



Healthy Families Subcommittee

Meeting Packet

Tuesday, March 25, 2014
11:30 AM – 2:30 PM
12 HOB

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Healthy Families Subcommittee

Start Date and Time: Tuesday, March 25, 2014 11:30 am
End Date and Time: Tuesday, March 25, 2014 02:30 pm
Location: 12 HOB
Duration: 3.00 hrs

Consideration of the following proposed committee bill(s):

PCB HFS 14-03 -- Child Protection and Child Welfare Services

Consideration of the following bill(s):

CS/HB 497 Involuntary Examinations of Minors by K-12 Subcommittee, Harrell
HB 977 Motor Vehicle Insurance & Driver Education For Children In Foster Care by Albritton
HB 1279 Marriage of Minors by Stafford

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members is 6:00 p.m., Monday, March 24, 2014.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Monday, March 24, 2014.

NOTICE FINALIZED on 03/21/2014 16:12 by Villar.Melissa

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 497 Involuntary Examinations of Minors
SPONSOR(S): Harrell and others
TIED BILLS: IDEN./SIM. **BILLS:** SB 690

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) K-12 Subcommittee	12 Y, 0 N, As CS	Brink	Ahearn
2) Healthy Families Subcommittee		McElroy <i>CM</i>	Brazzell <i>dk</i>
3) Education Committee			

SUMMARY ANALYSIS

The bill requires each county school health services plan to provide for immediate notification to a student's parent or guardian if the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination. Each district school board and charter school governing board must develop a policy and procedures for such notification.

The bill amends the definition of "emergency health needs" for purposes of school health services programs to expressly include onsite evaluation for illness or injury and release to a law enforcement officer.

The bill requires a public school's principal, or his or her designee, to notify a student's parent or guardian if the student is removed from the school, school transportation, or a school-sponsored activity for an involuntary examination. The bill also provides notification requirements for receiving facilities that hold minor patients for involuntary examination.

The bill allows the school principal, or his or her designee, and the receiving facility each to delay notification by up to 24 hours if there is suspected abuse, abandonment, or neglect and delay has been deemed to be in the student's or minor patient's best interest. Delay in notification may occur only after a report of suspected abuse, abandonment, or neglect is submitted to the Department of Children and Families' Central Abuse Hotline.

The bill does not appear to have a fiscal impact on the state or local governments.

The bill has an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Involuntary Examinations under Florida's Baker Act

The Florida Mental Health Act, otherwise known as the Baker Act,¹ provides legal procedures for mental health examination and treatment,² including, among other things, involuntary examinations.³ The Baker Act protects the rights of all individuals examined or treated for mental illness in Florida.⁴

Involuntary examinations under the Baker Act are psychiatric examinations conducted without the examinee's consent.⁵ Involuntary examinations under the Baker Act may only be initiated by a law enforcement officer, mental health professional or physician, or circuit court order.⁶ An involuntary examination may be initiated only if an individual appears to have a mental illness, presents a danger to him or herself or to others, and refuses a voluntary examination or is unable to understand the need for the examination.⁷ Each law enforcement agency must enter a memorandum of understanding with each receiving facility within the law enforcement agency's jurisdiction to establish a single set of protocols for the safe and secure transportation and transfer of custody of individuals for involuntary examination.⁸

Only institutions designated as a receiving facility by the Florida Department of Children and Families (DCF) may conduct an involuntary examination.^{9, 10} A physician or clinical psychologist must conduct the involuntary examination of a patient taken to a receiving facility without unnecessary delay.¹¹ The receiving facility may not release the patient without the documented approval of a psychiatrist, a clinical psychologist, or, if at a hospital, an attending emergency department physician experienced in diagnosing and treating mental disorders.¹² However, a patient may not be held in a receiving facility for involuntary examination longer than 72 hours.¹³

Within the 72-hour involuntary examination period,¹⁴ the patient must be released or a petition for involuntary placement of the patient in outpatient or inpatient treatment must be filed in the circuit

¹ Chapter 1971-131, L.O.F.

² See Part I, ch. 394, F.S.; Florida Department of children and Families, *Florida's Baker Act: 2013 Fact Sheet*, available at <http://www.dcf.state.fl.us/programs/samh/mentalhealth/docs/Baker%20Act%20Overview%202013.pdf>.

³ Section 394.463, F.S.

⁴ See Sections 394.453, 394.459, F.S.; Florida Department of children and Families, *Florida's Baker Act: 2013 Fact Sheet*, available at <http://www.dcf.state.fl.us/programs/samh/mentalhealth/docs/Baker%20Act%20Overview%202013.pdf>.

⁵ *Id.*

⁶ Section 394.463(2), F.S.

⁷ Section 394.463(a), F.S.; Florida Department of children and Families, *Florida's Baker Act: 2013 Fact Sheet*, available at <http://www.dcf.state.fl.us/programs/samh/mentalhealth/docs/Baker%20Act%20Overview%202013.pdf>.

⁸ Section 394.462(k), F.S.

⁹ See Sections 394.455(26), F.S. 394.461, and 394.463, F.S.

¹⁰ Section 394.461, F.S. The term "facility" is defined as any hospital, community facility, public or private facility, or receiving or treatment facility providing for the evaluation, diagnosis, care, treatment, training, or hospitalization of persons who appear to have a mental illness or have been diagnosed as having a mental illness. Section 493.455(10), F.S. Facilities licensed under chapter 400 or chapter 429 are not included under the term "facility" as defined by s. 493.455(10), F.S.

¹¹ Section 394.463(2)(f), F.S.

¹² *Id.*

¹³ *Id.*

¹⁴ If the 72 hours ends on a weekend or holiday, then the period is extended to the next working day thereafter. Section 493.463(2)(i), F.S.

court.¹⁵ Nearly 76 percent of involuntary examinations end without a petition for involuntary placement.¹⁶ The average length of stay is 4.5 days.¹⁷

In 2011, approximately 150,000 involuntary examinations were conducted on 111,000 individuals under the Baker Act.¹⁸ Nearly 18,000 of the examinees were children. Over the span of ten years (2002 to 2011), there was a 35 percent increase in the number of children involuntarily examined.¹⁹

A 2013 study on involuntary examinations initiated for children ages 4 to 17 indicates that the rate of initiations for this age group is higher during the school year than it is over summer and winter break (December) months.²⁰ In addition, a significant number of these initiations occurred immediately after children returned to school from summer break.²¹

Receiving facilities must give prompt notice of the whereabouts of a patient who is being involuntarily held for examination to the patient's guardian,²² guardian advocate,²³ attorney, and representative.²⁴ The notice must be made by telephone or in person within 24 hours after the patient's arrival at the facility.²⁵ Attempts at notification must begin as soon as reasonably possible after the patient's arrival and must be documented in the patient's clinical record.²⁶ However, a patient, including a minor, has the right to prohibit a receiving facility from providing this notice.²⁷

School Health Services

Each county health department must jointly develop with the district school board and local school health advisory committee a school health services plan.²⁸ The school health services plan describes the services to be provided pursuant to the plan, the responsibility for the provision of the services, the anticipated expenditures to provide the services, and evidence of cooperative planning by local school districts and county health departments.²⁹

Each health services plan must include provisions for, among other things, meeting emergency health needs in each school.³⁰ "Emergency health needs" is defined as "onsite management and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, or designated health care provider."³¹ Each school health services plan must be reviewed each year for the purpose of updating the plan, and the plan must be approved every two years by the

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Florida Department of children and Families, *Florida's Baker Act: 2013 Fact Sheet*, available at <http://www.dcf.state.fl.us/programs/samh/mentalhealth/docs/Baker%20Act%20Overview%202013.pdf>.

¹⁸ Florida Department of children and Families, *Florida's Baker Act: 2013 Fact Sheet*, available at <http://www.dcf.state.fl.us/programs/samh/mentalhealth/docs/Baker%20Act%20Overview%202013.pdf>.

¹⁹ *Id.*

²⁰ Annette Christy, University of South Florida de la Parte Florida Mental Health Institute, *Baker Act Examinations for Youth in Calendar Year 2012* (2013).

²¹ *Id.* at 2.

²² "Guardian" means the natural guardian of a minor, or a person appointed by a court to act on behalf of a ward's person if the ward is a minor or has been adjudicated incapacitated. Section 394.453(11), F.S.

²³ "Guardian advocate" means a person appointed by a court to make decisions regarding mental health treatment on behalf of a patient who has been found incompetent to consent to treatment. The guardian may be granted specific additional powers by court order. Section 394.453, F.S.

²⁴ Section 394.4599(2)(a), F.S.

²⁵ Section 394.4599(2)(b), F.S.

²⁶ *Id.*

²⁷ *Id.*

²⁸ Section 381.0056(4), F.S.

²⁹ Section 381.0056(2)(e), F.S.

³⁰ See s. 381.0056, F.S.

³¹ Section 381.0056(2)(a), F.S.

school district's superintendent, school board chairperson, county health department medical director or administrator, and the Department of Health's district administrator.³²

Health services plans are not required to provide for notification of a student's parent or guardian when the student is transported to a receiving facility for purposes of an involuntary examination under the Baker Act.

K-12 Student and Parent Rights

In Florida, K-12 students and their parents are afforded certain statutory rights, including rights relating to health issues.³³ The rights enumerated by statute contain no requirement that a student's parent or guardian be notified when the student is transported to a receiving facility for purposes of an involuntary examination under the Baker Act.

Effect of Proposed Changes

The bill amends the definition of "emergency health needs" for purposes of school health services programs to expressly include onsite evaluation for illness or injury and release to a law enforcement officer. In addition, the bill requires each county school health services plan to provide for immediate notification to a student's parent or guardian if the student is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination. Each district school board and charter school governing board must develop a policy and procedures for such notification.

The bill provides that, if a student is removed from a public school, school transportation, or a school-sponsored activity for an involuntary examination, the school principal or the principal's designee must immediately notify the student's parent.³⁴ If the principal or principal's designee has submitted a report to the Central Abuse Hotline³⁵ for suspected abuse, abandonment, or neglect and deems delay of notification to be in the student's best interest, notification may be delayed by no more than 24 hours after the student's removal.³⁶

The bill requires receiving facilities to give notice of the whereabouts of a minor patient who is being held for an involuntary examination to the patient's parent, guardian, or guardian advocate immediately after the patient's arrival at the receiving facility. The receiving facility must attempt to notify the patient's parent, guardian, or guardian advocate until confirmation is received either verbally, through telephonic or electronic communication, or by recorded message that notification has been made. Attempts at notification must be made hourly during the first 12 hours after the patient's arrival at the facility and then once every 24 hours thereafter until confirmation is received or until the patient is released at the end of the 72-hour examination period or a petition for involuntary placement is filed with the court. A minor may not prohibit a receiving facility from providing this notice.

The bill requires the receiving facility to document each attempt at notification in the patient's clinical record and provides that the facility may seek assistance from law enforcement if notification is not made within the first 24 hours after the patient's arrival. The bill allows a receiving facility to delay notification by no more than 24 hours if it has submitted a report to the Central Abuse Hotline for

³² Rule 64F-6.002(3), F.A.C.

³³ See Section 1002.20(3), F.S.

³⁴ Section 1000.21(4), F.S., defines parent as either or both parents of a student, any guardian of a student, any person in a parental relationship to a student, or any person exercising supervisory authority over a student in place of the parent.

³⁵ Section 39.201(1) and (2), F.S., requires a person who knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, other person responsible for the child's welfare, other adult, or a victim of sexual abuse by a known or suspected juvenile sexual offender to report such knowledge or suspicion to the Department of Children and Families using its Central Abuse Hotline.

³⁶ The bill also applies these requirements to charter schools.

suspected abuse, abandonment, or neglect and deems delay of notification to be in the patient's best interest.³⁷

B. SECTION DIRECTORY:

Section 1. Amends s. 381.0056, F.S., revising the term "emergency health needs"; requiring school health services plans to include notification requirements when a student is removed from school, school transportation, or a school-sponsored activity for involuntary examination.

Section 2. Amends s. 394.4599, F.S., requiring a receiving facility to provide notice of the whereabouts of an adult or minor patient held for involuntary examination; providing conditions for delay in notification; requiring documentation of contact attempts.

Section 3. Amends s. 1002.20, F.S., requiring public schools to provide notice of the whereabouts of a student removed from school, school transportation, or a school-sponsored activity for involuntary examination; providing conditions for delay in notification; requiring district school boards to develop certain notification policies and procedures.

Section 4. Amends s. 1002.33, F.S., requiring charter schools to provide notice of the whereabouts student removed from school, school transportation, or a school-sponsored activity for involuntary examination; providing conditions for delay in notification; requiring charter school governing boards to develop certain notification policies and procedures.

Section 5. Provides an effective date of July 1, 2014.

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:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

³⁷ See *supra* text accompanying note 34.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill vests discretion in both the school principal and the receiving facility to delay notification upon suspicion of abuse, neglect, or abandonment.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 12, 2014, the K-12 Subcommittee reported the PCS for HB 497 favorably as a committee substitute. Unlike HB 497, the PCS provides a time certain by which a receiving facility is no longer required to continue attempts at notifying a minor patient's parent, guardian, or guardian advocate. The PCS also provides that the facility may seek assistance from a local law enforcement agency for notification purposes if confirmation of notice has not been received after 24 hours.

1 A bill to be entitled

2 An act relating to involuntary examinations of minors;
3 amending s. 381.0056, F.S.; revising the term
4 "emergency health needs"; requiring school health
5 services plans to include notification requirements
6 when a student is removed from school, school
7 transportation, or a school-sponsored activity for
8 involuntary examination; amending s. 394.4599, F.S.;
9 requiring a receiving facility to provide notice of
10 the whereabouts of an adult or minor patient held for
11 involuntary examination; providing conditions for
12 delay in notification; requiring documentation of
13 contact attempts; amending ss. 1002.20 and 1002.33,
14 F.S.; requiring a public school or charter school
15 principal or a designee to provide notice of the
16 whereabouts of a student removed from school, school
17 transportation, or a school-sponsored activity for
18 involuntary examination; providing conditions for
19 delay in notification; requiring district school
20 boards and charter school governing boards to develop
21 certain notification policies and procedures;
22 providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

25
26 Section 1. Subsection (2) and paragraph (a) of subsection

27 (4) of section 381.0056, Florida Statutes, are amended to read:
 28 381.0056 School health services program.—

29 (2) As used in this section, the term:

30 (a) "Emergency health needs" means onsite evaluation,
 31 management, and aid for illness or injury pending the student's
 32 return to the classroom or release to a parent, guardian,
 33 designated friend, law enforcement officer, or designated health
 34 care provider.

35 (b) "Entity" or "health care entity" means a unit of local
 36 government or a political subdivision of the state; a hospital
 37 licensed under chapter 395; a health maintenance organization
 38 certified under chapter 641; a health insurer authorized under
 39 the Florida Insurance Code; a community health center; a migrant
 40 health center; a federally qualified health center; an
 41 organization that meets the requirements for nonprofit status
 42 under s. 501(c)(3) of the Internal Revenue Code; a private
 43 industry or business; or a philanthropic foundation that agrees
 44 to participate in a public-private partnership with a county
 45 health department, local school district, or school in the
 46 delivery of school health services, and agrees to the terms and
 47 conditions for the delivery of such services as required by this
 48 section and as documented in the local school health services
 49 plan.

50 (c) "Invasive screening" means any screening procedure in
 51 which the skin or any body orifice is penetrated.

52 (d) "Physical examination" means a thorough evaluation of

53 | the health status of an individual.

54 | (e) "School health services plan" means the document that
 55 | describes the services to be provided, the responsibility for
 56 | provision of the services, the anticipated expenditures to
 57 | provide the services, and evidence of cooperative planning by
 58 | local school districts and county health departments.

59 | (f) "Screening" means presumptive identification of
 60 | unknown or unrecognized diseases or defects by the application
 61 | of tests that can be given with ease and rapidity to apparently
 62 | healthy persons.

63 | (4)(a) Each county health department shall develop,
 64 | jointly with the district school board and the local school
 65 | health advisory committee, a school health services plan.~~†~~ and
 66 | The plan must include, at a minimum, provisions for:

- 67 | 1. Health appraisal.~~†~~ †
- 68 | 2. Records review.~~†~~ †
- 69 | 3. Nurse assessment.~~†~~ †
- 70 | 4. Nutrition assessment.~~†~~ †
- 71 | 5. A preventive dental program.~~†~~ †
- 72 | 6. Vision screening.~~†~~ †
- 73 | 7. Hearing screening.~~†~~ †
- 74 | 8. Scoliosis screening.~~†~~ †
- 75 | 9. Growth and development screening.~~†~~ †
- 76 | 10. Health counseling.~~†~~ †
- 77 | 11. Referral and followup of suspected or confirmed health
 78 | problems by the local county health department.~~†~~ †

79 12. Meeting emergency health needs in each school.+

80 13. County health department personnel to assist school
81 personnel in health education curriculum development.+

82 14. Referral of students to appropriate health treatment,
83 in cooperation with the private health community whenever
84 possible.+

85 15. Consultation with a student's parent or guardian
86 regarding the need for health attention by the family physician,
87 dentist, or other specialist when definitive diagnosis or
88 treatment is indicated.+

89 16. Maintenance of records on incidents of health
90 problems, corrective measures taken, and such other information
91 as may be needed to plan and evaluate health programs; except,
92 however, that provisions in the plan for maintenance of health
93 records of individual students must be in accordance with s.
94 1002.22.+

95 17. Health information which will be provided by the
96 school health nurses, when necessary, regarding the placement of
97 students in exceptional student programs and the reevaluation at
98 periodic intervals of students placed in such programs.~~+~~~~and~~

99 18. Notification to the local nonpublic schools of the
100 school health services program and the opportunity for
101 representatives of the local nonpublic schools to participate in
102 the development of the cooperative health services plan.

103 19. Immediate notification to a student's parent or
104 guardian if the student is removed from school, school

105 transportation, or a school-sponsored activity and taken to a
 106 receiving facility for an involuntary examination pursuant to s.
 107 394.463, including the requirements established under ss.
 108 1002.20(3) and 1002.33(9).

109 Section 2. Paragraphs (c) through (e) of subsection (2) of
 110 section 394.4599, Florida Statutes, are redesignated as
 111 paragraphs (d) through (f), respectively, paragraph (b) of that
 112 subsection is amended, and a new paragraph (c) is added to that
 113 subsection, to read:

114 394.4599 Notice.—

115 (2) INVOLUNTARY PATIENTS.—

116 (b) A receiving facility shall give prompt notice of the
 117 whereabouts of an adult or emancipated minor a patient who is
 118 being involuntarily held for examination, by telephone or in
 119 person within 24 hours after the patient's arrival at the
 120 facility, unless the patient requests that no notification be
 121 made. Contact attempts shall be documented in the patient's
 122 clinical record and shall begin as soon as reasonably possible
 123 after the patient's arrival. Notice that a patient is being
 124 admitted as an involuntary patient shall be given to the Florida
 125 local advocacy council no later than the next working day after
 126 the patient is admitted.

127 (c)1. A receiving facility shall give notice of the
 128 whereabouts of a minor patient who is being held involuntarily
 129 for examination pursuant to s. 394.463 to the patient's parent,
 130 guardian, or guardian advocate in person or through telephonic

131 | or electronic communication immediately after the patient's
132 | arrival at the facility. The facility may delay notification by
133 | no more than 24 hours if the facility has submitted a report to
134 | the Central Abuse Hotline, pursuant to s. 39.201, based upon
135 | knowledge or suspicion of abuse, abandonment, or neglect and
136 | deems delay in notification to be in the minor's best interest.

137 | 2. The receiving facility shall attempt to notify the
138 | patient's parent, guardian, or guardian advocate until the
139 | receiving facility receives confirmation from the parent,
140 | guardian, or guardian advocate, either verbally, through
141 | telephonic or electronic communication, or by recorded message,
142 | that notification has been made. Attempts to notify the parent,
143 | guardian, or guardian advocate must be repeated at least once
144 | every hour during the first 12 hours after the patient's arrival
145 | and once every 24 hours thereafter and must continue until such
146 | confirmation is received or until the patient is released at the
147 | end of the 72-hour examination period or a petition for
148 | involuntary placement is filed with the court pursuant to s.
149 | 394.463(2)(i). A receiving facility may seek assistance from law
150 | enforcement if notification is not made within the first 24
151 | hours after the patient's arrival. The receiving facility must
152 | document notification attempts in the patient's clinical record.

153 | Section 3. Paragraph (1) is added to subsection (3) of
154 | section 1002.20, Florida Statutes, to read:

155 | 1002.20 K-12 student and parent rights.—Parents of public
156 | school students must receive accurate and timely information

157 regarding their child's academic progress and must be informed
 158 of ways they can help their child to succeed in school. K-12
 159 students and their parents are afforded numerous statutory
 160 rights including, but not limited to, the following:

161 (3) HEALTH ISSUES.—

162 (1) Notification of involuntary examinations.—The public
 163 school principal or the principal's designee shall immediately
 164 notify the parent of a student who is removed from school,
 165 school transportation, or a school-sponsored activity and taken
 166 to a receiving facility for an involuntary examination pursuant
 167 to s. 394.463. The principal or the principal's designee may
 168 delay notification if the principal or designee deems the delay
 169 to be in the student's best interest and if a report has been
 170 submitted to the Central Abuse Hotline, pursuant to s. 39.201,
 171 based upon knowledge or suspicion of abuse, abandonment, or
 172 neglect. The delay in notification must not exceed 24 hours
 173 after the student's removal from school, school transportation,
 174 or a school-sponsored activity. Each district school board shall
 175 develop a policy and procedures for notification under this
 176 paragraph.

177 Section 4. Paragraph (q) is added to subsection (9) of
 178 section 1002.33, Florida Statutes, to read:

179 1002.33 Charter schools.—

180 (9) CHARTER SCHOOL REQUIREMENTS.—



181 (q) The charter school principal or the principal's
 182 designee shall immediately notify the parent of a student who is

183 removed from school, school transportation, or a school-
184 sponsored activity and taken to a receiving facility for an
185 involuntary examination pursuant to s. 394.463. The principal or
186 the principal's designee may delay notification if the principal
187 or designee deems the delay to be in the student's best interest
188 and if a report has been submitted to the Central Abuse Hotline,
189 pursuant to s. 39.201, based upon knowledge or suspicion of
190 abuse, abandonment, or neglect. The delay in notification must
191 not exceed 24 hours after the student's removal from school,
192 school transportation, or a school-sponsored activity. Each
193 charter school governing board shall develop a policy and
194 procedures for notification under this paragraph.

195 Section 5. This act shall take effect July 1, 2014.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 977 Motor Vehicle Insurance & Driver Education For Children In Foster Care
SPONSOR(S): Albritton
TIED BILLS: IDEN./SIM. **BILLS:** CS/SB 744

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthy Families Subcommittee		Entress 	Brazzell 
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The bill directs the Department of Children and Families (DCF) to establish a statewide pilot program to pay specified costs of driver education, licensure and costs incidental to licensure, and motor vehicle insurance for a foster child who meets certain qualifications. The bill sets limits of the amount to be paid and requires payment to be made in the order of eligibility until funds are exhausted. The bill requires DCF to contract with a qualified not-for-profit entity to operate and develop procedures for the program and requires an annual report to the Governor and the Legislature.

The bill removes the disability of nonage of minors for foster children for the purpose of obtaining motor vehicle insurance upon issuance of a court order. It also adds consideration of this action to the activities that occur at the special judicial review held when a child becomes 17 years of age. The bill provides for preferential enrollment in driver education for specified children in the care of the department.

The bill provides for an appropriation of \$1.5 million to DCF.

The bill has an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Foster Children

Young people in the foster care system often face barriers to participating in everyday life experiences common to others their age. These life experiences are important because they are a part of how all children are prepared for the responsibilities they will assume as adults.

Both statute and administrative code support the efforts of teens in foster care to engage in age-appropriate activities.¹ Departmental rules specifically require community-based lead agency service providers to assist teens in foster care who have demonstrated the appropriate level of maturity in obtaining a learner's permit or driver's license and automobile insurance.²

As of January 31, 2014, the Department of Children and Families (DCF) reported that there were 385 15-year-olds, 458 16-year-olds, and 517 17-year-olds in foster care.³ A survey of youth in foster care published in the spring of 2013 indicated:

- 5 percent of 15-year-old respondents (11 children of 243 surveyed) had learner's permits;
- 8 percent of 16-year-olds (25 children of 300 surveyed) had learner's permits;
- 13 percent of 17-year-olds (52 children of 387 surveyed) had learner's permits; and
- 9 percent of the total number of children surveyed (88 of 930 surveyed) had learner's permits.
- 1 percent of 16-year-olds (4 children of 300 surveyed) had driver's licenses;
- 4 percent of 17-year-olds (16 children of 387 surveyed) had driver's licenses; and
- 3 percent of the total number of children surveyed (20 of 687 surveyed) had driver's licenses.⁴

Driver's Licenses

A child who is 15 years of age is authorized to obtain a learner's driver's license (learner's permit) provided he or she meets the school attendance requirements of s. 322.091, F.S., and the application and testing requirements of s. 322.1615, F.S.⁵ Section 322.09, F.S., requires that when a child applies for a learner's permit, the application must be signed by a parent, guardian, or when there is no parent or guardian, some other responsible adult. This same section provides that any negligence or willful misconduct of the child operating a motor vehicle will be imputed to the adult who signed the application.⁶ That adult is jointly and severally liable with the child for any damages caused by the negligent or willful misconduct.⁷

¹ See s. 409.145(3), F.S.

