

Child Abuse Prevention and Permanency Plan for Circuit 16: July 2010 through June 2015

Counties Served: Monroe

Circuit Conveners for the Local Planning Team:

<u>Elena Herrera</u> Printed/Typed Name	<u><i>Elena Herrera</i></u> Signature	<u>5/25/2010</u> Date
<u>Miranda W. Sampath</u> Printed/Typed Name	<u><i>M. Sampath</i></u> Signature	<u>5/26/2010</u> Date

Circuit Administrator:

<u>Gilda Ferradaz</u> Printed/Typed Name	<u><i>Gilda Ferradaz</i></u> Signature	<u>5/26/10</u> Date
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Regional Director

<u>Jacqui Colyer</u> Printed/Typed Name	<u><i>Jacqui Colyer</i></u> Signature	<u>5-26-10</u> Date
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Together we can ensure that Florida's children are raised in healthy, safe, stable and nurturing family environments.



Circuit 16 – Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015

Draft 2 – May 28, 2010

Part 1 – INTRODUCTION TO THE PLAN

I. CIRCUIT TRANSMITTAL INFORMATION

Circuits 16

Local planning team convener and Circuit Administrator:

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Regional Director:

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Circuit Administrator:

Gilda Ferradaz
Printed Name

Signature

Date

II. PROCESS USED TO DEVELOP THE PLAN AND PLAN UPDATE

A. Who led the planning effort?

The Southern Region combined planning efforts for Circuit 16, with Gilda Ferradaz, Miranda Sampath, and Elena Herrera, co-conveners, leading the planning process in Circuit 16. Elena Herrera facilitated local efforts in Monroe county with Patrick Garvey acting as the official DCF liaison for the Child Maltreatment work group, Amy Baldree acting as the official DCF liaison for the Promotions Support work group and Elena Herrera acting as the official DCF liaison for the Supporting Adoptions work group.

B. Description of the Region and the Circuits in the Region

SOUTHERN REGION

The Department of Children and Families (DCF)-Southern Region is comprised of Circuits 11 and 16, encompassing Miami-Dade and Monroe counties. We serve the southernmost geographical area in the State of Florida, stretching approximately 200 miles from the southern tip of the United States (Key West) to the Broward County line.

The Southern Region directly touches the lives of about 20 percent of the estimated 2.5 million members of our community. We respond to approximately 1,200 allegations of child abuse every month and infuse approximately \$400 million in federal entitlements such as Food Stamps and Temporary Assistance for Needy Families, not including Medicaid.

Our customers include more than 300,000 clients receiving Food Stamp assistance, as well as victims of elderly abuse. In addition, the Southern Region oversees the care of more than 4000 children victimized by abuse, abandonment and/or neglect and licenses approximately 800 foster homes, as well as other residential facilities and early care and education centers.

The Substance Abuse and Mental Health Program is dedicated to the development of a comprehensive system of prevention, emergency/detoxification, and treatment services. The Department also funds programs for refugees and the homeless.

Monroe – Circuit 16

Circuit 16, comprised only of Monroe County, is the southernmost county in Florida and the United States. It is made up of the Florida Keys and portions of the Everglades National Park and Big Cypress National Preserve. These parks are mostly uninhabited mainland areas. Mostly known as the Florida Keys, this string of islands is connected by U.S. Highway 1, which ends in Key West, 150 miles southwest of Miami.

In total area, Monroe County is comprised of 3,737 square miles, with 73% mostly covered in water. The Florida Keys proper are an elongated, curved bow-like chain of low lying islands over 220 miles in length. They extend from the southeastern tip of the Florida peninsula to the Dry Tortugas and lie between the Gulf of Mexico and the Atlantic Ocean. Key West is the largest of the islands in the chain with a natural deep-water harbor.

Because Monroe County only has one highway, accessibility to the county seat (Key West) is time consuming and difficult. Unlike most counties, there is no single county seat easily accessible to all; every service and every county function must be accomplished in triplicate.

Other county government offices are located in Marathon and Key Largo to handle basic public government functions. The population of the county has grown from 5,657 in 1870 to 80,995 in 2002. Currently, yet only about 30% of the residents live in the city of Key West.

For better service delivery, the county is divided into three areas: Upper Keys (Islamorada/Tavernier/Key Largo), Middle Keys (Marathon), and Lower Keys (Big Pine/Key West). In addition to child protection and family services, the Circuit's judicial court services, State's Attorney and Public Defender's Offices, law enforcement agencies, and services offered through Monroe County, are available in each of these three geographical areas. Since all services must be provided in triplicate, despite the number of people served, the costs of providing all services, is always significantly greater per capita, than in all other Circuits of the state.

While the 2004 poverty rates (percent of children) were approximately 13.9% vs. a statewide percentage of approximately 17.5% statewide, it should be noted that this is primarily due to that fact that the majority of adults who live in Monroe County must work two (2) to three (3) jobs in an effort to meet the cost of housing. We refer to these individuals as the "working poor." Housing costs alone requires 50% - 57% of the majority of combined family incomes.

There has been a marked increase in the number of families requesting and receiving financial assistance. The unemployment rate in Monroe has increased considerably in the last year due to the national economic downturn.

Compounding all issues noted above, in 2004, Monroe County had the highest cost of living of all the counties in Florida. The Florida Average Price Index average was 100, while Monroe County's index was 112.92. This meant that for the same basket of goods and services purchased by Monroe County residents, it cost them 12.92% more than by the average Floridian. Monroe County's median single-family home value to median household income ratio is now an astonishing 12:1.

Monroe County has been experiencing significant demographic shifts since the year 2000 that are affecting housing demand. For example, the County has experienced a 14% loss in the 20-54 working age groups and a concomitant 15% increase in the 55 and over retirement age group.

In calculating housing affordability, the standard ratio used by most mortgage lenders and housing professionals is that housing expenses should not exceed 30% of a household's gross monthly income.

A recent study completed by The Metropolitan Centre at Florida International University showed that 57% of owner households earning less than the area median income are beyond the standard ratio and a striking 85% of renter households are beyond the standard ratio. The affordability gaps for all housing types are extreme in Monroe County.

C. Membership of the Planning Team

The Department of Children and Families identified representatives from providers of services located in Circuits 16, local government agencies, and local organizations focused on child maltreatment prevention, in addition to local agencies working with adoption. The planning process for Circuits 16 began with an organizational meeting held on September 18, 2009. The purpose of this meeting was to familiarize the membership of the Local Planning Teams with the

process and to determine how to proceed. Circuit 16 Local Planning team members attended via VTC and conference call, as the meeting was presented to both Circuit 11 and 16 in the Southern Region. A determination was made to proceed by forming 3 sub-groups to address prevention and adoption related issues. Circuit 16 consisted of 3 work groups; Child Maltreatment, Promoting Adoptions and Supporting Adoptions.

Please see roster in Attachment

D. Overview of the Meetings Held

The planning process for Circuits 11 and 16 began with an organizational meeting held on September 18, 2009. The purpose of this meeting was to familiarize the membership of the Local Planning Teams with the process and to determine how to proceed. Circuit 16 Local Planning team members attended via VTC and conference call. A determination was made to proceed by forming three sub-groups to address child maltreatment, promoting adoptions and supporting adoptions. Thus, these three work groups occurred simultaneously in Circuit 11 as well as Circuit 16. Therefore, a total of 6 workgroups were organized to meet the objectives of this plan.

Sub-committee meetings were held by the planning groups for Circuits 11 and 16, both jointly via teleconference and individually. These meetings of the Local Planning Team and sub-groups took place on the following dates:

1. September 18, 2009 (Circuits 11 and 16) Full Planning Team Meeting
 - In person and via VTC & conference call
 - Circuit 11 – Child Maltreatment Work Group
2. November 2, 2009 (Circuit 16) Local Planning Team Meeting via in person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group
 - Circuit 16 – Supporting Adoptions Work Group
3. November 3, 2009 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group
4. November 10, 2009 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group
5. November 17, 2009 (Circuit 16) Local Planning Team Meeting via in person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group
6. November 24, 2009 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group

7. December 1, 2009 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group
8. December 8, 2009 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group
9. December 15, 2009 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Child Maltreatment Work Group
 - Circuit 16 – Promoting Adoptions Work Group
10. January 5, 2010 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Promoting Adoptions Work Group
11. January 12, 2010 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Promoting Adoptions Work Group
12. January 19, 2010 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Promoting Adoptions Work Group
13. January 26, 2010 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Promoting Adoptions Work Group
14. April 27, 2010 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Promoting Adoptions Work Group
15. April 30, 2010 (Circuit 16) Local Planning Team Meeting via in-person and conference call
 - Circuit 16 – Promoting Adoptions Work Group

In addition to scheduled meetings, communication of the Circuit 11 components of the plan were maintained via several phone conferences and emails during the duration of the planning process, this also included unscheduled periodic in-person meetings. Due to the nature of the Circuit 11 workgroups, on many occasion, representatives of the work groups attended various unrelated meetings at DCF. At these times, they took the opportunity to address any questions or concerns they had with establishing of the Circuit 11 portion of the plan.

E. Overview of the Plan Development Process

The meetings above took place in variety of locations. Some of the meetings occurred at DCF locations both in the Rhode Building in Miami and within provider agencies. The collaboration of all 3 workgroups meeting dates were determined through a process of notifying participants via email to find best times and dates for maximum participation.

Discussion took place regarding possible root causes of performance deficits and addressed countermeasures to address these deficits. Additionally, the Local Planning Team identified and discussed gaps in our system of care and made recommendations regarding actions to address these gaps. These performance deficits, team concerns identified during discussions relating to prevention and adoptions, gaps in our system of care, and the team's recommendations for countermeasures to address them were combined into an action plan to supplement the Circuits' existing prevention and adoptions efforts. The conveners will be responsible for monitoring and ensuring the implementation of this plan in Circuit 16.

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

I. STATUS OF CHILD MALTREATMENT

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

1. Child maltreatment counts for State Fiscal Year (SFY) 2007-2008
2. Child population counts for SFY 2007-2008

2007-2008 MALTREATMENT RATE PER 1,000 CHILDREN IN THE GENERAL POPULATION

	County	Population 2008				2007-2008 Victims by Most Serious Finding				Maltreatment Rate
		Black	Other	White	Circuit	No Indication	Some Indication	Verified	Total	
16	MONROE	1082	315	12108	13505	374	294	259	927	19.18
	Statewide	933835	159637	3092632	4186104	123828	72445	47306	243579	11.30

County of Child Victims is based on the county of intake at the time the call is accepted at investigation. This is the county which the child(ren) are located at the time of the call. Child Population data comes from the Florida Legislature, Office of Economic and Demographic Research. The data are estimates of child population. 2007-2008 Maltreatment rates are calculated by dividing the child population of by the number of children with a verified finding of abuse or neglect and multiplying the result by 1,000.

3. Child maltreatment counts for SFY 2008-2009 [***State Plan Goal***]
4. Child population counts for SFY 2008-2009
5. Unduplicated counts of victims by no indication, by some indication and by verified abuse (most serious finding on any report for the child)

2008-2009 MALTREATMENT RATE PER 1,000 CHILDREN IN THE GENERAL POPULATION

		Population 2009				2008-2009 Victims by Most Serious Finding				Maltreatment Rate
Circuit	County	Black	Other	White	Total	No Indication	Some Indication	Verified	Total	
16	MONROE	1076	317	12041	13434	286	189	196	671	17.51
	Statewide	936421	161638	3099228	4197287	95343	55390	38757	189490	11.08

County of Child Victims is based on the county of intake at the time the call is accepted at investigation. This is the county which the child(ren) are located at the time of the call. Child Population data comes from the Florida Legislature, Office of Economic and Demographic Research. The data are estimates of child population. 2008-2009 Maltreatment rates are adjusted figures based on calls and findings July 2008 - April 2009. This is because all investigations for reports received in May and June '09 have not been closed as of the running of this data. Methodology multiplies the number of verified findings by 12 and then divides by 10 (the number of months of data included) to estimate the annual number of verified findings. The resulting number is divided by the population and multiplied by 1000 for the maltreatment rate per 1,000.

6. Counts of children with most serious finding of verified abuse by age

UNDUPLICATED COUNT OF VICTIMS WITH VERIFIED AS THE MOST SERIOUS FINDING BY INTAKE
COUNTY AND AGE RECEIVED JUNE 1, 2008, THROUGH MAY 31, 2009

County	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18+	Unknown	Total
Monroe	23	23	23	18	14	16	14	11	9	7	9	9	15	11	8	5	2	5	0	0	222
Totals	23	23	23	18	14	16	14	11	9	7	9	9	15	11	8	5	2	5	0	0	222

County of Child Victims is based on the county of intake at the time the call is accepted at investigation. This is the county which the child(ren) are located at the time of the call.

7. Counts by the array of allegations of abuse.

ALLEGED MALTREATMENT COUNTS FOR THE 12 MONTH PERIOD JUNE 2008 - MAY 2009

Maltreatment	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Total
Abandonment	1	1	1	0	0	0	1	0	2	0	0	0	6
Asphyxiation	0	0	0	1	0	1	0	0	1	1	2	0	6
Bizarre Punishment	1	1	0	0	4	0	1	2	2	0	2	0	13
Bone Fracture	0	0	0	0	0	0	0	0	0	0	0	1	1
Burns	0	0	0	0	0	0	0	0	1	0	0	1	2
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Environmental Hazards	10	9	16	21	7	11	11	17	6	7	11	8	134
Failure to Protect	1	3	0	13	1	4	7	3	1	0	4	3	40
Failure to Thrive	0	0	0	0	1	0	1	0	0	0	0	0	2
Family Violence Threatens Child	31	28	29	40	27	30	28	29	17	20	32	15	326
Inadequate Supervision	18	14	11	8	28	18	10	22	19	19	13	23	203
Internal Injuries	0	0	0	0	0	0	0	0	0	0	0	0	0
Malnutrition/Dehydration	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Neglect	2	1	1	5	1	1	1	5	2	5	0	4	28
Mental Injury	9	1	1	5	2	8	3	4	3	1	1	2	40
Physical Injury	14	6	7	11	16	13	11	12	13	9	15	3	130
Sexual Abuse	4	0	2	2	5	6	6	2	2	1	3	5	38
Substance Misuse	44	33	34	25	31	19	30	44	19	29	23	19	350
Threatened Harm	19	12	15	22	36	24	30	23	34	28	24	24	291

8. Counts by the array of allegations of abuse that were verified

COUNTS OF MALTREATMENTS AND VERIFIED FINDINGS

			Maltreatment																			
Circuit	Name	Data	Abandonment	Asphyxiation	Bizarre Punishment	Bone Fracture	Burns	Death	Environmental Hazards	Failure to Protect	Failure to Thrive	Family Violence Threatens Child	Inadequate Supervision	Internal Injuries	Malnutrition/Dehydration	Medical Neglect	Mental Injury	Physical Injury	Sexual Abuse	Substance Misuse	Threatened Harm	Grand Total
16	Monroe	Total Allegations	6	6	13	1	2	0	134	40	2	326	203	0	0	28	40	130	38	350	291	1610
16	Monroe	Total Verified	0	0	0	0	0	0	14	34	1	121	32	0	0	2	4	19	2	85	44	358
16	Monroe	Percent Verified	0 %	0%	0%	0%	0%	0%	10%	85 %	50 %	37%	16%	0%	0%	7%	10 %	15%	5%	24%	15%	22%
	State wide	Total Allegations	1003	1657	2063	1064	1491	454	46682	4434	243	77775	62100	172	145	7938	9949	39112	12348	93755	68648	431033
		Total Verified	0	95	202	270	155	197	4135	1896	82	18686	8134	89	36	1049	451	4582	2228	14073	9383	65743
		Percent Verified	0 %	6%	10%	25%	10%	43%	9%	43%	34%	24%	13%	52%	25%	13%	5%	12%	18%	15%	14%	15%

9. Demographics (i.e., age, race, and gender) of children who were subjects of investigations (unduplicated counts)

DEMOGRAPHIC DETAIL OF ALLEGED VICTIMS FOR REPORTS RECEIVED DURING FISCAL YEAR 2008-2009.

Circuit	County	RACE			GENDER			AGE					Totals
		White	Black	Other	Male	Female	Unknown	0- 4 yrs.	5 - 8 yrs.	9 - 17 yrs.	18+ yrs.	Unknown	
16	Monroe	631	129	28	405	382	1	307	159	321	0	1	788
	Totals	631	66,878	13,409	109,685	109,590	917	79,446	50,513	89,685	114	435	220,193

County is based on the county of intake at the time the call is accepted at investigation. This is the county which the child(ren) are located at the time of the call. Count is based on children who are alleged victims of abuse for reports accepted at Intake. Does not exclude alleged victims in reports that are eventually closed as No Jurisdiction or Duplicates.

10. Demographics and other characteristics that may be available for perpetrators (i.e., age, race, and gender)

TOTAL NUMBER OF ALLEGED PERPETRATORS RECEIVED BY INTAKE COUNTY DURING FISCAL YEAR 2008-2009.

		RACE			GENDER			AGE					
Circuit	County	White	Black	Other	Male	Female	Unknown	0- 4 yrs.	5 - 8 yrs.	9 - 17 yrs.	18+ yrs.	Unknown	Totals
16	Monroe	631	129	28	405	382	1	307	159	321	0	1	788
	Totals	631	66,878	13,409	109,685	109,590	917	79,446	50,513	89,685	114	435	220,193

County is based on the county of intake at the time the call is accepted at investigation. This is the county which the child(ren) are located at the time of the call. Count is based on children who are alleged victims of abuse for reports accepted at Intake. Does not exclude alleged victims in reports that are eventually closed as No Jurisdiction or Duplicates.

11. Counts by recommendations for services (unduplicated by child and investigation).

COUNT OF SERVICES RECOMMENDED AT DISPOSITION FOR ALLEGED VICTIMS IN REPORTS RECEIVED JULY 1, 2008 -JUNE 30, 2009.

