Health Care Appropriations Subcommittee

Monday, March 29, 2021
10:15 AM - 12:15 PM
Morris Hall (17HOB)

Chris Sprowls
Speaker

Bryan Avila
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Appropriations Subcommittee

Start Date and Time: Monday, March 29, 2021 10:15 am

End Date and Time: Monday, March 29, 2021 12:15 pm

Location: Morris Hall (17 HOB)

Duration: 2.00 hrs

Consideration of the following bill(s):

HB 627 Alzheimer's Disease and Dementia-Related Disorders Education by Salzman, Plakon
HB 1287 Child Care Facility Transportation by Diamond
HB 1401 Applied Behavior Analysis Services by Plasencia
CS/HB 1473 Children and Young Adults in Out-of-home Care by Children, Families & Seniors Subcommittee, Busatta Cabrera
HB 7039 Child Welfare by Children, Families & Seniors Subcommittee, Altman

This meeting will be live-streamed on https://thefloridachannel.org/. Persons who wish to attend must register at www.myfloridahouse.gov, and pick up a pass at the Legislative Welcome Center on the 4th Floor of the Capitol beginning one hour before the start of the meeting. Audience seating will be socially distanced and will be available on a first-come, first-served basis. Registration closes three hours before the meeting starts.

NOTICE FINALIZED on 03/25/2021 4:16PM by SXA

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 627 Alzheimer's Disease and Dementia-Related Disorders Education
SPONSOR(S): Salzman & others
TIED BILLS: **IDEN./SIM. BILLS:** SB 874

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Professions & Public Health Subcommittee	18 Y, 0 N	Grabowski	McElroy
2) Health Care Appropriations Subcommittee		Mielke	Clark
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Alzheimer's disease is the most prevalent form of dementia, a general term for memory loss. It is a progressive brain disorder that damages and eventually destroys brain cells, leading to memory loss and changes in the functions of the brain. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. There are an estimated 5.8 million people in the United States with Alzheimer's disease, including 5.6 million people aged 65 and older and 200,000 individuals under age 65 who have younger-onset Alzheimer's disease.

Florida has several programs and initiatives under the oversight of the Department of Elder Affairs (DOEA) that provide resources and support for individuals suffering from Alzheimer's disease and other dementia-related disorders. These include:

- The Alzheimer's Disease Initiative;
- The Purple Ribbon Task Force and Alzheimer's Disease State Plan;
- The Alzheimer's Disease Advisory Committee; and
- The Dementia Care and Cure Initiative.

The Florida Department of Health (DOH) licenses physicians, osteopathic physicians, and nursing professionals who provide care, among others, to patients with Alzheimer's disease and other dementia-related disorders.

The bill requires DOH, in partnership with DOEA and the Alzheimer's Association, to provide information to educate physicians and nursing professionals about Alzheimer's disease and dementia-related disorders. This effort will occur through existing public health and community outreach programs and include education on:

- The importance of early detection and timely diagnosis of cognitive impairment;
- Utilization of a validated cognitive assessment tool;
- The value of Medicare annual wellness visits for cognitive health;
- The use of the Medicare billing code for care planning for individuals with cognitive impairment;
- Methods to detect early warning signs of Alzheimer's disease and other types of dementia; and,
- Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities who are at greater risk of developing Alzheimer's disease and other types of dementia.

The bill has no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2021.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Alzheimer's Disease

Alzheimer's disease is a form of dementia, a general term for memory loss. It is a progressive brain disorder that damages and eventually destroys brain cells, leading to memory loss and changes in the functions of the brain. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. Alzheimer's disease is a progressive disease in which dementia symptoms worsen gradually over time. In the early stages of Alzheimer's disease, memory loss is mild; in late-stages, individuals lose the ability to carry on a conversation and respond to their environment. Currently, the disease has no cure, but treatment can temporarily slow the worsening of symptoms.[1]

There are an estimated 5.8 million people in the United States with Alzheimer's disease, including 5.6 million people aged 65 and older and 200,000 individuals under age 65 who have younger-onset Alzheimer's disease.[2] By 2050, the number of people age 65 and older with Alzheimer's disease in the U.S. is expected to nearly triple to a projected 13.8 million people.[3]

Florida has an increasing number of individuals with Alzheimer's disease. An estimated 560,000 Floridians have Alzheimer's disease.[4] The projected number of Floridians with Alzheimer's disease is estimated to increase by 28.6% to 720,000 individuals by 2025.[5]

Alzheimer's Disease Initiative

Section 430.503, F.S., creates the Alzheimer's Disease Initiative (ADI) within the Department of Elder Affairs (DOEA).[6] The Alzheimer's Disease Initiative is a statewide program that provides services to individuals and families affected by Alzheimer's disease. The ADI includes the following programs:[7]

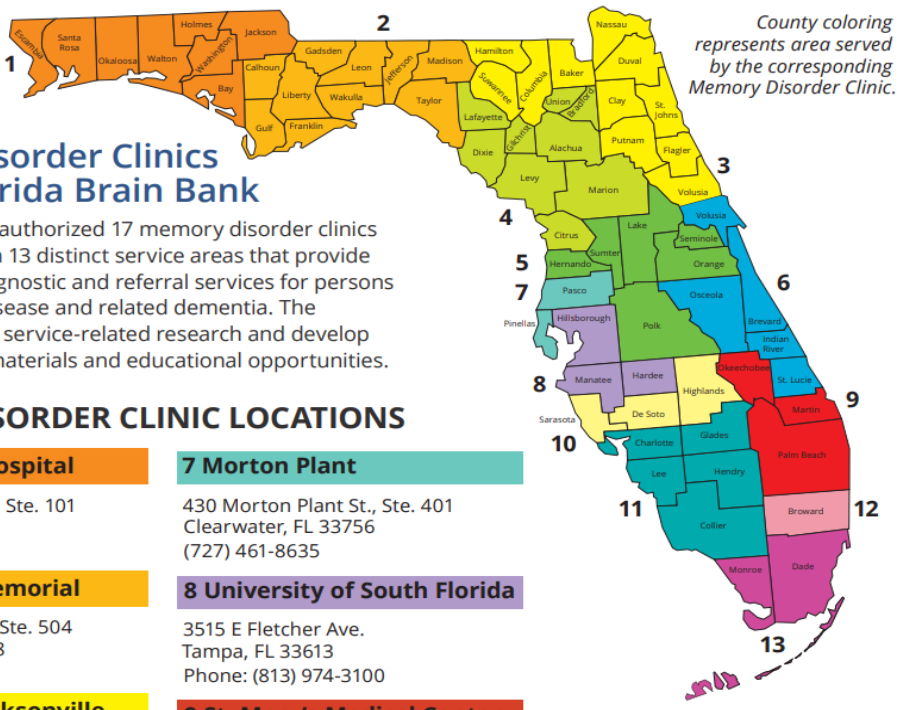
- Respite care and other support services for caregivers;
- Memory Disorder Clinics;
- Specialized Alzheimer's Adult Day Care Centers; and
- The Florida Alzheimer's Brain Bank, which is a service- and research-oriented network of regional sites which collect and study the brains of deceased dementia patients.[8]

[1] Alzheimer's Association, *What is Alzheimer's?*, http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp (last accessed March 36, 2021).
[2] Alzheimer's Association, *2019 Alzheimer's Disease Facts and Figures*, https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf (last accessed March 26, 2021).
[3] Id.
[4] Alzheimer's Association, *Alzheimer's Statistics: Florida*, https://alz.org/getmedia/4d0840b6-0baa-4b97-8a0e-1775cfbf44a4/statesheet_florida (last accessed March 26, 2021).
[5] Id.
[6] S. 430.503(1), F.S.
[7] Florida Department of Elder Affairs, *Alzheimer's Disease Initiative,* http://elderaffairs.state.fl.us/doea/alz.php (last accessed March 26, 2021).
[8] Florida Department of Elder Affairs, *The Florida Brain Bank*, http://elderaffairs.state.fl.us/doea/BrainBank/docs/BrainBank-brochure.pdf (last accessed March 26, 2021).

Memory Disorder Clinics

Section 430.502(1), F.S., designates 17 memory disorder clinics (MDCs)[9] that provide comprehensive assessments, diagnostic services, and treatment to individuals who exhibit symptoms of Alzheimer's disease and related memory disorders. The MDCs operate in 13 distinct service areas.[10]

MDC Service Areas and Locations[11]



[9] S. 430.502(1), F.S.
[10] Florida Department of Elder Affairs, *Summary of Programs and Services 2019*, *available at* http://elderaffairs.state.fl.us/doea/pubs/pubs/sops2019/2019_SOPS_A.pdf (last accessed March 26, 2021).
[11] Id.

MDCs also develop training programs and materials and conduct training for caregivers, respite service providers, and health care professionals in the care of persons with Alzheimer's disease and related memory disorders.[12] In addition, MDCs conduct service-related research projects through model day care programs and respite care programs.[13] MDCs are established at medical schools, teaching hospitals, and public and private not-for-profit hospitals throughout the state in accordance with s. 430.502, F.S. MDCs served 9,753 clients in 2017-2018.[14]

Purple Ribbon Task Force and Alzheimer's Disease State Plan

Chapter 2012-172, Laws of Florida, created the Purple Ribbon Task Force. The task force was composed of 18 members with 6 members appointed by the Governor, 6 members appointed by the Speaker of the House of Representatives, and 6 members appointed by the President of the Senate.[15]

The law required the task force to conduct an interim study regarding Alzheimer's disease in the state and directed the Task Force to:[16]

- Assess the current and future impact of Alzheimer's disease on the state;
- Examine existing industries, services, and resources that address the needs of persons with Alzheimer's disease;
- Develop a strategy to mobilize a state response to Alzheimer's disease; and
- Gather information on state trends and policy regarding Alzheimer's disease.

Additionally, the law required the task force to submit a report in the form of an Alzheimer's disease state plan.[17] The 2013 completed report by the task force is the *State Plan on Alzheimer's Disease and Related Forms of Dementia.*[18] The state report included the task force's findings and recommendations. Upon submission of this report, pursuant to law, the Purple Ribbon Task Force terminated.

Current law requires DOEA to review and update the Alzheimer's disease state plan every three years. The state plan must include an assessment of the current and future impact of Alzheimer's disease, an examination of existing resources available to persons living with Alzheimer's disease, and other information regarding Alzheimer's disease trends and policies in the state.[19]

Alzheimer's Disease Advisory Committee

Section 430.501, F.S., establishes the Alzheimer's Disease Advisory Committee (Committee) to advise DOEA on legislative, programmatic, and administrative matters regarding individuals with Alzheimer's disease and their caretakers. The committee is established within DOEA and composed of 11 members appointed by the Governor, 2 members appointed by the Senate President (one of which must be a sitting Senator), and 2 members appointed by the Speaker of the House of Representatives (one of which must be a sitting Representative).[20] The Governor's appointments must reflect the following representation:[21]

- At least four members must be persons licensed pursuant to ch. 458 or 459, F.S., or hold a Ph.D. degree and be currently involved in research on Alzheimer's disease;
- At least four persons who have been caregivers of victims of Alzheimer's disease; and

[12] *Supra* note 7.
[13] Id.
[14] *Supra* note 10.
[15] Ch. 2012-172, Laws of Fla.
[16] Id.
[17] Id.
[18] Florida Department of Elder Affairs, *Purple Ribbon Task Force State Plan on Alzheimer's Disease and Related Forms of Dementia*, https://www.alz.org/media/Documents/florida-state-plan-august-2013.pdf (last accessed March 26, 2021).
[19] S. 430.501, F.S.
[20] Id.
[21] Id.

- Whenever possible, a gerontologist, a geriatric psychiatrist, a geriatrician, a neurologist, a social worker, and a registered nurse.

Committee members are appointed to four-year staggered terms. The chair is elected by the Committee and serves a one-year term. The Committee may establish subcommittees as necessary to carry out the functions of the Committee. Currently, the Committee has four standing subcommittees regarding clinical services, home- and community-based care, education and research, and legislative advocacy.[22]

The Committee is required to submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Elder Affairs by September 1 of each year. The report must include recommendations on Alzheimer's disease policy, all state-funded Alzheimer's disease efforts, and proposed updates to the Alzheimer's disease state plan.

DOEA must use the report submitted by the Committee and collaborate with other organizations and professionals when updating the state plan. DOEA must submit the updated state plan every three years, beginning November 1, 2020, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Dementia Care and Cure Initiative

The DOEA announced the Dementia Care and Cure Initiative (DCCI) in 2015 to engage communities across the state to be more dementia-caring, promote better care for Floridians affected by dementia, and support research efforts to find a cure. In collaboration with Florida's 11 Area Agencies on Aging and 17 memory disorder clinics, participating DCCI communities organize task forces consisting of community professionals and stakeholders who work to bring about education, awareness of, and sensitivity regarding the needs of those affected by dementia.[23]

Health Care Licensure in Florida

Chapter 458, F.S., governs licensure and regulation of the practice of medicine by the Florida Board of Medicine in conjunction with the Florida Department of Health (DOH). Physicians holding a Doctor of Medicine (M.D.) degree are licensed under this chapter.

Chapter 459, F.S., provides for the licensure and regulation of the practice of medicine by the Florida Board of Osteopathic Medicine in conjunction with DOH. Osteopathic Physicians holding a Doctor of Osteopathic Medicine (D.O.) are licensed under this chapter.

Chapter 464, F.S., provides for the licensure and regulations of the practice of nursing by the Florida Board of Nursing in conjunction with DOH. Individuals licensed under this chapter include registered nurses (RN), advanced practice registered nurses (APRN), licensed practical nurses (LPN), and certified nursing assistants (CNA).

Medicare Program

Medicare is a federal health insurance program for people 65 or older, people under 65 with certain disabilities, and people of any age with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).[24] The program is administered by the Centers for Medicare and Medicaid Services in the U.S. Department of Health and Human Services.

[22] Alzheimer's Disease Advisory Committee, *2009-2016 Summary of Accomplishments*, http://elderaffairs.state.fl.us/doea/alz/ADI_Accomplishments.pdf (last accessed March 26, 2021).
[23] Department of Elder Affairs, *Dementia Care and Cure Initiative*, http://elderaffairs.state.fl.us/doea/dcci.php (last accessed March 26, 2021).
[24] Medicare.gov, *What's Medicare*, https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare (last accessed March 26, 2021).

Medicare will pay for some services during every stage of Alzheimer's disease and dementia care, such as:[25]

- Cognitive assessments;
- Home safety evaluations
- Planning for care;
- Hospital stays; and,
- Prescription drugs — Medicare Part D pays a portion of drug costs for individuals diagnosed with dementia.

Effect of Proposed Changes

The bill requires the DOH, in collaboration with the DOEA and the Alzheimer's Association, to use existing public health and community outreach programs to educate physicians and nursing professionals on a range of topics related to the diagnosis and treatment of Alzheimer's disease and dementia-related disorders. The information provided to practitioners must include education on:

- The importance of early detection and timely diagnosis of cognitive impairment;
- Utilization of a validated cognitive assessment tool;
- The value of Medicare annual wellness visits for cognitive health;
- The use of the Medicare billing code for care planning for individuals with cognitive impairment;
- Methods to detect early warning signs of Alzheimer's disease and other types of dementia; and,
- Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities who are at greater risk of developing Alzheimer's disease and other types of dementia.

The bill provides an effective date of July 1, 2021.

B. SECTION DIRECTORY:

Section 1: Creates s. 381.825, F.S.; relating to Alzheimer's disease and dementia-related disorders education.
Section 2: Provides an effective date of July 1, 2021.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

[25] Centers for Medicare and Medicaid Services, *Medicare and Medicaid Benefits for People with Dementia*, August 2017, https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Medicare-and-Medicaid-Benefits-for-People-with-Dementia.pdf (last accessed March 26, 2021).

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No rule-making authority is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to Alzheimer's disease and dementia-related disorders education; creating s. 381.825, F.S.; requiring the Department of Health, in partnership with the Department of Elderly Affairs and the Alzheimer's Association, to provide specified information relating to creating awareness about Alzheimer's disease and dementia-related disorders to certain licensed health care providers; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 381.825, Florida Statutes, is created to read:

381.825 Alzheimer's disease and dementia-related disorders education.—The Department of Health, in partnership with the Department of Elderly Affairs and the Alzheimer's Association, shall provide, through existing, relevant public health and community outreach programs, information to educate health care providers licensed under chapter 458, chapter 459, or chapter 464 on the following:

(1) The importance of early detection and timely diagnosis of cognitive impairment.

(2) Use of a validated cognitive assessment tool.

CODING: Words stricken are deletions; words underlined are additions.

(3) The value of a Medicare annual wellness visit for cognitive health.

(4) Use of the Medicare advance care planning billing code for persons with cognitive impairment.

(5) An increased understanding and awareness of early warning signs of Alzheimer's disease and dementia-related disorders.

(6) Reducing the risk of cognitive decline, particularly among persons in diverse communities who are at greater risk of developing Alzheimer's disease and dementia-related disorders.

Section 2. This act shall take effect July 1, 2021.

HB 1287

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1287 Child Care Facility Transportation
SPONSOR(S): Diamond & Others
TIED BILLS: **IDEN./SIM. BILLS:** SB 252

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	17 Y, 0 N	Rahming	Brazzell
2) Health Care Appropriations Subcommittee		Fontaine	Clark
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Heatstroke is exposure to high temperatures for an extended period of time. Vehicular heatstroke involves being trapped in a vehicle under these conditions. Young children, pets, and the elderly are at a higher risk of vehicular heatstroke, usually because they are more likely to be left or become trapped in vehicles. The national average of child heatstroke deaths per year since 1998 is 38. Since 1998, Florida has had the second largest number of child heatstroke deaths in vehicles: 96; second only to Texas: 132. Child care facilities were responsible for seven of the 96 Florida deaths.

HB 1287 creates the "Child Safety Alarm Act" and requires that after January 1, 2022, vehicles used by child care facilities and large child care homes to transport children be equipped with an approved alarm system that prompts the driver to inspect the vehicle for the presence of children before leaving the area.

The bill requires the Department of Children and Families to adopt rules to implement the bill.

The bill is expected to have a significant, negative fiscal impact on private entities and certain local governments and an insignificant, negative fiscal impact on state government. See Fiscal Comments.

The bill has an effective date of October 1, 2021.

FULL ANALYSIS

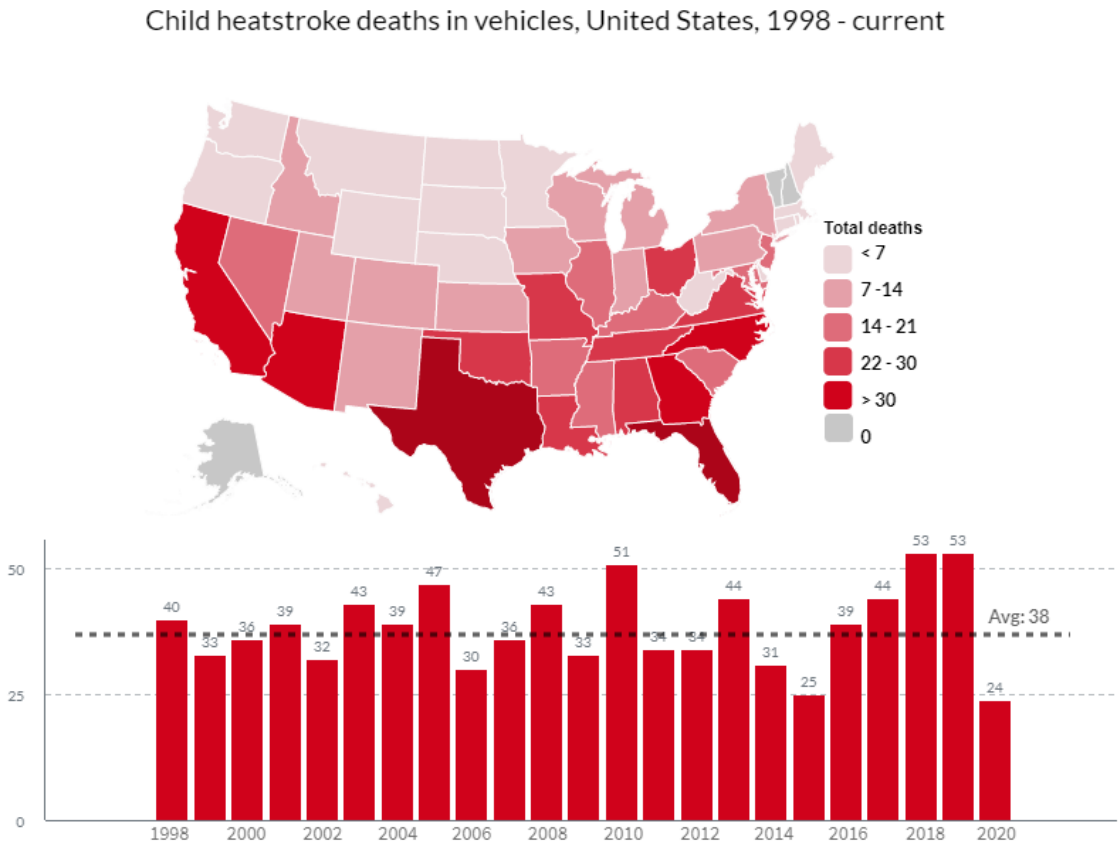
I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Heatstroke is exposure to high temperatures for an extended period of time. Vehicular heatstroke involves being trapped in a vehicle under these conditions. Vehicular heatstroke can become fatal when the internal body core temperate reaches 107 degrees at which point the body is unable to cool itself down through normal processes such as perspiration.[1] Young children, pets, and the elderly are at a higher risk of vehicular heatstroke, usually because they are more likely to be left or become trapped in vehicles. Since 1998, 882 children have died nationwide due to vehicular heatstroke.[2] The national average of child heatstroke deaths per year since 1998 is 38. Fifty-five percent of these deaths involve children under the age of one.[3]

Since 1998, Florida has had the second largest number of child heatstroke deaths in vehicles, 96, second only to Texas, with 132:[4]



[1] Seattle Children's Hospital Research Foundation, Hot Cars and Kids- a Deadly Combination, available at https://pulse.seattlechildrens.org/hot-cars-and-kids-a-deadly-combination/ (last visited Mar. 26, 2021).
[2] U.S. Department of Transportation (USDOT), Traffic Safety Marketing, *Child Safety: Heatstroke Prevention*, *See* Kids and Cars.org, Children Vehicular Heatstroke Deaths by Year, https://www.trafficsafetymarketing.gov/get-materials/child-safety/heatstroke-prevention?_ga=2.56158690.870054613.1615229487-1650636428.1615229487 (last visited Mar. 26, 2021).
[3] Kids and Cars.org, Fact Sheet, https://www.kidsandcars.org/wp-content/uploads/2020/01/Heatstroke-fact-sheet.pdf (last visited Mar. 26, 2021).
[4] National Safety Council, Hot Car Deaths, https://injuryfacts.nsc.org/motor-vehicle/motor-vehicle-safety-issues/hotcars/ (last visited Mar. 26, 2021).

Forty-six of the 432 child vehicular heatstroke deaths from 2010-2020 in the U.S. occurred in Florida, with child care providers responsible for seven of the 46 deaths (15%): [5]

Florida Child Vehicular Heatstroke Deaths Profile: 2010-2020

		Responsible Party			
Year	**Total Deaths**	**Parents**	**Child Care Providers**	**Others[6]**	**Unknown**
2020	3	2		1	
2019	5	2	2		1
2018	5	5			
2017	6	1	2	3	
2016	5	2	1	1	1
2015	4	3		1	
2014	2	2			
2013	5	4		1	
2012	3	2	1		
2011	2	2			
2010	6	4	1	1	

Technology Based Prevention

Automobile Manufacturers

The auto industry has attempted to address child heatstroke deaths in vehicles for years. At the 2002 New York Auto Show, General Motors (GM) GM unveiled a system that would be able to detect the heartbeat of a child left in a car and then measure the vehicle's temperature. If it was becoming dangerously hot, it would sound the horn to alert a parent or passersby. GM later reported that the system was abandoned after it was found "not reliable enough to put into production."[7]

However, in 2020, Consumer Reports determined several reminder systems reliably worked, including:[8]

- GM's Rear Seat Reminder, which notes whether a rear door was opened up to 10 minutes before the vehicle is turned on or any time after the vehicle is turned on.
- Kia's Rear Occupant Alert, which incorporates motion detection and rear-door logic.
- Hyundai's Rear Occupant Alert, which incorporates motion detection and rear-door logic.
- Nissan's Rear Door Alert, which shows a warning in the instrument cluster and makes a single-tone chime if the rear door was opened before the trip, before the driver's door was opened; and
- Toyota's Rear Seat Reminder, which notes whether a rear door was opened within 10 minutes of the vehicle being turned on, or at any time after the vehicle has been turned on.

Currently, these systems are not widely available as standard equipment. However, the auto industry has committed to introducing rear-seat reminders that include a combination of auditory and visual alerts in essentially all cars and trucks by the 2025 model year.[9]

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[5] Email from Prof. Jan Null, Certified Consulting Meteorologist, Department of Meteorology & Climate Services, San Jose State University, RE: Updated spreadsheet on Child Vehicle Heat Stroke Deaths (Mar. 11, 2021). See also, Kids and Cars, 2018-2020 Child Hot Car Deaths, available at https://www.kidsandcars.org/2018-u-s-child-hot-car-fatalities/, https://www.kidsandcars.org/2019-child-hot-car-deaths/, and https://www.kidsandcars.org/2020-child-hot-car-deaths/ (last visited Mar. 26, 2021).

[6] Others as used in this chart includes other relatives, such as cousins, a babysitter, and a girlfriend.

[7] Paul Eisenstein, *Death in Hot Cars: Why Can't the Automakers Prevent the Danger*? July 11, 2014, *available at:* http://www.nbcnews.com/storyline/hot-cars-and-kids/death-hot-cars-why-cant-automakers-prevent-danger-n152911 (last visited Mar. 26, 2021).

[8] Emily A. Thomas, Pd.D., Guide to Rear-Seat Reminder Systems: These built-in systems can help prevent heatstroke tragedies in cars and SUVs, Consumer Reports (July 29, 2020), https://www.consumerreports.org/car-safety/guide-to-rear-seat-reminder-systems/ (last visited Mar. 12, 2021).

[9] *Id*.

It is unclear how many of these systems, if any, currently are or will be available as standard equipment on the type of vehicles that child care facilities use.

Currently, the National Highway Traffic Safety Administration (NHTSA) does not require automakers to add in-vehicle technology that would alert those who leave young children behind in hot cars.

Aftermarket Rear-Seat Reminder Systems

There are numerous warning systems that alert a parent to a child left in a safety seat, shopping cart, or elsewhere, but federal regulators have questioned their efficacy.

According to a 2012 study by NHTSA and the Children's Hospital of Philadelphia, a preliminary assessment performed on technology devices aimed at helping to prevent a child from being unintentionally left in a hot car concluded that the devices were unreliable and limited in their effectiveness.[10]

The study also found several limitations in these products after conducting tests, including inconsistencies in arming sensitivity, variations in warning signal distance, potential interference from other electronic devices, children inadvertently disarming the device by slumping over or sleeping out of position, and limitations in the products' susceptibility to misuse or other common scenarios, such as a beverage spill. Many of the products tested require extensive setup work by caregivers and parents, potentially giving them a false sense of security. Moreover, since the devices are restraint-based, they wouldn't address the 20 to 40 percent of children who are killed in hot cars when they enter a vehicle without adult permission.[11]

Additional aftermarket products have been introduced since the 2012 NHTSA/Children's Hospital study, but the NHTSA has not studied them to determine their effectiveness.

Licensing Standards for Child Care Facilities and Large Family Child Care Homes

The DCF licenses and regulates 62 of the 67 counties in Florida, establishing licensing standards that each licensed child care facility in the state must meet.[12] Five counties have local licensing authority and must meet or exceed the DCF standards:[13] Broward, Hillsborough, Palm Beach, Pinellas and Sarasota.

As of March 10, 2021, the DCF licenses:[14]

- 4,723 child care facilities. Child care facilities are child care centers or child care arrangements that:
  - Provide child care for more than five children unrelated to the operator; and
  - Receive payment, fee, or grant funds for the children receiving care, whether or not operated for profit;[15]

- 799 family day care homes. Family day care homes are occupied residences which:
  - Regularly provide children from at least two unrelated families child care; and

[10] Consumer Reports, *Heatstroke Death a Risk to Children in Hot Cars* (July 24, 2019), available at https://www.consumerreports.org/cro/news/2012/08/warning-systems-to-detect-children-left-in-hot-cars-found-unreliable-study-finds/index.htm. (last visited Mar. 26, 2021).
[11] Ryan Jaslow, *Gov't study: Devices that alert parents they left a child in a car deemed unreliable,* CBS News, July 31, 2012, *available at https://www.cbsnews.com/news/govt-study-devices-that-alert-parents-they-left-a-child-in-car-deemed-unreliable/* (last visited Mar. 26, 2021).
[12] S. 402.305, F.S.
[13] S. 402.306, F.S.
[14] Email from John Paul Fiore, Legislative Specialist, Florida Department of Children and Families, RE: HB 1287, regarding the number of facilities the DCF currently licenses (Mar. 11, 2021).
[15] S. 402.305(2), F.S.

    - Receive payments, fees, or grants for the children receiving care, whether or not operated for profit;[16] and

- 250 large family child care homes. Large family child care homes are occupied residences that:
    - Regularly provide children from at least two unrelated families child care;
    - Receive payments, fees, or grants for the children receiving care, whether or not operated for profit; and
    - Have at least two full-time child care personnel on the premises during the hours of operation.[17]

In addition, there are homes that are only registered by the agency and facilities that are exempt from licensure due to a religious affiliation.[18] As of December 2020, approximately 1,566 child care providers reported to the DCF that they transport children.[19]

Statutory licensing standards for child care facilities are extensive and reference transportation and vehicles, including the requirement that minimum standards include accountability for children being transported.[20] The Florida Administrative Code provides requirements for licensed child care facilities and large family child care homes to follow in relation to vehicles that are owned, operated, or regularly used by the facility or home, as well as vehicles that provide transportation through a contract or agreement with an outside entity.[21]

Providers are required to maintain a driver's log for all children being transported. This log must include:

- Each child's name;
- The date, time of departure;
- Time of arrival at the destination; and
- The signature of driver or in the case of travelling on foot, the signature of the child care personnel); and
- The signature of a second staff member to verify the driver's log and that all children have arrived safely and have left the vehicle.

Upon arrival at the destination, the driver of the vehicle must mark each child off the log as the child departs the vehicle, conduct a physical inspection and visual sweep of the vehicle, and sign, date, and record the driver's log immediately to verify all children were accounted for and that the sweep was conducted. Upon arrival at the destination, a second staff member must also conduct a physical inspection and visual sweep of the vehicle and sign, date, and record the driver's log to verify all children were accounted for and that the driver's log is complete.[22]

Current DCF licensing standards for child care facilities and large family child care homes do not address alarm systems in vehicles.

Currently, Palm Beach and Broward Counties have requirements similar to those proposed in the bill.[23] In 2019, however, a 2-year-old child died from vehicular heatstroke after a Broward County daycare

[16] S. 402.305(8), F.S.
[17] S. 402.302(11), F.S.
[18] S. 402.316, F.S.
[19] Florida Department of Children and Families, Agency Analysis of 2021 House Bill 1287, p. 6 (Dec. 14, 2020).
[20] S. 402.305, F.S
[21] *See* rr. 65C-22.001(6) and 65C-20.13(8), F.A.C.
[22] *Id*.
[23] *See* Palm Beach County, Code of Ordinances ch. 1, art. XVII, § D (2011) and Broward County, Florida, Code of Ordinances ch. 7, art. 1, § 7-9 (2012).

van's driver disabled the required child safety alarm device and left the child in the van for approximately five hours.[24]

Arkansas,[25] California,[26] Tennessee,[27] Texas,[28] and Wisconsin[29] also have alarm system requirements similar to those proposed in the bill.[30]

Effect of Proposed Changes

HB 1287 creates the "Child Safety Alarm Act," which amends s. 402.305, F.S., to require that on or after January 1, 2022, vehicles used by child care facilities and large family child care homes to transport children must have an approved alarm system that prompts the driver to inspect the vehicle for the presence of children before leaving the area.

The bill requires the DCF to adopt by rule minimum safety standards for reliable alarm systems and maintain a list of alarm manufacturers and alarm systems that are approved to be installed in vehicles.

The bill also modifies existing minimum safety standards in statute pertaining to transportation for child care facilities. Under the bill, these standards must include:

- The required use of seat belts in all vehicles used by child care facilities and large family child care homes to transport children;
- Annual inspections for all such vehicles;
- Limitations on the number of children that may be transported within each vehicle;
- Procedures to ensure that children are not inadvertently left in vehicles when transported by the facility or home and that systems are in place to ensure accountability for children the facilities and homes transport.

HB 1287 specifies that child care facilities and large family child care homes are not responsible for the safe transport of children when they are being transported by a parent or guardian.

The bill provides an effective date of October 1, 2021.

B. SECTION DIRECTORY:

Section 1: Provides a short title.
Section 2: Amends s. 402.305, F.S., relating to licensing standards; child care facilities.
Section 3: Provides an effective date of October 1, 2021.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

[24] Lisa J. Huriash, *Driver turned off safety alarm on day care van where boy died, records show*, South Florida Sun Sentinel (Aug. 7, 2019), https://www.sun-sentinel.com/local/broward/oakland-park/fl-ne-daycare-center-permanent-closing-noah-20190807-titbnfjhinct7dzvoxzwao53ya-story.html (last visited Mar. 26, 2021).
[25] Ark. Code Ann. § 20-78-225.
[26] Cal. Vehicle Code § 28160.
[27] Tenn. Code Ann. § 71-3-502.
[28] Tex. Human Resources Code Ann. § 42.0424.
[29] Wis. Stat. § 48.658.
[30] Kids and Cars.org, State Laws Requiring Alarm Systems in Daycare Vehicle or School Buses, available at https://www.kidsandcars.org/wp-content/uploads/2019/11/Daycare-Van-Alarm-State-Laws-11-8-19.pdf (last visited Mar. 26, 2021).

2. Expenditures:

The DCF's workload will increase to establish and maintain a list of approved alarm manufacturers.[31] The DCF will also spend approximately $6,500 for rule promulgation to adopt minimum safety standards for the alarm systems, however, this minimal fiscal impact can be absorbed through existing resources.[32] The costs associated with creating a new inspection template that includes new standards pertaining to this bill can also be absorbed by the DCF through normal business operations.[33]

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The DCF reported approximately 1,566 child care providers currently offer a transportation service. These programs would be required to purchase, at a minimum, one of the alarm systems required by this bill.[34]

The fiscal impact on individual providers will vary based on unit cost, installation costs, and possible future warranty fees. The DCF anticipates the unit costs to vary from $130 to $156. Installation costs may range from $100 to $450 depending on the unit and installer.[35]

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rulemaking authority to the DCF to implement the bill's provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

[31] Florida Department of Children and Families, Agency Analysis of 2021 House Bill 1287, p. 6 (Dec. 14, 2020).
[32] *Id.*
[33] *Id.*
[34] *Id.*
[35] *Id.*

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to child care facility transportation; providing a short title; amending s. 402.305, F.S.; requiring certain vehicles, by a specified date, to be equipped with a reliable alarm system that meets specified criteria; requiring the Department of Children and Families to adopt by rule minimum safety standards for such systems and to maintain a list of approved alarm manufacturers and alarm systems; making technical changes; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the "Child Safety Alarm Act."

Section 2. Subsection (10) of section 402.305, Florida Statutes, is amended to read:

402.305 Licensing standards; child care facilities.—

(10) TRANSPORTATION SAFETY.—

(a) Minimum standards shall include all of the following:

1. Requirements for child restraints or seat belts in vehicles used by child care facilities and large family child care homes to transport children.~~,~~

2. Requirements for annual inspections of such ~~the~~ vehicles.~~,~~

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

3. Limitations on the number of children that may be transported in such ~~the~~ vehicles.~~,~~

4. Procedures to ensure that ~~avoid leaving~~ children are not inadvertently left in vehicles when transported by the facility or home~~,~~ and that systems are in place to ensure accountability for children transported by such facilities and homes ~~the child care facility~~.

(b) By January 1, 2022, all vehicles used by child care facilities and large family child care homes to transport children must be equipped with a reliable alarm system approved by the department which prompts the driver to inspect the vehicle for children before exiting the vehicle. The department shall adopt by rule minimum safety standards for such systems and shall maintain a list of approved alarm manufacturers and alarm systems that meet or exceed those standards.

(c) A child care facility or large family child care home is not responsible for the safe transport of children when they are being transported by a parent or guardian.

Section 3. This act shall take effect October 1, 2021.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

HB 1401

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1401 Applied Behavior Analysis Services
SPONSOR(S): Plasencia & Others
TIED BILLS: **IDEN./SIM. BILLS:** SB 1794

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Finance & Facilities Subcommittee	18 Y, 0 N	Grabowski	Lloyd
2) Health Care Appropriations Subcommittee		Nobles	Clark
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Applied Behavior Analysis (ABA) is an umbrella term referring to the principles and techniques used to assess, treat, and prevent challenging behaviors while promoting new, desired behaviors. ABA has been recognized as a treatment option for a range of behavioral health conditions, with an emphasis on the treatment of autism spectrum disorder. ABA services are covered under the Florida Medicaid program, when medically necessary, and also under group health insurance plans and health management organization contracts.

Research suggests that ABA interventions should generally be provided under the supervision of a trained behavioral psychologist or behavior analyst. While the Florida Statutes do not currently require licensure for ABA providers, several levels of professional certification are available to ABA providers.

The Florida Medicaid program requires such certification to participate in Medicaid. Providers of ABA services who are not enrolled in Medicaid must be licensed under the Florida Health Care Clinic Act, which includes additional fiduciary and administrative requirements for health care providers.

Current law allows certified ABA professionals and mental health professionals licensed under ch. 490 or 491, F.S., to provide services in the K-12 classroom setting. However, behavior technicians and other non-certified professionals working under the direction of these certified or licensed professional are not allowed to provide services in the K-12 classroom setting.

The bill exempts all group practices that provide ABA services from the requirements of the Health Care Clinic Act.

The bill also adds registered behavior technicians who hold recognized certification and practice under the supervision of either certified behavior analysts or professionals licensed under ch. 490 or ch. 491, F.S., to the list of private instructional personnel who may provide ABA services in the classroom setting. This change would allow registered behavior technicians to provide ABA services to students in a public K-12 school.

The bill has an indeterminate, but likely insignificant, fiscal impact on the Agency for Health Care Administration and no fiscal impact on local governments.

The bill provides an effective date of July 1, 2021.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Applied Behavior Analysis

Applied Behavior Analysis (ABA) is an umbrella term referring to the principles and techniques used to assess, treat, and prevent challenging behaviors while promoting new, desired behaviors. ABA focuses on improving social skills, communication, reading, and academics as well as adaptive learning skills, such as fine motor dexterity, hygiene, grooming, domestic capabilities, punctuality, and job competence. ABA can be effective for children and adults with psychological disorders in a variety of settings, including schools, workplaces, homes, and clinics.[1]

ABA has been recognized as a therapeutic intervention in the treatment of autism spectrum disorder (ASD). ASD is a developmental disability that impacts the social, emotional, and communication skills of affected individuals. The disorder includes a range of conditions that were previously diagnosed separately – such as autism, Asperger syndrome, and other non-specific developmental disorders.[2]

ABA has become widely accepted among health care professionals, is used in many schools and treatment clinics, and is considered an evidence-based best practice treatment by the U.S. Surgeon General, American Psychological Association, American Academy of Child and Adolescent Psychiatry, and American Academy of Pediatrics.

Providers of ABA Services

Research suggests that ABA interventions should generally be provided under the supervision of a trained behavioral psychologist or behavior analyst. In general, behavior analysts perform patient assessments to determine levels of adaptive and maladaptive behaviors, and develop a treatment plan. Behavior analysts supervise other professionals, such as behavior technicians, who implement the treatment plan, and monitor progress.[3]

While the Florida Statutes do not currently require licensure for behavior analysts or other types of ABA providers, several levels of professional certification are available.

The Behavior Analyst Certification Board (BACB) was established in 2008 to develop uniform standards for determining who is qualified to provide professional ABA services. It is an independent, nonprofit organization whose behavior analyst credentialing programs are accredited by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence.[4] The BACB certifies professional practitioners at two levels: the Board Certified Behavior Analyst (BCBA) and the Board Certified Assistant Behavior Analyst (BCaBA). The BACB also issues a credential for paraprofessionals, known as the Registered Behavior Technician (RBT). Requirements for the three credentials are:[5]

[1] "Applied Behavior Analysis", *Psychology Today*, https://www.psychologytoday.com/us/therapy-types/applied-behavior-analysis (last accessed March 23, 2021).
[2] U.S. Centers for Disease Control and Prevention, "What is Autism Spectrum Disorder?", https://www.cdc.gov/ncbddd/autism/facts.html (last accessed March 23, 2021).
[3] Association of Professional Behavior Analysts, *Identifying Applied Behavior Analysis Interventions*, 2017, https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBAwhitepaperABAinterventions.pdf (last accessed March 23, 2021).
[4] Id.
[5] Id.

Board Certified Behavior Analyst (BCBA)
• At least a master's degree in applied behavior analysis or a closely-related field; • Completion of 270 hours of graduate-level instruction in specified behavior analysis topics; • Completion of specified hours of supervised experiential training in ABA; and, • Passage of the BCBA examination.
Board Certified Assistant Behavior Analyst (BCaBA)
• At least a bachelor's degree; • Completion of 180 classroom hours of instruction in specified behavior analysis topics; • Completion of specified hours of supervised experiential training in ABA; and, • Passage of the BCaBA examination.
Registered Behavior Technician (RBT)
• At least a high school diploma; • Completion of 40 hours of training in specified behavior analysis topics; • Completion of the RBT competency assessment; and, • Passage of the RBT examination.

BACB recently added the BCBA-D distinction to recognize board certified analysts who hold doctoral degrees. The BACB specifies it is mandatory that BCaBAs practice under the supervision of a BCBA. All individuals certified BACB (whether BCBA, BCBA-D, or BCaBA) must accumulate continuing education credits to maintain their credentials.[6]

ABA Services under Florida Medicaid

Medicaid is a joint federal- and state-funded program that provides health care for low-income Floridians, administered by the Agency for Health Care Administration (AHCA) under ch. 409, F.S. Federal law establishes the mandatory services to be covered in order to receive federal matching funds.

States have some flexibility in the provision of Medicaid services. Section 1915(b) of the Social Security Act provides authority for the Secretary of the U.S. Department of Health and Human Services to waive requirements to the extent that he or she "finds it to be cost-effective and efficient and not inconsistent with the purposes of this title." Also, Section 1115 of the Social Security Act allows states to use innovative service delivery systems that improve care, increase efficiency, and reduce costs.

Medicaid reimburses health care providers that have a provider agreement with AHCA only for medically necessary goods and services that are covered by the Medicaid program and only for individuals who are eligible for medical assistance under Medicaid. Section 409.907, F.S., establishes requirements for Medicaid provider agreements, which include, among other things, background screening requirements, notification requirements for change of ownership of a Medicaid provider, authority for AHCA site visits of provider service locations, and surety bond requirements.

In 2008, the Florida Legislature authorized AHCA to seek federal approval through a Medicaid waiver or state plan amendment for the provision of occupational therapy, speech therapy, physical therapy, *behavior analysis*, and *behavior assistant services* to individuals five years of age and under diagnosed with ASD or Down syndrome.[7]

Provision of ABA services under the Florida Medicaid program actually began in 2012, following a federal court order which recognized ABA as a covered service for children when medically

[6] Behavior Analyst Certification Board, *Board Certified Behavior Analyst Handbook*, February 2021, https://www.bacb.com/wp-content/uploads/2020/11/BCBAHandbook_210212.pdf (last accessed March 23, 2021).
[7] Ch. 2008-30, L.O.F. The bill also mandated coverage of applied behavior analysis by commercial group health insurance plans and health maintenance organizations; see ss. 627.6686, 641.31098, F.S.

necessary.[8] In the absence of administrative rule or formal department policy, AHCA established provider qualifications and service requirements through alerts sent to prospective providers. Between March 2012 and February 2017,[9] ABA services under the Medicaid program were provided through multiple programs and provider types that included:

- Certified behavior analysts and behavior assistants enrolled under the developmental disabilities waiver program (now the iBudget waiver);
- Infant toddler developmental specialists with certification in behavior analysis enrolled as early intervention service providers; and,
- Certified behavior analysts and certified assistant behavior analysts enrolled as community behavior health services providers.

In February 2017, AHCA adopted an administrative rule setting a formal classification for ABA providers that closely follows the certification hierarchy of the BACB. The rule established "lead analysts" as those professionals either holding a BCBA certification or licensed by the state under chs. 490 and 491, F.S., such as clinical social workers or school psychologists. The rule also recognizes other personnel who are permitted to provide ABA services, such as those holding BCaBA credentials, RBT credentials, and behavior assistants who have experience and training in providing services to individuals with mental health conditions or developmental or intellectual disabilities.[10]

Effective May 1, 2018, AHCA instituted a moratorium on Medicaid enrollment for behavior analysis practices in Broward and Miami-Dade counties.[11] The moratorium resulted from AHCA's determination that some providers of ABA services in the affected areas had falsified enrollment credentials and used fraudulent billing practices. AHCA initially authorized the moratorium for a six-month period, but has extended the moratorium several times and it continues in effect until at least May 2021.[12]

Health Care Clinic Act

The Health Care Clinic Act (Act)[13] was enacted in 2003 to reduce fraud and abuse in the personal injury protection (PIP) insurance system.[14] Pursuant to the Act, AHCA licenses health care clinics, ensures that such clinics meet basic standards, and provides administrative oversight.

