10	36.87		Circuit 20	21.55

The state looks to the efforts of the circuits and their implementation of their local prevention and permanency plans to reduce these rates of child maltreatment. Concurrently, the state will be involved in several planning efforts during January 2009 – June 2010 with the long term view of launching efforts over the next five years that will support the circuits and Florida communities in reducing child maltreatment.

A. Definitions

For the purpose of this plan, **child maltreatment** comprises the areas of abuse, abandonment and neglect. Definitions from §39.01 Florida Statutes are:

- **Abuse** is any willful act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child. §39.01(2) Florida Statutes.
- **Abandonment** is a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver responsible for the child’s welfare, while being able, makes no provision for the child’s support and makes no effort to communicate with the child, which situation is sufficient to evince a willful rejection of parental obligation. If the efforts of such parent or legal custodian, or caregiver primarily responsible for the child’s welfare, to support and communicate with the child are, in the opinion of the court, only marginal efforts that do not evince a settled purpose to assume all parental duties, the court may declare the child to be abandoned. The term “abandoned” does not include:
 - an abandoned newborn infant as described in §383.50 Florida Statutes,
 - a “child in need of services” as defined in chapter 984 Florida Statutes, or
 - a “family in need of services” as defined in chapter 984 Florida Statutes.

The incarceration of a parent, legal custodian, or caregiver responsible for a child’s welfare may support a finding of abandonment. §39.01(1) Florida Statutes.

- **Neglect** occurs when a child is deprived of, or is allowed to be deprived of necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or an environment that causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child shall not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering the following services to be provided, when the health of the child so requires:
 - Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified health care provider; or
 - Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

The focus of the state plan and plan of action is on primary and secondary prevention and universal and targeted strategies. These are defined as:

- **Primary prevention using universal strategies**
 - Primary prevention is geared to the general public to prevent child abuse, abandonment and neglect from occurring.
 - Universal strategies are activities accessible to anyone in the general population with the goal of preventing child abuse and neglect from ever occurring in the first place. Universal strategies are available to everyone, rather than targeting populations based on risk factors or specific characteristics. Examples include:
 - Broad-based public awareness campaigns on positive discipline
 - Developmental screenings for children in primary health care settings
 - Postpartum home visits for all parents of newborns

- **Secondary prevention using targeted strategies**
 - Secondary prevention is geared to communities and/or families who are vulnerable and at risk of child abuse, abandonment and neglect.
 - Targeted strategies are those activities or services that are targeted to a group with specific risk factors with the goal of preventing child abuse and neglect from ever occurring in the first place within that target group. Risk factors include parent age, poverty, substance abuse, domestic violence, or maternal depression. Examples include:
 - Intensive home visitation programs for first time low-income mothers
 - Parent training for adolescent mothers
 - Respite care for parents of children with special needs
 - Parent support groups for single parents

B. Primary Prevention

Primary prevention is geared to the general public to prevent child abuse, abandonment and neglect from occurring in the first place. Universal strategies are activities accessible to anyone in the general population with the goal of preventing child abuse and neglect from ever occurring. Universal strategies are available to everyone, rather than targeting populations based on risk factors or specific characteristics. During the eighteen (18) months (i.e., January 2009 – June 2010), the state will work on a series of planning efforts that focus on primary prevention of child maltreatment with universal strategies including:

1. Public awareness
2. Family strengthening, and
3. Community strengthening.

1 – Public Awareness – The state will explore and plan, as appropriate, a broad-based public awareness campaign around destigmatizing parents requesting help and providing information on positive parenting, positive discipline, roles parents should play in their children’s lives, and ways communities can support and nurture children and families, etc. Florida will investigate ways that such information could be developed and used by communities throughout the state. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

Universal primary prevention campaigns could provide venues for a wide array of people to learn parenting and relationship skills. For example, in child care settings, parents and workers alike would benefit from access to information and resources related to child development, adult-child interaction, and positive parenting techniques. Additionally, a multimedia campaign could reinforce and spread such information more broadly by making it available through newspapers, radio, television and the Internet with linkages to personal electronics (e.g., iPods, MP3 players, etc.) and thus encouraging parents to inquire and learn more.

Child care providers are likely to be the professionals and care givers who most frequently interact with families with young children. Infant and toddler child care providers are uniquely positioned to recognize and respond to families’ needs for information and support. Thus, the initial effort of such a campaign could provide to all early education and care centers and licensed home care providers materials and information that would seek to change the way parents think about “how we treat our children and families”, remove the stigma associated with parents seeking parenting assistance and support, enable child care providers to respond to inquiries from parents and offer developmentally appropriate and evidence-based parenting assistance and advice, and provide information and encouragement to help parents to seek parenting assistance and supports.

In addition to providing materials, information, training and supports to early education and care providers, the companion campaign could develop and disseminate a year’s worth of newsworthy briefs and articles for print in newspapers, newsletters and Internet blogs and discussion arenas as well as a series of PSAs to broadcast year round in English, Spanish and possibly Creole through television, radio, iPods and the Internet. Its goal would be to make positive parenting the “in thing” to do, remove the stigma associated with parents seeking parenting assistance and support, and offer developmentally appropriate and evidence-based

parenting assistance and advice. The collective purpose of these efforts is to empower parents and families to do what they could and should do for themselves and their families.

Such avenues would be invaluable to expanding awareness and encouragement to both providers and all parents in the communities supported by those media markets. The multi-media products should role model one-time positive parenting behaviors and advertise resources where parents and caregivers can find more information. Such products could show parents effectively demonstrating developmentally appropriate discipline and child guidance techniques that are simple and easily remembered; parents talking in a support group about common challenges they are facing with raising children and easy, positive solutions being discussed; community members in common settings simply reaching out to support parents as they are struggling with a child that is acting out; or divorced parents working together to make the best decision regarding raising their child in a consistent environment. The purpose of the series will be to normalize difficult challenges that many parents face, normalize the act of giving and receiving help with parenting issues, demonstrate positive activities that can be easily imitated and adopted by the audience, and provide information about where and when resources could be accessed. All would be consistent with the information and materials published for the early education and care providers.

- 2 – Family Strengthening for Prevention of Child Maltreatment** – The state will explore and plan, if appropriate, an initiative to adopt and diffuse the Strengthening Families for Early Education and Care approach within the early education and care systems in Florida and branching into other systems as appropriate. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

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

- **Parental resilience** – Parents who are emotionally resilient are able to maintain a positive attitude, creatively solve problems, and effectively rise to challenges in their lives—and are less likely to abuse or neglect their children.
- **Social connections** – There is a well-documented link between social isolation and child maltreatment. Parents who have positive social ties to parents of their children’s friends are able to discuss childrearing issues with them and establish a consensus on shared standards.
- **Knowledge of parenting and child development** – Many health professionals who work with maltreating parents have observed that child abuse and neglect are often related to a lack of understanding of basic child development. Parents who abuse their children commonly have inappropriate expectations of children’s abilities and respond to children’s behaviors in excessively negative ways. Giving parents accurate information and teaching alternative discipline techniques would be vital to curbing similar events.
- **Concrete support in times of need** – In some case, what may appear to be neglect may simply be the direct result of lack of resources, such as leaving a child home alone due to

lack of affordable child care or malnutrition due to poverty. Helping families access the material sources they need could reduce these incidences.

- **Social and emotional competence of children** – Research indicates that difficult child behaviors do not themselves cause maltreatment but are commonly part of an escalating cycle of negative parent-child interactions that may include physical abuse. A child’s social and emotional development is highly dependent on the quality of a young child’s primary relationships. How caregivers respond to children’s emotional expression profoundly influences how they learn to process, understand, and cope with such feelings are anger, happiness, and sadness. Promoting positive behavior and responses in children could strengthen parent-child relationships.

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

- The protective factors have been demonstrated to work and are informed by extensive, rigorous research.
- Activities that build the protective factors can be built into programs and systems that already exist in every state, such as early childhood education and child welfare, at little cost.
- Strengthening Families has widespread support from social science researchers, state child welfare officials, early childhood practitioners, and policy experts. Currently, the Strengthening Families approach is being applied in 36 states.
- Early childhood educators want to strengthen families: a National Association for the Education of Young Children survey shows that 97 percent want to do more to prevent maltreatment.