² Rule 65C-30.007, F.A.C.

³ The Department of Children and Families Analysis of HB 977, February 1, 2014, on file with committee staff.

⁴ My Services, Answers from Youth in Foster Care, the Department of Children and Families, *accessible at*: <http://www.dcf.state.fl.us/programs/indliving/docs/MyServicesSpring2013SurveyReport.pdf> (last visited March. 18, 2014).

⁵ S. 322.05, F.S.

⁶ S. 322.09(2), F.S.

⁷ S. 322.09(2), F.S.

Special Driver's License Provisions for Foster Children and Foster Parents

Among the primary obstacles to these children in care of DCF being able to drive is the potential liability of the foster parents when the children drive vehicles owned by the foster parent and the attendant cost of insurance to protect foster parents from this liability.

In 2001, s. 322.09, F.S., was amended to provide that foster parents or authorized representatives of a residential group home who sign for a foster child's license do not become liable for any damages or misconduct of the child.⁸ While this provision relieves the foster parent of liability resulting directly from the signature on the driver's license application, it does not address any vicarious liability that the foster parent may have as a result of the foster parent's ownership of the vehicle which the child drives, see *Hertz Corp. vs. Jackson*, 617 So.2d 1051 (Fla. 1993). This liability arises whenever an insured individual allows another to operate his or her motor vehicle and is independent of the provisions of s. 322.09, F.S. Thus, the foster parent who owns the motor vehicle continues to be subject to vicarious liability for the actions of the child while operating the foster parent's vehicle, in the same way the foster parent would be vicariously liable for the actions of any other person operating that vehicle. This vicarious liability is one of the risks for which insurance coverage is purchased.

Also in 2001, s. 627.746, F.S., was created and prohibited a motor vehicle insurance company from charging an additional premium on a motor vehicle owned by a foster parent for coverage of a child operating the vehicle while the child is holding a learner's driver's license. This prohibition is only applicable until the child obtains a regular driver's license.⁹

Costs Associated with Obtaining a Driver's License

Driver's education courses are offered free of charge through the public school system but enrollment may be limited. Some school districts offer a summer driver's education course, charging fees from \$50 to \$250.¹⁰ Commercial courses are offered in some jurisdictions at prices ranging from \$300-\$5,000.¹¹

The fee for obtaining a class E (regular) driver's license is \$48.13.¹² In order to obtain a learner's driver's license, the person applying must, among other requirements, have completed a traffic law and substance education course and have successfully completed a written examination.¹³

Emancipation of Minors, Generally

All states have laws dealing with the "emancipation" of minors, which specify when and under what conditions children become independent of their parents for legal purposes.¹⁴ Approximately half of the states regulate emancipation by statutes specifically designed for that purpose.¹⁵ These statutes may specify the conditions required or the procedures for seeking emancipation. Statutes vary considerably from state to state, but under common law, most states allow for the possibility of court-reviewed

⁸ Chapter 2001-83, Laws of Fla.

⁹ Chapter 2001-83, Laws of Fla.

¹⁰ Florida Guardian ad Litem, A Voice Heard: Keys to Independence, available at http://guardianadlitem.org/news_main.asp (last visited March 5, 2014).

¹¹ Florida Guardian ad Litem, A Voice Heard: Keys to Independence, available at http://guardianadlitem.org/news_main.asp (last visited March 5, 2014).

¹² S 322.21, F.S.

¹³ S. 322.1615(1), F.S.

¹⁴ A substantial portion of this paragraph was taken from: Cornell University of Law, Legal Information Institute, *Emancipation of Minors*, available at: http://www.law.cornell.edu/wex/emancipation_of_minors (last visited March 18, 2014).

¹⁵ A substantial portion of this paragraph was taken from: Cornell University of Law, Legal Information Institute, *Emancipation of Minors*, available at: http://www.law.cornell.edu/wex/emancipation_of_minors (last visited March 18, 2014).

emancipation.¹⁶ No fixed age of emancipation exists, yet a minor is presumed to become emancipated upon reaching the age of majority.¹⁷ In most states, the age of majority is 18.¹⁸

Emancipation is the removal of “disability of nonage.” Emancipation is the act by which a person gains all the rights and responsibilities of an adult.¹⁹ An emancipated minor has the legal capacity to act as an adult, be in control of his or her affairs, and be free of the legal control and custody of his or her parents. Emancipated minors lose the right to have their parents provide for them and the protection of the Department of Children and Family Services.²⁰

A circuit court has jurisdiction to remove the disabilities of nonage of a minor who is age 16 or older residing in Florida upon a petition filed by the minor’s natural or legal guardian or, if there is none, by a guardian ad litem.²¹ The petition may also be filed by the minor him or herself if the minor is a certified homeless and unaccompanied minor over the age of 16.²² The petition must contain the following information:

- The name, address, residence, and date of birth of the minor;
- The name, address, and current location of each of the minor’s parents, if known;
- The name, date of birth, custody, and location of any children born to the minor;
- A statement of the minor’s character, habits, education, income, and mental capacity for business, and an explanation of how the needs of the minor with respect to food, shelter, clothing, medical care, and other necessities will be met;
- Whether the minor is a party to or the subject of a pending judicial proceeding in this state or any other jurisdiction, or the subject of a judicial order of any description issued in connection with such pending judicial proceeding; and
- A statement of the reason why the court should remove the disabilities of nonage.²³

In addition, the law provides that:

- If the petition is filed by the natural or legal guardian, the court must appoint an attorney ad litem for the minor child, and the minor child shall be brought before the court to determine if the interest of the minor will be fully protected by the removal of disabilities of nonage;
- If the petition is filed by the guardian ad litem or next friend²⁴, service of process must be perfected on the natural parents;
- If both parents are not jointly petitioning the court for the removal of the disabilities of nonage of the minor, service of process must be made upon the nonpetitioning parent;²⁵

The court is required to consider the petition and receive such evidence as it deems necessary to rule on the petition.²⁶ If the court determines that removal of the disabilities of nonage is in the minor’s best

¹⁶ A substantial portion of this paragraph was taken from: Cornell University of Law, Legal Information Institute, *Emancipation of Minors*, available at: http://www.law.cornell.edu/wex/emancipation_of_minors (last visited March 18, 2014).

¹⁷ A substantial portion of this paragraph was taken from: Cornell University of Law, Legal Information Institute, *Emancipation of Minors*, available at: http://www.law.cornell.edu/wex/emancipation_of_minors (last visited March 18, 2014).

¹⁸ A substantial portion of this paragraph was taken from: Cornell University of Law, Legal Information Institute, *Emancipation of Minors*, available at: http://www.law.cornell.edu/wex/emancipation_of_minors (last visited March 18, 2014).

¹⁹ A substantial portion of this paragraph was taken from: Volusia County Law Library, *Emancipation in Florida Research Guide*, available at: [http://www.vclawlib.org/new/research-feb-09/EMANCIPATION20IN20FLORIDA\[1\].pdf](http://www.vclawlib.org/new/research-feb-09/EMANCIPATION20IN20FLORIDA[1].pdf) (last visited March 18, 2014).

²⁰ A substantial portion of this paragraph was taken from: Volusia County Law Library, *Emancipation in Florida Research Guide*, available at: [http://www.vclawlib.org/new/research-feb-09/EMANCIPATION20IN20FLORIDA\[1\].pdf](http://www.vclawlib.org/new/research-feb-09/EMANCIPATION20IN20FLORIDA[1].pdf) (last visited March 18, 2014).

²¹ S. 743.015, F.S.

²² S. 743.067, F.S.

²³ S. 743.015(2), F.S.

²⁴ A “next friend” is a person who appears in a lawsuit to act for the benefit of an incompetent or minor plaintiff, but who is not a party to the lawsuit and is not appointed as a guardian, *Black’s Law Dictionary*, 9th Edition, 2009.

²⁵ S. 743.015, F.S.

interest, it must enter an order to that effect.²⁷ An order removing the disabilities of nonage has the effect of giving the minor the status of an adult for purposes of all criminal and civil laws of the state, and authorizes the minor thereafter to exercise all of the rights and responsibilities of persons who are 18 years of age or older.²⁸ The judgment must be recorded in the county in which the minor resides, and a certified copy must be received as evidence of the removal of disabilities of nonage for all matters in all courts.²⁹

Special Provision Relating to Emancipation for Foster Children

Section 39.701(3), F.S., requires that the dependency court hold a judicial review within 90 days following the child's 17th birthday. At this hearing, the court is required to enter an order, separate from the judicial review order, that the disability of nonage for the child has been removed pursuant to s. 743.045, F.S.³⁰

Section 743.045, F.S. provides for the removal of the disability of nonage for foster children over the age of 17 for the purpose of executing contracts for a residential lease. S. 743.046, F.S., which is not referenced in s. 39.701(3), F.S., removes the disability of nonage for foster children over the age of 17 for the purpose of securing utility services at residential property.

Similarly, s. 743.044, F.S., which is also not referenced in s. 39.701(3), removes the disability of nonage for foster children over the age of 16 for the purpose of executing agreements for depository financial services. Each of these special provisions (ss. 743.044, 743.045, and 743.046, F.S.) require the entry of a court order to be effective.

Effect of Proposed Changes

The bill makes a legislative finding that the costs of driver education, driver licensing and costs incidental to licensing, and motor vehicle insurance (insurance) for a child in foster care after the child obtains a driver license creates additional barriers to the child engaging in normal age-appropriate activities and gaining independence and may limit opportunities for the child to obtain employment and completed educational goals.

Pilot Program

The bill requires the Department of Children and Families (DCF) to establish a 3 year pilot program to pay the costs of driver education, driver licensing and costs of driver education, and motor vehicle insurance for children in foster care who have completed a driver education case. The bill states that the pilot program is subject to a legislative appropriation.

The bill requires DCF to pay a caregiver, or an individual or not-for-profit entity approved by the caregiver if the individual or entity add one or more children to the caregivers' or entity's existing motor vehicle insurance policy. The bill specifies that the payment may not exceed the amount of the increase in the cost incurred by the caregiver or entity as a result of adding the children to the policy. The bill requires DCF to make payments to eligible caregivers or entities in the order of eligibility until available funds are exhausted.

The bill requires DCF to contract with a not-for-profit organization to develop procedures for operating and administering the pilot program. The bill specifies that the not-for-profit organization must have a

²⁶ S. 743.015(6), F.S.

²⁷ S. 743.015(6), F.S.

²⁸ S. 743.015(6), F.S.

²⁹ S. 743.015(8), F.S.

³⁰ S. 39.701(1), F.S.

mission to support children aging out of foster care. The bill specifies that in developing procedures and administering the program, the not-for-profit organization, at a minimum, is responsible for:

- Determining eligibility, including responsibilities for the child and caregivers;
- Developing application and payment forms;
- Notifying eligible children, caregivers, group homes, and residential programs of the pilot project; and
- Providing technical assistance to lead agencies, providers, group homes, and residential programs to support the removal of obstacles for children in foster care to drive.

The bill requires DCF to submit a report on the success and outcomes achieved by the pilot program, including a recommendation as to whether the pilot program should be continued, terminated or expanded to the Governor, the Speaker of the House of Representatives, and the President of the Senate. The report is required to be submitted annually for the duration of the pilot program, with the first report due July 1, 2015.

Disability of Nonage

The bill requires that for purposes of ensuring that a child in foster care is able to secure motor vehicle insurance, the disability of nonage (disability) of minors must be removed in certain cases. This requires the disability to be removed for a child that is 16 years old, has been adjudicated dependent, is residing in an out-of-home placement, and has completed a driver education course.

The bill specifies that a court of competent jurisdiction may issue an order removing the disability and authorizing a child to make and execute all contracts or agreements necessary for obtaining insurance as if the child were otherwise competent to make and execute contracts. The bill specifies that execution of any contract or agreement for insurance must have the same effect as if it were the act of a person who is not a minor. The bill specifies that a child seeking to enter into contracts or agreements or execute other necessary instruments incidental to obtaining motor vehicle insurance must present to the other contracting party an order from a court of competent jurisdiction removing the disability.

Driver Education Course

The bill requires school boards to provide preferential enrollment to a student in DCF custody for a course of study and instruction in safe and lawful operation of a motor vehicle, as long as the student maintains appropriate progress as required by the educational institution.

Appropriation

The bill provides \$1.5 million to be appropriated from the General Revenue Fund to DCF for fiscal year 2014-15 to implement the bill.

B. SECTION DIRECTORY:

- Section 1:** Amends s. 409.1454, F.S., related to motor vehicle insurance for children in foster care.
Section 2: Amends s. 743.047, F.S., related to removal of disabilities of minors.
Section 3: Amends s. 1003.48, F.S., related to instruction in operation of motor vehicles.
Section 4: Creates an unnumbered section of law to provide an appropriation.
Section 5: Provides for an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill provides for a \$1.5 million appropriation to DCF.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

The bill does not appear to impact local government.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The bill contains a \$1.5 million appropriation for implementation.

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:

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

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
2 An act relating to motor vehicle insurance and driver
3 education for children in foster care; creating s.
4 409.1454, F.S.; directing the Department of Children
5 and Families to establish a statewide pilot program to
6 pay specified costs of driver education, driver
7 licensing and costs incidental to licensing, and motor
8 vehicle insurance for a child in foster care who meets
9 certain qualifications; requiring the department to
10 contract with a qualified not-for-profit organization
11 to develop procedures for operating and administering
12 the pilot program; requiring the department to submit
13 an annual report with recommendations to the Governor
14 and Legislature; creating s. 743.047, F.S.; removing
15 the disability of nonage of minors for purposes of
16 obtaining motor vehicle insurance; amending s.
17 1003.48, F.S.; providing for preferential enrollment
18 in driver education courses for children in foster
19 care; providing an appropriation; providing an
20 effective date.

21
22 Be It Enacted by the Legislature of the State of Florida:

23
24 Section 1. Section 409.1454, Florida Statutes, is created
25 to read:
26 409.1454 Motor vehicle insurance for children in foster

27 | care.-

28 | (1) The Legislature finds that the costs of driver
 29 | education, driver licensing and costs incidental to licensing,
 30 | and motor vehicle insurance for a child in foster care after the
 31 | child obtains a driver license create additional barriers to the
 32 | child engaging in normal age-appropriate activities and gaining
 33 | independence and may limit opportunities for the child to obtain
 34 | employment and complete educational goals. The Legislature also
 35 | finds that the completion of a driver education course is
 36 | necessary to develop safe driving skills.

37 | (2) Subject to legislative appropriation, the department
 38 | shall establish a 3-year pilot program to pay the costs of
 39 | driver education, driver licensing and costs incidental to
 40 | licensing, and motor vehicle insurance for children in foster
 41 | care who have successfully completed a driver education course.

42 | (3) If a caregiver, or an individual or not-for-profit
 43 | entity approved by a caregiver, adds one or more children to the
 44 | caregiver's or entity's existing motor vehicle insurance policy,
 45 | the department shall pay to the caregiver or entity an amount
 46 | not to exceed the amount of the increase in the cost incurred by
 47 | the caregiver or entity as a result of adding the children to
 48 | the policy.

49 | (4) The department shall make payments to eligible
 50 | caregivers or entities in the order of eligibility until
 51 | available funds are exhausted.

52 | (5) The department shall contract with a not-for-profit

53 organization whose mission is to support children aging out of
 54 foster care to develop procedures for operating the pilot
 55 program and for administering the pilot program, including, but
 56 not limited to:

57 (a) Determining eligibility, including responsibilities
 58 for the child and caregivers.

59 (b) Developing application and payment forms.

60 (c) Notifying eligible children, caregivers, group homes,
 61 and residential programs of the pilot program.

62 (d) Providing technical assistance to lead agencies,
 63 providers, group homes, and residential programs to support the
 64 removal of obstacles for children in foster care to drive.

65 (6) The department shall submit to the Governor, the
 66 President of the Senate, and the Speaker of the House of
 67 Representatives a report on the success and outcomes achieved by
 68 the pilot program with a recommendation as to whether the pilot
 69 program should be continued, terminated, or expanded. A report
 70 shall be submitted annually for the duration of the pilot
 71 program with the first report being due on July 1, 2015.

72 Section 2. Section 743.047, Florida Statutes, is created
 73 to read:

74 743.047 Removal of disabilities of minors; executing
 75 agreements for motor vehicle insurance.—For purposes of ensuring
 76 that a child in foster care is able to secure motor vehicle
 77 insurance, the disability of nonage of minors shall be removed
 78 for a child that has reached 16 years of age, has been

HB 977

2014

79 adjudicated dependent, is residing in an out-of-home placement
 80 as defined in s. 39.01, and has completed a driver education
 81 course. A court of competent jurisdiction may issue an order
 82 removing the disability and authorizing a child to make and
 83 execute all contracts or agreements necessary for obtaining
 84 motor vehicle insurance as if the child were otherwise competent
 85 to make and execute contracts. Execution of any contract or
 86 agreement for motor vehicle insurance shall have the same effect
 87 as if it were the act of a person who is not a minor. A child
 88 seeking to enter into contracts or agreements or execute other
 89 necessary instruments incidental to obtaining motor vehicle
 90 insurance must present to the other contracting party an order
 91 from a court of competent jurisdiction removing the disability
 92 of nonage of the child under this section.

93 Section 3. Subsection (1) of section 1003.48, Florida
 94 Statutes, is amended to read:

95 1003.48 Instruction in operation of motor vehicles.—
 96 (1) A course of study and instruction in the safe and
 97 lawful operation of a motor vehicle shall be made available by
 98 each district school board to students in the secondary schools
 99 in the state. The district school board shall provide
 100 preferential enrollment to a student in the custody of the
 101 Department of Children and Families as long as that student
 102 maintains appropriate progress as required by the educational
 103 institution. As used in this section, the term "motor vehicle"
 104 has ~~shall have~~ the same meaning as provided in s. 320.01(1)(a)

HB 977

2014


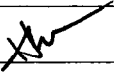
105 and includes ~~shall include~~ motorcycles and mopeds. Instruction
106 in motorcycle or moped operation may be limited to classroom
107 instruction. The course shall not be made a part of, or a
108 substitute for, any of the minimum requirements for graduation.

109 Section 4. For the 2014-2015 fiscal year, the sum of \$1.5
110 million is appropriated from the General Revenue Fund to the
111 Department of Children and Families for the purposes of
112 implementing this act.

113 Section 5. This act shall take effect July 1, 2014.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1279 Marriage of Minors
SPONSOR(S): Stafford
TIED BILLS: None **IDEN./SIM. BILLS:** SB 1498

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Civil Justice Subcommittee	13 Y, 0 N	Cary	Bond
2) Healthy Families Subcommittee		Entress 	Brazzell 
3) Judiciary Committee			

SUMMARY ANALYSIS

Under current law, a minor can marry if he or she is at least 16 years of age and if the parents or guardian of the minor consent in writing; if both parents are deceased; or if the minor has previously been married. In addition, a minor of any age can marry if the marriage is approved by a county court judge and the female is pregnant or has given birth.

This bill prohibits any person under the age of 16 from marrying.

This bill may have a minimal fiscal impact on state revenues. This bill does not appear to have a local government impact.

The bill provides an effective date of July 1, 2014.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Under current law, a minor may be married if he or she is at least 16 years of age if the parents or guardian of the minor consents in writing.¹ If a minor of at least 16 years of age has been previously married, no parental consent is required. Likewise, if both parents of a minor of at least 16 years of age are deceased, no parental consent is required.²

A county court judge may, in his or her discretion, issue a marriage license to a minor without parental consent under two specific circumstances:

- Upon application of both parties sworn under oath that they are the parents of a child;³ or
- When a pregnancy is verified by the written statement of a licensed physician and the minor female (or both the male and the female, if both are minors) swears under oath that she is an expectant parent.⁴

There is currently no age limitation when the minor is a parent or expectant parent.

Florida is one of many states that allow marriage below the age of 16 with certain statutory requirements, including pregnancy, parental, and/or judicial consent. Only 13 states and the District of Columbia appear to prohibit marriage under the age of 16 in all cases: Alabama, Illinois, Iowa, Kentucky, Michigan, Minnesota, Montana, Nebraska, North Dakota, Oregon, Utah, Vermont, Wisconsin.⁵ All other states appear to currently allow marriage under the age of 16 under some circumstances.⁶

In 2013, 9 marriages in Florida involved a person under the age of 16.⁷ In 2012, 16 marriages involved a person under the age of 16. The youngest person to be married during those years was a 13-year-old groom.⁸

Effect of the Bill

The bill prohibits marriage by a minor under the age of 16.

B. SECTION DIRECTORY:

Section 1: Amends s. 741.0405, F.S., relating to when a marriage license may be issued to persons under 18 years.

Section 2: Provides an effective date of July 1, 2014.

¹ Section 741.0405(1), F.S.

² Section 741.0405(1), F.S.

³ Section 741.0405(2), F.S.

⁴ Section 741.0405(3), F.S.

⁵ See the Cornell University Marriage Laws database at http://www.law.cornell.edu/wex/table_marriage (last viewed March 13, 2013).

⁶ See the Cornell University Marriage Laws database at http://www.law.cornell.edu/wex/table_marriage (last viewed March 13, 2013).

⁷ Email correspondence with the Bureau of Vital Statistics, March 19, 2014 (on file with Healthy Families Subcommittee).

⁸ Email correspondence with the Bureau of Vital Statistics, March 19, 2014 (on file with Healthy Families Subcommittee).

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The bill may have a minor impact on state revenues. See Fiscal Comments section below.

2. Expenditures:

The bill does not appear to have any impact on state expenditures.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

The bill does not appear to have any impact on local government revenues.

2. Expenditures:

The bill does not appear to have any impact on local government expenditures.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill does not appear to have any direct economic impact on the private sector.

D. FISCAL COMMENTS:

A marriage license costs \$93.50, \$32 of which goes to the county clerk of courts,⁹ \$25 of which goes to General Revenue,¹⁰ \$4 of which goes to the state Department of Health,¹¹ \$25 of which goes to a domestic violence trust fund,¹² and \$7.50 of which goes to a displaced homemaker trust fund.¹³ If the couple takes a premarital preparation course, the fee is reduced by \$32.50, so that the state does not collect \$25 into General Revenue or \$7.50 for the displaced homemaker trust fund.¹⁴

The Department of Health maintains marriage statistics at the Bureau of Vital Statistics. In 2013, 110 marriages in Florida involved a person 16 or under. In 2012, 150 marriages involved a person 16 or under.¹⁵ Had the bill been enacted prior to 2012, if none of the licenses' cost were reduced by taking the premarital preparation course, this would have resulted in a reduction of \$2750 in general revenue collections in 2013 and \$3750 in general revenue collections in 2012 and a reduction of \$825 and \$1125 into the displaced homemaker trust fund. Likewise, the bill would have resulted in reduced collections of \$3520 and \$4800 statewide by the various clerks of court, \$440 and \$600 by the Department of Health, and \$2750 and \$3750 less deposited into the domestic violence trust fund.

⁹ Sections 28.24(23) and 741.01(1), F.S.

¹⁰ Section 741.01(4), F.S.

¹¹ Section 741.02, F.S.

¹² Section 741.01(2), F.S.

¹³ Section 741.01(3), F.S.

¹⁴ Section 741.01(5), F.S.

¹⁵ Email correspondence with the Bureau of Vital Statistics, March 17, 2014 (on file with Healthy Families Subcommittee).

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not appear to create a need for rulemaking or rulemaking authority.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.

A bill to be entitled

An act relating to marriage of minors; amending s. 741.0405, F.S.; deleting provisions that allow the issuance of marriage licenses to minors under 16 years of age in certain circumstances; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Subsections (2), (3), and (4) of section 741.0405, Florida Statutes, are amended to read:

741.0405 When marriage license may be issued to persons under 18 years.—

(2) The county court judge of any county in the state may, in the exercise of his or her discretion, issue a license to marry to a ~~any~~ male or female under the age of 18 years, but at least 16 years of age, upon application of both parties sworn under oath that they are the parents of a child.

(3) When the fact of pregnancy is verified by the written statement of a licensed physician, the county court judge of any county in the state may, in his or her discretion, issue a license to marry:

(a) To a ~~any~~ male or female under the age of 18 years, but at least 16 years of age, upon application of both parties sworn under oath that they are the expectant parents of a child; or

HB 1279

2014

27 (b) To a ~~any~~ female under the age of 18 years, but at
 28 least 16 years of age, and male over the age of 18 years upon
 29 the female's application sworn under oath that she is an
 30 expectant parent.