Any entity that meets the definition of a health care clinic must be licensed as a health care clinic. Although all clinics must be licensed by AHCA, the Act creates many exceptions from the health care clinic licensure requirements.[15] To be licensed, an entity must submit a completed application form to AHCA[16] and must:

- Submit to a Level 2 background screening including owners and certain employees and officers of the entity;

[8] See *K.G. v. Dudek*, 839 F.Supp.2d 1254 (2011); *K.G. ex rel. Garrido v. Dudek*, 864 F. Supp. 2d 1314 (S.D. Fla. 2012); D. C. Docket No. 1:11-cv-20684-JAL.
[9] During this time period, AHCA had yet to adopt formal regulations that classified providers of ABA services.
[10] Rule 59G-4.125, F.A.C.
[11] Agency for Health Care Administration, *Initial Request for State Implemented Moratorium: Behavior Analysis*, submitted to U.S. Department of Health and Human Services, see https://ahca.myflorida.com/Executive/Communications/Press_Releases/pdf/BA_provider_release5142018.pdf (last accessed March 23, 2021).
[12] Agency for Health Care Administration, *Florida Medicaid Health Care Alert - Moratorium Extension: Behavior Analysis Provider Enrollment in Miami-Dade & Broward Counties,* November 17, 2020. https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_11/Moratorium_Extension_BA_Provider_Enrollment_in_Miami-Dade-Broward_Counties_111720.pdf (last accessed March 23, 2021).
[13] Ss. 400.990 – 400.995, F.S.
[14] Chapter 2003-411, L.O.F. PIP insurance is no fault auto insurance that provides certain benefits for individuals injured as a result of a motor vehicle accident. All motor vehicles registered in this state must have PIP insurance.
[15] S. 400.9905(4), F.S.
[16] S. 408.806, F.S.

- Provide a description or explanation of any exclusions, suspensions, or terminations of the applicant from the Medicare, Medicaid, or federal Clinical Laboratory Improvement Amendment programs;
- Demonstrate financial ability to operate by showing that the applicant's assets, credits, and projected revenues will meet or exceed projected liabilities and expense[17] or provide a surety bond of at least $500,000 payable to AHCA;[18]
- Provide proof of the applicant's legal right to occupy the property in which the clinic is located; and
- Provide proof of any required insurance.[19]

AHCA has 60 days after the receipt of the completed application for licensure to approve or deny the application. Licenses must be renewed biennially.

Each clinic must appoint a medical or clinical director. A medical director must be a physician employed or under contract with a clinic and who maintains an unencumbered license as an allopathic physician, osteopathic physician, chiropractor, or podiatrist.[20] In lieu of a medical director, a health care clinic may appoint a clinical director if the clinic does not provide services that are regulated by one of the aforementioned physician practice acts.

The medical or clinical director must agree in writing to accept the legal responsibility for the following activities on behalf of the clinic:

- Display signs that identify the medical or clinical director posted in a conspicuous location within the clinic readily visible to all patients;
- Ensure that all practitioners providing health care services or supplies to patients maintain a current active and unencumbered Florida license;
- Review any patient referral contracts or agreements executed by the clinic;
- Ensure that all health care practitioners at the clinic have active appropriate certification or licensure for the level of care being provided;
- Serve as the clinic records owner;
- Ensure compliance with the recordkeeping, office surgery, and adverse incident reporting requirements;
- Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful;
- Not refer a patient to the clinic if the clinic performs magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography; and
- Ensure that the clinic publishes a schedule of charges for the medical services offered to patients.[21]

If the health care clinic's medical director is a physician, it may provide any health care service or treatment that a physician is authorized to provide. However, if the health care clinic employs another health care practitioner as its clinic director, the health care services it may offer is limited to those services within the scope of practice of that health care practitioner's license.[22]

[17] S. 408.8069, F.S. This also includes providing AHCA with financial statements, including balance sheet, income and expense statement, a statement of cash flow for the first 2 years of operation that provides evidence that the applicant has sufficient assets, credits, and projected revenues to cover liabilities and expenses, and a statement of the applicant's startup costs and sources of funds through the breakeven point.
[18] S. 408.8069, F.S.
[19] S. 408.810, F.S.
[20] S. 400.9905(5), F.S.
[21] S. 400.9935, F.S.
[22] Supra note 17.

Other than the personnel requirement to have a medical or clinical director, the Health Care Clinic Act does not authorize AHCA to establish or enforce clinical standards or outcomes, and a clinic's obligations under the Act relate to PIP fraud prevention.

Behavior Analysis Practices

In 2019, AHCA required all ABA provider groups to be licensed as health care clinics under ch. 400, F.S., as a condition of Medicaid enrollment, effective July 1, 2020.[23] This change required ABA provider groups to employ a medical or clinical director and meet certain financial requirements, in addition to those required of all Medicaid enrolled providers.

In 2020, however, the Legislature exempted Medicaid providers from the licensure requirements of the Act, including behavior analysis practices enrolled in Medicaid.[24] An ABA practice not providing Medicaid services must still comply with the Health Care Clinic Act, and must retain a state-licensed health care practitioner as its medical or clinical director in order to do so.

ABA Services in Schools

Current law requires school districts to accommodate ABA services in the school setting. Section 1003.572, F.S., defines ABA providers as "private instructional personnel", and sets parameters under which they must be allowed to enter the classroom to observe or provide services to a student in a public K-12 school. Private instructional personnel who are hired or contracted by parents to collaborate with public instructional personnel must be permitted to observe the student in the educational setting, collaborate with instructional personnel in the educational setting, and provide services in the educational setting, so long as certain requirements are met. For example, private instructional personnel must pass criminal background screening and the principal and teacher must consent to the time and place of service provision.

Among the professionals included in the definition of private instructional personnel are behavior analysts certified by BACB[25] to provide ABA services, as well as mental health professionals licensed under chapter 490 or 491 of the Florida Statutes.[26] The statute does not expressly address other behavior analysis professionals, such as RBTs, who implement the treatment plans established by behavior analysts.

Effect of the Bill

The bill would exempt all group practices that provide ABA services from licensure under the Health Care Clinic Act. Most of these practices are already exempt from the Act, pursuant to action taken by the Legislature in 2020.[27]

The bill also amends s. 1003.572, F.S., to add RBTs holding recognized paraprofessional certification and who practice under the supervision of either certified behavior analysts or professionals licensed under ch. 490 or ch. 491, F.S., to the list of private instructional personnel who may provide ABA services in the classroom setting. This change would allow RBTs to provide ABA services to students in a public K-12 school.

[23] Rule 59A-33.006, F.A.C.
[24] Ch. 2020-156, L.O.F.
[25] Or, by the Agency for Persons with Disabilities (APD) pursuant to s. 393.17, F.S. APD relies on BACB for its program, and does not independently certify behavior analysts.
[26] These chapters regulate psychologists, school psychologists, mental health counselors, marriage and family therapists, and social workers.
[27] Supra note 22.

B. SECTION DIRECTORY:

Section 1: Amends s. 400.9905, F.S., relating to definitions.
Section 2: Amends s. 1003.572, F.S., relating to collaboration of public and private instructional personnel.
Section 3: Provides an effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill's exemption from licensure under the Health Care Clinic Act may reduce anticipated increases in workload for the AHCA Division of Health Quality Assurance.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill may have a positive fiscal impact on providers of ABA services who are not enrolled in Medicaid, since it will exempt them from the fiduciary and administrative requirements of the Health Care Clinic Act.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

AHCA has sufficient rulemaking authority to implement the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to applied behavior analysis services; amending s. 400.9905, F.S.; revising the definition of the term "clinic" to exempt certain groups of individuals providing applied behavior analysis services from health care clinic licensure requirements; amending s. 1003.572, F.S.; revising the definition of the term "private instructional personnel" to include certain registered behavior technicians; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Present paragraphs (o), (p), and (q) of subsection (4) of section 400.9905, Florida Statutes, are redesignated as paragraphs (p), (q), and (r), respectively, and a new paragraph (o) is added to that subsection, to read:

400.9905 Definitions.—

(4) "Clinic" means an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. As used in this part, the term does not include and the licensure requirements of this part do not apply to:

(o) A group of individuals who are certified under s.

393.17 or licensed under chapter 490 or chapter 491 and are employed by or under contract with a group practice, a billing provider, or an agency that provides applied behavior analysis services as defined in ss. 627.6686 and 641.31098.

Notwithstanding this subsection, an entity shall be deemed a clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).

Section 2. Present paragraphs (b) through (f) of subsection (1) of section 1003.572, Florida Statutes, are redesignated as paragraphs (c) through (g), respectively, and a new paragraph (b) is added to that subsection, to read:

1003.572 Collaboration of public and private instructional personnel.—

(1) As used in this section, the term "private instructional personnel" means:

(b) Registered behavior technicians who have a nationally recognized paraprofessional certification in behavior analysis and who practice under the supervision of an individual described in paragraph (a), assisting and supporting such individual in the provision of applied behavior analysis services.

Section 3. This act shall take effect July 1, 2021.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1473 Children and Young Adults in Out-of-home Care
SPONSOR(S): Children, Families & Seniors Subcommittee, Busatta Cabrera and others
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	17 Y, 0 N, As CS	Woodruff	Brazzell
2) Health Care Appropriations Subcommittee		Fontaine	Clark
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. The Department of Children and Families (DCF) and community-based care lead agencies (CBC's) work with families to address the problems endangering children. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children. Some children experience multiple placement moves while in care because the child's current placement cannot be stabilized and is not in the child's best interest. When children are placed in out-of-home care, DCF must find safe, permanent homes as quickly as possible. In most cases, children are reunified with their families. When reunification is not possible, DCF attempts to place the child in a permanent home with relatives or adoptive families. When permanency is not achieved, a child in foster care will age out of the system at 18, or may enter extended foster care and receive foster care services until 21, or 22 with a disability. To prepare older foster youth for adulthood and to transition out of care, Florida provides independent living services to older youth to help prepare them to become self-sufficient adults.

HB 1473 supports older youth by better preparing them for adulthood, improving permanency so they don't stay in foster care until 18, and providing additional supports to those who do age out of the child welfare system. Specifically, the bill:

- Requires DCF to assess each child's readiness for transition to adulthood and requires transition planning at an earlier age to allow more time for preparation.
- Requires the Florida Institute for Child Welfare to evaluate the state's delivery of independent living services and DCF to provide more support to caregivers in delivering those services.
- Improves collection and reporting of performance measures and outcomes for independent living skill development and transition success.
- Allows the court to consider a motion to reinstate parental rights, under very limited circumstances.
- Requires CBC's to provide post-adoption supports to avoid dissolution of adoptions.
- Creates an Office of Continuing Care at DCF to help people who have aged out of the child welfare system until age 26 and requires CBC's to annually contact young adults who may be eligible for independent living service to try to reconnect them to available services.
- Expands eligibility for the Keys-to-Independence program to young adults in the Postsecondary Education Supports and Services program, rather than the program only being available to young adults in Extended Foster Care.
- Requires CBC's to provide intensive supports for young adults who aged out of care.

Additionally, HB 1473 seeks to reduce placement trauma by minimizing placement moves, requiring thoughtful transitions when moves happen, and enhancing sibling contact. Specifically, the bill:

- Requires a face sheet containing important information about a child so all are aware of the child's history and situation.
- Specifies priority of placements in situations where moves may not be developmentally appropriate.
- Creates child and family teams to review proposed placement moves by DCF when the proposed placement goes against the priority placement for that child.
- Gives more guidance on how child welfare professionals can support sibling connections.
- Requires placement transitions that support the child's specific needs.

HB 1473 has significant, negative fiscal impacts on DCF and the CBCs. The House proposed General Appropriations Act includes funding for certain provisions of the bill. The bill provides an effective date of October 1, 2021.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Department of Children and Families

The Department of Children and Families (DCF) mission is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.[1] DCF must develop a strategic plan to fulfill its mission and establish measureable goals, objectives, performance standards, and quality assurance requirements to ensure the department is accountable to taxpayers.[2]

Under s. 20.19(4), F.S., DCF must provide services relating to:

- Adult protection.
- Child care regulation.
- Child welfare.
- Domestic violence.
- Economic self-sufficiency.
- Homelessness.
- Mental health.
- Refugees.
- Substance abuse.

DCF must also deliver services by contract through private providers to the extent allowed by law and funding.[3] These private providers include managing entities delivering behavioral health services and community-based care lead agencies (CBC's) delivering child welfare services.

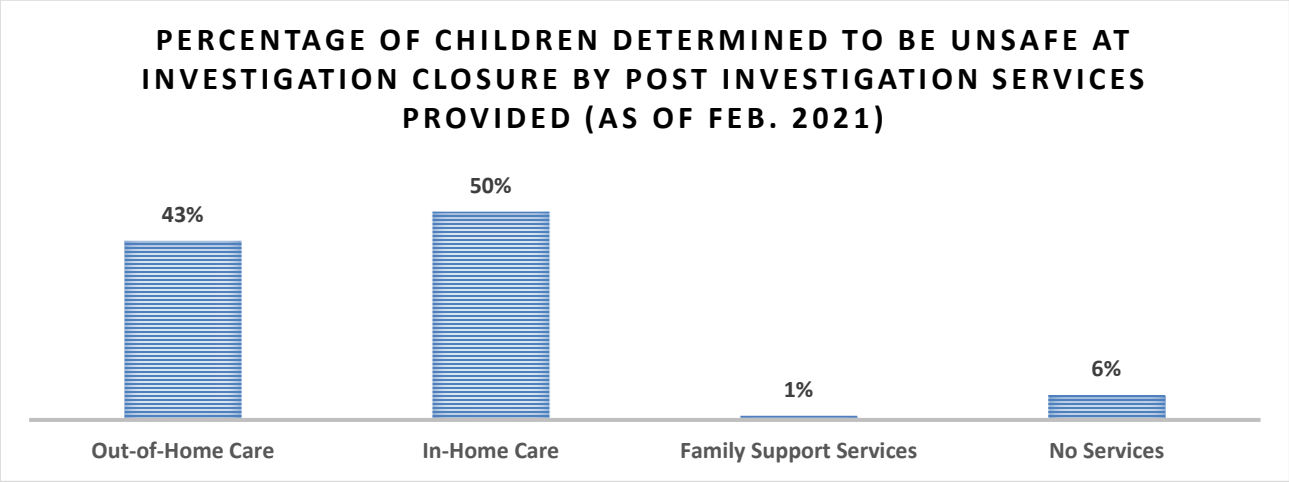
The total agency budget is $3.2 billion.

Florida's Child Welfare System

Chapter 39, F.S., creates the dependency system charged with protecting child welfare. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. DCF and CBC's work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.

DCF's practice model is based on the safety of the child within the home by using in-home services, such as parenting coaching and counseling, to maintain and strengthen that child's natural supports in his or her environment. The graph below shows the responses for children determined to be unsafe, depicting the percentage of such children placed in out-of-home placements, receiving services in the home or through family support services, which are offered to families on a voluntary basis, and receiving no services.[4]

[1] S. 20.19(1), F.S.
[2] *Id*.
[3] *Id*.
[4] Florida Department of Children and Families, Child Welfare Key Indicators Monthly Report, (Feb. 2021), http://centerforchildwelfare.fmhi.usf.edu/qa/cwkeyindicator/KI_Monthly_Report_Feb%202021.pdf (last visited Mar. 2, 2021).



DCF contracts for case management, out-of-home services, and related services with CBC's. The outsourced provision of child welfare services is intended to increase local community ownership of service delivery and design. CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.

DCF remains responsible for a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.[5] Ultimately, DCF is responsible for program oversight and the overall performance of the child welfare system.[6]

Dependency Case Process

When child welfare necessitates that DCF remove a child from the home, a series of dependency court proceedings must occur to adjudicate the child dependent and place that child in out-of-home care. Steps in the dependency process may include:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in their child's dependency.
- Placement in out-of-home care, if necessary.
- Reunification with the child's parent or another option to establish permanency, such as adoption.

[5] OPPAGA, report 06-50.
[6] *Id*.

The Dependency Court Process

Dependency Proceeding	Description of Process	Controlling Statute
Removal	A child protective investigation determines the child's home is unsafe, and the child is removed.	s. 39.401, F.S.
Shelter Hearing	A shelter hearing occurs within 24 hours after removal. The judge determines whether to keep the child out-of-home.	s. 39.401, F.S.
Petition for Dependency	A petition for dependency occurs within 21 days of the shelter hearing. This petition seeks to find the child dependent.	s. 39.501, F.S.
Arraignment Hearing and Shelter Review	An arraignment and shelter review occurs within 28 days of the shelter hearing. This allows the parent to admit, deny, or consent to the allegations within the petition for dependency and allows the court to review any shelter placement.	s. 39.506, F.S.
Adjudicatory Trial	An adjudicatory trial is held within 30 days of arraignment. The judge determines whether a child is dependent during trial.	s. 39.507, F.S.
Disposition Hearing	If the child is found dependent, disposition occurs within 15 days of arraignment or 30 days of adjudication. The judge reviews the case plan and placement of the child. The judge orders the case plan for the family and the appropriate placement of the child.	s. 39.506, F.S. s. 39.521, F.S.
Postdisposition hearing	The court may change temporary placement at a postdisposition hearing any time after disposition but before the child is residing in the permanent placement approved at a permanency hearing.	s. 39.522, F.S.
Judicial Review Hearings	The court must review the case plan and placement every 6 months, or upon motion of a party.	s. 39.701, F.S.
Petition for Termination of Parental Rights	Once the child has been out-of-home for 12 months, if DCF determines that reunification is no longer a viable goal, termination of parental rights is in the best interest of the child, and other requirements are met, a petition for termination of parental rights is filed.	s. 39.802, F.S. s. 39.8055, F.S. s. 39.806, F.S. s. 39.810, F.S.
Advisory Hearing	This hearing is set as soon as possible after all parties have been served with the petition for termination of parental rights. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for termination of parental rights.	s. 39.808, F.S.
Adjudicatory Hearing	An adjudicatory trial shall be set within 45 days after the advisory hearing. The judge determines whether to terminate parental rights to the child at this trial.	s. 39.809, F.S.

Judicial Review Hearings

Under current law, courts hold judicial review hearings at least every six months until the child reaches permanency status. Permanency status is reached when the child has found or has been placed in a permanent home. At every judicial review hearing, the social service agency is required to make an investigation and social study concerning all pertinent details relating to the child and provide a written report to the court. The report must include a variety of information including a description of the placement of the child, the services provided to address the child's needs, and a statement concerning the frequency, duration, and results of parent-child visitation.

The court is required to hold a judicial review hearing within 90 days after a child's 17th birthday. The social study report at the hearing is required to include additional information related to transitioning the child from foster care to adulthood. The report must include written verification that the child has:

- A current Medicaid card and all necessary information concerning the Medicaid program sufficient to prepare the child to apply for coverage upon reaching the age of 18, if such application is appropriate.
- A certified copy of the child's birth certificate and, if the child does not have a valid driver license, a Florida identification card.
- A social security card and information relating to social security insurance benefits if the child is eligible for such benefits. If the child has received such benefits and they are being held in trust for the child, a full accounting of these funds must be provided and the child must be informed as to how to access the funds.
- All relevant information related to the Road-to-Independence program, including, but not limited to, eligibility requirements, information on participation, and assistance in gaining admission to the program. If the child is eligible for the Road-to-Independence program, the child must be advised that he or she may continue to reside in the licensed family home or with the group care provider with whom the child is residing on his or her 18th birthday, in another licensed family home, or with a group care provider arranged by DCF.
- An open bank account or the identification necessary to open a bank account and essential banking and budgeting skills.
- Information on public assistance and how to apply for public assistance.
- A clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and the educational program or school in which he or she will be enrolled.
- Information related to the ability of the child to remain in care under the age of 21.
- A letter providing the dates that the child is under the jurisdiction of the court.
- A letter stating that the child is in compliance with financial aid documentation requirements.
- The child's educational records.
- The child's entire health and mental health records.
- The process for accessing his or her case file.
- A statement encouraging the child to attend all judicial review hearings occurring after the child's 17th birthday.
- Information on how to obtain a driver license or learner's driver license.

At the first judicial review hearing held subsequent to the child's 17th birthday, DCF has to provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into care, whichever came later.[7]

At the last review hearing before the child reaches 18 years of age, the court shall also:

- Address whether the child plans to remain in foster care, and if so, ensure the child's transition plan includes a plan for meeting one or more of the criteria for remaining in care.

[7] S. 39.701(3)(b), F.S.

- Ensure that the transition plan includes a supervised living arrangement.
- Ensure the child has been informed of:
    - The right to continued support and services from DCF and CBC's.
    - The right to request termination of dependency jurisdiction and be discharged from foster care.
    - The opportunity to reenter foster care.
- Ensure the child, if the child requests termination of dependency jurisdiction and discharge from foster care, has been informed of:
    - Services or benefits for which the child may be eligible based on his or her former placement in foster care.
    - Services or benefits that may be lost through termination of dependency jurisdiction.
    - Other federal, state, local, or community-based services or supports available to him or her.

When a young adult remains in foster care after reaching 18 years of age, the court shall review the status of the young adult at least every 6 months and must hold a permanency hearing at least annually.[8] DCF and CBC's must prepare a report for the court, in collaboration with the young adult, that addresses the young adult's progress in meeting the goals in the case plan. The report must include progress information related to the young adult's independent living plan and transition plan, if applicable, and shall propose modifications as necessary to further the young adult's goals.

Foster Care Placements

When children cannot safely remain at home with parents, Florida's child welfare system finds safe out-of-home placements for children. After a placement assessment to determine the most appropriate out-of-home placement, a child may be placed with a relative, fictive kin, licensed foster parent, in a group home or residential setting.[9] When a child is placed in foster care, DCF has placement care and responsibility and may move a child at any time and without court approval.

National research has shown an association between frequent placement disruptions and outcomes that are adverse to the child.[10] Some of the adverse outcomes include poor academic performance and social or emotional adjustment difficulties such as aggression, withdrawal, and poor social interaction with peers and teachers. Despite this evidence, in the past, child welfare systems made limited efforts to intervene and reduce placement instability as a mechanism for improving outcomes for children.[11] Mismatching placements to children's needs has been identified as a factor that negatively affects placement stability. Identifying the right placement requires an effective assessment.[12]

In 2008, the Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act) shifted policies to increase federal support to states to place more children permanently with relative guardians or adoptive parents, and enhance aid to foster youth.[13] The Fostering Connections Act, in part, increased kinship guardianship assistance payments and increased grants to specified entities which provided kinship navigator programs. The changes included that:

- A child must be placed in the least restrictive, most family-like setting available in close proximity to the home of his or her parents.

[8] S. 39.701(4), F.S.
[9] R. 65C-28.004, F.A.C.
[10] *See* The Imprint, A Look Back at the Impact of Research on Child Welfare Policy, https://imprintnews.org/analysis/look-back-impact-research-child-welfare-policy/28350 (last visited Feb. 22, 2021).
[11] Noonan, K. and Rubin, D., et al., The Children's Hospital of Philadelphia Research Institute, *Securing Child Safety, Well-being, and Permanency Through Placement Stability in Foster Care,* Fall 2009, p. 2, https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_EtoA_CSAW_Fall_2009.pdf (last visited Feb. 17, 2021).
[12] Teija Sudol, *Placement Stability Information Packet*, National Resource Center for Permanency and Family Connections, Dec. 2009, http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Placement_Stability_Info_Pack.htm (last visited Feb. 22, 2021).
[13] *See* Fostering Connections to Success and Increasing Adoptions Act; Pub. L. 110-351; *See also* the National Conference of State Legislatures, Fostering Connections to Success and Increasing Adoptions Act of 2008, https://www.ncsl.org/documents/cyf/FosteringConnectionsSummary.pdf (last visited Feb. 22, 2021).

- The placement must meet the needs of the child.
- Within a timely manner, a child must be placed in a permanent home.[14]

In 2017, the Florida Legislature recognized the above-mentioned shift in federal policy by amending s. 39.523, F.S., to require a comprehensive placement assessment when any child is placed into out-of-home care. The placement assessment determines the child's needed level of care and matches the child with the most appropriate placement.[15] The CBC or subcontracted agency with the responsibility for assessment and placement must coordinate a multidisciplinary team (MDT) staffing with any individual who is currently involved with the child.[16] The participants include, but are not limited to:

- A representative from DCF and the case manager for the child.
- A therapist.
- Attorney ad litem.
- Guardian ad litem.
- Teachers.
- Coaches.
- Children's Medical Services.
- Other community providers of services to the child or stakeholders, as applicable.
- Clergy, relatives, and fictive kin, if appropriate.[17]

Team participants must gather data and information on the child which is known at the time of the staffing including, but not limited, to:

- Mental, medical, behavioral health, and medication history.
- Community ties and school placement.
- Current placement decisions relating to any siblings.
- Alleged type of abuse or neglect including sexual abuse and trafficking history.
- The child's age, maturity, strengths, hobbies or activities, and the child's preference for placement.[18]

The most appropriate available out-of-home placement must be chosen after the members of the MDT consider all of the information and data gathered, including the results and recommendations of any evaluations conducted.[19] Out-of-home placement decisions must be reviewed as often as necessary to ensure permanency and to address special issues related to children in out-of-home care.[20] Placement assessments and placement decisions must be documented in the Florida Safe Families Network (FSFN).[21, 22]

At each judicial review, the court is required to consider the results of the placement assessment, the placement decision, and services provided to the child.[23]

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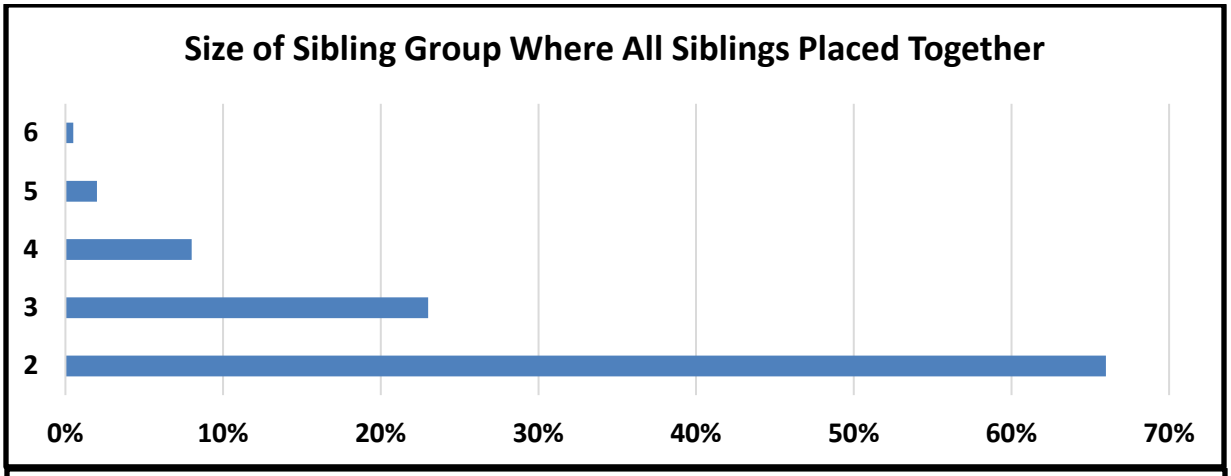
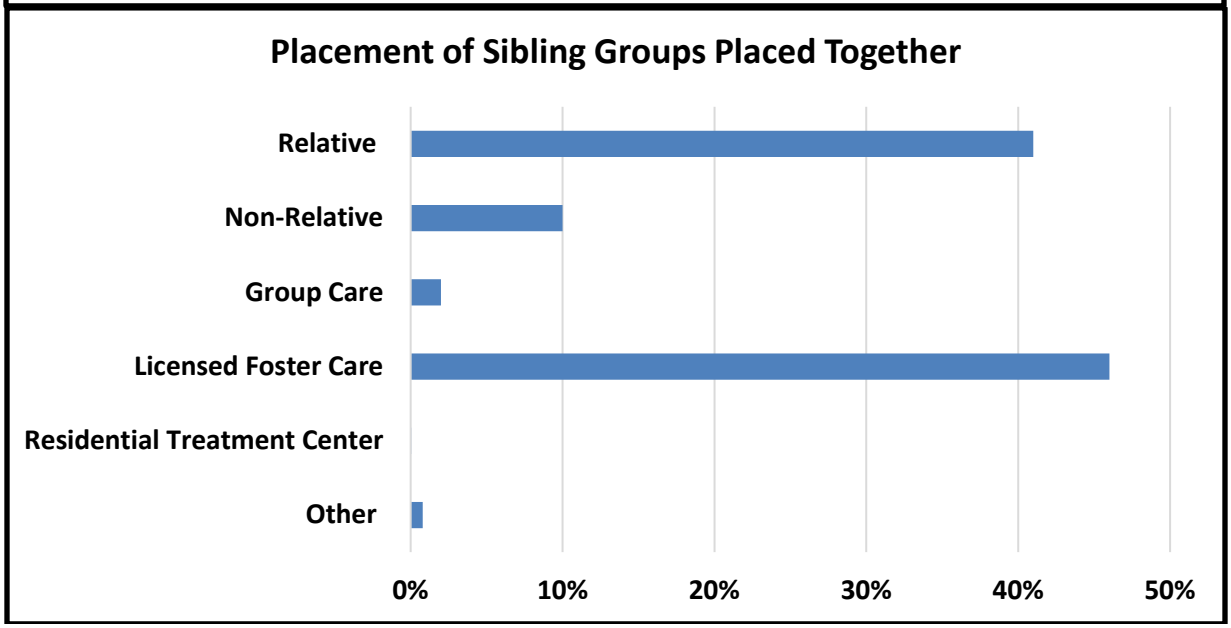
[14] *See* Adoption Assistance and Child Welfare Act of 1980; Pub .L. 96-272.
[15] Ch. 2017-151, L.O.F.
[16] S. 39.523(2)(a), F.S
[17] *Id.*
[18] *Id.* The comprehensive placement assessment process may also include the use of an assessment instrument or tool that is best suited for the individual child.
[19] S. 39.523(2)(c), F.S.
[20] S. 39.523(2)(d), F.S. Further, s. 39.523(2)(f), F.S., provides that if it is determined during the comprehensive placement assessment process that residential treatment as defined in s. 39.407, F.S., would be suitable for the child, the procedures in that section must be followed.
[21] S. 39.523(2)(e), F.S.
[22] The FSFN system is Florida's implementation of the Statewide and Tribal Automated Child Welfare Information Systems (SACWIS/TACWIS), which is a federally funded data collection system. All states were required to collect and report particular information to the federal government. States had the option of creating a SACWIS model in order to comply with these federal reporting requirements or they may implement an alternative data collection model. This information was then compiled into the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). Both systems are made publicly available on the Children's Bureau's Child Welfare Outcomes Report Data website. *See* the National Conference of State Legislatures, *Child Welfare Information Systems*, June 25, 2020, https://www.ncsl.org/research/human-services/child-welfare-information-systems.aspx (last visited Feb. 22, 2021).
[23] S. 39.523(3), F.S.

Siblings

An important consideration in the placement of children into out-of-home care involves the placement of sibling groups. Children may experience additional trauma if they are separated from their siblings while in care. The sibling bond is crucial to child development and adjustment.[24] Joint sibling placements can increase the likelihood of achieving permanency and stability.[25] Approximately two-thirds of children in foster care have a sibling in care, yet it is estimated that more than 70 percent of children with siblings are separated from one or more of their siblings while in care.[26] The graphs below show how many sibling groups were all placed together and the placement type as of December 31, 2020.[27]





Child welfare agencies experience a number of obstacles to placing siblings together while in care including:

- Children in sibling groups often have diverse and special needs, some of whom may require one-on-one attention or medical attention.

[24] The Children's Bureau, Child Welfare Information Gateway, *Sibling Issues in Foster Care and Adoption*, https://www.childwelfare.gov/pubPDFs/siblingissues.pdf
[25] *Id*.
[26] The Casey Family Programs, *How are child protection agencies promoting and supporting joint sibling placements and adoptions?*, https://www.casey.org/joint-sibling-placements/ (last visited Feb. 22, 2021).
[27] Florida Department of Children and Families, Florida's Child Welfare Statistics, *Sibling Groups Where All Siblings are Placed Together*, https://www.myflfamilies.com/programs/childwelfare/dashboard/siblings-together.shtml (last visited Mar. 3, 2021).

- When there's sexually or physically abusive behavior between siblings.
- Foster and adoptive parents often unwilling to take in sibling groups.
- Having resources to find and maintain placements for sibling groups.
- Children entering care through different agencies, possibly in different jurisdictions.[28]

Federal law has attempted to increase joint sibling placements and maintain sibling relationships. The Fostering Connections Act addresses the importance of keeping siblings together by requiring states to make reasonable efforts to maintain sibling connections in order to receive federal funding. To receive federal funding states must:

- Make reasonable efforts to place siblings together in out of home care unless it documents that it would be contrary to their safety or well-being.
- Allowing frequent visitation if siblings are not placed together, unless the state documents that it would be contrary to the children's safety or well-being.[29]

In general, child protection agencies understand the importance of maintaining sibling connections and have embraced approaches that support sibling placements. Thirty-seven states and the District of Columbia have statutes requiring agencies to make reasonable efforts to place siblings together unless a joint placement would not be in the best interests of one of the siblings, such as when one sibling poses a risk to the other.[30] Additionally, 35 states and Puerto Rico have statutes requiring agencies to make provisions for siblings who cannot be placed together, including opportunities for visits and other forms of contact or communication.[31]

Strategies to mitigate the barriers to joint sibling placements include:

- Prioritizing placement with kin.
- Establishing clear policies and training for caseworkers and foster or adoptive parents about the importance of preserving sibling connections, and ensuring siblings are assigned to the same caseworker, regardless of when they enter care.
- Involving children in placement decisions for the sibling group.
- Utilizing targeted foster or adoptive parent recruitment and retention strategies that aim to recruit foster and adoptive homes specifically for sibling groups, and homes that are reflective of the racial and ethnic diversity of children in care.[32]

Florida law currently addresses sibling placement and visitation throughout Ch. 39 and 409, F.S. However, there is no single consolidated section specifically related to siblings in foster care.

- Section 409.996(19)(b), F.S., requires DCF and CBC's to monitor and document any reasons that siblings are not placed together in out-of-home care. It also requires sibling placement information to be incorporated into the results-oriented accountability system and into the evaluation of outcomes and made available to the Florida Institute for Child Welfare for use in assessing the performance of child welfare services.
- Section 39.522(1)(a)8., F.S., requires the court, when determining whether a change of placement is in the best interests of the child, to consider the child's previous and current relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.
- Section 39.6012(3)(b), F.S., requires that the case plan include a description of the parent's visitation rights and obligations and the plan for sibling visitation if the child has siblings from whom he or she is separated.

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[28] The National Center for Youth Law, *Keeping Siblings together: Past, Present, and Future*, https://youthlaw.org/publication/keeping-siblings-together-past-present-and-future/ (last visited Feb. 22, 2021).
[29] *Supra* note 13.
[30] *Supra* note 24.
[31] The Children's Bureau, Child Welfare Information Gateway, *Placement of Children with Relatives*, https://www.childwelfare.gov/pubPDFs/placement.pdf
[32] *Supra* note 24.

Postdisposition Change of Custody

The dependency court may change the temporary legal custody or the conditions of protective supervision at a postdisposition hearing when a child is already under the jurisdiction of the court, without the necessity of another adjudicatory hearing.

At any time before a child is residing in the permanent placement approved at the permanency hearing, DCF or any other interested person in the child's case may file a motion alleging a need for a change in the conditions of protective supervision or the placement for a child who has been placed in:

- The child's own home under the protective supervision of an authorized agent of DCF;
- The home of a relative;
- The home of a legal custodian; or
- Some other place.[33]

If the parents or other legal custodians deny the need for a change, the court must hear all parties in person or by counsel, or both. Upon the admission of a need for a placement change or after the hearing, the court must enter an order changing the placement, modifying the conditions of protective supervision, or continuing the conditions of protective supervision as ordered.[34]

The standard for changing custody of the child must be in the child's best interests. In making a determination whether a change of legal custody or placement is in the best interests of the child, the court must consider:

- The child's age.
- The physical, mental, and emotional health benefits to the child by remaining in his or her current placement or moving to the proposed placement.
- The stability and longevity of the child's current placement.
- The established bonded relationship between the child and the current or proposed caregiver.
- The reasonable preference of the child, if the court has found that the child is of sufficient intelligence, understanding, and experience to express a preference.
- The recommendation of the child's current caregiver.
- The recommendation of the child's guardian ad litem, if one has been appointed.
- The child's previous and current relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.
- The likelihood of the child attaining permanency in the current or proposed placement.
- Any other relevant factors.[35]

If the child is not placed in foster care, the new placement for the child must meet the home study criteria and court approval under Ch. 39, F.S.[36]

A court must consider additional factors when deciding whether to place a child in out-of-home care after the child was placed in the child's own home with an in-home safety plan or the child was reunified with a parent or caregiver with an in-home safety plan to determine whether to place the child in out-of-home care. The factors include, at a minimum:

- The circumstances that caused the child's dependency and other subsequently identified issues.
- The length of time the child has been placed in the home with an in-home safety plan.
- The parent's or caregiver's current level of protective capacities.

[33] S. 39.522(1)(a), F.S.
[34] *Id.*
[35] *Id.*
[36] S. 39.522(1)(b), F.S.

- The level of increase, if any, in the parent's or caregiver's protective capacities since the child's placement in the home based on the length of time the child has been placed in the home.[37]

In addition, the court is required to evaluate the child's permanency goal and change the permanency goal as needed if doing so would be in the best interests of the child. If the court changes the permanency goal, the case plan must be amended pursuant to s. 39.6013(5), F.S.[38]

Placement Transitions

Transition planning and practice may be used for any move from one caregiver to another, including to or from a biological parent. It is important to minimize the number of out-of-home care placements in every child's case. However, in some situations, a change in out-of-home care placement might be considered necessary.[39]

Once the child establishes a bond with a caregiver who becomes the psychological parent, transition planning from one caregiver's home to another must be as emotionally protective as possible.[40] Poorly executed or improperly timed transitions may adversely affect a child's healthy development and capacity to attach to others.[41]

Any change in primary caregiver may be very traumatic, and this trauma can be minimized by implementing a caring transition plan. Visitation with a future caregiver does not establish the same bond that develops with a caregiver who provides day-to-day care. This even includes visitation with a biological parent or relative who has been visiting consistently and appropriately, which suggests there will inevitably be trauma when the child is moved to a different day-to-day caregiver when the child has formed an attachment to a current caregiver.[42]

Transition planning and visitation should be tailored to the individual child's circumstances, and consideration must be given to certain factors such as the child's age and attachment to his or her current caregiver. Special consideration should be given to transitioning infants and toddlers who are removed from their placement during developmental phases that may be adverse to such change, given they may lack verbal skills or developmental ability and maturity to understand what is happening to them.[43]

The fundamental task in early childhood is the formation of attachment. Attachment is an emotional bond with another person. It is believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. Typical attachment stages are:

- At 0-8 weeks of age, the stage for developing secure attachment is being set. During this pre-attachment period the mother will 'warm up' the emotional bond with her sensitive and consistent responses. The infant may distinguish between caregivers but in general displays little preference. Baby separation anxiety in relation to the mother has not kicked in yet.
- At 2-6 months, the child starts to distinguish more clearly between known and unknown figures. The child starts to get a sense of how his or her mother will react when they are anxious or distressed.
- At 6-11 months, the baby has developed a clear understanding as to who his or her primary caregiver is.

[37] S. 39.522(4), F.S.
[38] S. 39.522, F.S.
[39] Advokids, *Transition Planning,* available at https://advokids.org/childhood-mental-health/transitions/ (last visited Feb. 22, 2021).
[40] *Id.*
[41] *Id*.
[42] *Id*.
[43] Child Advocates, *Smooth Transitions for Young Children in Foster Care*, https://www.childadvocates.net/smooth-transitions-young-children-foster-care/ (last visited Feb. 22, 2021).

- At 18-24 months, the child's attachment behavior is very clear. The child is very conscious of good strategies for reaching the desired proximity of his or her caregiver.[44]

Infants and toddlers who are removed from their home and placed in out-of-home care need special consideration through transitions from one caregiver to another. Because they may be non-verbal or lack the developmental ability and maturity to understand what is happening to them, let alone articulate it, their feelings are easily overlooked or misinterpreted. Young children in out-of-home care suffer the same grief and loss and doubts that older children do, without the ability to express what the child is feeling.[45]

Florida law addresses out-of-home care transitions and educational stability in a number of circumstances, including, but not limited to:

- Section 39.6035(1), F.S., requires, within 180 days after a child reaches 17 years old, DCF and CBC's to collaborate with the caregiver and other individuals identified by the child to assist the child with developing a transition plan to prepare for aging out of care.[46]
- Section 39.604(5), F.S., requires transition plans when it is not in a child's best interest to remain in the child care or early education setting that he or she attended prior to being placed into out-of-home care and requires the caregiver to collaborate with specified individuals to determine the best setting for the child.
- Section 39.701(3)(d), F.S., requires certain transition planning at the last judicial review hearing before the child reaches 18 years of age.

DCF's administrative rules require two weeks' notice prior to a change of placement except in emergency situations and requires a transition plan to a new placement if the child's current placement is unable to be stabilized and is not in the child's best interest.[47]

DCF also has operating procedures for transition planning for youth to ensure that children develop necessary life skills and to prepare children to transition to adulthood.[48] Caregivers are required to take the lead role in ensuring children and young adults in their home are provided the skills necessary to transition to adulthood and report on the progress of skills development. These skills include daily living activities and other essential independent living skills for enhanced well-being and self-sufficiency.[49] Child welfare professionals are also required to assess life skill progress and incorporate assessment outcomes into relevant case management planning and reporting functions.[50] An Informational Needs Assessment is completed monthly for youth and young adults 13 years of age or older.[51]

Education Transitions

Federal law contains requirements to ensure educational stability for a child in out-of-home care. The Every Student Succeeds Act (ESSA)[52] was signed into law on December 10, 2015. ESSA reauthorized the Elementary and Secondary Education Act and includes new provisions that promote educational stability for children in foster care so they can continue their education without disruption, maintain important relationships, and have the opportunity to achieve college and career readiness. The law also emphasizes the importance of collaboration and joint decision-making between child welfare and educational agencies.

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[44] Positive Parenting Ally, *Psychology Attachment Behavior*, https://www.positive-parenting-ally.com/psychology-attachment.html (last visited Feb. 22, 2021).
[45] *Supra* note 39.
[46] Sec. 39.6035(1), F.S. The plan must address housing, health insurance, education, and workforce support and employment services.
[47] Rule 65C-28.005, F.A.C.
[48] Department of Children and Families, *CFOP 170-17 Transitioning Youth and Young Adults*, July 29, 2019, https://myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-17%20Services%20for%20Transitioning%20Youth%20and%20Young%20Adults/CFOP%20170-17,%20%20Chapter%2002,%20Transition%20Planning%20for%20Youth.pdf.
[49] *Id*.
[50] *Id*.
[51] *Id*.
[52] The Every Student Succeeds Act, Public Law 114-95.

Specific protections related to children in out-of-home care include:

- Being able to remain in the same school when in the child's best interest.
- Immediate enrollment in school and transfer of school records.
- School transportation when changing schools.
- Point of contact designated within the state educational agency.
- Local educational agency point of contact.
- Required data collection and reporting. State educational agencies are required to report annually on student achievement and graduation rates for students in out-of-home care.[53]

The Fostering Connections Act also places requirements on child welfare agencies to work with schools to support the educational needs of children in foster care. The Fostering Connections Act helps children in out-of-home care, guardianship, and adoption achieve their educational goals by requiring states to ensure children attend school and, when placed in out-of-home care, remain in the same school where appropriate, or, when a move is necessary, get help transferring promptly to a new school. It also provides increased federal support to assist with school-related transportation costs.

Section 39.604, F.S, requires transition plans when it is not in a child's best interest to remain with the child care provider or early education setting attended prior to out-of-home care placement and requires the caregiver to collaborate with specified individuals to determine the best setting for the child.

Multidisciplinary Teams

The use of a multidisciplinary team (MDT) in child welfare settings is a concept that has been an established practice for over 60 years with hospital-based child protection teams[54] and, more recently, child advocacy centers.[55] Because of the complex nature of child abuse and neglect investigations and family assessments and interventions, MDT's are used to enhance and improve child protective investigations and responses necessary for children and families to recover and succeed. MDT's are becoming more widely used to involve a variety of individuals, both professional and non-professional, that interact and coordinate their efforts to plan for children and families receiving child welfare services.