It provides assessments for the use of seven strategies for the building the Strengthening Families approach: facilitate friendships and mutual support, strengthen parenting, respond to family crises, link families to services and opportunities, facilitate children’s social and emotional development, observe and respond to early warning signs of child abuse and neglect, and value and support parents. The Strengthening Families approach is designed to work within the early care and education system, therefore its clients are those who participant in such programs. While early care and education does not reach all families with young children, it is the only system that reaches a large proportion of young children and their parents on a daily basis. The Strengthening Families approach effectively shifts the focus of child abuse and neglect prevention efforts from family risks and deficits to family strengths and resiliency. Research conducted by the Center for the Study of Social Policy (CSSP) suggests that operating out of a program that parents already utilize is the best approach because it allows parents to obtain help in a non-stigmatizing setting. They found that parents are reluctant to participate in programs that label them as “at risk”. Also, parents are more likely to be receptive of advice or help if it comes from someone they are familiar with.

Strengthening Families was developed for use within early care and education systems. Also, other partners working with many different populations in a variety of settings are exploring ways to apply this approach.

- 3 – Community Strengthening for Prevention of Child Maltreatment** – The state will explore and plan, if appropriate, an initiative to adopt and diffuse the Whole Child Connection approach linking community-based systems in Florida counties. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

The Lawton Chiles Foundation, in partnership with local communities in Florida and Electronic Training Solutions, Inc. created the Whole Child Project to assist communities to ensure that all children thrive. It is not just another program but a philosophy that uses strategic planning, web-based technology, performance measurement and broad-based community engagement to build communities where everyone works together to make certain their children thrive. The project to-date has focused on children ages 0-5 and their families and uses web-based technology to:

- Assist parents in identifying needs and connecting with providers.
- Assist providers in building holistic service delivery networks.
- Assist policy makers, community leaders and advocates to identify critical issues related to the well being of children 0-5 and develop the capacity to address these issues.

While each of these communities has adopted the Whole Child philosophy and the Whole Child Connection web-based technology, they have implemented their projects in fashions that are compatible with their environments and local circumstances. A Whole Child is one who attains physical, intellectual and spiritual well being; experiences strong, positive family attachment; interacts constructively in a social context; has a sense of hope; and lives in an environment that encourages him or her to succeed. Whole Child identifies six dimensions of a child's well-being:

- Physical and Mental Health
- Quality Early Education and Development
- Social Interaction and Competence
- Spiritual Foundation and Strength
- Safe and Nurturing Environment
- Economic Stability

A Whole Child Community is one that provides all children with the opportunity to be healthy, contributing members of society, based on the belief that parents have primary responsibility for raising their children, and the community is a partner in this endeavor. Three Whole Child communities have been operating in Florida for three to seven years. Two communities, serving four counties are in the design stages. These communities include:

- Manatee (initiated in 2001),
- Martin (initiated in 2002),
- Leon (initiated in 2004),
- Madison, Jefferson and Taylor (a tri-county project initiated in 2008)
- Gadsden (initiated in 2008)

There is growing recognition at the local level that investment in early childhood, beginning with prenatal care and focusing on ages 0-5 is critical to the health and well being of every community and our country. Similarly, there is increased recognition that single strategy programs are not effective; that we need a holistic approach to nurturing infants and young children that engages parents and incorporates all dimensions of the Whole Child. Of interest, Brevard County is exploring the development and use of the Whole Child Connection for senior citizens in addition to young children, developing additional Web based linkages for senior citizens with services available in their community. Additionally, scenarios are in development to incorporate a self funding feature in order to build in sustainability for the systems.

There are not a lot of proven models that demonstrate how services can be provided in a holistic manner. Each of the Whole Child communities has had to think this through for themselves. Because communities are organized differently and may have different cultures and capacity to deliver services, holistic service delivery models require local variation- one size does not fit all. The concepts behind holistic service delivery, however, are common to all communities:

- Seek collaboration, not competition.
- Networking, not fragmentation.
- Dollars follow the child, not the program.
- Screening and assessment should initiate service.
- Begin with prevention, not treatment.
- All dimensions of the whole child need to be addressed.
- Service providers have to build a “no wrong door culture”.

C. Secondary Prevention

During the eighteen (18) months (i.e., January 2009 – June 2010), the state will work on a series of planning efforts that focus on secondary prevention of child maltreatment using targeted strategies including:

4. Prevention of child maltreatment within the nexus of substance abuse and mental illness treatment
5. Investing in Florida's voluntary home visiting programs for parents of newborns

4 – Prevention of Child Maltreatment within the Nexus of Substance Abuse and Mental Illness Treatment – The state will explore and plan, if appropriate, for the adoption and diffusion of the Triple P (Positive Parenting Program) initiative within the substance abuse and mental health treatment systems in Florida to provide professionals with skills to assist the families they serve with evidence-based positive parenting practices. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

Poverty, substance abuse, mental illness, domestic violence, social isolation and insecure parental attachment history are intricately linked with child maltreatment. If the focus of Florida's efforts is to prevent child maltreatment before it occurs in the first place, then bringing together partners that would assist in lowering the incidence rates in these areas, as well as building resiliency in homes affected by these areas, are critical. The service systems that are working to prevent, identify and/or treat substance abuse, mental illness and domestic violence could assist with the identification and amelioration of family dysfunction that results from these impairments and thus serve as a secondary prevention strategy.

The professional and paraprofessional staff members working with families in substance abuse programs, mental health facilities and centers, and domestic violence shelters should receive additional training on delivering parenting education and support to their clients. Providing staff with additional skills or offering credentialing programs in family support services will add a few more tools in their toolbox in terms of delivering positive parenting advice and promoting child wellbeing.

Triple P has been given the highest evidence-based rating by the California Evidence-Based Clearinghouse for Child Welfare and the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). The Triple P program targets parents and other caregivers of children from birth through age 18. Documented outcomes of the Triple P program include child safety and child/family well-being.

Triple P is a multi-level system of parenting and family support. It aims to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or in a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 18. The multi-disciplinary nature of the program allows utilization of the existing professional workforce in the task of promoting competent parenting. The program targets five different developmental periods from infancy to adolescence. Within each developmental period, the reach of the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). Triple P enables practitioners to determine the scope of the intervention given their own service delivery system, priorities and funding.

5 – Investing in Voluntary Home Visiting Programs for Parents of Newborns – The council will develop a platform with the Department of Children and Families, the Governor’s Office and the Legislature for the continued support and potential expansion of the Healthy Families Florida Program. Additionally the state will explore the feasibility and plan, if appropriate, for the development and funding of a voluntary home visiting program for six (6) weeks after birth through existing Florida service systems such as the Healthy Families Florida and/or the Healthy Start programs. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

Home visitation for parents is a widespread early-intervention strategy nationwide. In most areas, home health visiting is free, voluntary, not income-related, and embedded in comprehensive maternal and child health systems. Traditional pediatric care is often based on the assumption that parents have the basic knowledge and resources to provide a nurturing, safe environment and to provide for the emotional, physical, developmental, and health care needs of their infants and young children. Unfortunately, many families have insufficient knowledge of parenting skills and an inadequate support system of friends, extended family, or professionals to help with these vital tasks. Home-visitation programs offer an effective mechanism to ensure ongoing parental education, social support, and linkage with public and private community services.

Florida state government supports two successful home-visitation programs: Healthy Families Florida and Healthy Start. These programs focus on families in greater need of services (secondary prevention) rather than universal programs that may avoid stigmatizing families but are not possible due to scarce resources. Families in need of home-visitation include those with low-birth-weight and preterm infants; children with chronic illness and disabilities; low-income, unmarried teenage mothers; parents with low IQs, and families with a history of substance abuse. In terms of cost effectiveness, a major portion of the costs for home-visitation can be offset by avoided child welfare services and foster care placements, hospitalizations, emergency room visits, and child protective service worker time incurred during the same period that the home visitor program is provided.

Healthy Families Florida is a proven, voluntary home visiting program that prevents child abuse and neglect in high-risk families by providing quality services that are intensive, comprehensive, long-term, flexible and culturally appropriate. Healthy Families Florida uses a paraprofessional home visitation model. It initiates services during pregnancy or soon after the birth of a baby. Highly trained family support workers provide frequent, intensive services to families in their homes for up to five years with intensity decreasing over time according to the needs of the family and their progress toward establishing a stable and nurturing home environment. Services follow a detailed curriculum that uses a strength-based approach to introduce topics intended to support parent-child relationships, including basic care, cues and compassion, social and emotional development, play and stimulation, and brain development. In addition, family support workers teach problem solving skills, conduct screening for developmental delays, provide social support, connect parents and children to a medical provider and make referrals to other family support services as needed. This collaboration with community partners such as Healthy Start, domestic violence shelters, child care centers, community-based care agencies and others links families to the services they need beyond home visiting without duplication of effort. By increasing the knowledge and skills of new parents, Healthy Families Florida empowers parents to accept personal responsibility for their future and the future of their families.