31 (4) No license to marry shall be granted to a ~~any~~ person
 32 under the age of 16 years, with or without the consent of the
 33 parents, ~~except as provided in subsections (2) and (3).~~

34 Section 2. This act shall take effect July 1, 2014.

PCB HFS 14-03b
Changes from HFS 14-03a

Line Number on HFS 14-03a	Line Number on HFS 14-03b	Change	Explanation
692-734	700-739	Revised safety plan provisions to describe the monitoring of safety plans, transfer of the case, and the department's response if the safety plan is not carried out by the parents. Removed detail about requirements for observation of children and signatures on plans. Also provided specific approaches when domestic violence is involved.	Addresses feedback on specificity of draft language, missing elements, and application when domestic violence is present.
N/A	1376-1410	Revised current statute regarding publication of information on attorneys and agencies providing adoption services.	Addresses application of criminal penalties to directory publishers.
1410-1442	1473-1478	Required the DCF-approved third party credentialing entity to maintain an advisory committee with specified members.	Ensures that the organizations whose staff is certified by the third-party credentialing entity are available to advise as necessary.
1449	1517-1520	Removed "social work" from the list of degrees comprising "human services related field".	Social work is already specified elsewhere in the section.
1458-1463	1528-1529	Exempted sheriff's offices providing child protective services from meeting the bill's education requirements until July 1, 2018.	Delays requirement until after the receipt of an evaluation of and recommendations for application of the requirements to sheriff's office child protection personnel. Also delays the ability for sheriff's office staff to benefit from the bill's provisions offering tuition exemption.
1512-1533	1580-1601	Extended eligibility for tuition exemption for social work courses or required relevant coursework to CBC case managers and case manager supervisors.	Provide an additional benefit to case managers and supervisors to encourage their retention in that role while facilitating the professionalization of the workforce.
1534-1571	1620	Provided that child protection personnel with social work degrees employed by a sheriff's office may be eligible for loan forgiveness as of July 1, 2018.	Delays the ability for sheriff's office staff to benefit from the bill's provisions offering tuition exemption and loan forgiveness.

PCB HFS 14-03b
Changes from HFS 14-03a

Line Number on HFS 14-03a	Line Number on HFS 14-03b	Change	Explanation
1568	1636	Inserted "and Supervisor" to cite the correct name for the loan forgiveness program	Technical correction.
1766-1770	1835-1841	Specified that the definition of "care" shall include but not be limited to services for prevention, diversion, and related services.	Clarifies which types of services are included in this definition.
1806-1822	1877-1901	Revised the requirements for CBC governance to provide for the involvement of board committees in governing CBC's.	Addresses governance structures currently in use.
1823-1829	N/A	Deleted requirement for boards to include individuals representing specified entities.	Addresses concerns about possible conflicts of interest.
1843-1847	1915-1927	Added additional detail regarding the children CBC's are required to serve and the children they may serve at their option.	Clarifies requirements.
N/A	1937-1941	Required the department to post its budget, including the salaries, bonuses, and other compensation paid to specified executives, on its website.	Provides additional transparency about the CBC's spending.
1877-1882	1967-1969	Limited the direct child welfare services a CBC may provide to no more than 35%.	Includes provision similar to current law.
2129-2135	2222-2224	Required the department to verify through its monitoring processes the insurance coverage carried by a CBC.	Ensures that a CBC has the required insurance.
2479-2481	2568-2572	Required DCF to work with the third-party credentialing entity in developing a standardized competency-based curriculum.	Ensures a connection between training and the exam measuring knowledge gained through the training.
2741	2832-2833	Specified a domestic violence advocacy organization in the list of the entities with which the Florida Institute for Child Welfare is to work.	Includes the perspective of individuals knowledgeable about domestic violence, which is key risk factor for child abuse.

PCB HFS 14-03b
Changes from HFS 14-03a

Line Number on HFS 14-03a	Line Number on HFS 14-03b	Change	Explanation
2806-2812	2905-2913	Specified that the institute's report due Oct. 1, 2017, evaluate the act's educational and training requirements for child protection and child welfare personnel and make recommendations about their application to child protection personnel employed by sheriff's offices, and that the report due Oct. 1, 2018, evaluate and make recommendations about the other requirements of the act.	Provides for information about the impact of the act and recommendations for possible improvements.
2835-2836	2937-2938	Required the task force's workgroup on care of medically complex children within the child welfare system to have the goal of the goal of allowing them to remain in the least restrictive and most nurturing environment.	Provides additional information to guide the task force's work.
2849-2856	2951-2957	Extended exemption of tuition and fees to case managers and supervisors.	Provide an additional benefit to case managers and supervisors to encourage their retention in that role while facilitating the professionalization of the workforce.
N/A	2958-2961	Repealed sections 409.1671 and 409.16745, F.S.	Repealed obsolete provisions and others now reorganized and renumbered in this bill.

**HOUSE HEALTHY FAMILIES SUBCOMMITTEE
PCB HFS 14-03b DRAFT
CHILD PROTECTION AND CHILD WELFARE**

The bill is intended to:

- Enhance the quality of the child protection workforce and its leadership.
 - Establishes an Assistant Secretary for Child Welfare at the Department of Children and Families (DCF).
 - Increases the education and training requirements for new child protective investigators and supervisors and case managers and case manager supervisors. Sheriff's office personnel are exempt from the requirements until July 1, 2018.
 - Provides for specialization in skillsets and in serving specific populations within the system through training and certification.
 - Provides for tuition reimbursement and loan forgiveness for child protective investigators, case managers, and supervisors to facilitate meeting new educational requirements, and allows CBC's to fund loan forgiveness for case managers and supervisors. Sheriff's office personnel are exempt from the requirements until July 1, 2018.
- Provide for increased transparency and expert review and consultation to improve DCF and the broader child welfare system's functioning
 - Requires basic information about child deaths reported to the child abuse hotline to be posted to a public website.
 - Creates a rapid response system for identifying root causes leading to child deaths and then determining process and policy improvements to address them.
 - Creates the Florida Institute for Child Welfare, a consortium of public and private universities offering degrees in social work, within a state university to work with all partners in the system to enhance the quality of the workforce and practice. The bill also requires workgroups on case manager retention/paperwork and on care for medically complex children within the child welfare system.
- Address gaps in law and procedure that put children at risk and deprive them of relationships with important people in their lives.
 - Strengthens requirements for keeping siblings together or at least maintaining relationships between them.
 - Addresses the "re-homing" of children (unlawful adoptions, sometimes to child abusers, often through the internet).
 - Creates statutory requirements for the use of safety plans to ensure they are used appropriately.
- Mandate a sensitive and informed response when parents of medically fragile children are accused of medical neglect or otherwise become involved in the child welfare system.
 - Establishes a procedure for investigation of medical neglect allegations which provides for expert consultation and the coordination of services for which the family is eligible to meet the child's needs.
- Update statutes relating to the community based care system to reflect the maturity of that system.
 - Facilitates community control of community-based care lead agencies through increased local involvement on governing boards.
 - Adds oversight of the child welfare system to the responsibilities of the existing community alliances and includes community alliances in the procurement process.
 - Strengthens the accountability system by collecting, maintaining, and analyzing reliable data on critical outcomes and then using it to drive system change.

**HOUSE HEALTHY FAMILIES SUBCOMMITTEE
PCB HFS 14-03b DRAFT
CHILD PROTECTION AND CHILD WELFARE**

Section	Lines	Change
1	166-290	<ul style="list-style-type: none"> • Creates an assistant secretary for child welfare within DCF. • Amends duties and membership of the community alliances to include oversight of the child protective and child welfare system. • Includes an advocate for children in the child protection and child welfare system on the alliances and representatives from the local CBC and sheriff's office as ex-officio members.
2	291-443	<p>Amends the goals of the child welfare system to:</p> <ul style="list-style-type: none"> • Focus on child safety as a paramount concern while having the least intrusive investigation. • Requiring treatment to address developmental as well as social and emotional needs. • Including as partners in the child welfare system the courts, law enforcement, and providers. • Ensure parents provide not only names of family members but medical and educational information. • Ensure CPI's do complete, fair investigations in accordance with law • Include preserving and strengthening families caring for medically complex children. • Require DCF to maintain a program of family-centered services and supports for medically complex children.
3	444-543	<ul style="list-style-type: none"> • Defines "impending danger", "medical neglect", "present danger", "sibling", and "safety plan". • Amended definitions of "diligent efforts by the parent", "comprehensive assessment", "preventive services", and "reunification services". • Removes the definition of "district administrator".
4	544-616	<ul style="list-style-type: none"> • Creates critical incident rapid response teams to conduct immediate investigations of deaths or other serious incidents to identify the root causes and determine the need for policy changes. • Specifies requirements and duties of these teams.
5	617-642	<p>Requires public disclosure of basic facts related to all deaths of children reported to the child abuse hotline on DCF's website, such as the child's age, gender, date of death, allegations of cause of death and verified cause of death, child's placement, involvement of the CBC or other entities, and whether the child was the subject of verified abuse reports.</p>
6	643-810	<ul style="list-style-type: none"> • Requires safety plans and provides standards for them. • Adds new limitations regarding offering services for voluntary acceptance to address situations where parents will be unable to make an informed decision or are unlikely to comply.

**HOUSE HEALTHY FAMILIES SUBCOMMITTEE
PCB HFS 14-03b DRAFT
CHILD PROTECTION AND CHILD WELFARE**

7	811-998	<ul style="list-style-type: none"> • Deletes outdated language. • Requires the child protection team evaluating a report of medical neglect to involve a physician with experience in treating children with the same condition, and provides examples of medical professionals who could be involved.
8	999-1037	<ul style="list-style-type: none"> • Requires child protective investigators to be in prompt and close contact with medical experts on the child protection team when an investigation involves a medically complex child. • Requires a family-centered approach to serving medically complex children. • Requires staffings involving multiple agencies when cases involve a medically complex child.
9	1038-1121	Requires DCF to make reasonable efforts to keep siblings together when removed from their home, or to arrange for visitation.
10	1122-1144	<ul style="list-style-type: none"> • Requires that a petition for dependency include information regarding whether a parent has complied with a safety plan. • Requires DCF to provide safety assessments and safety plans to the court.
11	1145-1218	• Extends requirements of Rilya Wilson Act (enrollment in day care/early learning program 5 days per week, if child is enrolled) to ages birth-3, not just 3-5, and requires incorporation in a safety plan.
12	1219-1366	<ul style="list-style-type: none"> • Requires judicial review hearings for children to include information regarding sibling contact. • Requires review hearings for 17 year olds to include information regarding whether removal of the disability of nonage is in the best interest of the child.
13	1367-1375	Removes the specification that a DCF employee must sign a petition to terminate parental rights if DCF is the petitioner to allow contracted legal services providers (state attorney's or attorney general's offices) to conduct filings on DCF's behalf.
14	1376-1410	Revises current statute regarding publication of information on attorneys and agencies providing adoption services.
15	1411-1445	<ul style="list-style-type: none"> • Expands the child abuse death review to all child deaths reported to the abuse hotline (rather than only those deaths with verified abuse). • Changes the due date for the child abuse death review committee report from December 31 to October 1 of each year.
16	1446-1510	<ul style="list-style-type: none"> • Requires the third-party credentialing entity to maintain an advisory committee and for entities to appoint members. • Authorizes DCF to approve certification specializations for child protective investigators and other personnel in serving specific populations or certain skillsets relevant to child protection. • Updates outdated language.

**HOUSE HEALTHY FAMILIES SUBCOMMITTEE
PCB HFS 14-03b DRAFT
CHILD PROTECTION AND CHILD WELFARE**

17	1511-1577	<ul style="list-style-type: none"> • Defines the terms “human services related field” and “relevant coursework”. • Requires newly hired child protective investigators, case managers, and supervisors to have either a degree in social work, a degree in a human services related field and 12 hours of relevant coursework, or a degree in a human services related field and to complete 12 hours of relevant coursework (which may be in a specialized area) within 3 years. <ul style="list-style-type: none"> ○ Sheriff’s Office personnel are exempt until July 1, 2018. • Requires all child protective investigators and supervisors to complete specialized training in serving specific populations or certain skillsets relevant to child protection. • Requires newly hired attorneys employed by DCF to receive the same core training the CPIs receive and to shadow a child protective investigator and a case manager.
18	1578-1601	<ul style="list-style-type: none"> • Establishes a tuition exemption program for child protective investigators, case managers, and their supervisors working towards a degree in social work or completing additional relevant coursework. Sheriff’s Office personnel are exempt until July 1, 2018. • Establishes standards for participation.
19	1602-1640	<ul style="list-style-type: none"> • Establishes a loan forgiveness program for child protective investigators and child protective investigators with a degree in social work. Sheriff’s Office personnel are exempt until July 1, 2018. • Establishes standards for participation. • Permits CBC’s to fund loan forgiveness to case managers and case manager supervisors who are directly employed or subcontracted.
20	1641-1720	<ul style="list-style-type: none"> • Requires DCF to work with the Agency for Health Care Administration and the Agency for Persons with Disabilities in caring for medically complex children in the least restrictive and most nurturing environment. • Specifies that DCF is authorized to place a medically complex child with a person approved by DCF to serve as a medical foster home. • Allows funds to be used for out-of-home placement for medically complex child.
21	1721-1780	<p>Requires managed care plans serving children in DCF custody to maintain complete medical, dental, and behavioral health information, which AHCA and DCF shall use to determine plan compliance with standards and whether children are receiving necessary services.</p>
22	1781-1784	<p>Creates part V of Ch. 409 to be titled “Community-Based Child Welfare.”</p>

**HOUSE HEALTHY FAMILIES SUBCOMMITTEE
PCB HFS 14-03b DRAFT
CHILD PROTECTION AND CHILD WELFARE**

23	1785-1861	<ul style="list-style-type: none"> • Moves sections of current statutes related to community-based care organizations to a new section of law and updates outdated language. • Adds a child protection and child welfare outcome related to children developing capacity for independent living and competency as an adult. • Defines the terms “child,” “dependent child,” “care,” “community-based care lead agency,” “community-based care alliance”, and “related services.”
24	1862-1910	<ul style="list-style-type: none"> • Moves sections of current statutes related to community-based care lead agencies to a new section of law and updates outdated language. • Requires that procurements initiated after July 1, 2014, require membership of the community-based care lead agency’s board of directors to have at least 75% of members residing in Florida and at least 51% of members residing in the service area of the community-based care lead agency. • Specifies powers that the board of directors or board committee overseeing the CBC must have. • Requires that DCF’s procurement team for procuring a community-based care lead agency include individuals from the community and requires that procurement meetings are held in the area to be served by the contract.
25	1911-2013	<ul style="list-style-type: none"> • Moves sections of current statutes related to community-based care organizations to a new section of law and updates outdated language. • Requires greater accountability for community-based care lead agencies. • Requires service providers to use services that are supported by research.
26	2014-2146	<ul style="list-style-type: none"> • Moves sections of current statutes related to the fiscal requirements and operation of community-based care organizations to a new section of law. • Updates outdated language.
27	2147-2166	<ul style="list-style-type: none"> • Moves sections of current statutes related to allocation of funds for community-based care organizations to a new section of law. • Updates outdated language.
28	2167-2189	<ul style="list-style-type: none"> • Moves sections of current statutes related to lead agency expenditures to a new section of law. • Updates outdated language.
29	2190-2349	<ul style="list-style-type: none"> • Moves sections of current statutes related to subcontractor and lead agency liability to a new section of law and updates outdated language. • Removes language in current law related to automatic annual increases in conditional limitations on damages.
30	2350-2494	<ul style="list-style-type: none"> • Moves sections of current statutes related to receiverships to a new section of law. • Updates outdated language.
31	2495-2645	<ul style="list-style-type: none"> • Moves sections of current statutes related to contracts with lead agencies and DCF oversight to a new section of law. • Updates outdated language.

**HOUSE HEALTHY FAMILIES SUBCOMMITTEE
PCB HFS 14-03b DRAFT
CHILD PROTECTION AND CHILD WELFARE**



32	2646-2745	Requires DCF to develop a child welfare outcome-based accountability system and to provide an annual report on system performance to the Legislature and the Governor.
33	2746-2781	<ul style="list-style-type: none"> • Provides the following duties of the community alliances: <ul style="list-style-type: none"> ○ Conduct a needs assessment and establish community priorities; ○ Review the performance of DCF, sheriff's offices providing child protective services, and lead agencies; ○ Recommend a competitive procurement for the lead agency if performance is poor, and then to be involved in developing the procurement document; ○ Recommend a contract extension if performance is superior; ○ Work with the institute to improve child welfare and protection services; and ○ Promote community involvement.
34	2782-2811	<ul style="list-style-type: none"> • Defines the terms "abandons," "abandonment," "care," "caregiver," "child," and "relative". • Specifies that a caregiver who abandons a child (such as by leaving him or her with a stranger found through the internet) has committed a 3rd degree felony. • Clarifies that a person who surrenders a newborn infant in compliance with s. 383.50, F.S., does not commit a crime.
35	2812-2943	<ul style="list-style-type: none"> • Creates the Florida Institute for Child Welfare and requires the institute to be housed in the Florida State University School of Social Work. • Requires DCF to contract with the institute and requires the institute to perform duties specified in the bill. • Requires the president of FSU to appoint a director of the institute who has specified credentials. • Requires the institute to: <ul style="list-style-type: none"> ○ Work with DCF, sheriff's offices providing child protective services, community-based care lead agencies, provider organizations, the court system, the Department of Juvenile Justice, and others. ○ Report on its activity and findings, including recommendations for requiring Sheriff's Office child protection personnel to meet the bill's education and training requirements. ○ Convene a task force to recommend improvements to the child welfare system, which has two workgroups on the following topics that may include additional members: <ul style="list-style-type: none"> ▪ Retention of case managers and paperwork. ▪ Care of medically complex children within the child welfare system.

**HOUSE HEALTHY FAMILIES SUBCOMMITTEE
PCB HFS 14-03b DRAFT
CHILD PROTECTION AND CHILD WELFARE**

36	2944-2957	Provides for a tuition and fee exemption for child protective investigators, case managers, and their supervisors who are enrolled in a social work program or coursework and receive at least a "B" in the course. Sheriff's Office personnel are exempt until July 1, 2018.
37-38	2958-2961	Repeals s. 409.1671 and 409.16745, which are either obsolete or reorganized and renumbered.
39	2962	Provides an effective date of July 1, 2014.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCB HFS 14-03 Child Protection and Child Welfare Services
SPONSOR(S): Healthy Families Subcommittee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Healthy Families Subcommittee		Entress 	Brazzell 

SUMMARY ANALYSIS

The bill makes many changes to improve the care of children in the child welfare system and to better protect them from abuse and neglect. First, the bill addresses high staff turnover rates by increasing the qualifications for certain staff. It:

- Establishes an Assistant Secretary for Child Welfare in the Department of Children and Families (DCF).
- Enhances the qualifications for child protective investigators, case managers, and their supervisors by requiring a degree in social work or in a human services related field with relevant coursework.
- Exempts certain staff from state university tuition and fees, and creates a loan forgiveness program, for education in social work.

The bill reforms community-based care organizations (CBCs) by:

- Amending community alliance duties and membership to provide for their oversight of the child welfare system.
- Creating a new part V of ch. 409, F.S., entitled "Community-Based Child Welfare", to reorganize current law, delete obsolete provisions, and clarify other provisions relating to community-based care. The bill specifies duties and accountability of both DCF and CBCs and facilitates community control of community-based care lead agencies.

The bill strengthens accountability in the child welfare system by improving the collection and analysis of reliable data on critical outcomes and then using it to drive system change. It:

- Directs the DCF to conduct immediate investigations of deaths involving children known to the child protection and welfare system to identify root causes and rapidly determine the need to change DCF policies and practices.
- Expands the scope of child deaths to be reviewed by the statewide child death abuse review committee to all child deaths reported to DCF's abuse hotline.
- Requires DCF to publish on its website basic facts relating to all child deaths reported to the DCF abuse hotline.
- Creates a consortium of the state's public and private university social work programs named the Florida Institute for Child Welfare which conducts research and analysis to advise the state and improve the education and training of child protection and child welfare workers. The Institute is directed to convene a task force to recommend enhancements to the state's child welfare system, including two workgroups on reducing paperwork and retaining case managers, and caring for medically complex children within the child welfare system.

The bill acknowledges the unique needs of medically complex and fragile children in the child welfare system by raising standards for those cases. It:

- Defines "medical neglect," describes the requirements for investigating it, and requires Child Protection Teams involved in cases of alleged abuse, neglect, or abandonment of a medically complex child to involve a physician with experience in treating that child's condition.
- Requires the DCF to work with the Department of Health and the Agency for Health Care Administration to provide care for medically complex children. It allows placement of such children in medical foster homes and requires placement in the least restrictive, most nurturing environment. The bill requires in-home services to be offered, if such care meets the needs of the child.

The bill makes various additional improvements to the child welfare system. It:

- Requires that when siblings are removed from a home, DCF must make every effort to keep the siblings together and, if separated, to keep them in communication with one another and reunited as quickly as feasible, unless doing so is not in their best interest.
- Requires the court to evaluate whether the disabilities of nonage of a child in out-of-home care who turns 17 should be removed for the purpose of signing leases, obtaining utilities, or opening bank accounts, and to remove those disabilities if in the child's best interest.
- Creates a criminal offense for abandoning a child and provides definitions and penalties for that offense.
- Provides that a person who places an advertisement for adoption services, rather than the publisher, is responsible for including certain information in the advertisement.

The bill will have an indeterminate negative fiscal impact on the child welfare program within DCF.

The bill provides for an effective date of July 1, 2014.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: pcb03a.HFS

DATE: 3/22/2014

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Child Welfare and Department of Children and Families Structure

Child welfare is governed by ch. 39, F.S., and parts of ch. 383, ch. 409, and ch. 402, F.S. Currently, the Department of Children and Families (DCF) has three assistant secretaries: the Assistant Secretary for Administration, the Assistant Secretary for Programs, and the Assistant Secretary for Substance Abuse & Mental Health.¹ The assistant secretary for Substance Abuse and Mental Health is the only assistant secretary authorized in statute.² The assistant secretary for Substance Abuse and Mental Health is required to have expertise in both areas of responsibility.³ While there is no assistant secretary who deals solely with child welfare, currently the assistant secretary for programs oversees child welfare. The assistant secretary for programs also oversees DCF's family and community services, domestic violence, adult protection, homelessness, and childcare services programs.⁴

Community Based Care Organizations

DCF contracts for foster care and related services with lead agencies, also known as community based care organizations (CBCs). The transition to outsourced provision of child welfare services was intended to increase local community ownership of service delivery and design.⁵ The state completed the transition to community-based care during the latter part of Fiscal Year 2004-2005.⁶

Under this localized system, CBCs are responsible for providing foster care and related services. These services include, but are not limited to, family preservation, emergency shelter, and adoption.⁷ CBCs contract with a number of subcontractors for case management and direct care services to children and their families.⁸ There are 18 CBCs statewide, which together serve the state's 20 judicial circuits.⁹ The law requires DCF to contract with CBCs through a competitive procurement process.¹⁰

Even in this outsourced system, DCF remains responsible for a number of child welfare functions. These functions include operating the abuse hotline, performing child protective investigations (which determine whether children need to be removed from their homes because of abuse or neglect), and providing child welfare legal services.¹¹ DCF is also ultimately responsible for program oversight and the overall performance of the child welfare system.¹²

¹ *Organizational Chart*, The Department of Children and Families, *accessible at*: www.dcf.state.fl.us/admin/docs/orgchart.pdf (last accessed March 12, 2014).

² S. 20.19(2)(c), F.S.

³ S. 20.19(2)(c), F.S.

⁴ *Organizational Chart*, The Department of Children and Families, *accessible at*: www.dcf.state.fl.us/admin/docs/orgchart.pdf (last accessed March 12, 2014).

⁵ *Community-Based Care*, The Department of Children and Families, *accessible at*: <http://www.myflfamilies.com/service-programs/community-based-care> (last accessed March 12, 2014).

⁶ OPPAGA, Report 06-50.

⁷ OPPAGA, Report 06-50.

⁸ OPPAGA, Report 06-50.

⁹ *Community Based Care Lead Agency Map*, The Department of Children and Families, *accessible at*:

<http://www.myflfamilies.com/service-programs/community-based-care/cbc-map> (last accessed March 12, 2014).

¹⁰ *Competitive Procurement*, The Department of Children and Families, *accessible at*: <http://www.myflfamilies.com/service-programs/community-based-care/competitive-procurement> (last accessed March 12, 2014).

¹¹ OPPAGA, Report 06-50.

¹² OPPAGA, Report 06-50.

Each month CBCs are graded by DCF according to their performance on a scorecard. The scorecard evaluates the CBCs on 12 key measures to determine how well the CBCs are meeting the most critical needs of these at-risk children and families. Scorecards are posted online monthly.¹³

Community Alliances

Community alliances provide a focal point for community participation and governance of community-based services. Community alliances are located in local communities and consist of stakeholders, community leaders, client representatives, and funders of human services.¹⁴ Community alliances have the following duties:

- Joint planning for resource utilization in the community, including resources appropriated to DCF and any funds that local funding sources choose to provide.
- Needs assessment and establishment of community priorities for service delivery.
- Determining community outcome goals to supplement state-required outcomes.
- Serving as a catalyst for community resource development.
- Providing for community education and advocacy on issues related to delivery of services.
- Promoting prevention and early intervention services.¹⁵

Initially, community alliances are required to contain membership from the following organizations:

- DCF;
- County government;
- The school district;
- County United Way;
- County sheriff's office
- Circuit court corresponding to the county; and
- County children's board, if one exists.