Utilizing a MDT approach builds upon existing family-centered approaches to care. The use of a strengths-based, family-centered multidisciplinary process is important in engaging children, youth and families in the development and implementation of their individual case or treatment plans or other related services designed to meet their needs.[56] By sharing decision-making and working together, it is more likely that positive and lasting outcomes will be achieved.[57]

MDT's can help eliminate, or at least reduce, many barriers to effective action, including a lack of understanding by the members of one profession of the objectives, standards, conceptual bases, and ethics of the others; lack of effective communication; confusion over roles and responsibilities; interagency competition; mutual distrust; and institutional relationships that limit interprofessional

[53] *Id*.
[54] The Kempe Foundation, *Child Protection Team Celebrates 60 Years*, http://www.kempe.org/child-protection-team-celebrates-60-years/ (last visited Feb. 22, 2021).
[55] The National Children's Alliance, *History of NCA*, https://www.nationalchildrensalliance.org/history-of-nca/#:~:text=The%20history%20of%20National%20Children's,system%20to%20help%20abused%20children (last visited Feb. 22, 2021).
[56] The Kinship Center, *The Importance of the Child and Family Team*, http://www.kinshipcenter.org/about-kinship-center/news-and-events/breaking-news/the-importance-of-the-child-and-family-team-cft.html (last visited Feb. 22, 2021).
[57] *Id*.

contact.[58] As a result, a number of states[59] are using a MDT team model, also known as a "Child and Family Team". This model is premised on the notion that children and families have the capacity to resolve their problems if given sufficient support and resources to help them do so.[60]

In California, for example, creation of a child and family team begins when a child enters out-of-home care. A child welfare social worker engages with a child and his or her family, and then uses a variety of strategies to identify other team members and factors to develop a plan to help achieve positive outcomes for a child's safety, permanency, and well-being.[61] This strengths-based approach to child welfare recognizes that families are experts in their own lives, and they can achieve success when they have an active role in creating and implementing solutions.[62]

Currently, Florida law provides for the use of MDT's in a number of circumstances, including:

- Child Protection Teams under s. 39.303, F.S.;
- Child advocacy center multidisciplinary case review teams under s. 39.3035, F.S.;
- Out-of-home placement assessments under s. 39.523, F.S. ; and
- When a child is suspected of being a victim of human trafficking under ss. 39.524 and 409.1754, F.S.

DCF or CBC's coordinate MDT's for a numbers of additional purposes including adoption, case planning conferences, permanency, safety management issues, when siblings are in separate placements, and institutional placements, among others.[63]

Permanency

When children are placed in out-of-home care, child welfare agencies must find safe, permanent homes for them as quickly as possible. In most cases, children are reunified with their families. When reunification is not possible, children are placed in permanent homes with relatives or adoptive families. Florida law requires a permanency hearing no later than 12 months after the child was removed from the home or within 30 days after a court determines that reasonable efforts to return the child to either parent are not required, whichever occurs first.[64] The purpose of the permanency hearing is for the court to determine when the child will achieve permanency or whether modifying the permanency goal is in the best interests of the child.[65] A permanency hearing must be held at least every 12 months for any child who continues to be supervised by DCF or awaits adoption.[66]

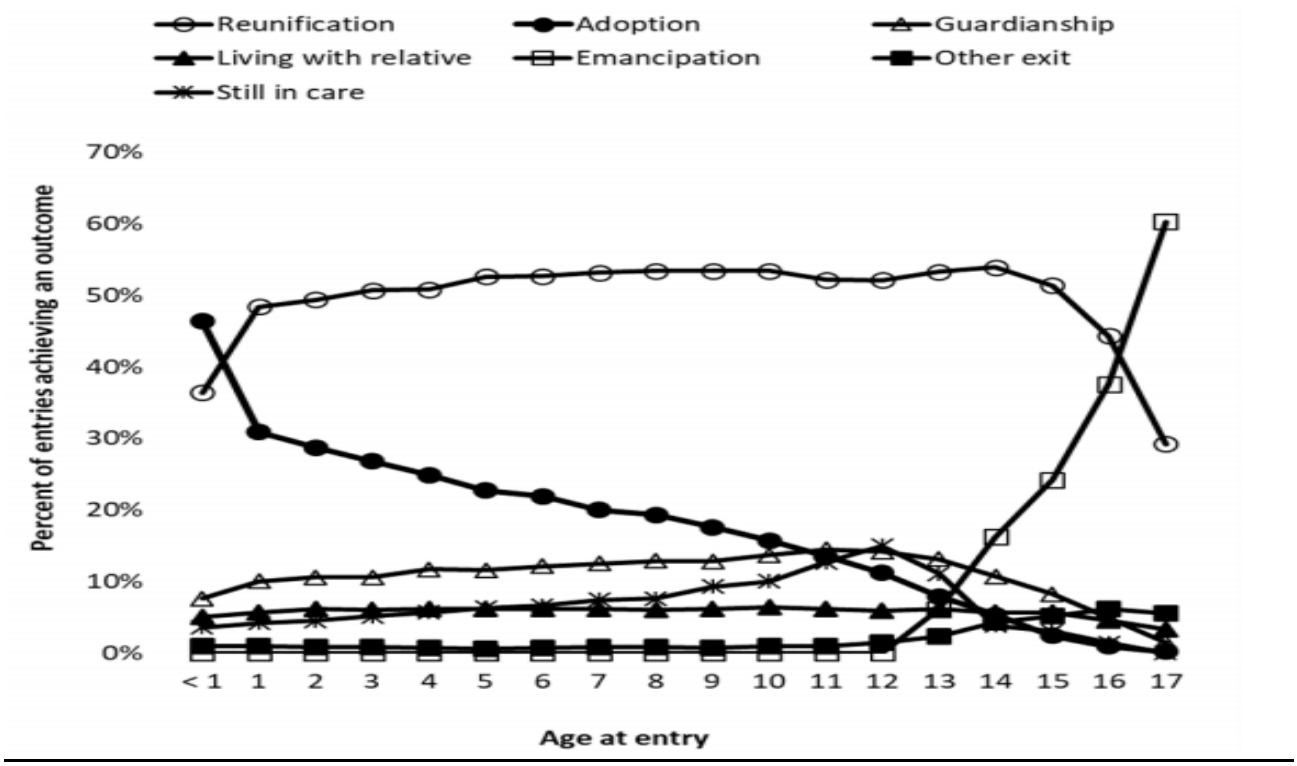
The permanency goals under Florida law, listed in order of preference are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship under s. 39.6221, F.S.;
- Permanent placement with a fit and willing relative under 39.6231, F.S.; or

[58] National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health, Education, and Welfare, *Multidisciplinary Teams In Child Abuse And Neglect Programs*, 1978, https://www.ojp.gov/pdffiles1/Digitization/51625NCJRS.pdf (last visited February 22, 2021).
[59] *See* Clark County Department of Family Services, *Child and Family Team Meetings Nevada Case Planning and Assessment Policies*, https://www.childwelfare.gov/pubPDFs/NV_CaseManagementTrainingFacilitator.pdf; State of Tennessee Department of Children's Services, *Administrative Policies and Procedures: 31.7*, https://files.dcs.tn.gov/policies/chap31/31.7.pdf; Indiana Department of Child Services, *Child Welfare Policy*, Jan. 1, 2020, https://www.in.gov/dcs/files/5.07%20Child%20and%20Family%20Team%20Meetings.pdf (all sites last visited Feb. 22, 2021).
[60] California Department of Social Services, *About Child and Family Teams*, https://www.cdss.ca.gov/inforesources/foster-care/child-and-family-teams/about (last visited Feb. 22, 2021).
[61] *Id.*
[62] *Id.*
[63] The DCF, Electronic mail from John Paul Fiore, Legislative Specialist, *RE: Follow up on data request from last week*, February 12, 2021 (on file with the Senate Committee on Children, Families, and Elder Affairs) (noting several other meetings and conferences that are held for other purposes throughout dependency cases) (hereinafter cited as "The DCF Supplemental Information").
[64] S. 39.621(1), F.S.
[65] *Id.*
[66] *Id.*

- Placement in another planned permanent living arrangement under s. 39.6241, F.S.[67]

Using data that states are required to provide to the federal government, the federal Department of Health and Human Services conducted an analysis of national permanency outcomes for children in the foster care system.[68] The following graph describes the outcomes of children exiting care by age at entry.



Based on the graph above, the following observations of likely outcomes for children in care are:

- Reunification is generally the most likely outcome for children and youth who enter care between the ages 1 and 16 years of age.
- Children less than 1 years old who enter care are the only group for whom adoption is the most likely outcome. The likelihood of exiting to adoption decreases the older the child is when they enter care.
- The likelihood of exiting to guardianship increase the older the child or youth is when they enter care, until approximately age 13.
- Children and youth most likely to still be in care after 4 years are those who enter care between the ages of 9 and 13 years of age.
- For youth who enter foster care between the ages of 13 and 17 years of age, the likelihood of exiting to emancipation significantly increases the older the youth is when they enter care.

Children who enter foster care between the ages of 9 and 13 who do not reunify within the first two years may stay in foster care longer, either waiting to be adopted or aging out. For youth entering at age 16 or older, aging out of care is the most likely outcome. Additionally, children who are not reunified within the first year are much less likely to be reunified in subsequent years when compared to younger children who enter care and do not reunify in the first year.

[67] S. 39.621(3), F.S.
[68] U.S. Department of Health and Human Services, Administration for Children and Families, ACYF-CB-IM-21-01

Older Foster Youth

Young adults who age out of the foster care system have trouble achieving self-sufficiency. When compared to young adults without foster care involvement, young adults who age out of the foster care system are less likely to earn a high school diploma or GED and have lower rates of college attendance. They suffer more from mental health problems, have a higher rate of involvement with the criminal justice system, and are more likely to have difficulty achieving financial independence. These young adults also have a higher need for public assistance and are more likely to experience housing instability, including homelessness.

In Federal Fiscal Year 2017, about 189,000 teens and young adults spent at least one day in foster care.[69] Of those who left care during that year, more than 19,000 aged out of care. This generally means youth reached a state's legal age of adulthood without having reached permanency.

In State Fiscal Year (SFY) 2019-20, 1,043 young adults 17 years of age were in Florida's foster care system. Of those, 866 (83%) aged out of care at the age of 18. A foster youth who ages out of care at 18 can elect to enter Florida's extended foster care program by meeting certain requirements. Of the 866 young adults who aged out at 18, 487 entered extended foster care and were eligible to receive foster care services until the age of 21, or 22 with a disability.

Independent Living Services

Florida provides independent living services to older youth to help them transition out of foster care and to prepare them to become self-sufficient adults. DCF contracts with Daniel Kids to operate Florida's Independent Living Resource Center. It serves as an information clearinghouse to address all areas of independent living in Florida. It provides information and referral services to former foster youth and others and provides annual statewide training opportunities for Independent Living professionals.[70]

Florida's independent living services include extended foster care (EFC), which applies to young adults who were in licensed foster care upon turning 18.[71] Florida also offers two other independent living programs: Postsecondary Education Services and Supports (PESS) and Aftercare Services. The following table provides information about each program.

[69] Congressional Research Services, *John H. Chafee Foster Care Program for Successful Transition to Adulthood* (Jan. 15, 2019) https://fas.org/sgp/crs/misc/IF11070.pdf
[70] Daniel, *Florida's Independent Living Resource Center*, https://www.danielkids.org/our-programs/floridas-i-l-resource-center/ (last visited Feb. 22, 2021).
[71] Ch. 2013-178, L.O.F.

Program	Eligibility	Services
Extended Foster Care (EFC)	Young adults who turned 18 while in foster care and who are: • Completing high school or its equivalent; **or** • Enrolled in college or vocational schooling; **or** • Working at least 80 hours per month. To stay in EFC, the young adult must: • Meet with a case manager every month. • Continue to participate in at least one of the required activities above. • Attend court reviews every six months.	Young adults may choose to remain in licensed foster care and receive foster care services until the age of 21 (22 with a disability).
Postsecondary Education Services and Support (PESS)	1. Young adults who turned 18 while in foster care and who spent a total of at least six months in licensed out-of-home care before turning 18. 2. Young adults who are at least 18 and were adopted from foster care after age 16 or were placed with a court-approved guardian after spending at least 6 months in licensed foster care within the 12 months immediately preceding such adoption or placement; **and** • Have earned a high school diploma or its equivalent; **and** • Are attending a college or vocational school that is Florida Bright Futures eligible.	• $1,256 per month for: o Housing o Utilities o Living expenses • Available until the young adult's 23rd birthday.
Aftercare Services	Young adults who turned 18 while in licensed foster care, but are not yet 23, and • Are *not* in EFC; **or** • Are *not* in PESS.	• Mentoring • Tutoring • Substance abuse treatment • Counseling • Job and career skills training • Temporary financial assistance for necessities

The following table provides information on the number of young adults served in each program by each CBC over the last two state fiscal years.

Young Adults* Receiving Services After Turning 18 by Program Type, Lead Agency, and SFY						
Lead Agency	**SFY 2017-18**			**SFY 2018-19**		
	EFC	**PESS**	**Aftercare**	**EFC**	**PESS**	**Aftercare**
Big Bend Community Based Care	48	56	12	43	50	9
Brevard Family Partnerships	52	38	15	42	25	15
ChildNet (Broward)	195	173	37	175	161	46
ChildNet (Palm Beach)	131	114	30	126	94	21
Children's Network of SW Florida	52	67	5	49	78	1
Citrus Family Care Network**	229	236	14	252	230	14
Communities Connected for Kids	35	43	16	41	39	26
Community Partnership for Children	30	61	13	42	53	14
Eckerd Connects (Pasco/Pinellas)	79	77	43	94	86	50
Eckerd Connects (Hillsborough)	82	114	82	81	100	84
Embrace Families***	85	89	40	88	87	43
Families First Network	88	44	15	93	44	16
Family Integrity Program	9	7	2	9	6	2
Family Support Services of North Florida	53	53	36	57	38	36
Heartland for Children	55	41	17	47	43	19
Kids Central	40	45	2	45	32	3
Kids First of Florida	9	15	1	14	18	1
Partnership for Strong Families	10	21	10	10	17	12
Safe Children Coalition	24	25	11	36	20	15
Statewide	1306	1319	401	1344	1221	427

*Young adults are those who have turned 18 but who have not yet turned 21 (22 with a disability).
**Citrus Family Care Network was formerly Our Kids of Miami-Dade/Monroe.
***Embrace Families was formerly Community Based Care of Central Florida.

The Federal National Youth in Transition Database

The National Youth in Transition Database (NYTD), which became operational in 2011, seeks to capture the characteristics and experiences of current and former foster youth across the country. The NYTD tracks the independent living services each state provides to foster youth in care and assesses each state's performance in providing independent living and transition services.

To comply with this requirement, DCF conducts periodic surveys of current and former foster youth ages 18-22, who turned 18 in licensed care. Many of the young adults completing the survey are receiving services through EFC, PESS, and Aftercare. The following table has some results from the 2018 Florida NYTD spring survey. The survey provided outcomes related to education, employment, housing, finances and transportation, health and well-being, and connections.[72] The report contained the survey responses of 933 young adults.

[72] Florida National Youth Transition Database, *2018 Survey Data Report*, https://www.myflfamilies.com/service-programs/independent-living/docs/2018%20Florida%20NYTD%20Statewide%20Report%20Final.pdf (last visited Feb 22, 2021).

Area	Outcome
Education	• 74% are enrolled in and attending high school, GED classes, post-high school vocational training, or college. • 12% experienced barriers that prevented them from continuing education. The top three reported barriers included the need to work full-time, not having transportation, and having academic difficulties.
Employment	• 15% are employed full-time (35 hours per week or more). • 26% are employed part-time. • 78% had a paid job over the last year. • 22% completed an apprenticeship, internship, or other on-the-job training, either paid or unpaid.
Housing	• The top three current living situations included living in their own apartment, house, or trailer; living with friends or a roommate; and living in a group care setting (including a group home or residential care facility). • 41% had to couch surf or move from house to house because they didn't have a permanent place to stay. • 27% experienced some type of homelessness in the past year.[73]
Financial & Transportation	• 46% receive public food assistance. • 10% received social security payments (Supplemental Security Income, Social Security Disability Insurance, or dependents' payments). • 83% have a reliable means of transportation to school/work. • 76% have an open bank account.
Health & Well-Being	• 85% are on Medicaid. • 18% have children. • 34% did not receive medical care for a physical health problem, treatment for a mental health problem, or dental care in the past two years for some health problem needing to be addressed. • 24% were confined in a jail, prison, correctional facility, or juvenile detention facility within the past two years.
Connections	• 85% currently have at least one adult in their life, other than their case manager, to go to for advice or emotional support. • 67% currently have a close relationship with biological family members.

Independent Living Services Advisory Council

DCF formed the Independent Living Services Advisory Council (ILSAC) in 2005 to improve interagency policy and service coordination to better support older eligible foster youth in the successful transition to adulthood. The purpose of ILSAC is to review and make recommendations concerning the implementation of Florida's EFC program and independent living services.[74]

DCF's Secretary appoints members of the ILSAC. The membership of the council must include, at a minimum, representatives from DCF's headquarters and regional offices, CBC's, the Department of Juvenile Justice, the Department of Economic Opportunity, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, CareerSource Florida, the Statewide

[73] *Id.*
[74] S. 409.1451(7), F.S.

Guardian ad Litem Office, foster parents, recipients of independent living services, and advocates for children in care.[75]

The ILSAC is required to provide an annual report on the implementation of Florida' independent living services efforts to publicize the availability of independent living services, the success of the services, problems identified, recommendations for DCF or legislative action, and DCF's implementation of the recommendations contained in the report.[76]

The 2020 Annual ILSAC Report provided several recommendations to strengthen the independent living services in Florida, including the need for a more standardized approach to reaching young people to educate them on the independent living supports and services available.[77]

Keys-to-Independence

The Keys-to-Independence program is a state-funded program designed to remove barriers to obtaining a driver license for foster youth and former foster youth.[78] The program pays the cost of driver education, licensure and other costs incidental to licensure and motor vehicle insurance for children in out-of-home care who have successfully completed a driver education program.[79] Program services are provided to eligible youth to the extent funding permits.

Young adults in EFC are eligible for the program as long as they are enrolled in EFC. The young adult in EFC must demonstrate that the costs of licensure and incidental to licensure are creating a barrier for obtaining employment or completing educational goals.[80] Young adults in PESS qualify for the program for up to six months from their PESS acceptance date. If the young adult does not sign up for the Keys to Independence Program within the six months after acceptance into PESS, the young adult is no longer eligible for the Keys-to-Independence Program.

Termination of Parental Rights

Beginning with the Adoption Assistance and Child Welfare Act of 1980,[81] federal law has required states to show they have made reasonable efforts to provide assistance and services to prevent a child's removal or to reunify a child with his or her family prior to terminating parental rights. The Adoption and Safe Families Act of 1997 stated, however, that the child's health and safety are the primary concern when assessing the degree for a state to strive in making reasonable efforts.[82] Additionally, that Act does not require states to make reasonable efforts when a court has determined that the parent has subjected the child to aggravated circumstances as defined in state law, which includes but is not limited to, abandonment, torture, chronic abuse, and sexual abuse.[83]

Section 39.806, F.S., regarding grounds for terminating parental rights, addresses DCF's reasonable efforts.

Children whose parents' parental rights have been terminated may have longer durations in care that may not result in finalized adoption.[84] Just over 10 percent of children who enter care between the ages of 11 and 16 have their parents' parental rights terminated. As the age of entry increases, the

[75] S. 409.1451(7)(d), F.S.
[76] S. 409.1454(7)(b), F.S.
[77] Department of Children and Families, *The Independent Living Services Advisory Council 2020 Annual Report,* https://www.myflfamilies.com/service-programs/child-welfare/lmr/docs/2020LMRs/ILSAC_Annual_Report_2020_and_DCF_Response.pdf (last visited Feb 22, 2021).
[78] S. 409.1454, F.S.
[79] S. 409.1454(2), F.S.
[80] S. 409.1454(4), F.S.
[81] Adoption Assistance and Child Welfare Act of 1980, Public L. No. 96-272, H.R. 3434, 96th Cong. (1980).
[82] Child Welfare Information Gateway, Children's Bureau, U.S. Department of Health and Human Services, Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children, https://www.childwelfare.gov/pubPDFs/reunify.pdf (last visited Feb. 22, 2021).
[83] 42 U.S.C. § 671(a)(15)(D)(i).
[84] *Supra* note 69.

likelihood of these children staying in care also increases. Typically, 55 percent of children who enter care between the ages of 11 and 16 and have their parents' parental rights terminated are adopted. Those in this age group who are not adopted are most likely to age out of care when compared to younger children or children of the same age whose parents' parental rights are not terminated.

Reinstating Parental Rights

Laws to reinstate parental rights developed in response to children who were aging out of foster care and re-establishing ties with parents and family members.[85] Approximately 22 states[86] have legislation for the reinstatement of parental rights following termination of parental rights. In 13 states,[87] if a permanent placement has not been achieved within a specific timeframe, a petition may be filed with the court requiring reinstatement of the parent's rights. If the court determines that the parent is able to provide a safe home for the child, the request may be granted. In 10 states,[88] statutes specify that reinstatement is only available for older children who have not attained permanent placement. In all cases, the court must determine whether the parent has made substantial progress in correcting the conditions that led to the termination of parental rights and now is able and willing to provide the child a safe home. The court also must find that reinstatement of the parent's rights is in the best interests of the child and that the parent and the child both agree to the reinstatement.[89]

Florida Institute for Child Welfare

In 2014, the Legislature established the Florida Institute for Child Welfare (FICW) at the Florida State University College of Social Work. The Legislature created the FICW to provide research and evaluation that contributes to a more sustainable, accountable, and effective child welfare system. The purpose of the FICW is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development.[90] Current law requires the FICW to establish an affiliate network of public and private universities with accredited degrees in social work. All public universities with such programs in Florida are currently part of the network. In 2017, the FICW expanded its affiliate network to include research affiliates, and there are now over 50 research faculty affiliates.

The FICW is statutorily mandated to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about scientific evidence regarding child welfare practice, as well as management practices and administrative processes.
- Assess performance of child welfare services based on specified outcome measures.
- Evaluate training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training and consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Recommend improvements in the state's child welfare system.
- Submit annual reports to the Governor and Legislature.

The FICW sponsors and supports interdisciplinary research projects and program evaluation initiatives that contribute to knowledge relevant to enhancing Florida's child welfare outcomes.

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[85] National Conference of State Legislatures, *Reinstatement of Parental Rights State Statute Summary*, https://www.ncsl.org/research/human-services/reinstatement-of-parental-rights-state-statute-sum.aspx (last visited Feb. 22, 2021).
[86] Alaska, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Illinois, Iowa, Louisiana, Maine, Michigan, Minnesota, Nevada, New York, North Carolina, Oklahoma, Utah, Virginia, Washington, West Virginia, and Wisconsin.
[87] California (3 years), Colorado (3 years, Delaware (2 years), Georgia (3 years), Hawaii (1 year), Illinois (3 years), Maine (1 year), Minnesota (3 years), New York (2 years), North Carolina (3 years), Oklahoma (3 years), Virginia (2 years), and Washington (3 years).
[88] Delaware (age 14 or older), Hawaii (age 14), Illinois (age 13), Louisiana (age 15), Minnesota (age 15), New York (age 14), North Carolina (age 12), Oklahoma (age 15), Virginia (age 14), and Washington (age 12).
[89] The Children's Bureau, Child Welfare Information Gateway, Grounds for Involuntary Termination of Parental Rights, https://www.childwelfare.gov/pubPDFs/groundtermin.pdf (last visited Feb. 22, 2021).
[90] S. 1004.615, F.S.

Case Record Face Sheet

A case record face sheet is generally defined as any cover sheet to a multipage document that contains the relevant points covered in the document itself. They are commonly used in the medical or healthcare arenas and typically provides a patient's information at a quick glance. Such face sheets can include contact details, a brief medical history and the patient's level of functioning, along with patient preferences and wishes.[91]

A number of states also use similar face sheets to record pertinent information about a child welfare case, including most notably Iowa and Illinois.[92]

Currently, Florida law does not require a face sheet to be included in the case file for child welfare cases.

Effect of Proposed Changes

Transitions to Adulthood

HB 1473 requires DCF to assist children in foster care in making the transition to independent living and self-sufficiency as adults. To support opportunities for participation in age-appropriate life skills, the bill requires DCF to:

- Identify important life skills that children in out-of-home care should acquire.
- Develop a list of age-appropriate activities and responsibilities useful for the development of specific life skills for use by children and their caregivers. The list of age-appropriate activities must address specific topics tailored to the needs of each child's developmental stage.
- Inform young adults of available independent living services and community resources and how to apply for services.
- Design and disseminate training for caregivers related to building needed life skills.
- Regularly assess each child's readiness, beginning at age 13, for transitions to adulthood. DCF would be required to share the results of the assessments with the caregiver and support the caregiver in creating, implementing, monitoring, and revising plans as necessary to address the child's life deficits, if any.
- Provide opportunities for children in foster care to interact with qualified, trained mentors who are committed to engaging reliably with the child long-term.
- Develop and implement procedures for children of sufficient age and understanding to directly access and manage the personal allowance they receive from DCF.

The bill amends s. 36.701(3), F.S., to begin judicial review transition planning at age 16, rather than 17. This will allow more time and thought for transitions out of foster care.

The bill requires the FICW to evaluate the state's approach to developing independent living skills and recommend enhancements. Specifically, the evaluation must:

- Describe current requirements for caregivers to assist young adults in acquiring independent living skills, the information and available supports provided to caregivers for doing so, and the actual level of engagement in these efforts by caregivers.
- Specify methods and measures used to determine if young adults have acquired or developed adequate independent living skills and how that information is used to support independent living skills development for individual young adults.

[91] Caring.com, *What is a Face Sheet*, https://www.caring.com/articles/what-is-a-face-sheet/; The Medical Dictionary, https://medical-dictionary.thefreedictionary.com/face+sheet (all sites last visited Feb. 22, 2021).
[92] Iowa Department of Human Services, *Child Welfare Services Referral Face Sheet*, https://dhs.iowa.gov/sites/default/files/470-5150.pdf?102920201715; State of Illinois, Department of Children and Family Service, *Help Unit Face Sheet*, https://www2.illinois.gov/dcfs/aboutus/notices/Documents/cfs399_2.pdf#search=face%20sheet (all sites last visited Feb. 22, 2021).

- Describe outcomes on a statewide basis, as well as by individual community-based care lead agency, and describe how this information is currently being used to improve performance.
- Identify best practices for helping young adults in foster care develop independent living skills and compare the state's current approach to best practices.
- Specify any barriers that may prevent young adults from becoming self-sufficient.
- Evaluate whether the state's current approach to developing independent living skills for young adults in foster care is adequate, and recommend any changes to enhance the effectiveness of the state's approach to prepare young adults for self-sufficiency.
- Include the input from current and former foster youth in its evaluation. The FICW must attempt to interview current and former foster youth on their experience with the state's approach on preparing them for adulthood, what independent living skills provided were age-appropriate or helpful, and what recommendations the current or former foster youth have to improve the state's approach in preparing them for adulthood.

The bill requires the FICW to submit its evaluation by November 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Additionally, the bill improves collection and reporting of performance measures and outcomes for independent living skill development and transition success. The bill amends s. 409.1415(7)(b)2., F.S., to require DCF to include the most recent data regarding the status of and outcomes for young adults who turned 18 years of age while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, and an analysis of such data and connections. This information will be required in the annual report on the Road-to-Independence program DCF submits by December 31 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Permanency

HB 1473 creates s. 39.8155, F.S., to allow courts to consider a motion to reinstate a parent's parental rights after parental rights have been terminated. The bill allows DCF, a parent whose rights were terminated, or the child to file a motion to reinstate parental rights if:

- The grounds for termination of parental rights were based on s. 39.806(1)(a) or (e)1.-3.
- The parent was not the verified perpetrator of sexual or physical abuse of the child.
- The parent has not been a perpetrator involved in any verified reports of abuse, neglect, or abandonment since his or her parental rights for the child were terminated, or the parent has not had his or her parental rights terminated for any other child, under any grounds, in this state or any other jurisdiction.
- The child is at least 13 years of age.
- The child has not achieved permanency and is not in a preadoptive placement, and at least 36 months have passed since the termination of parental rights.

The court will be required to dismiss the motion if the criteria for filing the motion are not met. If a motion to reinstate parental rights is filed, the court must consider all relevant evidence including whether:

- The child possesses sufficient maturity to express a preference regarding the reinstatement of parental rights.
- The child is not in a preadoptive home or under permanent guardianship.
- The parent has a documented change in behavior such that, given the current age and maturity of the child, the circumstances that brought the child into care are remedied.
- The parent demonstrates sufficient protective capacities, given the child's age, physical and behavioral health, and any other specific characteristics and needs, such that the risk of the child reentering care is low.
- Both the parent and child wish to reinstate parental rights.

- A child and family team was convened under s. 39.525, F.S., and recommends the reinstatement of parental rights and has developed a plan to transition the child to the former parent's care.

If all the criteria on the motion for reinstatement of parental rights are established by clear and convincing evidence, the bill requires the court to order DCF to conduct supervised visitation and trial home visits between the child and former parent for at least 3 consecutive months. The bill also requires the court to consider the plan developed by the child and family team. DCF would be required to report to the court at least once every 30 days regarding the former parent's interactions with the child and recommend whether the court should reinstate parental rights. If there is an allegation of abuse, neglect, or abandonment of the child by the parent, DCF determines that the child's safety or well-being is threatened, or that such visitation is not in the child's best interest, the bill requires DCF to immediately cease the visitation with the former parent and immediately notify the court. The court may reinstate parental rights upon a finding of clear and convincing evidence that it is in the child's best interest. The court must place the child in the custody of the former parent with an in-home safety plan upon ordering reinstatement of parental rights. The bill requires the court to retain jurisdiction for at least 6 months after placing the child in the custody of the former parent, during which DCF must supervise the placement and report to the court on the stability of the placement. The bill allows the court to continue jurisdiction for up to 12 months after it reinstates parental rights.

The bill requires the FICW to do a Florida-specific study on age-specific permanency trends to inform prevention and permanency strategies. The analysis must include, at a minimum, all of the following:

- The frequency of permanency outcomes, both long-term and within 2 years of entering foster care, and the differences observed when data are disaggregated by the child's age at entry into foster care.
- The length of time before parental rights are terminated, disaggregated by the child's age at entry into foster care.
- The frequency of permanency outcomes for children whose parents have had their parental rights terminated, the length of time before permanency is achieved, and the differences in the type of permanency and length of time it took to achieve permanency, disaggregated by age of the child when parental rights were terminated.
- The patterns, indicated by the analysis, regarding the length of time it took to achieve permanency, the types of permanency outcomes experienced by children entering foster care at different ages, and how the types of permanency vary based on the status of the rights of the parents of the children.

The FICW is required to submit its report by October 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Additionally, the bill requires CBC's to provide post-adoption support to families who adopt children from the child welfare system. This would help in avoiding dissolution of adoptions that would result in children re-entering care, especially during late adolescence.

Supports for Former Older Foster Youth

The bill requires CBC's to at least annually attempt to contact older foster youth who have aged out of the foster care system to try to reconnect them to available services. Through this contact, the CBC will communicate to the former foster youth the availability of independent living programs and inquire into the young adult's needs and refer him or her to other programs that may be of assistance.

It also creates an Office of Continuing Care at DCF to help individuals who have aged out of the child welfare system until age 26. The office will provide ongoing support and care coordination needed for young adults to achieve self-sufficiency. Duties of the office include, but are not limited to:

- Informing young adults who age out of the foster care system of the purpose of the office, the types of support the office provides, and how to contact the office.

- Serving as a direct contact to the young adult in order to provide information on how to access services to support the young adult's self-sufficiency, including but not limited to, food assistance, behavioral health services, housing, Medicaid, and educational services.
- Assisting in accessing services and supports for the young adult to attain self-sufficiency, including, but not limited to, completing documentation required to apply for services.
- Collaborating with CBC's to identify local resources that can provide support to young adults served by the office.
- Remaining in contact with young adults who age out of the foster care system in order to assist them in accessing the supports needed to be self-sufficient.

The bill expands eligibility for the Keys to Independence program to young adults in the PESS program on a case-by-case basis, rather than it just being available to young adults in EFC.

Additionally, the bill requires CBC's to provide intensive transition supports for young adults who aged out of care.

Placement Stability and Transitions

Face Sheets for Child Welfare Cases

HB 1473 requires DCF to use face sheets containing important information about a child, including all placements. This will make all those involved in the child's case aware of the child's history and situation.

Postdisposition Change of Custody

The bill amends s. 39.522, F.S., to allow any party or the current caregiver, rather than just the parents or other legal custodians, to deny a need for a change of placement at postdisposition. If a party or current caregiver denies a change of placement, the court will be required to hear from all parties as to why a change placement is not in the child's best interest.

Priority Placements for Initial and Subsequent Placements

The bill also includes priority of initial and subsequent placements. When a child cannot remain safely at home with a parent, DCF would be required to consider the following options, in order of priority, as the initial out-of-home placement for the child:

- The nonoffending parent.
- A relative caregiver.
- An adoptive parent of the child's sibling.
- A fictive kin or nonrelative.
- A licensed foster home.
- A group home or congregate care.

Additionally, the bill would require DCF to place siblings in the same placement if possible and if placement together is in the best interest of each child. DCF would be required to consider the child's current child care provider or school and seek to maintain attendance at the same child care provider or school until a review is conducted to determine whether changing child care providers or schools is in the child's best interest.

For subsequent placements, the bill requires DCF, in some cases, to prioritize specific placement options when it is considering moving a child. The bill requires a child to remain in his or her current placement in the following three situations.

1	2	3
• Reunification is not a permanency option for the child • The child has resided in the same out-of-home placement for more than 9 months. • The current caregiver of the child requests and is eligible for consideration as an adoptive parent or a permanent custodian for the child. • The child is under 6 years old or is of sufficient age and understanding to express a preference and that preference is to remain with the caregiver.	• The child is between the ages of 1 and 2 years old and has been in the placement for at least 1 month. • The proposed placement is not to reunify the child with a parent. • The current caregiver is willing to continue caring for the child	• The proposed placement is not to reunify a child with a parent or intended to be a permanent placement. • The child has a strong bond with the current caregiver. • The proposed placement is to unify the child with a sibling with whom the child does not have an existing relationship or the child, if of sufficient age and understand, expresses a preference to remain with the current caregiver. • The current caregiver is willing to continue caring for the child.

The bill requires DCF to consider moving a child to a new placement when the circumstances do not fit in the three situations to remain in the current placement and:

- The child is separated from a sibling with whom the child had a preexisting relationship with before the most recent removal, and the placement would be with that sibling.
- The child's placement would not be contrary to the safety or well-being of any child within the group of siblings placed together.
- The child is of sufficient age and understanding to express a preference and that preference is to be placed with the child's sibling.
- One or more children from the same sibling group are currently placed with a foster parent or in a group home, and the new placement would reunify the entire sibling group with a relative or fictive kin.

Child and Family Teams

The bill specifies that child and family teams must be convened under specific circumstances. The bill creates s. 39.525, F.S., to address what child and family teams are, when team meetings should occur, and what is required at each meeting. The bill allows child and family team meetings when an important decision has to be made about the child's life and requires a meeting to be held when a proposed subsequent placement is not consistent with the prioritized placement for that child. The bill requires a child and family team to be led by a trained, skilled facilitator. When possible, and subject to the ability of the facilitator to carry out his or her responsibilities, a child and family team must include:

- The child, if of sufficient age and understanding to participate.
- The child's family members and other individuals identified by the family as being important. However, a parent who has a no contact order or injunction, is alleged to have sexually abused the child, or is subject to a termination of parental rights may not participate.
- The child's current caregiver.
- The child's case manager.
- The child's therapist or other behavioral health professionals, when applicable.

Additionally, the child and family team may also include other professionals, including, but not limited to:

- A representative from Children's Medical Services, if Children's Medical Services is involved with the family;
- A guardian ad litem, if one is appointed;
- The parent's attorney, if applicable;

- A representative from the child's school or child care provider who personally knows the child; or
- Other community providers of services to the child or parents, when applicable.

The child and family team may also include other individuals associated with and supportive of the child and family, including, but not limited to, relatives, friends, neighbors, coaches or other adult leaders of the child's extracurricular activities, clergy or other members of the family's religious community, coworkers of the parents, or other individuals with whom the family identifies as a potential source of support. The bill requires the case manager to determine which individuals are necessary for the meeting; however, the team must be as diverse as possible to ensure that the optimal combination of technical skills, cultural knowledge, community resources, and personal relationships is developed and maintained for the child and family. The bill requires child and family team meetings to be structured to accomplish the identified goal of the meeting and requires members to consider certain things when developing a plan to address the identified goal.

After a child and family team meeting, the bill requires the child's case manager to:
- Document in the child's case plan a description of the roles, responsibilities, and tasks of team members in carrying out the plan to address the identified goal.
- Monitor the plan for progress and ensure that plans are revised or updated as the child's or family's circumstances change.
- Notify the court of the reason for the child and family team meeting and action steps to carry out the team's plan to address the identified goal for the child and family.

If, however, the child and family team cannot come to a unanimous consensus on a plan to address the identified goal, the bill requires the facilitator to notify the court and DCF within 48 hours after the conclusion of the team meeting. DCF must then determine how to address the identified goal of the meeting by what is in the child's best interest.

When a proposed placement is not consistent with the prioritized placement for that child, the bill requires a child and family team to convene to recommend what placement would be in the child's best interest. The bill requires the case manager to provide a report to DCF on the recommended placement and why it is in the child's best interest. If, however, the child and family team cannot come to a unanimous consensus on a placement for the child, the bill requires the facilitator to provide a report to the court and DCF of the concerns raised during the meeting. DCF must then determine what placement is in the child's best interest by considering the facilitator's report and the best interest factors provided in s. 39.522, F.S.

Additionally, the bill requires the FICW to provide recommendations to DCF on the effective use of child and family teams to ensure that Florida is using best practices when a child and family team is convened.

Placement Transitions

The bill requires transitions that support the child's specific needs and avoid unnecessary trauma. Specifically, HB 1473 requires an individualized transition plan for each placement change of a child. The transition plan must begin as early as possible before moving a child and extend as long as necessary to meet the child's developmental stage and psychological needs. However, if a change of placement is due to an emergency, DCF must create a transition plan as soon as possible after the move to assist the child in achieving closure with the former placement and adjusting to the new placement. Additionally, DCF or the CBC must provide support services immediately before, during and after the move.

Except in emergency situations, the bill requires DCF or the CBC to provide at least 14 days' notice of the planned move and must include in the notice for the reason a placement change is necessary. A

copy of the notice must be filed with the court and be provided to the parties involved in the child's case and the child's current caregiver.

The bill requires the transition plan to be developed through cooperation among the parties to the child's case and the case manager, and such persons must share any relevant information necessary to develop the transition plan. To the extent it is in the child's best interests, the bill requires transition plans to:

- Respect the child's developmental stage and psychological needs.
- Ensure the child has all of his or her belongings and is allowed to help pack those belongings when age appropriate.
- Allow for a gradual transition from the current caregiver's home with adequate overlap between the two caregivers, and must permit the child to have a final visitation with everyone important to the child from the current placement, including, but not limited to, pets.
- Allow, when possible, for continued contact with the previous caregiver and others in the home after removal.
- Except in an emergency, prohibit a change in placement that occurs between 7 p.m. and 8 a.m.

The bill requires DCF or the CBC to file the transition plan with the court within 48 hours after the creation of such plan and provide a copy of the plan to the parties involved in the child's case and the child's current caregiver.

Siblings

HB 1473 gives more guidance on how child welfare professionals can support sibling connections. Specifically, DCF and the CBC's must make reasonable efforts to place siblings with an existing relationship in the same out-of-home placement, unless placement is not in the best interests of one of the siblings. If siblings are placed separately, DCF and the CBC's must document in the child's case file and in the face sheet the reasons that joint placement for the siblings was not able to occur and the reasonable efforts DCF will make to provide frequent visitation or other ongoing interaction between siblings.

As long as it is in the best interest of each sibling, the bill requires DCF and the CBC's to:

- Assign siblings to the same case manager, regardless of when a child enters care.
- Provide training to case managers on the importance of preserving sibling connections.
- Periodically reassess sibling placements, visitation, and other sibling interaction in cases where siblings are separated, not visiting, or not interacting to determine if a change of placement is needed.
- Place siblings geographically near each other, such as in the same neighborhood or school district, to make it easier for the siblings to see each other regularly, when possible.

The bill also requires DCF and the CBC's to work with caregivers to help maintain or strengthen relationships among separated siblings by:

- Creating opportunities for siblings to engage in frequent and regular visitation, to be actively involved in each other's lives and to participate in celebrations of life milestones.
- Utilizing other forms of interactions when regular in-person meetings are not possible or are not sufficient to meet the needs or desires of the siblings.
- Coordinating joint outings or summer or weekend camp experiences to facilitate time together.
- Utilizing joint respite care to assist the caregivers who are caring for separated siblings to have needed breaks.
- Prohibiting withholding visitation or interaction among the siblings as a form of punishment.
- Providing a caregiver with information, guidance, training, and support necessary to maintain or strengthen relationships among separated siblings.
- Promptly providing a child with information as to the location of and contact information for his or her siblings who are under DCF's supervision.

The bill further requires DCF and the CBC's to determine whether a child's current placement or permanency plan requires modification and whether contact between siblings would be in the best interests of each child if it becomes known that a child in out-of-home care has a sibling of whom the child was previously unaware.

B. SECTION DIRECTORY:

Section 1: Creating s. 39.00146, F.S., relating to case record face sheets.
Section 2: Amending s. 39.522, F.S., relating to postdisposition change of custody.
Section 3: Amending s. 39.523, F.S., relating to placement in out-of-home care.
Section 4: Creating s. 39.525, F.S., relating to child and family teams.
Section 5: Creating s. 39.526, F.S., relating to siblings in out-of-home care.
Section 6: Amending s. 39.6035, F.S., relating to transition plan.
Section 7: Amending s. 39.701, F.S., relating to judicial review.
Section 8: Amending s. 39.806, F.S., relating to grounds for termination of parental rights.
Section 9: Creating s. 39.8155, F.S., relating to reinstatement of parental rights.
Section 10: Amending s. 409.1451, F.S., relating to the Road-to-Independence program.
Section 11: Creating s. 409.14515, F.S., relating to independent living preparation.
Section 12: Amending s. 409.1454, F.S., relating to motor vehicle insurance and driver licenses for children in care.
Section 13: Amending s. 409.988, F.S., relating to community-based care lead agency duties; general provisions.
Section 14: Creating s. 414.56, F.S., relating to Office of Continuing Care.
Section 15: Requiring an evaluation and study by the Florida Institute of Child Welfare.
Section 16: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   The House proposed General Appropriations Act (GAA) for Fiscal Year 2021-2022 provides a total of $18,303,024 to fund various provisions of the bill. The budget proposal includes the following appropriations attributable to the estimated costs incurred by DCF:

   - $2,284,000 – Technology modifications to the Florida Safe Family Network (FSFN) that are necessary to develop case record face sheets. This includes the cost for licensing and support, web services, and for an external provider solution.

   - $5,433,904 – For an additional 98.00 FTE that the DCF estimates will be needed to fulfill the provisions relating to child and family teams that require facilitation by a trained professional. This level of funding is for the salary and benefits, and travel, costs of the new FTE.

   - $2,109,597 – The cost of expanding the Keys to Independence program to provide motor vehicle insurance to youth who are receiving postsecondary education services and supports.

   - $3,700,792 – Specifically to assist older children in the foster care system in making a transition towards independent living. These funds are available to develop age-appropriate life skills, training to caregivers, and for the establishment of the Office of Continuing Care.

The State Court System and the Guardian ad Litem program may experience an increased workload due to the additional hearings for sixteen year olds in care regarding transition planning. The impact of these changes is indeterminate.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill's provisions requiring a transition plan for each placement change is expected to have a significant, negative fiscal impact on CBCs. According to DCF, there were 18,587 instances during FY 2019-2020 that may have required a transition plan. The department estimates that CBCs will require 81 new case management positions to meet these provisions. The House proposed GAA for FY 2021-2022 includes $4,050,000 to CBCs for the purpose of developing these transition plans.

The bill requires CBCs to continue offering certain services to families whose child was adopted from the child welfare system. The House proposed GAA for FY 2021-2022 includes $724,731 for post-adoption services provided by CBCs to adoptive parents who may require temporary case management support, information and referral assistance and other related services.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides DCF sufficient rulemaking authority to implement the bill's provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 8, 2021, the Children, Families, and Seniors Subcommittee adopted two amendments and reported the bill favorably as amended. The amendments:

- Remove the requirements for the court to hold a judicial review hearing 90 days after the 16th birthday of a child in the child welfare system and instead require the court to inquire about the child's independent living skills at the first judicial review subsequent to the child's 16th birthday.
- Require the list of age appropriate activities to address specific topics tailored to the needs of each child's developmental stage, and for DCF and CBC's to inform young adults of available independent living services and community resources.
- Require the Florida Institute for Child Welfare to include input from current and former foster youth in its evaluation of the state's efforts to deliver independent living services.
- Include a technical change to reflect that the Office of Continuing Care provides supports to individuals who aged out of foster care up to age 26.

The analysis is drafted to the amended bill as passed by the Children, Families, and Seniors Subcommittee.