Circuit	County	Adoption Services	Case Management Services	Child Counseling Services	Day Care Services	Education and Training Services	Employment Services	Family Builders Program	Family Planning Services	Family Preservation Services	Family Support Services	Foster Care Services	Health Related Services	Home Based Services	Housing Services	IL and Traditional Living Services	Information and Referral	ICCP	Legal Services	Mental Health Services	Preg and Parenting for Young Parents	Respite Care Services	Substance Abuse Services	Other Services
16	Monroe	2	150	334	222	16	48	38	2	35	236	33	2	35	75	0	14	93	8	198	3	2	196	130
	Statewide	216	26458	53642	29106	1715	1776	2775	591	4858	12919	2789	961	4087	2483	255	18845	985	2115	7388	1098	148	19293	27911

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Monroe (Circuit 16) Children at a Glance

Population 2007

	Total	White	Black	Other
Total Population	78,987	73,161	4,511	1,315
Number of Children Under Age 18	13,660	12,247	1,095	318
Age 0-4	3,812	3,411	310	91
Age 5-9	3,599	3,229	287	83
Age 10-14	3,723	3,342	295	86
Age 15-17	2,526	2,265	203	58
Age 15-19	3,999	3,582	323	94

Health and Well-Being 2007

Child Deaths Age 1-14	2
Violent Deaths	1
Teen Deaths Age 15-19	1
Violent Deaths	1
Dissolutions of Marriage with Minor Children	159
Affected Minimum Number of Children	240
Percent of Immunization Levels in Kindergarten	88.6

Poverty- 2007

All Ages in Poverty	10.5%
Children Under 18 in Poverty	15.5%
Children Ages 5-17 in Poverty	13.9%

Birth Indicators 2007

	Total	White	Nonwhite
Number of Births	810	707	103
Number of Hispanic Births	288		
Birth Rate (per 1000 resident populations)	10.3	9.7	17.7
Teen Birth Rate Age 15-17	12.4	13.7	0.0
Teen Birth Rate Age 15-19	29.2	26.6	51.5
Birth Rate Age 20-24	111.4	106.1	160.4
Infant Mortality Rate	2.5	2.8	0.0
Number of Infant Deaths	2	2	0
Number of Hispanic Infant Deaths	2	0	0
Birth to Mothers with no High School Diploma /GED	134	120	14
Birth to Mothers with Prenatal WIC Participation	294	241	53
Births with Medicaid as Delivery Payment Source	284	234	50
Births to Unwed Mothers	366-45.2%	305-43.1%	61-59.2%
Births to Unwed Mothers Under Age 20	52-6.4%	43-6.1%	9-8.7%
Births to Unwed Mothers Age 20 and Over	314-38.8%	262-37.1%	52-50.5%
Births to Wed Mothers Under 20	56-6.9%	46-6.5%	10-9.7%
Births Receiving Early Prenatal Care	545-76.3%	486-76.9%	59-72.0%
Low Birth-Weight Births	67-8.3%	57-8.1%	10-9.7%

Delinquency 2007-08

	Total	White	Black
Delinquency Cases Received	436	307	118
Youth Referred for Delinquency	297	223	70
Delinquency Cases Committed	14	6	7
Youth Committed	12	5	6

Education 2007-08

	Total	Hispanic	White	Black
Public School Enrollment (Pre-K to 12)	8,363	4,904	843	2,161
Students Eligible to Participate in Free/Reduced Lunch	2,781	921	547	1,167
Number of Disciplinary Actions	1,518	723	327	384
Number of Non-Promotions	472	219	67	165
Number of Dropouts	59	29	4	21
Graduation Rate	85.5	89.7	74.6	75.0

People Quick Facts**Monroe County****Florida**

Population, 2008 estimate	72,243	18,328,340
Population, percent change, April 1, 2000 to July 1, 2008	-9.2%	14.7%
Population estimates base (April 1) 2000	79,589	15,982,813
Persons under 5 years old, percent, 2008	4.5%	6.2%
Persons under 18 years old, percent, 2008	15.6%	21.8%
Persons 65 years old and over, percent, 2008	15.9%	17.4%
Female persons, percent, 2008	46.8%	50.9%
White persons, percent, 2008 (a)	91.6%	79.8%
Black persons, percent, 2008 (a)	5.4%	15.9%
American Indian and Alaska Native persons, percent, 2008 (a)	0.5%	0.5%
Asian persons, percent, 2008 (a)	1.3%	2.3%
Native Hawaiian and Other Pacific Islander, percent, 2008 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2008	1.2%	1.4%
Persons of Hispanic or Latino origin, percent, 2008 (b)	18.9%	21.0%
	73.6%	60.3%

White persons not Hispanic, percent,
2008

Living in same house in 1995 and 2000, pct 5 yrs old & over	48.2%	48.9%
Foreign born persons, percent, 2000	14.7%	16.7%
Language other than English spoken at home, pct age 5+, 2000	21.4%	23.1%
* High school graduates, percent of persons age 25+, 2000	*84.9%	79.9%
Bachelor's degree or higher, pct of persons age 25+, 2000	25.5%	22.3%
Persons with a disability, age 5+, 2000	17,536	3,274,566
Mean travel time to work (minutes), workers age 16+, 2000	18.4	26.2
Housing units, 2008	53,813	8,800,294
Homeownership rate, 2000	62.4%	70.1%
Housing units in multi-unit structures, percent, 2000	24.4%	29.9%
Median value of owner-occupied housing units, 2000	\$241,200	\$105,500
Households, 2000	35,086	6,337,929
Persons per household, 2000	2.23	2.46
Median household income, 2007	\$55,054	\$47,804
Per capita money income, 1999	\$26,102	\$21,557
Persons below poverty, percent, 2007	10.5%	12.1%
	Monroe	
Business Quick Facts	County	Florida
Private nonfarm establishments, 2007	3,601	523,461
Private nonfarm employment, 2007	28,999	7,425,331
Private nonfarm employment, percent change 2000-2007	-10.4%	19.4%
Non-employer establishments, 2007	11,177	1,618,119
Total number of firms, 2002	13,385	1,539,207
Black-owned firms, percent, 2002	2.6%	6.6%
American Indian and Alaska Native owned firms, percent, 2002	F	0.6%
Asian-owned firms, percent, 2002	1.0%	2.7%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.1%
Hispanic-owned firms, percent, 2002	9.6%	17.3%
Women-owned firms, percent, 2002	20.0%	28.4%
Manufacturers shipments, 2002 (\$1000)	NA	78,474,770
Wholesale trade sales, 2002 (\$1000)	185,125	219,490,896

Retail sales, 2002 (\$1000)	1,183,949	191,805,685
Retail sales per capita, 2002	\$14,978	\$11,498
Accommodation and foodservices sales, 2002 (\$1000)	638,620	29,366,940
Building permits, 2008	260	61,042
Federal spending, 2008	668,344	149,872,178
Geography Quick Facts	Monroe County	Florida
Land area, 2000 (square miles)	996.91	53,926.82
Persons per square mile, 2000	79.8	296.4
FIPS Code	87	12
Metropolitan or Micropolitan Statistical Area	Key West-Marathon, FL Micro Area	

* *Monroe County dropout rate:* When calculating the rate of high school students that drop out of school, Monroe County School District does not include students that enroll in the Adult Education GED Program. If a student drops out of Key West High School (KWHS), then pays \$50.00 to take GED preparatory classes, then that student is not considered a high school dropout. With this consideration, if 100 students withdraw from KWHS and all enroll in the GED program, then the dropout rate is 0. This way of calculating the students who drop out of school skews the data to have a lower dropout rate.

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Status of Child Maltreatment Monroe – Circuit 16

Alleged and Substantiated Victims by State Fiscal Year Monroe- Circuit 16

State FY	Unduplicated Alleged Victims	Unduplicated Substantiated Victims
2003-2004	940	493
2004-2005	882	475
2005-2006	843	479
2006-2007	876	513

Rate of Child Maltreatment by Circuit per 1,000 Children-2007-2008

Statewide	28.8
Circuit 16-Monroe	40.45

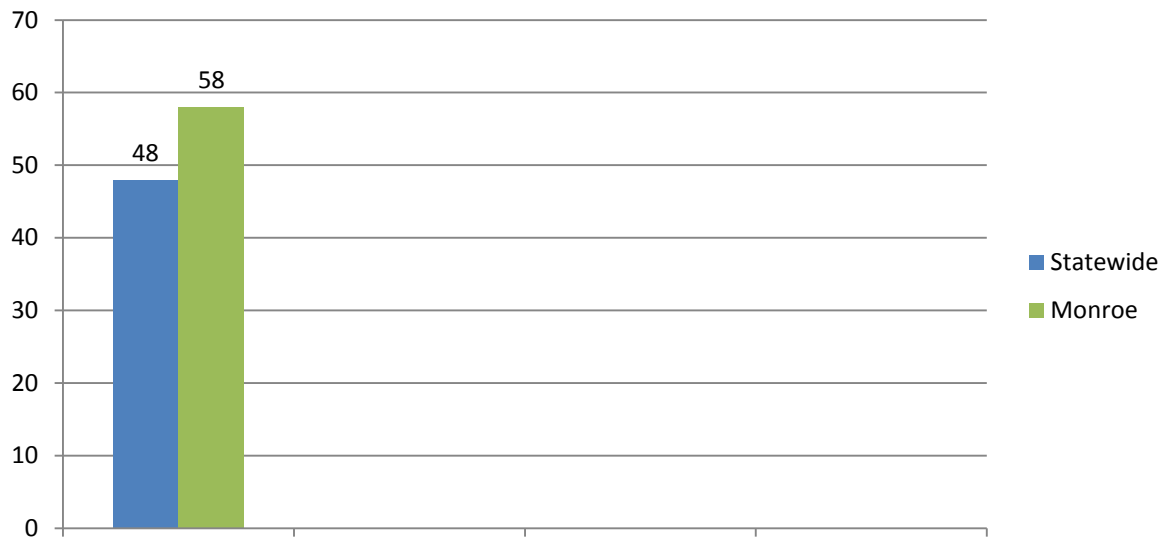
Circuit 16- Third highest in state

Maltreatment Rates FY 2006-07

Reporting Rates per 1,000 Children



Substantiation (Verified and Some Indication) Rates by Percent



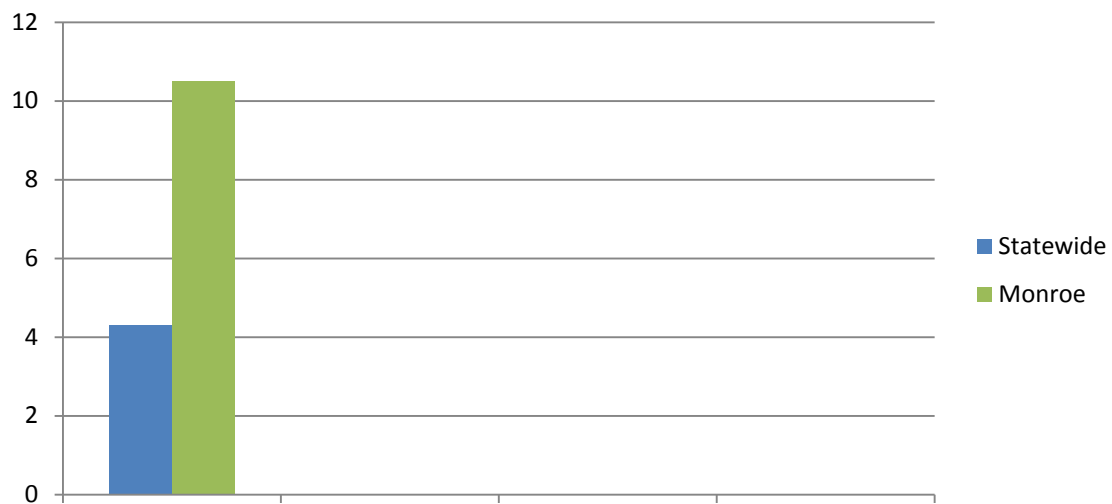
Victimization Rates per 1,000 Children



Miami-Dade ranks lowest in state.

2. Maltreatment Factors-2007

Poverty Rates (percent of children)



3. Narrative Discussion of the Findings as They Relate to the Prevention of Child Abuse, Abandonment and Neglect

Reporting rate: Circuit 16 reporting rate of 64.1 is above the state levels and more than double Circuit 11. Several factors are influencing the reporting rate in Circuit 16. For example, being a small community, people are well aware of their neighbors and surroundings. There is a strong “sense of community” in Monroe County so the responsibility in reporting and “watching out” for children is a high priority in this area. Also the Department of Children and Families in conjunction with its CBC partners and CBC Alliance, conducts educational campaigns on Chapters 39 and 415, alerting the community on indicators of abuse and how to report it.

Substantiation and Maltreatment rates: Substantiation rates for 2008-2009 reveal Circuit 16 at 22.24% and Statewide levels at 15.25%. It is believed that the factors influencing the reporting rate also play a significant role here too. Most reports accepted by the Hotline are validated in Circuit 16 which leads to the belief that reporters are educated on child abuse indicators and responsibly report in the majority of the cases. Maltreatment rate per 1,000 children reveal Circuit 16 was 19.18 in 2007-2008 and 17.51 in 2008-2009. Statewide rates for 2007-2008 were 11.30 and 11.08 for 2009.

Children living in Poverty: Children living in poverty, one of the highest indicators of children at risk vary greatly. Data from 2007 indicates that 21.2 % of children under 18 in Miami Dade live in poverty, while Monroe County shows on that same year a 15.5 % of children under 18 living in poverty. It is important to understand that most adults in Monroe County hold a minimum of two jobs to be able to afford the high cost of living in the Keys.

Domestic violence Circuit 16 was 5.2, lowest in the state as per 2006 data. In the last couple of years since the economic downturn in South Florida started, more cases of domestic violence have been received in Circuit 16. The unemployment and underemployment rates in the Keys

have increased as well as the foreclosures, and these stressors are believed to influence the increase in DV incidents lately.

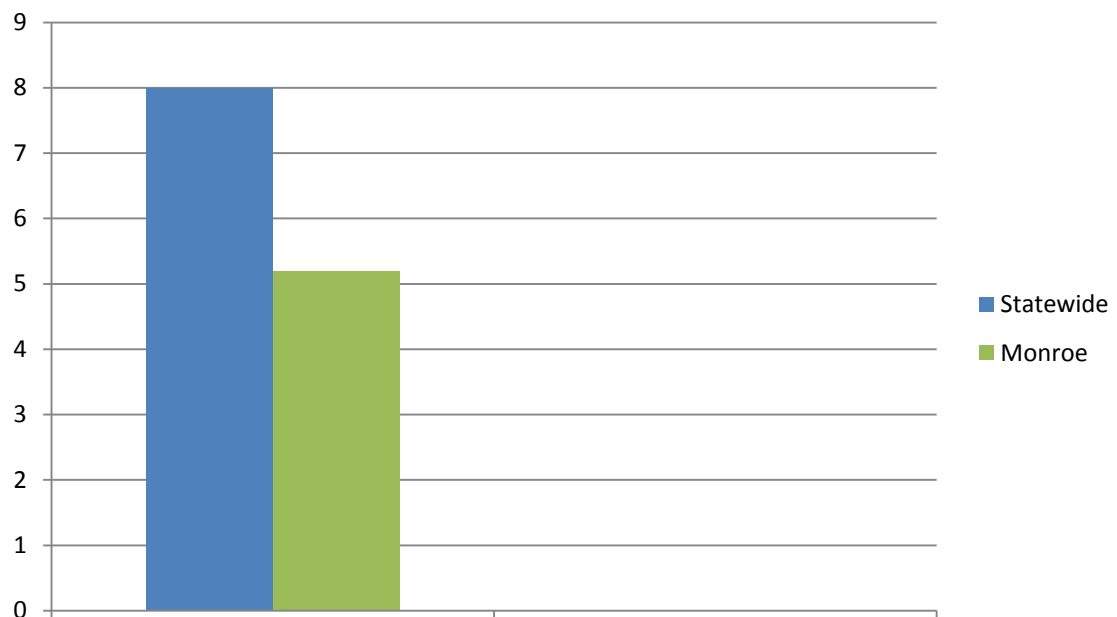
Substance Abuse: Circuit 16 is 15 per 1,000 and the second highest in the state. Circuit 16's main underlying reason of child maltreatment is parents abusing substances. There is very limited outpatient treatment available in the Keys and the culture of an "adult tourist destination" makes it difficult to control the abuse of alcohol and illegal drugs.

Generally speaking with the continue of influx of immigrants in South Florida as well as climbing poverty rates and high cost of housing Circuit 16 is a community in distress.

FY 2006-07 Substance Abuse Treatment Rates per 1,000 Adults



2006 Domestic Violence Offense Rates per 1,000 Adults



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II. CONTINUA OF PRIMARY AND SECONDARY PREVENTION PROGRAMS

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

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

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

The kinds of Community Development that are currently available in Circuit 16 include the Children's Group, a group represented by State Agencies, doctors, and community partners who serve the children of Monroe County. The group meets quarterly in Marathon. The Children's Task Force is a local multi-agency organization led by local agencies. Their mission is to develop a children's council to dedicate a funding source to children programs. The Community Based Care Community Alliance is composed of various State and private entities. It meets monthly. The Chance Coalition is a task force for prevention of domestic violence. The Juvenile Justice Board meets monthly. It is made up of various state and private groups who work within the penal or restorative justice fields, Interagency Council meets. The Southernmost Homeless Assistance League (SHAL) is composed of various State and private organizations that deal with homelessness.

The kind of community support presently available for families is effected by the geography that defines the Keys. Monroe County is a rural county, made up of a cluster of 1700 islands. Many of these islands are uninhabitable. Monroe County spans over 120 miles and is divided into 3 main areas: the Upper Keys, Middle Keys, and Lower Keys. Within each area, there are many isolated communities. Due to the rural nature our community support is primarily advertised by word of mouth and the local weekly newspapers and the daily Key West Citizen. Community support is primarily provided by small local organizations. Community support that is currently available are the following: Health Fairs (AHEC/UM), Children's Day (City of Key West), World Youth Day Fair by St. Peter's Church (Big Pine Key), Adoption Day Event (WHFS), Community Parades (EX, Veteran's Day, Christmas, Awareness Events (Ex. DV. Sexual, Child Abuse), MCSD Event at Islamorada Park, Big Pine Charter School Holiday Festival, October Festival (St. Justin Church, Key Largo), Pumpkin Patch Big Pine Key

and Key West, Children Story Time (Monroe County Libraries), MCSD Petting Zoo, Regal Cinema once/week free movies (Key West), Tropic Cinema free movies (Key West), Free Play Groups

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

Family Supportive Programs/Services are available

1. Wesley House Family Services provides Neighborhood Centers within the community. In addition to the neighborhood centers, the following services are provided.