After the initial meeting of the community alliance, the alliance may increase membership to include the state attorney for the judicial circuit, the public defender, and other individuals who represent funding organizations, are community leaders, have knowledge of community-based service issues, or represent perspectives that will enable them to accomplish the duties of the community alliances.¹⁶

Child Abuse and Neglect

Child abuse and neglect is a serious problem in the United States.¹⁷ In Federal Fiscal Year (FFY) 2011, the most recent year for which national data is available, an estimated 3.4 million reports of abuse were received by child protection agencies nationwide.¹⁸ After investigation, the number of unduplicated child victims nationally was estimated to be 681,000.¹⁹ Florida reported 208,437 calls to the abuse hotline in FFY 2011.²⁰ The most serious result of child maltreatment is the death of the child. In FFY 2011, nationally 1,545 child fatalities resulting from child abuse or neglect were identified.²¹ Florida reported 133 child fatalities resulting from child abuse or neglect in FFY 2011.²²

¹³ *CBC Scorecard*, The Department of Children and Families, *accessible at*: <http://www.myflfamilies.com/about-us/planning-performance-measures/cbc-scorecard> (last accessed March 12, 2014).

¹⁴ S. 20.19(4), F.S.

¹⁵ S. 20.19(4), F.S.

¹⁶ S. 20.19(4), F.S.

¹⁷ U.S. Department of Health and Human Services, *Child Maltreatment* 2011, p. 1.

¹⁸ *Id.* at vii. The report adds that the rate of referrals have remained fairly constant for at least five years.

¹⁹ *Id.* at 19.

²⁰ *Id.* at 11.

²¹ U.S. Department of Health and Human Services, *ibid.* at 56.

²² *Id.* at 63.

Abuse Investigations

A child protective investigation begins with a report by any person to the Florida abuse hotline.²³ The state is required to maintain a 24 hour per day, 7 day per week capacity for receiving reports of maltreatments.²⁴ When allegations of abuse, abandonment, or neglect of a child are reported to DCF's child abuse hotline and the hotline employee believes that the report meets the statutory definition of the allegations, an investigation by a child protective investigator is triggered.²⁵ A child protective investigation must be commenced either immediately or within 24 hours after the report is received, depending on the nature of the allegation.²⁶

The sheriff's office in Pasco, Manatee, Broward, and Pinellas Counties are required to provide all child protective investigations in these counties.²⁷ DCF is authorized to enter into grant agreements with sheriffs of other counties to perform child protection investigations in other counties, but they are not required to do so.²⁸ The child protective investigators (CPIs) employed by a sheriff's department must meet the same requirements as child protective investigators employed by DCF.²⁹

DCF Custody

A child must have a court hearing to be placed in a shelter³⁰, unless:

- The child has been abused, neglected, or abandoned, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment;
- The parent or legal custodian of the child has materially violated a condition of placement imposed by the court; or
- The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.³¹

Once a child is taken into custody³², DCF reviews the facts supporting the removal of the child and determines if sufficient cause exist to file a shelter petition. If sufficient cause does not exist, the child must be returned to their parent or legal custodian.³³ If sufficient cause does exist, DCF is required to file a petition and schedule a hearing with the courts. DCF must request that a shelter hearing be held within 24 hours from the removal of the child from the home.³⁴

At the adjudicatory hearing the court may make one the following rulings:³⁵

- That the child is not a dependent child and dismiss the case.

²³ S. 39.201(4), F.S.

²⁴ S. 39.201(5), F.S.

²⁵ S. 39.201(2)(a), F.S.

²⁶ S. 39.201(5), F.S.

²⁷ S. 39.3065 (3)(a), F.S.

²⁸ S. 39.3065 (3)(b), F.S.

²⁹ S. 39.3065 (3)(b), F.S.

³⁰ The term "shelter" is defined in chapter 39 as "a placement with a relative or a nonrelative, or in a licensed home or facility, for the temporary care of a child who is alleged to be or who has been found to be dependent, pending court disposition before or after adjudication."

³¹ S. 39.402 (1), F.S.

³² The term "legal custody" means a legal status created by a court which vests in a custodian of the person or guardian, whether an agency or an individual, the right to have physical custody of the child and the right and duty to protect, nurture, guide, and discipline the child and to provide him or her with food, shelter, education, and ordinary medical, dental, psychiatric, and psychological care.

³³ S. 39.401(3)(a), F.S.

³⁴ S. 39.401(3)(b), F.S.

³⁵ S. 39.507, F.S.

- That the child is adjudicated dependent and may remain in the home, under supervision of the court, or be placed in out-of-home care.
- That the child may remain in the home, under the supervision of DCF; adjudication of dependency would be withheld assuming the family complies with the conditions of supervision.

DCF is required to seek permanency for children as quickly as possible, with a goal of permanency occurring within 12 months from removal from the child's home.³⁶ Permanency hearings are required to be held every 12 months for any child who continues to be supervised by DCF or awaits adoption. The permanency hearing aims to determine when the child will achieve the permanency goal or whether modifying the current goal is in the best interest of the child.³⁷ Permanency may consist of:

- Reunification with a parent;
- Adoption;
- Permanent guardianship with a relative or nonrelative;
- Permanent placement with a relative or nonrelative; or
- Placement in another planned permanent living arrangement.³⁸

While reunification with the parent is the preferred permanency option, the best interest of the child is the primary consideration in determining the permanency goal for the child.³⁹ The court is required to base its decision concerning any motion by a parent for reunification on the effect of the decision on the safety, well-being, and physical or emotional health of the child.⁴⁰ The court must specifically consider:

- The compliance or noncompliance of the parent with the case plan;
- The circumstances which caused the child's dependency and whether those circumstances have been resolved;
- The stability and longevity of the child's placement;
- The preferences of the child, if the child is of sufficient age and understanding to express a preference;
- The recommendation of the current custodian; and
- The recommendation of the guardian ad litem, if one has been appointed.⁴¹

Current law includes legislative intent that when siblings are placed in out-of-home care, DCF makes every possible effort to place them together; if they are permanently placed, to place them in the same adoptive home, and if placement together is not possible, to keep them in contact with each other.⁴² There is no provision at specific points in the child welfare system such as at removal or at judicial reviews to ensure that DCF is attending to issues relating to siblings.

Medically Complex and Medically Fragile Children

While there is no definition of "medically fragile" or "medically complex" children in the child welfare statutes, these terms are defined by the Department of Health (DOH) in rules related to Medicaid. DOH defines the term "medically complex" as "a person who has chronic debilitating diseases or conditions of one or more physiological or organ systems that generally make the person dependent upon 24-hour-per-day medical, nursing, or health supervision or intervention". DOH defines "medically fragile" as "an individual who is medically complex and whose medical condition is of such a nature that he is

³⁶ S. 39.621

³⁷ S. 39.621 (1), F.S.

³⁸ S. 39.621(2), F.S.

³⁹ S. 39.621, F.S.

⁴⁰ S. 39.621 (10), F.S.

⁴¹ S. 39.621 (10), F.S.

⁴² S. 39.001(1)(k), F.S.

technologically dependent, requiring medical apparatus or procedures to sustain life and without such services is likely to expire without warning.”⁴³

Children’s Medical Services (CMS), within DOH, offers a range of specialty services and long-term services for medically complex or medically fragile children who are Medicaid eligible.⁴⁴ These services include services from a prescribed pediatric extended care center, services from a medical foster homes, and services from nursing facilities. The Children’s Multidisciplinary Assessment Team (CMAT) is a coordinated interagency effort administered by CMS that provides assessments, recommendations, and decisions for services based on medical necessity for medically complex children.⁴⁵ CMAT assessments are available to all medically complex children 20 years of age or younger.⁴⁶ Children do not have to be Medicaid eligible to have an assessment.⁴⁷

Medically fragile children who require short-term, long-term, or intermittent continuous therapeutic interventions or skilled nursing supervision can receive Medicaid services from a prescribed pediatric extended care (PPEC) center.⁴⁸ A PPEC center is a nonresidential health care center, which offers an array of services focused on meeting the medical, nursing, psychosocial, developmental, and personal care needs of these children.⁴⁹ It also provides training for the children’s caregivers.⁵⁰ When approved, children can attend a PPEC center up to a maximum of 12 hours per day.⁵¹ PPEC centers provide a cost effective alternative to home nursing services and may reduce the isolation that a homebound child may experience.⁵²

Medically complex children may also be eligible for services in a nursing facility. Federal law mandates that nursing facility services are provided as an option.⁵³ Approximately 5 percent of medically complex children receiving Medicaid are receiving services in a skilled nursing facility.⁵⁴ According to the Agency for Health Care Administration (AHCA), 150 children with complex medical problems currently reside in nursing homes.⁵⁵

Medically complex children in the legal custody of DCF because of abuse, neglect, or abandonment may be eligible to reside in a medical foster home. Medical foster homes provide family-based care for

⁴³ 59G-1.001, F.A.C.

⁴⁴ CMS Provider Handbook, the Department of Health, 2013, *accessible at*:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&uact=8&ved=0CCsQFjAB&url=http%3A%2F%2Fwww.floridahealth.gov%2Falternatesites%2Fcms-kids%2Fproviders%2Fdocuments%2Fhandbook_physician.pdf&ei=SdEtU5bADqTB2QXK0YDABg&usg=AFQjCNGto7cmhubw7pbEpsgmoxx7SuYggQ&sig2=EITrRnKPojoVoMBi2Wbckw (last accessed March 22, 2014).

⁴⁵ Medicaid Summary of Services, the Agency for Health Care Administration, 2011-2012, *accessible at*:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=3&cad=rja&uact=8&ved=0CDAQFjAC&url=http%3A%2F%2Fwww.medicaidoptions.net%2Fsharedfiles%2Fenglish%2FFloridaMedicaidSummaryOfServices.pdf&ei=SdEtU5bADqTB2QXK0YDABg&usg=AFQjCNH16XQMwBF-bcniVexADzlfWYkKA&sig2=ok6q5TShKAQ7zLCjpZzv_A (last accessed March 22, 2014).

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ Medicaid Child Health Services, the Agency for Health Care Administration, *accessible at*:

<http://ahca.myflorida.com/medicaid/childhealthservices/ppec/index.shtml> (last accessed March 22, 2014).

⁵² Medicaid Summary of Services, the Agency for Health Care Administration, 2011-2012, *accessible at*:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=3&cad=rja&uact=8&ved=0CDAQFjAC&url=http%3A%2F%2Fwww.medicaidoptions.net%2Fsharedfiles%2Fenglish%2FFloridaMedicaidSummaryOfServices.pdf&ei=SdEtU5bADqTB2QXK0YDABg&usg=AFQjCNH16XQMwBF-bcniVexADzlfWYkKA&sig2=ok6q5TShKAQ7zLCjpZzv_A (last accessed March 22, 2014).

⁵³ E-mail correspondence with the Agency for Health Care Administration, March 21, 2014, on file with committee staff.

⁵⁴ E-mail correspondence with the Agency for Health Care Administration, March 21, 2014, on file with committee staff.

⁵⁵ E-mail correspondence with the Agency for Health Care Administration, March 21, 2014, on file with committee staff.

medically complex children.⁵⁶ Medical foster parents receive specific training on how to take care of the child's physical, emotional, and health care needs.⁵⁷ Medical foster parents also serve as role models to train the birth family on how to care for their child's special medical needs so the child can return home.⁵⁸ Each foster parent maintains a comprehensive in-home record book that documents all the care provided to the child.⁵⁹ This book also includes the plan of care which lists out exactly what care is to be provided with instructions in how to provide the care, which can be used by the parent when the child is returning home.⁶⁰

Medical Neglect

While there is no definition of the term "medical neglect" in ch. 39, F.S., neglect encompasses cases of medical neglect. Neglect is when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.⁶¹

DCF does not treat investigations of abuse or neglect involving a medically fragile child differently from other investigations of abuse and neglect, unless the allegations of abuse or neglect are deemed high risk. CPIs and case managers are not specially trained on how to determine abuse and neglect involving medically fragile children.⁶²

Child Protection Teams

Children's Medical Services within the DOH operate service teams of one or more multidisciplinary child protection teams (CPTs) in each DCF service district.⁶³ Teams can be composed of appropriate representatives of school districts and appropriate health, mental health, social service, legal service, and law enforcement agencies.⁶⁴ CPTs provide specialized diagnostic assessments, evaluations, coordination, consultations, and other support services including:

- Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services, as needed, and documentation of findings;
- Medical evaluation related to abuse, abandonment, or neglect;
- Psychological and psychiatric diagnosis and evaluation services;
- Expert medical, psychological, and related professional testimony in court cases;
- Case staffings to develop treatment plans for children whose cases have been referred to the team; and
- Child protection team assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.⁶⁵

⁵⁶ CMS Provider Handbook, the Department of Health, 2013, *accessible at*: http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&uact=8&ved=0CCsQFjAB&url=http%3A%2F%2Fwww.floridahealth.gov%2Falternatesites%2Fcms-kids%2Fproviders%2Fdocuments%2Fhandbook_physician.pdf&ei=SdEtU5bADqTB2QXK0YDABg&usg=AFQjCNGto7cmhubw7pbEpsgmox7SuYggQ&sig2=EITrRnKPojoVoMBi2Wbckw (last accessed March 22, 2014).

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ S. 39.01(44), F.S.

⁶² E-mail correspondence with the Department of Children and Families, January 10, 2014, on file with Healthy Families Subcommittee Staff.

⁶³ S. 39.303, F.S.

⁶⁴ S. 39.303, F.S.

⁶⁵ S. 39.303, F.S.

Some cases, including all cases involving medical neglect, must be referred to CPTs.⁶⁶ CPTs have medical directors who are board certified pediatricians. The medical directors receive special training in the field of child abuse and neglect.⁶⁷

Medical directors of CPTs handling cases of medical neglect involving medically complex or medically fragile children are not required to have any experience treating the specific, highly complex, disease or disorder suffered by each medically complex child.⁶⁸

State Child Abuse Death Review Committee

The State Child Abuse Death Review Committee (SCADRC) reviews the facts and circumstances surrounding child abuse and neglect deaths in which there has been a verified case of abuse or neglect.⁶⁹ The SCADRC is housed within DOH and consists of a representatives from the DOH, DCF, Department of Legal Affairs, Department of Law Enforcement, Department of Education, Florida Prosecuting Attorneys Association, Inc., and Florida Medical Examiners Commission, whose representative must be a forensic pathologist.⁷⁰ In addition, the State Surgeon General must appoint following members to the SCADRC:

- A board-certified pediatrician.
- A public health nurse.
- A mental health professional who treats children or adolescents.
- An employee of the DCF who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
- The medical director of a child protection team.
- A member of a child advocacy organization.
- A social worker who has experience in working with victims and perpetrators of child abuse.
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
- A law enforcement officer who has at least 5 years of experience in children's issues.
- A representative of the Florida Coalition Against Domestic Violence.
- A representative from a private provider of programs on preventing child abuse and neglect.⁷¹

Records of Children

All records held by DCF concerning reports of child abandonment, abuse, or neglect are confidential and exempt from public records laws.⁷² This includes all reports to the DCF abuse hotline.⁷³ This information may only be released to individuals specified in statute, which includes DCF, DOH, or the Agency for Persons with Disabilities (APD) employees with specific responsibilities; a grand jury; a state attorney; and any person when the child has died due to abuse, neglect, or abandonment.⁷⁴ However, DCF has the discretion to release certain information regarding a missing child.⁷⁵ In addition, any person or organization, including DCF, may petition the court for an order making public the

⁶⁶ S. 39.303, F.S.

⁶⁷ E-mail correspondence with the Department of Health, March 21, 2014, on file with committee staff.

⁶⁸ E-mail correspondence with the Department of Health, March 21, 2014, on file with committee staff.

⁶⁹ *2013 Annual Report*, Child Abuse Death Review Committee, *accessible at*:

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=4&cad=rja&uact=8&ved=0CDgQFjAD&url=http%3A%2F%2Fwww.floridahealth.gov%2Falternatesites%2Fflcadr%2Fattach%2F2013CADRrpt.pdf&ei=2-wgU_XOOpKP0gH0h4HgAQ&usq=AFQjCNG-qH-aoPrFZAZIVXHNUemu_fcAkw&sig2=Cqi9h99WtP12l6G6s0CRdg (last accessed March 12, 2014).

⁷⁰ S. 383.402(2)(a), F.S.

⁷¹ S. 383.402(2)(b), F.S.

⁷² S. 39.202(1), F.S.

⁷³ S. 39.202(1), F.S.

⁷⁴ S. 39.202(1), F.S.

⁷⁵ S. 39.202(4), F.S.

records of the DCF which pertain to investigations of alleged abuse, abandonment, or neglect of a child.⁷⁶ The court determines whether good cause exists for public access to the records.⁷⁷ The court is required to balance the best interests of the child who is the focus of the investigation and the interest of that child's siblings, together with the privacy rights of other persons identified in the reports, against the public interest.⁷⁸

Abandonment of a Child

Beginning on September 9, 2013, Reuters News Service published a five-part series entitled "The Child Exchange," which exposed how American parents were using Internet message boards to find new families for children whom they regretted adopting, a practice that has been called "private re-homing."⁷⁹ Reuters spent 18 months investigating eight message boards where participants advertised unwanted children and examined two dozen cases in which adopted children were re-homed.⁸⁰ The investigative series found:

- On average, a child was advertised for re-homing at least once a week;
- The average range for children being advertised for re-homing is 6 to 14 years of age;
- Re-homing is accomplished through basic power of attorney documents which allow the new guardians of the child to enroll the child in school or secure government benefits;
- At least 70 percent of the children offered for re-homing on one message board were international adoptees;
- Only 29 states have laws that govern how children can be advertised for adoption; and
- The Interstate Compact for the Placement of Children, which is meant to be a safeguard against the improper placement of children across state lines, is often not enforced by law enforcement.⁸¹

Child Protection Investigators and Case Managers

CPI's must earn certification within 12 months of hire. The third-party credentialing entity administering the certification process must:

- Establish professional requirements and standards that applicants must achieve in order to obtain a child welfare certification and to maintain such certification.
- Develop and apply core competencies and examination instruments according to nationally recognized certification and psychometric standards.
- Maintain a professional code of ethics and a disciplinary process that apply to all persons holding child welfare certification.
- Maintain a database, accessible to the public, of all persons holding child welfare certification, including any history of ethical violations.
- Require annual continuing education for persons holding child welfare certification.
- Administer a continuing education provider program to ensure that only qualified providers offer continuing education opportunities for certificateholders.⁸²

⁷⁶ S. 39.2021(1), F.S.

⁷⁷ S. 39.2021(1), F.S.

⁷⁸ S. 39.2021(1), F.S.

⁷⁹ Megan Twohey, The Child Exchange, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited March 12, 2014).

⁸⁰ Megan Twohey, The Child Exchange, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited March 12, 2014).

⁸¹ Megan Twohey, The Child Exchange, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited March 12, 2014).

⁸² S. 402.40(3), F.S.

Turnover and Vacancies

In Fiscal Year (FY) 2011-2012, CPI turnover was 36.59%.⁸³ This figure was slightly lower in FY 2012-13, with a turnover rate of 26.39%.⁸⁴ As of January 6, 2014, As of January 6, 2014, DCF employed 1,082.5 CPIs, and 40.5 CPI positions were vacant.⁸⁵

Between October 2011 and September 2012, CPIs had an average caseload of 1:15.5 and case managers had an average caseload of 1:20.⁸⁶ The Child Welfare League of America recommends that professionals handling child welfare investigations have a caseload of 1:12 and ongoing cases for child welfare (typically the case manager role in Florida) have a caseload of 1:17.⁸⁷

According to the U.S. Administration on Children and Families, a supportive organizational culture is a key ingredient in building a stable and effective child welfare workforce.⁸⁸ Core elements of organizational culture include agency leadership, workforce management, supervision, and support. Organizational culture and employee relations significantly influence an agency's ability to recruit and retain staff as well as make long-lasting workforce changes.⁸⁹

In 2014, OPPAGA conducted 16 focus groups around Florida to study child welfare. OPPAGA found that some case managers feel that high turnover rates among workers resulted in supervisors carrying caseloads themselves, leaving little time for supervision or mentoring.⁹⁰ In addition, OPPAGA reported that most case managers reported that supervisors' primarily focus on meeting department performance measures, rather than encouraging quality work or mentoring new case managers.⁹¹

CPIs in the focus groups noted that senior investigators, meant to serve as back-ups to supervisors and mentors to less experienced investigators, are carrying full caseloads, making fulfilling these functions difficult.⁹² According to OPPAGA, while most CPIs and case managers reported feeling supported by their immediate supervisor, many of these workers did not feel supported by the management of their respective agencies.⁹³

According to faculty at the Florida State University School of Social Work, graduates have reported leaving their positions as CPIs primarily due to the work environment.⁹⁴ Pam Graham, the director of the BSW and Professional Development Programs at Florida State University School of Social Work, reported that CPIs with social work degrees expressed that they do not leave their jobs due to low incomes or high stress levels.⁹⁵ Instead, they leave because of a lack of a professional environment, a lack of respect for professional expertise, a lack of potential for advancement, and because they do not feel supported by their supervisors.⁹⁶

⁸³ E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

⁸⁴ E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

⁸⁵ E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

⁸⁶ *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

⁸⁷ *Recommended Caseload Standards*, Child Welfare League of America, accessible at: <http://www.cwla.org/newsevents/news030304cwlacase-load.htm> (last accessed March 12, 2014).

⁸⁸ *Organizational Culture*, Administration for Children and Families, accessible at: https://childwelfare.gov/management/workforce/org_culture/index.cfm (last accessed March 21, 2014).

⁸⁹ *Organizational Culture*, Administration for Children and Families, accessible at: https://childwelfare.gov/management/workforce/org_culture/index.cfm (last accessed March 21, 2014).

⁹⁰ *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

⁹¹ *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

⁹² *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

⁹³ *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

⁹⁴ Testimony by the Florida State University College of Social Work, Healthy Families Committee Meeting, February 11, 2014.

⁹⁵ Testimony by the Florida State University College of Social Work, Healthy Families Committee Meeting, February 11, 2014.

⁹⁶ Testimony by the Florida State University College of Social Work, Healthy Families Committee Meeting, February 11, 2014.

Education

CPIs must have a bachelor's degree.⁹⁷ DCF prefers to hire CPIs with a bachelor's degree in human services-related fields.⁹⁸ The degrees held by CPIs as of January 6 are as indicated below:

- 6.2% held a Bachelor's or Master's degree in social work;
- 7.1% held a Bachelor's or Master's degree in public or business administration;
- 14% held a Bachelor's or Master's degree in education, nursing, religion, or other human services field;
- 24.1% held a Bachelor's or Master's degree in social sciences;
- 25.4% held a Bachelor's or Master's degree in criminal justice or criminology; and
- 23.2% held a degree in which the type of degree was unknown by DCF.⁹⁹

Extensive academic research has studied whether having a degree in social work is beneficial to child welfare employees. A 2012 meta-analysis review by Allen Rubin and Danielle Parrish compared a variety of studies on the effect of social workers in the child welfare workforce and found:

- Job Satisfaction: Child welfare employees with social work degrees had similar levels of burnout, satisfaction, accomplishment, and compassion when compared to child welfare employees with other degrees.¹⁰⁰
- Employee Retention: Child welfare employees with social work degrees had similar levels turnover when compared to child welfare employees with other degrees.¹⁰¹
- Knowledge and Skills: Child welfare employees with social work degrees did better on exams measuring knowledge and merit or competency and skills pertaining to child welfare practice than other child welfare employees.
- Performance Evaluations: Child welfare employees with social work degrees either scored similar to or better than child welfare employees with other degrees on performance evaluations.
- Direct Outcome Measures: Child welfare employees with social work degrees had better direct outcome measures than child welfare employees with other degrees. The direct outcome measures studied include client outcome scores, likelihood of substantiating abuse, likelihood of placing children with relatives, likelihood of placing children in adoptive homes, number of child times the child in foster care moved, number of times the child welfare employee visited the child, satisfaction of child welfare services, and likelihood of deeming services necessary.¹⁰²

Tuition Exemption and Loan Repayment

Section 1004.61, F.S, directs DCF to form partnerships with the schools of social work of the state universities in order to encourage the development of graduates trained to work in child protection. In one such partnership, DCF provided 100 stipends per year for social work students at Florida International University working towards a bachelor's in social work (BSW) or a master's in social work

⁹⁷ *Career Opportunities*, The Department of Children and Families, accessible at: <https://www.dcf.state.fl.us/initiatives/DCFJobs/> (last accessed March 12, 2014).

⁹⁸ *Career Opportunities*, The Department of Children and Families, accessible at: <https://www.dcf.state.fl.us/initiatives/DCFJobs/> (last accessed March 12, 2014).

⁹⁹ E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

¹⁰⁰ However, one study found that employees with social work degrees had worse on 3 out of 4 work morale comparison factors than employees without social work degrees

¹⁰¹ However, one study found that employees with MSW degrees had higher rates of turnover than other employees and another study found that employees with social work degrees expressed higher rates of intention to leave their job, but did not follow through on their intention. Another study found that being a student in a MSW program and employee of the CW system simultaneously strengthened their commitment to child welfare and helped these employees imagine career ladders within child welfare agencies.