Healthy Families Florida serves first time mothers as well as mothers with other children, as research shows a significant relationship between child abuse and neglect and families with more than one child under the age of five. Healthy Families Florida determines program eligibility through a conversational, family-focused assessment process using a validated tool that identifies a combination of factors associated with increased risk of child maltreatment. These factors include but are not limited to social isolation, substance abuse, family violence, poor mental health, maternal depression, family history of abuse and limited knowledge of parenting skills. This unique assessment process enables Healthy Families Florida to identify services a family may need in addition to home visiting. Family support workers are trained to identify issues related to family violence, substance abuse and poor mental health and to refer them to the appropriate services in the community for help and/or treatment. Family Support workers develop a strong bond and trusting relationship with their families which helps recognize problems and accept outside services.

Healthy Start Coalitions are non-profit organizations dedicated to improving the health of pregnant women and babies in a community. There are 33 Coalitions in the state of Florida. They are local public and private partnerships made up of medical professionals, hospitals, schools, charities, social service agencies, the United Way, the March of Dimes and individuals. Their goal is to work together to identify and resolve local health problems that affect pregnant woman and their families.

The cornerstone of all Coalitions is Healthy Start. This is a comprehensive program that promotes optimal prenatal health and developmental outcomes for all pregnant woman and babies in Florida. Fundamental goals of the Healthy Start Program are

- To reduce infant mortality
- To reduce the number of low birth weight babies and
- To improve health and developmental outcomes.

Every doctor in the state of Florida is required to offer a Healthy Start Screening to all pregnant woman and their babies. If they agree, or initial “Yes”, to being screened on the Healthy Start Prenatal or Infant Risk Screen, women will know within minutes if they or their baby have any health risks. A case manager from Healthy Start will be assigned and can assist in coordinating services, make referrals for identified needs, provide education (e.g., childbirth, breastfeeding, nutrition, etc.), and offer parental support and guidance. These services are primarily delivered through home visitation. During home visits, a client’s individual progress can be assessed and the interaction between mother and infant can be observed.

D. Prevention Plan of Action

The Governor's Office of Adoption and Child Protection with the assistance of the Governor's Child Abuse Prevention and Permanency Advisory Council has identified five (5) goal areas to be addressed within the prevention section of the state plan. The Governor's Child Abuse Prevention and Permanency Advisory Council assisted the Office with the development of plans of actions to enable the state to realize these goals through the 18-month period.

Prevention Goal 1: By June 2010, the State of Florida will have a blueprint for the public awareness campaign that focuses on parenting education within the early education and care systems throughout Florida over the five-year period from July 2010 through June 2015.

Public Awareness Campaign Plan of Action

Lead CAPP Entities:

Agency for Workforce Innovation
Child Day Care Centers/ECA
Department of Education
Ounce of Prevention Fund of Florida

Major Action Areas	Action Leader	Completion Date
Create the <u>public awareness campaign workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Florida Education Channel, early education and care communities, and other key stakeholders and potential contributors.		January 2009
Identify the message delivery systems that would encourage parents to ask for help with parenting questions and dilemmas.		March 2009
Identify the education and care communities that will participate in the implementation of this initiative.		March 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate.		May 2009
Identify and develop, if possible, the messages would encourage parents to ask for help with parenting questions and dilemmas.		June 2010
Identify and develop, where feasible, age-appropriate research based information and materials that could be provided to the early education and care communities (mutually supporting the strengthening families initiative, goal 2, and efforts).		June 2010
Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.		June 2010
Design an impact evaluation to be implemented for this initiative.		June 2010

Prevention Goal 2: By June 2010, the State of Florida will have a blueprint for the adoption and diffusion of Strengthening Families within the early education and care systems in Florida over the five-year period from July 2010 through June 2015.

Strengthening Families Plan of Action

Lead CAPP Entities:

- Agency for Workforce Innovation
- Child Day Care Centers/ECA
- Department of Children and Families
- Department of Education
- Ounce of Prevention Fund of Florida

Major Action Areas	Action Leader	Completion Date
Create the <u>strengthening families initiative workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Florida Education Channel, early education and care communities, and other key stakeholders and potential contributors.		January 2009
Identify the education and care and other possible communities that will participate in the implementation of this initiative.		March 2009
Identify and develop, if possible, the strategies and tactics for delivery of training and technical assistance to the early education and care providers.		April 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate.		May 2009
Identify and develop, where feasible, age-appropriate research based information and materials that could be provided to the early education and care communities (mutually supporting the public awareness campaign, goal 1, and efforts).		May 2010
Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.		June 2010
Design an impact evaluation to be implemented for this initiative.		June 2010

Prevention Goal 3: By June 2010, the State of Florida will have determined the feasibility of implementing the Whole Child Connection in larger areas of Florida or statewide. And, if found to be feasible, the State of Florida will have a proposal for making this happen in Florida over the five-year period from July 2010 through June 2015.

Whole Child Connection Plan of Action

Lead CAPP Entities:

Department of Children and Families
 Department of Health
 Governor’s Office of Adoption and Child Protection (with the Children and Youth Cabinet)

Major Action Areas	Action Leader	Completion Date
Create the <u>Whole Child Connection workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Children and Youth Cabinet, Children and Youth Cabinet workgroup, Whole Child communities, the Judicial Information System project managers, 211 Network, and other key stakeholders and potential contributors.		January 2009
Identify and develop, if possible, the strategies and tactics for development of a Whole Child philosophy as a part of the deliberation and decision-making process for the Children and Youth Cabinet.		May 2009
Identify and develop, if possible, the strategies and tactics for development of a Whole Child Connection as a part of the deliberation and decision-making process for the Children and Youth Cabinet.		May 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate (e.g., circuits map their resources July – December 2010).		May 2009
Identify the state-level and local-level communities that will participate in the implementation of this initiative.		January 2010
Identify and procure, where feasible, resource needs, funding streams and funding strategies for this initiative.		June 2010
Design an impact evaluation to be implemented for this initiative.		June 2010

Prevention Goal 4: By June 2010, the State of Florida will have a plan for the adoption and diffusion of Triple P- Positive Parenting Program within Substance Abuse Programs, Mental Health facilities, and Domestic Violence Shelters over the five-year period from July 2010 through June 2015.

Triple P Plan of Action

Lead CAPP Entities:

Department of Children and Families
 Department of Health
 Governor’s Office of Adoption and Child Protection (with the
 Governor’s Office of Drug Control)

Major Action Areas	Action Leader	Completion Date
Create the <u>Triple P workgroup</u> to include but not be limited to the CAPP lead entities, representation from the community mental health ____, representation from the substance abuse treatment ____, representation from the Domestic Violence Coalitions, representation from the Children Services Councils and other key stakeholders and potential contributors.		January 2009
Identify and develop, if possible, the strategies and tactics for development and implementation of a Triple P initiative within the substance abuse, mental health and domestic violence service systems in Florida.		May 2009
Identify the state-level and local-level communities that will participate in the implementation of this initiative.		May 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate (e.g., circuits sign up and identify providers for training).		May 2009
Identify and procure, where feasible, resource needs, <u>funding streams and funding strategies</u> for this initiative.		June 2010
Design an impact evaluation to be implemented for this initiative.		June 2010

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

Healthy Families Florida Plan of Action

Lead CAPP Entities:

Department of Children and Families
 Department of Health
 Ounce of Prevention Fund of Florida

Major Action Areas	Action Leader	Completion Date
For the purpose of the continuation of funding efforts, create the <u>Healthy Families Florida support workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Healthy Families Florida Advisory Committee, legislative appropriations staff members, and other key stakeholders and potential contributors.		January 2009
Identify and develop, if possible, the strategies, tactics, messages and message delivery systems necessary for supporting the continuation, without further reductions, the Healthy Families Florida program through 2009-2010.		February 2009, June 2009
For the purpose of the five-year expansion efforts, create and convene the <u>Healthy Families Florida expansion workgroup</u> which may comprise a subcommittee of the existing Healthy Families Florida Advisory Committee and the support workgroup identified above.		June 2009
Identify and develop, if possible, the strategies, tactics, messages and message delivery systems necessary for supporting the continuation and expansion, without further reductions, the Healthy Families Florida program through 2010-2015.		June 2010
Identify and procure, where feasible, resource needs, funding streams and funding strategies for this five-year initiative.		June 2010
Expand the current impact evaluation design to be implemented for this initiative.		June 2010

Prevention Goal 6: By June 2010, the State of Florida will have explored and possibly developed a plan for providing short-term voluntary post-partum home visiting services for at-risk families that improve the health and developmental outcomes of babies over the five-year period from July 2010 through June 2015.