- A. Voluntary home visiting
- B. Developmental Screening is provided by the following agencies:
 - 1. Child Find (Countywide)
 - 2. WHFS Child Care (Countywide)
 - 3. Easter Seals (Countywide)
 - 4. All Child Care Centers and Providers
- C. Affordable, Accessible Quality Child Care
 - 1. WHFS Lead Agency for Early Learning Coalition
- D. Before and After School Programs provided are:
 - 1. Monroe County School District (MCSD) (County-wide)
 - 2. Boys and Girls Club (Key West)
- E. Recreational Activities that are provided to the youth are:
 - 1. PAL (Key West Police Athletic League)
 - 2. Youth Athletic Leagues (County –wide)
 - 3. Islamorada Founders Park (Upper Keys)
 - 4. Blue Heron Park-Big Pine Key (Middle/lower Keys)
 - 5. Marathon Community Center (Middle Keys)
- F. Parent Support Groups available to general population are:
 - 1. La Leche League(Lower Keys)
 - 2. Free Playgroups (county wide)
- G. Parent Educational Classes are provided by the following:
 - 1. Parenting Classes (WHFS) (Countywide)
 - 2. CAFÉ (Child Care Services WHFS)(Countywide)
 - 3. Parenting Classes (MCSD)(Countywide)
 - 4. Churches(Countywide)
- H. Marriage/Counseling Services are provided by the following:
 - 1. Churches(Countywide)
 - 2. Womankind(Lower Keys)
 - 3. Guidance/Care Center(Countywide)

The kinds of services that provide information, referrals and help lines in Circuit 16 include the Helpline which offers a 24/7 phone line for crisis intervention. They provide referrals and information countywide. Interagency Council provides annually an updated community directory. Child Protective Investigators in Circuit 16 distribute to families with other paperwork at the beginning of an investigation. Earth Angels help single parents by putting them in touch with other non-profits that specifically support their needs. It is available countywide. Most Community Agency Conch Connect (helps students with disabilities). Domestic Abuse Shelter has a 24/7 hotline, which includes referrals to caller. Coldwell Banker Foundation sponsors a 24/7 Suicide Hot Line that connects to a local mental health and substance abuse crisis program.

The kinds of Public Awareness and Education Campaigns which are available in Circuit 16 are Child Abuse Campaign, Healthy Start Car Seat/Alcohol Prevention, Monroe County School Board, Youth Challenge day, Adoption Day WHFS, Domestic Abuse Awareness Month AHEC, Fire Department – Fire

Safety, WHFS Foster Parent-Child Abuse Awareness, Mental Health Wellness Month, Recovery Month and Driving Drunk and Drugged Prevention Month.

The available resources that are provided by the Workforce in Circuit 16 include the military. They are one of the primary employers in Circuit 16. Their housing benefits are extended to contracted civilian employees, few other employers offer housing for employees in Monroe County. A few of the major resorts do offer housing for some employees. Ocean Key House, Casa Marina, and Hawks Cay Resort have housing for families when available. Hawk's Cay provides travel with their employee bus for Marathon Area. Florida Keys Community College, Wesley House Family Services. In addition, there are many Restaurants offer discount on food at the end of a restaurant shift. This food can be taken home to the family.

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

The adult education available in Circuit 16 includes Literacy Volunteers of America offers free tutoring county-wide for residents requiring ESL and GED tutoring. Florida Keys Community College offers beg – advanced ESL classes. GED classes are offered at Key West High school and Coral Shores, Tavernier – Adult Education, Monroe Association for Retarded Citizens (MARC) provides day training and employment for mentally challenged adults, TIES Program, Transition to Independence, Employment and Success The TIES Program provides instruction in various independent living skills within both the classroom and community environments for young adults ages 18-22 who have completed 4 years of high school.

Community Development is comprised of Habitat for Humanity provides affordable housing for deserving and qualified homes. The Housing Authority creates affordable housing for professionals in Monroe County.

There are various community support services available for families in Monroe county. There are several food banks available for families. St. Mary's food pantry in Key West offers food and clothing, 5th St. Baptist in Key West offers food, MET Church in Key West, Lutheran Church has a food bank in Key Largo, KAIR, Keys Area Interdenominational Resources, in Marathon offers food, and clothing. There are three DCF offices to apply for food stamps. The offices are in Key West, Marathon and Tavernier. Second Hand Sams works with South Florida Workforce, SFWF issues clients a Second Hand Sams voucher to receive an entire outfit (pants, shirt, belt, shoes, etc) for free to wear for interviews. There are 15 community partners where applications can be completed. There are also soup kitchens available in Key West, Marathon and Key Largo. Transportation services are provided by Key West Dept of Transportation, Middle Keys Medicaid Transportation, Monroe county Transportation, MARC offers transportation for the mentally challenged adults. Senior Center provides support to seniors and their families. Guidance /Care Center operates a Thrift Shop and offers clothes and other house hold items in Marathon . GCC offers children intervention at Douglas Gym in Key West.

Concrete Services available in Circuit 16 are Catholic Charities which provides assistance with housing, St. Mary's Food Pantry, Monroe County Social Services.

Keys Energy (LIHEAP) Low Income Home Energy Assistance Program helps low income people pay their heating bills through home heating energy assistance grants and crisis grants. Coldwell Banker Schmitt Charitable Foundation, These funds are primarily used to help residents of the Keys whose critical needs are not being met through other means. These funds have been distributed in the Florida Keys to qualified applicants to bridge a financial gap caused by some unfortunate, yet temporary, situation. Sister Season Fund is for people in the service and entertainment industry who live year-round in the 33040 zip code. It will assist in rent short falls and basic utility bills while recuperating from their illness or personal disaster, but will also attempt to help with uncovered medical expenses. Guidance/Care Center has mental health contingency funds and a Indigent Drug Program that can be used to purchase psychotropic medication for qualified applicants

Family Supportive Programs/Services include Wesley House, Keys Center, SFWF Youth Program, Positive Step, Neighborhood Accountability Board is a diversion program for youth

which involves the entire community including the family and the victim, Alcoholics Anonymous, Narcotics Anonymous, Teen Intervene is an evidenced based program for teenagers twelve to nineteen years old suspected of experiencing mild to moderate problems associated with alcohol. Family Intervention Services are available for all adults reported to the Child Abuse Hot line and are at risk for substance abuse. School Life Skills services are available for children of parents reported to the Child Abuse Hot Line. In home therapy and counseling is available for children and families. Guidance /Care Centers operate substance abuse prevention programs at all High Schools, Douglas Gym, Stanley Switlick Elementary School and DJJ for children and adolescents. GCC offers groups and individual substance abuse and mental health therapy for children and families.

The Monroe County workforce comprises government and some private organizations offer employee assistance programs to assist employee personal issues.

The TIES Program (Transition to Independence, Employment and Success) is the result of a joint effort between the Exceptional Student Education Department of Monroe County School District, Florida Department of Vocational Rehabilitation, and the United States Navy. Located on Sigsbee Naval Base, this program serves young adults, ages 18-22 years old, who have completed 4 years of high school and need continued support in developing "real-world" skills. The TIES Program provides instruction in various independent living skills within both the classroom and community environments.

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II.C. FLORIDA'S ECOLOGICAL FRAMEWORK

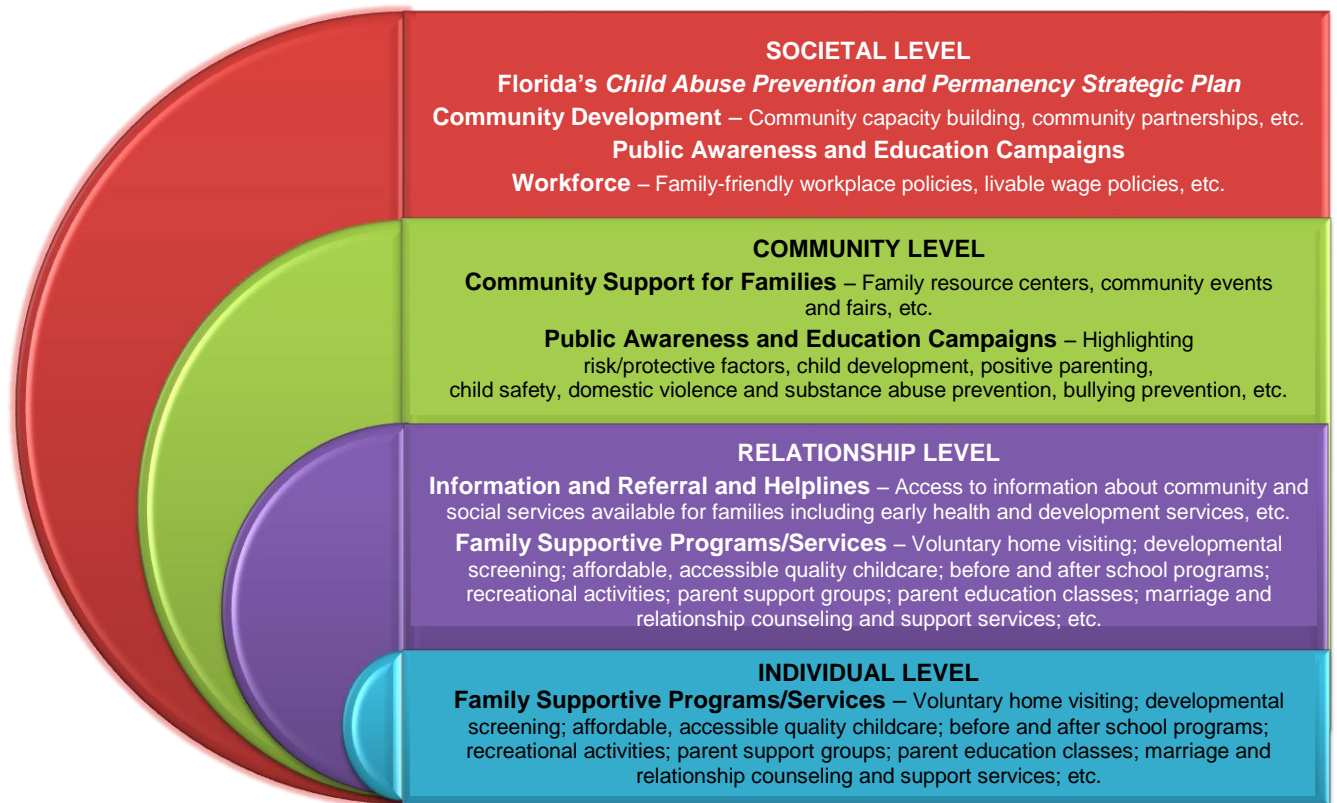
Florida's ecological framework serves to organize the potential influence and impact of prevention strategies and is based on the following assumptions:

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

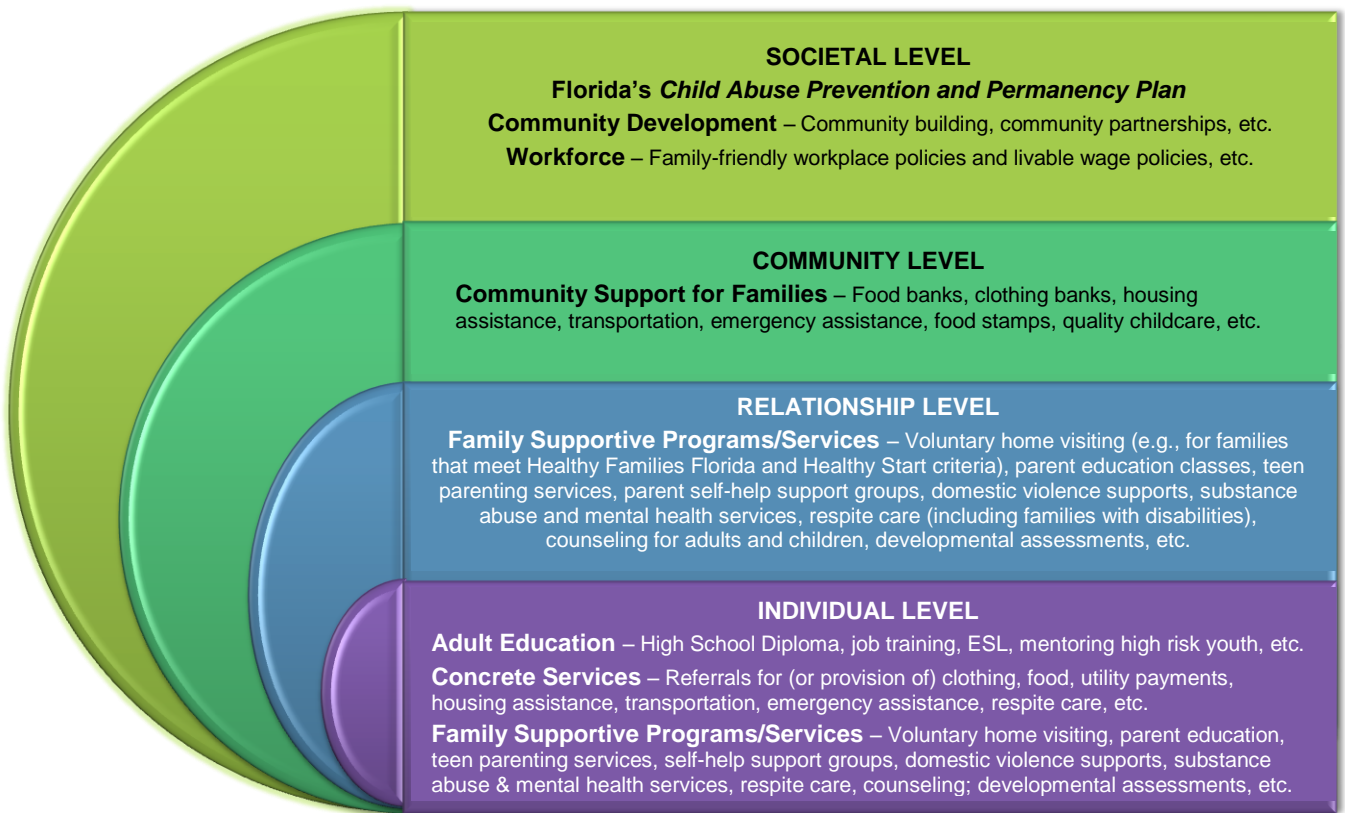
It comprises four levels of influence:

1. **Individual level:** At this level are **parent and child characteristics** – emotional and psychological characteristics, temperament, behavior, problem-solving skills, health conditions, and beliefs – that can affect the rearing of children. Interventions at this level are often designed to affect an individual's social skills, cognitive skills, behavior and immediate circumstances.
2. **Relationship level: Interpersonal relationships** with peers, intimate partners, and family members shape an individual's behavior and range of experiences. This level contains factors such as family size, cohesion, communication, support, conflict, and stability that directly affect the child and influence the way in which adults care for children and each other. Interventions at this level are often designed to improve a person's ability to engage in positive and constructive relationships, especially within the immediate family.
3. **Community level:** Families operate within **neighborhoods and communities**. Factors that characterize this level include availability of supports (governmental and community), stability, violence, poverty, disorganization, and isolation; all affect the ability of families and communities to nurture their children. Interventions at the community level are typically designed to impact the climate, systems and policies in a given (usually geographic) setting.
4. **Societal level:** The **larger culture** in which families operate and children are raised plays a significant role in how families care for their young. Religious or cultural belief systems, values such as self-reliance and family privacy, and the cultural acceptance of media violence and corporal punishment of children affect the way in which parents raise their children and the ways in which communities support families. Interventions at the societal level typically involve collaborations of multiple partners to change laws and policies as well as to determine and influence societal norms and harmful cultural belief systems.

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



Socio-Ecological Continuum of Secondary/Selected Prevention Strategies
Targeted to Families with Multiple Risk Factors Prior to the Occurrence of Child Abuse and Neglect



III. PROGRAMS CURRENTLY SERVING CHILDREN WHO HAVE BEEN MALTREATED

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

§39.001(8)(b)6.b

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

Wesley House Family Services provides the majority of programs serving children who have been maltreated. They provide case management; as well the Neighborhood Center branch of Wesley House offers voluntary services to children and families as well as crisis intervention. Safe at Home (SOS) provides in-home intensive services in the Upper-Middle Keys. The Florida Keys Children Shelter is located in the Upper Keys for ages 12 – 17 and Key West has shelters for both children 0 – 11, and 12 – 17. They provide shelter to children who have been abused neglected or abandoned for children in the entire county. As well, Monroe County has local foster parents. Womenkind offers counseling to women including teenage girls. The service is provided at a sliding scale fee. There are diversion programs that work with children and the entire family. The Positive Step program and the Neighborhood Accountability Board are two active programs in Monroe County, especially the Key West area.