¹⁰² *Comparing Social Worker and Non-Social Worker Outcomes: A Research Review*, Allen Rubin and Danielle Parrish, National Association of Social Workers, on file with Subcommittee Staff.

(MSW) degree.¹⁰³ In return for accepting the stipend, the student was required to work for a CBC for at least a year.¹⁰⁴ The Legislature reduced the funding in FY 12-13 by \$455,020 (leaving a balance of \$739,980). For FY 13-14 the Legislature did not fund the program.¹⁰⁵

DCF also has the authority to administer a general child welfare student loan forgiveness.¹⁰⁶ This program allows DCF to provide loan reimbursement.¹⁰⁷ To be eligible, employees must hold child welfare positions that are critical to the DCF's mission and that are within the DCF, sheriff's offices, or contracted community-based care agencies.¹⁰⁸ In addition, the employee's outstanding student loans may not be in a default status to be eligible for loan reimbursement.¹⁰⁹ The Child Welfare Loan Forgiveness was terminated 6/30/2012, and it was last funded in FY 2012-13 for \$1,950,000.¹¹⁰

Effect of Proposed Changes

Child Welfare System Structure

The bill creates a new part of ch. 409, F.S., and titles this "Community-Based Child Welfare."

The bill creates an assistant secretary for child welfare within DCF. The bill requires the secretary of DCF to appoint the assistant secretary to lead DCF in carrying out its duties and responsibilities for child protection and child welfare. The bill requires the assistant secretary to have at least 7 years of experience working in organizations delivering child protective or child welfare services and specifies that the assistant secretary serves at the pleasure of the secretary.

Community-Based Care Organizations

The bill makes several structural changes to ch. 409, F.S., to improve the organization of provisions related to CBCs. The bill moves provisions from s. 409.1671, F.S., to create s. 409.986, F.S. and repeals s. 409.1671, F.S. The new section provides legislative findings, intent, goals, and definitions related to community based care. The legislative intent language in the bill was amended to reflect the intent that communities participate in assuring child safety, permanence, and well-being. The legislative intent language was also changed to express that when private entities assume responsibility for children in care, adequate oversight of these entities is essential and ultimately, appropriate care of children is the responsibility of the state. Similar but not identical language is currently found in s. 409.1671, F.S.

The bill states outcomes that DCF, in conjunction with the CBCs, CBC subcontractors, and the alliances, must aim to achieve relating to abuse, neglect, safety, stability, and services. The bill provides definitions for the terms "child," "dependent child," "care," "community-based care lead agency," "community-based care alliance", and "related services."

The bill also moves provisions from s. 409.1671, F.S., to create s. 409.987, F.S. The new section amends current language and clarifies the requirements for DCF to CBCs. The procurement must be conducted through a competitive process required by ch. 287 and describes the geographic size limitations for such procurements. It requires DCF to produce a schedule for procurements, to share that schedule with community alliances, and to post the schedule on DCF's website. The bill requires DCF to use five-year contracts (rather than three-year contracts) with CBCs and sets for the requirements for an entity to compete for the award of a contract as a CBC lead agency, including the

¹⁰³ E-mail correspondence with the Department of Children and Families, October 17, 2014, on file with committee staff.

¹⁰⁴ E-mail correspondence with the Department of Children and Families, October 17, 2014, on file with committee staff.

¹⁰⁵ E-mail correspondence with the Department of Children and Families, October 17, 2014, on file with committee staff.

¹⁰⁶ S. 402.401, F.S.

¹⁰⁷ S. 402.401, F.S.

¹⁰⁸ S. 402.401, F.S.

¹⁰⁹ S. 402.401, F.S.

¹¹⁰ E-mail correspondence with Appropriations Committee, October 15, 2013, on file with committee staff.

requirements that the entity be organized as a Florida corporation or governmental entity governed by a local board of directors and demonstrate financial responsibility (through financial audits and posting of a performance bond). It requires that the procurement team include individuals from the community alliance and the procurement meetings to be held locally.

The bill moves provisions from s. 409.1671, F.S., and 409.1675, F.S., to create s. 409.988, F.S. The new section outlines the duties of the CBCs and authorizes subcontracting for the provision of child welfare services. The new section makes changes to the current requirements regarding the duties of a CBC. The bill authorizes a CBC to subcontract for services and specifies requirements for any subcontract. The bill provides DCF rulemaking authority, as well as specifies that the CBCs must serve dependent children through services that are supported by research, are best child welfare practices, or are innovative.

The bill moves provisions from s. 409.1671, F.S., and 409.16745, F.S., to create s. 409.990, F.S. and repeals s. 409.16745, F.S. The new section describes funding for lead agencies. While the bill retains the majority of the provisions in s. 409.1671, F.S., the bill repeals that authority for DCF to issue an interest-free loan to the Florida Coalition for Children, Inc., for the purpose of creating a self-insurance program.

The bill also makes changes to the community partnership matching grant program, which is authorized in s. 409.1671, F.S. Currently, DCF may match contributions to a CBC when a children's services council or local government entity makes a financial commitment of at least \$250,000. DCF can match these contributions, up to \$2 million per council or local government entity. The CBC can then use these funds for prevention or in-home services to reduce the number of children entering the child welfare services. The bill changes this to specify that DCF can match contributions to a CBC when a children's services council, local government entity, business, or other organization makes a financial commitment of any amount. The bill changes the cap on the DCF matching grant from \$2 million per council or government entity to \$500,000 per CBC annually. The bill also changes the uses for the grant, to specify that the funds may be used for services that address children at risk of abuse, neglect, or abandonment.

The bill moves provisions from s. 409.16713, F.S., to create s. 409.991, F.S. The new section describes the allocation of funds for CBCs. The bill also moves provisions from s. 409.1671, F.S., to create s. 409.992, F.S. The new section provides for lead agency expenditures. In addition to moving the current law, the bill requires DCF to develop financial guidelines in consultation with the Auditor General.

The bill moves provisions from s. 409.1671, F.S., to create s. 409.993, F.S., to describe lead agency and subcontractor liability. While the new section moves the majority of the provisions from s. 409.1671(1)(h)-(l), the new section does not include current statutory provisions requiring that conditional limitations on damages increase at a rate of 5% per year. In addition to the current requirements, the bill also requires DCF to verify that the CBC has insurance coverage as part of its monitoring process. The bill also transfers and renumbers s. 409.1675, F.S., to create s. 409.994, F.S., describing CBCs and receivership.

CBC and DCF Responsibilities

The bill specifies responsibilities of the CBCs and DCF. It changes requirements of the CBCs to:

- Define the population CBCs are required to serve to require CBCs to serve both children who are at risk of, and children who have actually experienced, abuse, neglect, or abandonment;
- Require the CBCs to provide information to DCF for oversight;
- Require the CBCs to follow financial guidelines developed by DCF;
- Require the CBCs to provide independent audits;
- Require the CBCs to prepare reports for court hearings; and

- Require CBCs to ensure that individuals providing care meet employment standards established by DCF.

The bill creates s. 409.996, F.S., to describe the duties of DCF in contracting for community based child welfare services. In addition to what is required in CBC contracts under current law, the bill requires the contracts between DCF and the CBCs to specify that the contracts must provide for services required to accomplish duties established in statute, provide for graduated penalties for failure to comply with contract terms, and ensure that the CBCs provide accurate and current information in all cases. The bill also requires DCF to transmit federal and state funds received for the operation of the child welfare system to the CBCs as agreed. The bill specifies that DCF retains responsibility for the appropriate spending of these funds and requires DCF to monitor CBCs to assess compliance with financial guidelines and applicable state and federal laws.

The bill requires DCF to provide technical assistance and consultation to the CBCs in the provision of care to children in the child protection and child welfare system. The bill specifies that DCF:

- Retains the responsibility for the review, approval, and issuance of all foster home licenses;
- Must process all applications submitted by CBCs for the Interstate Compact for Placement of Children and the Interstate Compact for Adoption and Medical Assistance;
- Must develop a standardized competency-based curriculum for CPI certification, in cooperation with the CBCs and the third-party credentialing entity;
- Must work with AHCA to provide certain Medicaid services;
- Must provide a mechanism to allow CBCs to request a waiver of certain DCF policies and procedures; and
- Must provide attorneys to prepare and present cases in dependency court and ensure that the court is provided with adequate information.

The bill requires DCF to assist CBCs in coordinating with other programs within DCF, federal programs (such as Social Security), and Medicaid. The bill also requires DCF to assist CBCs to develop an array of services and to monitor the provision of these services.

The bill requires DCF, with the assistance of the CBCs, to develop and implement interagency agreements as necessary to coordinate services for children in the child welfare system and working agreements between CBCs and substance abuse and mental health managing entities.

Accountability

The bill creates s. 409.997, F.S., to establish a child welfare results-oriented accountability system. The bill requires that DCF maintain a comprehensive, results-oriented accountability system that monitors the use of resources, the quality and amount of services provided, and the child and family outcomes through data analysis, research review, evaluation, and quality improvement. The bill gives direction to DCF on establishing such a system and requires DCF to report the result of the accountability system at least quarterly on its website as well as annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The bill moves the provisions of s. 409.1671, F.S., related to quality assurance of CBCs, to s. 409.996, F.S. The bill makes changes to this language to specify that the evaluations of the CBCs by DCF are required to cover the programmatic, operational, and fiscal operations of the CBC, the evaluations are required to be consistent with the child welfare results-oriented accountability system, and DCF is required to consult with the chief judge on the performance of the CBC.

The bill also requires each CBC to post on its website its current budget, including the salaries, bonuses, and other compensation paid to its chief executive officer, chief financial officer, and chief operating officer, or their equivalents.

Community Alliances

The bill amends the duties of community alliances, stating that they have the duty of providing independent, community-focused oversight of child protection and child welfare services and the local CBC system. The bill adds two members to those to be initially appointed to the alliances: an advocate for persons receiving child protection and child welfare services (chosen by the secretary), and a representative from the CBC lead agency, who serves as an ex-officio member. The bill also specifies that the representative from DCF and the representative from a county sheriff's office which is providing child protective services serve as ex officio-members. The bill specifies that the members initially appointed to the community alliance are appointed by the entities they represent.

The bill creates s. 409.998, F.S., to require that DCF establish community alliances in each service area of CBCs. It describes the duties, membership, and responsibilities of the alliances and their members and provides that meetings of the alliance are open to the public. The duties of the alliances include conducting needs assessments, reviewing the performance of DCF or the sheriff's department in providing child protective services, being involved in the procurement process, developing recommendations for the CBCs and DCF, and promoting community involvement in the community-based care system.

CBC Boards

CBCs are required under current law to have a board of directors. Fifty-one percent of the CBC board members are required to reside in the state, and of those members, 51 percent must also reside in the CBC service area. The bill changes the membership requirements and responsibilities of CBC board of directors to require a CBC to be governed by either a board of directors or a board committee composed of board members. The bill specifies that for procurements of CBC contracts initiated on or after July 1, 2014, the following requirements apply:

- If the CBC is governed by a board of directors, at least 75 percent of members on the CBC board of directors must reside in the state, and at least 51 percent of members on the CBC board of directors must also reside in the service area of the lead agency.
- If the CBC is governed by a board committee, 100 percent of members on the CBC board committee must reside in the service area of the lead agency.

The bill also specifies that for CBC contracts initiated on or after July 1, 2014, the board of directors or the board committee must have the responsibilities of approving the budget, setting the operational policies and procedures, and hiring the CBC's executive director, if governed by a board of directors or confirming the selection of an executive director, if governed by a board committee.

Child Abuse and Neglect

Abuse Investigations

The bill defines the terms "impending danger," "present danger," and "safety plan." The bill also redefines the term "diligent efforts by a parent" in ch. 39, F.S., to require a meaningful change in behavior.

The bill requires CPIs to implement a safety plan when present or impending danger is identified. The bill specifies requirements for developing and implementing the safety plan. The bill allows CPIs to modify the safety plan if additional impending danger threats are identified. The bill requires all safety assessments and safety plans involving the parent or legal custodian to be provided to the court during petitions for dependency, if DCF is the petitioner.

The bill specifies that if a safety plan is necessary but is not feasible (the parents, guardian, or legal custodian lacks the capacity or ability to comply, or the plan cannot be developed), DCF is required to file a petition for adjudication of dependency.

The bill changes the requirements in which services are required to be provided.¹¹¹ Current law requires services when there are high-risk factors that may impact the ability of the parents or legal custodians to exercise judgment. Under current law, the factors may include the parents' or legal custodians' history of substance abuse or domestic violence. The bill also adds mental illness to these factors. The bill also requires services to be provided if there is a high likelihood of lack of compliance with voluntary services and such noncompliance would result in the child being unsafe.

DCF Custody

The bill amends s. 39.001, F.S., to alter the purposes of ch. 39, F.S. The bill makes changes which stress the importance of:

- Safety of the child;
- Coordination between agencies;
- Sibling contact;
- Proper protective investigations;
- Access to support services for children in their homes; and
- Family engagement in the child's care.

The bill defines the term "sibling." The bill also amends s. 39.402, F.S., to require, at the time of a shelter hearing for a child removed from their home as the result of allegations of abuse, neglect, or abandonment, that DCF report to the court that it has made reasonable efforts to keep siblings together unless the placement together is not in their best interest. It also provides that if siblings removed from their home cannot be placed together, that DCF must provide the court with a recommendation for frequent visitation or other ongoing interaction between the siblings unless such interaction would be contrary to a sibling's safety or well-being. If visitation among siblings is ordered but will not commence within 72 hours of the shelter hearing, DCF must provide justification to the court for the delay.

The bill also amends s. 39.701, F.S., to require DCF to report to the court at every judicial review the frequency, kind, and duration of sibling contacts among siblings who have been separated during placement, as well as any efforts undertaken to reunite separated siblings if doing so is in the best interest of the child. It also requires that, at the time of the special judicial review hearing held for children who have become 17 years of age, the court consider whether granting emancipation for the purposes of obtaining housing, turning on utilities, and opening bank accounts is in the child's best interest.

The bill amends s. 39.802, F.S., to remove the requirement that petitions for termination of parental rights be signed by DCF employees.

Medically Complex Children

The bill makes explicit the requirement for DCF to preserve and strengthen families who are caring for medically complex children. The bill requires that among the protections provided to children in this state is access to sufficient home and community-based support for medically complex children to allow them to remain in the least restrictive and most nurturing environment, including sufficient home and community-based services in an amount and scope comparable to those the child would receive in an out-of-home care placement. The bill adds specificity to DCF's and the judiciary's rulemaking authority regarding taking a child into custody, petitioning the court, and administrative reviews.

¹¹¹ S. 39.301 (14), F.S.

The bill requires DCF to maintain a program of family-centered services and supports for medically complex children. Under the bill, the purpose of this program is to prevent abuse and neglect of medically complex children while enhancing the ability of families to provide for their children's needs. The bill specifies that program services must include outreach, early intervention, and provision of home and community-based services such as care coordination, respite care, and direct home care. The bill requires DCF to work with the AHCA and DOH to provide needed services.

The bill also redefines the terms "assessment" to include the gathering of information for evaluation of the child's and caregiver's developmental delays or challenges, the term "preventive services" to require these services to promote the child's developmental needs, and the term "reunification services" to require these services to promote the child's need for developmental health. The bill also defines the term "medical neglect."

The bill creates s. 39.3068, F.S., which requires that reports of medical neglect must be investigated by staff with specialized training in medical neglect and medically complex children. It requires that the investigation identify any immediate medical needs of the child and use a family-centered approach to assess the capacity of the family to meet those needs. It describes the attributes of a family-centered approach and requires that any investigation of cases involving medically complex children include determination of Medicaid coverage for needed services and coordination with AHCA to secure such covered services.

The bill also amends s. 409.165, F.S., to clarify that funds appropriated for the alternative care of children may be used to meet the needs of children in their own homes or the homes of relatives if the children can be safely served in such settings and the expenditure of funds in such a manner is equal to or less than the cost of out-of-home placement. The bill requires DCF to cooperate with all child service institutions or agencies within the state which meet DCF standards in order to maintain a comprehensive, coordinated, and inclusive system for promoting and protecting the well-being of children set forth in s. 409.986, F.S.

The bill requires DCF to work with DOH in the development, utilization, and monitoring of medical foster homes for medically complex children, and to work with AHCA and APD to provide such home and community-based services as may be necessary to maintain medically complex children in the least restrictive and most nurturing environment. The bill adds medical foster homes to the list of placements available to DCF in placing medically complex children. The bill provides that placements of children in their own homes or in the homes of relatives may be made if the child can be safely served in such a placement and the cost of the placement is equal to or less than the cost of out-of-home placement.

The bill also requires Medicaid managed care plans serving children in DCF custody to maintain complete medical, dental, and behavioral health information, which AHCA and DCF must use to determine plan compliance with standards and whether children are receiving necessary services.

Child Protection Teams

The bill amends s. 39.303, F.S., to require that a Child Protection Team in DOH that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child must involve a physician who has experience in treating children with the same condition.

The bill also amends s. 383.402, F.S., to require the SCADRC to review all deaths of children ages birth through 18 which occur in Florida and are reported to the abuse hotline. This increases the number of deaths reviewed by the SCADRC. The bill also changes the date the SCADRC must provide its annual report from December 31 to October 1.

Critical Incident Rapid Response Team

The bill creates s. 39.2015, F.S., which directs DCF to establish critical incident rapid response teams to conduct an immediate investigation of all deaths or other serious incidents involving children reported to the hotline where the family was the subject of a verified report of abuse or neglect in the previous 12 months. This investigation does not take the place of the child abuse investigation currently conducted by DCF or sheriff office. The investigation, rather than focusing on the cause of death, will focus on the root cause and determine the need to change policies and practices related to child protection and child welfare.

The bill specifies the qualifications of the team, the time periods under which they must work, their compensation, and their required reporting. The bill also requires the DCF Secretary to appoint an advisory committee for the teams, with the responsibility for reviewing their reports and making recommendations to improve policies and practices related to child protection services and child welfare services. The bill specifies that the result of these investigations will be to identify operational changes within the child protection and child welfare system to prevent future child abuse deaths.

Records of Children

The bill creates s. 39.2022, F.S., to require public disclosure of all child deaths in Florida reported to the abuse hotline. The bill requires DCF to post the following information on the DCF website when a child death is reported to the abuse hotline:

- Age, race, and gender of the child;
- Date of the child's death;
- Allegations of the cause of death or the preliminary cause of death, until verified and once the cause of death is verified, the verified cause of death;
- County and placement of the child at the time of the incident leading to the child's death, if applicable;
- Name of the CBC, case management agency, or out-of-home licensing agency involved with the child, family, or licensed caregiver, if applicable; and
- Whether the child has been the subject of any prior verified reports to DCF's abuse hotline.

The bill specifies the public disclosure requirement does not limit the public access to records under other provisions of law.

Child Abandonment

The bill creates s. 827.10, F.S., to create the criminal offense of abandoning a child and provides definitions and penalties. The bill defines the terms "abandons," "care," "caregiver," "child," and "relative." The bill specifies that a caregiver who abandons a child under circumstances in which the caregiver knew or should have known that the abandonment exposes the child to unreasonable risk of harm commits a felony of the third degree. The bill specifies that abandonment of a child does not apply to a person who surrenders a newborn infant to a hospital, fire station, or emergency medical services station, in compliance with s. 383.50, F.S.

Current law states that only attorneys licensed to practice law in Florida or adoption entities licensed in Florida may pay to advertise that a child is offered or wanted for adoption or the person is able to place, locate, or receive a child for adoption. If a person publishes a telephone directory distributed in Florida containing the abovementioned information, the publisher must include the attorney's Florida Bar number or adoption entity's license number in the advertisement. The bill amends s. 63.212, F.S., to specify that the person who places the advertisement, rather than the person who publishes the advertisement must include the Bar number or license number.

Rilya Wilson Act

The Rilya Wilson Act requires any child, ages 3 to school entry, who is under protective supervision or custody of DCF or a CBC, and enrolled in a licensed early learning education or child care program, to be enrolled to participate in the program 5 days a week.¹¹² Case plans developed for a child who is enrolled in a program are required to contain the participation in this program as a required action.¹¹³ If a child is absent from the program, the person with whom the child resides is required to report the absence to the program.¹¹⁴ If absence is not reported, or if the child is absent for more than seven consecutive days, the program is required to report this information to DCF. DCF or the CBC is then required to visit the home where the child resides.¹¹⁵

The bill amends s. 39.604, F.S., to require that a child who is age birth to school entry (rather than age 3 to school age), under protective supervision or custody of DCF or a CBC, and enrolled in a licensed early learning education or child care program attend 5 days a week. The bill requires the child attendance be a required action in the safety plan. The bill specifies that if the child does not attend for two consecutive days, the parent will be notified that this is a violation of the safety plan.

Child Welfare and Child Protection Personnel

Child Protective Investigator and Case Manager Education

The bill raises professional standards for CPIs and CPI supervisors employed by DCF and case managers and case manager supervisors employed by a CBC or a CBC subcontractor. It creates s. 402.402, F.S., to require that these professionals hired on or after July 1, 2014, must have one of the following:

- A bachelor's or master's degree in social work with at least 12 hours of relevant coursework;
- A bachelor's or master's degree in a human-services related field and at least 12 hours of relevant coursework; or
- A bachelor's or master's degree in a human-services related field, and 12 credit hours of relevant coursework completed within 3 years of hire.

The bill specifies that these requirements do not apply to CPIs or CPI supervisors employed by a sheriff's office until July 1, 2018. The newly-created Institute is to evaluate the effectiveness of the bill's new education and training requirements and recommend whether they should be extended to child protection personnel employed by a sheriff's office.

The bill defines the term "human services related field" as "psychology, sociology, counseling, special education, human development, child development, family development, marriage and family therapy, and nursing." The bill defines "relevant coursework" as "coursework that imparts knowledge and leads to the development of skills with direct application to the child protection and child welfare field from a college or university social work program accredited by the Council on Social Work Education." The bill specifies that the 12 credit hours may be designed to provide in-depth knowledge in serving a specific subpopulation or develop a particular skillset. The bill requires DCF to consult with the Institute created by the bill to identify courses available through the consortium of public and private universities offering degrees in social work that fulfills this requirement.

The bill also requires all CPIs and CPI supervisors to complete specialized training either focused in serving a specific population or in performing certain aspects of child protection processes. The bill specifies that the specialized training may focus on medically fragile children, sexually exploited

¹¹² S. 39.604, F.S.

¹¹³ S. 39.604, F.S.

¹¹⁴ S. 39.604, F.S.

¹¹⁵ S. 39.604, F.S.

children, children under the age of three, families with issues of domestic violence, mental illness or substance abuse, investigation techniques, and analysis of family dynamics. The bill states that the specialized training may be used to fulfill continuing education requirements. The bill requires CPIs and CPI supervisors hired before July 1, 2014, to complete the specialized training by June 30, 2016, and requires those hired on or after July 1, 2014, to complete the training within two years of hire. The bill authorizes DCF to approve certifications involving specializations in serving specific populations or skills relevant to child protection to be awarded by a third-party credentialing entity.

The bill also makes changes to the third-party credentialing entity which certifies CPIs and case managers. The bill requires the entity to administer a standing child welfare advisory council. The bill specifies that this council must include representatives from each region of DCF, each CBC, and each sheriff's office conducting child protection investigations, who shall be appointed by the organizations they represent. The bill permits the third-party credentialing entity which certifies CPIs and case managers to appoint additional members.

Tuition Exemption and Loan Forgiveness

The bill creates s. 402.403, F.S., to establish a child protection and child welfare personnel tuition exemption program and sets the qualifications for obtaining the exemption. The program is for high-performing CPIs, CPI supervisors, case managers, and case manager supervisors, who do not have a social work degree but who are accepted in a social work program or who are completing required additional coursework. This program will allow current and future child welfare workers without a social work degree or who need additional coursework to obtain education without payment of tuition and fees to improve their knowledge and skills, if they have been employed for a least a year. However, this does not apply to CPIs or CPI supervisors employed by a sheriff's office until July 1, 2018.

The bill creates s. 402.404, F.S., to establish the Florida CPI and CPI supervisor student loan forgiveness program. The bill states that the program's purpose is to increase employment and retention of high-performing individuals who have a degree in social work and are employed as a CPI by making payments towards loans received for the support of study in social work programs. To be eligible, the bill states that the CPI or CPI supervisor must be employed by DCF for one year, have a high level of performance, and have graduated from an accredited social work program. The bill specifies that CPIs employed by a sheriff's department are not eligible until July 1, 2018. The bill specifies that DCF may make loan payments up to \$3,000 per year for four years on behalf of eligible CPIs and CPI supervisors. The bill specifies additional qualifications and restrictions for the program. The bill also authorizes CBCs to provide loan forgiveness for case managers and their supervisors that they employ or who are employed by its subcontractors.

The bill amends s. 1009.25, F.S., to add CPIs, CPI supervisors, case managers, and case manager supervisors to the list of persons exempted from payment of tuition and fees at a state college or state university. This change, along with other changes in the bill, will allow certain CPIs and CPI supervisors to obtain additional education in social work. However, this does not apply to CPIs or CPI supervisors employed by a sheriff's office until July 1, 2018.