A bill to be entitled

An act relating to children and young adults in out-of-home care; creating s. 39.00146, F.S.; requiring a face sheet with specified information for every case record of a child under certain supervision; requiring the face sheet to be updated monthly; requiring the Department of Children and Families to adopt rules; amending s. 39.522, F.S.; requiring the court to hear all parties if any party or the current caregiver denies a need for a change in placement for a child; amending s. 39.523, F.S.; providing legislative findings; requiring the coordination of a child and family team or multidisciplinary team under certain circumstances; providing priority for the initial placement of a child; requiring consideration of a child's siblings and child care provider or school when determining the initial placement of the child; providing priority for a change of placement of a child; providing when a child must remain in his or her current placement and when the child may be moved to a new placement; requiring the coordination of a child and family team under certain circumstances; requiring a transition plan to be created for each placement of a child and notice to be given within a specified time, except in cases of emergency;

providing requirements for the transition plan; requiring the plan to be filed with the court within a specified time; creating s. 39.525, F.S.; providing for a child and family team under certain circumstances; providing requirements for the child and family team facilitator; providing membership of the child and family team; providing requirements for the child and family team; providing requirements for the case manager after the child and family team has convened; requiring the department to make certain decisions if the child and family team cannot come to a unanimous consensus; creating s. 39.526, F.S.; requiring the department to use reasonable efforts to place siblings in the same out-of-home placement unless it is not in a child's best interest; requiring certain documentation if siblings are not placed together; providing requirements for the department or community-based care lead agency relating to sibling placement; amending s. 39.6035, F.S.; requiring a transition plan be developed during the year after a child turns 16 years of age and be updated as needed; amending s. 39.701, F.S.; requiring judicial review hearings within a specified time after a child's specified birthday; providing the child and other relevant parties the opportunity to address the court

at each review hearing; requiring the department to provide an updated case plan with certain information; authorizing the court to review the child's status on a more frequent basis; amending s. 39.806, F.S.; conforming a cross-reference; creating s. 39.8155, F.S; providing that parental rights may be reinstated under certain conditions; requiring dismissal of the motion to reinstate parental rights if certain criteria are not met; providing evidence that may be considered when determining a motion to reinstate parental rights; requiring supervised visitation and trial home visits for a specified time; requiring the department to report to the court once a month; requiring visitation to cease under certain circumstances; requiring clear and convincing evidence that reinstatement of parental rights in is the child's best interest; requiring an in-home safety plan if parental rights are reinstated; providing that the court retains jurisdiction for a specified time; amending s. 409.1451, F.S.; providing responsibilities of the department for the Road-to-Independence Program; providing requirements for community-based care lead agencies; removing Legislative determination relating to the Independent Living Services Advisory Council's ability to provide valuable contributions to

the department; requiring certain information be reported to the Governor and the Legislature; revising membership of the council; creating s. 409.14515, F.S.; providing requirements for the department to help children achieve self-sufficiency; amending s. 409.1454, F.S.; providing that children receiving certain services and support may be eligible to have certain fees paid for them; amending s. 409.988, F.S.; requiring a community-based care lead agency to serve certain children; creating s. 414.56, F.S.; creating the Office of Continuing Care; providing duties of the office; providing requirements for the Florida Institute for Child Welfare; providing evaluation and analysis requirements; requiring the evaluation and analysis report be submitted to the Governor and Legislature by specified dates; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 39.00146, Florida Statutes, is created to read:

39.00146 Case record face sheet.—

(1) The case record of every child under the supervision or in the custody of the department, the department's authorized

agents, or providers contracting with the department, including community-based care lead agencies and their subcontracted providers, must include a face sheet containing relevant information about the child and his or her case, including all of the following:

(a) General case information, including, but not limited to:

1. The child's full name and date of birth.

2. The child's current county of residence and the child's county of residence at the time of the report to the central abuse hotline.

3. The reason for the report to the central abuse hotline and any family safety concerns.

4. The personal identifying information of the parents or caregiver who had custody of the child at the time of the report to the central abuse hotline, including the full name, date of birth, and county of residence of the parents or caregivers.

5. The date the child was removed from the home.

6. The name and contact information of the attorneys assigned to the case in all capacities, including the attorney or attorneys that represent the department, the parents or caregiver, and the guardian ad litem, if one is appointed to the child.

(b) The name and contact information for all employees of the department, the department's authorized agents, or providers

contracting with the department, including community-based care lead agencies and their subcontracted providers, who have worked with the child, including the child's current and previous case managers, and the name and contact information for the supervisor of all such employees.

(c) Information pertaining to all relevant family members and other fictive kin, including, but not limited to, the full name and contact information of:

1. The child's parents.

2. Any siblings known at the time of the child's removal from the home, including the location of the current out-of-home placement of such siblings, if applicable.

3. The child's current caregivers and any previous out-of-home placements.

4. Any other adults who take care of the child in some capacity.

5. Any other children who reside in the out-of-home placement of the child, if applicable.

(d) Information pertaining to recent and upcoming court hearings, including, but not limited to:

1. The date, subject matter, and county of court jurisdiction of the most recent court hearing.

2. The date, subject matter, and county of court jurisdiction of the next scheduled court hearing.

(e) Contact information for persons and organizations

currently providing services and support to the child.

(f) A description of any threats of danger that place the child at imminent risk of removal, if applicable.

(g) An explanation of concerns that each individual parent or current caregiver has for the child.

(h) Any concerns that exist regarding the parent or the current caregiver's ability to:

1. Engage or bond with the child if the child is an infant;

2. Structure daily activities that stimulate the child;

3. Manage the child's behavior;

4. Maintain a safe home; or

5. Make healthy decisions for the child.

(i) Any transitions in placement the child has experienced since the child's initial placement and a description of how such transitions were accomplished in accordance with s. 39.523.

(j) Any other information the department, the department's authorized agents, or providers contracting with the department, including community-based care lead agencies and their subcontracted providers, deem relevant.

(2) The department, the department's authorized agents, or providers contracting with the department, including community-based care lead agencies and their subcontracted providers, must ensure that the face sheet for each case record is updated monthly.

(3) The department shall adopt rules necessary to implement this section.

Section 2. Subsections (1) through (4) of section 39.522, Florida Statutes, are renumbered as subsections (2) through (5), respectively, present subsection (1) of that section is amended, and a new subsection (1) is added to that section, to read:

39.522 Postdisposition change of custody.—

(1) The court may change the temporary legal custody or the conditions of protective supervision at a postdisposition hearing, without the necessity of another adjudicatory hearing.

(2)(a) ~~(1)(a)~~ At any time before a child is residing in the permanent placement approved at the permanency hearing, a child who has been placed in the child's own home under the protective supervision of an authorized agent of the department, in the home of a relative, in the home of a legal custodian, or in some other place may be brought before the court by the department or by any other interested person, upon the filing of a motion alleging a need for a change in the conditions of protective supervision or the placement. If any party or the current caregiver denies ~~the parents or other legal custodians deny~~ the need for a change, the court shall hear all parties in person or by counsel, or both.

(b) Upon the admission of a need for a change or after such hearing, the court shall enter an order changing the placement, modifying the conditions of protective supervision,

or continuing the conditions of protective supervision as ordered. The standard for changing custody of the child shall be the best interests of the child. When determining whether a change of legal custody or placement is in the best interests of the child, the court shall consider:

1. The child's age.

2. The physical, mental, and emotional health benefits to the child by remaining in his or her current placement or moving to the proposed placement.

3. The stability and longevity of the child's current placement.

4. The established bonded relationship between the child and the current or proposed caregiver.

5. The reasonable preference of the child, if the court has found that the child is of sufficient intelligence, understanding, and experience to express a preference.

6. The recommendation of the child's current caregiver.

7. The recommendation of the child's guardian ad litem, if one has been appointed.

8. The child's previous and current relationship with a sibling, if the change of legal custody or placement will separate or reunite siblings.

9. The likelihood of the child attaining permanency in the current or proposed placement.

10. Any other relevant factors.

(c) ~~(b)~~ If the child is not placed in foster care, the new placement for the child must meet the home study criteria and court approval under this chapter.

Section 3. Section 39.523, Florida Statutes, is amended to read:

39.523 Placement in out-of-home care.—

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) The Legislature finds that it is a basic tenet of child welfare practice and the law that a child be placed in the least restrictive, most family-like setting available in close proximity to the home of his or her parents which meets the needs of the child, and that a child be placed in a permanent home in a timely manner.

(b) The Legislature ~~also~~ finds that there is an association between placements that do not meet the needs of the child and adverse outcomes for the child, that mismatching placements to children's needs has been identified as a factor that negatively impacts placement stability, and that identifying the right placement for each child requires effective assessment.

(c) The Legislature finds that an effective assessment of where a child should be placed is particularly important for young children who are 3 years of age or younger as evidenced by research on the science of attachment and brain development. Such research shows that a stable and nurturing relationship in

the first years of life, as well as the quality of such relationships, shape a child's brain development, provide a foundation for lifelong mental health and determine well-being as an adult.

(d) ~~(c)~~ It is the intent of the Legislature that whenever a child is unable to safely remain at home with a parent, the most appropriate available out-of-home placement shall be chosen after an assessment of the child's needs and the availability of caregivers qualified to meet the child's needs.

(2) ASSESSMENT AND PLACEMENT.—When any child is removed from a home and placed in ~~into~~ out-of-home care, a comprehensive placement assessment process shall be completed to determine the level of care needed by the child and match the child with the most appropriate placement.

(a) The community-based care lead agency or subcontracted agency with the responsibility for assessment and placement shall ~~must~~ coordinate a child and family team if required under s. 39.525, and may coordinate either a child or family team or a multidisciplinary team staffing for other placement decisions.

(b) The multidisciplinary team staffing must be with any available individual currently involved with the child, including, but not limited to, a representative from the department and the case manager for the child; a therapist, attorney ad litem, guardian ad litem, teachers, coaches, Children's Medical Services; and other community providers of

services to the child or stakeholders as applicable. The multidisciplinary team may also include clergy, relatives, and fictive kin if appropriate. Multidisciplinary team participants must gather data and information on the child which is known at the time including, but not limited to:

1. Mental, medical, behavioral health, and medication history.~~;~~

2. Community ties and school placement.~~;~~

3. Current placement decisions relating to any siblings.~~;~~

4. Alleged type of abuse, ~~or~~ neglect, or abandonment, including sexual abuse and trafficking history.~~; and~~

5. The child's age, maturity, strengths, hobbies or activities, and the child's preference for placement.

(c)~~(b)~~ The comprehensive placement assessment process may also include the use of an assessment instrument or tool that is best suited for the individual child.

(d)~~(c)~~ The most appropriate available out-of-home placement shall be chosen after consideration by all members of the multidisciplinary team or child and family team of all of the information and data gathered, including the results and recommendations of any evaluations conducted, and the prioritization for placement under subsection (3) or subsection (4).

(e)~~(d)~~ Placement decisions for each child in out-of-home placement shall be reviewed as often as necessary to ensure

permanency for that child and address special issues related to this population of children.

(f) ~~(e)~~ The department, a sheriff's office acting under s. 39.3065, a community-based care lead agency, or a case management organization must document all placement assessments and placement decisions in the Florida Safe Families Network.

(g) ~~(f)~~ If it is determined during the comprehensive placement assessment process that residential treatment as defined in s. 39.407 would be suitable for the child, the procedures in that section must be followed.

(3) INITIAL PLACEMENT PRIORITY.—

(a) When a child cannot safely remain at home with a parent, the department must consider the following options, in order of priority, as the initial out-of-home placement for the child:

1. The nonoffending parent.

2. A relative caregiver.

3. An adoptive parent of the child's sibling.

4. A fictive kin or nonrelative.

5. A licensed foster home.

6. A group home or congregate care.

(b) Siblings must be placed in the same placement if possible and if placement together is in the best interest of each child. A child must be placed separately from a sibling if it is in that child's best interest to be separated from that

sibling.

(c) The department shall consider the child's current child care provider or school and seek to maintain attendance at the same child care provider or school until a review is conducted to determine whether changing child care providers or schools is in the child's best interest.

(4) SUBSEQUENT PLACEMENT PRIORITY.—When the department is considering moving a child from a previous placement, it shall prioritize placement options as provided in this subsection.

(a) A child shall remain in his or her current placement if:

1.a. Reunification is not a permanency option for the child.

b. The child has resided in the same out-of-home placement for more than 9 months.

c. The current caregiver of the child in the out-of-home placement requests and is eligible for consideration as an adoptive parent or a permanent custodian for the child.

d. The child is under 6 years old or is of sufficient age and understanding to express a preference and that preference is to remain with the current caregiver;

2.a. The child is between the ages of 1 and 2 years old and has been in the placement for at least 1 month.

b. The proposed placement is not to reunify the child with a parent.

c. The current caregiver is willing to continue caring for the child; or

3.a. The proposed placement is not to reunify a child with a parent or intended to be a permanent placement.

b. The child has a strong bond with the current caregiver.

c. The proposed placement is to unify the child with a sibling with whom the child does not have an existing relationship or the child, if of sufficient age and understanding, expresses a preference to remain with the current caregiver.

d. The current caregiver is willing to continue caring for the child.

(b) A child may be moved to a new placement when:

1. Circumstances do not meet the criteria in subparagraph (a).

2. The child is separated from a sibling with whom the child had a preexisting relationship with before the most recent removal, and the placement would be with that sibling.

3. The child's placement would not be contrary to the safety or well-being of any child within the group of siblings placed together.

4. The child is of sufficient age and understanding to express a preference and that preference is to be placed with the child's sibling and proposed caregiver.

5. One or more children from the same sibling group are

currently placed with a foster parent or in a group home, and the new placement would reunify the entire sibling group with a relative or fictive kin.

(c) If the proposed placement would involve a child meeting the criteria in paragraph (a) or paragraph (b) and the proposed placement is other than the placement prioritized for that child, the department shall convene a child and family team meeting under s. 39.525.

(5) TRANSITION PLANNING.—

(a) An individualized transition plan must be created and implemented for each placement change of a child.

(b)1. The transition plan shall begin as early as possible before moving a child and extend as long as necessary to meet the child's developmental stage and psychological needs.

2. If a change of placement is due to an emergency which precludes transition activities before the child's move, the department or community-based care lead agency shall provide support services immediately before, during, and after the move. The department shall create a transition plan as soon as possible after the move to assist the child in achieving closure with the former placement and adjusting to the new placement.

(c) Except in an emergency, the department or community-based care lead agency must provide at least 14 days' notice of the planned move and must include in the notice the reason a placement change is necessary. A copy of the notice must be

filed with the court and be provided to the parties involved in the child's case and the child's current caregiver.

(d) The transition plan must be developed through cooperation among the parties to the child's case and the case manager, and such persons must share any relevant information necessary to develop the transition plan.

(e) The transition plan must, to the extent it is in the best interest for the child:

1. Respect the child's developmental stage and psychological needs.

2. Ensure the child has all of his or her belongings and is allowed to help pack those belongings when age appropriate.

3. Allow for a gradual transition from the current caregiver's home with adequate overlap between the two caregivers, and must permit the child to have a final visitation with everyone important to the child from the current placement, including, but not limited to, pets.

4. Allow, when possible, for continued contact with the previous caregiver and others in the home after removal.

5. Except in an emergency, prohibit a change in placement that occurs between 7 p.m. and 8 a.m.

(f) The department or the community-based care lead agency must file the transition plan with the court within 48 hours after the creation of such plan and provide a copy of the plan to the parties to which notice was provided under paragraph (c).

(6)~~(3)~~ JUDICIAL REVIEW.—At each judicial review, the court shall consider the results of the assessment, the placement decision made for the child, and services provided to the child as required under s. 39.701.

(7)~~(4)~~ DATA COLLECTION.—The department shall collect the following information by community-based care lead agencies and post it on the Department of Children and Families' website. The information is to be updated on January 1 and July 1 of each year.

(a) The number of children placed with relatives and nonrelatives, in family foster homes, and in residential group care.

(b) An inventory of available services that are necessary to maintain children in the least restrictive setting that meets the needs of the child and a plan for filling any identified gap in those services.

(c) The number of children who were placed based upon the assessment.

(d) An inventory of existing placements for children by type and by community-based care lead agency.

(e) The strategies being used by community-based care lead agencies to recruit, train, and support an adequate number of families to provide home-based family care.

(8)~~(5)~~ RULEMAKING.—The department may adopt rules to implement this section.

Section 4. Section 39.525, Florida Statutes, is created to read:

39.525 Child and family teams.—Child and family team meetings may be held when an important decision has to be made about the child's life and must be held when a proposed subsequent placement is not consistent with the placement prioritized for the child as required in s. 39.523(4).

(1) Based on the identified goal of the child and family team meeting, the case manager shall determine which individuals are necessary for that meeting. The team must be as diverse as possible to ensure that the optimal combination of technical skills, cultural knowledge, community resources, and personal relationships is developed and maintained for the child and family.

(2) The child and family team must be led by a trained, skilled facilitator. The facilitator must maintain an environment that is conducive to respectful, productive collaboration and help team members identify the child's and family's strengths.

(3) When possible, and subject to the ability of the facilitator to carry out his or her responsibilities as provided in subsection (2), a child and family team must include all of the following individuals:

(a) The child, if of sufficient age and understanding to participate.

(b) The child's family members and other individuals identified by the family as being important to the child, provided that a parent who has a no contact order or injunction, is alleged to have sexually abused the child, or is subject to a termination of parental rights may not participate.

(c) The child's current caregiver.

(d) The child's case manager.

(e) The child's therapist or other behavioral health professional, when applicable.

(4) The child and family team may also include other professionals, including, but not limited to:

(a) A representative from Children's Medical Services, if Children's Medical Services is involved with the family;

(b) A guardian ad litem, if one is appointed;

(c) The parent's attorney, if applicable.

(d) A representative from the child's school or child care provider who personally knows the child; or

(e) Other community providers of services to the child or parents, when applicable.

(5) The child and family team may also include other individuals associated with and supportive of the child and family, including, but not limited to, relatives, friends, neighbors, coaches or other adult leaders of the child's extracurricular activities, clergy or other members of the family's religious community, coworkers of the parents, or other

individuals whom the family identifies as a potential source of support.

(6) When a child and family team has been convened, the case manager must make every effort to engage extended family and individuals who provide community-based support who will continue supporting the family after the department is no longer involved.

(7) Child and family team meetings must be structured to accomplish the identified goal of the meeting. When developing a plan to implement the identified goal of the meeting, team members must consider all of the following:

(a) Ensuring that a child is safe and is in the least restrictive placement that can meet the child's needs.

(b) Minimizing the trauma associated with separation from the child's family and helping the child maintain meaningful connections with family members and other individuals who are important to the child.

(c) Providing input into the placement decision made by the community-based care lead agency and the services to be provided in order to support the child.

(d) Providing input into the decision to preserve or maintain the placement, including necessary placement preservation strategies.

(e) Contributing to an ongoing assessment of the child and the family's strengths and needs.

(f) Facilitating the timely achievement of permanency for the child.

(8) After a child and family team meeting has occurred, the child's case manager must:

(a) Document in the child's case plan a description of roles, responsibilities, and tasks of team members in carrying out the plan to address the identified goal.

(b) Monitor the plan for progress and ensure that plans are revised or updated as the child's or family's circumstances change.

(c) Notify the court of the reason for the child and family team meeting and action steps to carry out the team's plan to address the identified goal for the child and family.

(9) If the child and family team cannot come to a unanimous consensus on a plan to address the identified goal, the facilitator shall notify the court and the department within 48 hours after the conclusion of the team meeting. The department shall then determine how to address the identified goal of the meeting by what is in the child's best interest.

(10) The identified goal of a child and family team that is convened under s. 39.523(4)(c) must be to recommend what placement would be in the best interest of the child.

(a) At the conclusion of the team meeting, the case manager shall provide a report to the department on the recommended placement and why it is in the best interest of the

child.

(b) If the child and family team cannot come to a unanimous consensus on a placement for the child, the facilitator shall provide a report to the court and department of the concerns and disagreements raised during the team meeting. The department shall determine what placement is in the best interest of the child by considering the concerns raised in the facilitator's report and the factors provided in s. 39.522.

(11) The Florida Institute for Child Welfare established under s. 1004.615 shall provide recommendations to the department on the effective use of child and family teams.

Section 5. Section 39.526, Florida Statutes, is created to read:

39.526 Siblings in out-of-home care.—

(1) Except as provided in s. 39.523(3) and (4), the department or community-based care lead agency shall make reasonable efforts to place siblings with an existing relationship in the same out-of-home placement. Such placement is not required if it is not in the best interest of one of the siblings. The department or community-based care lead agency must document in the child's case file and in the case record face sheet required under s. 39.00146 the reasons that joint placement for the siblings was not able to occur and the reasonable efforts the department will make to provide frequent visitation or other ongoing interaction between the siblings. If

the court finds that visitation or interaction is not in the best interest of one of the siblings, the court shall limit or restrict visitation or interaction between the siblings.

(2) The department or the community-based care lead agency shall, to the extent that it is in each sibling's best interest:

(a) Assign siblings to the same case manager, regardless of when a child enters care.

(b) Provide training to case managers on the importance of preserving sibling connections.

(c) Periodically reassess sibling placement, visitation, and other sibling interaction in cases where siblings are separated, not visiting, or not interacting to determine if a change in placement is warranted, subject to s. 39.523(4).

(d) Place siblings geographically near each other, such as in the same neighborhood or school district, to make it easier for the siblings to see each other regularly, when possible.

(e) Work with caregivers to help maintain or strengthen relationships among separated siblings by:

1. Creating opportunities for siblings to engage in frequent and regular visitation, to be actively involved in each other's lives, and to participate in celebrations, including, but not limited to, birthdays, graduations, holidays, school and extracurricular activities, cultural customs, and other milestones.

2. Utilizing other forms of interaction when regular in-

person meetings are not possible or are not sufficient to meet the needs or desires of the siblings, including but not limited to electronic communication, letters and cards, social media, or telephone calls.

3. Coordinating joint outings or summer or weekend camp experiences to facilitate time together, including, but not limited to, activities or camps specifically designed for siblings residing in out-of-home care.

4. Utilizing joint respite care to assist the caregivers who are caring for separated siblings to have needed breaks while also facilitating interaction among the siblings, including, but not limited to, providing babysitting or respite care for each other.

5. Prohibiting withholding visitation or interaction among the siblings as a form of punishment.

6. Providing a caregiver with information, guidance, training, and support necessary to maintain or strengthen relationships among separated siblings.

7. Promptly providing a child with information as to the location of and contact information for his or her siblings who are under the supervision of the department. If the existence or location of, or contact information for, a child's siblings is not known, the department or community-based care lead agency must make reasonable efforts to ascertain such information.

(3) If it becomes known that a child in out-of-home care

has a sibling of whom the child was previously unaware, the department or community-based care lead agency must determine whether the child's current placement or permanency plan requires modification and whether contact between the siblings would be in the best interests of each child, subject to s. 39.523(4).

Section 6. Subsection (1) of section 39.6035, Florida Statutes, is amended to read:

39.6035 Transition plan.—

(1) During the year ~~180-day period~~ after a child reaches 16 ~~17~~ years of age, the department and the community-based care provider, in collaboration with the caregiver and any other individual whom the child would like to include, shall assist the child in developing a transition plan. The required transition plan is in addition to standard case management requirements. The transition plan must address specific options for the child to use in obtaining services, including housing, health insurance, education, financial literacy, a driver license, and workforce support and employment services. The plan must also include tasks to establish and maintain ~~consider establishing and maintaining~~ naturally occurring mentoring relationships and other personal support services. The transition plan may be as detailed as the child chooses. This plan shall be updated as needed before the child reaches 18 years of age. In developing and updating the transition plan,

the department and the community-based care lead agency ~~provider~~ shall:

(a) Provide the child with the documentation required under ~~pursuant to~~ s. 39.701(3).~~;~~

(b) Coordinate the transition plan with the independent living provisions in the case plan and, for a child with disabilities, the Individuals with Disabilities Education Act transition plan.~~; and~~

(c) Provide information for the financial literacy curriculum for youth offered by the Department of Financial Services.

Section 7. Subsection (3) of section 39.701, Florida Statutes, is amended to read:

39.701 Judicial review.—

(3) REVIEW HEARINGS FOR CHILDREN 16 AND 17 YEARS OF AGE.— At each review hearing held under this subsection, the court shall give the child the opportunity to address the court and provide any information relevant to the child's best interest, particularly in relation to independent living transition services. The foster parent, legal custodian, or guardian ad litem may also provide any information relevant to the child's best interest to the court.

~~(a)~~ In addition to the review and report required under paragraphs (1)(a) and (2)(a), respectively, the court shall:

(a) Inquire about the independent living skills the child

has acquired and whether the independent living services being provided are age appropriate, at the first judicial review hearing subsequent to the child's 16th birthday. At the ~~Hold a~~ judicial review hearing, the department shall provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into foster care, whichever came later ~~within 90 days after a child's 17th birthday~~. For any child who may meet the requirements for appointment of a guardian advocate under s. 393.12, or a guardian under chapter 744, the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad litem; the temporary custodian of the child; and the parent of the child, if the parent's rights have not been terminated. ~~The court shall also issue an order, separate from the order on judicial review, that the disability of nonage of the child has been removed pursuant to ss. 743.044, 743.045, 743.046, and 743.047, and for any of these disabilities that the court finds is in the child's best interest to remove. The court shall continue to hold timely judicial review hearings. If necessary, the court may review the status of the child more frequently during the year before the child's 18th birthday. At each review hearing held under this subsection, in addition to any information or report provided to the court by the foster~~

~~parent, legal custodian, or guardian ad litem, the child shall be given the opportunity to address the court with any information relevant to the child's best interest, particularly in relation to independent living transition services.~~

(b) The court shall hold a judicial review hearing within 90 days after a child's 17th birthday. The court shall issue an order, separate from the order on judicial review, that the disability of nonage of the child has been removed under ss. 743.044, 743.045, 743.046, and 743.047, for any disability that the court finds is in the child's best interest to remove. The department shall include in the social study report for the first judicial review that occurs after the child's 17th birthday written verification that the child has:

1. A current Medicaid card and all necessary information concerning the Medicaid program sufficient to prepare the child to apply for coverage upon reaching the age of 18, if such application is appropriate.

2. A certified copy of the child's birth certificate and, if the child does not have a valid driver license, a Florida identification card issued under s. 322.051.

3. A social security card and information relating to social security insurance benefits if the child is eligible for those benefits. If the child has received such benefits and they are being held in trust for the child, a full accounting of these funds must be provided and the child must be informed as

to how to access those funds.

4. All relevant information related to the Road-to-Independence Program under s. 409.1451, including, but not limited to, eligibility requirements, information on participation, and assistance in gaining admission to the program. If the child is eligible for the Road-to-Independence Program, he or she must be advised that he or she may continue to reside with the licensed family home or group care provider with whom the child was residing at the time the child attained his or her 18th birthday, in another licensed family home, or with a group care provider arranged by the department.

5. An open bank account or the identification necessary to open a bank account and to acquire essential banking and budgeting skills.

6. Information on public assistance and how to apply for public assistance.

7. A clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and the educational program or school in which he or she will be enrolled.

8. Information related to the ability of the child to remain in care until he or she reaches 21 years of age under s. 39.013.

9. A letter providing the dates that the child is under the jurisdiction of the court.

10. A letter stating that the child is in compliance with financial aid documentation requirements.

11. The child's educational records.

12. The child's entire health and mental health records.

13. The process for accessing the child's ~~his or her~~ case file.

14. A statement encouraging the child to attend all judicial review hearings ~~occurring after the child's 17th birthday~~.

15. Information on how to obtain a driver license or learner's driver license.

(c) ~~(b)~~ At the first judicial review hearing held subsequent to the child's 17th birthday, ~~the department shall provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into foster care, whichever came later.~~

~~1. For any child who may meet the requirements for appointment of a guardian pursuant to chapter 744, or a guardian advocate pursuant to s. 393.12, the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad litem; the temporary custodian of the child; and the parent, if the parent's rights have not been terminated.~~

~~2. At the judicial review hearing,~~ if the court determines pursuant to chapter 744 that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child and that no less restrictive decisionmaking assistance will meet the child's needs:

1.~~a.~~ The department shall complete a multidisciplinary report which must include, but is not limited to, a psychosocial evaluation and educational report if such a report has not been completed within the previous 2 years.

2.~~b.~~ The department shall identify one or more individuals who are willing to serve as the guardian advocate under ~~pursuant to~~ s. 393.12 or as the plenary or limited guardian under ~~pursuant to~~ chapter 744. Any other interested parties or participants may make efforts to identify such a guardian advocate, limited guardian, or plenary guardian. The child's biological or adoptive family members, including the child's parents if the parents' rights have not been terminated, may not be considered for service as the plenary or limited guardian unless the court enters a written order finding that such an appointment is in the child's best interests.

3.~~c.~~ Proceedings may be initiated within 180 days after the child's 17th birthday for the appointment of a guardian advocate, plenary guardian, or limited guardian for the child in a separate proceeding in the court division with jurisdiction

over guardianship matters and pursuant to chapter 744. The Legislature encourages the use of pro bono representation to initiate proceedings under this section.

4.~~3.~~ In the event another interested party or participant initiates proceedings for the appointment of a guardian advocate, plenary guardian, or limited guardian for the child, the department shall provide all necessary documentation and information to the petitioner to complete a petition under s. 393.12 or chapter 744 within 45 days after the first judicial review hearing after the child's 17th birthday.

5.~~4.~~ Any proceedings seeking appointment of a guardian advocate or a determination of incapacity and the appointment of a guardian must be conducted in a separate proceeding in the court division with jurisdiction over guardianship matters and pursuant to chapter 744.

(d)~~(c)~~ If the court finds at the judicial review hearing after the child's 17th birthday that the department has not met its obligations to the child as stated in this part, in the written case plan, or in the provision of independent living services, the court may issue an order directing the department to show cause as to why it has not done so. If the department cannot justify its noncompliance, the court may give the department 30 days within which to comply. If the department fails to comply within 30 days, the court may hold the department in contempt.

(e) ~~(d)~~ If necessary, the court may review the status of the child more frequently during the year before the child's 18th birthday. At the last review hearing before the child reaches 18 years of age, and in addition to the requirements of subsection (2), the court shall:

1. Address whether the child plans to remain in foster care, and, if so, ensure that the child's transition plan includes a plan for meeting one or more of the criteria specified in s. 39.6251.

2. Ensure that the transition plan includes a supervised living arrangement under s. 39.6251.

3. Ensure the child has been informed of:

a. The right to continued support and services from the department, ~~and~~ the community-based care lead agency, and the Office of Continuing Care under s. 414.56.

b. The right to request termination of dependency jurisdiction and be discharged from foster care.

c. The opportunity to reenter foster care under ~~pursuant to~~ s. 39.6251.

4. Ensure that the child ~~young adult~~, if he or she requests termination of dependency jurisdiction and discharge from foster care, has been informed of:

a. Services or benefits for which the child ~~young adult~~ may be eligible based on his or her former placement in foster care, including, but not limited to, the assistance of the

Office of Continuing Care under s. 414.56.~~;~~

b. Services or benefits that may be lost through termination of dependency jurisdiction.~~; and~~

c. Other federal, state, local, or community-based services or supports available to him or her.

Section 8. Paragraph (e) of subsection (1) of section 39.806, Florida Statutes, is amended to read:

39.806 Grounds for termination of parental rights.—

(1) Grounds for the termination of parental rights may be established under any of the following circumstances:

(e) When a child has been adjudicated dependent, a case plan has been filed with the court, and:

1. The child continues to be abused, neglected, or abandoned by the parent or parents. The failure of the parent or parents to substantially comply with the case plan for a period of 12 months after an adjudication of the child as a dependent child or the child's placement into shelter care, whichever occurs first, constitutes evidence of continuing abuse, neglect, or abandonment unless the failure to substantially comply with the case plan was due to the parent's lack of financial resources or to the failure of the department to make reasonable efforts to reunify the parent and child. The 12-month period begins to run only after the child's placement into shelter care or the entry of a disposition order placing the custody of the child with the department or a person other than the parent and

the court's approval of a case plan having the goal of reunification with the parent, whichever occurs first; ~~or~~

2. The parent or parents have materially breached the case plan by their action or inaction. Time is of the essence for permanency of children in the dependency system. In order to prove the parent or parents have materially breached the case plan, the court must find by clear and convincing evidence that the parent or parents are unlikely or unable to substantially comply with the case plan before time to comply with the case plan expires; or~~.~~

3. The child has been in care for any 12 of the last 22 months and the parents have not substantially complied with the case plan so as to permit reunification under s. 39.522(3) ~~s. 39.522(2)~~ unless the failure to substantially comply with the case plan was due to the parent's lack of financial resources or to the failure of the department to make reasonable efforts to reunify the parent and child.

Section 9. Section 39.8155, Florida Statutes, is created to read:

39.8155 Reinstatement of parental rights.—

(1) After parental rights have been terminated in accordance with this part, the department, the parent whose rights were terminated, or the child may file a motion to reinstate the parent's parental rights. The court may consider a motion to reinstate parental rights if:

(a) The grounds for termination of parental rights were based on s. 39.806(1)(a) or (e)1.-3.

(b) The parent was not the verified perpetrator of sexual or physical abuse of the child.

(c) The parent has not been a perpetrator involved in any verified reports of abuse, neglect, or abandonment since his or her parental rights for the child were terminated, or the parent has not had his or her parental rights terminated for any other child, under any grounds, in this state or any other jurisdiction.

(d) The child is at least 13 years of age.

(e) The child has not achieved permanency and is not in a preadoptive placement, and at least 36 months have passed since the termination of parental rights.

(2) The court shall dismiss a motion to reinstate parental rights if the criteria are not met in subsection (1).

(3) If a motion to reinstate parental rights is filed, the court shall consider all relevant evidence, including whether:

(a) The child possesses sufficient maturity to express a preference regarding the reinstatement of parental rights.

(b) The child is not in a preadoptive home or under permanent guardianship.

(c) The parent has a documented change in behavior such that, given the current age and maturity of the child, the circumstances that brought the child into care are remedied.

(d) The parent demonstrates sufficient protective capacities, given the child's age, physical and behavioral health, and any other specific characteristics and needs, such that the risk of the child reentering care is low.

(e) Both the parent and child wish to reinstate parental rights.

(f) A child and family team was convened under s. 39.525 and recommends the reinstatement of parental rights and has developed a plan to transition the child to the former parent's care.

(4) Upon finding that the criteria in subsection (3) are established by clear and convincing evidence, the court shall order the department to conduct supervised visitation and trial home visits between the child and former parent for at least 3 consecutive months. The court shall consider the plan developed by the child and family team. The department shall report to the court at least once every 30 days regarding the former parent's interactions with the child and recommend whether the court should reinstate parental rights. The department shall immediately cease the visitation with the former parent if there is an allegation of abuse, neglect, or abandonment of the child by the parent; if the department determines that the child's safety or well-being is threatened; or that such visitation is not in the child's best interest. The department shall immediately notify the court if it ceases visitation between the

child and former parent.

(5) The court may reinstate parental rights upon a finding of clear and convincing evidence that it is in the best interest of the child. Upon ordering reinstatement of parental rights, the court shall place the child in the custody of the former parent with an in-home safety plan. The court shall retain jurisdiction for at least 6 months, during which the department shall supervise the placement and report to the court on the stability of the placement. The court may continue jurisdiction for up to 12 months after it reinstates parental rights.

Section 10. Subsections (5) and (7) of section 409.1451, Florida Statutes, are amended to read:

409.1451 The Road-to-Independence Program.—

(5) DEPARTMENT RESPONSIBILITIES ~~PORTABILITY~~.—

(a) The services provided under this section are portable across county lines and between community-based care lead agencies.

1.~~(a)~~ The service needs that are identified in the original or updated transition plan under~~, pursuant to~~ s. 39.6035 must~~, shall~~ be provided by the lead agency where the young adult is currently residing but shall be funded by the lead agency that ~~who~~ initiated the transition plan.

2.~~(b)~~ The lead agency with primary case management responsibilities shall provide maintenance payments, case planning, including a written description of all services that

will assist a child 16 years of age or older in preparing for the transition from care to independence, as well as regular case reviews that conform with all federal scheduling and content requirements, for all children in foster care who are placed or visiting out-of-state.

(b) Each community-based care lead agency shall at least annually attempt to contact each young adult who has aged out of foster care, who is potentially eligible for continuing care under s. 39.6251 or for the services available under this section, and who is not participating in any of these services. Through this contact, the lead agency shall communicate the continued availability of these programs and the services of the Office of Continuing Care established under s. 414.56. The lead agency shall also inquire into the young adult's needs and refer him or her to other programs that may be of assistance.

(c) Each community-based care lead agency must offer services for intensive life skill development for young adults who have aged out of foster care and have the greatest deficits in life skills.

(7) INDEPENDENT LIVING SERVICES ADVISORY COUNCIL.—The secretary shall establish the Independent Living Services Advisory Council for the purpose of reviewing and making recommendations concerning the implementation and operation of ~~the provisions of~~ s. 39.6251 and the Road-to-Independence Program. ~~The advisory council shall function as specified in~~

~~this subsection until the Legislature determines that the advisory council can no longer provide a valuable contribution to the department's efforts to achieve the goals of the services designed to enable a young adult to live independently.~~

(a) The advisory council shall assess the implementation and operation of the Road-to-Independence Program and advise the department on actions that would improve the ability of the ~~these~~ Road-to-Independence Program services to meet the established goals. The advisory council shall keep the department informed of problems being experienced with the services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of services has achieved. The department shall consider, but is not required to implement, the recommendations of the advisory council.

(b)1. The advisory council shall report to the secretary on the status of the implementation of the Road-to-Independence Program, efforts to publicize the availability of the Road-to-Independence Program, the success of the services under the program, problems identified with the program, and recommendations for department or legislative action~~, and the department's implementation of the recommendations contained in the Independent Living Services Integration Workgroup Report submitted to the appropriate substantive committees of the Legislature by December 31, 2013~~.

2. The department shall submit a report by December 31 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes ~~a summary of the factors reported on by~~ the ~~council and identifies the~~ recommendations of the advisory council and the department's response ~~either describes the department's actions to implement the recommendations or provides the department's rationale for not implementing the recommendations~~. The report must also include the most recent data regarding the status of and outcomes for young adults who turned 18 years of age while in foster care, relating to education, employment, housing, financial, transportation, health and well-being, and connections, and an analysis of such data and outcomes.

(c) Members of the advisory council shall be appointed by the secretary of the department. The membership of the advisory council must include, at a minimum, young adults who receive services and funding through the Road-to-Independence Program, representatives from the headquarters and regional offices of the department ~~of Children and Families~~, community-based care lead agencies, the Department of Juvenile Justice, the Department of Economic Opportunity, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, CareerSource Florida, Inc., the Statewide Guardian Ad Litem Office, foster parents, ~~recipients of services and funding through the Road-to-Independence Program,~~ and

advocates for children in care. The secretary shall determine the length of the term to be served by each member appointed to the advisory council, which may not exceed 4 years.

(d) The advisory council may maintain a committee composed of children currently in care and young adults who aged out of care with which to consult regarding their needs, preferences, and concerns related to preparation for, transition to, and support during independent living.

(e) ~~(d)~~ The department shall provide administrative support to the ~~Independent Living Services~~ advisory council to accomplish its assigned tasks. The advisory council shall be afforded access to all appropriate data from the department, each community-based care lead agency, and other relevant agencies in order to accomplish the tasks set forth in this section. The data collected may not include any information that would identify a specific child or young adult.

~~(e) The advisory council report required under paragraph (b) must include an analysis of the system of independent living transition services for young adults who reach 18 years of age while in foster care before completing high school or its equivalent and recommendations for department or legislative action. The council shall assess and report on the most effective method of assisting these young adults to complete high school or its equivalent by examining the practices of other states.~~

Section 11. Section 409.14515, Florida Statutes, is created to read:

409.14515 Independent living preparation.—The department shall assist children who are in foster care in making the transition to independent living and self-sufficiency as adults. To support opportunities for participation in age-appropriate life skills activities, the department shall:

(1) Identify important life skills that children in out-of-home care should acquire.

(2) Develop a list of age-appropriate activities and responsibilities useful for the development of specific life skills for use by children and their caregivers. The age-appropriate activities must address specific topics tailored to the needs of each child's developmental stage. For young adults, the list of age-appropriate activities must include, but is not limited to, informing the young adult of available independent living services and community resources and how to apply for such services.

(3) Design and disseminate training for caregivers related to building needed life skills. The training must include components that address the challenges of children in foster care in transitioning to adulthood and information on programs for children who are aging out of care under ss. 414.56 and 409.1451, high school completion, applications for financial assistance for higher education, vocational school

opportunities, supporting education, and employment opportunities.

(4) Beginning after the child's 13th birthday, regularly assess the degree of life skills acquisition by each child. The department shall share the results of the assessments with the caregiver and support the caregiver in creating, implementing, monitoring, and revising plans as necessary to address the child's life skills deficits, if any.

(5) Provide opportunities for children in foster care to interact with qualified, trained mentors who are committed to engaging reliably with the child long-term.

(6) Develop and implement procedures for children of sufficient age and understanding to directly access and manage the personal allowance they receive from the department.

Section 12. Subsection (4) of section 409.1454, Florida Statutes, is amended to read:

409.1454 Motor vehicle insurance and driver licenses for children in care.—

(4) Payment shall be made to eligible recipients in the order of eligibility until available funds are exhausted. If a child determined to be eligible reaches permanency status or turns 18 years of age, the program may pay for that child to complete a driver education program and obtain a driver license for up to 6 months after the date the child reaches permanency status or 6 months after the date the child turns 18 years of

age. A child continuing in care under s. 39.6251, or who was in licensed care when the child reached 18 years of age and is currently receiving postsecondary education services and support under s. 409.1451(2), may be eligible to have the costs of licensure and costs incidental to licensure paid if the child demonstrates that such costs are creating barriers for obtaining employment or completing educational goals.

Section 13. Paragraph (a) of subsection (1) of section 409.988, Florida Statutes, is amended to read:

409.988 Community-based care lead agency duties; general provisions.—

(1) DUTIES.—A lead agency:

(a)1. Shall serve:

a. All children referred as a result of a report of abuse, neglect, or abandonment to the department's central abuse hotline, including, but not limited to, children who are the subject of verified reports and children who are not the subject of verified reports but who are at moderate to extremely high risk of abuse, neglect, or abandonment, as determined using the department's risk assessment instrument, regardless of the level of funding allocated to the lead agency by the state if all related funding is transferred.

b. Children who were adopted from the child welfare system and whose families require post-adoption supports.

2. ~~The lead agency~~ May also serve children who have not

been the subject of reports of abuse, neglect, or abandonment, but who are at risk of abuse, neglect, or abandonment, to prevent their entry into the child protection and child welfare system.

Section 14. Section 414.56, Florida Statutes, is created to read:

414.56 Office of Continuing Care.—The department shall establish an Office of Continuing Care to ensure young adults who age out of the foster care system between 18 and 21 years of age, or 22 years of age with a documented disability, have a point of contact until the young adult reaches the age of 26 in order to receive ongoing support and care coordination needed to achieve self-sufficiency. Duties of the office include, but are not limited to:

(1) Informing young adults who age out of the foster care system of the purpose of the office, the types of support the office provides, and how to contact the office.

(2) Serving as a direct contact to the young adult in order to provide information on how to access services to support the young adult's self-sufficiency, including, but not limited to, food assistance, behavioral health services, housing, Medicaid, and educational services.

(3) Assisting in accessing services and supports for the young adult to attain self-sufficiency, including, but not limited to, completing documentation required to apply for

services.

(4) Collaborating with community-based care lead agencies to identify local resources that can provide support to young adults served by the office.

(5) Remaining in contact with young adults who age out of the foster care system until the young adult reaches the age of 26 in order to assist them in accessing the supports needed to be self-sufficient.

Section 15. The Florida Institute for Child Welfare established under s. 1004.615 shall:

(1)(a) Evaluate the effectiveness of the state's efforts to assist young adults in foster care in developing independent living skills. The Florida Institute for Child Welfare shall consult with the Institute for Food and Agricultural Services Extension Program at the University of Florida in conducting its evaluation.

(b) The evaluation shall, at a minimum:

1. Describe current requirements for caregivers to assist young adults in acquiring independent living skills, the information and available supports provided to caregivers for doing so, and the actual level of engagement in these efforts by caregivers.

2. Specify methods and measures used to determine if young adults have acquired or developed adequate independent living skills and how that information is used to support independent-

living skill development for individual young adults.

3. Describe outcomes on a statewide basis, as well as by individual community-based care lead agency, and describe how this information is currently being used to improve performance.

4. Identify best practices for helping young adults in foster care develop independent living skills and compare the state's current approach to the best practices.

5. Specify any barriers that may prevent young adults from becoming self-sufficient.

6. Evaluate whether the state's current approach to developing independent living skills for young adults in foster care is adequate, and recommend any changes to enhance the effectiveness of the state's approach to prepare young adults for self-sufficiency. Any recommendations must prioritize maintaining the state's current approach of primarily relying on caregivers to assist young adults in developing life skills, and recommend that such efforts be part of everyday life experiences to the extent possible.