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IV. CHILD MALTREATMENT PREVENTION PROGRAMS

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

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

- Name of the program: **Healthy Relationships provided by Domestic Abuse Shelter**
- Target audience for the program: **8th Grade students**
- Counties served by the program: **Monroe**
- Frequency of provision **2, 10 week sessions**
- Number of families, children served **12-15 children per session**
- Most recent impact data (with date of collection) **results of first session currently being compiled**
- Most recent cost-effectiveness data (with date of determination) **N/A**
- Sources of funding **Florida Coalition Against Domestic Violence (FCADV), DAS**
- Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience **no**
 - Social connections **yes**
 - Knowledge of parenting and child development **no**
 - Concrete support in times of need **yes?**
 - Nurturing and attachment **no**
- Type of universal prevention strategy (may be more than one)
 - Community development **no**
 - Community support for families **no**
 - Family supportive programs/services **no**
 - Information and referral and helplines **no**
 - Public awareness and education campaigns **yes**
 - Workforce **no**

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

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

- Name of the program: **Dependency Parenting Program**
- Target audience for the program : **Parents of children 0-18.**
- Counties served by the program: **Monroe County**
- Frequency of provision **3 times a week**
- Number of families, children served: **100 families**
- Most recent impact data (with date of collection)
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding: **Our Kids**
- Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience: **yes**
 - Social connections **yes**
 - Knowledge of parenting and child development **yes**
 - Concrete support in times of need **yes**
 - Nurturing and attachment **yes**
- Type of universal prevention strategy (may be more than one)
 - Community development: **no**
 - Community support for families: **yes**
 - Family supportive programs/services: **yes**
 - Information and referral and helplines: **no**
 - Public awareness and education campaigns: **no**
 - Workforce: **no**

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- Name of the program: **Keys Center**
 - Target audience for the program **Female students grades 9 – 12, male students grades 7-8**
 - Counties served by the program: **Monroe**
 - Frequency of provision **Monday - Friday**
 - Number of families, children served **Females: 19 Males: 5**
 - Most recent impact data (with date of collection) **Not Available**
 - Most recent cost-effectiveness data (with date of determination)
 - Sources of funding: **Monroe County School District. Counselors are funded through grants**
 - Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience **Yes, parents can participate in counseling**
 - Social connections **Yes**
 - Knowledge of parenting and child development **Yes**
 - Concrete support in times of need **Yes**
 - Nurturing and attachment **Yes**
 - Type of universal prevention strategy (may be more than one)
 - Community development **Yes**
 - Community support for families **No**
 - Family supportive programs/services **Yes**
 - Information and referral and helplines: **Yes**
 - Public awareness and education campaigns **Not Sure**
 - Workforce **Yes, Workforce staff teaches classes at the Keys Center**
-
- Name of the program: **Brief Strategic Family Therapy by A Positive Step**
 - Target audience for the program: **Youth and families who are involved in the Department of Juvenile Justice and who are at risk of residential commitment.**
 - Counties served by the program: **Monroe County**
 - Frequency of provision: **Weekly**
 - Number of families, children served: **Up to 20 families.**
 - Most recent impact data (with date of collection): **N/A—new contract.**
 - Most recent cost-effectiveness data (with date of determination) **N/A –new contract**
 - Sources of funding: **Evidence Based Associates**
 - Protective factor(s) built by the prevention strategy:
 - Parental emotional resilience **Yes**
 - Social connections **No**
 - Knowledge of parenting and child development **No**
 - Concrete support in times of need **Yes**
 - Nurturing and attachment **No**
 - Type of universal prevention strategy (may be more than one)
 - Community development **No**
 - Community support for families **No**
 - Family supportive programs/services **Yes**
 - Information and referral and helplines: **No**
 - Public awareness and education campaigns **No**
 - Workforce **No**

- Name of the program: **Batterers Intervention - Anaga Psychotherapy Center Domestic Safety Program**
- Target audience for the program: **Domestic Violence perpetrators Men and women who are charged with domestic violence related charges (Court ordered cases, other agencies referrals and volunteers**
- Counties served by the program: **Monroe County and Dade County**
- Frequency of provision **Keeping the State Standards for certified programs there are a minimum of 26 weeks of psycho-educational group sessions**
- Number of families, children served **not applied**
- Most recent impact data (with date of collection) **Approximately there were around 30 individuals referred to the program for the year 2009**
- Most recent cost-effectiveness data (with date of determination)
- Sources of funding **Clients fees**
- Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience **No**
 - Social connections **no**
 - Knowledge of parenting and child development **Domestic violence classes address parenting issues as part of the curriculum and we also offer parenting classes specialized for batterers.**
 - Concrete support in times of need: **no**
 - Nurturing and attachment: **no**
- Type of universal prevention strategy (may be more than one)
 - Community development: **no**
 - Community support for families: **no**
 - Family supportive programs/services: **no**
 - Information and referral and helplines: **no**
 - Public awareness and education campaigns: **We facilitate presentations on domestic violence issues and the impact on children and families to other professionals and to the general public when requested.**
 - Workforce

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- Name of the program: **Healthy Families Monroe**
 - Target audience for the program: **Women who are pregnant or have infants with multiple risk factors for child maltreatment**
 - Counties served by the program: **Monroe County**
 - Frequency of provision: **Home visiting on needs basis; weekly to quarterly for up to 5 years**
 - Number of families, children served: **Contracted to serve 80 families from Big Pine to Key West**
 - Most recent impact data: **2008—2009 contract year Maltreatment occurrence: During Participation 100% of families were free from maltreatments. One year after service completion, 100% were free from verified or some indications of maltreatment.**
 - Most recent cost-effectiveness data: **Cost of program: \$3,388 per family per year.**
 - Sources of funding: **Ounce of Prevention Florida, Health and Human Services Board, Wesley House Family Services**
 - Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience : **Yes**
 - Social connections: **Yes**
 - Knowledge of parenting and child development :**Yes**
 - Concrete support in times of need: **Yes**
 - Nurturing and attachment: **Yes**
 - Type of universal prevention strategy (may be more than one)
 - Community development :**Yes through MOAs and linkages**
 - Community support for families: **Yes**
 - Family supportive programs/services: **Yes**
 - Information and referral and helplines: **No**
 - Public awareness and education campaigns: **No**
 - Workforce: **No**
-
- Name of the program: **Teen Intervene**
 - Target audience for the program: **a program for teenagers suspected of experiencing mild or moderate problems associated with alcohol or other drug use**
 - Counties served by the program: **Monroe County**
 - Frequency of provision
 - Number of families, children served
 - Most recent impact data (with date of collection)
 - Most recent cost-effectiveness data (with date of determination)
 - Sources of funding: grants
 - Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience yes
 - Social connections yes
 - Knowledge of parenting and child development no
 - Concrete support in times of need yes
 - Nurturing and attachment yes
 - Type of universal prevention strategy (may be more than one)
 - Community development
 - Community support for families
 - Family supportive programs/services
 - Information and referral and helplines
 - Public awareness and education campaigns
 - Workforce

- Name of the program: **Prevention Partnership Project / Too Good For Drugs and Violence/ Guidance/Care Center ,Inc**
 - Target audience for the program: **10th grade students attending any of the three high schools in Monroe County.**
 - Counties served by the program: **Monroe County**
 - Frequency of provision:
 - Number of families, children served: **420 10th graders plus family members**
 - Most recent impact data (with date of collection): **Data is available in the state Prevention Reporting data base**
 - Most recent cost-effectiveness data (with date of determination): **Reported monthly**
 - Sources of funding: grants: **Prevention Partnership DCF grant- for 3 years**
 - Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience: **yes**
 - Social connections: **yes**
 - Knowledge of parenting and child development: **no**
 - Concrete support in times of need: **yes**
 - Nurturing and attachment: **no**
 - Type of universal prevention strategy (may be more than one)
 - Community development: **yes**
 - Community support for families: **yes**
 - Family supportive programs/services: **yes**
 - Information and referral and helplines: **yes**
 - Public awareness and education campaigns: **yes**
 - Workforce: **No**
-
- Name of the program: **Hooked on Fishing EBP/ Guidance/Care Center**
 - Target audience for the program: **Ages 6-12 yr.**
 - Counties served by the program: **Monroe County**
 - Frequency of provision: **Daily when in session: Offered June – July in summer; Offered weekly for 6 weeks at Stanley Switlick during school**
 - Number of families, children served ; **75 children and families**
 - Most recent impact data (with date of collection); **Data and outcomes measures are entered in the State Prevention Data Base system**
 - Most recent cost-effectiveness data (with date of determination): **Monthly**
 - Sources of funding: grants: **DCF**
 - Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience: **No**
 - Social connections: **Yes**
 - Knowledge of parenting and child development: **No**
 - Concrete support in times of need: **Yes**
 - Nurturing and attachment: **No**
 - Type of universal prevention strategy (may be more than one)
 - Community development: **No**
 - Community support for families: **No**
 - Family supportive programs/services: **Yes**
 - Information and referral and helplines: **Yes**
 - Public awareness and education campaigns: **Yes**
 - Workforce: **No**

- Name of the program: **Level 2 Prevention / Guidance/Care Center, Inc**
 - Counties served by the program: **Monroe County**
 - Frequency of provision – **PRN**
 - Number of families, children served: **Varies on need**
 - Most recent impact data (with date of collection)
 - Most recent cost-effectiveness data (with date of determination)
 - Sources of funding: grants; **DCF**
 - Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience: **No**
 - Social connections: **No**
 - Knowledge of parenting and child development: **No**
 - Concrete support in times of need – **Yes**
 - Nurturing and attachment: **No**
 - Type of universal prevention strategy (may be more than one)
 - Community development: **No**
 - Community support for families: **No**
 - Family supportive programs/services- **Yes**
 - Information and referral and helplines – **Yes**
 - Public awareness and education campaigns: **No**
 - Workforce: **No**
-
- Name of the program: **16th Judicial Circuit Adult, Juvenile, and Family Treatment Drug Court Program**
 - Target audience for the program: **1st Felony Adult drug offenders. Delinquent youth, and parents adjudicated dependant with substance abuse issues.**
 - Counties served by the program: **Monroe County**
 - Frequency of provision: **Hours of Operation Mon-Fri 8:30am - 5:00pm**
 - Number of families, children served: **see below**
 - Most recent impact data (with date of collection) **see below**
 - Most recent cost-effectiveness data (with date of determination)

Juvenile	Key West	Marathon	Plantation Key	Total
Carry Over from 6/2008	23	7	6	36
Admissions	22	5	18	45
Terminations Successful	21 (81%)	5 (83%)	5 (83%)	31 (82%)
Terminations Unsuccessful	5 (19%)	1 (17%)	1 (17%)	7 (18%)
Transfers	1	0	0	1
Total Terminations	27	6	6	39
Carry Over to 7/2009	18	6	18	42

Family	Key West	Marathon	Plantation Key	Total
Carry Over from 6/2008	17	5	7	29
Admissions	13	5	5	23
Terminations Successful	13 (81%)	3 (75%)	2 (25%)	18 (64%)
Terminations Unsuccessful	3 (19%)	1 (25%)	6 (75%)	10 (36%)
Transfers	2	1	0	3
Total Terminations	18	5	8	31
Carry Over to 7/2009	12	5	4	21

- Sources of funding: grants; **State and county funding, as well as DCF funding for UA**
- Protective factor(s) built by the prevention strategy: (may be more than one)
 - Parental emotional resilience: **No**
 - Social connections: **Yes**
 - Knowledge of parenting and child development: **Yes**
 - Concrete support in times of need: **Yes**
 - Nurturing and attachment: **Yes**
- Type of universal prevention strategy (may be more than one)
 - Community development: **Yes**
 - Community support for families: **No**
 - Family supportive programs/services-**No**
 - Information and referral and helplines: **No**
 - Public awareness and education campaigns: **No**
 - Workforce: **Yes**

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V. PLAN PRIORITIES

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

**Priority Ranking of County-Level Needs Related to the Primary and Secondary Prevention
of Child Abuse, abandonment, and neglect**

Priority	County-Level Need with Description	Level of Prevention Intervention Necessary to Address the Need <input type="checkbox"/> Primary (Universal Strategies) <input type="checkbox"/> Secondary (Selected Strategies)	Protective Factors that Should be Built/Supported when Meeting this Need <input type="checkbox"/> Parental Emotional Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Knowledge of Parenting and Child Development <input type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Nurturing and Attachment
1	Expand Family Centered Practice in the community	Primary/secondary	<input checked="" type="checkbox"/> Parental Emotional Resilience <input checked="" type="checkbox"/> Social Connections <input checked="" type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Concrete Support in Times of Need <input checked="" type="checkbox"/> Nurturing and Attachment
2	Increase Substance Abuse programs like “Too Good for Drug”	Secondary	<input checked="" type="checkbox"/> Social Connections
3	Increase funding for Healthy Families and Healthy Start programs	Primary/Secondary	<input checked="" type="checkbox"/> Parental Emotional Resilience <input checked="" type="checkbox"/> Social Connections <input checked="" type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Concrete Support in Times of Need <input checked="" type="checkbox"/> Nurturing and Attachment
4	Increase daycare and afterschool programs	Primary/Secondary	<input checked="" type="checkbox"/> Concrete Support in Times of Need
5	Increase services for homeless families	Secondary	<input checked="" type="checkbox"/> Social Connections <input checked="" type="checkbox"/> Concrete Support in Times of Need

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

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

Healthy Families Monroe

Healthy Families Florida Legislative Update, May 2010.

By 30 June 2015, the State of Florida will have funded Healthy Families Florida at levels necessary to sustain the quality of services, expand the availability of services statewide, and enhance the program's capacity to better serve families at risk of child maltreatment, especially those experiencing domestic violence, mental health and substance abuse issues.

Strategy 1

Circuit 16 will support the statewide efforts to increase the availability and capacity of Healthy Families Florida to provide home visitation for families at high risk of abuse and neglect and in need of parenting education and support over the five-year period from July 2010 – June 2015.

Priority Level: #1 – ___ County #1 – ___ County	Priority Need: Provide free home visiting services to expectant mothers and families caring for newborns who are identified as at risk for child maltreatment	
A. Level of Prevention addressed by this Strategy: <input type="checkbox"/> Primary Prevention/Universal Strategies (<i>Complete D</i>) <input checked="" type="checkbox"/> Secondary Prevention/Selected Strategies (<i>Complete E</i>) B. Socio-Ecological Model Level(s) Influenced by this Objective: <input type="checkbox"/> Societal Level <input checked="" type="checkbox"/> Relationship Level <input checked="" type="checkbox"/> Community Level <input checked="" type="checkbox"/> Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: <input checked="" type="checkbox"/> Parental Emotional Resilience <input checked="" type="checkbox"/> Social Connections <input checked="" type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Concrete Support in Times of Need <input checked="" type="checkbox"/> Nurturing and Attachment	
D. Primary Prevention Continuum Addressed by this Strategy: <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Information and Referral and Helplines <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	E. Secondary Prevention Continuum Addressed by this Objective: <input type="checkbox"/> Adult Education <input checked="" type="checkbox"/> Community Development <input checked="" type="checkbox"/> Community Support for Families <input checked="" type="checkbox"/> Concrete Services <input checked="" type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	

Objectives

1.1 Continue, enhance and expand Healthy Families Florida.

Objective: 1.1 Continue, enhance and expand Healthy Families Florida.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Implement advocacy strategies to align with Healthy Families Florida's legislative priorities.	100% of advocacy strategies will align with legislative priorities and messages set forth by Healthy Families Florida.	Healthy Families Monroe	WHFS Healthy Families Florida & Department of Children & Families	July 1, 2010	June 30, 2015
Develop and enhance partnerships to support program efforts.	Number of new or enhanced Memoranda of Agreement (MOAs).	Healthy Families Monroe	Local partners; WHFS, DCF, Early Learning Providers, Head Start, MCSB, Early Steps, Easter Seals, Pediatricians, Healthy Start, Other Home Visiting programs	July 1, 2010	On-going
Educate community partners about Healthy Families services and its benefits.	Number of meetings, presentations, community events and public awareness efforts, etc. conducted to increase the awareness and purpose of the program.	Healthy Families Monroe	DCF, <i>Identify the partners who will help the lead with accomplishment of this action step)</i>	July 1, 2010	On-going
Facilitate multi-disciplinary staffing for families with an open child protection investigation or case.	<ul style="list-style-type: none"> All referrals from CPI and CBC agencies to Healthy Families with an open investigation; and All HF participants with an open investigation or case will have a multi-disciplinary staffing. 	CPI Healthy Families Monroe CBC	Other community partners serving the family.	July 1, 2010	On-going
Work with Healthy Families Florida to determine unmet need	Report of unmet need will be submitted to Healthy Families Florida, based on criteria	Healthy Families Florida	Healthy Families Florida & Healthy Families Monroe;	July 1, 2010	December 31, 2010

Objective: 1.1 Continue, enhance and expand Healthy Families Florida.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
for Healthy Families services in the community.	developed through partnership with Healthy Families Florida.		DCF; Vital Statistics; Healthy Start; <i>(Identify the partners who will help the lead with accomplishment of this action step)</i>		
Obtain letters of support from community partners when grant opportunities arise.	100% of grant applications will include letters of support from community partners.	Healthy Families Monroe	<i>Identify the partners who will help the lead with accomplishment of this action step</i>	July 1, 2010	On-going

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Circuit 16 Goal 2
Domestic Abuse Shelter

Strategy 2

By 30 June 2015, Circuit 16 will support the efforts of the Domestic Abuse Shelter and other community partners to educate the community on gender equity, healthy relationships, and positive approaches to expressing feelings and constructive ways to deal with conflict, thus reducing the number of domestic violence related cases by 2015.

Priority Level: 1 - County 1- County	Priority Need: To reduce the likelihood of Monroe County residents from ever becoming perpetrators or victims of intimate partner violence	
A. Level of Prevention addressed by this Strategy: <input checked="" type="checkbox"/> Primary Prevention/Universal Strategies <i>(Complete D)</i> <input type="checkbox"/> Secondary Prevention/Selected Strategies <i>(Complete E)</i> B. Socio-Ecological Model Level(s) Influenced by this Objective: <input type="checkbox"/> Societal Level <input checked="" type="checkbox"/> Relationship Level <input checked="" type="checkbox"/> Community Level <input type="checkbox"/> Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: <input type="checkbox"/> Parental Emotional Resilience <input checked="" type="checkbox"/> Social Connections <input type="checkbox"/> Knowledge of Parenting and Child Development <input type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Nurturing and Attachment	
D. Primary Prevention Continuum Addressed by this Strategy: <input checked="" type="checkbox"/> Community Development <input checked="" type="checkbox"/> Community Support for Families <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Information and Referral and Helplines <input checked="" type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	E. Secondary Prevention Continuum Addressed by this Objective: <input type="checkbox"/> Adult Education <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families <input type="checkbox"/> Concrete Services <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	

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Objectives

Objective 1.1 To engage a diverse group of community partners in Monroe County to address primary prevention of domestic violence.