Children's Legal Services

The bill requires attorneys employed by DCF handling child welfare cases to receive the same pre-service training as CPIs and to shadow a CPI and a case manager for at least 8 hours each. These requirements only apply to attorneys hired on or after July 1, 2014.

Institute For Child Welfare

The bill creates s. 1004.615, F.S., to establish the Florida Institute for Child Welfare and to set forth the purpose, duties, and responsibilities of the Institute. The Institute is defined as a consortium of the state's 14 public and private university schools of social work. The Institute is to advise the state on

child welfare policy, improve the curriculum for social work degree programs, and develop on-the-job training for child protective investigators and child welfare case managers. It requires the Institute to provide a report annually by October 1st to the Governor, the President of the Senate, and the Speaker of the House of Representatives outlining its activities in the preceding fiscal year, significant research findings and results of other programs, and specific recommendations for improving child protection and child welfare services. The bill requires the Institute to include an evaluation of the result of this act's education and training requirements for child protection and child welfare personnel and recommendations for their application to child protection personnel employed by sheriff's offices in its report due October 1, 2017. The bill specifies that the Institute must include an evaluation of the effects of the other provisions of this bill and any recommendations for improvements in its report due October 1, 2018.

The bill requires the Institute or the Florida State University College of Social Work (until the Institute is operational) to convene a task force to make recommendations for improving the state's child welfare system. The bill specifies who will serve on the task force and requires the task force to establish workgroups on reducing paperwork and increasing retention of case managers and on the care of medically complex children within the child welfare system.

B. SECTION DIRECTORY:

- Section 1:** Amends s. 20.19, F.S., related to the department of children and families;
- Section 2:** Amends s. 39.001, F.S., related to purposes and intent;
- Section 3:** Amends s. 39.01, F.S., related to definitions;
- Section 4:** Creates s. 39.2015, F.S., related to critical incident rapid response team;
- Section 5:** Creates s. 39.2022, F.S., related to public disclosure of child deaths reported to the abuse hotline;
- Section 6:** Amends s. 39.301, F.S., related to initiation of protective investigations;
- Section 7:** Amends s. 39.303, F.S., related to child protection teams;
- Section 8:** Creates s. 39.3068, F.S., related to reports of medical neglect;
- Section 9:** Amends s. 39.402, F.S., related to placement in a shelter;
- Section 10:** Amends s. 39.501, F.S., related to petition for dependency;
- Section 11:** Amends s. 39.604, F.S., related to Rilya Wilson Act;
- Section 12:** Amends s. 39.701, F.S., related to review hearings for children younger than 18 years of age;
- Section 13:** Amends s. 39.802, F.S., related to petition for termination of parental rights;
- Section 14:** Amends s. 63.212, F.S., related to prohibited acts;
- Section 15:** Amends s. 383.402, F.S., related to child abuse death review;
- Section 16:** Amends s. 402.402, F.S., related to core competencies and specializations;
- Section 17:** Creates s. 402.402, F.S., related to child protective investigators;
- Section 18:** Creates s. 402.403, F.S., related to child protective investigators and supervisor tuition exemption;
- Section 19:** Creates s. 402.404, F.S., related to child protective investigator and supervisor loan forgiveness program;
- Section 20:** Amends s. 409.165, F.S., related to alternate care for children;
- Section 21:** Amends s. 409.967, F.S., related to managed care accountability;
- Section 22:** Creates an unnumbered section of law related to community-based child welfare;
- Section 23:** Creates s. 409.986, F.S., related to legislative findings;
- Section 24:** Creates s. 409.987, F.S., related to lead agency procurement;
- Section 25:** Creates s. 409.988, F.S., related to lead agency duties;
- Section 26:** Creates s. 409.990, F.S., related to funding for lead agencies;
- Section 27:** Creates s. 409.991, F.S., related to allocation of funds for community-based care lead agencies;
- Section 28:** Creates s. 409.992, F.S., related to lead agency expenditures;
- Section 29:** Creates s. 409.993, F.S., related to lead agencies and subcontractor liability;

- Section 30:** Amends s. 409.1675, F.S., related to community-based care lead agencies;
- Section 31:** Creates s. 409.996, F.S., related to duties of the department of children and families;
- Section 32:** Creates s. 409.997, F.S., related to child welfare results-oriented accountability system;
- Section 33:** Creates s. 409.998, F.S., related to community-based oversight by community alliances;
- Section 34:** Creates s. 827.10, F.S., related to unlawful abandonment of a child;
- Section 35:** Creates s. 409.986, F.S., related to Florida Institute for child welfare;
- Section 36:** Amends s. 1009.25, F.S., related to fee exemptions;
- Section 37:** Repeals s. 409.1671, F.S., related to foster care and related services;
- Section 38:** Repeals s. 409.16745, F.S., related to community partnership matching grant program.
- Section 39:** Provides for an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill has an indeterminate negative fiscal impact on DCF.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The bill increases qualifications required for CPIs, CPI supervisors, case managers and case manager supervisors. This may have a negative fiscal impact on DCF because it may require higher salaries and additional recruitment efforts to fill these positions. The bill requires CPIs and CPI supervisors to complete specialized training. This may have a negative fiscal impact on DCF if DCF has to create or contract for specialized training, and because of loss of CPI work time during training.

The bill requires DCF to post information regarding child deaths on the DCF website. Webpage creation and monitoring can be absorbed within existing resources.

The bill requires an assistant secretary for child welfare. This may require a new FTE.

The bill creates a loan forgiveness program for CPIs and CPI supervisors. The loan forgiveness program will have a negative fiscal impact on DCF for any CPI or CPI supervisor for whom DCF provides loan payments. The bill creates a tuition exemption program for CPIs and CPI supervisors and case managers and case manager supervisors. This may have a negative fiscal impact on universities because it requires universities to provide classes without compensation.

The bill creates critical incident rapid response teams. The creation of these teams may have a negative fiscal impact on DCF, since the bill authorizes DCF to compensate team members for mileage

and per diem, as well as compensate team members' employers for salaries and benefits. The team members are also required to be trained, which will also have a fiscal impact on DCF.

The bill creates the Florida Institute for Child Welfare, which may have a negative fiscal impact on DCF and Florida State University.

The bill expands the scope of the SCADRC. This requires the SCARDC to review a greater number of cases, may result in longer or more frequent meetings. This may have a fiscal impact on DOH related to travel and per diem.

The bill creates a criminal offense for abandoning a child. The creation of a new criminal offense may result in a greater number of arrests, which may negatively impact the Department of Corrections.

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 adds specificity to DCF's and the judiciary's rulemaking authority regarding taking a child into custody, petitioning the court, and administrative reviews. The bill also provides DCF with rulemaking authority for licensure of CBCs, foster homes and other placement facilities operated by CBCs, substitute care providers contracted with CBCs, and for inspections for licensure.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

PCB HFS 14-03b

ORIGINAL

YEAR

1 A bill to be entitled
2 An act relating to child protection and child welfare
3 services; amending s. 20.19, F.S.; requiring the
4 secretary of the department to appoint an Assistant
5 Secretary for Child Welfare; providing requirements
6 for such position; revising the duties, appointment,
7 and membership of community alliances; amending s.
8 39.001, F.S.; revising the purposes of ch. 39, F.S.;
9 providing for the provision of services for medically
10 complex children; conforming cross-references;
11 amending s. 39.01, F.S.; defining the terms "impending
12 danger", "medical neglect", "present danger", "safety
13 plan", and "sibling"; revising the definition of
14 "comprehensive assessment", "diligent efforts by a
15 parent", "preventive services", and "reunification
16 services"; deleting the term "district administrator";
17 conforming cross-references; creating s. 39.2015,
18 F.S.; requiring the Department of Children and
19 Families to conduct specified investigations using
20 critical incident rapid response teams; providing
21 requirements for such investigations; providing
22 requirements for the team; authorizing the team to
23 access specified information; requiring the
24 cooperation of specified agencies and organizations;
25 providing for reimbursement of team members; requiring

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

26 a report of the investigation; requiring the secretary
27 to develop specified guidelines for investigations and
28 provide training to team members; requiring the
29 secretary to appoint an advisory committee; requiring
30 a report from the advisory committee to the Secretary
31 of Children and Families; requiring the secretary to
32 submit such report to the Governor and the
33 Legislature; amending s. 39.202, F.S.; authorizing
34 access to specified records in the event of the death
35 of a child which was reported to the department's
36 child abuse hotline; creating s. 39.2022, F.S.;
37 providing legislative intent; requiring the department
38 to publish specified information on its website if the
39 death of a child is reported to the child abuse
40 hotline; prohibiting specified information from being
41 released; providing requirements for the release of
42 information in the child's records; prohibiting
43 release of information that identifies the person who
44 reports an incident to the child abuse hotline;
45 amending 39.301, F.S.; authorizing the use of safety
46 plans; providing requirements for use of safety plans;
47 amending s. 39.303, F.S.; revising legislative intent;
48 providing requirements for a child protection team
49 that evaluates a report of medical neglect and
50 assesses the health care needs of a medically complex

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

51 child; creating s. 39.3068, F.S.; providing
 52 requirements for an investigation of medical neglect;
 53 amending s. 39.402, F.S.; requiring the department to
 54 make a reasonable effort to keep siblings together
 55 when they are placed in out-of-home care under certain
 56 circumstances; providing for sibling visitation under
 57 certain circumstances; amending s. 39.501, F.S.;
 58 requiring compliance with a safety plan to be
 59 considered when deciding a petition for dependency;
 60 amending s. 39.604, F.S.; requiring children age birth
 61 to 3 to attend for five days a week a licensed early
 62 education or child care program in which they are
 63 enrolled; requiring the inclusion of attendance at a
 64 licensed early education or child care program in a
 65 child's safety plan; amending s. 39.701, F.S.;
 66 requiring the court to consider contact among siblings
 67 in judicial reviews; authorizing the court to remove
 68 specified disabilities of nonage at judicial reviews;
 69 amending s. 39.802, F.S.; amending s. 68.212;
 70 requiring the person who places an advertisement for
 71 adoption services to provide specified information;
 72 requiring a petition for the termination of parental
 73 rights to be signed under oath stating the
 74 petitioner's good faith in filing the petition;
 75 amending s. 383.402, F.S.; requiring the review of all

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

76 | deaths of children which occur in the state and are
 77 | reported to the department's child abuse hotline;
 78 | revising the due date for a report; providing a
 79 | directive to the Division of Law Revision and
 80 | Information; amending s. 402.40, F.S.; requiring the
 81 | third-party credentialing entity to establish an
 82 | advisory council; providing for a specialization
 83 | through the certification process; creating s.
 84 | 402.402, F.S.; providing definitions; providing
 85 | education requirements for child protection and child
 86 | welfare personnel; creating s. 402.403, F.S.;
 87 | establishing a tuition exemption program for child
 88 | protective and child welfare personnel; providing
 89 | eligibility requirements; creating s. 402.404, F.S.;
 90 | establishing a student loan forgiveness program for
 91 | child protective investigators and supervisors;
 92 | providing eligibility requirements; providing
 93 | requirements for the program; authorizing community-
 94 | based care lead agencies to provide student loan
 95 | forgiveness to case managers employed a community-
 96 | based care lead agency or its subcontractor; amending
 97 | s. 409.165; enhancing provision of care to medically
 98 | complex children; amending s. 409.967; revising
 99 | standards for Medicaid managed care plan
 100 | accountability in regard to services for dependent

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

101 children; creating part V of ch. 409, F.S.; creating
 102 s. 409.986, F.S.; providing legislative findings and
 103 intent; providing child protection and child welfare
 104 outcome goals; defining terms; creating s. 409.987,
 105 F.S.; providing for the procurement of community-based
 106 care lead agencies; providing requirements for
 107 contracting as a lead agency; creating s. 409.988,
 108 F.S.; providing the duties of a community-based care
 109 lead agency; providing licensure requirements for a
 110 lead agency; creating s. 409.998; providing for
 111 community based care oversight by community alliances;
 112 authorizing the establishment of direct-support
 113 organizations; creating s. 409.990, F.S.; providing
 114 general funding provisions; providing for a matching
 115 grant program and the maximum amount of funds that may
 116 be awarded; requiring the department to develop and
 117 implement a community-based care risk pool initiative;
 118 providing requirements for the risk pool;
 119 transferring, renumbering, and amending s. 409.16713,
 120 F.S.; transferring provisions relating to the
 121 allocation of funds for community-based lead care
 122 agencies; conforming a cross-reference; creating s.
 123 409.992, F.S.; providing requirements for community-
 124 based care lead agency expenditures; creating s.
 125 409.993, F.S.; providing findings; providing for lead

PCB HFS 14-03b

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F L O R I D A H O U S E O F R E P R E S E N T A T I V E S

PCB HFS 14-03b

ORIGINAL

YEAR

126 agency and subcontractor liability; providing
127 limitations on damages; transferring, renumbering, and
128 amending s. 409.1675, F.S.; transferring provisions
129 relating to receivership from community-based
130 providers to lead agencies; conforming cross-
131 references and terminology; creating s. 409.996, F.S.;
132 providing duties of the department relating to
133 community-based care and lead agencies; creating s.
134 409.997, F.S.; providing goals for the department and
135 specified entities; requiring the department to
136 maintain a comprehensive, results-oriented
137 accountability system; providing requirements;
138 requiring the department to establish a technical
139 advisory panel; providing requirements for the panel;
140 requiring the department to make the results of the
141 system public; requiring a report to the Governor and
142 the Legislature; creating s. 827.10, F.S.; defining
143 terms; establishing the criminal offense of unlawful
144 abandonment of a child; providing criminal penalties;
145 providing exceptions; creating s. 1004.615, F.S.;
146 establishing the Florida Institute for Child Welfare;
147 providing the purpose of the institute; requiring the
148 institute to contract and work with specified
149 entities; providing duties and responsibilities of the
150 institute; providing for the administration of the

Page 6 of 119

PCB HFS 14-03b

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V

PCB HFS 14-03b

ORIGINAL

YEAR

151 institute; requiring a report to the Governor and the
 152 Legislature by a specified date; providing for a task
 153 force and report; requiring the task force to
 154 establish workgroups on specified topics; amending s.
 155 1009.25, F.S.; exempting tuition and fees for
 156 specified child protective investigators and child
 157 protective investigation supervisors; amending s.
 158 39.01, F.S.; conforming a cross-reference; repealing
 159 s. 409.1671, F.S., relating to foster care and related
 160 services; outsourcing; repealing s. 409.16745, F.S.,
 161 relating to community partnership matching grant
 162 program; providing an effective date.

163

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

165

166 Section 1. Present subsections (3) through (5) of section
 167 20.19, Florida Statutes, are redesignated as subsections (4)
 168 through (6), respectively, a new subsection (3) is added to that
 169 section, and subsections (2) and (4) of that section are
 170 amended, to read:

171 20.19 Department of Children and Families.—There is
 172 created a Department of Children and Families.

173 (2) SECRETARY OF CHILDREN AND FAMILIES; DEPUTY SECRETARY.—

174 (a) The head of the department is the Secretary of
 175 Children and Families. The secretary is appointed by the

PCB HFS 14-03b

ORIGINAL

YEAR

176 Governor, subject to confirmation by the Senate. The secretary
 177 serves at the pleasure of the Governor.

178 (b) The secretary shall appoint a deputy secretary who
 179 shall act in the absence of the secretary. The deputy secretary
 180 is directly responsible to the secretary, performs such duties
 181 as are assigned by the secretary, and serves at the pleasure of
 182 the secretary.

183 (3) ASSISTANT SECRETARIES.—

184 (a) Child Welfare.—

185 1. The secretary shall appoint an Assistant Secretary for
 186 Child Welfare to lead the department in carrying out its duties
 187 and responsibilities for child protection and child welfare. The
 188 individual appointed to this position shall serve at the
 189 pleasure of the secretary.

190 2. The assistant secretary must have at least 7 years of
 191 experience working in organizations delivering child protective
 192 or child welfare services.

193 (b) Substance Abuse and Mental Health.—

194 ~~(e)~~1. The secretary shall appoint an Assistant Secretary
 195 for Substance Abuse and Mental Health. The assistant secretary
 196 shall serve at the pleasure of the secretary and must have
 197 expertise in both areas of responsibility.

198 2. The secretary shall appoint a Director for Substance
 199 Abuse and Mental Health who has the requisite expertise and
 200 experience to head the state's Substance Abuse and Mental Health

PCB HFS 14-03b

ORIGINAL

YEAR

201 Program Office.

202 ~~(5)(4)~~ COMMUNITY ALLIANCES.—

203 (a) The department shall, in consultation with local
204 communities, establish a community alliance or similar group of
205 the stakeholders, community leaders, client representatives and
206 funders of human services in each county to provide a focal
207 point for community participation and governance of community-
208 based services. An alliance may cover more than one county when
209 such arrangement is determined to provide for more effective
210 representation. The community alliance shall represent the
211 diversity of the community.

212 (b) The duties of the community alliance include, but are
213 not limited to:

214 1. Providing independent, community-focused, oversight of
215 child protection and child welfare services and the local system
216 of community-based care, as described in s. 409.998.

217 ~~2.1.~~ Joint planning for resource utilization in the
218 community, including resources appropriated to the department
219 and any funds that local funding sources choose to provide.

220 ~~3.2.~~ Needs assessment and establishment of community
221 priorities for service delivery.

222 ~~4.3.~~ Determining community outcome goals to supplement
223 state-required outcomes.

224 ~~5.4.~~ Serving as a catalyst for community resource
225 development.

PCB HFS 14-03b

ORIGINAL

YEAR

226 ~~6.5.~~ Providing for community education and advocacy on
 227 issues related to delivery of services.

228 ~~7.6.~~ Promoting prevention and early intervention services.

229 (c) The department shall ensure, to the greatest extent
 230 possible, that the formation of each community alliance builds
 231 on the strengths of the existing community human services
 232 infrastructure.

233 (d) The initial membership of the community alliance in a
 234 county shall be composed of the following, who shall be
 235 appointed by the entities they represent:

236 1. A representative from the department, who shall serve
 237 as an ex officio-member.

238 ~~1.2.~~ A representative from county government.

239 ~~2.3.~~ A representative from the school district.

240 ~~3.4.~~ A representative from the county United Way.

241 ~~4.5.~~ A representative from the county sheriff's office,
 242 unless the county sheriff's office is providing child protective
 243 services, in which case the representative shall serve as an ex
 244 officio member.

245 ~~5.6.~~ A representative from the circuit court corresponding
 246 to the county.

247 ~~6.7.~~ A representative from the county children's board, if
 248 one exists.

249 7. An advocate for persons receiving child protection and
 250 child welfare services chosen by the secretary.

PCB HFS 14-03b

ORIGINAL

YEAR

251 8. A representative from the community-based care lead
 252 agency, who shall serve as an ex-officio member.

253 (e) At any time after the initial meeting of the community
 254 alliance, the community alliance shall adopt bylaws and may
 255 increase the membership of the alliance to include the state
 256 attorney for the judicial circuit in which the community
 257 alliance is located, or his or her designee, the public defender
 258 for the judicial circuit in which the community alliance is
 259 located, or his or her designee, and other individuals and
 260 organizations who represent funding organizations, are community
 261 leaders, have knowledge of community-based service issues, or
 262 otherwise represent perspectives that will enable them to
 263 accomplish the duties listed in paragraph (b), if, in the
 264 judgment of the alliance, such change is necessary to adequately
 265 represent the diversity of the population within the community
 266 alliance service circuits.

267 (f) A member of the community alliance, other than a
 268 member specified in paragraph (d), may not receive payment for
 269 contractual services from the department or a community-based
 270 care lead agency.

271 (g) Members of the community alliances shall serve without
 272 compensation, but are entitled to receive reimbursement for per
 273 diem and travel expenses, as provided in s. 112.061. Payment may
 274 also be authorized for preapproved child care expenses or lost
 275 wages for members who are consumers of the department's services

PCB HFS 14-03b

ORIGINAL

YEAR

276 and for preapproved child care expenses for other members who
 277 demonstrate hardship.

278 (h) Members of a community alliance are subject to the
 279 provisions of part III of chapter 112, the Code of Ethics for
 280 Public Officers and Employees.

281 (i) Actions taken by a community alliance must be
 282 consistent with department policy and state and federal laws,
 283 rules, and regulations.

284 (j) Alliance members shall annually submit a disclosure
 285 statement of services interests to the department's inspector
 286 general. Any member who has an interest in a matter under
 287 consideration by the alliance must abstain from voting on that
 288 matter.

289 (k) All alliance meetings are open to the public pursuant
 290 to s. 286.011 and the public records provision of s. 119.07(1).

291 Section 2. Paragraphs (o) and (p) are added to subsection
 292 (1) of section 39.001, Florida Statutes, and paragraphs (b),
 293 (c), (g), and (k) of that subsection is amended, present
 294 paragraphs (f) through (h) of subsection (3) of that section are
 295 redesignated as paragraphs (g) through (i), respectively, and a
 296 new paragraph (f) is added to that subsection, and present
 297 subsections (4) through (11) of that section are redesignated as
 298 subsections (5) through (12), respectively, a new subsection (4)
 299 is added to that section, and paragraph (c) of present
 300 subsection (8) and paragraph (b) of present subsection (10) of

PCB HFS 14-03b

ORIGINAL

YEAR

301 that section are amended, to read:

302 39.001 Purposes and intent; personnel standards and
 303 screening.—

304 (1) PURPOSES OF CHAPTER.—The purposes of this chapter are:

305 (b) To recognize that most families desire to be competent
 306 caregivers and providers for their children and that children
 307 achieve their greatest potential when families are able to
 308 support and nurture the growth and development of their
 309 children. Therefore, the Legislature finds that policies and
 310 procedures that provide for prevention and intervention through
 311 the department's child protection system should be based on the
 312 following principles:

313 1. The health and safety of the children served shall be
 314 of paramount concern.

315 2. The prevention and intervention should engage families
 316 in constructive, supportive, and nonadversarial relationships.

317 3. The prevention and intervention should intrude as
 318 little as possible into the life of the family, be focused on
 319 clearly defined objectives, and take the most parsimonious path
 320 to remedy a family's problems, keeping the safety of the child
 321 or children as the paramount concern.

322 4. The prevention and intervention should be based upon
 323 outcome evaluation results that demonstrate success in
 324 protecting children and supporting families.

325 (c) To provide a child protection system that reflects a

PCB HFS 14-03b

ORIGINAL

YEAR

326 partnership between the department, other agencies, the courts,
 327 law enforcement, service providers, and local communities.

328 (g) To ensure that the parent or legal custodian from
 329 whose custody the child has been taken assists the department to
 330 the fullest extent possible in locating relatives suitable to
 331 serve as caregivers for the child and providing all medical and
 332 educational information, or consent for access thereto, needed
 333 to help the child.

334 (k) To make every possible effort, if ~~when~~ two or more
 335 children who are in the care or under the supervision of the
 336 department are siblings, to place the siblings in the same home;
 337 and in the event of permanent placement of the siblings, to
 338 place them in the same adoptive home or, if the siblings are
 339 separated while under the care or supervision of the department
 340 or in a permanent placement, to keep them in contact with each
 341 other.

342 (o) To preserve and strengthen families who are caring for
 343 medically complex children.

344 (p) To provide protective investigations that are
 345 conducted by trained persons in a complete and fair manner, are
 346 promptly concluded, and consider the above purposes and general
 347 protections provided in law.

348 (3) GENERAL PROTECTIONS FOR CHILDREN.—It is a purpose of
 349 the Legislature that the children of this state be provided with
 350 the following protections:

PCB HFS 14-03b

ORIGINAL

YEAR

351 (f) Access to sufficient home and community-based support
 352 for medically complex children to allow them to remain in the
 353 least restrictive and most nurturing environment, which includes
 354 sufficient home and community-based services in an amount and
 355 scope comparable to those the child would receive in out-of-home
 356 care placement.

357 (4) SERVICES FOR MEDICALLY COMPLEX CHILDREN.—The
 358 department shall maintain a program of family-centered services
 359 and supports for medically complex children. The purpose of the
 360 program is to prevent abuse and neglect of medically complex
 361 children while enhancing the capacity of families to provide for
 362 their children's needs. Program services must include outreach,
 363 early intervention, and provision of home and community-based
 364 services such as care coordination, respite care, and direct
 365 home care. The department shall work with the Agency for Health
 366 Care Administration and the Department of Health to provide
 367 needed services.

368 (9)(8) OFFICE OF ADOPTION AND CHILD PROTECTION.—

369 (c) The office is authorized and directed to:

370 1. Oversee the preparation and implementation of the state
 371 plan established under subsection (10)(9) and revise and update
 372 the state plan as necessary.

373 2. Provide for or make available continuing professional
 374 education and training in the prevention of child abuse and
 375 neglect.

PCB HFS 14-03b

ORIGINAL

YEAR

376 3. Work to secure funding in the form of appropriations,
377 gifts, and grants from the state, the Federal Government, and
378 other public and private sources in order to ensure that
379 sufficient funds are available for the promotion of adoption,
380 support of adoptive families, and child abuse prevention
381 efforts.