7. Include the input of young adults who are currently in foster care and young adults who were previously in foster care. The Florida Institute for Child Welfare shall attempt to interview young adults who are currently in foster care and young adults who were previously in foster care on their experiences with the state's approach to preparing them for adulthood, whether the independent living skills provided were

age appropriate or helpful, and what recommendations they have to improve the state's approach in preparing young adults in foster care for adulthood.

(c) The Florida Institute for Child Welfare shall submit its evaluation by November 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

(2)(a) Analyze permanency outcomes in the state. The analysis shall include, at a minimum, all of the following:

1. The frequency of permanency outcomes, both long-term and within 2 years of entering foster care, and the differences observed when data are disaggregated by the child's age at entry into foster care.

2. The length of time before parental rights are terminated, disaggregated by the child's age at entry into foster care.

3. The frequency of permanency outcomes for children whose parents have had their parental rights terminated, the length of time before permanency is achieved, and the differences in the type of permanency and length of time it took to achieve permanency, disaggregated by age of the child when parental rights were terminated.

4. The patterns, indicated by the analysis, regarding the length of time it took to achieve permanency, the types of permanency outcomes experienced by children entering foster care

at different ages, and how the types of permanency vary based on the status of the rights of the parents' of the children.

(b) The Florida Institute for Child Welfare shall submit its report by October 1, 2022, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Section 16. This act shall take effect October 1, 2021.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 7039 PCB CFS 21-01 Child Welfare
SPONSOR(S): Children, Families & Seniors Subcommittee, Altman
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Children, Families & Seniors Subcommittee	17 Y, 0 N	Woodruff	Brazzell
1) Health Care Appropriations Subcommittee		Fontaine	Clark
2) Health & Human Services Committee			

SUMMARY ANALYSIS

The Department of Children and Families (DCF) mission is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. DCF must also deliver services by contract through private providers, including community-based care lead agencies (CBCs) delivering child welfare services and managing entities (MEs) delivering behavioral health services.

Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline (hotline) and child protective investigations. DCF and CBCs work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children. Current law requires everyone to report known or suspected child abuse or neglect and subjects a person to penalties for failing to report. Except as provided in ch. 39, F.S., DCF must keep confidential all records relating to any reports of child abuse, abandonment, or neglect, including any report made to the hotline and all records generated because of such report.

The bill makes several changes related to DCF contracts with CBCs and MEs to increase transparency regarding salaries and use of funding and address conflicts of interest. The bill also creates a process for an alternative plan for providing community-based services if DCF cannot competitively contract with a CBC in a service area.

The bill reorganizes, relocates, and amends current law related to the hotline by separating provisions on the hotline's operation and maintenance from those related to reporting requirements, adding an animal control officer or agent to those who must disclose his or her name when making a report, and requiring DCF to comply with new requirements relating to reports of juvenile sexual abuse or a child who has exhibited inappropriate sexual behavior. The bill also includes the Agency for Health Care Administration as an agency permitted to receive reports of abuse and neglect and requires DCF to grant access to confidential and exempt records to a legislative committee within seven days, upon request.

The bill increases supports for foster parents and kinship caregivers by requiring DCF to establish a Foster Information Center. It also allows the Office of Criminal Conflict and Civil Regional Counsels to establish a multidisciplinary legal representation model program to serve families who are in the dependency system as long as the program meets certain requirements.

The bill includes in statute a description of children's advocacy center services and specifies that critical incident rapid response teams can include an expert in sexual abuse for certain cases.

The bill also makes changes to statute to align with federal requirements regarding Title IV-E funding.

The bill has an indeterminate fiscal impact on state government and no impact on local government. The bill provides an effective date of July 1, 2021.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Department of Children and Families

The Department of Children and Families (DCF) mission is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.[1] DCF must develop a strategic plan to fulfill its mission and establish measureable goals, objectives, performance standards, and quality assurance requirements to ensure the department is accountable to taxpayers.[2]

Under s. 20.19(4), F.S., DCF must provide services relating to:

- Adult protection.
- Child care regulation.
- Child welfare.
- Domestic violence.
- Economic self-sufficiency.
- Homelessness.
- Mental health.
- Refugees.
- Substance abuse.

DCF must also deliver services by contract through private providers to the extent allowed by law and funding.[3] These private providers include community-based care lead agencies (CBCs) delivering child welfare services and managing entities (MEs) delivering behavioral health services.

Florida's Child Welfare System

Chapter 39, F.S., creates the dependency system charged with protecting child welfare. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. DCF and CBCs work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.

DCF's practice model is based on the safety of the child within the home by using in-home services, such as parenting coaching and counseling, to maintain and strengthen that child's natural supports in his or her environment.

DCF contracts for case management, out-of-home services, and related services with CBCs. The outsourced provision of child welfare services is intended to increase local community ownership of service delivery and design. CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.

[1] S. 20.19(1), F.S.
[2] *Id*.
[3] *Id*.

DCF remains responsible for a number of child welfare functions, including operating the central abuse hotline.[4] Ultimately, DCF is responsible for program oversight and the overall performance of the child welfare system.[5]

Dependency System Process

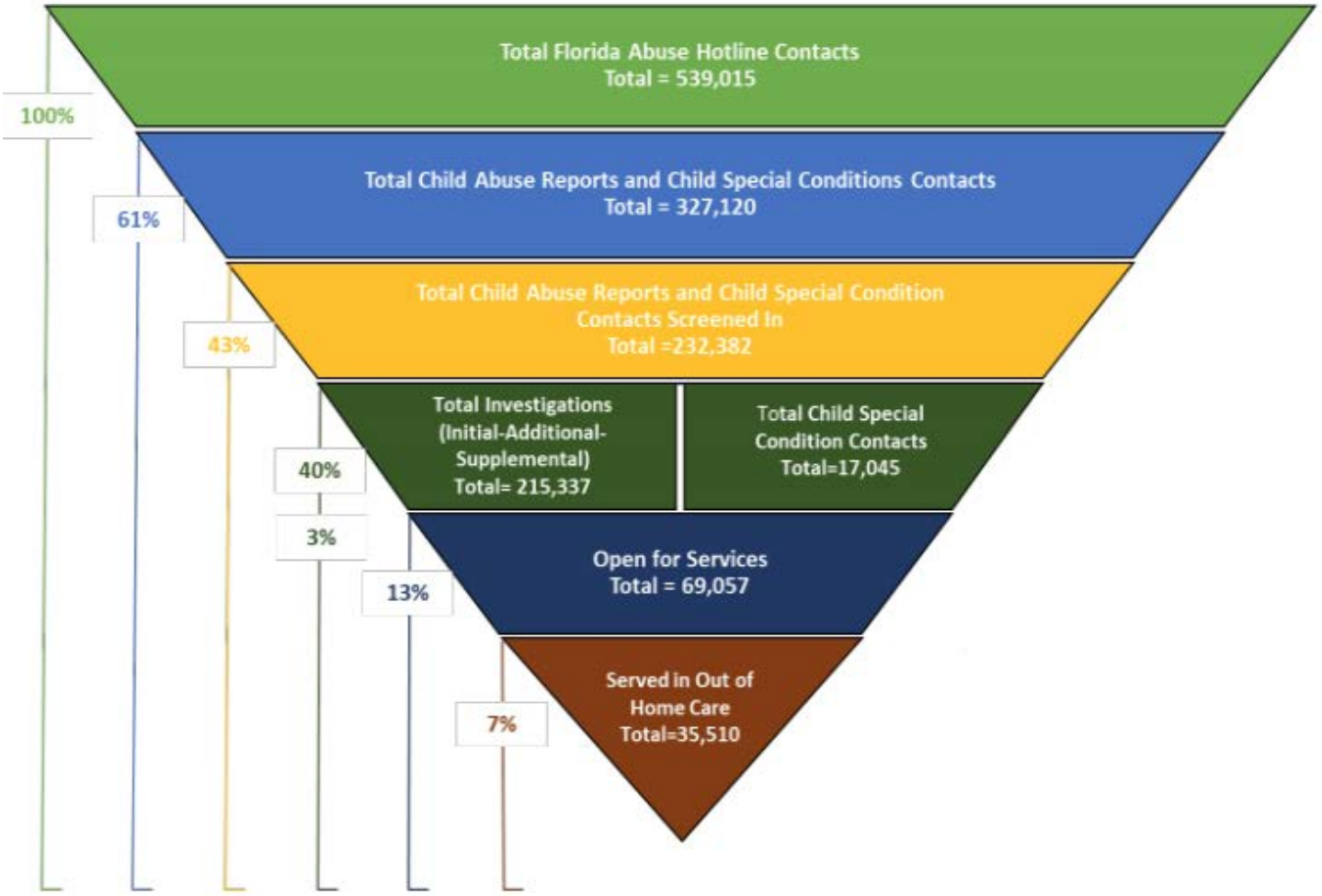
When a child is in danger of, or has suffered from, abuse, abandonment or neglect, the dependency system is set up to protect the child's welfare. The dependency process includes, among other things:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning to address the problems resulting in the child's dependency.
- Reunification with the child's parent or another option to establish permanency, such as adoption.

Central Abuse Hotline

DCF operates the Florida central abuse hotline (hotline), which accepts reports 24 hours a day, seven days a week, of known or suspected child abuse, abandonment or neglect.[6] Statute mandates any person who knows or suspects that a child is abused, abandoned, or neglected to report such knowledge or suspicion to the hotline.[7] A child protective investigation begins if the hotline determines the allegations meet the statutory definition of abuse, abandonment or neglect.[8] A child protective investigator either verifies,[9] does not substantiate,[10] or finds no indicators of abuse or neglect after a child protective investigation.[11] When a report made to the hotline does not allege abuse, neglect, or abandonment, DCF refers the reporter to other organizations that may better resolve the reporter's concerns. The following graphic displays the total number of hotline reports, how many reports were accepted for an investigation and how many children were served, either in-home or out-of-home, after an investigation during FY 2019-20.[12]

[4] OPPAGA, report 06-50.
[5] *Id*.
[6] S. 39.201(5), F.S.
[7] S. 39.201(1)(a), F.S.
[8] S. 39.201(2)(a), F.S.
[9] "Verified" findings are when a preponderance the evidence results in a determination the specific harm or threat of harm was the result of abuse, abandonment or neglect. These findings require the investigator to take action to protect the child. *See* Florida Department of Children and Families, CF Operating Procedure No. 170-5.
[10] "Not substantiated" findings result from an investigation when there is credible evidence which does not meet the standard or being a preponderance to support that the specific harm was the result of abuse, abandonment, or neglect. *See* Florida Department of Children and Families, CF Operating Procedure No. 170-5.
[11] "No indicators" findings result when there is no credible evidence to support the allegations of abuse, abandonment, or neglect. *See* Florida Department of Children and Families, CF Operating Procedure No. 170-5.
[12] Florida Department of Children and Families, *Child Welfare Key Indicators Monthly Report* (Feb. 2021), http://centerforchildwelfare.fmhi.usf.edu/qa/cwkeyindicator/KI_Monthly_Report_Feb%202021.pdf (last visited Mar. 11, 2021).



The hotline must operate in a manner that will allow DCF to:

- Immediately identify prior cases or reports through utilizing a tracking system.
- Monitor and evaluate the effectiveness of DCF's reporting and investigation program through the development and use of statistical and other information.
- Track critical steps in the investigative process to ensure compliance with all reporting requirements.
- Collect, analyze, and produce statistical reports, including an aggregate report on patterns of child abuse, abandonment, and neglect, including child-on-child sexual abuse.
- Prepare separate reports, as required under s. 39.201(4)(d), F.S., of child abuse and sexual abuse which are reported from or occurred on the campus of any Florida College System institution,[13] state university,[14] or nonpublic college, university, or school, as defined in ss. 1000.21 and 1005.02, F.S.
- Provide resources for the evaluation, management, and planning of preventive and remedial services for children who are have been subject to abuse, abandonment, or neglect.
- Initiate and enter into agreements with other states to gather and share information contained in reports on child maltreatment.[15]

[13] S. 1000.21(3), F.S., provides "Florida College System institution" except as otherwise specifically provided, includes a list of specified public postsecondary educational institutions in the Florida College System and any branch campuses, centers, or other affiliates of the institution, including, for instance, Eastern Florida State College, which serves Brevard County, and Broward College, which serves Broward County.

[14] S. 1000.21(6), F.S., provides "State University", except as otherwise specifically provided, includes a list of specified institutions and any branch campuses, centers, or other affiliates of the institution, including, for instance, The University of Florida, The Florida State University and The Florida Agricultural and Mechanical University.

[15] S. 39.201(4)(a) to (f), F.S.

Information received by the hotline may not be used for employment screening except in specified instances.[16] As part of DCF's quality assurance program, it must review hotline reports to analyze when there are three or more unaccepted reports to identify patterns and initiate a case for investigation, if warranted.[17]

Current law requires an individual to make a report to the hotline if he or she knows or has reasonable cause to suspect that:

- A child has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare or that a child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care;[18]
- A child has been abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare;[19] or
- A child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender.[20]

Florida law provides exceptions to reporting requirement in specified circumstances:[21]

- Professionals who are hired or contracted with DCF to provide treatment or counseling services to a child that are the subject of the abuse, abandonment, or neglect;[22]
- An officer or employee of the judicial branch when the child is currently being investigated, is the subject of an existing dependency case, or the matter has previously been reported to the DCF;[23] or
- An officer or employee of law enforcement when the incident under investigation was reported to the law enforcement by the hotline.[24]

Chapter 39, F.S., does not require a reporter to disclose his or her identity to the hotline, but hotline personnel receive training in encouraging them to do so.[25] However, there are specified reporters that must disclose his or her name, including:

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons.
- Health or mental health processional other than those listed above.
- Practitioner who relies solely on spiritual means for healing.
- School teacher or other school official or personnel.
- Social worker, day care center worker, or other professional childcare, foster care, residential, or institutional worker.
- Law enforcement officer.
- Judge.[26]

DCF is required to have technology, which allows it to obtain the number from which the reporter calls or faxes the report, or the internet protocol address from which the report is made.[27] Reporter names

[16] S. 39.201(6), F.S.
[17] S. 39.201(7), F.S.
[18] S. 39.201(1)(a), F.S.
[19] S. 39.201(1)(b), F.S.
[20] S. 39.201(1)(c), F.S.
[21] S. 39.201(1)(g), F.S., provides that nothing in ch. 39, F.S., may be construed to remove or reduce any person's reporting requirement, including any employee of a community-based care provider.
[22] S. 39.201(1)(e), F.S.
[23] S. 39.201(1)(g), F.S.
[24] S. 39.201(1)(h), F.S.
[25] S. 39.201(2)(h), F.S.
[26] S. 39.201(1)(d), F.S.
[27] S. 39.201(2)(h), F.S.

and numbers are entered into the record of the report, but are held confidential.[28] Hotline counselors must inform reporters about these confidentiality provisions.[29]

Any person who is required to report or investigate child abuse, abandonment or neglect cases and who has reasonable cause to suspect that a child died as a result of such treatment must report his or her suspicion to the medical examiner, who must accept the report for investigation and report his or her findings to designated agencies.[30] Autopsy reports are not subject to confidentiality requirements provided for in s. 39.202, F.S.[31]

A report to the hotline is the first step in the safety assessment and investigation process.[32] The type of alleged abuse and whether the allegation is against a parent, legal custodian, caregiver, or other person responsible for the child's welfare will determine the steps that DCF is required to take.[33]

When allegations are made against a parent, legal custodian, caregiver,[34] or other person responsible for the child's welfare,[35] the hotline counselor must assess whether the report meets the statutory definition of abuse, abandonment, or neglect.[36] If they do, the report is accepted for a protective investigation.[37] All reports made by an emergency room physician must be investigated.[38] At the same time, DCF makes a determination regarding the timeline for which a protective investigation must be initiated. An investigation must be commenced within 24 hours in all child abuse, abandonment, or neglect cases, unless it requires an immediate investigation.[39] An immediate investigation is required if:

- It appears the child's immediate safety or well-being is endangered;
- The family may flee or the child will be unavailable for purposes of conducting a child protective investigation; or
- The facts otherwise so warrant.[40]

There are instances when DCF is required to immediately refer the report to local law enforcement,[41] and other instances when DCF is required to offer voluntary community services.[42] DCF has other specific requirements with respect to reports including:

- Reports involving juvenile sexual abuse or a child who has exhibited inappropriate sexual behavior, including to:
    - Immediately electronically transfer the report to the appropriate county sheriff's office.
    - Conduct an assessment and assist the family with receiving appropriate services.

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[28] *Id. See also* s. 39.202, F.S., which is discussed in more detail below. Section 39.201(2)(i), F.S., provides that the DCF must record all incoming and outgoing calls to the hotline, and must keep an electronic copy which must only be disclosed to law enforcement, state attorney, or the DCF for purposes of conducting investigations pursuant to s. 39.205, F.S., or s. 39.206, F.S., respectively.
[29] *Id.*
[30] S. 39.201(3), F.S.
[31] *Id.*
[32] S. 39.201(4), F.S.
[33] *See* S. 39.201(2)(a) and (b), F.S.
[34] S. 39.01(10), F.S., defines "caregiver" as the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare as defined in subsection (54).
[35] S. 39.01(54), F.S., defines "other person responsible for a child's welfare" to include the child's legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice, with exceptions of specified personnel working in their official capacity. Section 39.201(2)(f), F.S., requires reports of known or suspected institutional child abuse or neglect to be made in the same manner as other reports under s. 39.201, F.S.
[36] S. 39.201(2)(a), F.S.
[37] *Id.*
[38] S. 39.201(2)(l), F.S.
[39] S. 39.201(5), F.S.
[40] *Id*.
[41] *See* s. 39.201(2)(b) and (e), F.S., which provides that reports of abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, and reports involving impregnation of a child under 16 years old by a person 21 years of age or older, must be immediately reported to the appropriate county sheriff.
[42] *See* s. 39.201(2)(a), F.S., which permits the hotline to accept a call from a parent or legal custodian seeking assistance which does not meet one of these statutory definitions to prevent a future risk of harm to a child and the DCF may provide voluntary community services if a need for them exists.

    - Submit a written report within 48 hours to county sheriff's office.
    - Inform the court of the allegations if the child is in the custody or under the protective supervision of the DCF.
- Reports of abuse, abandonment, or neglect which occur out-of-state and the alleged perpetrator and victim child are out of state.[43]
- Reports of a surrendered newborn infant.[44, 45]

Confidentiality of Reports

Except as provided in ch. 39, F.S., DCF must keep confidential all records relating to any reports of child abuse, abandonment, or neglect, including any report made to the hotline and all records generated as a result of such report.[46] DCF and any entity granted access to such records are exempt from the public disclosure requirements in s. 119.07(1), F.S.

Section 39.202(2), F.S., provides that copies of reports and records, except for the reporter's name and other identifying information, may be disclosed, to the following entities or individuals:

- Employees, authorized agents, or contract providers of DCF, the Department of Health, the Agency for Persons with Disabilities, the Office of Early Learning, or county agencies responsible for carrying out certain functions.
- Criminal justice agencies of appropriate jurisdictions.
- The state attorney of the judicial circuit in which the child resides or in which the alleged abuse or neglect occurred.
- The parent or legal custodian of any child and their attorneys, including any attorney representing a child in a civil or criminal proceedings.
- Any person alleged to have caused the child's abuse, abandonment, or neglect.
- An appropriate official of DCF or the Agency for Persons with Disabilities who is responsible for carrying out certain functions.

Chapter 39, F.S., does not address whether the legislative committees may have access to the confidential reports or records. Section 11.143(2), F.S., however, provides that each committee has the right and authority to inspect and investigate the books, records, papers, documents, data, and operation of any public agency in Florida, including confidential information, to carry out its duty.

Penalties for Failing to Report

Current law subjects a person to penalties for failing to report known or suspected child abuse, abandonment, or neglect, or for willfully preventing another person from making such report.[47] Any person who violates this law commits a third degree felony.[48]

Florida law also provides that a person who is 18 years of age or older and lives in the same house as a child who is known or suspected to be a victim of child abuse, neglect, or aggravated child abuse,

[43] S. 39.201(2)(d), F.S., provides that unless the child is currently being evaluated in a medical facility in Florida, the hotline must not accept the report but is required to transfer the information to the appropriate state or country. If the child is being currently evaluated in a medical facility in Florida, the hotline must accept the report or call for an investigation and transfer the information to the appropriate state or country.
[44] S. 383.50, F.S., provides that "newborn infant" means a child who a licensed physician reasonably believes is approximately 7 days old or younger at the time the child is left at a hospital, emergency medical services station, or fire station.
[45] S. 39.201(2)(g), F.S., provides that the DCF must make and receive reports of surrendered newborn infants, refer the caller to a licensed child-placing agency on a rotating basis, and comply with the requirements under s. 39.395, F.S., including, in part, immediately beginning an investigation if there is evidence of any abuse or neglect beyond the child being left at one of the designated facilities; if there is no other evidence, the report will not be considered abuse, abandonment or neglect under ch. 39, F.S.
[46] S. 39.202(1), F.S.
[47] S. 39.205(1), F.S.
[48] S. 39.205(1), F.S. A third degree felony is punishable by up to five years imprisonment and up to a $5,000 fine. Sections 775.082, 775.083, and 775.084, F.S.

and knowingly and willfully fails to report the child abuse commits a third degree felony, unless the court finds that the person is a victim of domestic violence or that other mitigating circumstances exist.[49]

Educational entities, including Florida College System institutions, state universities, or nonpublic colleges, universities or schools, and their administrators, are also subject to penalties for failing to report child abuse, neglect or abandonment.[50] These schools or their administrators who knowingly and willfully, upon receiving information from faculty, staff, or other institution employees, fail to report known or suspected child abuse, abandonment, or neglect committed on the property of the school or during an event sponsored by the school, or who knowingly and willfully prevents another person from doing so, are subject to fines of $1 million for each such failure.[51]

Current law provides the Education Practices Commission (EPC) with authority to discipline specified instructional personnel[52] and school administrators[53] in various circumstances.[54] The EPC may, for instance, suspend the educator certificate for up to 5 years which would deny him or her the right to teach or be employed in any capacity by a district school board or public school that would require direct contact with students for that time period.[55] There are a number of circumstances that are grounds for suspending an educator certificate.[56]

Florida law is currently silent on whether the EPC must suspend an instructional personnel's or school administrator's educator certificate for failing to report child abuse, abandonment, or neglect as required under s. 39.201, F.S.

Child Protective Investigations

DCF conducts a child protective investigation if a hotline report meets the statutory definition of child abuse, abandonment, or neglect. An investigation must be commenced immediately or within 24 hours after the report is received, depending on the nature of the allegation.[57] The child protective investigator assesses the safety and perceived needs of the child and family, and if services are needed, whether the child should receive in-home or out-of-home services.

Institutional Child Abuse, Abandonment, or Neglect

Institutional child abuse or neglect includes situations of known or suspected child abuse in which the person allegedly perpetrating the child abuse or neglect is an employee of a public or private school, public or private day care center, residential home, institution, facilitator, or agency or any other person at such institution responsible for the child's welfare.[58] Under current law, DCF must conduct a child protective investigation of any report of institutional child abuse, abandonment, or neglect.[59] Upon receipt of such report, DCF must initiate an investigation within the time provided in s. 39.201(5), F.S.,

[49] S. 39.205(2), F.S.
[50] S. 39.205(3), F.S.
[51] *Id.* Current law also provides that any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02, whose law enforcement agency fails to report known or suspected child abuse, abandonment, or neglect committed on the property of such schools or during an event sponsored by such schools are subject to fines of $1 million for each such failure to report. Section 39.205(4), F.S.
[52] S. 1012.01(2), F.S., defines "instructional personnel" as any K-12 staff member whose function includes the provision of direct instructional services to students. Instructional personnel also includes K-12 personnel whose functions provide direct support in the learning process of students. Instructional personnel include a specified list of personnel of K-12.
[53] S. 1012.01(3)(c), F.S., provides that "school administrators" include 1. school principals or school directors who are staff members performing the assigned activities as the administrative head of a school and to whom have been delegated responsibility for the coordination and administrative direction of the instructional and noninstructional activities of the school. This classification also includes career center directors and assistance principals who are staff members assisting the administrative head of the school. This classification also includes assistant principals for curriculum and administration.
[54] S. 1012.795(1), F.S.
[55] *Id.*
[56] See s. 1012.795(1), F.S., for a list of circumstances.
[57] S. 39.301(1), F.S.
[58] S. 39.01(37), F.S.
[59] S. 39.302(1), F.S.

and must notify the state attorney, law enforcement agency, and licensing agency that must conduct a joint investigation, unless independent investigations are more feasible.[60]

DCF must give each agency who is conducting a joint investigation full access to the information it has gathered and provide an oral and written report to the state attorney.[61] The state attorney must also provide DCF with a copy of its report and conclusion on whether prosecution is justified and appropriate within 15 days after the investigation is completed.[62]

If the person who is the subject of the report constitutes a threatened harm to the welfare of children by continued contact with them, DCF may restrict his or her access by the least restrictive means necessary to ensure the children's safety which may be effective, for no more than 90 days without a judicial review.[63] The subject may petition the court for a judicial review, and the court would be required to make specified findings.[64] Upon completion of its protective investigation, DCF may motion the court to continue the restrictive action against the subject to ensure the children's safety.[65]

Critical Incident Rapid Response Team

In 2014, the Legislature created critical incident rapid response teams (CIRRT) to identify root causes and to quickly determine any necessary changes needed to existing policies and practices related to child protection and welfare.[66] The CIRRT must immediately investigate certain child deaths or other serious incidents.[67] The CIRRT is required to immediately respond to conduct an onsite investigation for any child deaths reported to DCF if the child or another child in the family was the subject of a verified report of suspected abuse or neglect during the previous 12 months.[68] DCF's secretary has the discretion to direct an immediate investigation for other cases involving death or serious injury to a child.[69]

Florida law outlines the duties and composition of the teams, which require cooperative agreements with other entities and organizations to facilitate the teams' work.[70] DCF is required to develop guidelines and provide training to the CIRRT, and direct them to conduct a root-cause analysis for each incident.[71] In addition, DCF's secretary is directed to appoint an advisory committee to conduct an independent review of the CIRRT reports and submit quarterly reports to DCF's secretary, who is required to provide the reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives.[72]

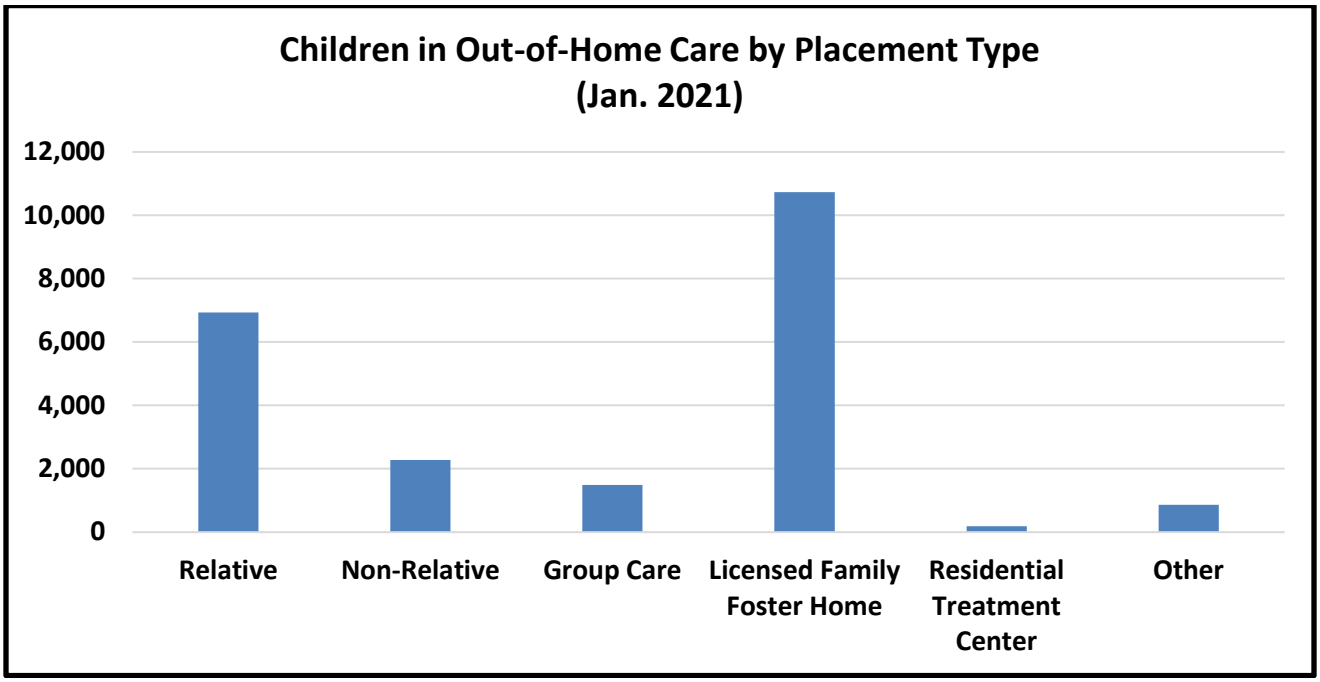
This section also requires that the reports of the team be published on the DCF website.[73] In 2021, the CIRRT began investigations of four deaths of children who have verified prior reports of the child or family in the past 12 months.[74] Of the four investigations, a 1 ½ year old child's cause of death was

[60] *Id.*
[61] *Id.*
[62] S. 39.302(1), F.S.
[63] S. 39.302(2)(b), F.S.
[64] *Id.*
[65] *Id.*
[66] S. 39.2015(1), F.S.
[67] *Id.*
[68] S. 39.2015(2), F.S.
[69] *Id.*
[70] S. 39.2015(7), F.S.
[71] S. 39.2015(10), F.S.
[72] S. 39.2015(11), F.S.
[73] S. 39.2015(9), F.S.
[74] Florida Department of Children and Families, *Total Child Fatalities with a Critical Incident Rapid Response Team Response in 2021: 4*, https://www.myflfamilies.com/childfatality/cirrtresults.shtml?minage=0&maxage=18&year=2021&cause=&prior12=&verified (last visited Mar. 10, 2021).

determined to be drowning but the report is pending,[75] The other three children's death remain under investigation.[76]

Out-of-Home Placements

When children cannot safely remain at home with parents, Florida's child welfare system finds safe out-of-home placements for children. As of January 21, 2021, there were 22,473 children in out-of-home care.[77] After a placement assessment to determine the most appropriate out-of-home placement, a child may be placed with a relative, fictive kin, licensed foster parent, in a group home or residential setting.[78] The graph below provides information on the out-of-home placements of children in the child welfare system.[79]



Licensed Family Foster Homes

Children who are receiving care out-of-home can be placed in a foster home with foster parents licensed by CBCs or its subcontractors. As part of the licensure process, all prospective caregivers must complete criminal background checks before a child is placed in their care.[80] As of January 2021, there were 8,493 licensed foster homes in Florida.[81]

Foster parents care for the children placed in their home and serve as role models for the biological parents working to reunify with their children. To qualify as a potential foster parent, applications must go through a rigorous interview process, complete a training program, and participate in a home inspection and background check.[82]

[75] *Id.*
[76] *Id.*
[77] *Supra* note 12, p. 31.
[78] R. 65C-28.004, F.A.C.
[79] *Id.*
[80] S. 39.0138, F.S.
[81] Florida Department of Children and Families, *Child Welfare, Placement in Out-of-Home Care Data*, https://www.myflfamilies.com/programs/childwelfare/placement.shtml#2 (last visited Mar. 11, 2021).
[82] Florida Department of Children and Families, *How Do I Become a Foster Parent*, https://www.myflfamilies.com/service-programs/foster-care/how-do-I.shtml

Section 409.1415, F.S., provides for parenting partnerships among caregivers and birth or legal parents when children are in out-of-home care to provide quality support and encourage reunification. DCF and CBCs are required to support parenting partnerships when it is safe and in the child's best interest by taking specific steps to facilitate, develop plans, and support contact between caregivers and birth or legal parents.[83] Section 409.1415(2)(b), F.S., requires DCF, CBCs, caregivers, and birth or legal parents to work cooperatively and comply with specified requirements.

Section 409.1453, F.S., requires DCF in collaboration with the Florida Foster and Adoptive Parent Association (FAPA)[84] and the Quality Parenting Initiative (QPI)[85] to design training for caregivers on life skills necessary for youth in out-of-home care. This section of law was enacted in 2013 as part of the bill establishing extended foster care and postsecondary services and supports programs.

In September 2020, DCF launched Florida's Foster Information Center. It is staffed by current or former foster parents to answer questions and provide guidance to individuals interested in becoming foster parents. By the end of October 2020, 747 individuals inquired about fostering, and of those, 413 prospective foster parents were connected with their local licensing specialist to discuss next steps.[86]

Section 409.175, F.S., limits the total number of children that can be placed in each licensed family foster home. The total number of children placed in each home is based on the recommendation of DCF or CBC based on the:

- Needs of each child in care.
- Ability of the foster family to meet the individual needs of each child, including any adoptive or biological children or young adults remaining in foster care living in the home.
- Amount of safe physical plant space.
- Ratio of active and appropriate adult supervision.
- Background, experience, and skills of the family foster parents.[87]

If the total number of children in a family foster home will exceed five, including the family's own children, an assessment of each child to be placed in the home must be completed and approved prior to placement of any additional children in the home.[88] Federal language allows for six children to be placed in a family foster home excluding the foster parents own children, prior to being considered for an over-capacity assessment.[89] Federal law only allows a home to exceed its capacity to allow:

- A parenting youth in foster care to remain with the child of the parenting you.
- Siblings to remain together.
- A child with an established meaningful relationship with the family to remain with the family.
- A family with special training or skills to provide care to a child who has a severe disability.[90]

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[83] S. 409.1415(2)(a), F.S.

[84] FAPA is a membership organization for foster, adoptive, and other caregivers in Florida. Its aim is to educate caregivers and parents, and promote a spirit of cooperation of all entities involved in the child welfare system. FAPA provides support and resources to caregivers to help develop healthy families. Florida Department of Children and Families, *Foster Care*, https://www.myflfamilies.com/service-programs/foster-care/support-fostering.shtml. Florida FAPA, About Florida FAPA, http://floridafapa.org/about-us/ (all sites last visited Mar. 10, 2021).

[85] The QPI is a national movement for foster care change which focuses on creating a system that gives parents the tools to provide excellent parenting every day. The QPI system requires the support and involvement of birth families, relative caregivers, foster families, young people, and others in the child welfare system. It consists of a network of states, including Florida, as well as counties and private agencies that are committed to ensuring all children in care have excellent parenting and lasting relationships so they can thrive and grow. Florida implement this program as a pilot in 2008. The QPI, *What is QPI*, Jan. 2021, https://www.qpi4kids.org/what-is-qpi/; The QPI Florida, *No Place Like Home*, October 22, 2010, http://centerforchildwelfare.fmhi.usf.edu/qpi1/docs/ReviewOfQPI2011.pdf. Florida Department of Children and Families, *Independent Living, The Quality Parenting Initiative, Frequently Asked Questions*, https://www.myflfamilies.com/service-programs/independent-living/myfuturemychoice-fp-faqs.shtml (all sites last visited Mar. 10, 2021).

[86] Email from Florida Department of Children and Families, *DCF Secretary Chad Poppell Outlines Transformative Successes Achieved Under Governor Ron DeSantis' Leadership in 2020* (Dec, 23, 2020)(on file with the Children, Families, Seniors Subcommittee staff).

[87] S. 409.175(3)(a), F.S.

[88] S. 409.175(3)(b), F.S.

[89] 42 U.S.C. §672(c)(1)(A)(III)

[90] 42 U.S.C. §(c)(1)(B)

Residential Group Care

DCF licenses residential group care (RGC) placements as residential child-caring agencies[91] that provide staffed 24-hour care for children in facilities maintained for that purpose.[92] These include maternity homes, runaway shelters, group homes, and emergency shelters.[93] As of January 2021, 1,406 children were in a RGC placement.[94]

An employee of a residential group home must meet the same background screening requirements under 39.0138, F.S., and the level 2 screening standards for screening under ch. 435, F.S.[95] An employee of a residential group home who works directly with a child as a caregiver must meet, at minimum, the same education, training, background, and other screening requirements as caregivers in family foster homes.[96]

The Children's Bureau within the United States Department of Health and Human Services conducted a technical assistance review of DCF in November 2018, showing that several cases failed the review due to a lack of complete background screenings of employees in group homes.[97] If the review would have been an actual audit, the assessed penalties would have been approximately $2 million.[98] In response, DCF developed a corrective action plan.[99] One requirement for foster parents' background screening entails "911 calls to service" (report on the number of times law enforcement responds to a call) to a foster parent's home. Children in group care settings are not located at the employee's home; therefore, their home is not a safety factor like it would be in a foster home.

A decrease in workload for law enforcement and delays in completing the requested checks could result by eliminating the "911 calls to service" for group care providers. In addition, DCF could increase compliance with employee screening of group homes.

Residential Treatment Centers

Residential Treatment Centers (RTCs) are licensed by the Agency for Health Care Administration (AHCA) under s. 394.875, F.S., and include hospitals licensed under ch. 395, F.S., that provide residential mental health treatment.

Section 39.407(6), F.S., authorizes DCF to place a child who is in its custody in an RTC or a hospital for residential mental health treatment under certain circumstances and allows the court to place the child in an RTC or a hospital for residential mental health treatment. Before admittance, the child must be assessed for suitability for residential treatment by a qualified evaluator appointed by AHCA. The qualified evaluator must do personal examination and assessment. As of January 2021, 189 children were in a RTC placement.

Section 409.202(2), F.S., does not provide AHCA the capability to complete child abuse and neglect record checks for employees who work in direct contact with children placed by DCF in facilities licensed by AHCA.

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[91] S. 409.175, F.S.
[92] *Id*.
[93] *Id*.
[94] *Supra* note 12, p. 31.
[95] S. 409.1415(2)(c), F.S.
[96] *Id*.
[97] Florida Department of Children and Families, *2021 Agency Bill Analysis* (July 17, 2020)(on file with the Children, Families, and Seniors Subcommittee).
[98] *Id*.
[99] *Id*.

Extended Foster Care

Young adults who turn 18 years of age while in foster care have the option to enter the extended foster care program (EFC) and receive foster care services until turning 21, or 22 with a disability.[100] One requirement of the EFC is that the young adult must be living in a supervised living arrangement approved by DCF.[101]

Current law allows young adults who are incarcerated to enter or continue in the EFC program. States are not reimbursed by the federal government for involuntary placements because they are not considered a supervised living arrangement. DCF is required to use state funding for children who are in the EFC program with a living arrangement of incarceration if current laws are in place.

Currently, there are 62 children, age 17, under the care and supervision of the Department who are in a correctional placement.[102] Upon turning 18, the young adult may be eligible for the EFC program and if enrolled, would have to be paid with general revenue funds. Young adults can receive other services offered by DCF in lieu of EFC to cover such things as tutoring, parenting, job and career skills training and temporary financial assistance for necessities while in an involuntary placement along with case management services. Young adults have the option of re-entering EFC upon release or discharge from their involuntary placement if they meet the criteria.

Title IV-E Funding for Child Welfare

While states bear primary responsibility for child welfare, Congress appropriates funds to states through a variety of funding streams for services to children who have suffered maltreatment. One of these funding streams is established in Title IV-E of the Social Security Act. Title IV-E provides federal reimbursement to states for a portion of the cost of foster care, adoption assistance, and (in states electing to provide this kind of support) kinship guardianship assistance on behalf of each child who meets federal eligibility criteria. Title IV-E also authorizes funding to support services to youth who "age-out" of foster care, or are expected to age out without placement in a permanent family.

Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) was passed into law as part of the Bipartisan Budget Act on February 9, 2018.[103] The FFPSA reformed the federal child welfare funding streams. Unlike the previous Title IV-E provisions which primarily funded out-of-home care for families with very low incomes, the FFPSA gives states the ability to earn federal Title IV-E matching funds in support of certain prevention services provided on a time-limited basis that avoid an out-of-home placement for children without regard to family income. The services that states can be reimbursed for providing to children and their families meeting eligibility requirements address mental health, substance abuse, family counseling, and parent skills training. The FFPSA also introduces new limits on federal funding for placements in group homes. The FFPSA also provides federal funding for legal representation and advocacy for eligible children in foster care and their parents.[104]

FFPSA gave states the opportunity to delay implementation of select provisions of the law. Florida has opted to delay the effective date until October 2021.

[100] S. 39.6251, F.S.
[101] *Id*.
[102] *Supra* note 97.
[103] H.R. 1862 of 2018. P.L. 115-123.
[104] U.S. Department of Health and Human Services, Administration for Children and Families, *High Quality Memo*, p. 10-11, Jan. 14, 2021, https://www.courts.ca.gov/documents/ffdrp_acf2021_high_quality_memo.pdf (last visited Mar. 10, 2021).

Multidisciplinary Legal Representation

Other states have adopted multidisciplinary legal representation models (MLRM), including Vermont, New York, and Michigan.[105] While the traditional legal practice in the United States is to have a solo attorney represent a client, the MLRM promotes a team of individuals, including social workers and parent advocates.[106] A study by the Bronx Defenders that examined more than 28,000 New York dependency cases between 2007 and 2014 suggests that representation that utilized the multidisciplinary model were able to safely reunify children to their families 43% more often in their first year than solo practitioners, and 25% more often in the second year.[107]

The Office of Criminal Conflict and Civil Regional Counsel (OCCCRC) represents indigent parents in dependency cases. The OCCCRC in the Fourth District of Florida currently has a Social Services Unit (SSU) it employs to enhance the legal representation to indigent parents in dependency cases.[108] The SSU includes a forensic social worker or forensic family advocate who are on the legal team to engage parents and guide them through the reunification process.[109] The OCCCRC reports the SSU assists clients with tasks such as providing information to and interacting with providers, and overall describes the SSU's inclusion in the legal team as beneficial.[110]

Community-Based Care Organizations and Services

DCF remains responsible for providing child welfare and support services in accordance with federal and state law.[111] However, DCF contracts for the delivery, administration, or management of care for child welfare services. DCF must ensure contracts with CBCs:

- Provide for the services as required under s. 409.988, F.S.
- Provide relevant information to DCF related to the quality assurance program and the child welfare results-oriented accountability system.
- Include tiered interventions and graduated penalties for failure to comply with the contract or performance deficiencies.
- Require CBCs to provide current and accurate information about their activities related to case records in the statewide automated child welfare information system.
- Specify the procedures to resolve differences in interpreting the contract or to resolve a disagreement amongst the parties regarding compliance with the contract.[112]

DCF must develop and maintain written policies and procedures for monitoring compliance with the services CBCs provide under their contracts. DCF is required to evaluate CBCs programmatic, operations, and fiscal operations at least once annually.[113]

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[105] The Children's Bureau Express, *Collaborating to Build Multidisciplinary, Family-Centered, Strengths-Based Courts*, May 2020, https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=216&sectionid=17&articleid=5558 (last visited Mar. 10, 2021).
[106] *See Id.* Children's Bureau Express, *New Study Shows Providing Parents with Multidisciplinary Legal Representation in Child Welfare Cases Furthers Everyone's Interests*, July/August 2019, https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=208&sectionid=2&articleid=5378 (last visited March 1, 2021).
[107] NYU Law, *Providing Parents with the Right Kind of Legal Representation in Child Welfare Cases Significantly Reduces the Time Children Stay in Foster Care, New Study Finds*, May 7, 2009, Providing Parents with the Right Kind of Legal Representation in Child Welfare Cases Significantly Reduces the Time Children Stay in Foster Care, New Study Finds | NYU School of Law (last visited Mar. 1, 2021).
[108] The OCCCRC Fourth District of Florida, *Social Services Unit*, http://www.rc-4.com/social-services.shtml (last visited Mar. 1, 2021).
[109] *Id.*
[110] *Id.*
[111] S. 409.996, F.S.
[112] S. 409.996(1)(a), F.S.
[113] S. 409.996(19)(a), F.S.

DCF contracts for case management, out-of-home care, and related services with CBCs. Using CBCs to provide child welfare services is designed to increase local community ownership of service delivery and design.[114] DCF, through CBCs, administers a system of care for children with the goals of:

- Prevention of separation of children from their families.
- Intervention to allow children to remain safely in their own homes.
- Reunification of families who have had children removed from their care.
- Safety for children who are separated from their families.
- Well-being of children through emphasis on educational stability and timely health care.
- Achievement of permanency.
- Effective transition to independence and self-sufficiency.

CBCs provide foster care and related services, including, but not limited to, counseling, domestic violence services, substance abuse services, family preservation, emergency shelter, and adoption.[115] CBCs contract with a number of subcontractors for case management and direct care services to children and their families.[116] There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.[117]

DCF enters into 5-year contracts with CBCs for the procurement of services.[118] There are minimum requirements with which CBC's must comply to be eligible to contract with DCF, including:

- Being organized as a Florida corporation or a governmental entity.[119]
- Having a board of directors or board committee with authority to approve CBCs budget and hire a CBC executive director.[120]
- Demonstrating financial responsibility by having a plan for regular fiscal audits and securing a performance bond.[121]

DCF's procurement team for CBC contracts must include individuals from the community alliance in the area to be served under the contract.[122]

CBCs are obligated to perform several duties including to:

- Serve the children who are referred as a result of abuse, neglect, or abandonment reports to DCF's central abuse hotline.
- Provide DCF with accurate and timely information necessary for oversight by DCF pursuant to the child welfare results-oriented accountability system.
- Follow financial guidelines developed by DCF and provide for regular independent audits.
- Post its current budget, including the salaries, bonuses and other compensation paid to the agency's chief executive officer, chief financial officer, and chief operating officer, or their equivalents, on the CBC's website.
- Prepare and file all necessary court documents and attend dependency court proceedings.
- Ensure all individuals providing care to dependent children receive training and specified information and meet employment requirements.
- Maintain eligibility to receive all available federal child welfare funds.
- Maintain written agreements with Healthy Families Florida entities in its service area.
- Comply with federal and state statutory requirements and agency rules in the provision of contractual rules.