Short-Term Home Visitation Plan of Action

Lead CAPP Entities:

Department of Children and Families
 Department of Health
 Governor’s Office of Adoption and Child Protection (for the Governor’s
 Office of Drug Control)

Major Action Areas	Action Leader	Completion Date
For the purpose of the continuation of funding efforts, create the <u>home visitation workgroup</u> to include but not be limited to the CAPP lead entities and representation from state and local Healthy Families Florida, state and local Healthy Start, community health providers, doulas, home visiting providers (e.g., HIPPY), and other key stakeholders and potential contributors.		February 2009
Identify and develop, if possible, the strategies, and delivery systems for creating, implementing and supporting a voluntary, short-term home visitation program that could be made available to mothers of newborns.		June 2010
Identify and procure, where feasible, resource needs, funding streams and funding strategies for this five-year initiative.		June 2010
Design an impact evaluation to be implemented for this initiative.		June 2010

II. Permanency Promotion of Adoption and Support of Adoptive Families

A. The Pre- and Post-Adoption Continuum and Desired Results for the 18-Month Plan of Action

Permanency for all children who are adopted or are awaiting forever families (adoptive homes) can be achieved through a series or continuum of efforts in Florida:

Pre-Adoption

- Adoption awareness campaigns
- Targeted recruitment efforts
- Child-specific recruitment efforts
- Adoption orientation and assistance for prospective parents
- Pre-adoption training for prospective adoptive parents

Post-Adoption

- Education and training for adoptive families
- Mental health assistance services for adoptive families
- Post-adoption supportive assistance services for adoptive families

This permanency section of the plan is divided into two subsections:

- A. **Adoption Promotion** which focuses on those activities that precede the adoption event and take place with and for parents who may be willing to provide forever families for Florida's children in child welfare
- B. **Post-adoption Support** which focuses on those activities that follow the adoption event and take place with and for adoptive families and their adopted children.

The local circuits work efforts augmented by state efforts articulated in this plan provide the opportunity for the desired results of the 18-month permanency plan of action to be realized. These desired results include:

- **Adoption Promotion** – By June 30, 2010, the percent of children adopted within 12 months of becoming legally free for adoption will increase from the 2007-2008 rate of ___ percent to 65.0 percent.
- **Adoption Promotion** – By June 30, 2010, the percent of children legally free for adoption who have been waiting for adoption for more than 12 months since the date of termination of parental rights (TPR) will be reduced from the 2007-2008 rate of 94.3 percent to 47.1 percent.
- **Adoption Support** – By June 30, 2010, the annual number of child welfare adoption dissolutions (regardless of when the adoption was finalized) will be less than 5.

A. Adoption Promotion

The Adoption and Safe Families Act of 1997 (ASFA) codified the right of children in foster care to achieve a safe and permanent home. Since its passage, there has been a 79 percent increase in the number of children adopted from foster care in the United States. The Adoption and Safe Families Act created mandated time limits for instituting termination of parental rights actions for children lingering in the dependency court system as well as provides financial incentives for states to increase the number of foster care adoptions. However, the vast majority of the post-ASFA adoptions were by relatives or foster parents. Why so few children are adopted by the general public is an important question. This question is especially true for those children in the foster care system waiting for permanent homes.

The answer lies in bringing this need to the attention of those who are most likely to adopt those children who are legally free for adoption within the child welfare system. Florida's efforts to promote adoption in Florida must do more than just raise awareness. It must serve to actually locate forever families for waiting children. The state cannot achieve its desired results of permanency for children if there are no adoptive homes available.

In May of 2008, the state of Florida launched an initiative to promote public adoption, or the adoption of foster children who are legally available for adoption. "Explore Adoption" is a campaign aimed at promoting the benefits of public adoption and urging families to consider creating or expanding their families by adopting a child who is older, has significant special needs, or part of a sibling group. Every year, about 3,000 children become available for adoption in Florida. This is after a legal process where a court permanently severs ties to their biological parents due to abuse, neglect or abandonment. Of those, 40 percent are adopted by relatives and another 40 percent are adopted by their foster parents. The remaining children, or 20 percent, must be matched with a family previously unknown to them; at any given point in time, there are about 1,000 children in Florida legally free for adoption who have no identified placement.

There is a sense of urgency especially for older children and teenagers. These children, who have no identified family and turn 18-years of age, will exit the foster care system (or age-out of the foster care system) without ever knowing the stability or love of a forever family. When promoting the adoption of older children and teens, agency practices and the attitudes of caseworkers must be addressed. In a survey conducted in the state of New York (1999) of the longest waiting children, it was found that these played a significant role in the failure to find permanent placements for some children. When asked "Do you think this child is ultimately adoptable?", 41 percent responded "no" and 26 percent responded "maybe". The survey concluded that "their skepticism appears to be translated into reduced recruitment efforts on behalf of that child" (Avery, 1999). The state of Florida must embrace the "You've Got to Believe!" philosophy generated from the Adoption Information Center. Adoption caseworkers will believe that older children and children with special needs can be adopted when they have a pool of adoptive families waiting for them.

Recruitment of Families. More than half of all adoptions of children in the child welfare system are by foster parents- or by families who already know and are already caring for the child. Foster parents who adopt are generally recruited to be foster parents, either without reference to the later potential for adoption or as a first step in the adoption process. Foster parents have a unique role in partnering with the community-based care providers in their initial efforts to reunify their foster children with their biological families. Because foster parenting requires a different relationship with the agency and with the child, these families entering the system as foster parents may look much different and have different motivations than do those entering the

system solely as adoptive parents. In the adoption process, foster parents are advantaged by their existing relationship with their placement agency, education of the child welfare system and experience of caring for special needs children. Therefore, recruitment strategies for new adoptive parents must reflect these differences and be able to build in the relationship, education, and experience mentioned above.

Efforts at recruiting new adoptive families can be categorized in three ways. They include:

- Generalized recruitment- using global messages such as “help a child” or “change a life”
- Targeted recruitment- focusing on specific groups of children and teens needing homes and seeks to match them with
- Child-specific recruitment uses media or materials to describe an individual child.

As general campaigns may work for recruiting foster families, they are not as successful in recruiting adoptive families. Individualized recruitment campaigns seek families for specific, identified children and youth. Targeted efforts are more specific and tailored for the communities of interest. They seek families for categories of young people who are highly represented in the population of those who are legally free for adoption. Both of these campaigns require an analysis of both children needing families and the families who are most likely to adopt them. “Strategic Recruitment” involves the use of marketing tools to help agencies target families who are most likely to respond to recruitment efforts. The tools study families who have adopted special needs children in the past to identify characteristics and geographic areas on which to focus. This helps agencies to design and deliver recruitment messages based on consumer, behavioral, and lifestyle data. In states where strategic recruitment tools have been used, there has been success not just in increasing the number of inquiries but also in increasing the number of families certified to adopt.

There exists a steep attrition rate as prospective families to navigate the process from the initial call through adoption. The Malcolm Wiener Center for Social Policy (2005) identified two critical points in the inquiry process. The first is the prospective parents’ initial call to an agency. This information call can be an intensely emotional experience for the prospective adoptive parent. However, agencies faced with the challenge of balancing recruitment with screening, do not handle it as well as they might. The second is the placement process. In this study, adoptive families reported great confusion about how the placement decision is made and what role they, as prospective adoptive parents, have in it. Recommendations to address these two concerns include:

- an early focus on recruitment rather than screening
- change the way initial calls are handled
- documentation of the adoption process and qualifications for adopting
- separate screening from training
- establish a quality assurance process for soliciting and incorporating feedback from prospective families

In order to find and retain interested and qualified families who would be willing to provide forever homes for waiting children, it is absolutely critical that child welfare agencies develop ways of listening to prospective parents throughout the adoption process and responding to their needs and concerns. This can be achieved through two easily developed resources (1) a customer service protocol and (2) an adoption manual or handbook.