382 4. Make recommendations pertaining to agreements or
383 contracts for the establishment and development of:

384 a. Programs and services for the promotion of adoption,
385 support of adoptive families, and prevention of child abuse and
386 neglect.

387 b. Training programs for the prevention of child abuse and
388 neglect.

389 c. Multidisciplinary and discipline-specific training
390 programs for professionals with responsibilities affecting
391 children, young adults, and families.

392 d. Efforts to promote adoption.

393 e. Postadoptive services to support adoptive families.

394 5. Monitor, evaluate, and review the development and
395 quality of local and statewide services and programs for the
396 promotion of adoption, support of adoptive families, and
397 prevention of child abuse and neglect and shall publish and
398 distribute an annual report of its findings on or before January
399 1 of each year to the Governor, the Speaker of the House of
400 Representatives, the President of the Senate, the head of each

PCB HFS 14-03b

ORIGINAL

YEAR

401 state agency affected by the report, and the appropriate
 402 substantive committees of the Legislature. The report shall
 403 include:

404 a. A summary of the activities of the office.

405 b. A summary of the adoption data collected and reported
 406 to the federal Adoption and Foster Care Analysis and Reporting
 407 System (AFCARS) and the federal Administration for Children and
 408 Families.

409 c. A summary of the child abuse prevention data collected
 410 and reported to the National Child Abuse and Neglect Data System
 411 (NCANDS) and the federal Administration for Children and
 412 Families.

413 d. A summary detailing the timeliness of the adoption
 414 process for children adopted from within the child welfare
 415 system.

416 e. Recommendations, by state agency, for the further
 417 development and improvement of services and programs for the
 418 promotion of adoption, support of adoptive families, and
 419 prevention of child abuse and neglect.

420 f. Budget requests, adoption promotion and support needs,
 421 and child abuse prevention program needs by state agency.

422 6. Work with the direct-support organization established
 423 under s. 39.0011 to receive financial assistance.

424 (11)~~(10)~~ FUNDING AND SUBSEQUENT PLANS.—

425 (b) The office and the other agencies and organizations

PCB HFS 14-03b

ORIGINAL

YEAR

426 listed in paragraph (10)(a) ~~(9)(a)~~ shall readdress the state
 427 plan and make necessary revisions every 5 years, at a minimum.
 428 Such revisions shall be submitted to the Speaker of the House of
 429 Representatives and the President of the Senate no later than
 430 June 30 of each year divisible by 5. At least biennially, the
 431 office shall review the state plan and make any necessary
 432 revisions based on changing needs and program evaluation
 433 results. An annual progress report shall be submitted to update
 434 the state plan in the years between the 5-year intervals. In
 435 order to avoid duplication of effort, these required plans may
 436 be made a part of or merged with other plans required by either
 437 the state or Federal Government, so long as the portions of the
 438 other state or Federal Government plan that constitute the state
 439 plan for the promotion of adoption, support of adoptive
 440 families, and prevention of child abuse, abandonment, and
 441 neglect are clearly identified as such and are provided to the
 442 Speaker of the House of Representatives and the President of the
 443 Senate as required above.

444 Section 3. Present subsections (42) through (76) of section
 445 39.01, Florida Statutes, are redesignated as subsections (43)
 446 through (79), respectively, new subsections (33), (42), (67) and
 447 (71) are added to that section, and subsections (10), (22), and
 448 (33) are amended, to read:

449 39.01 Definitions.—When used in this chapter, unless the
 450 context otherwise requires:

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

451 (10) "Caregiver" means the parent, legal custodian,
 452 permanent guardian, adult household member, or other person
 453 responsible for a child's welfare as defined in subsection (48)
 454 ~~(47)~~.

455 (18) "Comprehensive assessment" or "assessment" means the
 456 gathering of information for the evaluation of a child's and
 457 caregiver's physical, psychiatric, psychological or mental
 458 health, developmental delays or challenges, educational,
 459 vocational, and social condition and family environment as they
 460 relate to the child's and caregiver's need for rehabilitative
 461 and treatment services, including substance abuse treatment
 462 services, mental health services, developmental services,
 463 literacy services, medical services, family services, and other
 464 specialized services, as appropriate.

465 (22) "Diligent efforts by a parent" means a course of
 466 conduct which results in a meaningful change in the behavior of
 467 a parent which ~~a reduction~~ reduces ~~in~~ risk to the child in the
 468 child's home to the extent that ~~would allow~~ the child may ~~to~~ be
 469 safely placed permanently back in the home as set forth in the
 470 case plan.

471 ~~(27) "District administrator" means the chief operating~~
 472 ~~officer of each service district of the department as defined in~~
 473 ~~s. 20.19(5) and, where appropriate, includes any district~~
 474 ~~administrator whose service district falls within the boundaries~~
 475 ~~of a judicial circuit.~~

PCB HFS 14-03b

ORIGINAL

YEAR

476 (33) "Impending danger" means a situation in which family
 477 behaviors, attitudes, motives, emotions or situations pose a
 478 threat which may not be currently active but can be anticipated
 479 to become active and to have severe effects on a child at any
 480 time.

481 (34) ~~(33)~~ "Institutional child abuse or neglect" means
 482 situations of known or suspected child abuse or neglect in which
 483 the person allegedly perpetrating the child abuse or neglect is
 484 an employee of a private school, public or private day care
 485 center, residential home, institution, facility, or agency or
 486 any other person at such institution responsible for the child's
 487 care as defined in subsection (48) ~~(47)~~.

488 (43) "Medical neglect" means the failure to provide or the
 489 failure to allow needed care as recommended by a health care
 490 practitioner for a physical injury, illness, medical condition,
 491 or impairment, or the failure to seek timely and appropriate
 492 medical care for a serious health problem that a reasonable
 493 person would have recognized as requiring professional medical
 494 attention. Medical neglect does not occur if the parent or legal
 495 custodian of the child has made reasonable attempts to obtain
 496 necessary health care services or the immediate health condition
 497 giving rise to the allegation of neglect is a known and expected
 498 complication of the child's diagnosis or treatment and:

499 (a) The recommended care offers limited net benefit to the
 500 child and the morbidity or other side effects of the treatment

PCB HFS 14-03b

ORIGINAL

YEAR

501 may be considered to be greater than the anticipated benefit; or

502 (b) The parent received conflicting medical recommendations
 503 for treatment from multiple practitioners and did not follow all
 504 recommendations.

505 (59) "Present danger" means a significant and clearly
 506 observable family condition that is occurring at the current
 507 moment and is already endangering or threatening to endanger the
 508 child. Present danger threats are conspicuous and require an
 509 immediate protective action be taken to ensure the child's
 510 safety.

511 (60)~~(59)~~ "Preventive services" means social services and
 512 other supportive and rehabilitative services provided to the
 513 parent or legal custodian of the child and to the child for the
 514 purpose of averting the removal of the child from the home or
 515 disruption of a family which will or could result in the
 516 placement of a child in foster care. Social services and other
 517 supportive and rehabilitative services shall promote the child's
 518 developmental needs and need for physical, mental, and emotional
 519 health and a safe, stable, living environment, shall promote
 520 family autonomy, and shall strengthen family life, whenever
 521 possible.

522 (66)~~(65)~~ "Reunification services" means social services
 523 and other supportive and rehabilitative services provided to the
 524 parent of the child, to the child, and, where appropriate, to
 525 the relative placement, nonrelative placement, or foster parents

PCB HFS 14-03b

ORIGINAL

YEAR

526 of the child, for the purpose of enabling a child who has been
 527 placed in out-of-home care to safely return to his or her parent
 528 at the earliest possible time. The health and safety of the
 529 child shall be the paramount goal of social services and other
 530 supportive and rehabilitative services. The services shall
 531 promote the child's need for physical, developmental, mental,
 532 and emotional health and a safe, stable, living environment,
 533 shall promote family autonomy, and shall strengthen family life,
 534 whenever possible.

535 (67) "Safety plan" means a plan created to control present
 536 or impending danger using the least intrusive means appropriate
 537 to protect a child when a parent, caregiver, or legal custodian
 538 is unavailable, unwilling, or unable to do so.

539 (73) "Sibling" means:

540 (a) A child who shares a birth parent or legal parent with
 541 one or more other children; or

542 (b) A child who has lived together in a family with one or
 543 more other children whom he or she identifies as siblings.

544 Section 4. Section 39.2015, Florida Statutes, is created to
 545 read:

546 39.2015 Critical incident rapid response team.-

547 (1) The department shall conduct an immediate
 548 investigation of deaths or other serious incidents involving
 549 children using critical incident rapid response teams as
 550 provided in subsection (2). The purpose of such investigation is

PCB HFS 14-03b

ORIGINAL

YEAR

551 to identify root causes and rapidly determine the need to change
 552 policies and practices related to child protection and child
 553 welfare.

554 (2) An immediate onsite investigation conducted by a
 555 critical incident rapid response team is required for all child
 556 deaths reported to the department if the child or another child
 557 in his or her family was the subject of a verified report of
 558 suspected abuse or neglect in the previous 12 months. The
 559 secretary may direct an immediate investigation for other cases
 560 involving serious injury to a child.

561 (3) Each investigation shall be conducted by a team of at
 562 least five professionals with expertise in child protection,
 563 child welfare, and organizational management. The team may be
 564 selected from employees of the department, community-based care
 565 lead agencies, other provider organizations, faculty from the
 566 institute consisting of public and private universities offering
 567 degrees in social work established pursuant to s. 1004.615, or
 568 any other persons with the required expertise. The majority of
 569 the team must reside in judicial circuits outside the location
 570 of the incident. The secretary shall appoint a team leader for
 571 each group assigned to an investigation.

572 (4) An investigation shall be initiated as soon as
 573 possible, but not later than 2 business days after the case is
 574 reported to the department. A preliminary report on each case
 575 shall be provided to the secretary no later than 30 days after

PCB HFS 14-03b

ORIGINAL

YEAR

576 | the investigation begins.

577 | (5) Each member of the team is authorized to access all
 578 | information in the case file.

579 | (6) All employees of the department or other state
 580 | agencies and all personnel from contracted provider
 581 | organizations are required to cooperate with the investigation
 582 | by participating in interviews and timely responding to any
 583 | requests for information.

584 | (7) The secretary shall develop cooperative agreements
 585 | with other entities and organizations as necessary to facilitate
 586 | the work of the team.

587 | (8) The members of the team may be reimbursed by the
 588 | department for per diem, mileage, and other reasonable expenses
 589 | as provided in s. 112.061. The department may also reimburse the
 590 | team member's employer for the associated salary and benefits
 591 | during the time the team member is fulfilling the duties
 592 | required under this section.

593 | (9) Upon completion of the investigation, a final report
 594 | shall be made available to community-based care lead agencies,
 595 | to other organizations involved in the child welfare system, and
 596 | to the public through the department's website.

597 | (10) The secretary, in conjunction with the institute
 598 | established pursuant to s. 1004.615, shall develop guidelines
 599 | for investigations conducted by critical incident rapid response
 600 | teams and provide training to team members. Such guidelines must

PCB HFS 14-03b

ORIGINAL

YEAR

601 direct the teams in the conduct of a root-cause analysis that
 602 identifies, classifies, and attributes responsibility for both
 603 direct and latent causes for the death or other incident,
 604 including organizational factors, preconditions, and specific
 605 acts or omissions resulting from either error or a violation of
 606 procedures.

607 (11) The secretary shall appoint an advisory committee
 608 made up of experts in child protection and child welfare to make
 609 an independent review of investigative reports from the critical
 610 incident rapid response teams and make recommendations to
 611 improve policies and practices related to child protection and
 612 child welfare services. By October 1 of each year, the advisory
 613 committee shall make an annual report to the secretary,
 614 including findings and recommendations. The secretary shall
 615 submit the report to the Governor, the President of the Senate,
 616 and the Speaker of the House of Representatives.

617 Section 5. Section 39.2022, Florida Statutes, is created to
 618 read:

619 39.2022 Public disclosure of child deaths reported to the
 620 child abuse hotline.—

621 (1) It is the intent of the Legislature to provide prompt
 622 disclosure of the basic facts of all deaths of children from
 623 birth through 18 years of age which occur in this state and
 624 which are reported to the department's child abuse hotline.
 625 Disclosure shall be posted on the department's public website.

PCB HFS 14-03b

ORIGINAL

YEAR

626 This section does not limit the public access to records under
627 any other provision of law.

628 (2) If a child death is reported to the child abuse
629 hotline, the department shall post on its website all of the
630 following:

631 (a) Age, race, and gender of the child.

632 (b) Date of the child's death.

633 (c) Allegations of the cause of death or the preliminary
634 cause of death, until verified, at which time the verified cause
635 of death will also be posted.

636 (d) County and placement of the child at the time of the
637 incident leading to the child's death, if applicable.

638 (e) Name of the community-based care lead agency, case
639 management agency, or out-of-home licensing agency involved with
640 the child, family, or licensed caregiver, if applicable.

641 (f) Whether the child has been the subject of any prior
642 verified reports to the department's child abuse hotline.

643 Section 6. Paragraph (a) of subsection (9) of section
644 39.301, Florida Statutes, is amended to read:

645 39.301 Initiation of protective investigations.—

646 (9)(a) For each report received from the central abuse
647 hotline and accepted for investigation, the department or the
648 sheriff providing child protective investigative services under
649 s. 39.3065, shall perform the following child protective
650 investigation activities to determine child safety:

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

651 1. Conduct a review of all relevant, available information
 652 specific to the child and family and alleged maltreatment;
 653 family child welfare history; local, state, and federal criminal
 654 records checks; and requests for law enforcement assistance
 655 provided by the abuse hotline. Based on a review of available
 656 information, including the allegations in the current report, a
 657 determination shall be made as to whether immediate consultation
 658 should occur with law enforcement, the child protection team, a
 659 domestic violence shelter or advocate, or a substance abuse or
 660 mental health professional. Such consultations should include
 661 discussion as to whether a joint response is necessary and
 662 feasible. A determination shall be made as to whether the person
 663 making the report should be contacted before the face-to-face
 664 interviews with the child and family members.

665 2. Conduct face-to-face interviews with the child; other
 666 siblings, if any; and the parents, legal custodians, or
 667 caregivers.

668 3. Assess the child's residence, including a determination
 669 of the composition of the family and household, including the
 670 name, address, date of birth, social security number, sex, and
 671 race of each child named in the report; any siblings or other
 672 children in the same household or in the care of the same
 673 adults; the parents, legal custodians, or caregivers; and any
 674 other adults in the same household.

675 4. Determine whether there is any indication that any

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

676 child in the family or household has been abused, abandoned, or
 677 neglected; the nature and extent of present or prior injuries,
 678 abuse, or neglect, and any evidence thereof; and a determination
 679 as to the person or persons apparently responsible for the
 680 abuse, abandonment, or neglect, including the name, address,
 681 date of birth, social security number, sex, and race of each
 682 such person.

683 5. Complete assessment of immediate child safety for each
 684 child based on available records, interviews, and observations
 685 with all persons named in subparagraph 2. and appropriate
 686 collateral contacts, which may include other professionals. The
 687 department's child protection investigators are hereby
 688 designated a criminal justice agency for the purpose of
 689 accessing criminal justice information to be used for enforcing
 690 this state's laws concerning the crimes of child abuse,
 691 abandonment, and neglect. This information shall be used solely
 692 for purposes supporting the detection, apprehension,
 693 prosecution, pretrial release, posttrial release, or
 694 rehabilitation of criminal offenders or persons accused of the
 695 crimes of child abuse, abandonment, or neglect and may not be
 696 further disseminated or used for any other purpose.

697 6. Document the present and impending dangers to each
 698 child based on the identification of inadequate protective
 699 capacity through utilization of a standardized safety assessment
 700 instrument. If present or impending danger is identified, the

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

701 child protective investigator must implement a safety plan that
 702 is specific, sufficient, feasible, and sustainable in response
 703 to the realities of the present or impending danger. A safety
 704 plan may be exclusively an in-home plan, an out of home plan, or
 705 a combination of both. The child protective investigator shall
 706 collaborate with the community-based care lead agency in the
 707 development of the safety plan as necessary to ensure it is
 708 specific, sufficient, feasible, and sustainable. A safety plan
 709 may not rely on promissory commitments by the parent, caregiver,
 710 or legal custodian who is currently not able to protect the
 711 child or on services that are not available or will not result
 712 in safety. A safety plan may not be implemented if for any
 713 reason the parents, guardian, or legal custodian lacks the
 714 capacity or ability to comply, or if the department is not able
 715 to develop a plan that is specific, sufficient, feasible, and
 716 sustainable, but the department shall instead file a petition
 717 for adjudication of dependency. A child protective investigator
 718 shall support the implementation of separate safety plans for
 719 the perpetrator of domestic violence and the parent who is a
 720 victim of domestic violence, as defined in s. 741.28. The
 721 victim parent's safety plan shall not be shared with the
 722 perpetrator. The child protective investigator shall monitor the
 723 implementation of the plan as necessary to ensure child safety
 724 until the case is transferred to the lead agency, at which time
 725 the lead agency shall monitor the implementation. If a parent,

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

726 guardian, or legal custodian fails to comply with the safety
 727 plan, the department shall file a petition for adjudication of
 728 dependency.

729 (a) If present danger is identified, the child protective
 730 investigator shall create and implement the plan before leaving
 731 the home or the location where there is present danger.

732 ~~(b) Upon completion of the immediate safety assessment, the~~
 733 ~~department shall determine the additional activities necessary~~
 734 ~~to assess impending dangers, if any, and close the~~
 735 ~~investigation. If impending danger is identified, the child~~
 736 protective investigator shall create and implement a safety plan
 737 as soon as necessary to protect the safety of the child. He or
 738 she may modify the plan if he or she identifies additional
 739 impending danger.

740 (14) (a) If the department or its agent determines that a
 741 child requires immediate or long-term protection through:

- 742 ~~1-~~ medical or other health care; or
- 743 ~~2-~~ homemaker care, day care, protective supervision, or
- 744 other services to stabilize the home environment, including
- 745 intensive family preservation services through the Intensive
- 746 Crisis Counseling Program,

747
 748 such services shall first be offered for voluntary acceptance
 749 unless:

- 750 1. There are high-risk factors that may impact the ability

PCB HFS 14-03b

ORIGINAL

YEAR

751 of the parents or legal custodians to exercise judgment. Such
 752 factors may include the parents' or legal custodians' young age
 753 or history of substance abuse, mental illness, or domestic
 754 violence; or

755 2. There is a high likelihood of lack of compliance with
 756 voluntary services, and such noncompliance would result in the
 757 child being unsafe.

758 (b) The parents or legal custodians shall be informed of
 759 the right to refuse services, as well as the responsibility of
 760 the department to protect the child regardless of the acceptance
 761 or refusal of services. If the services are refused, a
 762 collateral contact shall include a relative, if the protective
 763 investigator has knowledge of and the ability to contact a
 764 relative. If the services are refused and the department deems
 765 that the child's need for protection ~~se~~ requires services, the
 766 department shall take the child into protective custody or
 767 petition the court as provided in this chapter. At any time
 768 after the commencement of a protective investigation, a relative
 769 may submit in writing to the protective investigator or case
 770 manager a request to receive notification of all proceedings and
 771 hearings in accordance with s. 39.502. The request shall include
 772 the relative's name, address, and phone number and the
 773 relative's relationship to the child. The protective
 774 investigator or case manager shall forward such request to the
 775 attorney for the department. The failure to provide notice to

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

776 either a relative who requests it pursuant to this subsection or
 777 to a relative who is providing out-of-home care for a child may
 778 not result in any previous action of the court at any stage or
 779 proceeding in dependency or termination of parental rights under
 780 any part of this chapter being set aside, reversed, modified, or
 781 in any way changed absent a finding by the court that a change
 782 is required in the child's best interests.

783 (c) The department, in consultation with the judiciary,
 784 shall adopt by rule:

785 1. Criteria that are factors requiring that the department
 786 take the child into custody, petition the court as provided in
 787 this chapter, or, if the child is not taken into custody or a
 788 petition is not filed with the court, conduct an administrative
 789 review. Such factors must include, but are not limited to,
 790 noncompliance with a safety plan or the case plan developed by
 791 the department, or its agent, and the family under this chapter,
 792 and prior abuse reports with findings that involve the child, a
 793 sibling, or caregiver.

794 2. Requirements that if after an administrative review the
 795 department determines not to take the child into custody or
 796 petition the court, the department shall document the reason for
 797 its decision in writing and include it in the investigative
 798 file. For all cases that were accepted by the local law
 799 enforcement agency for criminal investigation pursuant to
 800 subsection (2), the department must include in the file written

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

801 documentation that the administrative review included input from
 802 law enforcement. In addition, for all cases that must be
 803 referred to child protection teams pursuant to s. 39.303(2) and
 804 (3), the file must include written documentation that the
 805 administrative review included the results of the team's
 806 evaluation. ~~Factors that must be included in the development of~~
 807 ~~the rule include noncompliance with the case plan developed by~~
 808 ~~the department, or its agent, and the family under this chapter~~
 809 ~~and prior abuse reports with findings that involve the child or~~
 810 ~~caregiver.~~

811 Section 7. Section 39.303, Florida Statutes, is amended to
 812 read:

813 39.303 Child protection teams; services; eligible cases.—
 814 The Children's Medical Services Program in the Department of
 815 Health shall develop, maintain, and coordinate the services of
 816 one or more multidisciplinary child protection teams in each of
 817 the service districts of the Department of Children and Family
 818 Services. Such teams may be composed of appropriate
 819 representatives of school districts and appropriate health,
 820 mental health, social service, legal service, and law
 821 enforcement agencies. ~~The Legislature finds that optimal~~
 822 ~~coordination of child protection teams and sexual abuse~~
 823 ~~treatment programs requires collaboration between~~ The Department
 824 of Health and the Department of Children and Families ~~Family~~
 825 ~~Services.~~ The two departments shall maintain an interagency

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

826 agreement that establishes protocols for oversight and
 827 operations of child protection teams and sexual abuse treatment
 828 programs. The State Surgeon General and the Deputy Secretary for
 829 Children's Medical Services, in consultation with the Secretary
 830 of Children and Family Services, shall maintain the
 831 responsibility for the screening, employment, and, if necessary,
 832 the termination of child protection team medical directors, at
 833 headquarters and in the 15 districts. Child protection team
 834 medical directors shall be responsible for oversight of the
 835 teams in the districts.

836 (1) The Department of Health shall use ~~utilize~~ and convene
 837 the teams to supplement the assessment and protective
 838 supervision activities of the family safety and preservation
 839 program of the Department of Children and Families ~~Family~~
 840 ~~Services~~. ~~Nothing in~~ This section does not ~~shall be construed to~~
 841 remove or reduce the duty and responsibility of any person to
 842 report pursuant to this chapter all suspected or actual cases of
 843 child abuse, abandonment, or neglect or sexual abuse of a child.
 844 The role of the teams shall be to support activities of the
 845 program and to provide services deemed by the teams to be
 846 necessary and appropriate to abused, abandoned, and neglected
 847 children upon referral. The specialized diagnostic assessment,
 848 evaluation, coordination, consultation, and other supportive
 849 services that a child protection team shall be capable of
 850 providing include, but are not limited to, the following:

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

851 (a) Medical diagnosis and evaluation services, including
 852 provision or interpretation of X rays and laboratory tests, and
 853 related services, as needed, and documentation of related
 854 findings ~~relative thereto~~.

855 (b) Telephone consultation services in emergencies and in
 856 other situations.

857 (c) Medical evaluation related to abuse, abandonment, or
 858 neglect, as defined by policy or rule of the Department of
 859 Health.

860 (d) Such psychological and psychiatric diagnosis and
 861 evaluation services for the child or the child's parent or
 862 parents, legal custodian or custodians, or other caregivers, or
 863 any other individual involved in a child abuse, abandonment, or
 864 neglect case, as the team may determine to be needed.

865 (e) Expert medical, psychological, and related
 866 professional testimony in court cases.

867 (f) Case staffings to develop treatment plans for children
 868 whose cases have been referred to the team. A child protection
 869 team may provide consultation with respect to a child who is
 870 alleged or is shown to be abused, abandoned, or neglected, which
 871 consultation shall be provided at the request of a
 872 representative of the family safety and preservation program or
 873 at the request of any other professional involved with a child
 874 or the child's parent or parents, legal custodian or custodians,
 875 or other caregivers. In every such child protection team case

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

876 staffing, consultation, or staff activity involving a child, a
 877 family safety and preservation program representative shall
 878 attend and participate.

879 (g) Case service coordination and assistance, including
 880 the location of services available from other public and private
 881 agencies in the community.

882 (h) Such training services for program and other employees
 883 of the Department of Children and Families ~~Family Services~~,
 884 employees of the Department of Health, and other medical
 885 professionals as is deemed appropriate to enable them to develop
 886 and maintain their professional skills and abilities in handling
 887 child abuse, abandonment, and neglect cases.

888 (i) Educational and community awareness campaigns on child
 889 abuse, abandonment, and neglect in an effort to enable citizens
 890 more successfully to prevent, identify, and treat child abuse,
 891 abandonment, and neglect in the community.

892 (j) Child protection team assessments that include, as
 893 appropriate, medical evaluations, medical consultations, family
 894 psychosocial interviews, specialized clinical interviews, or
 895 forensic interviews.