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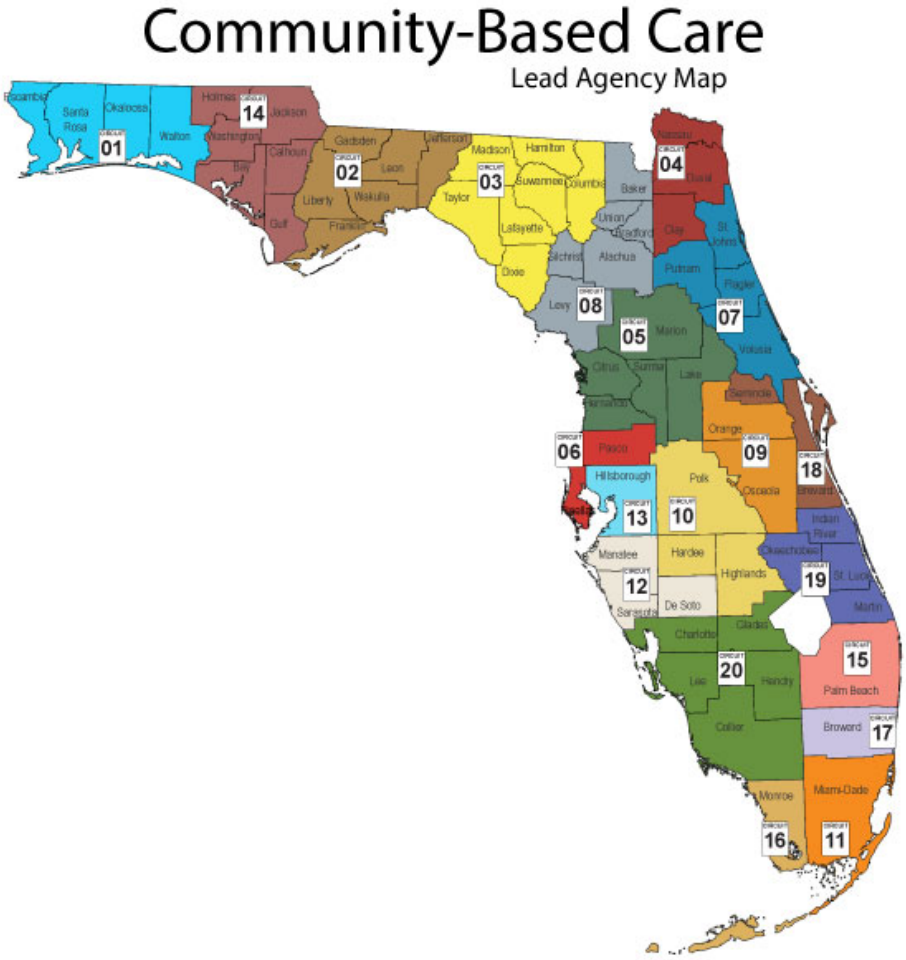
[114] Florida Department of Children and Families, *Community-Based Care*, https://www.myflfamilies.com/service-programs/community-based-care/ (last visited Mar. 9, 2021).
[115] S. 409.145(1), F.S.
[116] *Id*.
[117] Florida Department of Children and Families, *Community-Based Care Lead Agency Map*, http://www.myflfamilies.com/service-programs/community-based-care/cbc-map (last visited Mar. 10, 2020).
[118] S. 409.987(3), F.S.
[119] S. 409.987(4)(a), F.S.
[120] S. 409.987(4)(b), F.S.
[121] S. 409.987(4)(c), F.S.
[122] S. 409.987(5), F.S.

- Use authority to subcontract for the provision of services provided CBCs contribute to services and meet specified criteria.
- Post information regarding case management services on its website by a specified date.[123]

DCF contracts with the following CBCs as illustrated in the table and map below:[124]

Lead Agency	Circuit(s)
Lakeview Center, Families First Network	1
Big Bend Community Based Care, Inc.	2 & 14
Partnership for Strong Families	3 & 8
Family Support Services of North Florida, Inc.	4 (Duval and Nassau)
Kids First of Florida, Inc.	4 (Clay)
Kids Central, Inc.	5
Eckerd Community Alternatives	6 and 13
St Johns County Board of County Commissioners	7 (St Johns)
Community Partnership for Children, Inc.	7 (Flagler, Volusia, Putnam)
Embrace Families	9 and 18 (Seminole)
Heartland for Children	10
Citrus Family Care Network	11 and 16
Safe Children Coalition	12
ChildNet Inc.	15 and 17
Brevard Family Partnership	18 (Brevard)
Communities Connected for Kids	19
Children's Network of SW Florida	20

[123] S. 409.988(1), F.S. Further, s. 409.988(1)(k), F.S., provides that CBCs and subcontracted case management providers must disclose the average caseload of case managers for filled positions, the turnover rate for case managers and their supervisors for the previous 12 months, the percentage of required home visits completed, and performance on outcome measures required under s. 409.997, F.S., for the previous 12 months.
[124] Florida Department of Children and Families, *Lead Agency Map, Community-Based Care*, https://www.myflfamilies.com/service-programs/community-based-care/lead-agency-map.shtml (last visited Mar. 10, 2021).



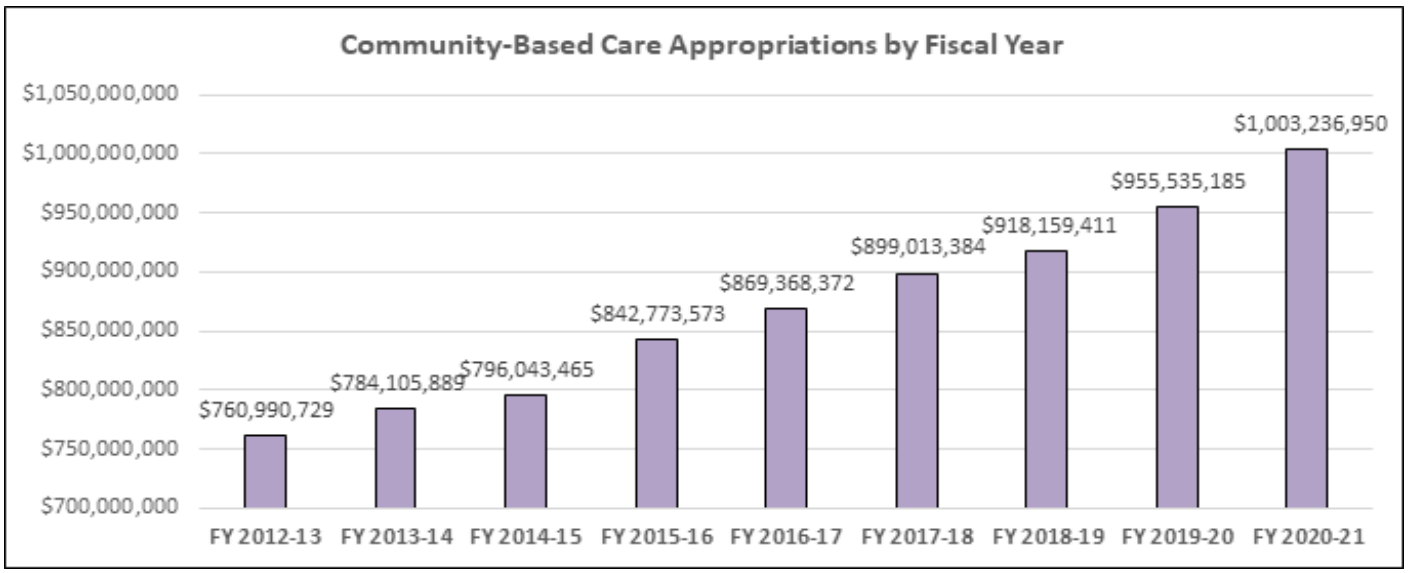
Funding

Section 409.990, F.S., requires that a contract between DCF and CBC be funded through general revenue, or other applicable state or federal funding sources.[125] DCF allocates funding to CBCs according to a statutory formula, which considers the proportion of child population, child abuse hotline workload, and children in care.[126]

The following graph provides information on total CBC funding by fiscal year.

[125] S. 409.990, F.S.

[126] S. 409.991(2), F.S., provides that core services funds are calculated based on the proportion of the (a) child population weighted as 5 percent of the total; (b) child abuse hotline workload weighted as 35 percent of the total; and (c) children in care weighted as 60 percent of the total. Section 409.991(3), F.S., provides that beginning in the 2015-2016 FY, 100 percent of the recurring core services funding must be based on the prior year recurring base core services funds, and any new funding be allocated as: (a) seventy percent of new funding amongst all lead agencies and (b) thirty percent of new funding to lead agencies that are funded below their equitable share.



Some CBCs have operated at a deficit and accessed special risk pool funding appropriate by the Legislature. CBCs can apply to DCF for risk pool funding. A committee made up of DCF's secretary and three nonapplicant CBCs reviews the CBC risk pool applications.[127] DCF may authorize risk pool funding to address:

- Significant changes in the number or composition of clients eligible to receive services.
- Significant changes in the services that are eligible for reimbursement.
- Continuity of care in the event of failure, discontinuance of service, or financial misconduct by a CBC.
- Significant changes in the mix of available funds.

Once DCF's secretary approves a risk pool application, it can request funds from the risk pool from the Legislative Budget Commission.[128]

Compensation

CBC expenditures must comply with financial guidelines developed by DCF, comply with federal and state law, and follow good business practices.[129] The Internal Revenue Code sets the rules governing compensation at public nonprofits, including those known as 501(c)(3) organizations, and specifies that no part of the net earnings of a section 501(c)(3) organization may insure to the benefit of any private shareholder or individual.[130] However, the Internal Revenue Service (IRS) gives each nonprofit's board of directors latitude in determining how much to pay top employees. The IRS requires a nonprofit board to have an objective process for setting executives' salaries, including use of comparisons with salaries paid by similar organizations for similar service. However, a nonprofit that normally pays no taxes may be taxed for paying excess benefits to an insider.[131]

In 2015, during an operational audit of CBCs, the Florida Auditor General found instances where salary payments, including bonuses, and leave balances, did not appear to be properly supported or calculated in accordance with established CBC policy or state law.[132] During the 2017, CS/CS/HB 1121 was passed and signed into law, which limited the CBCs' administrative employees' salaries to 150

[127] S. 409.990(7)(a), F.S.
[128] S. 216.181(1), F.S.
[129] S. 409.992(1), F.S.
[130] 26 U.S.C. §501. Exemption from tax on corporations, certain trusts, etc. Subject to some exemptions, corporations and other eligible entities that are organized and operate exclusively for religious, charitable, scientific and other specified purposes, no part of the net earnings of which inures to the benefit of any private shareholder or individual, no substantial part of the activities of which is carrying on propaganda, or otherwise conducting exempted activities, are exempt from taxation.
[131] *Id.*
[132] The Office of the Auditor General, *Department of Children and Families and Selected Community-Based Care Lead Agencies Oversight of Foster Care and Related Service*, Report No. 2015-156, p. 1 (Mar. 2015) https://flauditor.gov/pages/pdf_files/2015-156.pdf (last visited Mar. 10, 2021).

percent of the annual salary paid to DCF's Secretary from state-appropriated funds.[133] Administrative employees is not defined in s. 409.992(3), F.S.

In a January 2019 operational audit, the Florida Auditor General conducted a new independent audit and followed up on the findings noted in the 2015 report related to CBCs. The 2019 report stated that as of March 31, 2017, which is prior to the implementation of CS/CS/HB 1121 (2017), CBCs' executive officer annual salaries, before bonuses, averaged $210,863, and the average allocated to DCF contracts with CBCs was $160,000.[134] The only finding related to CBCs on compensation benefits stated that two of the DCF's subcontracted entities did not require salaried employees to record annual leave used in increments of less than 8 hours.[135]

Managing Entities

DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.[136]

In 2001, the Legislature authorized DCF to implement behavioral health managing entities (MEs) as the management structure for the delivery of local mental health and substance abuse services.[137] The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized DCF to implement MEs statewide.[138] Full implementation of the statewide ME system occurred in 2013 and all geographic regions are now served by a ME.[139]

DCF must comply with duties with respect to the MEs, including to:

- Contract and conduct readiness reviews before any new MEs assume responsibilities.
- Specify data reporting requirements and use of shared data systems.
- Define the priority populations that will benefit from receiving care coordination.
- Support the development and implementation of a coordinated system of care.
- Contract to support efficient and effective administration and ensure accountability for performance.[140]
- Periodically review contract and reporting requirements and reduce costly, duplicative, and unnecessary administrative requirements.[141]

The MEs are required to comply with various statutory duties, including to:

- Maintain a governing board.
- Promote and support care coordination.[142]
- Develop a comprehensive list of qualified providers.
- Monitor network providers' performances.
- Manage and allocate funds for services in accordance with federal and state laws, rules, regulations and grant requirements.

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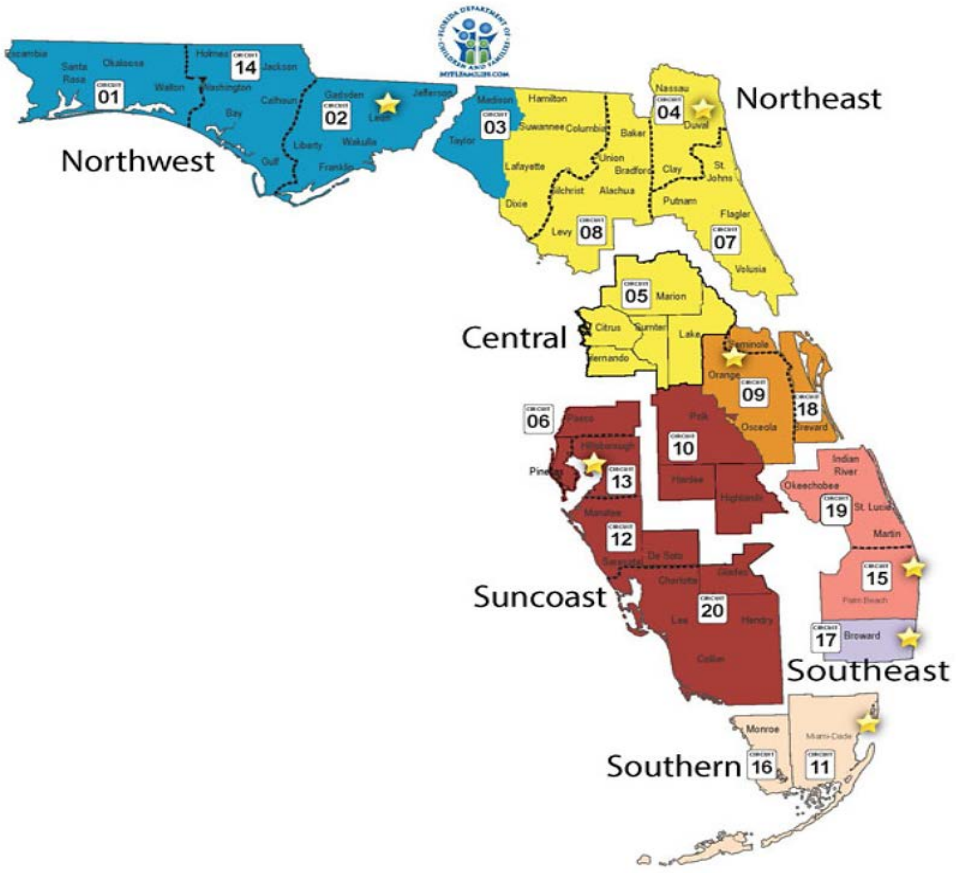
[133] Ch. 2017-151, s. 31, L.O.F. (amending s. 409.992, F.S., effective July 1, 2017).
[134] The Office of the Auditor General, *Department of Children and Families Oversight and Administration of Community-Based Care Lead Agencies and Behavioral Health Managing Entities and Selected Department Administrative Activities*, Report No. 2019-111, p. 6 and 54-55 (Jan. 2019) https://flauditor.gov/pages/pdf_files/2019-111.pdf (last visited Mar. 10, 2021).
[135] *Id*. at p. 3.
[136] *See* chs. 394 and 397, F.S.
[137] Ch. 2001-191, L.O.F.
[138] Ch. 2008-243, L.O.F.
[139] Florida Tax Watch, *Analysis of Florida's Behavioral Health Managing Entity Models*, p. 4 (Mar. 2015) https://floridataxwatch.org/Research/Full-Library/ArtMID/34407/ArticleID/15758/Analysis-of-Floridas-Behavioral-Health-Managing-Entities-Model (last visited Mar. 9, 2021).
[140] S. 394.9082(7), F.S., details the performance measurements and accountability requirements of MEs.
[141] S.394.9082(3), F.S.
[142] S. 394.9082(6), F.S., sets out the network accreditation and systems coordination agreement requirements.

- Operate in a transparent manner, providing access to information, notice of meetings, and opportunities for public participation in ME decision making.[143]

DCF contracts with seven MEs as shown in the map below and summarized as follows:

- North West Florida Health Network (blue).
- Lutheran Services Florida (yellow).
- Central Florida Cares Health System (orange).
- Central Florida Behavioral Health Network, Inc. (red).
- Southeast Florida Behavioral Health (pink).
- Broward Behavioral Health Network, Inc. (purple).
- South Florida Behavioral Health Network, Inc. (beige).[144]



The MEs in turn contract with local service providers for the delivery of mental health and substance abuse services.[145] In FY 2018-19, the network service providers under contract with the MEs served 339,093 individuals.[146]

[143] S. 394.9082(5), F.S.
[144] Florida Department of Children and Families, *Managing Entities*, https://www.myflfamilies.com/service-programs/samh/managing-entities/ (last visited Mar. 10, 2021).
[145] MEs create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.
[146] Florida Department of Children and Families, *Substance Abuse and Mental Health Triennial Plan Update for Fiscal Year,* (Dec. 6, 2019) https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202018%20Update.pdf (last visited Mar. 10, 2021).

Coordinated System of Care

MEs are required to promote the development and implementation of a coordinated system of care.[147] Coordinated system of care is a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with a ME or by another method of community partnership or mutual agreement.[148] A community or region provides a coordinated system of care for those suffering from mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. If funding is provided by the Legislature, DCF may award system improvement grants to MEs.[149] MEs must submit detailed plans to enhance crisis services based on the no-wrong-door model or to meet specific needs identified in DCF's assessment of behavioral health services in this state.[150] DCF must use performance-based contracts to award grants.[151]

There are several essential elements that make up a coordinated system of care, including:

- Community interventions.
- Case management.
- Care coordination.
- Outpatient services.
- Residential services.
- Hospital inpatient care.
- Aftercare and post-discharge services.
- Medication assisted treatment and medication management.
- Recovery support.[152]

A coordinated system of care must include, but is not limited to, the following array of services:

- Prevention services.
- Home-based services.
- School-based services.
- Family therapy.
- Family support.
- Respite services.
- Outpatient treatment.
- Crisis stabilization.
- Therapeutic foster care.
- Residential treatment.
- Inpatient hospitalization.
- Case management.
- Services for victims of sex offenses.
- Transitional services.
- Trauma-informed services for children who have suffered sexual exploitation.[153]

Current law requires DCF to define the priority populations that would benefit from receiving care coordination, including considerations when defining such population.[154] Considerations include the number and duration of involuntary admissions, the degree of involvement with the criminal justice system, the risk to public safety posed by the individual, the utilization of a treatment facility by the individual, the degree of utilization of behavioral health services, and whether the individual is a parent or caregiver who is involved with the child welfare system.

[147] S. 394.9082(5)(d), F.S.
[148] S. 394.4573(1)(c), F.S.
[149] S. 394.4573(3), F.S. The Legislature has not funded system improvement grants.
[150] *Id.*
[151] *Id.*
[152] S. 394.4573(2), F.S.
[153] S. 394.495(4), F.S.
[154] S. 394.9082(3)(c), F.S.

MEs provide specialty services to families involved in the child welfare system, including:

- Community Act Treatment Team, which are multidisciplinary clinical teams that provide comprehensive, intensive community-based treatment to families with youth and young adults, ages 11 up to 21, who are at risk of out-of-home placement due to a mental or co-occurring disorder and related complex issues for whom traditional services are not or have not been adequate.
- Family Intensive Treatment (FIT), which is a program that provides intensive team-based, family-focused, comprehensive services to families where there is parental substance abuse. The program serves families that have been determined to be unsafe with children under the age of ten. Referrals for services can be made by the child welfare professional, including the child protective investigator, child welfare case manager, or CBC.

Funding and Expenses

Contracts with MEs are funded with general revenue, other qualifying state funds, or applicable federal funding.[155] The MEs are required to develop and implement standards for collecting and reporting data related to crisis stabilization and detoxification and addictions receiving services.[156] The data is collected from entities who have received funds and operate under s. 394.875, F.S.[157] MEs are required to reconcile the data on a monthly basis, and submit the data to DCF on a monthly and annual basis. DCF is required to post data on its website regarding each ME's utilization of funds.[158]

In 2015, during an operational audit of the MEs, the Florida Auditor General found instances where some salary payments for leave used and ME employee leave balances did not appear to be supported or calculated accurately.[159]

In the January 2019 operational audit by the Florida Auditor General described above, as of March 31, 2017, the MEs' chief executive officer annual salaries, before bonuses, averaged $226,216, and the average allocated to DCF contracts with the MEs was $170,905.[160] The 2019 report also found that bonus payments of one ME did not appear reasonable and necessary to the performance of the ME's duties.[161] The Florida Auditor General recommended DCF amend ME contracts to require compliance with statutory provisions restricting state-funded bonus payments under the contract.[162]

Florida law does not currently require MEs to publish salary information of administrative employees.

Child Advocacy Centers

A children's advocacy center (CAC) is a community-based, child-focused facility where children alleged to be victims of abuse or neglect are interviewed, receive medical exams, if necessary, therapy, and other critical services in a non-threatening and child-friendly environment. A CAC uses a multidisciplinary team model that brings together an array of professionals to confer and conduct investigations, treatment, and prosecution of child abuse cases. The primary goal of a CAC is to minimize the level of trauma experienced by child victims, improve prosecution, and provide efficient and thorough provision of necessary services to the child victim and the child's family.[163]

[155] S. 394.9082(9), F.S.
[156] S. 394.9082(10), F.S.
[157] *Id.*
[158] S. 394.9082(10)(e) and (f), F.S.
[159] The Office of the Auditor General, *Department of Children and Families and Selected Behavioral Health Managing Entities*, Report No. 2015-155, p. 1-2 (Mar. 2015) https://flauditor.gov/pages/pdf_files/2015-155.pdf (last visited Mar. 10, 2021).
[160] 2019 Audit Report, at p. 6 and 57.
[161] *Id*. at p. 3.
[162] *Id.* at p. 28.
[163] The FNCAC, *What is a CAC*, available at https://www.fncac.org/what-cac (last visited Mar. 10, 2021).

Florida's CACs provide services, including, but not limited to:

- Forensic interviews.
- Crisis intervention and support services.
- Medical evaluations.
- Multidisciplinary review of cases.
- Evidence-based prevention and intervention programs.
- Professional training and community education.[164]

CACs must meet specified statutory criteria to become eligible for membership in the Florida Network of Children's Advocacy Centers, Inc. (FNCAC),[165] a statewide nonprofit membership organization.[166] A CAC must:

- Be a private, nonprofit incorporated agency or a governmental entity.
- Be a child protection team,[167] or by written agreement incorporate the participation and services of a child protection team, with established community protocols which meet all of the requirements of the National Network of Children's Advocacy Centers, Inc.
- Have a neutral, child-focused facility where joint DCF and law enforcement interviews take place with children in appropriate cases of suspected child sexual abuse or physical abuse.
- Have a minimum designated staff that is supervised and approved by the local board of directors or governmental entity.
- Have a multidisciplinary case review team that meets on a regular scheduled basis or as the caseload of the community requires. The team must consist of representatives from the Office of the State Attorney, DCF, the child protection team, mental health services providers, law enforcement, and the CAC staff.
- Track child abuse cases and collect relevant information on children served.
- Provide referrals for medical exams and mental health therapy.
- Provide child abuse training in the community.
- Have an interagency commitment covering those aspects of agency participation in a multidisciplinary approach to the handling of child sexual abuse and serious physical abuse cases.[168]

In addition, CAC's staff must be trained and meet background screening requirements in accordance with s. 39.001(1), F.S.,[169] which the FNCAC is responsible for ensuring compliance.[170] State and federal funding of these centers is contingent on their meeting the eligibility criteria and the staff receiving the necessary training and screening, and Florida law includes provisions on allocation of funds and how they should be distributed to the centers.[171] CACs are required to prepare annual reports with specified information and submit them to the FNCAC, which is then required to compile reports from the centers and provide a report to the President of the Senate and the Speaker of the House of Representatives in August of each year.[172]

The FNCAC is an Accredited State Chapter of the National Children's Alliance and represents all local CACs in Florida.[173] It reports that there are 27 CACs that serve 85 percent of the children and families in Florida.[174] The 27 CACs are shown in the map below and summarized as follows:[175]

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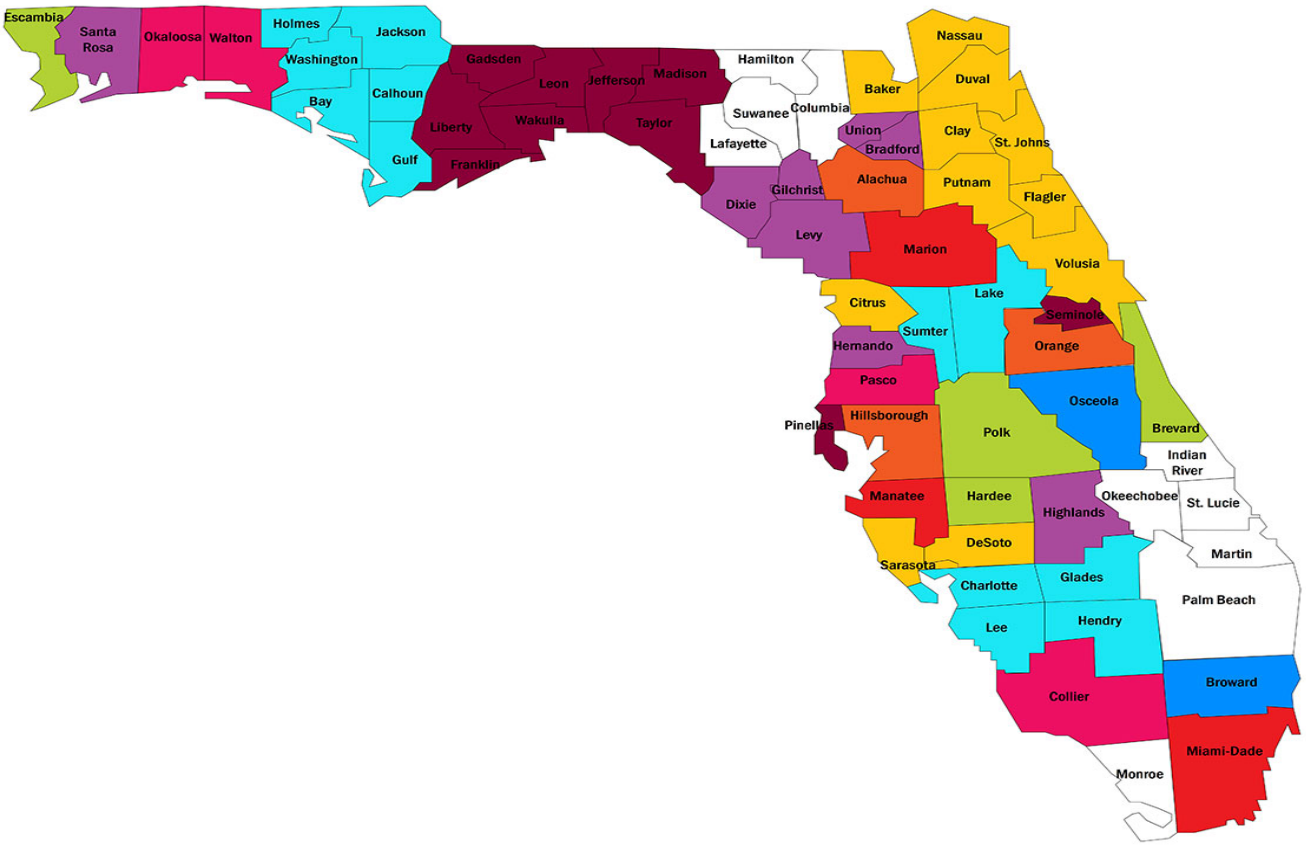
[164] *Id*.
[165] S. 39.3035(1), F.S.
[166] The FNCAC, *About Us*, https://www.fncac.org/about-us (last visited Mar. 10, 2021).
[167] The Children's Medical Services Program in the Department of Health (DOH) coordinates Child Protection Teams (CPTs). DCF and DOH oversee CPTs through an interagency agreement. CPTs supplement the assessment and protective supervision activities of DCF in child abuse cases. CACs contract with DOH because a CAC must be a CPT or incorporate the participation and services of a CPT.
[168] S. 39.3035(1), F.S.
[169] Employees must complete a level 2 background screening pursuant to ch. 435, F.S.
[170] S. 39.3035(2), F.S.
[171] S. 39.3035(3)(a) and (b), F.S.
[172] S. 39.3035(3)(c), F.S.
[173] *Supra* note 166.
[174] *Id.*
[175] FNCAC, *County Coverage Map*, https://www.fncac.org/county-coverage-map (last visited Mar. 10, 2021).

- Nancy J. Cotterman Center and Embrace Families Solutions (blue).
- Children's Advocacy Center of Southwest Florida, Lake/Sumter Children's Advocacy Center, and Gulf Coast Children's Advocacy Center (light blue).
- Suncoast Center, Inc. and Children's Home Society of Florida North Central Division (maroon).
- University of Florida Child Advocacy Center, Children's Advocacy Center of Hernando County, and Santa Rosa Kids' Home, Inc. (purple).
- Children's Home Society of Florida's Greater Lakeland, Children's Advocacy Center of Brevard County, Gulf Coast Kid's House, Inc., and Children's Home Society of Florida Children's Advocacy Center (green).
- Pasco Kids First, Inc., Children's Advocacy Center of Collier County, and Emerald Cost Children's Advocacy Center, Inc. (pink).
- Kristi House, Inc., Kimberly's Center for Child Protection, and Manatee Children's Services, Inc. (red).
- Mary Lee's House, Child Advocacy Center, Inc., and Howard Phillips Center for Children & Families (orange).
- Jessie's Place, First Coast Child Protection Team, and Child Protection Center, Inc. (yellow).

There is currently no child advocacy center serving a county if that county is shaded white in the map.



In 2018, Florida's CACs served over 34,000 children who were victims of child abuse and neglect as follows:

- 20,259 received therapy services;
- 17,297 received crisis intervention services;
- 11,120 medical evaluations; and

- 10,675 forensic/specialized interviews.[176]

An analysis conducted by the National Children's Advocacy Center in 2015 suggests that the children's advocacy center model saves approximately $1,000 per case in services during the course of a child abuse investigation.[177]

Community Alliances

DCF is required to establish community alliances, which include local stakeholders and representatives in each county to encourage and maintain community participation, and governance of CBCs. [178] Each community alliance may encompass more than one county when such arrangement is determined to provide for more effective representation.[179] Community alliances have a duty, among other obligations, to serve as a catalyst for community resource development and promote prevention and early intervention.[180]

Community alliances are composed of representatives from:
- DCF.
- the county government.
- the school district.
- the county United Way.
- the county sheriff's office.
- the circuit court corresponding to the county.
- the county children's board, if one exists.
- a faith-based organization involved in efforts to prevent child maltreatment, strengthen families, and promote adoption.[181]

The community alliance must adopt bylaws and may increase the membership of the alliance if such increase is necessary to adequately represent the diversity.[182] The additional members may include state attorneys, public defenders, their designees, or individuals from funding organizations, community leaders or individuals who have knowledge of community-based serve issues.[183]

Prior to 2014, s. 409.1671(1)(d), F.S., allowed DCF to develop an alternative plan to outsource services in an area if it was impossible or not feasible to competitively contract with a CBC.[184] DCF was required to develop a plan in collaboration with the local community alliance.[185] It was required to detail how the community would implement community-based care through local providers, and to ensure control over management and administration of services.[186] A plan developed under this former provision had to include best business practices, including some form of public and private partnerships.[187]

[176] FNCAC, *Impact of Children's Advocacy Centers on Child Abuse and Neglect*, https://www.fncac.org/impact-childrens-advocacy-centers-child-abuse-and-neglect (last visited Mar. 10, 2021).
[177] *Id.*
[178] S. 20.19(5)(a), F.S.
[179] *Id*.
[180] S. 20.19(5)(b), F.S.
[181] S. 20.19(5)(d), F.S.
[182] S. 20.19(5)(e), F.S.
[183] *Id*.
[184] Ch. 2014-224, s. 46, L.O.F.
[185] *Id*.
[186] *Id*.
[187] *Id*.

Conflicts of Interest

There are several Florida statutes which address transactions or other situations in which a conflict of interest exists or may exist,[188] and define the term "conflict of interest" in context of the statute with which it relates.[189]

Corporations

Florida laws on corporations define "director's conflict of interest transaction" as a transaction between a corporation and one or more of its directors, or another entity in which one or more of the corporation's directors is directly or indirectly a party to the transaction, other than being an indirect party as a result of being a shareholder of the corporation, and has a direct or indirect material financial interest or other material interest.[190] If a director's conflict of interest transaction is fair to the corporation at the time it is authorized, approved, effectuated, or ratified:

- Such transaction is not void or voidable.
- The fact that the transaction is a director's conflict of interest transaction is not grounds for any equitable relief, an award, or other sanctions.[191]

If proceedings challenging the validity of a director's conflict of interest transaction or proceedings seeking equitable relief, damages, or other sanction are brought, the person challenging the director's conflict of interest transaction has the burden to prove the lack of fairness of the transaction in specified situations.[192]

Nonprofit Organizations

Chapter 617, F.S., governs corporations not for profit and does not define conflict of interest. It provides, however, that no contract or other transaction between a corporation and one of its directors or other corporation in which one or more directors have an interest shall be void or voidable because of the relationship or interest, or because the interested director is present at the meeting which authorizes or ratifies such contract if:

- The relationship is disclosed or known to the other directors which authorizes or ratifies the transaction by a vote which is sufficient to approve the transaction without the interested director's vote;[193]
- The relationship is known or disclosed and the members entitled to vote authorize or ratify it by vote or written consent;[194] or
- The contract or transaction is fair and reasonable to the operation at the time it is authorized by the board, a committee, or the members.[195]

The transactions must be approved by a majority vote of the members.[196]

[188] *See* ss. 112.312, 605.04092, 607.0832, and 617.0832, F.S.
[189] *See* ss. 112.312, and 605.0492, F.S.
[190] S. 607.0832, F.S.; *see also* s. 605.0492(1)(g), F.S., with respect to limited liability companies which defines "member's conflict of interest" as a transaction between a limited liability company and one or more of its members, or another entity in which one or more of the limited liability company's members is directly or indirectly a party to the transaction, other than being an indirect party as a result of being a member of the limited liability company, and has a direct or indirect material financial interest or other material interest.
[191] S. 607.0832(2), F.S. This is the case when because of the relationship or interest, because such director is present at the meeting in which the transaction was authorized, or because his or her votes are counted for such purpose.
[192] S. 607.0832(3), F.S. The presence of or a vote cast by a director with an interest does not affect the validity of an action if specified conditions are met.
[193] S. 617.0832(1)(a), F.S. The presence of a vote cast by a director having a relationship or interest does not affect the validity of any action taken under paragraph (1)(a) if the transaction is otherwise authorized or ratified in this paragraph.
[194] S. 617.0832(1)(b), F.S.
[195] S. 617.0832(1)(c), F.S.
[196] S. 617.0832(2) and (3), F.S.

Public Officers and Employees

Public officers and employees must comply with standards of conduct provided for in s. 112.313, F.S. Chapter 112, F.S., restricts the type of business transactions that public officers and employees of an agency may have with a business entity in which the officer, employee, or the officer's or employee's specified family has a material interest.[197] Public officers and employees of agencies are also prohibited from having conflicting employment or contractual relationships with any business entity or regulation.[198] Section 112.312(8), F.S., defines "conflict" or "conflict of interest" as a situation in which regard for a private interest tends to lead to disregard of a public duty or interest.

Effect of Proposed Changes

Community-Based Care Organizations

The bill amends s. 409.988, F.S., to require CBCs to adhere to all best child welfare practices pursuant to:

- s. 39.4087, F.S., related to treating caregivers with respect and ensuring delivery of child welfare services is focused on the child's best interest.
- s. 39.523, F.S., related to the placement of children in out-of-home care. Such placement must be in the least restrictive, most family-like setting available in close proximity to the child's home and the placement must meet the child's needs.
- s. 409.1415, F.S., related to providing supports to caregivers and birth or legal parents in order for them to build strong relationships that lead to more successful reunifications and stability for children.
- s. 409.145, F.S., related to empowering caregivers for children placed in foster care so children receive quality parenting while in out-of-home placement.

Further, s. 409.996, F.S., requires CBC contracts with DCF to include information that specifies how the CBC will adhere to the above requirement.

The bill amends s. 409.996, F.S., to require DCF to annually conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of all CBC agencies that covers the most recent two consecutive fiscal years. The review must include a comprehensive system-of-care analysis. The bill requires all CBCs to develop and maintain a plan to achieve financial viability to accompany DCF's submission. The bill requires DCF to submit its review to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 of each year. This report is currently required in the 2020-2021 General Appropriations Act.

The bill amends s. 409.988, F.S, removing the requirement for CBCs to post specified budget information. Section 409.996, F.S., is amended to instead require DCF to collect and publish on its website, and annually update, all of the following information for each CBC under contract with DCF:

- Current salaries, bonuses, and other compensation paid, by position, for any employee who receives a salary from state-appropriated funds, including state-appropriated federal funds, whether base pay or base pay combined with any bonus or incentive payments, in excess of 150 percent of the annual salary of DCF's secretary. Under this paragraph, "employee" has the same meaning in s. 448.095.[199]
- All findings from the annual review of the CBCs by DCF.

[197] S. 112.313(3), F.S.
[198] S. 112.313(7), F.S.
[199] S. 448.095(d), F.S., defines "employee" as any person filing an authorized and establish position who performs labor or services for a public or private employer in exchange for salary, wages, or other remuneration.

The bill amends s. 409.987, F.S., to allow DCF to collaborate with the local community alliance to establish an alternative approach to providing community-based child welfare services in communities where conditions make it infeasible to competitively contract with a CBC. The bill requires DCF and the local community alliance to develop a plan that details how the community will continue to implement community-based care. The plan must ensure local control over the management and administration of service provision. The bill requires the plan to, at a minimum:

- Describe the reason for DCF's inability to competitively contract for CBC services.
- The proposed alternative approach to providing CBC services
- The entities that will be involved in service provision.
- How local control will be maintained.
- How services will be managed to ensure that federal and state requirements are met and child welfare outcome goals under s. 409.986, F.S., are achieved.
- Recommendations for increasing the ability of DCF to contract with a CBC in that area.

DCF must provide the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives prior to implementation. DCF must provide quarterly updates about the plan's implementation to the Governor, the President of the Senate, and the Speaker of the House of Representatives until two years after full implementation of the plan.

The bill amends s. 409.988(1)(k), F.S., to include the number and percent of case managers who have 25 or more cases on their caseloads in the information CBCs are required to publish on their websites by the 15th day of each month.

The bill amends s. 409.990, F.S., to require a CBC to fund the increased costs incurred by subcontracted providers if the subcontracted providers must provide services that are beyond the contract limits due to increased client need or caseload.

Managing Entities

The bill amends s. 394.9082, F.S., to require DCF to collect and publish all of the following information on its website, updated annually, for each ME under contract with DCF:

- Current salaries, bonuses, and other compensation paid, by position, for any employee of the ME or an affiliated entity, who receives a salary from state-appropriated funds, including state-appropriated federal funds, whether base pay or base pay combined with any bonus or incentive payments, in excess of 150 percent of the annual salary paid to DCF's secretary. Under this paragraph, "employee" has the same meaning in s. 448.095, F.S.[200]
- Form 990 and related documents filed with the IRS, auditor reports, and annual reports from the last three years for each ME.

Conflicts of Interest

The bill addresses conflicts of interest with MEs and CBCs. The bill creates ss. 394.90825 and 409.987(7), F.S., establishing a process for disclosing and eliminating any transaction or activity that could reasonably be construed to be a conflict of interest for a member, officer, or relative of an ME or CBC. The bill defines the following terms:

- "Activity" includes, but is not limited to, a contract for goods and services, a contract for the purchase of any real or tangible property, or an agreement to engage with the CBC or ME for the benefit of a third party in exchange for an interest in real or tangible property, a monetary benefit, or an in-kind contribution.
- "Conflict of interest" means when a board member or an officer, or a relative of a member of an officer, of the CBC or ME does any of the following:
    - Enters into a contract or other transaction for goods or services with the CBC or ME.

[200] *Id*.

    - Holds a direct or indirect interest in a corporation, limited liability corporation, partnership, limited liability partnership, or other business entity that conducts business with the CBC or ME or proposes to enter into a contract or other transaction with the CBC or ME. For purposes of this subparagraph "indirect interest" has the same meaning as provided in s. 112.312, F.S.
    - Knowingly obtains a direct or indirect personal, financial, professional, or other benefit as a result of the relationship of such member or officer, or relative of the member or officer, with the CBC or ME.
- "Relative" means a relative within the third degree of consanguinity by blood or marriage.

For any activity that is presented to the board of the CBC or ME for initial consideration and approval on or after July 1, 2021, or any contract being considered for renewal between July 1, 2021, and January 1, 2022, a board member or officer must disclose to the board any activity that may reasonably be construed to be a conflict of interest before such activity is initially considered and approved or renewed by the board. A rebuttal presumption of a conflict of interest exists if the activity was acted upon by the board without prior notice.

If a contract is not subject to renewal before January 1, 2022, the board member or officer must disclose any information that could reasonably be construed to be a conflict of interest by December 31, 2021.

Any proposed activity or existing contract which does give rise to a disclosure obligation must be listed on the meeting agenda for the next general or special meeting of the members, and copies of all contracts and relevant documents related to the transaction must be included. The meeting agenda must clearly state the potential conflict of interest. The board must be given an opportunity to approve or disapprove the conflict of interest by a vote of two-thirds of all other members present.

If the board votes against the proposed activity, the board member or officer must notify the board in writing of his or her intention, or the relative's intention, not to pursue the proposed activity or the board member or officer must resign. If the board finds an officer or member has violated this provision, the officer or member will be deemed removed from the office before the next scheduled board meeting. If the board votes against the renewal of an existing contract, which gives rise to a conflict of interest, the parties to the activity may opt to cancel the activity, or in the alternative, the member or office must resign from the board before the next scheduled meeting. The bill provides for limitations on damages under existing contracts.

A board member, officer, or relative who has an interest in an activity that entails a possible conflict of interest may attend the meeting at which the activity is considered by the board, make a presentation, and then leave the meeting during any relevant discussion by the other board members. A member or officer who is a party to, or has an interest in, the activity must recuse himself or herself from the vote.

A contract entered into between a member, officer, or relative of a member or an officer in which there is a conflict of interest or potential conflict of interest, is voidable and terminates upon the filing of a written notice to the board, which involves at least 20 percent of the voting interest of the CBC or ME.

Central Abuse Hotline

The bill reorganizes and relocates current s. 39.201, F.S., by:

- Creating s. 39.101, F.S., to contain provisions related to the hotline's operation and maintenance, timelines for initiating an investigation, use of information received by the hotline, and quality assurance.
- Amending current s. 39.201, F.S., to only contain provisions related to reporting requirements, including required reporting; exceptions to reporting; additional circumstances in relating to reporting; reports of child abuse, neglect, or abandonment by a parent or caregiver; reports of

sexual abuse of a child, juvenile sexual abuse, or a child who has exhibited inappropriate sexual behavior; and mandatory reports of a child death.

In addition to incidents that occur at a Florida College System institution or a state university, the bill adds to the list of schools or school events regarding which DCF must collect and analyze data, and include in separate statistical reports, as follows:

- On school premises;
- On school transportation;
- At school-sponsored off-campus events;
- At any school readiness program provider determined to be eligible under s. 1002.88, F.S.;
- At a private prekindergarten provider or a public school prekindergarten provider;
- At a public K-12 school;
- At a private school; or
- At any school.