Preparation of Children for Placement. Preparing our children for adoption begins when adoption has been identified as a potential goal for the child. During this phase specific services are provided to the child for whom adoption is being considered. They include assessment of needs, placement readiness, and diligent recruitment. A customer services protocol or standard operating procedures should be in place for each agency that requires immediate response to inquiries, assisting with questions, and following up on information mailed to prospective families. A sample survey indicated that half of inquires made to agencies did not result in adoption and that there is only a 20 percent return of applications sent through the mail. Personal attention to prospective families will keep families engaged.

Before the adoption case manager begins recruitment efforts for a special needs child on his/her case load, a comprehensive assessment of the youth's history in the child welfare system must be gathered and brought into the current context. Information in the study of the child should include: background of dependency case from agency files; previous relationships and attachment history; physical, developmental, and psychological history; educational testing and academic progress; cultural needs; and interests, talents, and hopes of the child. Efforts should be made to involve the child or youth, as developmentally appropriate, in the writing of the child study and the recruitment plan. A more therapeutic process of preparing the child for adoption includes addressing past losses in order to heal and reattach to another family. This can be accomplished in many ways- from individual counseling, participation in peer support groups, and in completing a Life Book. Trust is a major factor in successfully preparing a child for placement. It is recommended that foster children waiting for adoptive families retain one primary case manager to support them through the matching and placement process. Engaging the assistance of others who have significant ties to the child (foster parents, youth ministers, teachers, counselors, etc) will benefit both in the preparation of the child and in the introduction of new relationships. After a thorough assessment of the child to determine his/her needs has been completed, then the recruitment of an adoptive family can begin.

There are two strategies for identifying adoptive families for special needs children- targeted recruitment and child-specific recruitment. Targeted recruitment efforts seek to locate people in communities most likely to adopt the children in care. They are based on local circuit's demographics and on the characteristics and needs of waiting children in the foster care system. For example, an adoption worker who has several teenagers on his/her caseload would tailor recruitment efforts to those in the communities most likely to adopt teenagers (such as high school or middle school teachers). Targeted recruitment considers the unique needs of the children and youth it serves through fostering and adoption, and bases recruitment strategies and messages on their needs (such as race, age, location, culture, medical/mental health needs). Effective targeted recruitment uses demographic data to inform its understanding of recruiting for the specific needs of children and youth in care. Examples of targeted recruitment include community and faith-based initiatives, incentive programs for foster and adoptive families to recruit others from their communities, and posters or flyers at places where foster and adoptive parents typically shop or visit.

Child specific recruitment efforts are based on locating and matching an adoptive family to an identified waiting child. As soon as the termination of parental rights (TPR) is set as a goal by the court, there should be an individualized child-specific recruitment plan developed for this child that would best match adoptive parents' strengths with the child's significant special needs (such as medical complexities, developmental delays, siblings status or even age). Typical examples include newspaper or television features, photo-listings on adoption exchange Web sites, heart galleries, and "passports" or brochures featuring the child's strengths and needs.

Support of Prospective Adoptive Families. Because of the commitment needed for MAPP (10-weeks of parenting preparation and training), families should first attend information meetings or orientations to help them understand what would be involved and expected of them in order to qualify as well as decide about foster parenting and adoption. An adoption specialist can begin the relationship with a prospective family at this point and assist them through the adoption process.

Background screenings should be commenced early in the process, either at orientation or at least well before the start of Model Approach to Partnerships in Parenting (MAPP) training – to identify prospective adoptive parents who are not qualified before they get too far into the process. Pre-Adoption Training and Education for Prospective Adoptive Parents is offered through the MAPP curriculum. This is pre-service training for both foster and adoptive families. During the ten weeks of meetings, participants in the group:

- are prepared for foster parenting and adoption,
- have the opportunity to select which role (foster parent or adoptive parent) would best suit them or their family,
- determine what children they could best work with, and
- even “select out” if the decision is made not to pursue foster parenting or adoption at this time.

After the prospective family has been approved for adoption and a potential match has been made, the adopting family must be educated about the identified child’s special needs. Disclosure of the child’s social and medical information to the prospective adoptive family is required by law. An in-depth study should include the medical and social history of the child, the medical history of the birth family, and the child’s relationships and the significance of them. This information must be provided in writing to the prospective adoptive family.

B. Post-Adoption Support

Post-adoption support refers to services and assistance offered to families after the legal finalization of their adoption. Agencies also refer to these as “services to closed cases”. Although there is not an open case in dependency court or within an adoption agency, the ongoing needs of the child continue. The fundamental goal is to ensure that children remain stable in their adoptive families and that with supportive services and assistance there will be no adoption dissolutions. Post-adoption services are provided by lead agencies, sub-contractors, and/or fee-for-service staff members. Services identified to support the adoptive placement include: case management, financial assistance, medical coverage, education and counseling, support groups, respite care, and others.

Adoptive parents and adoption practitioners have identified the need for a coordinated effort between child welfare, mental health, and educational professionals regarding the provision of post-adoption services for our children and their adoptive families. Research studies have provided data suggesting that adoptive parents and adoption practitioners identified a significant need for educational professionals to be knowledgeable about adoption issues. School issues (including academic performance, behavior management, educational supports, social skills, etc) are a significant concern for adopted children. Adoptive families struggle in advocating for children and navigating the school system. The prevention and permanency plan for Circuit 5 stated that there is a general lack of understanding among school personnel about the impact of

abuse and neglect on children and the subsequent behavioral challenges these children face. They plan to address this concern by developing a “speaker’s bureau” of case managers and adoption specialists to hold periodic information sessions with school personnel to help them develop this understanding.

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

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

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

- Knowledge that adoption is one way to form a family and is a life-long process with remarkably universal experiences as well as unique individual feeling and perceptions;
- Recognition that parenting relationships and family connections are the single most therapeutic element in the life of a child over time;
- Ability to understand that there are common developmental challenges in the experience of adoption;
- Willingness to help families promote secure attachments and healthy relationships no matter what the developmental challenges;
- Ability to address adoption from a culturally competent family perspective: understanding the power of the triad of family relationships;
- Willingness to “balance the power” with adoptive families, collaborating with them as team players and colleagues toward the mutual goal of helping a child to heal;
- Willingness to avoid blaming adoptive parents for their children’s behaviors, reframe everyone’s goal as being “part of the solution”;
- Ability to help adoptive parents honor their child’s past and talk wit their child about separation, loss and feelings about birth parents;
- Ability to support adoptive parents in assuming parental entitlement and authority, fully empowering them as decision-makers and “experts” when it comes to their child and family;
- Recognition of and respect for the characteristics and skills that make adoptive families successful and assist families in developing and practicing those skills;
- Willingness to work and provide in-home and outreach services to families that meet them “where they are”; and
- Recognition that temporary out-of-home treatment may be essential (not a “failure” in the adoption) and that the focus is to work to keep the child and family connected and reunified as soon as possible.

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

Adoptive parents greatly benefit from education and training related to adoption issues, with an emphasis on strategies for handling loss, grief, relationship building, and acting out behaviors. Continued parent training must be included in post-adoption support to equip adoptive parents with the skills needed to meet the developing needs of children. Various types of parent training options include providing adoption resource centers, lending libraries, newsletters, annual adoption conferences, and ongoing training and workshops for parents.

Adopted children and their adoptive parents continue to need mental health services beyond the adoption finalization. Mental health services help children (and their adoptive families) cope with their childhood, foster care and adoption experiences, and the behavioral aftermath of these experiences. Services include individual counseling, family counseling, medication management, educational supports, and residential treatment. Intervention should be tailored to the specific emotional and behavioral needs of children in the child welfare system (such as reactive attachment disorder). Research studies have provided data suggesting that adoptive parents and adoption practitioners identified a significant need for mental health practitioners to be knowledgeable about adoption issues. Mental health practitioners who are adoption competent will provide the most successful treatment. As the legal status and the responsibility of the child shifts to the adoptive family, the adoptive family should have the assistance, subsidy, and mental health coverage to access adoption competent services.

Adopted children are more likely than biological children to have special healthcare needs, such as moderate or severe health problems, learning disabilities, developmental delays or physical impairments, and other mental health difficulties. The results suggest that, even though adopted children may have poorer health than biological children, their parents may be doing more to ensure that they have needed health care and supportive environments. Post adoptive supportive services provide information, community and specialized supports, and referrals to assist these adoptive parents with addressing the special needs of their adopted children.

Successful adoption programs require the recognition that adoption is a life long process, the understanding that there will be life long challenges associated with adoption, and the commitment to all adoptive families that supportive assistance will be available when needed. Agencies should have in place:

- an intake process for families to return for needed services,
- a designated case manager to respond to adopted children and families post-legal finalization,
- a system to notify families of continued training, adoption workshops, and support group meetings, and
- a resource guide that includes adoption information and service providers.