Objective 1.2 To partner with faith based programs and/or the Monroe County School District to educate middle school students on gender equity, healthy relationships, and positive approaches to expressing feelings and constructive ways to deal with conflict

Objective: To engage a diverse group of community partners in Monroe County to address primary prevention of domestic violence.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
To establish the a Community Action Team which focuses on primary prevention of domestic violence - CHANCE Coalition (Creating Healthy and Non-violent community Environments) of the Florida Keys	The Coalition will meet monthly	Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing
To develop primary prevention training materials.	Primary prevention presentations will be delivered to professional groups	Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing
Objective: To partner with faith based programs and/or the Monroe County School District to educate middle school students on gender equity, healthy relationships and positive approaches to expressing feelings and constructive ways to deal with conflict.		Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing
To identify a primary prevention curriculum that includes gender equity, healthy relationships and positive approaches to expressing feelings.	To research evidence informed curriculums	Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing

Objective: To engage a diverse group of community partners in Monroe County to address primary prevention of domestic violence.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
To establish the a Community Action Team which focuses on primary prevention of domestic violence - CHANCE Coalition (Creating Healthy and Non-violent community Environments) of the Florida Keys	The Coalition will meet monthly	Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing
To develop primary prevention training materials.	Primary prevention presentations will be delivered to professional groups	Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing
Objective: To partner with faith based programs and/or the Monroe County School District to educate middle school students on gender equity, healthy relationships and positive approaches to expressing feelings and constructive ways to deal with conflict.		Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing
To identify a primary prevention curriculum that includes gender equity, healthy relationships and positive approaches to expressing feelings.	To research evidence informed curriculums	Domestic Abuse Shelter	DCF, NAS, Our Kids, FKOC, Interfaith Ministerial Association, MCSD, Children's medical Services	July 1, 2008	ongoing
To provide ongoing information and educational programming for middle school aged children that addresses the topics of gender equity, positive approaches to expressing feelings and constructive ways to deal with	To deliver the curriculum to 8 th grade students in Monroe County	Domestic Abuse Shelter	MCSD, St. Mary's Star of the Sea School	July 1, 2009	ongoing
Circuit 16 Child Abuse Prevention and Permanency Plan, July 2010 – June 2015			Page 44 of 100		

Circuit 16 Goal 3
Wesley House
Prevention Department

Strategy 1

Circuit 16 will support the statewide efforts to increase the availability and capacity of WHFS to provide family-centered, solution oriented, and skill based intervention services to assist families in crisis with identifying and accessing needed resources, and improving family functioning and stability in-home for families in need of parenting education and support over the five-year period from July 2010 – June 2015.

Priority Level: #1 – ___ County #1 – ___ County	Priority Need: For intensive in-home family-centered, solution oriented and skill based intervention services continue to be available for families in crisis in Monroe County.	
A. Level of Prevention addressed by this Strategy: <input type="checkbox"/> Primary Prevention/Universal Strategies (<i>Complete D</i>) <input checked="" type="checkbox"/> Secondary Prevention/Selected Strategies (<i>Complete E</i>) B. Socio-Ecological Model Level(s) Influenced by this Objective: <input type="checkbox"/> Societal Level <input checked="" type="checkbox"/> Relationship Level <input checked="" type="checkbox"/> Community Level <input checked="" type="checkbox"/> Individual Level	C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: <input checked="" type="checkbox"/> Parental Emotional Resilience <input checked="" type="checkbox"/> Social Connections <input checked="" type="checkbox"/> Knowledge of Parenting and Child Development <input checked="" type="checkbox"/> Concrete Support in Times of Need <input checked="" type="checkbox"/> Nurturing and Attachment	
D. Primary Prevention Continuum Addressed by this Strategy: <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families <input type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Information and Referral and Helplines <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	E. Secondary Prevention Continuum Addressed by this Objective: <input type="checkbox"/> Adult Education <input checked="" type="checkbox"/> Community Development <input checked="" type="checkbox"/> Community Support for Families <input checked="" type="checkbox"/> Concrete Services <input checked="" type="checkbox"/> Family Supportive Programs/Services <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce	

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Objectives

1.2 Continue, enhance and expand Prevention Services in Monroe County

Objective: 1.2 Continue, enhance and expand Prevention Services in Monroe County					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
WHFS will continue to apply for RFP's and Grants that align with WHFS mission to promote and enhances the safety, well-being and development of children by educating, supporting and meeting the needs of families.	WHFS will enhance and expand current services offered to families in Monroe.	Our Kids/ WHFS	WHFS, Our Kids & Department of Children & Families	July 1, 2010	June 30, 2015
Develop and enhance partnerships to support program efforts.		WHFS	Local partners; WHFS, DCF, Early Learning Providers, Domestic Abuse Shelter, CCMH, Head Start, MCSB, Early Steps, Easter Seals, Pediatricians, Healthy Start,	July 1, 2010	On-going
To educate WHFS, DCF and other community partners on the Safe and Together Model.	For David Mandel to provide a 3 day training to WHFS and Community Partners throughout Monroe County on the Safe and Together Model	WHFS	Our Kids, WHFS, and DCF.	January 1, 2010	On-going

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Circuit 16 Goal 4
Guidance Clinic/ Care Center

Strategy4

Circuit 16 will support efforts to increase the availability and capacity of substance abuse prevention, intervention and treatment programs and services for children at high risk for abuse and neglect and families in need of substance use related services over the five year period from July 2010 to June 2015.

Priority Level:	Priority Need: Increase Substance Abuse programs that are not court ordered	
A. Level of Prevention addressed by this Strategy: x <input type="checkbox"/> Primary Prevention/Universal Strategies <i>(Complete D)</i> X <input type="checkbox"/> Secondary Prevention/Selected Strategies <i>(Complete E)</i> B. Socio-Ecological Model Level(s) Influenced by this Objective: <input type="checkbox"/> Societal Level X <input type="checkbox"/> Relationship Level X <input type="checkbox"/> Community Level <input type="checkbox"/> Individual Level		C. Protective Factors that Should be Built/Supported when Meeting this Priority Need: x <input type="checkbox"/> Parental Emotional Resilience x <input type="checkbox"/> Social Connections x <input type="checkbox"/> Knowledge of Parenting and Child Development x <input type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Nurturing and Attachment
D. Primary Prevention Continuum Addressed by this Strategy: x <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families x <input type="checkbox"/> Family Supportive Programs/Services x <input type="checkbox"/> Information and Referral and Helplines x <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce		E. Secondary Prevention Continuum Addressed by this Objective: <input type="checkbox"/> Adult Education <input type="checkbox"/> Community Development <input type="checkbox"/> Community Support for Families x <input type="checkbox"/> Concrete Services x <input type="checkbox"/> Family Supportive Programs/Services x <input type="checkbox"/> Public Awareness and Education Campaigns <input type="checkbox"/> Workforce

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Objectives

Objective 1.1 Identify and support programs that improve children and families skills to engage in positive and constructive relationships

Objective: 1.1. Identify and support programs that improve children and families skills to engage in positive and constructive family relationships					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End
Reorganize community mental health and substance abuse services at GCC to focus on county wide children and families issues with in a coordinated system of care.	MOA with Partners	GCC	Wesley House, DCF, GAL, DJJ	July 1, 2010	On going
Enhance Family Intervention Services to assess all PI referrals involving substance abuse and make appropriate referrals for services.	100% of substance abuse related PI first time calls will be assessed and referred.	GCC	DCF and Wesley House	October 09	On going
Expand substance abuse intervention in the school setting to include referrals	100% of PI calls involving school children will be assessed by FIS and will be referred to a Life Skills Counselor.	GCC	MCSD	July 1, 2010	On going
Expand IHOS treatment to provide services that focus on families who have been reported for possible abuse or neglect.	100% of PI calls will be assessed by FIS and will be referred to substance abuse and/or mental health treatment if appropriate	GCC	DCF and Wesley House	July 1, 2010	On going
Expand Children Substance Abuse Prevention to off site community locations.	Ripple Effect for Team will be provided in at DJJ. Ripple Effect for children will be provided at Douglas Gym. Ripple Effect for children will be provided for children receiving mental health treatment.	GCC	DJJ, City of Key West	March 1 2010,	On

VII. MONITORING AND EVALUATION

Plans for monitoring progress and for determining the results of the prevention efforts

VII.A. MONITORING PLAN IMPLEMENTATION

At this time, it appears an annual/monitoring report is due on the following dates:

October 2010 Monitoring Report on progress from July 2010 to September 2010 (3 months)
April 2011 Monitoring Report on progress from October 2010 to March 2011 (6 months)
** July 2011 Annual report for fiscal year July 2010 to June 2011 and will include updates for April 2011 to June 2011

October 2011 Monitoring Report on progress from July 2011 to September 2011 (3 months)
April 2012 Monitoring Report on progress from October 2011 to March 2012 (6 months)
** July 2012 Annual report due for fiscal year July 2011 to June 2012 and will include updates for April 2012 to June 2012

October 2012 Monitoring Report on progress from July 2012 to September 2012 (3months)
April 2013 Monitoring Report on progress from October 2012 to March 2013 (6 months)
** July 2013 Annual report due for fiscal year July 2012 to June 2013 and will include updates for April 2013 to June 2013

October 2013 Monitoring Report on progress from July 2013 to September 2013 (3 months)
April 2014 Monitoring Report on progress from October 2013 to March 2014 (6 months)
** July 2014 Annual report due for fiscal year July 2013 to June 2014 and will include updates for April 2014 to June 2014

October 2014 Monitoring Report on progress from July 2014 to September 2014 (3 months)
April 2015 Monitoring Report on progress from October 2014 to March 2015 (6 months)
** July 2015 Annual report due for fiscal year July 2014 to June 2015

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VII. B ANNUAL PROGRESS REPORTING

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

Monthly progress will be reflected in quarterly updates to the annual report.

At this time, it appears an annual/monitoring report is due on the following dates:

- July 2011 Annual report for fiscal year July 2010 to June 2011 and will include updates for April 2011 to June 2011
- July 2012 Annual report for fiscal year July 2011 to June 2012 and will include updates for April 2012 to June 2012
- July 2013 Annual report for fiscal year July 2012 to June 2013 and will include updates for April 2013 to June 2013
- July 2014 Annual report for fiscal year July 2013 to June 2014 and will include updates for April 2014 to June 2014
- July 2015 Annual report for fiscal year July 2014 to June 2015

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VIII. BARRIERS

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

1. For Monroe County, the majority of youth are encountering barriers to employment. There are fewer jobs available, and many of the open positions are going to educated adults. For Monroe County, the summer is considered “off season” and there are many less jobs available than in the winter which is considered “season.” When youth are on summer break from school, there is a much lower rate of jobs available than when they are enrolled in school during the winter.
2. Transience of Population. Significant transience/ longevity of families due to economics in the Keys and Snowbirds.
3. Lack of Programs and Resources. Limited employment opportunities and training programs. Limited structured day program activities.
4. Administrative Control by Miami. Organization and service models from the Mainland do not often fit for the Keys. Delays in services due to added processing through Miami.
5. The geography of Monroe County, as described in the beginning of this document.
6. There are a lack of current prevention programs by the Children’s Trust.
7. Infrastructure is set up for court action and now majority of cases are voluntary. Family Treatment Court, Batterer’s Intervention, etc.
8. There is not enough funding to insure that the Guidance Care Center increases services to meet the substance abuse and mental health needs in our community.
9. The Geography and cultural differences between the Lower, Middle and Upper Keys makes it necessary to “triplicate” infrastructure and services in the Keys.
10. Complex economy of scale in the Keys due to small population, highest cost of living in the State of Florida and geopolitical infrastructure.

IX. RECOMMENDATIONS

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

1. Continue to develop short-term strategies/ interventions for the prevention of child maltreatment in Monroe County.
2. Continue to lobby legislators for adequate funding to expand and develop programs.
3. Increase decision-making and budgetary control by Keys administration.
4. Recruit professionals in our community that are bilingual to meet the needs of our diverse population.

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PART 3 – PLAN FOR THE PROMOTION OF ADOPTION

I. STATUS OF ADOPTION PROMOTION

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

1. Of the children adopted during the period of July 2008 to June 2009, the percent who were adopted within 24 months of entering out of home care:

15 children were adopted during SFY 7/2008 to 6/2009.

53% were adopted within 24 months of entering out of home care.

Note: An additional 7 children were adopted during the SFY 7/2008 to 6/2009 period, however the agency was not given credit for these adoptions because the finalization occurred out of county. Of these 7 children, 29% were adopted within 24 months of entering out of home care.

Monroe/Circuit	State	
SFY 2008-2009	53%	41%
SFY 2007-2008	38%	43%
SFY 2006-2007	8%	40%
SFY 2005-2006	19%	33%
SFY 2004-2005	10%	28%
SFY 2003-2004	39%	24%

2. Median length of stay for children whose adoptions were finalized: For SFY 7/2008 to 6/2009 the median length of stay prior to a finalized adoption is 24 months.

Monroe/Circuit State

SFY 2008-2009	24 months	27 months
SFY 2007-2008	31 months	26 months
SFY 2006-2007	54 months	28 months

Note: Median length of stay for out of county cases is 30 months.

3. Percent of foster children in care 17 + months who were adopted by the end of the period:

SFY 2008-2009	Monroe/Circuit16	State
	35%	31%

4. Percent of children in foster care 17+ months who became legally free for adoptions within six months:

SFY 2008-2009	Monroe/Circuit16	State
	16%	14%

5. Of the children legally free for adoption on July 1, 2008 the percent adopted by June 30, 2009:

Monroe/Circuit 16

34 children legally free effective July 1, 2008.

15 finalized adoptions effective June 30, 2009. (22 adoptions including OTI)

44% of children legally free were adopted by June 30, 2009. (Or 64% including OTI)

6. Number of adoptions finalized SFY 2008-2009:

Monroe/Circuit 16

SFY 2008-2009	15
SFY 2007-2008	9
SFY 2006-2007	10
SFY 2005-2006	15
SFY 2004-2005	20
SFY 2003-2004	13

7. Percent of children adopted – by relatives, by foster parents and by recruited parents:

Monroe/Circuit 16

Children

SFY 2008-2009	15 adopted	
Foster Parents	5 children	33%
Relatives	5 children	33%
Recruited Parents	5 children	33%

8. Number of children in out of home care for 12 months or more on June 30, 2009:

Monroe/Circuit 16

Out of home 12+ months

SFY 2008-2009	71 children
---------------	-------------

9. Of the children legally free for adoption on June 30, 2009 the length of time since becoming legally free for adoption:

Per FSN there were 18 children legally free for adoption as of June 30, 2009. The median length of time since becoming legally free for adoption is 8 months.

10. Time to finalization (median months) from removal to TPR and TPR to finalization – total by relatives, foster parents, and recruited parents:

The following data is drawn from the finalizations occurring in the SFY 2008-2009 period;

- a. Median, removal to TPR; 11 months
- b. Median, TPR to finalization; 14 months

11. Number of children with a goal of APPLA as of June 30, 2009:

Monroe/Circuit 16

SFY 2008-2009	18 children
---------------	-------------

12. The length of time between becoming legally free for adoption and adoption finalization for children adopted during SFY 2008-2009:

Monroe/Circuit 16

SFY 2008-2009

Less than 12 months	6 children	40%
12 months to 24 months	5 children	33%
24 months to 36 months	3 children	20%
36 months to 48 months	0 children	0%
48 months or more	1 child	6%

13. Number of children in out of home care available for adoption who need child-specific adoption promotion efforts as of June 30, 2009:

2 per data obtained from the CBC agency, Wesley House.

14. Number of sibling groups in out of home care available for adoption who need child specific adoption promotion efforts as of June 30, 2009:

Zero

15. Time (in months) children have been waiting for adoption by age ranges and race:
Currently, Monroe County has 9 children legally free for adoption:

Age:

0-12 months	0
1-4 years	3
5-8 years	2
9-12 years	2
13-15 years	1
16-17 years	1

Race:

White	6
Black	3

II. CONTINUUM OF ADOPTION PROMOTION PROGRAMS

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

The Parent Resources for Information, Development, and Education (PRIDE) is a model for developing and supporting foster families and adoptive families. The PRIDE program is designed to strengthen the quality of family foster care and adoption services by providing a standardized, consistent, structured framework for the competency-based recruitment, preparation, and selection of foster and adoptive parents, and for foster parent in service training and ongoing professional development. The PRIDE model includes Preservice, advanced and in-service training. PRIDE Preservice is a program for recruiting, preparing, assessing, and selecting competency-based training sessions, prospective families have an opportunity to learn and practice the knowledge and skills they will need as new foster parents and adoptive parents. The readiness of families to foster or adopt is assessed in the context of their PRIDE core, and in-service training program for new and experienced foster parents, addresses the competencies required of all foster parents, regardless of the child's condition or conduct. PRIDE Specialized and Advanced Training (Teens in Care: Supporting Attachment and Caring for Children Who Have Experienced Domestic Violence) builds upon core competencies to offer more comprehensive training in specific areas, such as working with teens or helping children manage anger. Integral to all three components is the belief that protecting and nurturing children at risk and strengthening all their families (birth, foster, or adoptive) requires teamwork among individuals with diverse knowledge and skills, but all working from a shared vision and toward a common goal. Foster and adoptive parents are essential members of his team. They, like caseworkers, require preparation and training to acquire the knowledge and skills they need to be effective members of the professional team. PRIDE Preservice, PRIDE Core, and PRIDE Specialized and Advanced Training are all designed to teach knowledge and skills in five essential competency categories for foster parents and adoptive parents:

- Protecting and nurturing children.
- Meeting children's developmental needs, and addressing developmental delays.
- Supporting relationships between children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime, and
- Working as a member of a professional team.

PRIDE is a shift in how Circuit 16 does business to improve our service to children and families in Monroe County.

Circuit 16 - CONTINUUM OF ADOPTION PROMOTION PROGRAMS

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

Targeted recruitment efforts – Focusing on specific groups of children and teens needing homes and identifying and targeting those communities that will most likely to adopt these children will help achieve permanency for waiting children. Community and faith-based initiatives that focus on identifying populations that should be recruited because of their ability and desire to meet the common special needs of available children will lead to the best pool of resource families.

Child-specific recruitment efforts – Locate and match an identified waiting child with an approved adoptive family through media or materials describing the individual child and the type of family the child needs. Utilizing multiple programs such as the statewide and national adoption Web sites (e.g., *Explore Adoption*, Adoption Information Center, etc.); statewide and local heart galleries; radio, newspaper or television features; “passports” or brochures featuring the child’s strengths and needs will yield optimum results.