The bill amends s. 39.201(2)(c), F.S., relating to reports of juvenile sexual abuse or a child who has exhibited inappropriate sexual behavior and relocates the law to a new s. 39.201(5), F.S., and requires DCF to comply with new requirements, including:

- Providing services in the least restrictive environment possible and must include, but are not limited to, child advocacy center services pursuant to s. 39.3035, F.S., and sexual abuse treatment programs developed and coordinated by the Children's Medical Services Program pursuant to s. 39.303, F.S.
- Conducting a protective investigation for allegations of childhood sexual abuse or juvenile sexual abuse which occur on or at the schools or school events listed in the newly created s. 39.101(3)(f)2., F.S., and requires that the investigation include an interview with the child's parent or legal guardian.
- Notifying the Department of Education, the law enforcement agency having jurisdiction over the municipality or county in which the school is located and, as appropriate, the superintendent of the school district where the school is located, the administrative officer of the private school, or the owner of the private school readiness or pre-kindergarten provider.
- Preparing written report to the law enforcement agency within 3 working days after making the oral report. Any criminal investigation must be coordinated with DCF's child protective investigation, whenever possible. Any interested person who has relevant information relating to the abuse may forward a statement to DCF.

Section 39.201(1)(b)2.h., F.S., is created and adds an animal control officer defined in s. 828.27, F.S., or agent appointed under s. 828.03, F.S., to those who must disclose his or her name when making a report to the hotline.

Confidentiality of Reports

The bill amends s. 39.202(2), F.S., to include the Agency for Health Care Administration (AHCA) as an agency permitted to receive reports of abuse and neglect. This will allow AHCA to complete child abuse and neglect record checks for employees who work in direct contact with children placed by DCF in facilities licensed by AHCA. This brings the state in compliance with FFPSA provisions requiring such checks.

The bill creates 39.202(7), F.S., to grant access to confidential and exempt records to a legislative committee pursuant to s. 11.143, F.S., within seven business days if requested within that timeframe.

Penalties for Non-Reporting

The bill amends s. 1012.795, F.S., requiring the Education Practices Commission (EPC) to suspend for not less than one year the educator certificate of instructional personnel or school administrator if DCF

finds that he or she knowingly failed to report child abuse pursuant to s. 39.201, F.S., and the EPC has issued a final order in accordance with ch. 120, F.S., for a previous instance of failure to report by the individual.

Child Protective Investigations

Institutional Child Abuse

The bill amends s. 39.202, F.S., to provide that an alleged perpetrator may be represented by an attorney or accompanied by another person if specified conditions are met. It further provides the absence of such person does not prevent DCF from proceeding with other aspects of the investigation. If the institution is not operational and the child is unable to be located, the bill requires the investigation to be commence immediately upon the institution reopening. The bill requires DCF to provide copies of all investigative reports to a state attorney or law enforcement agency upon request. This is current law that the bill relocates to this section under the revision of s. 39.201.

CIRRT

The bill amends s. 39.2015, F.S., to include as an example of a situation where a CIRRT investigation could be conducted to include allegations of sexual abuse of a child. Further, it requires CIRRT teams to include a representative from a child advocacy center who has specialized training in sexual abuse, if sexual abuse is alleged, or a combination of specialists from a child advocacy center, if appropriate.

Child Advocacy Centers

The bill amends s. 39.3035(1), F.S., to specify that:

- CAC's are facilities that offer multidisciplinary services in a community-based, child-focused environment to children who are alleged to be victims of abuse or neglect;
- the child served by such centers may have experienced a variety of types of abuse or neglect, including, but not limited to, sexual abuse or severe physical abuse; and that
- the centers bring together, often in one location, child protective investigators, law enforcement, prosecutors, and medical and mental health professionals to provide a coordinated, comprehensive response to victims and their caregivers.

This is consistent with how CAC's currently operate.

Out-of-Home Placements

Family Foster Homes

The bill amends s. 409.175, F.S., to increase the number of foster children who may be placed in a licensed foster home before a DCF must conduct an assessment and over-capacity waiver. The bill increases the number from five or more children, including the foster parents' own children, to eight or more, including the foster parents' own children. If the total number of children in a family foster home is eight or more, including the foster parents' own children, the bill requires DCF to grant an over-capacity waiver before placing another child in the home. Before granting a capacity waiver, the bill requires DCF to conduct an assessment of each child to be placed in the home and whether the child's needs will be met by the placement. This change gives DCF more flexibility when placing children in family foster homes and is within the requirements set by the FFPSA, which allows a child welfare agency to place six children in a licensed family foster home, excluding the foster parents' own children, prior to being considered over-capacity.

The bill amends s. 39.4087, F.S., to relocate language that a caregiver must maintain the confidentiality of any information required by law from s. 39.4087(1)(c), F.S., to new s. 39. 4087(c)2., F.S. The bill also

amends s. 39.4087(1)(l), F.S., to consider a caregiver as a placement option if a child who was formerly placed with the caregiver renters out-of-home only if the caregiver agrees to such placement.

The bill repeals s. 409.1453, F.S., which requires DCF to design and disseminate training for caregivers on life skills, and relocates it to s. 409.1415(2)(b)15., F.S.

Extended Foster Care

The bill amends s. 39.6251(4)(a), F.S., to specify that young adults participating in EFC must reside in *voluntary*, supervised living environments. The bill requires that a supervised living arrangement may not include a detention facility, a forestry camp, a training school, or any other facility operated primarily for the detention of delinquent children. Further, the bill states that a young adult may not reside in any setting in which the young adult is involuntarily placed, unless the placement is through a court-appointed guardian. This ensures federal reimbursement to the state for all youth participating in EFC. Young adults will still have their needs meet while incarcerated through other available services.

Foster Information Center

The bill amends s. 409.1415(2)(b)6., F.S., to specify that the services and supports provided to caregivers are addressed in a new subsection created in s. 409.1415(3), F.S. The new subsection requires DCF to establish the Foster Information Center to connect current and former foster parents, known as foster parent advocates, to prospective and current foster parents in order to provide information and services, including, but not limited to:

- Navigating the application and approval process, including timelines for each, preparing for transitioning from approval for placement to accepting a child into the home, and learning about and connecting with any available resources in the prospective foster parent's community.
- Accessing available resources and services, including but not limited to, those from the Florida Foster and Adoptive Parent Association, for any current foster parents who needs additional assistance.
- Providing information specific to a foster parent's individual needs.

This expands the purpose of the Foster Information Center that DCF currently operates by adding responsibilities related to current foster parents, not just prospective foster parents.

The bill also addresses supports to relative and non-relative caregivers, known as kinship caregivers, by requiring CBCs to provide a kinship caregiver with resources and supports that are available and discuss whether the caregiver meets any eligibility criteria. If the caregiver is unable to access resources and supports beneficial to the well-being of the child, the CBC or case management agency must assist the caregiver in initiating access to resources by:

- Providing referrals to kinship navigation services, if available.
- Assisting with linkages to community resources and completion of program applications.
- Scheduling appointments.
- Initiating contact with community service providers.

The CBC must provide each caregiver with a telephone number to call during normal working hours whenever immediate assistance is needed and the child's case manager is unavailable. The telephone number must be staffed and answered by individuals possessing knowledge and authority to assist caregivers. This may provide kinship caregivers greater access to resources, which will enable them to better care for the children living with them.

Multidisciplinary Legal Representation

The bill creates s. 39.4092, F.S., to allow each Office of Criminal Conflict and Civil Regional Counsel (OCCCRC) to establish a multidisciplinary legal representation model program to serve families who are in the dependency system. DCF may collaborate with the OCCCRC to implement a program for eligible families involved in the dependency system, within available resources. The bill provides

requirements if an OCCCRC establishes a multidisciplinary legal representation model program, including:

- Using a team that consists of a lawyer, a forensic social worker, and a parent-peer specialist. For purposes of the section, a "parent-peer" specialist means a person who has:
  - Previously had his or her child involved in the dependency system and the child was placed in out-of-home care.
  - Been successfully reunified with the child for more than 2 years.
  - Received specialized training to become a parent-peer specialist.
- Providing any necessary agreements to maximize financial resources and enable access to available federal matching funds.
- Providing specialized training and support for attorneys, social workers, and parent-peer specialists involved in the model program.
- Collecting sufficient, uniform data for purposes of quality improvement and program evaluation.
- Developing consistent operational program policies and procedures throughout each region that establishes the model program.
- Obtaining agreements with universities relating to approved placements for social work students to ensure the placement of social workers in the program.
- Executing conflict of interest agreements with each team member.

Each OCCCRC that establishes a multidisciplinary legal representation model program must provide an annual report to the Office of Program Policy Analysis and Government Accountability (OPPAGA). The annual report must use the uniform data collected on each individual child whose parents are served by the program and must detail, at a minimum, all of the following:

- Reasons for the original involvement of the family in the dependency system.
- Length of time it takes to achieve a permanency goal for the children whose parents are served by the program.
- Frequency of each type of permanency goal achieved by children whose parents are served by the program.
- Rate of re-abuse or re-removal of children whose parents are served by the program.
- Any other relevant factors that tend to show the impact of the program on the outcomes for children in the dependency system, provided each region that has established such a program agrees to uniform additional factors and how to collect data on such additional factors in the annual report.

By October 1, 2022, and annually thereafter through October 1, 2025, each OCCCRC must submit its annual report to OPPAGA. The bill requires OPPAGA to compile the results of such reports and conduct an analysis comparing the reported outcomes from the multidisciplinary legal representation model to known outcomes of children in the dependency system whose parents are not served by the program. OCCCRC's must provide any additional information or data requested by OPPAGA for its analysis. By December 1, 2022, and annually thereafter through December 1, 2025, OPPAGA must submit its analysis in a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

B. SECTION DIRECTORY:

Section 1: Creating s. 39.101, F.S., relating to the central abuse hotline.
Section 2: Amending s. 39.201, F.S., relating to required reports of child abuse, abandonment, neglect, and juvenile sexual abuse; required reports of death; reports involving a child who has exhibited inappropriate sexual behavior.
Section 3: Amending s. 39.2015, F.S., relating to critical incident rapid response teams.
Section 4: Amending s. 39.202, F.S., relating to confidentiality of reports and records in cases of child abuse and neglect.
Section 5: Amending s. 39.205, F.S., relating to penalties relating to reporting of child abuse, abandonment, or neglect.

Section 6: Amending s. 39.302, F.S., relating to protective investigations of institutional child abuse, abandonment, or neglect.
Section 7: Amending s. 39.3035, F.S., relating to child advocacy centers; standards; state funding.
Section 8: Amending s. 39.4087, F.S., relating to department goals and requirements relating to caregivers; dispute resolution.
Section 9: Creating s. 39.4092, F.S., relating to multidisciplinary legal representation model program for parents of children in the dependency system.
Section 10: Amending s. 39.6251, F.S., relating to continuing care for young adults.
Section 11: Amending s. 394.9082, F.S., relating to behavioral health entities.
Section 12: Creating s. 394.90825, F.S., relating to boards of managing entities; conflicts of interest.
Section 13: Amending s. 409.1415, F.S., relating to parenting partnerships for children in out-of-home care; resources.
Section 14: Repealing s. 409.1453, F.S, relating to design and dissemination of training for foster care caregiver.
Section 15: Amending s. 409.175, F.S., relating to licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.
Section 16: Repealing s. 409.1753, F.S., relating to foster care; duties.
Section 17: Amending s. 409.987, F.S., relating to lead agency procurement; boards; conflicts of interest.
Section 18: Amending s. 409.988, F.S., relating to lead agency duties; general provisions.
Section 19: Amending s. 409.990, F.S., relating to funding for lead agencies.
Section 20: Amending s. 409.992, F.S., relating to lead agency expenditures.
Section 21: Amending s. 409.996, F.S., relating to duties of the Department of Children and Families.
Section 22: Amending s. 1012.795, F.S., relating to education practices commission; authority to discipline.
Section 23: Amending s. 39.6225, F.S., relating to guardianship assistance program.
Section 24: Amending s. 39.301, F.S., relating to initiation of protective investigations.
Section 25: Amending s. 119.071, F.S., relating to general exemptions from inspection or copying of public records.
Section 26: Amending s. 322.09, F.S., relating to application of minors; responsibility for negligence or misconduct of minor.
Section 27: Amending s. 934.03, F.S., relating to interception and disclosure of wire, oral, or electronic communications prohibited.
Section 28: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   The bill has indeterminate, but likely insignificant, fiscal impacts on DCF. The department may realize a positive impact to the extent that prohibiting incarcerated young adults from participating in the extended foster care program results in less program costs.

   DCF may have a workload increase to implement the bill's provisions related to the collection and publication of information on CBCs and MEs, expanding the functions of the Foster Information Center, and providing records to legislative committees within seven days upon request. The impact is likely insignificant.

The bill permits, but does not require, the Offices of Criminal Conflict and Civil Regional Counsels to implement a multidisciplinary legal team representation model program with DCF that would be eligible for federal Title IV-E matching funds. The receipt of these funds would require budget authority. It is unknown how many teams would be created, it at all; thus, the required authority is indeterminate.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

There may be an indeterminate, negative fiscal impact on CBCs to implement provisions requiring services and support be provided to kinship caregivers.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

DCF has sufficient rulemaking authority to implement the bill's provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 15, 2021, the Children, Families, and Seniors Subcommittee adopted an amendment to the bill. The amendment restores current law relating to the use of state funds for community-based care lead agency employee salaries.

The bill was reported favorably as amended. The analysis is drafted to the amended bill as passed by the Children, Families, and Seniors Subcommittee.

A bill to be entitled

An act relating to child welfare; providing a directive to the Division of Law Revision; creating s. 39.101, F.S.; transferring existing provisions relating to the central abuse hotline of the Department of Children and Families; providing additional requirements relating to the central abuse hotline; revising requirements for certain statistical reports that the department is required to collect and analyze; amending s. 39.201, F.S.; revising reporting requirements for the central abuse hotline; requiring animal control officers and certain agents to provide their names to central abuse hotline counselors; requiring such counselors to advise reporters of certain information; requiring such counselors to receive specified periodic training; revising requirements relating to reports of abuse involving impregnation of children; providing requirements for reports of child abuse, abandonment, or neglect by a parent or legal custodian, child-on-child sexual abuse, juvenile sexual abuse, and children who exhibit inappropriate sexual behavior; amending s. 39.2015, F.S.; specifying serious incidents for which the department is required to provide an immediate multiagency investigation; revising membership of

multiagency teams; amending s. 39.202, F.S.; expanding the list of entities that have access to child abuse or neglect records; requiring access to certain confidential and exempt records by legislative committees, upon request, within a specified timeframe; amending s. 39.205, F.S.; providing construction; specifying that certain persons are not relieved from the duty to report to the central abuse hotline by notifying their supervisors; amending s. 39.302, F.S.; conforming a cross-reference; authorizing certain persons to be represented by an attorney or accompanied by another person under certain circumstances during protective investigations of institutional child abuse, abandonment, or neglect; providing requirements relating to such investigations; amending s. 39.3035, F.S.; providing a description of child advocacy centers; conforming cross-references; amending s. 39.4087, F.S.; requiring the department to provide certain information to, and training for, caregivers of children in foster care; expanding certain information that is required to be fully disclosed to a caregiver; requiring a caregiver to maintain the confidentiality of certain information; making technical changes; creating s. 39.4092, F.S.; authorizing offices of criminal

conflict and civil regional counsel to establish a multidisciplinary legal representation model program to serve families who are in the dependency system; authorizing the department to collaborate with the office to implement the model program within available resources; specifying program requirements; defining the term "parent-peer specialist"; requiring each office of criminal conflict and civil regional counsel that establishes a model program to submit an annual report by a specified date to the Office of Program Policy Analysis and Government Accountability; specifying report requirements; requiring the Office of Program Policy Analysis and Government Accountability to compile the results of the reports, conduct an analysis, and annually submit such analysis in a report to the Governor and Legislature by a specified date; amending s. 39.6225, F.S.; deleting obsolete provisions; amending s. 39.6251, F.S.; providing that licensed foster homes are the preferred supervised living arrangements for young adults; prohibiting supervised living arrangements from including specified facilities, camps, and schools; prohibiting young adults from residing in settings in which they are involuntarily placed unless such placement is through a court-appointed guardian;

amending s. 394.9082, F.S.; requiring the department to collect and publish, and update annually, specified information on its website for each managing entity or an affiliated entity under contract with the department; defining the term "employee"; creating s. 394.90825, F.S.; providing definitions; requiring a board member or an officer of a managing entity to disclose specified activity that may reasonably be construed to be a conflict of interest; creating a rebuttable presumption of a conflict of interest if the activity was acted on by the board without prior notice; establishing a process for the managing entity's board of directors to address the activity within certain timelines; providing for certain consequences for failure to obtain a board's approval or failure to properly disclose a contract as a conflict of interest; amending s. 409.1415, F.S.; requiring the department to make available specified training for caregivers of children in out-of-home care; requiring the department to establish the Foster Information Center for specified purposes; requiring community-based care lead agencies to provide certain resources, supports, and assistance to kinship caregivers; requiring community-based care lead agencies to provide caregivers with a certain

telephone number; repealing s. 409.1453, F.S., relating to the design and dissemination of training for foster care caregivers; amending s. 409.175, F.S.; requiring the department to conduct certain assessments and grant a capacity waiver if the total number of children in a family foster home is eight or more, including the family's own children, before another child may be placed in the home; authorizing the department to adopt rules; repealing s. 409.1753, F.S.; relating to duties of the department relating to foster care; amending s. 409.987, F.S.; requiring the department to develop an alternative plan for providing community-based child welfare services under certain circumstances; providing requirements for the plan; requiring the department to submit the plan and certain quarterly updates to the Governor and Legislature; providing definitions; requiring a board member or an officer of a lead agency to disclose specified activity that may reasonably be construed to be a conflict of interest; creating a rebuttable presumption of a conflict of interest if the activity was acted on by the board without prior notice; establishing a process for the lead agency's board of directors to address the activity within certain timelines; providing for certain consequences for

failure to obtain a board's approval or failure to properly disclose a contract as a conflict of interest; amending s. 409.988, F.S.; deleting a requirement that lead agencies publish their current budgets on their websites; specifying additional data lead agencies must publish on their websites; requiring a lead agency to adhere to specified best child welfare practices; amending s. 409.990, F.S.; requiring lead agencies to fund the cost of increased care under certain circumstances; amending s. 409.996, F.S.; requiring contracts between the department and community-based care lead agencies to provide specified information to the department; requiring the department to annually conduct a specified review of community-based care lead agencies; requiring such agencies to develop and maintain a specified plan; requiring the department to collect and publish on its website specified information relating to lead agencies under contract with the department; amending s. 1012.795, F.S.; requiring the Education Practices Commission to suspend the educator certificate of instructional personnel and school administrators for failing to report known or suspected child abuse under certain circumstances; amending ss. 39.301, 119.071, and 934.03, F.S.; conforming cross-references;

providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. The Division of Law Revision is directed to add s. 39.101, Florida Statutes, as created by this act, to part II of chapter 39, Florida Statutes.

Section 2. Section 39.101, Florida Statutes, is created to read:

39.101 Central abuse hotline.—The central abuse hotline is the first step in the safety assessment and investigation process.

(1) ESTABLISHMENT AND OPERATION.—

(a) The department shall operate and maintain a central abuse hotline capable of receiving all reports of known or suspected child abuse, abandonment, or neglect and reports that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide such supervision and care. The hotline must accept reports 24 hours a day, 7 days a week, and such reports must be made in accordance with s. 39.201. The central abuse hotline must be capable of accepting reports made in accordance with s. 39.201 in writing, through a single statewide toll-free telephone number, or through electronic reporting. A person may use any of these methods to make a report to the

central abuse hotline.

(b) The central abuse hotline must be operated in such a manner as to enable the department to:

1. Accept reports for investigation when there is reasonable cause to suspect that a child has been or is being abused or neglected or has been abandoned.

2. Determine whether the allegations made by the reporter require an immediate or a 24-hour response in accordance with subsection (2).

3. Immediately identify and locate previous reports or cases of child abuse, abandonment, or neglect through the use of the department's automated tracking system.

4. Track critical steps in the investigative process to ensure compliance with all requirements for any report or case of abuse, abandonment, or neglect.

5. When appropriate, refer reporters who do not allege child abuse, abandonment, or neglect to other organizations that may better resolve the reporter's concerns.

6. Serve as a resource for the evaluation, management, and planning of preventive and remedial services for children who have been abused, abandoned, or neglected.

7. Initiate and enter into agreements with other states for the purposes of gathering and sharing information contained in reports on child maltreatment to further enhance programs for the protection of children.

8. Promote public awareness of the central abuse hotline through community-based partner organizations and public service campaigns.

(2) TIMEFRAMES FOR INITIATING INVESTIGATION.—After the central abuse hotline receives a report, the department must determine the timeframe in which to initiate an investigation under chapter 39. Except as provided in s. 39.302 relating to institutional investigations, the department must commence an investigation:

(a) Immediately, regardless of the time of day or night, if it appears that:

1. The immediate safety or well-being of a child is endangered;

2. The family may flee or the child may be unavailable for purposes of conducting a child protective investigation; or

3. The facts reported to the central abuse hotline otherwise so warrant.

(b) Within 24 hours after receipt of a report that does not involve the criteria specified in paragraph (a).

(3) COLLECTION OF INFORMATION AND DATA.—The department shall:

(a)1. Voice-record all incoming or outgoing calls that are received or placed by the central abuse hotline which relate to suspected or known child abuse, abandonment, or neglect and maintain an electronic copy of each report made to the central

abuse hotline through a call or electronic reporting.

2. Make the recording or electronic copy of the report made to the central abuse hotline a part of the record of the report. Notwithstanding s. 39.202, the recording or electronic copy may only be released in full to law enforcement agencies and state attorneys for the purposes of investigating and prosecuting criminal charges under s. 39.205, or to employees of the department for the purposes of investigating and seeking administrative fines under s. 39.206.

This paragraph does not prohibit central abuse hotline counselors from using the recordings or the electronic copy of reports for quality assurance or training purposes.

(b)1. Secure and install electronic equipment that automatically provides the central abuse hotline the telephone number from which the call is placed or the Internet protocol address from which the electronic report is received.

2. Enter the telephone number or Internet protocol address into the report of child abuse, abandonment, or neglect for it to become a part of the record of the report.

3. Maintain the confidentiality of such information in the same manner as given to the identity of the reporter under s. 39.202.

(c)1. Update the online form used for reporting child abuse, abandonment, or neglect to include qualifying questions

in order to obtain necessary information required to assess need and the timeframes necessary for initiating an investigation under subsection (2).

2. Make the report available in its entirety to the central abuse hotline counselors as needed to update the Florida Safe Families Network or other similar systems.

(d) Monitor and evaluate the effectiveness of the reporting and investigating of suspected child abuse, abandonment, or neglect through the development and analysis of statistical and other information.

(e) Maintain and produce aggregate statistical reports monitoring patterns of child abuse, abandonment, and neglect.

(f)1. Collect and analyze child-on-child sexual abuse reports and include such information in the aggregate statistical reports.

2. Collect and analyze, in separate statistical reports, those reports of child abuse, sexual abuse, and juvenile sexual abuse which are reported from or which occurred on or at:

a. School premises;

b. School transportation;

c. School-sponsored off-campus events;

d. A school readiness program provider determined to be eligible under s. 1002.88;

e. A private prekindergarten provider or a public school prekindergarten provider, as those terms are defined in s.

1002.51(7) and (8), respectively;

f. A public K-12 school as described in s. 1000.04;

g. A private school as defined in s. 1002.01;

h. A Florida College System institution or a state university, as those terms are defined in s. 1000.21(3) and (6), respectively; or

i. A school, as defined in s. 1005.02.

(4) USE OF INFORMATION RECEIVED BY THE CENTRAL ABUSE HOTLINE.—

(a) Information received by the central abuse hotline may not be used for employment screening, except as provided in s. 39.202(2)(a) and (h) or s. 402.302(15).

(b) Information in the central abuse hotline and the department's automated abuse information system may be used by the department, its authorized agents or contract providers, the Department of Health, or county agencies as part of the licensure or registration process pursuant to ss. 402.301-402.319 and ss. 409.175-409.176.

(c) Information in the central abuse hotline may also be used by the Department of Education for purposes of educator certification discipline and review pursuant to s. 39.202(2)(q).

(5) QUALITY ASSURANCE.—On an ongoing basis, the department's quality assurance program shall review screened-out reports involving three or more unaccepted reports on a single child, when jurisdiction applies, in order to detect such things

as harassment and situations that warrant an investigation because of the frequency of the reports or the variety of the sources of the reports. A component of the quality assurance program must analyze unaccepted reports to the central abuse hotline by identified relatives as a part of the review of screened-out reports. The Assistant Secretary for Child Welfare may refer a case for investigation when it is determined, as a result of such review, that an investigation may be warranted.

Section 3. Section 39.201, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 39.201, F.S., for present text.)

39.201 Required reports of child abuse, abandonment, or neglect, sexual abuse of a child, and juvenile sexual abuse; required reports of death; reports involving a child who has exhibited inappropriate sexual behavior.—

(1) MANDATORY REPORTING.—

(a)1. A person is required to report immediately to the central abuse hotline established in s. 39.101, in writing, through a call to the toll-free telephone number, or through electronic reporting, if he or she knows, or has reasonable cause to suspect, that any of the following has occurred:

a. Child abuse, abandonment, or neglect by a parent or caregiver, which includes, but is not limited to, when a child is abused, abandoned, or neglected by a parent, legal custodian,

caregiver, or other person responsible for the child's welfare or when a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide such supervision and care.

b. Child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare. The central abuse hotline must immediately electronically transfer such reports to the appropriate county sheriff's office.

2. Any person who knows, or has reasonable cause to suspect, that a child is the victim of sexual abuse or juvenile sexual abuse shall report such knowledge or suspicion to the central abuse hotline, including if the alleged incident involves a child who is in the custody of or under the protective supervision of the department.

Such reports may be made in writing, through the statewide toll-free telephone number, or through electronic reporting.

(b)1. A person from the general public may make a report to the central abuse hotline anonymously if he or she chooses to do so.

2. A person making a report to the central abuse hotline whose occupation is in any of the following categories is required to provide his or her name to the central abuse hotline

counselors:

a. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

b. Health care professional or mental health professional other than a person listed in sub-subparagraph a.;

c. Practitioner who relies solely on spiritual means for healing;

d. School teacher or other school official or personnel;

e. Social worker, day care center worker, or other professional child care worker, foster care worker, residential worker, or institutional worker;

f. Law enforcement officer;

g. Judge; or

h. Animal control officer as defined in s. 828.27 or agent appointed under s. 828.03.

(c) Central abuse hotline counselors shall advise persons under subparagraph (b)2. who are making a report to the central abuse hotline that, while their names must be entered into the record of the report, the names of reporters are held confidential and exempt as provided in s. 39.202. Such counselors must receive periodic training in encouraging all reporters to provide their names when making a report.

(2) EXCEPTIONS TO REPORTING.—

(a) An additional report of child abuse, abandonment, or

neglect, sexual abuse of a child, or juvenile sexual abuse is not required to be made by:

1. A professional who is hired by or who enters into a contract with the department for the purpose of treating or counseling a person as a result of a report of child abuse, abandonment, or neglect, sexual abuse of a child, or juvenile sexual abuse if such person was the subject of the referral for treatment or counseling.

2. An officer or employee of the judicial branch when the child is currently being investigated by the department, when there is an existing dependency case, or when the matter has previously been reported to the department if there is reasonable cause to believe that the information is already known to the department. This subparagraph applies only when the information related to the alleged child abuse, abandonment, or neglect, sexual abuse of a child, or juvenile sexual abuse has been provided to such officer or employee in the course of carrying out his or her official duties.

3. An officer or employee of a law enforcement agency when the incident under investigation by the law enforcement agency was reported to law enforcement by the central abuse hotline through the electronic transfer of the report or telephone call. The department's central abuse hotline is not required to electronically transfer calls or reports received under sub-subparagraph (1)(a)1.b. to the county sheriff's office if the

matter was initially reported to the department by the county sheriff's office or by another law enforcement agency. This subparagraph applies only when the information related to the alleged child abuse, abandonment, or neglect, sexual abuse of a child, or juvenile sexual abuse has been provided to the officer or employee of a law enforcement agency or central abuse hotline counselor in the course of carrying out his or her official duties.

(b) Nothing in this section or in the contract with community-based care providers for foster care and related services as specified in s. 409.987 may be construed to remove or reduce the duty and responsibility of any person, including any employee of the community-based care provider, to report a known or suspected case of child abuse, abandonment, or neglect, sexual abuse of a child, or juvenile sexual abuse to the department's central abuse hotline.

(3) ADDITIONAL CIRCUMSTANCES RELATED TO REPORTS.—

(a) Abuse occurring out of state.—

1. Except as provided in subparagraph 2., the central abuse hotline may not take a report or call of known or suspected child abuse, abandonment, or neglect when the report or call is related to abuse, abandonment, or neglect that occurred out of state and the alleged perpetrator and alleged victim do not live in this state. The central abuse hotline must instead transfer the information in the report or call to the

appropriate state or country.

2. If the alleged victim is currently being evaluated in a medical facility in this state, the central abuse hotline must accept the report or call for investigation and must transfer the information in the report or call to the appropriate state or country.

(b) Reports received from emergency room physicians.—The department must initiate an investigation when it receives a report from an emergency room physician.

(c) Abuse involving impregnation of a child.—A report must be immediately electronically transferred to the appropriate county sheriff's office or other appropriate law enforcement agency by the central abuse hotline if the report is of an instance of known or suspected child abuse involving impregnation of a child 15 years of age or younger by a person 21 years of age or older under s. 827.04(3). If the report is of known or suspected child abuse under s. 827.04(3), subsection (1) does not apply to health care professionals or other professionals who provide medical or counseling services to pregnant children when such reporting would interfere with the provision of such medical or counseling services.

(d) Institutional child abuse or neglect.—Reports involving known or suspected institutional child abuse or neglect must be made and received in the same manner as all other reports made under this section.

(e) Surrendered newborn infants.—

1. The central abuse hotline must receive reports involving surrendered newborn infants as described in s. 383.50.

2.a. A report may not be considered a report of child abuse, abandonment, or neglect solely because the infant has been left at a hospital, emergency medical services station, or fire station under s. 383.50.

b. If the report involving a surrendered newborn infant does not include indications of child abuse, abandonment, or neglect other than that necessarily entailed in the infant having been left at a hospital, emergency medical services station, or fire station, the central abuse hotline must provide to the person making the report the name of an eligible licensed child-placing agency that is required to accept physical custody of and to place surrendered newborn infants. The department shall provide names of eligible licensed child-placing agencies on a rotating basis.

3. If the report includes indications of child abuse, abandonment, or neglect beyond that necessarily entailed in the infant having been left at a hospital, emergency medical services station, or fire station, the report must be considered as a report of child abuse, abandonment, or neglect and, notwithstanding chapter 383, is subject to s. 39.395 and all other relevant provisions of this chapter.

(4) REPORTS OF CHILD ABUSE, ABANDONMENT, OR NEGLECT BY A

PARENT, LEGAL CUSTODIAN, CAREGIVER, OR OTHER PERSON RESPONSIBLE FOR A CHILD'S WELFARE.—

(a)1. Upon receiving a report made to the central abuse hotline, the department shall determine if the received report meets the statutory criteria for child abuse, abandonment, or neglect.

2. Any report meeting the statutory criteria for child abuse, abandonment, or neglect must be accepted for a child protective investigation pursuant to part III of this chapter.

(b)1. Any call received from a parent or legal custodian seeking assistance for himself or herself which does not meet the criteria for being a report of child abuse, abandonment, or neglect may be accepted by the central abuse hotline for response to ameliorate a potential future risk of harm to a child.

2. The department must refer the parent or legal custodian for appropriate voluntary community services if it is determined by the department that a need for community services exists.

(5) REPORTS OF SEXUAL ABUSE OF A CHILD OR JUVENILE SEXUAL ABUSE; REPORTS OF A CHILD WHO HAS EXHIBITED INAPPROPRIATE SEXUAL BEHAVIOR.—

(a)1. Sexual abuse of a child or juvenile sexual abuse must be reported immediately to the central abuse hotline, including any alleged incident involving a child who is in the custody of or under the protective supervision of the

department. Such reports may be made in writing, through the statewide toll-free telephone number, or through electronic reporting.

2. Within 48 hours after the central abuse hotline receives a report under subparagraph 1., the department shall conduct an assessment, assist the family in receiving appropriate services under s. 39.307, and send a written report of the allegation to the appropriate county sheriff's office.

(b) Reports involving a child who has exhibited inappropriate sexual behavior must be made and received by the central abuse hotline. Within 48 hours after receiving a report under this paragraph, the department shall conduct an assessment, assist the family in receiving appropriate services under s. 39.307, and send a written report of the allegation to the appropriate county sheriff's office.

(c) The services identified in the assessment conducted under paragraph (a) or paragraph (b) must be provided in the least restrictive environment possible and must include, but are not limited to, child advocacy center services under s. 39.3035 and sexual abuse treatment programs developed and coordinated by the Children's Medical Services Program in the Department of Health under s. 39.303.

(d) The department shall ensure that the facts and results of any investigation of sexual abuse of a child or juvenile sexual abuse involving a child in the custody of or under the

protective supervision of the department are made known to the court at the next hearing and are included in the next report to the court concerning the child.

(e)1. In addition to conducting an assessment and assisting the family in receiving appropriate services, the department shall conduct a child protective investigation under part III of this chapter if the incident leading to a report occurs on school premises, on school transportation, at a school-sponsored off-campus event, at a public or private school readiness or prekindergarten program, at a public K-12 school, at a private school, at a Florida College System institution, at a state university, or at any other school. The child protective investigation must include an interview with the child's parent or legal custodian.

2. The department shall orally notify the Department of Education; the law enforcement agency having jurisdiction over the municipality or county in which the school, program, institution, or university is located; and, as appropriate, the superintendent of the school district in which the school is located, the administrative officer of the private school, or the owner of the private school readiness or prekindergarten program provider.

3. The department shall make a full written report to the law enforcement agency having jurisdiction over the municipality or county in which the school, program, institution, or

university is located within 3 business days after making the oral report. Whenever possible, any criminal investigation must be coordinated with the department's child protective investigation. Any interested person who has information regarding sexual abuse of a child or juvenile sexual abuse may forward a statement to the department.

(6) MANDATORY REPORTS OF A CHILD DEATH.—Any person required to report or investigate cases of suspected child abuse, abandonment, or neglect who has reasonable cause to suspect that a child died as a result of child abuse, abandonment, or neglect shall report his or her suspicion to the appropriate medical examiner. The medical examiner shall accept the report for investigation and report his or her findings, in writing, to the local law enforcement agency, the appropriate state attorney, and the department. Autopsy reports maintained by the medical examiner are not subject to the confidentiality requirements under s. 39.202.

Section 4. Subsections (1) and (3) of section 39.2015, Florida Statutes, are amended to read:

39.2015 Critical incident rapid response team.—

(1) As part of the department's quality assurance program, the department shall provide an immediate multiagency investigation of certain child deaths or other serious incidents, including, but not limited to, allegations of sexual abuse of a child or juvenile sexual abuse as described in this

chapter. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.

(3) Each investigation shall be conducted by a multiagency team of at least five professionals with expertise in child protection, child welfare, and organizational management. The team may consist of employees of the department, community-based care lead agencies, Children's Medical Services, and community-based care provider organizations; faculty from the institute consisting of public and private universities offering degrees in social work established pursuant to s. 1004.615; or any other person with the required expertise. The team shall include, at a minimum, a Child Protection Team medical director, a representative from a child advocacy center under s. 39.3035 who has specialized training in sexual abuse of a child if sexual abuse of a child is alleged, or a combination of such specialists if deemed appropriate. The majority of the team must reside in judicial circuits outside the location of the incident. The secretary shall appoint a team leader for each group assigned to an investigation.

Section 5. Subsections (7) through (9) of section 39.202, Florida Statutes, are renumbered as subsections (8) through (10), respectively, paragraphs (a) and (h) of subsection (2) are amended, and a new subsection (7) is added to that section, to read:

39.202 Confidentiality of reports and records in cases of child abuse or neglect; exception.—

(2) Except as provided in subsection (4), access to such records, excluding the name of, or other identifying information with respect to, the reporter which shall be released only as provided in subsection (5), shall be granted only to the following persons, officials, and agencies:

(a) Employees, authorized agents, or contract providers of the department, the Department of Health, the Agency for Persons with Disabilities, the Agency for Health Care Administration, the office of Early Learning, or county agencies responsible for carrying out:

1. Child or adult protective investigations;

2. Ongoing child or adult protective services;

3. Early intervention and prevention services;

4. Healthy Start services;

5. Licensure or approval of adoptive homes, foster homes, child care facilities, facilities licensed under chapters 393 and 394 ~~chapter 393~~, family day care homes, providers who receive school readiness funding under part VI of chapter 1002, or other homes used to provide for the care and welfare of children;

6. Employment screening for caregivers in residential group homes and facilities licensed under chapters 393, 394, and 409; or

7. Services for victims of domestic violence when provided by certified domestic violence centers working at the department's request as case consultants or with shared clients.

Also, employees or agents of the Department of Juvenile Justice responsible for the provision of services to children, pursuant to chapters 984 and 985.

(h) Any appropriate official of the department, the Agency for Health Care Administration, or the Agency for Persons with Disabilities who is responsible for:

1. Administration or supervision of the department's program for the prevention, investigation, or treatment of child abuse, abandonment, or neglect, or abuse, neglect, or exploitation of a vulnerable adult, when carrying out his or her official function;

2. Taking appropriate administrative action concerning an employee of the department or the agency who is alleged to have perpetrated child abuse, abandonment, or neglect, or abuse, neglect, or exploitation of a vulnerable adult; or

3. Employing and continuing employment of personnel of the department or the agency.

(7) Custodians of records made confidential and exempt under this section must grant access to such records within 7 business days after such records are requested by a legislative committee under s. 11.143, if requested within that timeframe.

Section 6. Subsections (1), (3), and (4) of section 39.205, Florida Statutes, are amended, and subsection (11) is added to that section, to read:

39.205 Penalties relating to reporting of child abuse, abandonment, or neglect.—

(1) A person who ~~is required to report known or suspected child abuse, abandonment, or neglect and who~~ knowingly and willfully fails to report to the central abuse hotline known or suspected child abuse, abandonment, or neglect ~~do so~~, or who knowingly and willfully prevents another person from doing so, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A judge subject to discipline pursuant to s. 12, Art. V of the State ~~Florida~~ Constitution may ~~shall~~ not be subject to criminal prosecution when the information was received in the course of official duties.

(3) Any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02, whose administrators ~~knowingly and willfully~~, upon receiving information from faculty, staff, or other institution employees, knowingly and willfully fail to report to the central abuse hotline known or suspected child abuse, abandonment, or neglect committed on the property of the university, college, or school, or during an event or function sponsored by the university, college, or

school, or who knowingly and willfully prevent another person from doing so, shall be subject to fines of $1 million for each such failure.

(a) A Florida College System institution subject to a fine shall be assessed by the State Board of Education.

(b) A state university subject to a fine shall be assessed by the Board of Governors.

(c) A nonpublic college, university, or school subject to a fine shall be assessed by the Commission for Independent Education.

(4) Any Florida College System institution, state university, or nonpublic college, university, or school, as defined in s. 1000.21 or s. 1005.02, whose law enforcement agency fails to report to the central abuse hotline known or suspected child abuse, abandonment, or neglect committed on the property of the university, college, or school~~,~~ or during an event or function sponsored by the university, college, or school, shall be subject to fines of $1 million for each such failure, assessed in the same manner as specified in subsection (3).

(11) This section may not be construed to remove or reduce the requirement of any person, including, but not limited to, any employee of a school readiness program provider determined to be eligible under s. 1002.88; a private prekindergarten provider or a public school prekindergarten provider, as those

terms are defined in s. 1002.51; a public K-12 school as described in s. 1000.04; a home education program or a private school, as those terms are defined in s. 1002.01; a Florida College System institution or a state university, as those terms are defined in s. 1000.21; a college as defined in s. 1005.02; or a school as defined in s. 1005.02, to directly report a known or suspected case of child abuse, abandonment, or neglect or the sexual abuse of a child or juvenile sexual abuse to the department's central abuse hotline. A person required to report to the central abuse hotline is not relieved of such obligation by notifying his or her supervisor.

Section 7. Subsections (1) and (2) of section 39.302, Florida Statutes, are amended to read:

39.302 Protective investigations of institutional child abuse, abandonment, or neglect.—

(1) The department shall conduct a child protective investigation of each report of institutional child abuse, abandonment, or neglect. Upon receipt of a report that alleges that an employee or agent of the department, or any other entity or person covered by s. 39.01(37) or (54), acting in an official capacity, has committed an act of child abuse, abandonment, or neglect, the department shall initiate a child protective investigation within the timeframe established under s. 39.101(2) ~~s. 39.201(5)~~ and notify the appropriate state attorney, law enforcement agency, and licensing agency, which

shall immediately conduct a joint investigation, unless independent investigations are more feasible. When conducting investigations or having face-to-face interviews with the child, investigation visits shall be unannounced unless it is determined by the department or its agent that unannounced visits threaten the safety of the child. If a facility is exempt from licensing, the department shall inform the owner or operator of the facility of the report. Each agency conducting a joint investigation is entitled to full access to the information gathered by the department in the course of the investigation. A protective investigation must include an interview with the child's parent or legal guardian. The department shall make a full written report to the state attorney within 3 business ~~working~~ days after making the oral report. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. Any interested person who has information regarding the offenses described in this subsection may forward a statement to the state attorney as to whether prosecution is warranted and appropriate. Within 15 days after the completion of the investigation, the state attorney shall report the findings to the department and shall include in the report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.

(2)(a) If in the course of the child protective

investigation, the department finds that a subject of a report, by continued contact with children in care, constitutes a threatened harm to the physical health, mental health, or welfare of the children, the department may restrict a subject's access to the children pending the outcome of the investigation. The department or its agent shall employ the least restrictive means necessary to safeguard the physical health, mental health, and welfare of the children in care. This authority shall apply only to child protective investigations in which there is some evidence that child abuse, abandonment, or neglect has occurred. A subject of a report whose access to children in care has been restricted is entitled to petition the circuit court for judicial review. The court shall enter written findings of fact based upon the preponderance of evidence that child abuse, abandonment, or neglect did occur and that the department's restrictive action against a subject of the report was justified in order to safeguard the physical health, mental health, and welfare of the children in care. The restrictive action of the department shall be effective for no more than 90 days without a judicial finding supporting the actions of the department.

(b) During an investigation, the alleged perpetrator may be represented by an attorney, at his or her own expense, or may be accompanied by another person, if the attorney or the other person executes an affidavit of understanding with the department and agrees to comply with the confidentiality

requirements under s. 39.202. The absence of an attorney or accompanying person does not prevent the department from proceeding with other aspects of the investigation, including interviews with other persons. In institutional child abuse, abandonment, or neglect cases when the institution is not operational and the child cannot otherwise be located, the investigation must commence immediately upon the institution resuming operation. If requested by a state attorney or local law enforcement agency, the department shall furnish all investigative reports to such state attorney or agency.

(c) ~~(b)~~ Upon completion of the department's child protective investigation, the department may make application to the circuit court for continued restrictive action against any person necessary to safeguard the physical health, mental health, and welfare of the children in care.

Section 8. Subsections (1), (2), and (3) of section 39.3035, Florida Statutes, are renumbered as subsections (2), (3), and (4), respectively, present subsection (3) is amended, and a new subsection (1) is added to that section, to read:

39.3035 Child advocacy centers; standards; state funding.—

(1) Child advocacy centers are facilities that offer multidisciplinary services in a community-based, child-focused environment to children who are alleged to be victims of child abuse, abandonment, or neglect. The children served by such centers may have experienced a variety of types of child abuse,

abandonment, or neglect, including, but not limited to, sexual abuse or severe physical abuse. The centers bring together, often in one location, child protective investigators, law enforcement officers, prosecutors, health care professionals, and mental health professionals to provide a coordinated, comprehensive response to victims and their caregivers.

(4) ~~(3)~~ A child advocacy center within this state may not receive the funds generated pursuant to s. 938.10, state or federal funds administered by a state agency, or any other funds appropriated by the Legislature unless all of the standards of subsection (2) ~~(1)~~ are met and the screening requirement of subsection (3) ~~(2)~~ is met. The Florida Network of Children's Advocacy Centers, Inc., shall be responsible for tracking and documenting compliance with subsections (2) and (3) ~~(1) and (2)~~ for any of the funds it administers to member child advocacy centers.

(a) Funds for the specific purpose of funding children's advocacy centers shall be appropriated to the Department of Children and Families from funds collected from the additional court cost imposed in cases of certain crimes against minors under s. 938.10. Funds shall be disbursed to the Florida Network of Children's Advocacy Centers, Inc., as established under this section, for the purpose of providing community-based services that augment, but do not duplicate, services provided by state agencies.

(b) The board of directors of the Florida Network of Children's Advocacy Centers, Inc., shall retain 10 percent of all revenues collected to be used to match local contributions, at a rate not to exceed an equal match, in communities establishing children's advocacy centers. The board of directors may use up to 5 percent of the remaining funds to support the activities of the network office and must develop funding criteria and an allocation methodology that ensures an equitable distribution of remaining funds among network participants. The criteria and methodologies must take into account factors that include, but need not be limited to, the center's accreditation status with respect to the National Children's Alliance, the number of clients served, and the population of the area being served by the children's advocacy center.