Every circuit and community-based care agency providing adoption services should provide for support groups for their adoptive families. This could be in conjunction with a foster parent association or support group, it could be parent-lead or with an agency staff liaison, it could be through a contract with another program (but still connected to adoption), it could also be supported by newsletter or Web site. A secondary benefit of an adoption support group is building relationships that could lead into opportunities for respite care. In addition to agencies, support groups and assistance can be offered through the faith-based community.

C. Areas of Focus for Promoting and Supporting Adoption

During the eighteen (18) months (i.e., January 2009 – June 2010), the state will support and work on a series of planning efforts that focus on recruiting prospective families for public adoption, preparing these families for placement, and supporting adoptive families and adopted children using strategies including:

1. Supporting Florida's *Explore Adoption* public awareness campaign
2. Implementing a customer service protocol
3. Launching a faith-based adoption initiative
4. Pursuing options for implementing online service coordination for recruitment and retention in Florida communities
5. Providing support and structure for Florida's local heart galleries
6. Adopting the Task Force on Child Protection recommendations

1 – Explore Adoption Public Awareness Campaign – The state will seek support and utilize the *Explore Adoption* campaign to promote public adoption in the State of Florida during the 18-month period, January 2009 – June 2010.

In May of 2008, the state of Florida launched the **Explore Adoption** campaign. This campaign was the initiative of Governor Charlie Crist and demonstrates his commitment to adoption. *Explore Adoption* is a marketing campaign designed to broaden the pool of people who consider public adoption. Two goals stated in the Governor's Adoption Strategic Plan are:

- To promote a culture of life by raising positive awareness about adoption.
- To promote adoption of foster children in need of adoption by expanding awareness and interest among the general population and specifically among demographic groups that meet the profile of likely adoptive parents.

Explore Adoption marketing kits are available to adoption specialists (e.g., recruiters and homefinders), faith-based organizations, community liaisons, adoption advocates, or anyone who can deliver the materials and the message about public adoption. The marketing kits include printed materials utilizing information and testimonies of families who have successfully adopted special needs children. This is also available on DVD to be shown in small groups such as adoption orientations or as Public Service Announcements (PSAs) for the media. The *Explore Adoption* Web site is linked to the Adoption Information Center for general information on the adoption process and to the State of Florida Adoption Exchange to view children legally free for adoption. The *Explore Adoption* Web site requires maintenance and updates. The *Explore Adoption* Campaign has been successfully initiated throughout the State of Florida with collateral material distributed on the local level.

To keep this campaign successfully moving forward, materials will need to be reprinted and redistributed, the Web site will need to be maintained and provided with new and evidence-based information and media for public awareness videos and materials will need to be created.

2 – Florida Faith-Based Adoption Initiative – The state will explore and plan for the implementation of a faith-based adoption initiative that would provide for targeted recruitment, child specific recruitment, location of an adoptive home and support of the adoptive home for children available for public adoption. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

The goal in the faith-based initiative concept paper reads, “If one family in every faith-based establishment (e.g., church, synagogue, mosque, etc.) in Florida adopted one child, regardless of that child’s special needs, or a sibling group, there would be no children in state care.” The adoptive family’s faith-based home would then collectively provide needed post-adopt support and types of care to help each family raise the adopted children.”

In addition to promoting foster care adoption, the faith community will be encouraged to develop and implement a post-adoption family support network to assist those families who had the courage to answer the call and adopt a child from foster care. These “congregation builders” strategies will be developed locally with support and advice from the Office and other outside sources.

When a couple, or possibly multiple couples, in a congregation make the decision to adopt a child from foster care, there are many others in the same congregation who would make some commitment, especially with encouragement from their faith leader, to provide support to the adoptive family. Some of these supports can be reflective of the skills or background of the individual offering to help such as medical or counseling assistance, or providing a meal or baby-sitting to the family.

Post-adopt support plans should include provisions for potential medical, dental and mental health care needs for the adopted children and their parents. A respite care plan for adoptive parents should be in place to provide meals and time out when needed. Also, parent support groups and child support groups should be formed that consist of peers from the congregation who can relate to their unique situation. Another effort to consider would be to organize those from the faith-based community who have adopted foster children to provide support and encouragement to other partner congregations. Other ways that a faith community can provide post-adopt support or build-up their congregation would be to:

- Conduct an adoption ceremony in front of the whole congregation.
- Recognize the key supporters within the congregation who are engaged with the initiative.
- Organize a congregational support and mentoring project to “wrap around” the adoptive couple.
- Showcase the new family on regular basis, promoting and encouraging more adoptions.
- Organize and lead a prayer support network for the adoptive families within the congregation and with other associated faith communities.

3 – Customer Service Protocol – During the 18-month period, January 2009 – June 2010 each circuit in Florida and the Adoption Information Center will develop and implement a customer service protocol for the assistance and retention of prospective adoptive families.

A customer service protocol or standard operating procedures should be in place for each agency that requires immediate response to inquiries, assisting with questions, and following up on information mailed to prospective families. As the Explore Adoption Campaign and the Faith-based Adoption Initiative generates more inquiries, there must be a plan for response. A sample survey indicated that half of inquiries made to agencies did not result in adoption and that there is only a 20 percent return of applications sent through the mail. Personal attention to prospective families will keep families engaged.

The Adoption Information Center (1-800-96-ADOPT) reports that the two most frequent inquiries the Center receives from prospective parents are:

- Families that have a current and approved Home Study and are interested in a specific child or children (73%).
- People who are interested in adopting from foster care, who have questions and possibly want to begin the process (27%).

The current protocol that the Adoption Information Center uses for currently approved families interested in a specific child is to refer that family to the child's case manager. In many cases the Center will receive over 20 and as many as 100 inquiries about a particular child. It is not realistic for most case managers to respond to numerous family inquiries. Prospective adoptive families report frustrations in not receiving information in a timely manner from adoption agencies— whether this is information regarding waiting children or general inquiries about the adoptive process. Many families even give up on their plans to adopt based on this frustration.

It is imperative that there is a designated staff member to respond to inquiries. This staff member should be familiar with public adoption and serve to guide and to support prospective adoptive families. Agencies should have in place a system to track all inquiries so that no prospective family is lost in the process. Minimum standards for a customer service protocol will ensure that adoption agencies throughout the state of Florida are consistent in their response to prospective families. This is especially true for families who have identified children on the Adoption Exchange that reside out of their circuit and multiple agencies may be involved.

The children legally free for adoption and who have been waiting the longest for an adoptive family will benefit from recruitment efforts that extend beyond agencies and circuits. A consistent, state-wide customer service protocol for prospective adoptive families will provide for this.

- 4 – Online Service Coordination for Recruitment and Retention** – The state will assist Five Points Technology with its search for funding and development of an online service coordination for recruitment and retention (OSCRR) system that would be made available to the circuits and their community-based care provider agencies. The goal of the planning effort is to develop strategies, methodologies and funding for initiatives that would be carried out during the five-year period, July 2010 – June 2015.

Five Points Technology and the Center for the Support of Families (CSF) have worked with a number of jurisdictions to identify the most ideal families to provide foster care and to adopt special needs children. Using strategic recruitment methodology, they are able to identify recruitment needs for waiting children (targeted recruitment); identify the characteristics of the families needed to adopt those children; and use local population analysis and cultural data to provide recruiters with maps of neighborhoods where they will find families who will provide the best match for each child or sibling group.

They specialize in designing outreach and recruitment tools that target adoptive families and educate the community about the need to adopt. The strategic recruitment package includes:

- Population analysis to identify target families that will provide the best care for the children in an individual county or local jurisdiction;
- Grassroots activities that can be run by staff, foster parents and local supporters that educate small dynamic groups about the need for adoption and community support in targeted family neighborhoods;
- Outreach activities and tools that help local agencies partner with businesses, schools, social services, faith based organizations and the medical community;
- Media kits that outline the best media strategies when networking with local newspapers, magazines, radio, television and cable stations; and
- Convenient accessibility to tools and data on the Outreach Service Coordination for Recruitment and Retention (OSCRR) Website.

Five Points Technology and CSF provided the technical assistance to Ron Sachs Communications in the statewide adoption media campaign, *Explore Adoption*. In addition to the targeted recruitment efforts listed above, they would continue to integrate public adoption information into the *Explore Adoption* Web site. Maintaining this Web site is essential for the campaign to remain operable.