Orientation for prospective adoptive parents – Hold regular meetings/open houses which will allow staff to explain the adoption process and requirements for becoming an adoptive family. Then follow-up with literature and discussion with prospective family.

Assistance (navigating the system) for prospective adoptive parents – Identify employee to maintain consistent contact with prospective families and answer questions related to the adoption process. Recommend/provide literature and paperwork when needed.

Pre-adoption training for prospective parents – Adoptive parent training (e.g., MAPP) and family self-assessment are utilized to determine if adoption is a feasible plan for a interested prospective adoptive family. Adoption specific training after completion of the MAPP class would ideally be provided to discuss adoption-specific information not covered in the MAPP class.

Pre-adoption information for “waiting” parents (i.e., family approved for adoption) – Referrals to local adoptive parent support groups, brochures or paperwork explaining the process and steps that must be completed once a child is identified as a possible match for approved adoptive families and additional adoption-specific training opportunities will help to keep waiting parents interested.

Placement case management for “pre-adoptive” parents – Involve case managers and prospective parents in staffing to discuss match, visits and any anticipated child-specific services and training need. Maintain frequent communication and provide referrals for services when needs are identified.

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III. PROGRAMS CURRENTLY PROMOTING ADOPTION

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

Circuit 16 - PROGRAMS CURRENTLY PROMOTING ADOPTION

- Name of Program: State and National Exchange Websites - allow families to search for available children. Wesley House utilizes www.adoptflorida.org, as well as the national websites such as AdoptUSKids.org to recruit families for our waiting children. These websites also provide helpful articles and information to prospective adoptive families. Families may search for available children by age, gender, race, sibling group, and disability. Approved adoptive families may also be registered on national exchanges, which allows agencies to search by family for a particular child.
 - Target Audience – Prospective adoptive families
 - County served - Monroe
 - Frequency of Provision - Ongoing
 - Number of families reached - unknown
 - Number of children served – 4 children were adopted in FY 08-09 through recruitment of families on the internet
 - Most recent impact data - Unavailable
 - Cost effectiveness data - Unavailable
 - Sources of funding - unknown
 - Types of promotion of adoption strategy - Adoption Awareness, Targeted Recruitment, Child-Specific Recruitment, Pre-adoption Information for “Waiting” Parents
-
- Name of Program: www.wesleyhouse.org - a local website providing information on facts and figures regarding adoptions, frequently asked questions, and local contact information.
 - Target Audience – Prospective foster and adoptive families
 - County served - Monroe
 - Frequency of Provision - Ongoing
 - Number of families reached - unknown
 - Number of children served – unknown
 - Most recent impact data - Unavailable
 - Cost effectiveness data - Unavailable
 - Sources of funding – Wesley House General Budget
 - Types of promotion of adoption strategy - Adoption Awareness, Pre-adoption Information for “Waiting” Parents

- Name of Program: Wesley House adoption community awareness campaigns - presentations, handouts/brochures, newspaper, and radio public service announcements are presented to the community.
 - Target Audience – Community at large, prospective foster and adoptive families
 - County served - Monroe
 - Frequency of Provision - Ongoing
 - Number of families reached - unknown
 - Number of children served – unknown
 - Most recent impact data - Unavailable
 - Cost effectiveness data - Unavailable
 - Sources of funding – Wesley House General Budget
 - Types of promotion of adoption strategy - Adoption Awareness, Targeted Recruitment
-
- Name of Program: National Adoption Day Event – annual public event for Circuit 16 to celebrate community families coming together. National Adoption Day is also promoted through multimedia ads on television, radio, newspapers and numerous websites.
 - Target Audience – Community at large, prospective foster and adoptive families
 - County served - Monroe
 - Frequency of Provision - November
 - Number of families reached - unknown
 - Number of children served – unknown
 - Most recent impact data - Unavailable
 - Cost effectiveness data - Unavailable
 - Sources of funding – Wesley House general budget, Our Kids general budget
 - Types of promotion of adoption strategy - Adoption Awareness, Orientation for Prospective Adoptive Parents, Targeted Recruitment
-
- Name of Program: Local partnerships with merchants - Wesley House has developed community relationships that support the adoption promotion efforts for our Circuit.
 - Target Audience – Prospective adoptive families, waiting children
 - County served - Monroe
 - Frequency of Provision – as needed
 - Number of families reached - unknown
 - Number of children served – unknown
 - Most recent impact data - Unavailable
 - Cost effectiveness data - Unavailable
 - Sources of funding – included in WHFS employee responsibility
 - Types of promotion of adoption strategy – Assistance for prospective adoptive parents

- Name of Program: Model Approach to Partnership in Parenting (MAPP) - Wesley House provides classes to families interested in adopting.
 - Target Audience – prospective adoptive parents
 - County served - Monroe
 - Frequency of Provision – approximately 3 times per year
 - Number of families reached – 25 families per year
 - Number of children served – unknown
 - Most recent impact data - Unavailable
 - Cost effectiveness data - Unavailable
 - Sources of funding – WHFS general budget
 - Types of promotion of adoption strategy – Adoption Awareness, Pre-Adoption Training for Prospective adoptive parents, Orientation for Prospective adoptive parents, Assistance for Prospective adoptive parents, Targeted Recruitment
-
- Name of Program: Private adoption home study assessment - Wesley House has an employee that is licensed to conduct home studies for families that are pursuing adoption outside of the DCF/Dependency System.
 - Target Audience – prospective adoptive families
 - County served - Monroe
 - Frequency of Provision – as needed
 - Number of families reached - 3
 - Number of children served – unknown
 - Most recent impact data - unavailable
 - Cost effectiveness data - unavailable
 - Sources of funding – revenue generating
 - Types of promotion of adoption strategy – Adoption awareness, Assistance for prospective adoptive parents
-
- Name of Program: Public Service Announcements - The local Keys television channel runs a public service announcement regarding adoption and refers families to www.adoptuskids.org. This multimedia campaign is designed to communicate to prospective parents that *"You don't have to be perfect to be a perfect parent. There are thousands of teens in foster care who would love to put up with you."*
 - Target Audience – Community at large
 - County served - Monroe
 - Frequency of Provision – daily
 - Number of families reached - unknown
 - Number of children served – unknown
 - Most recent impact data - unavailable
 - Cost effectiveness data - unavailable
 - Sources of funding – adoptuskids.org
 - Types of promotion of adoption strategy – Adoption awareness

- Name of Program: Our Kids Adoption Advocate - hired to facilitate contact between the Dade and Monroe County CBCs to match homes for children at different agencies with other agency's resource families, fields inquiries from waiting and prospective families
 - Target Audience – prospective adoptive families and waiting children, waiting adoptive family
 - County served - Dade and Monroe
 - Frequency of Provision – ongoing
 - Number of families reached - unknown
 - Number of children served – unknown
 - Most recent impact data - unavailable
 - Cost effectiveness data - unavailable
 - Sources of funding – Our Kids budget
 - Types of promotion of adoption strategy – Targeted Recruitment, Child-Specific Recruitment, Assistance for prospective adoptive parents, Pre-Adoption information for waiting parents, Placement Case management for pre-adoptive parents.
-
- Name of Program: Our Kids Financial incentive for closures – Our Kids recognized the value in promoting a financial incentive for cases closed. We enhanced this approach by giving a higher value to a case that closed via adoption. The use of financial incentive is an additional tactic to promote adoptions. Wesley House is able to earn additional bonus dollars for reaching permanency for a child via adoption.
 - Target Audience – waiting children
 - County served - Monroe and Dade
 - Frequency of Provision – annually
 - Number of families reached - unknown
 - Number of children served – 22
 - Most recent impact data - unavailable
 - Cost effectiveness data - unavailable
 - Sources of funding – Our Kids budget
 - Types of promotion of adoption strategy – Child-specific recruitment

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IV. PLAN PRIORITIES

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

Priority Ranking of County-Level Needs Related to the Promotion of Adoption for Children in Need of Adoptive Families

County: Monroe

Priority	County-Level Need with Description	Types of Approaches Warranted to Meet this Priority Need <input checked="" type="checkbox"/> Adoption Awareness <input checked="" type="checkbox"/> Targeted Recruitment <input checked="" type="checkbox"/> Child-Specific Recruitment <input type="checkbox"/> Orientation for Prospective Adoptive Parents <input type="checkbox"/> Assistance for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents
1	Need to increase number of quality families willing to provide permanent homes for children in the dependency system.	
Priority	County-Level Need with Description	Types of Approaches Warranted to Meet this Priority Need <input type="checkbox"/> Adoption Awareness <input type="checkbox"/> Targeted Recruitment <input type="checkbox"/> Child-Specific Recruitment <input checked="" type="checkbox"/> Orientation for Prospective Adoptive Parents <input checked="" type="checkbox"/> Assistance for Prospective Adoptive Parents <input checked="" type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input checked="" type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input checked="" type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents
2	Need to better support and prepare prospective adoptive parents for the challenges of adoption as well as for child-specific placement needs so as to prevent unnecessary disruption.	
Priority	County-Level Need with Description	Types of Approaches Warranted to Meet this Priority Need <input checked="" type="checkbox"/> Adoption Awareness <input type="checkbox"/> Targeted Recruitment <input type="checkbox"/> Child-Specific Recruitment <input checked="" type="checkbox"/> Orientation for Prospective Adoptive Parents <input checked="" type="checkbox"/> Assistance for Prospective Adoptive Parents

Priority	County-Level Need with Description	Types of Approaches Warranted to Meet this Priority Need X Adoption Awareness X Targeted Recruitment X Child-Specific Recruitment <input type="checkbox"/> Orientation for Prospective Adoptive Parents <input type="checkbox"/> Assistance for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents
		<input type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents X Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents
3	Need to involve community in promoting adoption awareness and supporting the process of adoption.	

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V. PLAN OF ACTION FOR THE PROMOTION OF ADOPTION

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

Vision

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

Mission

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

Outcome

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

Goal 1

The percent of children adopted within 12 months of becoming legally free for adoption will increase from the fiscal year 2008-09 rate of **40%** percent to **45%** percent by 30 June 2015.

Goal 2

The percent of children legally free for adoption who have been waiting for adoption since the date of termination of parental rights (TPR) for more than 12 months will be reduced from the June 2009 rate of **60%** percent to **56%** percent by 30 June 2015.

Goals set for Circuit 16 are proportionate to those of the State as a whole. However, the committee adjusted the Circuit's actual goals to reflect a similar level of improvement predicated upon the local base line measure. For example, the state seeks to in goal 1 improve the percent of children adopted within 12 months of becoming legally free for adoption from the 2008-09 rate of 68.3% to 70% by 30 June 2015. Circuit 16's goal is to improve their performance in this measure from the 2008-2009 rate of 40% to 45%. Similarly, in goal 2, the state seeks to reduce the percent of children legally free for adoption who have been waiting for adoption since the date of TPR for more than 12 months from 51.4% to 46%, while the Circuit will work to reduce the percentage from 60% to 56%. Analysts reviewing the data must be mindful of the very small numbers of cases managed within the Circuit and the disproportionate statistical impact a single adoption can have on the entire scope of performance measures.

Strategy 1

By 30 June 2015, Circuit 16 will have implemented outreach efforts that target populations within the Faith Based Community, Military and school system.

Priority Level: 1	Priority Need: to increase number of quality families willing to provide permanent homes for children in the dependency system.	
Types of Approaches Warranted: x Adoption Awareness x Targeted Recruitment x Child-specific Recruitment <input type="checkbox"/> Orientation for Prospective Adoptive Parents		Types of Approaches Warranted (continued): <input type="checkbox"/> Assistance for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents

Objectives

Objective 1.1 - FIVE targeted organizations have been contacted and provided adoption information by FY ending June 30, 2011					
Objective 1.2 - TEN targeted organizations have been contacted and provided adoption information by FY ending June 30, 2012					
Objective 1.3 - FIFTEEN targeted organizations have been contacted and provided adoption information by FY ending June 30, 2013					
Objective 1.4 - TWENTY targeted organizations have been contacted and provided adoption information by FY ending June 30, 2014					
Objective 1.5 – TWENTY-FIVE targeted organizations have been contacted and provided adoption information by FY ending June 30, 2015					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End
Create script and develop hand outs/brochures, obtain additional <i>Explore Adoption</i> materials for the targeting of communities.	Script written. <i>Explore Adoption</i> materials provided to adoption advocates for making calls. Information card/handouts available	Wesley House Adoption Unit staff	NA	1 July 10	30 Sept
Initiate a contact list of targeted organizations	Spreadsheet created with names and contact information	Adoption Advocates	NA	1 July 10	30 June
Contact targeted organizations	Outcome of contact documented in contact spreadsheet	Adoption Advocates	NA	1 July 10	30 June

Strategy 2

By 30 June 2015, Circuit 16 will utilize strategies to better support and prepare prospective adoptive parents for the overall challenges and rewards of adoption as well as for placement needs of a specific child.

Priority Level: 2	Priority Need: to better support and prepare prospective adoptive parents for the challenges of adoption as well as for child-specific placement needs so as to prevent unnecessary disruption.	
Types of Approaches Warranted: <input type="checkbox"/> Adoption Awareness <input type="checkbox"/> Targeted Recruitment <input type="checkbox"/> Child-specific Recruitment <input checked="" type="checkbox"/> Orientation for Prospective Adoptive Parents		Types of Approaches Warranted (continued): <input checked="" type="checkbox"/> Assistance for Prospective Adoptive Parents <input checked="" type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents <input checked="" type="checkbox"/> Pre-adoption Information for “Waiting” Parents <input checked="" type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents

Objectives

Objective 2.1 – Full implementation of PRIDE by FY ending June 30, 2011					
Objective 2.2 – Develop and maintain ongoing list of support networks available to waiting families					
Objective 2.3 – Partner with Care Center/Guidance Clinic to ensure counseling services are provided by adoption-competent therapists.					
Objective 2.4 – Wesley House will offer annual training specific to the needs of adoptive children.					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Transition from MAPP to PRIDE model	PRIDE Program is utilized as pre- adoptive training	WHFS		1 July 10	30 Jun 11
Establish support system for waiting families	List of adoptive parents and support groups available to assist waiting families	WHFS adoption unit	Adoption advocates	1 July 10	30 June 2015
Utilize attachment and trauma specific therapists to prepare family for child placement	An adoption competent therapist is available in all 3 geographical regions of Circuit 16	Our Kids of Miami-Dade and Monroe, Inc	Care Center/Guidance Clinic	1 July 11	30 June 2012
Educate community providers working with pre and post-adoptive children in the dependency system	Annual training on the special needs of adoptive children in each 3 geographic areas.	WHFS adoption unit		1 July 10	30 June 2015

Strategy3

By 30 June 2015, Circuit 16 will engage the community in promoting foster care adoption awareness and in providing support to the families involved in the adoptive process.

Priority Level: 3	Priority Need: to involve the community in promoting adoption awareness and supporting the process of adoption.
Types of Approaches Warranted: x Adoption Awareness <input type="checkbox"/> Targeted Recruitment <input type="checkbox"/> Child-specific Recruitment x Orientation for Prospective Adoptive Parents	Types of Approaches Warranted (continued): x Assistance for Prospective Adoptive Parents <input type="checkbox"/> Pre-adoption Training for Prospective Adoptive Parents x Pre-adoption Information for “Waiting” Parents <input type="checkbox"/> Placement Case Management for “Pre-adoptive” Parents

Objectives

Objective 1.1 – TEN businesses/community agencies are identified in Circuit 11 and 16 who will promote foster care adoption and support our adoptive families by FY ending 30 June 2015

Objective 1.2 –Increase the number of events during National Adoption Month and promote increased community participation throughout the Circuit by FY ending 30 June 2015

Objective 1.3 – Four open house events will be held throughout Circuit 16 annually by FY ending 30 June 2015

Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Partner with local merchants and community agencies that will assist with promoting foster care adoption by sponsoring celebrations and events associated with adoption awareness campaigns and adoption celebration events. (example: donation or reduced rate of venue, food, activities.	Local businesses and community agencies will be identified that are willing to assist with promoting adoption awareness/celebration events.	WHFS Event and Development Dept	LPT committee Local merchants Our Kids Adoption Advocates	1 July 10	30 June
Partner with local merchants that will provide financial support to out of town/out of State families involved in the adoption process of Monroe County children. (example: provide free or reduced hotel rates for the family visiting and bonding with identified child; provide free or reduced restaurant vouchers; provide free or reduced family oriented activities.)	Businesses will be identified in Monroe and Dade County that will assist in supporting adoptive families. Note: Some of Monroe County children are placed in Miami Dade and therefore adoptive parents could be visiting with a child in either Monroe or Miami Dade.				2 0 1 5

Increase National Adoption Day events throughout the circuit	National Adoption Day celebrations will be held in the Upper and Lower Keys. Wesley House will sponsor other events during National Adoption Month.	WHFS Adoption Unit	WHFS Development Dept Our Kids Adoption Advocates	1 July 10	30 June 2 0 1 5
Provide detailed information regarding foster care adoption to interested families.	Wesley House will provide an open house event four times a year to share information about the need for and the process to become a quality foster/adoptive home. This open house will also include current information related to the Monroe County children available for adoption and waiting for a permanent family.	WHFS	WHFS Development Dept Adoption Advocates	1 July 11	30 June 2 0 1 5

Circuit 16 defines Adoption Advocates as any person, business, or entity who works to increase the number of quality families available to provide permanency to waiting children in the dependency system. Adoption advocates also include community leaders, who serve as champions and provide a bridge to targeted recruiting. Examples may include members of the “Promoting Adoption Committee” who worked to develop the Five Year Plan, licensed foster parents, religious groups, businesses willing to partner to provide low or no cost goods or services to potential adoptive parents, not-for-profit organizations, governmental entities or community members simply interested in ensuring Florida Keys children in the dependency system achieve permanency.