(c) At the end of each fiscal year, each children's advocacy center receiving revenue as provided in this section must provide a report to the board of directors of the Florida Network of Children's Advocacy Centers, Inc., which reflects center expenditures, all sources of revenue received, and outputs that have been standardized and agreed upon by network members and the board of directors, such as the number of clients served, client demographic information, and number and types of services provided. The Florida Network of Children's Advocacy Centers, Inc., must compile reports from the centers and provide a report to the President of the Senate and the

Speaker of the House of Representatives in August of each year.

Section 9. Paragraphs (c), (k), and (l) of subsection (1) of section 39.4087, Florida Statutes, are amended to read:

39.4087 Department goals and requirements relating to caregivers; dispute resolution.—

(1) To provide the best care to children, the Legislature establishes as goals for the department to treat foster parents, kinship caregivers, and nonrelative caregivers with dignity, respect, and trust while ensuring delivery of child welfare services is focused on the best interest of the child. To that end, regarding foster parents, kinship caregivers, and nonrelative caregivers caring for dependent children in their home, to the extent not otherwise prohibited by state or federal law and to the extent of current resources, the department will strive to:

(c)1. Fully disclose all relevant information regarding the child and the background of his or her biological family. ~~A caregiver must maintain the confidentiality of any information as required by law.~~ Such disclosure includes, but is not limited to:

a.~~1.~~ Any issues relative to the child that may jeopardize the health and safety of the caregiver or other individuals residing in the household or alter the manner in which the caregiver would normally provide care.

b.~~2.~~ Any delinquency or criminal record of the child,

including, but not limited to, any pending petitions or adjudications of delinquency when the conduct constituting the delinquent act, if committed by an adult, would constitute murder in the first degree, murder in the second degree, rape, robbery, or kidnapping.

c.~~3.~~ Information about any physical or sexual abuse the child has experienced.

d.~~4.~~ Any behavioral issues that may affect the care and supervision of the child.

e.~~5.~~ With parental consent to the extent required by law, any known health history and medical, psychological, or behavioral ~~mental~~ health issues or needs of the child, including, but not limited to, current infectious diseases the child has or any episodes of hospitalization due to mental or physical illness.

2. A caregiver must maintain the confidentiality of any information provided under this paragraph as required by law.

(k) Give at least 7 days' notice to a caregiver, to the extent possible, of any meeting or court hearing related to a child in his or her care. The notice must ~~shall~~ include, at minimum, ~~but is not limited to,~~ the name of the judge or hearing officer, the docket number, and the purpose and location of the hearing or meeting. If the department is providing such information to a child's biological parent, the department shall provide notice to the caregiver at the same time as the

biological parent.

(l) ~~If the caregiver agrees,~~ Consider the caregiver as a placement option for a child if such child, who was formerly placed with the caregiver, reenters out-of-home care and the caregiver agrees to the child being placed with the caregiver upon reentry ~~and reenters out-of-home care~~.

Section 10. Section 39.4092, Florida Statutes, is created to read:

39.4092 Multidisciplinary legal representation model program for parents of children in the dependency system.—

(1) ESTABLISHMENT.—Each office of criminal conflict and civil regional counsel created under s. 27.511 may establish a multidisciplinary legal representation model program to serve families who are in the dependency system. The department may collaborate with the office of criminal conflict and civil regional counsel to implement a program for eligible families who are in the dependency system, within available resources.

(2) PROGRAM REQUIREMENTS.—A multidisciplinary legal representation model program must, at a minimum:

(a) Use a team that consists of an attorney, a forensic social worker, and a parent-peer specialist. For purposes of this section, the term "parent-peer specialist" means a person who has:

1. Previously had his or her child involved in the dependency system and removed from his or her care to be placed

in out-of-home care.

2. Been successfully reunified with the child for more than 2 years.

3. Received specialized training to become a parent-peer specialist.

(b) Provide any necessary agreements to maximize financial resources and enable access to available federal Title IV-E matching funds.

(c) Provide specialized training and support for attorneys, forensic social workers, and parent-peer specialists involved in the model program.

(d) Collect sufficient, uniform data for purposes of quality improvement and program evaluation.

(e) Develop consistent operational program policies and procedures throughout each region that establishes the model program.

(f) Obtain agreements with universities relating to approved placements for social work students to ensure that social workers participate in the program.

(g) Execute conflict of interest agreements with each team member.

(3) REPORTING.—

(a) Beginning October 1, 2022, and annually thereafter through October 1, 2025, each office of criminal conflict and civil regional counsel that establishes a multidisciplinary

legal representation model program must submit an annual report to the Office of Program Policy Analysis and Government Accountability. The annual report must use the uniform data collected on each unique child whose parents are served by the program and must detail, at a minimum, all of the following:

1. Reasons the family was originally involved in the dependency system.

2. Length of time it takes to achieve a permanency goal for children whose parents are served by the program.

3. Frequency of each type of permanency goal achieved by children whose parents are served by the program.

4. Rate of subsequent abuse or removal of children whose parents are served by the program.

5. Any other relevant factors that tend to show the impact of the use of such multidisciplinary legal representation model programs on the outcomes for children in the dependency system. Each region that has established a model program must agree on the additional factors and how to collect data on such additional factors in the annual report.

(b) The Office of Program Policy Analysis and Government Accountability shall compile the results of the reports required under paragraph (a) and conduct an analysis comparing the reported outcomes from the multidisciplinary legal representation model program to known outcomes of children in the dependency system whose parents are not served by a

multidisciplinary legal representation model program. Each office of criminal conflict and civil regional counsel shall provide any additional information or data requested by the Office of Program Policy Analysis and Government Accountability for its analysis. By December 1, 2022, and annually thereafter through December 1, 2025, the Office of Program Policy Analysis and Government Accountability must submit its analysis in a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Section 11. Subsection (15) of section 39.6225, Florida Statutes, is renumbered as subsection (13), and present subsections (13) and (14) are amended to read:

39.6225 Guardianship Assistance Program.—

~~(13) The Florida Institute for Child Welfare shall evaluate the implementation of the Guardianship Assistance Program. This evaluation shall be designed to determine the impact of implementation of the Guardianship Assistance Program, identify any barriers that may prevent eligible caregivers from participating in the program, and identify recommendations regarding enhancements to the state's system of supporting kinship caregivers. The institute shall submit the report to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than January 1, 2021. At a minimum, the evaluation shall include:~~

~~(a) Information about the perspectives and experiences of~~

~~program participants, individuals who applied for licensure as child-specific foster homes or program participation but were determined to be ineligible, and individuals who were likely eligible for licensure as a child-specific foster home or for the program but declined to apply. The institute shall collect this information through methodologies including, but not limited to, surveys and focus groups.~~

~~(b) An assessment of any communications procedures and print and electronic materials developed to publicize the program and recommendations for improving these materials. If possible, individuals with expertise in marketing and communications shall contribute to this assessment.~~

~~(c) An analysis of the program's impact on caregivers and children, including any differences in impact on children placed with caregivers who were licensed and those who were not.~~

~~(d) Recommendations for maximizing participation by eligible caregivers and improving the support available to kinship caregivers.~~

~~(14) The program shall take effect July 1, 2019.~~

Section 12. Subsection (4) of section 39.6251, Florida Statutes, is amended to read:

39.6251 Continuing care for young adults.—

(4)(a) The young adult must reside in a supervised living environment that is approved by the department or a community-based care lead agency. The young adult shall live

independently, but in an environment in which he or she is provided supervision, case management, and supportive services by the department or lead agency. Such an environment must offer developmentally appropriate freedom and responsibility to prepare the young adult for adulthood.

1. For the purposes of this subsection:~~,~~

a. A supervised living arrangement may include a licensed foster home, licensed group home, college dormitory, shared housing, apartment, or another housing arrangement if the arrangement is approved by the community-based care lead agency and is acceptable to the young adult; however, a licensed foster home is the preferred supervised living arrangement.

b. A supervised living arrangement may not include a detention facility, a forestry camp, a training school, or any other facility operated primarily for the detention of children who are determined to be delinquent.

2. A young adult may continue to reside with the same licensed foster family or group care provider with whom he or she was residing at the time he or she reached the age of 18 years. A young adult may not reside in any setting in which the young adult is involuntarily placed, unless the placement is through a court-appointed guardian.

(b) Before approving the residential setting in which the young adult will voluntarily live, the department or community-based care lead agency must ensure that:

1. The young adult will be provided with a level of supervision consistent with his or her individual education, health care needs, permanency plan, and independent living goals as assessed by the department or lead agency with input from the young adult. Twenty-four hour onsite supervision is not required; however, 24-hour crisis intervention and support must be available.

2. The young adult will live in an independent living environment that offers, at a minimum, life skills instruction, counseling, educational support, employment preparation and placement, and development of support networks. The determination of the type and duration of services shall be based on the young adult's assessed needs, interests, and input and must be consistent with the goals set in the young adult's case plan.

Section 13. Paragraph (m) is added to subsection (3) of section 394.9082, Florida Statutes, to read:

394.9082 Behavioral health managing entities.—

(3) DEPARTMENT DUTIES.—The department shall:

(m) Collect and publish, and update annually, all of the following information on its website for each managing entity or an affiliated entity under contract with the department:

1. Current annual salaries, bonuses, and other compensation paid, by position, for any employee of the managing entity or an affiliated entity who receives a salary from state-

appropriated funds, including state-appropriated federal funds, whether base pay or base pay combined with any bonus or incentive payments, in excess of 150 percent of the annual salary paid to the secretary of the department. For purposes of this paragraph, the term "employee" has the same meaning as in s. 448.095(1).

2. The most recent 3 years of the Return of Organization Exempt from Income Tax, Internal Revenue Service Form 990 and related documents filed with the Internal Revenue Service, auditor reports, and annual reports for each managing entity or affiliated entity.

Section 14. Section 394.90825, Florida Statutes, is created to read:

394.90825 Boards of behavioral health managing entities; conflicts of interest.—

(1) As used in this section, the term:

(a) "Activity" includes, but is not limited to, a contract for goods and services, a contract for the purchase of any real or tangible property, or an agreement to engage with the managing entity for the benefit of a third party in exchange for an interest in real or tangible property, a monetary benefit, or an in-kind contribution.

(b) "Conflict of interest" means when a board member or an officer, or a relative of a board member or an officer, of the managing entity does any of the following:

1. Enters into a contract or other transaction for goods or services with the managing entity.

2. Holds a direct or indirect interest in a corporation, limited liability corporation, partnership, limited liability partnership, or other business entity that conducts business with the managing entity or proposes to enter into a contract or other transaction with the managing entity. For purposes of this paragraph, the term "indirect interest" has the same meaning as in s. 112.312.

3. Knowingly obtains a direct or indirect personal, financial, professional, or other benefit as a result of the relationship of such board member or officer, or relative of the board member or officer, with the managing entity. For purposes of this paragraph, the term "benefit" does not include per diem and travel expenses paid or reimbursed to board members or officers of the managing entity in connection with their service on the board.

(c) "Managing entity" has the same meaning as in s. 394.9082.

(d) "Relative" means a relative within the third degree of consanguinity by blood or marriage.

(2)(a) For any activity that is presented to the board of a managing entity for its initial consideration and approval after July 1, 2021, or any activity that involves a contract that is being considered for renewal on or after July 1, 2021,

but before January 1, 2022, a board member or an officer of a managing entity shall disclose to the board any activity that may reasonably be construed to be a conflict of interest before such activity is initially considered and approved or a contract is renewed by the board. A rebuttable presumption of a conflict of interest exists if the activity was acted on by the board without prior notice as required under subsection (3).

(b) For contracts with a managing entity which are in existence on July 1, 2021, and are not subject to renewal before January 1, 2022, a board member or an officer of the managing entity shall disclose to the board any activity that may reasonably be construed to be a conflict of interest under this section by December 31, 2021.

(3)(a) If a board member or an officer of the managing entity, or a relative of a board member or an officer, proposes to engage in an activity as described in paragraph (2)(a), the proposed activity must be listed on the meeting agenda for the next general or special meeting of the board members, and copies of all contracts and transactional documents related to the proposed activity must be included in the agenda. The meeting agenda must clearly identify the existence of a potential conflict of interest for the proposed activity. Before a board member or an officer of the managing entity, or a relative of a board member or an officer, engages in the proposed activity, the activity and contract or other transactional documents must

be approved by an affirmative vote of two-thirds of all other board members present.

(b) If a board member or an officer of the managing entity notifies the board of a potential conflict of interest with the board member or officer, or a relative of the board member or officer, under an existing contract as described in paragraph (2)(b), the board must notice the activity on a meeting agenda for the next general or special meeting of the board members, and copies of all contracts and transactional documents related to the activity must be attached. The meeting agenda must clearly identify the existence of a potential conflict of interest. The board must be given the opportunity to approve or disapprove the conflict of interest by a vote of two-thirds of all other board members present.

(4)(a) If the board votes against the proposed activity under paragraph (3)(a), the board member or officer of the managing entity, or the relative of the board member or officer, must notify the board in writing of his or her intention, or his or her relative's intention, not to pursue the proposed activity, or the board member or officer shall withdraw from office before the next scheduled board meeting. If the board finds that a board member or officer has violated this paragraph, the board member or officer shall be removed from office before the next scheduled board meeting.

(b) In the event that the board does not approve a

conflict of interest as required under paragraph (3)(b), the parties to the activity may opt to cancel the activity or, in the alternative, the board member or officer of the managing entity must resign from the board before the next scheduled board meeting. If the activity canceled is a contract, the managing entity is only liable for the reasonable value of the goods and services provided up to the time of cancellation and is not liable for any termination fee, liquidated damages, or other form of penalty for such cancellation.

(5) A board member or an officer of the managing entity, or a relative of a board member or an officer, who is a party to, or has an interest in, an activity that is a possible conflict of interest may attend the meeting at which the activity is considered by the board and may make a presentation to the board regarding the activity. After the presentation, the board member or officer, or the relative of the board member or officer, must leave the meeting during the discussion of, and the vote on, the activity. A board member or an officer who is a party to, or has an interest in, the activity shall recuse himself or herself from the vote.

(6) A contract entered into between a board member or an officer of the managing entity, or a relative of a board member or an officer, and the managing entity which has not been properly disclosed as a conflict of interest or potential conflict of interest under this section is voidable and

terminates upon the filing of a written notice terminating the contract with the board of directors which contains the consent of at least 20 percent of the voting interests of the managing entity.

Section 15. Subsection (3) of section 409.1415, Florida Statutes, is renumbered as subsection (4), paragraphs (b) and (c) of subsection (2) are amended, and a new subsection (3) is added to that section, to read:

409.1415 Parenting partnerships for children in out-of-home care; resources.—

(2) PARENTING PARTNERSHIPS.—

(b) To ensure that a child in out-of-home care receives support for healthy development which gives the child the best possible opportunity for success, caregivers, birth or legal parents, the department, and the community-based care lead agency shall work cooperatively in a respectful partnership by adhering to the following requirements:

1. All members of the partnership must interact and communicate professionally with one another, must share all relevant information promptly, and must respect the confidentiality of all information related to the child and his or her family.

2. The caregiver; the birth or legal parent; the child, if appropriate; the department; and the community-based care lead agency must participate in developing a case plan for the child

and the birth or legal parent. All members of the team must work together to implement the case plan. The caregiver must have the opportunity to participate in all team meetings or court hearings related to the child's care and future plans. The department and community-based care lead agency must support and facilitate caregiver participation through timely notification of such meetings and hearings and provide alternative methods for participation for a caregiver who cannot be physically present at a meeting or hearing.

3. A caregiver must strive to provide, and the department and community-based care lead agency must support, excellent parenting, which includes:

a. A loving commitment to the child and the child's safety and well-being.

b. Appropriate supervision and positive methods of discipline.

c. Encouragement of the child's strengths.

d. Respect for the child's individuality and likes and dislikes.

e. Providing opportunities to develop the child's interests and skills.

f. Being aware of the impact of trauma on behavior.

g. Facilitating equal participation of the child in family life.

h. Involving the child within his or her community.

i. A commitment to enable the child to lead a normal life.

4. A child in out-of-home care must be placed with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, and is willing and able to learn about and be respectful of the child's culture, religion, and ethnicity; special physical or psychological needs; circumstances unique to the child; and family relationships. The department, the community-based care lead agency, and other agencies must provide a caregiver with all available information necessary to assist the caregiver in determining whether he or she is able to appropriately care for a particular child.

5. A caregiver must have access to and take advantage of all training that he or she needs to improve his or her skills in parenting a child who has experienced trauma due to neglect, abuse, or separation from home; to meet the child's special needs; and to work effectively with child welfare agencies, the courts, the schools, and other community and governmental agencies.

6. The department and community-based care lead agency must provide a caregiver with the services and support they need to enable them to provide quality care for the child pursuant to subsection (3).

7. Once a caregiver accepts the responsibility of caring for a child, the child may be removed from the home of the

caregiver only if:

a. The caregiver is clearly unable to safely or legally care for the child;

b. The child and the birth or legal parent are reunified;

c. The child is being placed in a legally permanent home in accordance with a case plan or court order; or

d. The removal is demonstrably in the best interests of the child.

8. If a child must leave the caregiver's home for one of the reasons stated in subparagraph 7., and in the absence of an unforeseeable emergency, the transition must be accomplished according to a plan that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures the child has all of his or her belongings, allows for a gradual transition from the caregiver's home, and, if possible, allows for continued contact with the caregiver after the child leaves.

9. When the case plan for a child includes reunification, the caregiver, the department, and the community-based care lead agency must work together to assist the birth or legal parent in improving his or her ability to care for and protect the child and to provide continuity for the child.

10. A caregiver must respect and support the child's ties to his or her birth or legal family, including parents, siblings, and extended family members, and must assist the child

in maintaining allowable visitation and other forms of communication. The department and community-based care lead agency must provide a caregiver with the information, guidance, training, and support necessary for fulfilling this responsibility.

11. A caregiver must work in partnership with the department and community-based care lead agency to obtain and maintain records that are important to the child's well-being, including, but not limited to, child resource records, medical records, school records, photographs, and records of special events and achievements.

12. A caregiver must advocate for a child in his or her care with the child welfare system, the court, and community agencies, including schools, child care providers, health and mental health providers, and employers. The department and community-based care lead agency must support a caregiver in advocating for a child and may not retaliate against the caregiver as a result of this advocacy.

13. A caregiver must be as fully involved in the child's medical, psychological, and dental care as he or she would be for his or her biological child. The department and community-based care lead agency must support and facilitate such participation. The caregiver, the department, and the community-based care lead agency must share information with each other about the child's health and well-being.

14. A caregiver must support a child's school success, including, when possible, maintaining school stability by participating in school activities and meetings. The department and community-based care lead agency must facilitate this participation and be informed of the child's progress and needs.

15. A caregiver must ensure that a child in his or her care who is between 13 and 17 years of age learns and masters independent living skills. The department shall make available training for caregivers developed in collaboration with the Florida Foster and Adoptive Parent Association and the Quality Parenting Initiative on the life skills necessary for children in out-of-home care.

16. The case manager and case manager supervisor must mediate disagreements that occur between a caregiver and the birth or legal parent.

(c) An employee of a residential group home must meet the background screening requirements under s. 39.0138 and the level 2 screening standards for screening under chapter 435. An employee of a residential group home who works directly with a child as a caregiver must meet, at a minimum, the same education and~~,~~ training~~, background, and other screening~~ requirements as caregivers in family foster homes licensed as level II under s. 409.175(5).

(3) RESOURCES AND SUPPORT FOR CAREGIVERS.—

(a) Foster parents.—The department shall establish the

Foster Information Center to connect current and former foster parents, known as foster parent advocates, to prospective and current foster parents in order to provide information and services, including, but not limited to:

1. Navigating the application and approval process, including timelines for each; preparing for transitioning from approval for placement to accepting a child into the home; and learning about and connecting with any available resources in the prospective foster parent's community.

2. Accessing available resources and services, including, but not limited to, those from the Florida Foster and Adoptive Parent Association, for any current foster parents who need additional assistance.

3. Providing information specific to a foster parent's individual needs.

4. Providing immediate assistance when needed.

(b) Kinship caregivers.—

1. A community-based care lead agency shall provide a caregiver with resources and supports that are available and discuss whether the caregiver meets any eligibility criteria for such resources and supports. If the caregiver is unable to access resources and supports beneficial to the well-being of the child, the community-based care lead agency or case management agency must assist the caregiver in initiating access to resources by:

a. Providing referrals to kinship navigation services, if available.

b. Assisting with linkages to community resources and completion of program applications.

c. Scheduling appointments.

d. Initiating contact with community service providers.

2. The community-based care lead agency shall provide each caregiver with a telephone number to call during normal business hours whenever immediate assistance is needed and the child's caseworker is unavailable. The telephone number must be staffed and answered by individuals possessing the knowledge and authority necessary to assist caregivers.

Section 16. Section 409.1453, Florida Statutes, is repealed.

Section 17. Subsection (3) of section 409.175, Florida Statutes, is amended to read:

409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.—

(3)(a) The total number of children placed in a ~~each~~ family foster home shall be based on ~~the recommendation of the department, or the community-based care lead agency where one is providing foster care and related services, based on~~ the needs of each child in care, the ability of the foster family to meet the individual needs of each child, including any adoptive or

biological children or young adults remaining in foster care living in the home, the amount of safe physical plant space, the ratio of active and appropriate adult supervision, and the background, experience, and skill of the family foster parents.

(b) If the total number of children in a family foster home is eight or more ~~will exceed five~~, including the family's own children, the department must grant a capacity waiver before another child may be placed in the home.

(c) Before granting a capacity waiver, the department must conduct an assessment of each child to be placed in the home. ~~must be completed by a family services counselor and approved in writing by the counselor's supervisor prior to placement of any additional children in the home, except that,~~ If the placement involves a child whose sibling is already in the home or a child who has been in placement in the home previously, the assessment must be completed within 72 hours after placement. The assessment must assess and document the mental, physical, and psychosocial needs of the child and whether those needs will be met by placement in the home ~~and recommend the maximum number of children in a family foster home that will allow the child's needs to be met~~.

(d) ~~(c)~~ For any licensed family foster home, the appropriateness of the number of children in the home must be reassessed annually as part of the relicensure process. For a home with more than eight ~~five~~ children, including the family's

own children, if it is determined by the licensure study at the time of relicensure that the total number of children in the home is appropriate and that there have been no substantive licensure violations and no indications of child maltreatment or child-on-child sexual abuse within the past 12 months, the relicensure of the home may ~~shall~~ not be denied based on the total number of children in the home.

(e) The department may adopt rules to implement this subsection.

Section 18. Section 409.1753, Florida Statutes, is repealed.

Section 19. Subsections (6) and (7) are added to section 409.987, Florida Statutes, to read:

409.987 Lead agency procurement; boards; conflicts of interest.—

(6) In communities in which conditions make it not feasible to competitively contract with a lead agency, the department may collaborate with the local community alliance to establish an alternative approach to providing community-based child welfare services in the service area that would otherwise be served by a lead agency.

(a) The department and local community alliance shall develop a plan that must detail how the community will continue to implement community-based care through competitively procuring either the specific components of foster care and

related services or comprehensive services for defined eligible populations of children and families from qualified entities as part of the community's efforts to develop the local capacity for a community-based system of coordinated care. The plan must ensure local control over the management and administration of service provision. At a minimum, the plan must describe the reasons for the department's inability to competitively contract for lead agency services, the proposed alternative approach to providing lead agency services, the entities that will be involved in service provision, how local control will be maintained, how services will be managed to ensure that federal and state requirements are met and outcome goals under s. 409.986 are achieved, and recommendations for increasing the ability of the department to contract with a lead agency in that area.

(b) The department shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives before implementation. The department shall submit quarterly updates about the plan's implementation to the Governor, the President of the Senate, and the Speaker of the House of Representatives until 2 years after full implementation of the plan.

(7)(a) As used in this subsection, the term:

1. "Activity" includes, but is not limited to, a contract for goods and services, a contract for the purchase of any real

or tangible property, or an agreement to engage with a lead agency for the benefit of a third party in exchange for an interest in real or tangible property, a monetary benefit, or an in-kind contribution.

2. "Conflict of interest" means when a board member or an officer, or a relative of a board member or an officer, of a lead agency does any of the following:

a. Enters into a contract or other transaction for goods or services with the lead agency.

b. Holds a direct or indirect interest in a corporation, limited liability corporation, partnership, limited liability partnership, or other business entity that conducts business with the lead agency or proposes to enter into a contract or other transaction with the lead agency. For purposes of this paragraph, the term "indirect interest" has the same meaning as in s. 112.312.

c. Knowingly obtains a direct or indirect personal, financial, professional, or other benefit as a result of the relationship of such board member or officer, or relative of the board member or officer, with the lead agency. For purposes of this paragraph, the term "benefit" does not include per diem and travel expenses paid or reimbursed to board members or officers of the lead agency in connection with their service on the board.

3. "Relative" means a relative within the third degree of

consanguinity by blood or marriage.

(b)1. For any activity that is presented to the board of a lead agency for its initial consideration and approval after July 1, 2021, or any activity that involves a contract that is being considered for renewal on or after July 1, 2021, but before January 1, 2022, a board member or an officer of a lead agency shall disclose to the board any activity that may reasonably be construed to be a conflict of interest before such activity is initially considered and approved or a contract is renewed by the board. A rebuttable presumption of a conflict of interest exists if the activity was acted on by the board without prior notice as required under paragraph (c).

2. For contracts with a lead agency which are in existence on July 1, 2021, and are not subject to renewal before January 1, 2022, a board member or an officer of the lead agency shall disclose to the board any activity that may reasonably be construed to be a conflict of interest under this section by December 31, 2021.

(c)1. If a board member or an officer of a lead agency, or a relative of a board member or an officer, proposes to engage in an activity as described in subparagraph (b)1., the proposed activity must be listed on the meeting agenda for the next general or special meeting of the board members, and copies of all contracts and transactional documents related to the proposed activity must be included in the agenda. The meeting

agenda must clearly identify the existence of a potential conflict of interest for the proposed activity. Before a board member or an officer of the lead agency, or a relative of a board member or an officer, engages in the proposed activity, the activity and contract or other transactional documents must be approved by an affirmative vote of two-thirds of all other board members present.

2. If a board member or an officer of the lead agency notifies the board of a potential conflict of interest with the board member or officer, or a relative of the board member or officer, under an existing contract as described in subparagraph (b)2., the board must notice the activity on a meeting agenda for the next general or special meeting of the board members, and copies of all contracts and transactional documents related to the activity must be attached. The meeting agenda must clearly identify the existence of a potential conflict of interest. The board must be given the opportunity to approve or disapprove the conflict of interest by a vote of two-thirds of all other board members present.

(d)1. If the board votes against the proposed activity under subparagraph (c)1., the board member or officer of the lead agency, or the relative of the board member or officer, must notify the board in writing of his or her intention, or his or her relative's intention, not to pursue the proposed activity, or the board member or officer shall withdraw from

office before the next scheduled board meeting. If the board finds that a board member or officer has violated this paragraph, the board member or officer shall be removed from office before the next scheduled board meeting.

2. In the event that the board does not approve a conflict of interest as required under subparagraph (c)2., the parties to the activity may opt to cancel the activity or, in the alternative, the board member or officer of the lead agency must resign from the board before the next scheduled board meeting. If the activity canceled is a contract, the lead agency is only liable for the reasonable value of the goods and services provided up to the time of cancellation and is not liable for any termination fee, liquidated damages, or other form of penalty for such cancellation.

(e) A board member or an officer of a lead agency, or a relative of a board member or an officer, who is a party to, or has an interest in, an activity that is a possible conflict of interest may attend the meeting at which the activity is considered by the board and may make a presentation to the board regarding the activity. After the presentation, the board member or officer, or the relative of the board member or officer, must leave the meeting during the discussion of, and the vote on, the activity. A board member or an officer who is a party to, or has an interest in, the activity shall recuse himself or herself from the vote.

(f) A contract entered into between a board member or an officer of a lead agency, or a relative of a board member or an officer, and the lead agency which has not been properly disclosed as a conflict of interest or potential conflict of interest under this section is voidable and terminates upon the filing of a written notice terminating the contract with the board of directors which contains the consent of at least 20 percent of the voting interests of the lead agency.

Section 20. Subsection (1) of section 409.988, Florida Statutes, is amended to read:

409.988 Lead agency duties; general provisions.—

(1) DUTIES.—A lead agency:

(a) Shall serve all children referred as a result of a report of abuse, neglect, or abandonment to the department's central abuse hotline, including, but not limited to, children who are the subject of verified reports and children who are not the subject of verified reports but who are at moderate to extremely high risk of abuse, neglect, or abandonment, as determined using the department's risk assessment instrument, regardless of the level of funding allocated to the lead agency by the state if all related funding is transferred. The lead agency may also serve children who have not been the subject of reports of abuse, neglect, or abandonment, but who are at risk of abuse, neglect, or abandonment, to prevent their entry into the child protection and child welfare system.

(b) Shall provide accurate and timely information necessary for oversight by the department pursuant to the child welfare results-oriented accountability system required by s. 409.997.

(c) Shall follow the financial guidelines developed by the department and provide for a regular independent auditing of its financial activities. Such financial information shall be provided to the community alliance established under s. 20.19(5).

~~(d) Shall post on its website the current budget for the lead agency, including the salaries, bonuses, and other compensation paid, by position, for the agency's chief executive officer, chief financial officer, and chief operating officer, or their equivalents.~~

(d) ~~(c)~~ Shall prepare all judicial reviews, case plans, and other reports necessary for court hearings for dependent children, except those related to the investigation of a referral from the department's child abuse hotline, and shall submit these documents timely to the department's attorneys for review, any necessary revision, and filing with the court. The lead agency shall make the necessary staff available to department attorneys for preparation for dependency proceedings, and shall provide testimony and other evidence required for dependency court proceedings in coordination with the department's attorneys. This duty does not include the

preparation of legal pleadings or other legal documents, which remain the responsibility of the department.

(e) ~~(f)~~ Shall ensure that all individuals providing care for dependent children receive:

1. Appropriate training and meet the minimum employment standards established by the department. Appropriate training shall include, but is not limited to, training on the recognition of and responses to head trauma and brain injury in a child under 6 years of age developed by the Child Protection Team Program within the Department of Health.

2. Contact information for the local mobile response team established under s. 394.495.

(f) ~~(g)~~ Shall maintain eligibility to receive all available federal child welfare funds.

(g) Shall adhere to all best child welfare practices under ss. 39.4087, 39.523, 409.1415, and 409.145.

(h) Shall maintain written agreements with Healthy Families Florida lead entities in its service area pursuant to s. 409.153 to promote cooperative planning for the provision of prevention and intervention services.

(i) Shall comply with federal and state statutory requirements and agency rules in the provision of contractual services.

(j) May subcontract for the provision of services required by the contract with the lead agency and the department;

however, the subcontracts must specify how the provider will contribute to the lead agency meeting the performance standards established pursuant to the child welfare results-oriented accountability system required by s. 409.997. The lead agency shall directly provide no more than 35 percent of all child welfare services provided unless it can demonstrate a need, within the lead agency's geographic service area, to exceed this threshold. The local community alliance in the geographic service area in which the lead agency is seeking to exceed the threshold shall review the lead agency's justification for need and recommend to the department whether the department should approve or deny the lead agency's request for an exemption from the services threshold. If there is not a community alliance operating in the geographic service area in which the lead agency is seeking to exceed the threshold, such review and recommendation shall be made by representatives of local stakeholders, including at least one representative from each of the following:

1. The department.
2. The county government.
3. The school district.
4. The county United Way.
5. The county sheriff's office.
6. The circuit court corresponding to the county.
7. The county children's board, if one exists.

(k) Shall publish ~~post~~ on its website by the 15th day of each month at a minimum the information contained in subparagraphs 1.-5. ~~subparagraphs 1.-4.~~ for the preceding calendar month regarding its case management services. The following information shall be reported by each individual subcontracted case management provider, by the lead agency, if the lead agency provides case management services, and in total for all case management services subcontracted or directly provided by the lead agency:

1. The average caseload of case managers, including only filled positions;

2. The total number and percentage of case managers who have 25 or more cases on their caseloads;

3.~~2.~~ The turnover rate for case managers and case management supervisors for the previous 12 months;

4.~~3.~~ The percentage of required home visits completed; and

5.~~4.~~ Performance on outcome measures required pursuant to s. 409.997 for the previous 12 months.

(l) Shall identify an employee to serve as a liaison with the community alliance and community-based and faith-based organizations interested in collaborating with the lead agency or offering services or other assistance on a volunteer basis to the children and families served by the lead agency. The lead agency shall ensure that appropriate lead agency staff and subcontractors, including, but not limited to, case managers,

are informed of the specific services or assistance available from community-based and faith-based organizations.

Section 21. Subsection (7) of section 409.990, Florida Statutes, is renumbered as subsection (8), and a new subsection (7) is added to that section to read:

409.990 Funding for lead agencies.—A contract established between the department and a lead agency must be funded by a grant of general revenue, other applicable state funds, or applicable federal funding sources.

(7) If subcontracted service providers must provide services that are beyond the contract limits due to increased client need or caseload, the lead agencies shall fund the cost of increased care.

Section 22. Subsections (3) through (25) of section 409.996, Florida Statutes, are renumbered as subsections (5) through (27), respectively, subsections (1) and (2) and paragraph (d) of present subsection (25) are amended, and new subsections (3) and (4) are added to that section, to read:

409.996 Duties of the Department of Children and Families.—The department shall contract for the delivery, administration, or management of care for children in the child protection and child welfare system. In doing so, the department retains responsibility for the quality of contracted services and programs and shall ensure that, at a minimum, services are delivered in accordance with applicable federal and state

statutes and regulations and the performance standards and metrics specified in the strategic plan created under s. 20.19(1).

(1) The department shall enter into contracts with lead agencies for the performance of the duties by the lead agencies established in s. 409.988. At a minimum, the contracts must do all of the following:

(a) Provide for the services needed to accomplish the duties established in s. 409.988. ~~and~~

(b) Require the lead agency to provide information to the department which specifies how the lead agency will adhere to all best child welfare practices under ss. 39.4087, 39.523, 409.1415, and 409.145.

(c) Provide information to the department which is necessary to meet the requirements for a quality assurance program under subsection (21) ~~(19)~~ and the child welfare results-oriented accountability system under s. 409.997.

(d) ~~(b)~~ Provide for tiered interventions and graduated penalties for failure to comply with contract terms or in the event of performance deficiencies. Such interventions and penalties shall include, but are not limited to:

1. Enhanced monitoring and reporting.

2. Corrective action plans.

3. Requirements to accept technical assistance and consultation from the department under subsection (6) ~~(4)~~.

4. Financial penalties, which shall require a lead agency to reallocate funds from administrative costs to direct care for children.

5. Early termination of contracts, as provided in s. 402.1705(3)(f).

(e) ~~(c)~~ Ensure that the lead agency shall furnish current and accurate information on its activities in all cases in client case records in the state's statewide automated child welfare information system.

(f) ~~(d)~~ Specify the procedures to be used by the parties to resolve differences in interpreting the contract or to resolve disputes as to the adequacy of the parties' compliance with their respective obligations under the contract.

(2) The department must adopt written policies and procedures for monitoring the contract for delivery of services by lead agencies which must be published ~~posted~~ on the department's website. These policies and procedures must, at a minimum, address the evaluation of fiscal accountability and program operations, including provider achievement of performance standards, provider monitoring of subcontractors, and timely followup of corrective actions for significant monitoring findings related to providers and subcontractors. These policies and procedures must also include provisions for reducing the duplication of the department's program monitoring activities both internally and with other agencies, to the

extent possible. The department's written procedures must ensure that the written findings, conclusions, and recommendations from monitoring the contract for services of lead agencies are communicated to the director of the provider agency and the community alliance as expeditiously as possible.

(3) The department shall annually conduct a comprehensive, multiyear review of the revenues, expenditures, and financial position of all community-based care lead agencies which must cover the most recent 2 consecutive fiscal years. The review must include a comprehensive system-of-care analysis. All community-based care lead agencies must develop and maintain a plan to achieve financial viability. The department's review and the agency's plan shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 of each year.

(4)(a) The department shall collect and publish on its website, and annually update, all of the following information for each lead agency under contract with the department:

1. Current salaries, bonuses, and other compensation paid, by position, for any employee who receives a salary from state-appropriated funds, including state-appropriated federal funds, whether base pay or base pay combined with any bonus or incentive payments, in excess of 150 percent of the annual salary paid to the secretary of the department. For purposes of this paragraph, the term "employee" has the same meaning as in

s. 448.095.

2. All findings of the review under subsection (3).

(b) The department shall collect and publish on its website, and update monthly, the information required under s. 409.988(1)(k).

(27) ~~(25)~~ Subject to an appropriation, for the 2020-2021 and 2021-2022 fiscal years, the department shall implement a pilot project in the Sixth and Thirteenth Judicial Circuits, respectively, aimed at improving child welfare outcomes.

(d) The department shall include the results of the pilot projects in the report required in subsection (26) ~~(24)~~ of this section. The report must include the department's findings and recommendations relating to the pilot projects.

Section 23. Paragraph (c) is added to subsection (6) of s. 1012.795, Florida Statutes, to read:

1012.795 Education Practices Commission; authority to discipline.—

(6)

(c) If the Department of Education determines that any instructional personnel or school administrator, as defined in s. 1012.01(2) or (3), respectively, has knowingly failed to report known or suspected child abuse as required under s. 39.201, and the Education Practices Commission has issued a final order for a previous instance of failure to report by the individual, the Education Practices Commission shall, at a

minimum, suspend the educator certificate of the instructional personnel or school administrator for a period of at least 1 year.

Section 24. Subsection (6) of section 39.301, Florida Statutes, is amended to read:

39.301 Initiation of protective investigations.—

(6) Upon commencing an investigation under this part, if a report was received from a reporter under s. 39.201(1)(a)2. ~~s. 39.201(1)(b)~~, the protective investigator must provide his or her contact information to the reporter within 24 hours after being assigned to the investigation. The investigator must also advise the reporter that he or she may provide a written summary of the report made to the central abuse hotline to the investigator which shall become a part of the electronic child welfare case file.

Section 25. Paragraph (d) of subsection (4) of section 119.071, Florida Statutes, is amended to read:

119.071 General exemptions from inspection or copying of public records.—

(4) AGENCY PERSONNEL INFORMATION.—

(d)1. For purposes of this paragraph, the term:

a. "Home addresses" means the dwelling location at which an individual resides and includes the physical address, mailing address, street address, parcel identification number, plot identification number, legal property description, neighborhood

name and lot number, GPS coordinates, and any other descriptive property information that may reveal the home address.

b. "Telephone numbers" includes home telephone numbers, personal cellular telephone numbers, personal pager telephone numbers, and telephone numbers associated with personal communications devices.

2.a. The home addresses, telephone numbers, dates of birth, and photographs of active or former sworn law enforcement personnel or of active or former civilian personnel employed by a law enforcement agency, including correctional and correctional probation officers, personnel of the Department of Children and Families whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

b. The home addresses, telephone numbers, dates of birth,

and photographs of current or former nonsworn investigative personnel of the Department of Financial Services whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

c. The home addresses, telephone numbers, dates of birth, and photographs of current or former nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

d. The home addresses, telephone numbers, dates of birth, and photographs of current or former firefighters certified in compliance with s. 633.408; the names, home addresses, telephone

numbers, photographs, dates of birth, and places of employment of the spouses and children of such firefighters; and the names and locations of schools and day care facilities attended by the children of such firefighters are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

e. The home addresses, dates of birth, and telephone numbers of current or former justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of current or former justices and judges; and the names and locations of schools and day care facilities attended by the children of current or former justices and judges are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

f. The home addresses, telephone numbers, dates of birth, and photographs of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; and the names and locations of schools and day care facilities attended by the children of current or former state attorneys, assistant state attorneys, statewide

prosecutors, or assistant statewide prosecutors are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

g. The home addresses, dates of birth, and telephone numbers of general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers; and the names and locations of schools and day care facilities attended by the children of general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

h. The home addresses, telephone numbers, dates of birth, and photographs of current or former human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties; the names, home addresses,

telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

i. The home addresses, telephone numbers, dates of birth, and photographs of current or former code enforcement officers; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

j. The home addresses, telephone numbers, places of employment, dates of birth, and photographs of current or former guardians ad litem, as defined in s. 39.820; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such persons; and the names and locations of schools and day care facilities attended by the children of such persons are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

k. The home addresses, telephone numbers, dates of birth, and photographs of current or former juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile

justice detention officers I and II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I and II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Department of Juvenile Justice; the names, home addresses, telephone numbers, dates of birth, and places of employment of spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

1. The home addresses, telephone numbers, dates of birth, and photographs of current or former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of current or former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel; and the names and locations of schools and day care facilities attended by the children of current or former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant

criminal conflict and civil regional counsel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

m. The home addresses, telephone numbers, dates of birth, and photographs of current or former investigators or inspectors of the Department of Business and Professional Regulation; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such current or former investigators and inspectors; and the names and locations of schools and day care facilities attended by the children of such current or former investigators and inspectors are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

n. The home addresses, telephone numbers, and dates of birth of county tax collectors; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such tax collectors; and the names and locations of schools and day care facilities attended by the children of such tax collectors are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

o. The home addresses, telephone numbers, dates of birth, and photographs of current or former personnel of the Department of Health whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health

care practitioners or health care facilities licensed by the Department of Health; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

p. The home addresses, telephone numbers, dates of birth, and photographs of current or former impaired practitioner consultants who are retained by an agency or current or former employees of an impaired practitioner consultant whose duties result in a determination of a person's skill and safety to practice a licensed profession; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such consultants or their employees; and the names and locations of schools and day care facilities attended by the children of such consultants or employees are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

q. The home addresses, telephone numbers, dates of birth, and photographs of current or former emergency medical technicians or paramedics certified under chapter 401; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such emergency medical technicians or paramedics; and the names and

locations of schools and day care facilities attended by the children of such emergency medical technicians or paramedics are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

r. The home addresses, telephone numbers, dates of birth, and photographs of current or former personnel employed in an agency's office of inspector general or internal audit department whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline; the names, home addresses, telephone numbers, dates of birth, and places of employment of spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

s. The home addresses, telephone numbers, dates of birth, and photographs of current or former directors, managers, supervisors, nurses, and clinical employees of an addiction treatment facility; the home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. For purposes of this

sub-subparagraph, the term "addiction treatment facility" means a county government, or agency thereof, that is licensed pursuant to s. 397.401 and provides substance abuse prevention, intervention, or clinical treatment, including any licensed service component described in s. 397.311(26).

t. The home addresses, telephone numbers, dates of birth, and photographs of current or former directors, managers, supervisors, and clinical employees of a child advocacy center that meets the standards of s. 39.3035(2) ~~s. 39.3035(1)~~ and fulfills the screening requirement of s. 39.3035(3) ~~s. 39.3035(2)~~, and the members of a Child Protection Team as described in s. 39.303 whose duties include supporting the investigation of child abuse or sexual abuse, child abandonment, child neglect, and child exploitation or to provide services as part of a multidisciplinary case review team; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel and members; and the names and locations of schools and day care facilities attended by the children of such personnel and members are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

3. An agency that is the custodian of the information specified in subparagraph 2. and that is not the employer of the officer, employee, justice, judge, or other person specified in subparagraph 2. shall maintain the exempt status of that

information only if the officer, employee, justice, judge, other person, or employing agency of the designated employee submits a written request for maintenance of the exemption to the custodial agency.

4. An officer, an employee, a justice, a judge, or other person specified in subparagraph 2. may submit a written request for the release of his or her exempt information to the custodial agency. The written request must be notarized and must specify the information to be released and the party that is authorized to receive the information. Upon receipt of the written request, the custodial agency shall release the specified information to the party authorized to receive such information.

5. The exemptions in this paragraph apply to information held by an agency before, on, or after the effective date of the exemption.

6. This paragraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2024, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 26. Paragraph (g) of subsection (2) of section 934.03, Florida Statutes, is amended to read:

934.03 Interception and disclosure of wire, oral, or electronic communications prohibited.—

(2)

(g) It is lawful under this section and ss. 934.04-934.09 for an employee of:

1. An ambulance service licensed pursuant to s. 401.25, a fire station employing firefighters as defined by s. 633.102, a public utility, a law enforcement agency as defined by s. 934.02(10), or any other entity with published emergency telephone numbers;

2. An agency operating an emergency telephone number "911" system established pursuant to s. 365.171; or

3. The central abuse hotline operated under s. 39.101 ~~pursuant to s. 39.201~~

to intercept and record incoming wire communications; however, such employee may intercept and record incoming wire communications on designated "911" telephone numbers and published nonemergency telephone numbers staffed by trained dispatchers at public safety answering points only. It is also lawful for such employee to intercept and record outgoing wire communications to the numbers from which such incoming wire communications were placed when necessary to obtain information required to provide the emergency services being requested. For the purpose of this paragraph, the term "public utility" has the same meaning as provided in s. 366.02 and includes a person, partnership, association, or corporation now or hereafter owning or operating equipment or facilities in the state for conveying

or transmitting messages or communications by telephone or telegraph to the public for compensation.

Section 27. This act shall take effect July 1, 2021.