- 5 – Florida Association of Heart Galleries** – The state will develop a statewide association of heart galleries, the Heart Gallery of Florida.

The heart gallery movement began in 2001 when a New Mexico Adoption Specialist, Diane Granito, decided to match children available for adoption with professional photographers. The dramatic portraits became a traveling exhibit that put a face on the invisible population of children needing permanent families. The Heart gallery movement has been a huge success and there are now over 100 heart galleries operating in nearly every state in the U.S.

The State of Florida leads the nation in the development of heart galleries. Currently there are 13 operating in the following areas:

- Brevard County
- Broward County
- Gainesville
- Jacksonville
- Miami
- Orlando- Metro area
- Palm Beach County
- Pensacola—Art of Adoption
- Pinellas and Pasco Counties
- Sarasota County
- Southwest Florida (Collier, Lee, Hendry, Glades and Charlotte)
- Tampa
- The Gulf Coast

Plans are underway to start two additional heart galleries. Heart Gallery North Florida will serve the 12 counties in Circuits 2 and 14. The Heart Gallery in Flagler will serve the three surrounding counties. These will bring the total number of heart galleries in Florida to 15, the most of any state in the United States and provide for a wide array of coverage for Florida communities.

Heart galleries work with professional photographers in their area to help find homes for specific children by creating compelling personal portraits that capture their unique personalities and interest. These portraits are displayed in areas where families most likely to adopt will view them. Attached to the portraits are brochure holders containing brief information on that child with contact information to receive inquiries. Heart gallery volunteers also work with the child in preparing the child for his/her portrait and his/her biography.

In addition to the portrait exhibit, each Heart gallery provides a website with general information on special needs adoption and a photo listing of children in the area who are legally free for adoption. These same portraits can be used on the state of Florida Adoption Exchange and the Explore Adoption website.

A statewide association for the heart galleries would support the existing heart galleries and assist other counties and communities in the creation of local heart galleries. The state and local heart galleries could achieve economics of scale by working together and supporting one another's efforts.

- 6 – Recommendations from the Task Force on Child Protection** – The state will adopt and implement the task force recommendations related to permanency and placement stabilization. The goal of this effort is to institutionalize these recommendations either during the 18-month period covered by this plan or early within the timeframe covered by the subsequent five-year prevention and permanency plan.

In July 2008, Florida's Task Force on Child Protection accepted the recommendations of The Permanency and Placement Stabilization Workgroup for proposed time frames changes to the case plan statutes and minimum standards for provision of post-adoption support services. These recommendations include:

Proposed Time Frame Changes to the Case Plan Statutes

When the goal of adoption has been identified as the primary permanency goal an amended CP must be filed within 10 days of filing the TPR petition. This case plan must include but is not limited to the following:

- (1) A recruitment plan must be filed with the court within 30 days of the TPR being granted when there is no identified family for the child. This recruitment plan must include but is not limited to: including the child in the heart gallery where available, inclusion in other adoption recruitment events, registering the child on national adoption exchanges, profiling the child at adoption MAPP classes and updating the child's picture and information on the adoption exchange and Florida's adoption website every 6 months.
- (2) Adoption casework activities must begin within 5 days of the TPR petition being filed or the goal is changed to adoption.
- (3) A certified copy of the child's birth certificate should be filed with the court prior to transferring to the adoptions case worker.
- (4) For children for whom a potential family has been identified (within the state of Florida) a match staffing must be held within 30 days of the home study being approved.
- (5) For children for whom adoption by their foster parent or relative caregiver is determined to be the best plan, the updated home study for the purpose of adoption by a foster parent must be completed within 60 days of the TPR order and an adoptive home study for the relative caregiver must be completed within 90 days of the TPR order.
- (6) If the proposed placement is out of state, the adoption case worker will promptly comply with all requirements of the Interstate Compact for the Placement of Children 30 days from the goal change to adoption.
- (7) For children in identified placements, the prospective adoptive parents will be given the adoption packet within 10 days of the adoption home study being approved.
- (8) For siblings that are placed in separate placements, a sibling separation staffing will be held no later than 30 days after the TPR petition is filed.
- (9) Within 60 days of receiving the adoption packet the prospective adoptive parents will complete and return the packet to the appropriate person.

Minimum Standards for Provision of Post Adoption Services

- (1) A sufficient number of accessible adoptive parent support groups that meet at least once a month with a CBC liaison assigned to each group to assist, when needed, in maintaining the groups over time. An adoptive parent support group for Spanish-speaking adoptive parents is necessary in some areas. In rural areas where there are insufficient numbers of adoptive families for a support group, a monthly or quarterly newsletter may be established and maintained.
- (2) At the time of finalization, the adoptive parents must be provided a letter or document that explains the process for accessing post-adoption services, including specific contact information when a family has questions or concerns about subsidy, Medicaid, or services.
- (3) One or more post-adoption services case managers are needed to temporarily assist adoptive parents. At a minimum, temporary case management is needed for emotional support, assistance in accessing services, including medical subsidy funds, changes to subsidy or Medicaid and information and referral services. Beginning in September, cases providing post-adoption services will be documented in FSFN by the assigned case manager and reports of this workload will be available.
- (4) A process is in place to inform adoptive parents of training/ educational opportunities occurring locally, in the state of Florida and nationally related to adoption or specific behavioral, mental health, or educational.
- (5) A process is established that allows a post-adoption case manager to assist a child protective investigator with an investigation that involves an adopted child. The assistance may include an assessment for services related to the needs of the child, other children in the family or the adoptive parents.
- (6) With the assistance of an adoption competent facilitator, adopted teen support groups may be established to assist adopted teens and teens waiting for adoption discuss and handle adolescent issues related to the adoption process.

D. Permanency Plan of Action

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

Explore Adoption Public Awareness Campaign Plan of Action

Lead CAPP Entities:

Adoptive Parent
 Community Based Care
 Department of Children and Families
 Governor's Office of Adoption and Child Protection

Major Action Areas	Action Leader	Completion Date
Create the <u><i>Explore Adoption</i> public awareness campaign workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Adoption Information Center, Florida Education Channel, community based care communities, and other key stakeholders and potential contributors.	Governor's Office of Adoption and Child Protection	January 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate.	Governor's Office of Adoption and Child Protection	May 2009
Identify and develop funding strategies and, if possible, the funding stream or array of funding streams to support continuation of the campaign.	Governor's Office of Adoption and Child Protection	June 2009
Identify a "staffing home" to oversee and implement identified funding stream.	Governor's Office of Adoption and Child Protection	June 2009
Design an impact evaluation to be implemented for this initiative.	Governor's Office of Adoption and Child Protection	June 2009

Permanency Goal 2: By June 2010, the State of Florida will have a blueprint for the Faith-Based Adoption Initiative to promote adoption of foster children and to support these adoptive families for implementation over the five-year period from July 2010 through June 2015.

Faith-based Adoption Initiative Plan of Action

Lead CAPP Entities:

- Adoptive Parent
- Community Based Care
- Department of Children and Families
- Department of Juvenile Justice
- Governor’s Office of Adoption and Child Protection (with the Faith-Based and Community-Based Advisory Council)

Major Action Areas – Faith-based Adoption Initiative	Action Leader	Completion Date
Create the <u>faith-based adoption initiative workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Adoption Information Center, Faith-based and Community-based Advisory Council, One Church One Child, the Governor’s Commission on Disabilities, and other key stakeholders and potential contributors.	Governor’s Office of Adoption and Child Protection	January 2009
Develop a statewide list of faith communities including address and contact information and determine if any of these faith communities hold an annual statewide meeting and record dates or time of year usually held.	Governor’s Faith-based and Community-based Advisory Council	March 2009
Initiate contacts with faith communities with letters of support and request for participation from: Governor Crist, leaders of large faith communities, etc.	Governor’s Faith-based and Community-based Advisory Council	May 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate.	Governor’s Faith-based and Community-based Advisory Council	May 2009
Recruit faith-based leaders from all faith communities.	Governor’s Faith-based and Community-based Advisory Council	June 2009
Identify and/or confirm a faith-based contact for each of the 20 circuits.	Governor’s Faith-based and Community-based Advisory Council	June 2009
Research and identify best practices for a faith community to promote adoption and support of adoptive families.	Governor’s Faith-based and Community-based Advisory Council	June 2009
Review 20 circuit plans of action and identify 2 to 3 circuits prepared to participate in a pilot project.	Governor’s Faith-based and Community-based Advisory Council	June 2009

Major Action Areas – Faith-based Adoption Initiative	Action Leader	Completion Date
Complete an inventory of levels of participation received from faith communities.	Governor’s Faith-based and Community-based Advisory Council	June 2009
Identify 2 to 3 faith communities in identified circuits and launch an adoption pilot program in conjunction with Adoption Month.	Governor’s Faith-based and Community-based Advisory Council	July 2009
Begin the discussion and planning to expand to cover prevention strategies.	Governor’s Faith-based and Community-based Advisory Council	July 2009
Review areas of success and failure in adoption pilot programs. Prepare plans to launch statewide initiative.	Governor’s Faith-based and Community-based Advisory Council	June 2010
Design an impact evaluation to be implemented for this initiative.	Governor’s Faith-based and Community-based Advisory Council	June 2010
Identify and procure, where feasible, resource needs, funding streams and funding strategies for this five-year initiative.	Governor’s Faith-based and Community-based Advisory Council	June 2010

Permanency Goal 3: By June 2010, the State of Florida will have an operational statewide association of heart galleries.