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VI. MONITORING AND EVALUATION

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

Circuit 16

An annual/monitoring report is due on the following dates:

October 2010 Monitoring Report on progress from July 2010 to September 2010 (3 months)

April 2011 Monitoring Report on progress from October 2010 to March 2011 (6 months)

** July 2011 Annual report for fiscal year July 2010 to June 2011 due as cited above and will include updates for April 2011 to June 2011

October 2011 Monitoring Report on progress from July 2011 to September 2011 (3 months)

April 2012 Monitoring Report on progress from October 2011 to March 2012 (6 months)

** July 2012 Annual report due for fiscal year July 2011 to June 2012 as cited above and will include updates for April 2012 to June 2012

October 2012 Monitoring Report on progress from July 2012 to September 2012 (3 months)

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October 2014 Monitoring Report on progress from July 2014 to September 2014 (3 months)

April 2015 Monitoring Report on progress from October 2014 to March 2015 (6 months)

** July 2015 Annual report due for fiscal year July 2014 to June 2015

Pending further clarification of timeline for required submission of annual/monitoring reports the Circuit 16 promoting adoptions committee will meet at least every 3 months and possibly a couple times within each month.

Example for first year meetings:

October 2010 complete first monitoring report and add what information we have to annual report.

January 2011 begin working on 2nd monitoring report that is due in April 2011 and update annual report.

April 2011 complete 2nd monitoring report and submit. Update annual report with information we have.

July 2011 complete annual report and submit.

VII. **BARRIERS**

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

Barriers to the accomplishment of a comprehensive approach to promoting adoptions as outlined in the five year plan:

1. Geography: Circuit 16 encompasses all of Monroe County and is a 120 mile long island chain. Because Monroe County only has one highway, accessibility to the county seat, Key West, is time consuming and difficult taking approximately 6 hours to make a round trip to the Upper Keys. The Circuit is divided into 3 areas: Lower Keys (Big Pine/Key West), Middle Keys (Marathon) and Upper Keys (Islamorada/Tavernier/Key Largo). Since all services must be provided in triplicate, despite the number of people served, the cost of providing all services is always significantly greater per capita than in all other circuits in the state.
2. One of the greatest challenges for Monroe County is the recruitment and retention of social service professionals. Due to the high cost of living, geographic isolation and general transient nature of the FL Keys population, the ability to recruit and retain qualified staff to meet the needs of the community is difficult. Circuit 16 currently has 1 certified Adoption Supervisor and 2 certified Adoption Full Case Managers dedicated to promoting adoption, educating the community and managing the county caseload of all children who are awaiting adoption. Over a five year span, the loss of any of the 3 certified adoption staff and/or community adoption advocates working on the Promotion of Adoption Plan will hinder progress outlined in this plan.
3. Circuit 16 lacks an adoption support group for waiting parents to maintain their interest in adoption and help manage expectations. Monroe County does not have an active Foster Parent Association or Post-Adoption Support Group; therefore, we cannot tap into another group as a forum for our families. This type of support group will have to be developed locally. Circuit 16 also does not have an adoption home finder or paid position that works only with waiting families. In the Report to Congress on Barriers and Success Factors in Adoptions from Foster Care, families surveyed in 2007 who discontinued the adoption process before even having one child placed with them felt that the greatest barrier in the process was lack of agency communication/responsiveness and emotional support.
4. Lack of local adoption assistance for birth mothers considering adoption: Circuit 16 is partnering with Florida Baptist Children's Home (FBCH) in Dade County to serve birth mothers that are considering adoption for their unborn child. FBCH is a member of the Circuit 16 promoting adoptions committee and this partnership and service to mothers within our community is part of our plan in Section IV. Although this plan of action does not promote the adoption of children within the Dependency system it is included in an effort to provide a service to mothers in our community could prevent children from entering the Dependency system and allows staff to focus on foster children awaiting adoption. Since no agency exists locally, FBCH will have to travel to Monroe County to meet with these clients, presenting a potential barrier to addressing this need.
5. ICPC will be a delay to meeting the target of Goal 1. The Evan B. Donaldson Adoption Institute discusses the need for ICPC reform and notes that *problems arise in four areas: (1) inadequate attention to the requirements that the receiving state must meet in determining and issuing approval for interstate adoptive placements; (2) confusion regarding compliance with state law in addition to ICPC requirements; (3) jurisdictional uncertainty; and (4) untimely and unresponsive implementation of the approval process. Thirty working days from the date of the receiving state's receipt of the request to the date of the approval or denial should be a*

mandatory time line. The ICPC approval process should be critically examined and redesigned so that the current technocratic process is replaced by an individualized assessment based on children's best interests. Case examples demonstrate the troubling degree to which adoptions currently are denied or significantly delayed because of administrative mismanagement, unreasonably complex documentation requirements, and mechanistic application of regulatory mandates that fail to consider the circumstances of the individual child.

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VIII. RECOMMENDATIONS

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

1. The Circuit 16 committee recommends amending legislation expanding the categories of those eligible to adopt to include homosexuals and unmarried couples. Circuit 16 Committee request to include the following evidence researched by the committee and originally included in the Plan: a) No other State of the Union has such a broad ban barring gays and lesbians from adopting. b) Child Welfare League of America (CWLA), Standards of Excellence for Adoption Services, on their extensive research, has determined that "applicants should be assessed on the basis of their abilities to successfully parent a child and not on their race, ethnicity or culture, income, age, marital status, religion, appearance, differing lifestyles, or sexual orientation. Further, applicants for adoption should be accepted on the basis of an individual assessment of their capacity to understand and meet the needs of the particular child at the point of adoption and in the future." c) The American Academy of Pediatrics' Committee on Psychosocial Aspects of Child and Family Health stated in their 2002 Technical Report, that " A growing body of scientific literature demonstrates that children who grow up with 1 or 2 gay and / or lesbian parents, fare as well in emotional, cognitive, social and sexual functioning as do children whose parents are heterosexual. Children's optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural from it takes." d) The American Psychological Association reports: " Not a single study has significant respect relative to children of gay or lesbian parents to be disadvantaged in any significant respect relative to children of heterosexual parents". This recommendation was made by specific Circuit 16 Promotion of Adoptions Committee composed of members of several community organizations, service providers, judicial, etc).

2. Streamline adoption process by creating a website (or including on DCF website) a catalog of adoption documents that need to be completed in order to adopt (i.e. application, letter of reference, back up caregiver form, etc.). These documents should be uniformly used by every agency and will allow the general public to explore what will be expected of them in the adoption process. The site can also include a document containing portions of the home study that could be printed and filled out by the family prior to MAPP class. Many families surveyed discontinued the adoption process citing Adoption Process Logistics as their top barrier and felt that the length of time it took to adopt and amount of paperwork involved were too daunting. In addition, utilizing online educational courses as part of the adoption and foster parent training classes would make the 10-12 week training more convenient, assisting families who have other commitments and feel overwhelmed by the time required.

3. ICPC:

Allow on-line tracking of ICPC requests to be accessed by full case managers so they can easily locate the status of the ICPC request.

Mandate priority for a family that has a completed adoption home study and background checks to prevent delay in placing a matched child with a family out of State.

Hold agencies to ICPC contracted performance measures (i.e. if state has 30 days to assign and complete the home study on family then there has to be a penalty if they do not).

4. Currently the adopted child is provided a public college/trade school tuition waiver. Consider providing all the children of the adoptive family with this waiver at the time of finalization.
5. Facilitate mental health care for pre and post adoption families by authorizing payment to non-Medicaid providers. With the overall number of providers limited in Monroe County, and even fewer accepting Medicaid, access to specialty care is reduced for adoptive families. Adding to this challenge is the fact that many adoption competent therapists and attachment/trauma specialists in particular, do not accept Medicaid. Parents need to know that they will be able to meet the needs of a child prior to adoption. *A Report to Congress on Barriers and Success Factors in Adoptions from Foster Care* names a lack of post-adoption services as a major barrier and goes on to state that Services seemed to be particularly scarce in rural areas. One respondent in the study noted the "limited availability of services for children with serious special needs, especially in the area of mental health and sexual abuse." Forty percent also rated the lack of respite care services as a major barrier. More than half (56 percent) of respondents who rated lack of post-adoption services as a major barrier believed that funding was the best solution to this problem. While some respondents noted that existing services should be improved, most concluded that existing services could be expanded and improved through funding, and that new services could be offered if more funding was available.
6. Provide adoptive parents with preference in obtaining Florida State jobs. Similar to Veteran's Preference.
7. If and adoptive parent is a State employee provide the adoptive parent free health insurance for the family similar to how the State provides Select Exempt employees free health insurance or similar to the program in which if both spouses work for the State they receive free health insurance.
8. Mandate that private adoption agencies disclose to adoptive families the potential for receiving the adoption subsidy should their child meet criteria. DCF should prepare a form/handout explaining subsidy requirements for children adopted through private agencies so this information can be easily disseminated to private adoption agencies and attorneys.

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Part 4 – PLAN FOR THE SUPPORT OF ADOPTIVE FAMILIES

I. STATUS OF SUPPORT OF ADOPTIVE FAMILIES

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

The status of support for adoptive families is minimal at this time. Currently we have Data provided by the Department of Children and Families and reported by the circuits include:

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

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

- To be provided at a later date.

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

2. Quantity and quality of adoptive parent support groups.

- There are four adoptive parent support groups – two active, one attempting to regroup and one just getting started

From other sources via Kathy Waters

3. Quantity and accessibility of adoption competent mental health professionals.

- There are no adoption competent mental health professionals – One group of professionals has been completed and are awaiting certification, and a second course is about to begin.

4. Educational opportunities available for adoptive parents.

- There are no educational opportunities that currently focus solely on adoptive families.

5. Quantity, name, title, and contact information of post adoption services counselors who provide information and referral, temporary case management for emotional support, and educational advocacy.

- There are three adoption services staff with Our Kids who provide support to both pre and post adoptive families. These staff include: Sandra Stewart, MPA, Bree Bofill, BS, Alejandra Perry, BA.

Despite the lack of support for our adoptive families, we have created over 1,500 families through adoption since May of 2005. In fiscal year '08 – '09 (the only year for which data is available) we had 12 failed adoptions. The specific reasons for the failures were not documented.

CONTINUUM OF ADOPTION SUPPORT PROGRAMS

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

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

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

Adoption competent education and mental health assistance services for adoptive families – Those providing education and therapeutic services have the basic knowledge and skills to effectively work with adoptive families and to empower adoptive parents and families to provide the environment necessary for ameliorating the effects of trauma (e.g., build relationships, improve relationships, develop nurturing and attachment, etc.); campaigns to recruit professionals to seek adoption competency; etc.

Case management services for adoptive parents and children – An intake process for families to return for needed services; designated case manager to respond to adopted children and families post-legal finalization; system to notify families of continued training, adoption workshops, and support group meetings, and resource guide that includes adoption-support information and service providers; etc.

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III. PROGRAMS CURRENTLY SUPPORTING ADOPTIVE FAMILIES

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

Monroe – Circuit 16

- Post Adoption Supportive Services through contract Neighborhood Center contract with Wesley House Family Services
- Counseling services through the Care Center
- Ongoing training for adoptive families
- Help Line

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IV. PLAN PRIORITIES

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

Miami-Dade County, Circuit 11, providing support to Monroe County Circuit 16

Vision

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

Mission

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

Outcome

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

Goal 1

The number of adopted children who were returned to foster care (regardless of when the adoption was finalized) in the circuit will be reduced from 12 during the 2008-2009 fiscal year to less than 10 during the 2014-2015 fiscal year.

Strategy 1

Currently there are no adoption competent therapists that provide services under Medicaid, to meet the needs of the Miami Dade adoption community. By 30 June 2015, Circuit 11 will have an adequate number of adoption competent therapists that are covered by Medicaid, to meet the needs of the Miami-Dade adoption community.

Priority Level:	Priority Need:
#1	Develop adoption competent therapists.
Protective Factors to be Built by the Strategy:	Types of Approaches Warranted:
<input type="checkbox"/> Parental emotional resilience	<input type="checkbox"/> Adoptive parent and teen support groups
<input type="checkbox"/> Social connections	<input type="checkbox"/> Education and training opportunities for adoptive parents
<input type="checkbox"/> Knowledge of parenting and child development	x Adoption competent mental health assistance services for parents and children
x Concrete support in times of need	<input type="checkbox"/> Case management services for adoptive parents and children
<input type="checkbox"/> Nurturing and attachment	

Objectives

Objective 1. Insure adequate participation from the Miami-Dade therapeutic community to develop this expertise for our adoptive families.

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Reach out to the mental health community to increase awareness of and participation in the upcoming State training initiative.	Full participation by Miami-Dade therapists in training opportunity.	Eliana Arias	DCF Substance Abuse and Mental Health / Children's Mental Health programs	July 1 st , 2010	At completion of the training offered.
2. Follow up with State training to determine # of participants who complete the training and are certified as adoption competent.	Full participation by Miami-Dade therapists in training opportunity.	Eliana Arias	DCF Substance Abuse and Mental Health / Children's Mental Health programs	October 1 st , 2010	Following completion of the training
3. Publicize the availability of this new service in Miami-Dade County.	Number of adoptive families that are aware of the availability of this support; and the number of families who participate in receiving this service.	Eliana Arias	Adoptive parents support groups Full case management agencies DCF Substance Abuse and Mental Health / Children's Mental Health programs	January 1 st , 2011	Ongoing
4. Work with the Family Safety and Medicaid program offices to add family therapy for parents of children adopted through the dependency system to the State Plan.	Availability of Medicaid funding for adopted parents and families.	Michelle Montero Eliana Arias Kadie Black	Adoptive parents support groups Full case management agencies DCF Substance Abuse and Mental Health / Children's Mental Health programs Family Safety and Medicaid program offices.	July 1 st , 2010	When services are covered through the state plan.

Strategy 2 .

By 30 June 2015, Circuit 11 will have an adequate number of adoption support groups throughout the community to meet the needs of adoptive parents and children.

Priority Level: #2	Priority Need: Increase availability of adoption support groups for parents and youth.		
Protective Factors to be Built by the Strategy:		Types of Approaches Warranted:	
x	Parental emotional resilience	x	Adoptive parent and teen support groups
x	Social connections	<input type="checkbox"/>	Education and training opportunities for adoptive parents
x	Knowledge of parenting and child development	<input type="checkbox"/>	Adoption competent mental health assistance services for parents and children
x	Concrete support in times of need	<input type="checkbox"/>	Case management services for adoptive parents and children
x	Nurturing and attachment		

Objective 2. Increase availability of adoption support groups for parents and youth.

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Work with North American Council on Adoptable Children to develop support group leaders.	Number of groups functioning within our various communities including our Hispanic, African American, Haitian, and Anglo-Saxon .	Trudy Petkovich Nadine Rolle	North American Council on Adoptable Children (NACAC) Our Kids Florida State Foster Adoptive Parent Association	January 2009	June 30 th , 2015
2. Assist support group leaders in identifying and accessing resources needed to create and sustain viable support groups, i.e. recruitment activities, communication resources, training resources, assistance with child care, financial resource to assist with all of the above.	Quality of the support group based on attendance and benefits. Further indicators of quality will include location training, and competency of the leadership.	Trudy Petkovich Nadine Rolle	North American Council on Adoptable Children (NACAC) Our Kids Florida State Foster Adoptive Parent Association	July 1 st , 2010	June 30 th , 2015

3.	Insure that recruitment activities include support groups for our racial and culturally diverse community (i.e. Hispanic, Haitian, African American, Caribbean, etc.)	Support groups that are able to meet the needs of all members of our diverse community location to be in various areas of Miami Dade county.	Trudy Petkovich Nadine Rolle	North American Council on Adoptable Children (NACAC) Our Kids Florida State Foster Adoptive Parent Association	July 1 st , 2010	June 30 th , 2015
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Strategy 3 .

By 30 June 2015, Circuit 11 will have a program of adoption training provided throughout our community to meet the needs of adoptive parents and their prospective children.

Priority Level: #3	Priority Need: Provide adoption training for parents who have a child placed with them for adoption.	
Protective Factors to be Built by the Strategy: <input type="checkbox"/> Parental emotional resilience <input type="checkbox"/> Social connections x Knowledge of parenting and child development <input type="checkbox"/> Concrete support in times of need x Nurturing and attachment		Types of Approaches Warranted: <input type="checkbox"/> Adoptive parent and teen support groups x Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children <input type="checkbox"/> Case management services for adoptive parents and children

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Objective 3. Provide adoption training for parents who have a child placed with them for adoption.

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Identify the education and training needs of adoptive parents in our community. Initial needs identified include trans-racial adoption issues, parenting an adopted special needs child, how to address the birth family and siblings, discussing adoption with the child, grieving, attachment issues, etc.	Adoptive parents have the opportunity to gain knowledge that will assist them in addressing the current and future needs of their children.	Persephone Gary Bree Bofill	The Children's Trust Our Kids North American Council on Adoptable Children (NACAC)	July 1 st , 2010	November 30 th , 2010
2. Identify community resources with training already developed to meet some of the education needs identified.	Local resource availability is identified.	Persephone Gary Bree Bofill	The Children's Trust Our Kids North American Council on Adoptable Children (NACAC)	July 1 st , 2010	November 30 th , 2010
3. Develop a proposal for financial resources needed to develop curricula, trainers and a program to provide for areas not already developed locally.	Proposal developed.	Bree Bofill	Our Kids North American Council on Adoptable Children (NACAC)	December 1 st , 2010	March 30 th , 2011

4.	Seek funding through local, state and national resources to initiate and sustain training program, to include some national experts, such as Beth Thomas for reactive attachment disorder, Jodee Kulp on fetal alcohol syndrome, etc.	Proposals submitted to prospective funding entities.	Kadie Black	Our Kids North American Council on Adoptable Children (NACAC)	April 1 st , 2011	April 1 st , 2012
5.	Work with the Family Safety program office to determine interest in this activity as a statewide initiative.	A determination of interest and involvement of the Family Safety program office as a statewide training initiative with respect to curricula development and train the trainer activities.	Persephone Gary Bree Bofill	The Children's Trust Our Kids North American Council on Adoptable Children (NACAC)	April 1 st , 2011	April 1 st , 2012
6.	Coordinate with Our Kids, our funders, community partners and our community adoptive parent support groups to develop and deliver a calendar of training events for the adoptive parents.	adoptive parents who subsequently adopt and are much more capable of meeting the needs of our adopted children.	Persephone Gary Bree Bofill	The Children's Trust Our Kids North American Council on Adoptable Children (NACAC) Community Adoptive Parent Support Groups Grantors	October 1 st , 2011	June 30 th , 2015

Strategy 4.

By 30 June 2015, Circuit 11 will have a program of post-adoption training provided throughout our community to meet the needs of post-adoptive parents and their children.

Priority Level: #4	Priority Need: Provide post adoptive training for adoptive parents.	
Protective Factors to be Built by the Strategy: x Parental emotional resilience x Social connections x Knowledge of parenting and child development x Concrete support in times of need x Nurturing and attachment		Types of Approaches Warranted: <input type="checkbox"/> Adoptive parent and teen support groups x Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children <input type="checkbox"/> Case management services for adoptive parents and children

Objective 4. Provide post-adoption training for parents who have a child placed with them for adoption.

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Identify the education and training needs of post-adoptive parents in our community. Initial needs identified include understanding the different abilities and aptitudes of their adoptive children, advocating on behalf of their children in working through Miami-Dade County Public Schools system to meet our children's educational needs, working with the Department of Juvenile Justice, multicultural and trans-racial issues, etc.	Post-adoptive parents have the opportunity to gain knowledge that will assist them in addressing the current and future needs of their children.	Persephone Gaury Bree Bofill	The Children's Trust Our Kids American Council on Adoptable Children (NACAC)	January 1 st , 2011	December 31 st , 2011
2. Identify community resources with training already developed to meet some of the education needs identified.	Local resource availability is identified.	Persephone Gaury Bree Bofill	The Children's Trust Our Kids North American Council on Adoptable Children (NACAC)	July 1 st , 2010	November 30 th , 2010

3. Develop a proposal for financial resources needed to develop curricula, trainers and a program to provide for areas not already developed locally.	Proposal developed.	Bree Bofill	Our Kids North American Council on Adoptable Children (NACAC)	December 1 st , 201 0	March 30 th , 2011
Seek funding through local, state and national resources to initiate and sustain training program, to include some national experts.	Proposals submitted to prospective funding entities.	Kadie Black	Our Kids North American Council on Adoptable Children (NACAC)	April 1 st , 20 11	April 1 st , 2012
5. Work with the Family Safety program office to determine interest in this activity as a statewide initiative.	A determination of interest and involvement of the Family Safety program office as a statewide training initiative with respect to curricula development and train the trainer activities.	Persephone Gary Bree Bofill	The Children's Trust Our Kids North American Council on Adoptable Children (NACAC)	April 1 st , 20 11	April 1 st , 2012
6. Coordinate with Our Kids, our funders, community partners and our community adoptive parent support groups to develop and deliver a calendar of training events for the post-adoptive parents.	Post-adoptive parents are much more capable of meeting the needs of our adopted children..	Persephone Ga ry Bree Bofill	The Children's Trust Our Kids North American Council on Adoptable Children (NACAC) Community Adoptive Parent Support Groups Grantors	October 1 st , 20 11	June 30 th , 2015

Strategy 5 . By 30 June 2015, Circuit 11 will provide post adoption case management services.

Priority Level: #5	Priority Need: Provide post adoption case management services.	
Protective Factors to be Built by the Strategy: x Parental emotional resilience x Social connections x Knowledge of parenting and child development x Concrete support in times of need x Nurturing and attachment		Types of Approaches Warranted: <input type="checkbox"/> Adoptive parent and teen support groups <input type="checkbox"/> Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children X Case management services for adoptive parents and children

Objective 5. Provide post-adoption case management services for adoptive parents and children.

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Research how post-adoption case management services are provided and funded throughout the State and nationally.	Identification of current best practices in this area.	Sandra Stewart	Family Safety program office	July 1 st , 2010	October 1 st , 2010
2. Review findings and select options that could result in case management services being available to all adoptive parents.	Viable options are evaluated with the goal of each adoptive family having an identified worker (may have a significant caseload) who is available to link families with support resources as needed.	Sandra Stewart	Family Safety program office	December 1 st , 2010	March 1 st , 2011
3. Identify and pursue potential funding resources for possible pilot project in Miami-Dade.	Resources are identified to support a case management project.	Sandra Stewart	Family Safety program office	January 1 st , 2011	June 30 th , 2015

4.	Work with state or national partners as identified to design a case management program for adoptive families locally.	Program design is complete.	Sandra Stewart	Family Safety program office Other partners as identified through research and possible RFP or ITN process	April 1 st , 2011	April 1 st , 2012
5.	Develop plan and implement.	Most viable option is piloted.	Sandra Stewart	Family Safety program office Other partners as identified through research and possible RFP or ITN process	July 1 st , 2012	June 30 th , 2015
6.	Ensure that at a minimum, case managers communicate with adoptive families through flyers or quarterly newsletters included in subsidy mailings to keep families up to date and maintain a connection with adoptive families.	All families know they have a case manager and how to contact that person. Families are kept up to date through flyers or quarterly newsletter on important information and resources.	Sandra Stewart	Family Safety program office Other partners as identified through research and possible RFP or ITN process	July 1 th 2012	June 30 th , 2015

Strategy 6 .

By 30 June 2015, Circuit 11 will have developed and distributed an adoptive parent handbook to all current and prospective adoptive parents.

Priority Level: #6	Priority Need: Develop and provide an adoptive parent handbook.
Protective Factors to be Built by the Strategy: <input type="checkbox"/> Parental emotional resilience <input type="checkbox"/> Social connections <input type="checkbox"/> Knowledge of parenting and child development x Concrete support in times of need <input type="checkbox"/> Nurturing and attachment	Types of Approaches Warranted: <input type="checkbox"/> Adoptive parent and teen support groups x Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children <input type="checkbox"/> Case management services for adoptive parents and children

Objective 6. Develop and provide an adoptive parent handbook.

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Develop an adoptive parent handbook to serve as a resource guide to assist prospective and current adoptive parents.	Guide is developed, currently under review by partners.	Yanila Llom part	Our Kids Full Case Management Agencies The Children's Trust Foster Adoptive Parent Association Adoptive parents	November 1 st , 2009	March 1 st , 2010
2. Send to printers.	Handbooks are available for distribution.	Tomas Diaz	Our Kids Full Case Management Agencies The Children's Trust Foster Adoptive Parent Association Adoptive parents	May 1 st , 2010	June 1 st , 2010

3.	Arrange for distribution through Our Kids and the Full Case Management Agencies.	Handbooks are posted on the OK website and distributed to all current adoptive parents. Additional handbooks are provided to Full Case Management Agencies for distribution to prospective adoptive parents.	Julia Niarchos Tomas Diaz	Our Kids Full Case Management Agencies The Children's Trust Foster Adoptive Parent Association Adoptive parents	July 1 st , 2010	August 30 th , 2010
4.	Review annually for accuracy and provide updates/edits to adoptive families.	Updates are provided through monthly subsidy mailings and postings on the OK website, possible newsletter. Incorporated in new printings, when needed.	Yanila Llompart	Our Kids Full Case Management Agencies The Children's Trust Foster Adoptive Parent Association Adoptive parents	April 2010	2015

Strategy 7.

By 30 June 2015, Circuit 11 will have operational an evening and weekend hotline to specifically meet the needs of adoptive parents in Miami-Dade County.

Priority Level: #7	Priority Need: Develop an evening and weekend hotline for adoptive parents.	
Protective Factors to be Built by the Strategy: <input type="checkbox"/> Parental emotional resilience <input type="checkbox"/> Social connections <input type="checkbox"/> Knowledge of parenting and child development <input checked="" type="checkbox"/> Concrete support in times of need <input type="checkbox"/> Nurturing and attachment		Types of Approaches Warranted: <input type="checkbox"/> Adoptive parent and teen support groups <input type="checkbox"/> Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children <input type="checkbox"/> Case management services for adoptive parents and children <input checked="" type="checkbox"/> Hotline

Objective 7. Develop an evening and weekend hotline for adoptive parents.

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
1. Research how other programs have set up, staffed and funded hotlines, such as 211, Kinship program warm line, etc.	Viable options are identified for our community to provide this service.	Trudy Petkovich	The Children's Trust Our Kids Foster Adoptive Parent Association	August 1 st 2010	October 30 th , 2010
2. Collaborate with the Children's trust on the possible expansion of the 211 line to include the needs of post adoptive parents; or develop the specific knowledge within the 211 system to support the parents post adoptive needs.	Expansion or specific knowledge is acquired	Trudy Petkovich Perstephone	The Children's Trust Foster Adoptive Parent Association	November 1 st , 2010	January, 30 th , 2011
3. Design a program for the hotline based on research and community input.	Program is designed.	Trudy Petkovich	The Children's Trust Our Kids Foster Adoptive Parent Association	January, 1 st 2011	July 1 st , 2011
4. Develop a start up and annual budget for the hotline and search for needed resources.	Budget is developed. Resources are identified. Resources are ongoing or identified and secured.	Trudy Petkovich Kadie Black	The Children's Trust Our Kids Foster Adoptive Parent Association	August 1 st , 2011	June 30 th , 2015
5. Identify a provider or organization to operate the hotline through ITN or RFP process.	A provider is identified.	Trudy Petkovich	Our Kids Foster Adoptive Parent Association Funding entity	Following identification of resources.	

6.	Begin implementation	Services begin and adoption community is aware of resource availability.	Trudy Petkovich	Our Kids Foster Adoptive Parent Association Additional funders and partners as identified through the process.	Following provider selection.	
7.	Work with local hotlines to identify ways they can better respond to calls from adoptive parents.	211 helpline and other hotlines are competent in addressing information needs of adoptive families.	Trudy Petkovich	The Children's Trust Our Kids Foster Adoptive Parent Association	September 1 st , 2010	June 30 th , 2015

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V. PLAN OF ACTION FOR THE SUPPORT OF ADOPTIVE FAMILIES

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

Strategy 1.__

By 30 June 2015, Circuit 11B will _____.

Priority Level: 1	Priority Need:	
Protective Factors to be Built by the Strategy:		Types of Approaches Warranted:
X	Parental emotional resilience	<input type="checkbox"/> Adoptive parent and teen support groups
X	Social connections	<input type="checkbox"/> Education and training opportunities for adoptive parents
X	Knowledge of parenting and child development	<input type="checkbox"/> Adoption competent mental health assistance services for parents and children
X	Concrete support in times of need	<input type="checkbox"/> Case management services for adoptive parents and children
X	Nurturing and attachment	

Objectives

Objective 1. Offer three month post placement supervision through WHFS Neighborhood Center that will include:

- Counseling
- Support
- Aftercare services

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Obtain approval for post supervision services	Participation in 3 months post adoption services	WHFS	Our Kids/DCF/Care Center	TBD	TBD
Develop agreement plan				TBD	TBD

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Strategy 1._____

By 30 June 2015, Circuit 11B_____ will _____.

Priority Level: 2	Priority Need:	
Protective Factors to be Built by the Strategy:		Types of Approaches Warranted:
X Parental emotional resilience		<input type="checkbox"/> Adoptive parent and teen support groups
X Social connections		<input type="checkbox"/> Education and training opportunities for adoptive parents
X Knowledge of parenting and child development		<input type="checkbox"/> Adoption competent mental health assistance services for parents and children
X Concrete support in times of need		<input type="checkbox"/> Case management services for adoptive parents and children
X Nurturing and attachment		

Objectives

Objective 2. Provide Support Groups for post adoption families:

- In all three WHFS locations
- Mentoring services

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Utilize Neighborhood Accountability board to facilitate support groups.	Participation in groups		WHFS/Our Kids	TBD	TBD

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Objectives

Objective 3. “Magic Wand” Provide wrap around services for adoption disruption prevention:

- Monthly support groups for adopted children
- More specific training for parenting classes
- Mentoring available by seasoned adoptive parents

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Provide adoption competent training for the following: <ul style="list-style-type: none">• Mental Health professionals• In home service personnel• School personnel• Day Care staff• Child welfare staff• Guardian Ad Litem			WHFS/Our Kids/GA L/Care Center/M C Schools	TBD	TBD

Space intentionally left blank.

Strategy 1.__

By 30 June 2015, Circuit 11B will _____.

Priority Level: 1	Priority Need:	
Protective Factors to be Built by the Strategy: X Parental emotional resilience X Social connections X Knowledge of parenting and child development X Concrete support in times of need X Nurturing and attachment		Types of Approaches Warranted: <input type="checkbox"/> Adoptive parent and teen support groups <input type="checkbox"/> Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children <input type="checkbox"/> Case management services for adoptive parents and children

Objectives

Objective 1. Offer three month post placement supervision through WHFS Neighborhood Center that will include:

- Counseling
- Support
- Aftercare services

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Obtain approval for post supervision services	Participation in 3 months post adoption services	WHFS	Our Kids/DCF/Care Center	TBD	TBD
Develop agreement plan				TBD	TBD

Strategy 1.__

By 30 June 2015, Circuit 11B will _____.

Priority Level: 2	Priority Need:	
Protective Factors to be Built by the Strategy: X Parental emotional resilience X Social connections X Knowledge of parenting and child development X Concrete support in times of need X Nurturing and attachment		Types of Approaches Warranted: <input type="checkbox"/> Adoptive parent and teen support groups <input type="checkbox"/> Education and training opportunities for adoptive parents <input type="checkbox"/> Adoption competent mental health assistance services for parents and children <input type="checkbox"/> Case management services for adoptive parents and children

Objectives

Objective 2. Provide Support Groups for post adoption families:

- In all three WHFS locations
- Mentoring services

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Utilize Neighborhood Accountability board to facilitate support groups.	Participation in groups		WHFS/Our Kids	TBD	TBD

Objectives

Objective 3. “Magic Wand” Provide wrap around services for adoption disruption prevention:

- Monthly support groups for adopted children
- More specific training for parenting classes
- Mentoring available by seasoned adoptive parents

Objective:					
Action Steps	Measures/Benchmarks	Lead	Partners	Begin Date	End Date
Provide adoption competent training for the following: <ul style="list-style-type: none"> • Mental Health professionals • In home service personnel • School personnel • Day Care staff • Child welfare staff • Guardian Ad Litem 			WHFS/Our Kids/GAL/Care Center/MC Schools	TBD	TBD

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VI. MONITORING AND EVALUATION

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

Our Kids will monitor the Support of Adoptive Families on a quarterly basis. Our Kids will also conduct quarterly meetings with its full case management providers to address support of adoptive families. Over the next year, we will take a focused look at children with the goal of adoption and the services available to support their adoption. Our Kids Quality Assurance will monitor our progress towards providing the stated support and services for our adoptive families in Miami-Dade County.

At this time, it appears an annual/monitoring report is due on the following dates:

October 2010 Monitoring Report on progress from July 2010 to September 2010 (3 months)

April 2011 Monitoring Report on progress from October 2010 to March 2011 (6 months)

** July 2011 Annual report for fiscal year July 2010 to June 2011 and will include updates for April 2011 to June 2011

October 2011 Monitoring Report on progress from July 2011 to September 2011 (3 months)

April 2012 Monitoring Report on progress from October 2011 to March 2012 (6 months)

** July 2012 Annual report due for fiscal year July 2011 to June 2012 and will include updates for April 2012 to June 2012

October 2012 Monitoring Report on progress from July 2012 to September 2012 (3 months)

April 2013 Monitoring Report on progress from October 2012 to March 2013 (6 months)

** July 2013 Annual report due for fiscal year July 2012 to June 2013 and will include updates for April 2013 to June 2013

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April 2015 Monitoring Report on progress from October 2014 to March 2015 (6 months)

** July 2015 Annual report due for fiscal year July 2014 to June 2015

VI.A. MONITORING PLAN IMPLEMENTATION

The lead persons for each objective under the plan will participate in a regularly scheduled monthly conference call coordinated through the Our Kids quality assurance department. In addition, quarterly face to face meetings will be held to discuss progress and submit updates and any revisions to the plan, and review information needed for the annual progress report.

VI. B ANNUAL PROGRESS REPORTING

Monthly progress will be reflected in quarterly updates to the annual report.

At this time, it appears an annual/monitoring report is due on the following dates:

- July 2011 Annual report for fiscal year July 2010 to June 2011 and will include updates for April 2011 to June 2011
- July 2012 Annual report for fiscal year July 2011 to June 2012 and will include updates for April 2012 to June 2012
- July 2013 Annual report for fiscal year July 2012 to June 2013 and will include updates for April 2013 to June 2013
- July 2014 Annual report for fiscal year July 2013 to June 2014 and will include updates for April 2014 to June 2014
- July 2015 Annual report for fiscal year July 2014 to June 2015

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VII. BARRIERS

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

Adoption support groups – barriers include:

Communication – no computerized e-mail, regular address or phone lists available for communicating with the adoptive families and privacy issues relating to releasing this information to community groups.

Effective leadership – groups without effective leadership do not provide viable support to their members.

System wide support for developing and maintaining adoption support groups.

Adoption competent therapists – identifying professionals in the community who will participate in becoming certified. Also, how to pay for parent and other family participants. In the current economy, the \$75 – 150 needed for counseling in one of the first items cut from a family's budget.

All proposed activities require some financial resources. A barrier may be the lack of available financial support, particularly if grantors cannot be found that are interested in assisting with the particular activity. Also, many of the people involved in these community efforts are not skilled in grant writing.

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VIII. RECOMMENDATIONS

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

1 – Revise the adoption subsidy payment system to allow for adjustments to the subsidy both up and down to accommodate the needs of the adoptive family. Example: right now no consideration is given to the high cost of child care, particularly for children ages birth to five, which is covered through the Early Learning Coalition subsidies until the adoption is finalized. Other states provide a higher subsidy for those years recognizing the tremendous expense this represents for adoptive families, particularly single parent adoptions. Once the child enters public school full time, the subsidy is reduced.

2 – Amend the Medicaid State Plan to allow payment for adoptive family counseling for the parents and other family members of children adopted through the dependency system.

3 – Funding for many of these initiatives that are common to several circuits would be best managed through grant writing and applications on the state level.

4 – Adoption subsidies should be extended past the 18th birthday if the student is actively attending high school until graduation or age 23.

5 – Adoption subsidies should continue with the adopted child and new guardian in the event of the death of the adoptive parent(s) without the requirement of a second adoption.

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Thank you
Circuit 16