Florida Heart Gallery Plan of Action

Lead CAPP Entities:

- Adoptive Parent
- Community Based Care
- Department of Children and Families
- Governor’s Office of Adoption and Child Protection

Major Action Areas	Action Leader	Completion Date
Create the <u>Florida Heart Gallery workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Adoption Information Center, local heart galleries, and other key stakeholders and potential contributors.	Governor’s Office of Adoption and Child Protection	January 2009
Develop the purpose, legal name, legal address, the bylaws, organizational chart; elect officers; and set regular meeting dates and locations.	Governor’s Office of Adoption and Child Protection	June 2010
Provide technical assistance and support as needed.	Governor’s Office of Adoption and Child Protection	June 2010

Permanency Goal 4: By June 2010, the State of Florida will have a blueprint and funding for an online service coordination for recruitment and retention (OSCRR) system for implementation over the five-year period from July 2010 through June 2015.

OSCRR Plan of Action

Lead CAPP Entities:

- Adoptive Parent
- Community Based Care
- Department of Children and Families
- Governor’s Office of Adoption and Child Protection

Major Action Areas	Action Leader	Completion Date
Create the <u>OSCRR workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Adoption Information Center, Five Points Technology, Florida Coalition for Children, and other key stakeholders and potential contributors.		January 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate.		May 2009
Review 20 circuit plans of action and identify 2 to 3 circuits prepared to participate in a pilot project.		June 2009
Identify and procure resource needs, funding streams and funding strategies for this initiative.		June 2010
Design a phased-in effort for providing OSCRR to all circuits throughout a five-year period.		June 2010
Design an impact evaluation to be implemented for this initiative.		June 2010

Permanency Goal 5: By June 2010, the State of Florida will have a customer service protocol in place for the assistance and retention of prospective adoptive families.

Customer Service Protocol Plan of Action

Lead CAPP Entities:

- Adoptive Parent
- Community Based Care
- Department of Children and Families
- Governor’s Office of Adoption and Child Protection

Major Action Areas	Action Leader	Completion Date
Create the <u>customer service protocol workgroup</u> to include but not be limited to the CAPP lead entities and representation from the Adoption Information Center, Florida Education Channel, community based care communities, Governor’s Commission on Disabilities, and other key stakeholders and potential contributors.	Governor’s Office of Adoption and Child Protection	January 2009
Conduct a study of the current adoption process to identify areas of concern in customer service for adoptive families.	Governor’s Office of Adoption and Child Protection	March 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate.		May 2009
Develop a protocol that addresses the findings from the study.		June 2009
Prepare Departmental instructions and contracts, as needed to incorporate the protocol into the work of the Adoption Information Center, the circuits and the community-based care providers.		September 2009
Design a monitoring process and an impact evaluation to be implemented for this initiative.		January 2010

Permanency Goal 6: By June 2010, the State of Florida will adopt the proposed time frame changes to the case plan statutes as recommended by the Permanency and Placement Stabilization Workgroup of the Task Force on Child Protection (7/17/2008).

Task Force Plan of Action

Lead CAPP Entities:

- Adoptive Parent
- Circuit courts
- Community Based Care
- Department of Children and Families
- Department of Health
- Governor’s Office of Adoption and Child Protection
- Local Advocacy Councils

Major Action Areas	Action Leader	Completion Date
Create the <u>task force workgroup</u> to include but not be limited to the CAPP lead entities, representation from the Governor’s Commission on Disabilities and representation from the permanency and placement stabilization workgroup.	Department of Children and Families	January 2009
Develop policies, procedures, recommended statutory changes and draft bill language, as needed.	Department of Children and Families	April 2009
Prepare instructions for local planning teams to use in the development of their five-year plans as appropriate.	Department of Children and Families	May 2009
Adopt recommendations as policy and procedures and incorporate in the community based care lead agency contracts as appropriate.	Department of Children and Families	June 2009
Train and implement within adoption providers and agencies.	CBC- Adoption agencies	June 2010
Monitor progress.	Department of Children and Families	June 2010

III. Funding Supports for Children and Youth Initiatives

A. Statutory Direction

The Governor's Office of Adoption and Child Protection is directed to:

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. *§39.001 (7)(b)3., Florida Statutes*

Additionally, the vehicle provided in statute for this effort is that of a direct support organization (DSO).

Direct-support organization.—

- (1) The Office of Adoption and Child Protection may establish a direct-support organization to assist the state in carrying out its purposes and responsibilities regarding the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect by raising money; submitting requests for and receiving grants from the Federal Government, the state or its political subdivisions, private foundations, and individuals; and making expenditures to or for the benefit of the office. The sole purpose for the direct-support organization is to support the office. Such a direct-support organization is an organization that is:
 - (a) Incorporated under chapter 617 and approved by the Department of State as a Florida corporation not for profit;
 - (b) Organized and operated to make expenditures to or for the benefit of the office; and
 - (c) Approved by the office to be operating for the benefit of and in a manner consistent with the goals of the office and in the best interest of the state.
- (2) The number of members on the board of directors of the direct-support organization shall be determined by the Chief child Advocate. Membership on the board of directors of the direct-support organization shall include, but not be limited to, a guardian ad litem; a member of a local advocacy council; a representative from a community-based care lead agency; a representative from a private or public organization or program with recognized expertise in working with child abuse prevention programs for children and families; a representative of a private or public organization or program 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; an individual working at a state adoption agency; and the parent of a child adopted from within the child welfare system.
- (3) The direct-support organization shall operate under written contract with the office.
- (4) All moneys received by the direct-support organization shall be deposited into an account of the direct-support organization and shall be used by the organization in a manner consistent with the goals of the office. *§39.0011, Florida Statutes*

B. Funding Plan of Action

The Governor’s Office of Adoption and Child Protection with the assistance of the Governor’s Child Abuse Prevention and Permanency Advisory Council, the Education Cooperative Planning Team and the Law Enforcement Cooperative Planning Team has identified ____ goal areas to be addressed within the prevention and permanency sections (Part 4), education section (Part 5) and law enforcement section (Part 6) of the state plan. This goal will enable the Office to move forward with seeking additional funding for the purpose of supporting the work of the Office and supporting and supplementing existing funding for the work the plan goals.

Funding Goal 1: By June 2010, the State of Florida will have a blueprint and complete administrative preparation for creation and funding of a direct-support organization (DSO) to assist the state in carrying out its purposes and responsibilities regarding the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect by raising money; submitting requests for and receiving grants from the Federal Government, the state or its political subdivisions, private foundations, and individuals; and making expenditures to or for the benefit of the office.

Funding Plan of Action

Lead CAPP Entity: Governor’s Office of Adoption and Child Protection

Major Action Areas	Action Leader	Completion Date
Create a <u>funding advisory group</u> to advise the Office and assist with planning for the development of the DSO.	Governor’s Office of Adoption and Child Protection	January 2009
Develop the purpose, legal name, and legal address; draft the bylaws, organizational chart, etc.; and identify interim staffing supports for the DSO.	Governor’s Office of Adoption and Child Protection	February 2009
Develop a board of directors.	Governor’s Office of Adoption and Child Protection	March 2009
Elect officers, set regular meeting dates and locations, and prepare the application and articles of incorporation.	Governor’s Office of Adoption and Child Protection	June 2009
Develop strategic priorities and a plan of action to staff the DSO and 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.	Governor’s Office of Adoption and Child Protection	June 2010
Design and implement a monitoring process to track progress on the strategic priorities and plan.	Governor’s Office of Adoption and Child Protection	June 2010