896
 897 All medical personnel participating on a child protection team
 898 must successfully complete the required child protection team
 899 training curriculum as set forth in protocols determined by the
 900 Deputy Secretary for Children's Medical Services and the

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

901 Statewide Medical Director for Child Protection. A child
 902 protection team that is evaluating a report of medical neglect
 903 and assessing the health care needs of a medically complex child
 904 shall involve a physician who has experience in treating
 905 children with the same condition. Such physician may include
 906 but not be limited to a child protection team participant, the
 907 child's treating physician, a physician within the Children's
 908 Medical Services network, or a specialist.

909 (2) The child abuse, abandonment, and neglect reports that
 910 must be referred by the department to child protection teams of
 911 the Department of Health for an assessment and other appropriate
 912 available support services as set forth in subsection (1) must
 913 include cases involving:

914 (a) Injuries to the head, bruises to the neck or head,
 915 burns, or fractures in a child of any age.

916 (b) Bruises anywhere on a child 5 years of age or under.

917 (c) Any report alleging sexual abuse of a child.

918 (d) Any sexually transmitted disease in a prepubescent
 919 child.

920 (e) Reported malnutrition of a child and failure of a
 921 child to thrive.

922 (f) Reported medical neglect of a child.

923 (g) Any family in which one or more children have been
 924 pronounced dead on arrival at a hospital or other health care
 925 facility, or have been injured and later died, as a result of

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

926 suspected abuse, abandonment, or neglect, when any sibling or
 927 other child remains in the home.

928 (h) Symptoms of serious emotional problems in a child when
 929 emotional or other abuse, abandonment, or neglect is suspected.

930 (3) All abuse and neglect cases transmitted for
 931 investigation to a district by the hotline must be
 932 simultaneously transmitted to the Department of Health child
 933 protection team for review. For the purpose of determining
 934 whether face-to-face medical evaluation by a child protection
 935 team is necessary, all cases transmitted to the child protection
 936 team which meet the criteria in subsection (2) must be timely
 937 reviewed by:

938 (a) A physician licensed under chapter 458 or chapter 459
 939 who holds board certification in pediatrics and is a member of a
 940 child protection team;

941 (b) A physician licensed under chapter 458 or chapter 459
 942 who holds board certification in a specialty other than
 943 pediatrics, who may complete the review only when working under
 944 the direction of a physician licensed under chapter 458 or
 945 chapter 459 who holds board certification in pediatrics and is a
 946 member of a child protection team;

947 (c) An advanced registered nurse practitioner licensed
 948 under chapter 464 who has a specialty ~~speciality~~ in pediatrics
 949 or family medicine and is a member of a child protection team;

950 (d) A physician assistant licensed under chapter 458 or

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

951 chapter 459, who may complete the review only when working under
952 the supervision of a physician licensed under chapter 458 or
953 chapter 459 who holds board certification in pediatrics and is a
954 member of a child protection team; or

955 (e) A registered nurse licensed under chapter 464, who may
956 complete the review only when working under the direct
957 supervision of a physician licensed under chapter 458 or chapter
958 459 who holds certification in pediatrics and is a member of a
959 child protection team.

960 (4) A face-to-face medical evaluation by a child
961 protection team is not necessary when:

962 (a) The child was examined for the alleged abuse or
963 neglect by a physician who is not a member of the child
964 protection team, and a consultation between the child protection
965 team board-certified pediatrician, advanced registered nurse
966 practitioner, physician assistant working under the supervision
967 of a child protection team board-certified pediatrician, or
968 registered nurse working under the direct supervision of a child
969 protection team board-certified pediatrician, and the examining
970 physician concludes that a further medical evaluation is
971 unnecessary;

972 (b) The child protective investigator, with supervisory
973 approval, has determined, after conducting a child safety
974 assessment, that there are no indications of injuries as
975 described in paragraphs (2)(a)-(h) as reported; or

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

976 (c) The child protection team board-certified
 977 pediatrician, as authorized in subsection (3), determines that a
 978 medical evaluation is not required.

979
 980 Notwithstanding paragraphs (a), (b), and (c), a child protection
 981 team pediatrician, as authorized in subsection (3), may
 982 determine that a face-to-face medical evaluation is necessary.

983 (5) In all instances in which a child protection team is
 984 providing certain services to abused, abandoned, or neglected
 985 children, other offices and units of the Department of Health,
 986 and offices and units of the Department of Children and Families
 987 ~~Family Services~~, shall avoid duplicating the provision of those
 988 services.

989 (6) The Department of Health child protection team quality
 990 assurance program and the Department of Children and Families
 991 ~~Family Services~~' Family Safety Program Office quality assurance
 992 program shall collaborate to ensure referrals and responses to
 993 child abuse, abandonment, and neglect reports are appropriate.
 994 Each quality assurance program shall include a review of records
 995 in which there are no findings of abuse, abandonment, or
 996 neglect, and the findings of these reviews shall be included in
 997 each department's quality assurance reports.

998 Section 8. Section 39.3068, Florida Statutes, is created to
 999 read:

1000 39.3068 Reports of Medical Neglect.-

PCB HFS 14-03b

ORIGINAL

YEAR

1001 (1) Upon receiving a report alleging medical neglect, the
 1002 department or sheriff's office shall assign the case to a child
 1003 protective investigator who has specialized training in
 1004 addressing medical neglect or working with medically complex
 1005 children.

1006 (2) The child protective investigator who has interacted
 1007 with the child and the child's family shall promptly contact and
 1008 provide information to the child protection team. The child
 1009 protection team shall assist the child protective investigator
 1010 in identifying immediate responses to address the medical needs
 1011 of the child with the priority of maintaining the child in the
 1012 home if the parents will be able to meet the needs of the child
 1013 with additional services. The child protective investigator and
 1014 the child protection team must use a family-centered approach to
 1015 assess the capacity of the family to meet those needs. A
 1016 family-centered approach is intended to increase independence on
 1017 the part of the family, accessibility to programs and services
 1018 within the community, and collaboration between families and
 1019 their service providers. The ethnic, cultural, economic, racial,
 1020 social, and religious diversity of families must be respected
 1021 and considered in the development and provision of services.

1022 (3) The child shall be evaluated by the child protection
 1023 team as soon as practicable. After receipt of the report from
 1024 the child protection team, the department shall have a case
 1025 staffing which shall be attended, at a minimum, by the child

PCB HFS 14-03b

ORIGINAL

YEAR

1026 protective investigator, department legal staff, and
 1027 representatives from the child protection team which evaluated
 1028 the child, Children's Medical Services, the Agency for Health
 1029 Care Administration, the community-based care lead agency, and
 1030 any providers of services to the child. However, the Agency for
 1031 Health Care Administration is not required to attend the
 1032 staffing if the child is not Medicaid eligible. The staffing
 1033 shall, at a minimum, consider which services are available given
 1034 the family's eligibility for services, and effective in
 1035 addressing issues leading to medical neglect allegations that
 1036 would enable the child to safely remain at home. If such
 1037 services are available and effective, they shall be provided.

1038 Section 9. Paragraph (h) of subsection (8) and subsection
 1039 (9) of section 39.402, Florida Statutes, are amended to read:

1040 39.402 Placement in a shelter.-

1041 (8)

1042 (h) The order for placement of a child in shelter care
 1043 must identify the parties present at the hearing and must
 1044 contain written findings:

1045 1. That placement in shelter care is necessary based on
 1046 the criteria in subsections (1) and (2).

1047 2. That placement in shelter care is in the best interest
 1048 of the child.

1049 3. That continuation of the child in the home is contrary
 1050 to the welfare of the child because the home situation presents

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1051 a substantial and immediate danger to the child's physical,
 1052 mental, or emotional health or safety which cannot be mitigated
 1053 by the provision of preventive services.

1054 4. That based upon the allegations of the petition for
 1055 placement in shelter care, there is probable cause to believe
 1056 that the child is dependent or that the court needs additional
 1057 time, which may not exceed 72 hours, in which to obtain and
 1058 review documents pertaining to the family in order to
 1059 appropriately determine the risk to the child.

1060 5. That the department has made reasonable efforts to
 1061 prevent or eliminate the need for removal of the child from the
 1062 home. A finding of reasonable effort by the department to
 1063 prevent or eliminate the need for removal may be made and the
 1064 department is deemed to have made reasonable efforts to prevent
 1065 or eliminate the need for removal if:

1066 a. The first contact of the department with the family
 1067 occurs during an emergency;

1068 b. The appraisal of the home situation by the department
 1069 indicates that the home situation presents a substantial and
 1070 immediate danger to the child's physical, mental, or emotional
 1071 health or safety which cannot be mitigated by the provision of
 1072 preventive services;

1073 c. The child cannot safely remain at home, either because
 1074 there are no preventive services that can ensure the health and
 1075 safety of the child or because, even with appropriate and

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1076 available services being provided, the health and safety of the
 1077 child cannot be ensured; or

1078 d. The parent or legal custodian is alleged to have
 1079 committed any of the acts listed as grounds for expedited
 1080 termination of parental rights in s. 39.806(1)(f)-(i).

1081 6. That the department has made reasonable efforts to keep
 1082 siblings together if they are removed and placed in out-of-home
 1083 care unless such a placement is not in the best interest of each
 1084 child. The department shall report to the court its efforts to
 1085 place siblings together unless the court finds that such
 1086 placement is not in the best interest of a child or his or her
 1087 sibling.

1088 ~~7.6.~~ That the court notified the parents, relatives that
 1089 are providing out-of-home care for the child, or legal
 1090 custodians of the time, date, and location of the next
 1091 dependency hearing and of the importance of the active
 1092 participation of the parents, relatives that are providing out-
 1093 of-home care for the child, or legal custodians in all
 1094 proceedings and hearings.

1095 ~~8.7.~~ That the court notified the parents or legal
 1096 custodians of their right to counsel to represent them at the
 1097 shelter hearing and at each subsequent hearing or proceeding,
 1098 and the right of the parents to appointed counsel, pursuant to
 1099 the procedures set forth in s. 39.013.

1100 ~~9.8.~~ That the court notified relatives who are providing

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1101 out-of-home care for a child as a result of the shelter petition
 1102 being granted that they have the right to attend all subsequent
 1103 hearings, to submit reports to the court, and to speak to the
 1104 court regarding the child, if they so desire.

1105 (9) (a) At any shelter hearing, the department shall
 1106 provide to the court a recommendation for scheduled contact
 1107 between the child and parents, if appropriate. The court shall
 1108 determine visitation rights absent a clear and convincing
 1109 showing that visitation is not in the best interest of the
 1110 child. Any order for visitation or other contact must conform to
 1111 ~~the provisions of~~ s. 39.0139. If visitation is ordered but will
 1112 not commence within 72 hours of the shelter hearing, the
 1113 department shall provide justification to the court.

1114 (b) If siblings who are removed from the home cannot be
 1115 placed together, the department shall provide to the court a
 1116 recommendation for frequent visitation or other ongoing
 1117 interaction between the siblings unless this interaction would
 1118 be contrary to a sibling's safety or well-being. If visitation
 1119 among siblings is ordered but will not commence within 72 hours
 1120 of the shelter hearing, the department shall provide
 1121 justification to the court for the delay.

1122 Section 10. Paragraph (d) of subsection (3) of section
 1123 39.501, Florida Statutes, is amended to read:

1124 39.501 Petition for dependency.—

1125 (3)

PCB HFS 14-03b

ORIGINAL

YEAR

1126 (d) The petitioner must state in the petition, if known,
 1127 whether:

1128 1. A parent or legal custodian named in the petition has
 1129 previously unsuccessfully participated in voluntary services
 1130 offered by the department;

1131 2. A parent or legal custodian named in the petition has
 1132 participated in mediation and whether a mediation agreement
 1133 exists;

1134 3. A parent or legal custodian has rejected the voluntary
 1135 services offered by the department;

1136 4. A parent or legal custodian named in the petition has
 1137 not fully complied with a safety plan; or

1138 5. ~~4.~~ The department has determined that voluntary services
 1139 are not appropriate for the parent or legal custodian and the
 1140 reasons for such determination.

1141
 1142 If the petitioner is the department, it shall provide all safety
 1143 assessments and safety plans involving the parent or legal
 1144 custodian to the court.

1145 Section 11. Sections (3) and (4) of section 39.604,
 1146 Florida Statutes, are amended to read:

1147 39.604 Rilya Wilson Act; short title; legislative intent;
 1148 requirements; attendance and reporting responsibilities.-

1149 (1) SHORT TITLE.-This section may be cited as the "Rilya
 1150 Wilson Act."

PCB HFS 14-03b

ORIGINAL

YEAR

1151 (2) LEGISLATIVE INTENT.—The Legislature recognizes that
 1152 children who are in the care of the state due to abuse, neglect,
 1153 or abandonment are at increased risk of poor school performance
 1154 and other behavioral and social problems. It is the intent of
 1155 the Legislature that children who are currently in the care of
 1156 the state be provided with an age-appropriate education program
 1157 to help ameliorate the negative consequences of abuse, neglect,
 1158 or abandonment.

1159 (3) REQUIREMENTS.—A child who is age birth ~~3 years~~ to
 1160 school entry, under court ordered protective supervision or in
 1161 the custody of the Family Safety Program Office of the
 1162 Department of Children and Families ~~Family Services~~ or a
 1163 community-based lead agency, and enrolled in a licensed early
 1164 education or child care program must attend ~~be enrolled to~~
 1165 ~~participate~~ in the program 5 days a week. Notwithstanding ~~the~~
 1166 ~~requirements of~~ s. 39.202, the Department of Children and
 1167 Families ~~Family Services~~ must notify operators of the licensed
 1168 early education or child care program, subject to the reporting
 1169 requirements of this act, of the enrollment of any child age ~~3~~
 1170 ~~years~~ birth to school entry, under court ordered protective
 1171 supervision or in the custody of the Family Safety Program
 1172 Office of the Department of Children and Families ~~Family~~
 1173 ~~Services~~ or a community-based lead agency. When a child is
 1174 enrolled in an early education or child care program regulated
 1175 by the department, the child's attendance in the program must be

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1176 a required action in the safety plan or the case plan developed
 1177 for the a child pursuant to this chapter ~~who is enrolled in a~~
 1178 ~~licensed early education or child care program must contain the~~
 1179 ~~participation in this program as a required action.~~ An exemption
 1180 to participating in the licensed early education or child care
 1181 program 5 days a week may be granted by the court.

1182 (4) ATTENDANCE AND REPORTING REQUIREMENTS.—

1183 (a) A child enrolled in a licensed early education or
 1184 child care program who meets the requirements of subsection (3)
 1185 may not be withdrawn from the program without the prior written
 1186 approval of the Family Safety Program Office of the Department
 1187 of Children and Family Services or the community-based lead
 1188 agency.

1189 (b)1. If a child covered by this section is absent from
 1190 the program on a day when he or she is supposed to be present,
 1191 the person with whom the child resides must report the absence
 1192 to the program by the end of the business day. If the person
 1193 with whom the child resides, whether the parent or caregiver,
 1194 fails to timely report the absence, the absence is considered to
 1195 be unexcused. The program shall report any unexcused absence or
 1196 seven consecutive excused absences of a child who is enrolled in
 1197 the program and covered by this act to the local designated
 1198 staff of the Family Safety Program Office of the Department of
 1199 Children and Family Services or the community-based lead agency
 1200 by the end of the business day following the unexcused absence

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1201 or seventh consecutive excused absence.

1202 2. The department or community-based lead agency shall
 1203 conduct a site visit to the residence of the child upon
 1204 receiving a report of two consecutive unexcused absences or
 1205 seven consecutive excused absences.

1206 3. If the site visit results in a determination that the
 1207 child is missing, the department or community-based lead agency
 1208 shall report the child as missing to a law enforcement agency
 1209 and proceed with the necessary actions to locate the child
 1210 pursuant to procedures for locating missing children.

1211 4. If the site visit results in a determination that the
 1212 child is not missing, the parent or caregiver shall be notified
 1213 that failure to ensure that the child attends the licensed early
 1214 education or child care program is a violation of the safety
 1215 plan or case plan. If more than two site visits are conducted
 1216 pursuant to this subsection, staff shall initiate action to
 1217 notify the court of the parent or caregiver's noncompliance with
 1218 the case plan.

1219 Section 12. Paragraph (c) of subsection (2) and
 1220 paragraph (a) of subsection (3) of section 39.701, Florida
 1221 Statutes, is amended to read:

1222 39.701 Judicial review.—

1223 (2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF
 1224 AGE.—

1225 (c) Review determinations.—The court and any citizen

PCB HFS 14-03b

ORIGINAL

YEAR

1226 review panel shall take into consideration the information
 1227 contained in the social services study and investigation and all
 1228 medical, psychological, and educational records that support the
 1229 terms of the case plan; testimony by the social services agency,
 1230 the parent, the foster parent or legal custodian, the guardian
 1231 ad litem or surrogate parent for educational decisionmaking if
 1232 one has been appointed for the child, and any other person
 1233 deemed appropriate; and any relevant and material evidence
 1234 submitted to the court, including written and oral reports to
 1235 the extent of their probative value. These reports and evidence
 1236 may be received by the court in its effort to determine the
 1237 action to be taken with regard to the child and may be relied
 1238 upon to the extent of their probative value, even though not
 1239 competent in an adjudicatory hearing. In its deliberations, the
 1240 court and any citizen review panel shall seek to determine:
 1241 1. If the parent was advised of the right to receive
 1242 assistance from any person or social service agency in the
 1243 preparation of the case plan.
 1244 2. If the parent has been advised of the right to have
 1245 counsel present at the judicial review or citizen review
 1246 hearings. If not so advised, the court or citizen review panel
 1247 shall advise the parent of such right.
 1248 3. If a guardian ad litem needs to be appointed for the
 1249 child in a case in which a guardian ad litem has not previously
 1250 been appointed or if there is a need to continue a guardian ad

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1251 litem in a case in which a guardian ad litem has been appointed.

1252 4. Who holds the rights to make educational decisions for
 1253 the child. If appropriate, the court may refer the child to the
 1254 district school superintendent for appointment of a surrogate
 1255 parent or may itself appoint a surrogate parent under the
 1256 Individuals with Disabilities Education Act and s. 39.0016.

1257 5. The compliance or lack of compliance of all parties
 1258 with applicable items of the case plan, including the parents'
 1259 compliance with child support orders.

1260 6. The compliance or lack of compliance with a visitation
 1261 contract between the parent and the social service agency for
 1262 contact with the child, including the frequency, duration, and
 1263 results of the parent-child visitation and the reason for any
 1264 noncompliance.

1265 7. The frequency, kind, and duration of sibling contacts
 1266 among siblings who have been separated during placement, as well
 1267 as any efforts undertaken to reunite separated siblings if doing
 1268 so is in the best interest of the child.

1269 8.7. The compliance or lack of compliance of the parent in
 1270 meeting specified financial obligations pertaining to the care
 1271 of the child, including the reason for failure to comply, if
 1272 applicable ~~such is the case.~~

1273 ~~9.8.~~ Whether the child is receiving safe and proper care
 1274 according to s. 39.6012, including, but not limited to, the
 1275 appropriateness of the child's current placement, including

PCB HFS 14-03b

ORIGINAL

YEAR

1276 whether the child is in a setting that is as family-like and as
 1277 close to the parent's home as possible, consistent with the
 1278 child's best interests and special needs, and including
 1279 maintaining stability in the child's educational placement, as
 1280 documented by assurances from the community-based care provider
 1281 that:

1282 a. The placement of the child takes into account the
 1283 appropriateness of the current educational setting and the
 1284 proximity to the school in which the child is enrolled at the
 1285 time of placement.

1286 b. The community-based care agency has coordinated with
 1287 appropriate local educational agencies to ensure that the child
 1288 remains in the school in which the child is enrolled at the time
 1289 of placement.

1290 9. A projected date likely for the child's return home or
 1291 other permanent placement.

1292 11.10. When appropriate, the basis for the unwillingness
 1293 or inability of the parent to become a party to a case plan. The
 1294 court and the citizen review panel shall determine if the
 1295 efforts of the social service agency to secure party
 1296 participation in a case plan were sufficient.

1297 12.11. For a child who has reached 13 years of age but is
 1298 not yet 18 years of age, the adequacy of the child's preparation
 1299 for adulthood and independent living.

1300 13.12. If amendments to the case plan are required.

PCB HFS 14-03b

ORIGINAL

YEAR

1301 Amendments to the case plan must be made under s. 39.6013.
 1302 (3) REVIEW HEARINGS FOR CHILDREN 17 YEARS OF AGE.—
 1303 (a) In addition to the review and report required under
 1304 paragraphs (1)(a) and (2)(a), respectively, the court shall hold
 1305 a judicial review hearing within 90 days after a child's 17th
 1306 birthday. The court shall also issue an order, separate from the
 1307 order on judicial review, that the disability of nonage of the
 1308 child has been removed pursuant to ss. 743.044, 743.045, and
 1309 743.046, and for any of these disabilities that the court finds
 1310 is in the child's best interest to remove. The court ~~s. 743.045~~
 1311 ~~and~~ shall continue to hold timely judicial review hearings. If
 1312 necessary, the court may review the status of the child more
 1313 frequently during the year before the child's 18th birthday. At
 1314 each review hearing held under this subsection, in addition to
 1315 any information or report provided to the court by the foster
 1316 parent, legal custodian, or guardian ad litem, the child shall
 1317 be given the opportunity to address the court with any
 1318 information relevant to the child's best interest, particularly
 1319 in relation to independent living transition services. The
 1320 department shall include in the social study report for judicial
 1321 review written verification that the child has:
 1322 1. A current Medicaid card and all necessary information
 1323 concerning the Medicaid program sufficient to prepare the child
 1324 to apply for coverage upon reaching the age of 18, if such
 1325 application is appropriate.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1326 2. A certified copy of the child's birth certificate and,
 1327 if the child does not have a valid driver license, a Florida
 1328 identification card issued under s. 322.051.

1329 3. A social security card and information relating to
 1330 social security insurance benefits if the child is eligible for
 1331 those benefits. If the child has received such benefits and they
 1332 are being held in trust for the child, a full accounting of
 1333 these funds must be provided and the child must be informed as
 1334 to how to access those funds.

1335 4. All relevant information related to the Road-to-
 1336 Independence Program, including, but not limited to, eligibility
 1337 requirements, information on participation, and assistance in
 1338 gaining admission to the program. If the child is eligible for
 1339 the Road-to-Independence Program, he or she must be advised that
 1340 he or she may continue to reside with the licensed family home
 1341 or group care provider with whom the child was residing at the
 1342 time the child attained his or her 18th birthday, in another
 1343 licensed family home, or with a group care provider arranged by
 1344 the department.

1345 5. An open bank account or the identification necessary to
 1346 open a bank account and to acquire essential banking and
 1347 budgeting skills.

1348 6. Information on public assistance and how to apply for
 1349 public assistance.

1350 7. A clear understanding of where he or she will be living

PCB HFS 14-03b

ORIGINAL

YEAR

1351 on his or her 18th birthday, how living expenses will be paid,
 1352 and the educational program or school in which he or she will be
 1353 enrolled.

1354 8. Information related to the ability of the child to
 1355 remain in care until he or she reaches 21 years of age under s.
 1356 39.013.

1357 9. A letter providing the dates that the child is under
 1358 the jurisdiction of the court.

1359 10. A letter stating that the child is in compliance with
 1360 financial aid documentation requirements.

1361 11. The child's educational records.

1362 12. The child's entire health and mental health records.

1363 13. The process for accessing his or her case file.

1364 14. A statement encouraging the child to attend all
 1365 judicial review hearings occurring after the child's 17th
 1366 birthday.

1367 Section 13. Subsection (2) of section 39.802, Florida
 1368 Statutes, is amended to read:

1369 39.802 Petition for termination of parental rights;
 1370 filing; elements.-

1371 (2) The form of the petition is governed by the Florida
 1372 Rules of Juvenile Procedure. The petition must be in writing and
 1373 signed by the petitioner ~~or, if the department is the~~
 1374 ~~petitioner, by an employee of the department,~~ under oath stating
 1375 the petitioner's good faith in filing the petition.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1376 Section 14. Paragraph (g) of subsection (1) of section
 1377 68.212, Florida Statutes, is amended to read:
 1378 63.212 Prohibited acts; penalties for violation.-
 1379 (1) It is unlawful for any person:
 1380 (g) Except an adoption entity, to advertise or offer to
 1381 the public, in any way, by any medium whatever that a minor is
 1382 available for adoption or that a minor is sought for adoption;
 1383 and, further, it is unlawful for any person to publish or
 1384 broadcast any such advertisement or assist an unlicensed person
 1385 or entity in publishing or broadcasting any such advertisement
 1386 without including a Florida license number of the agency or
 1387 attorney placing the advertisement.
 1388 1. Only a person who is an attorney licensed to practice
 1389 law in this state or an adoption entity licensed under the laws
 1390 of this state may place a paid advertisement or paid listing of
 1391 the person's telephone number, on the person's own behalf, in a
 1392 telephone directory that:
 1393 a. A child is offered or wanted for adoption; or
 1394 b. The person is able to place, locate, or receive a child
 1395 for adoption.
 1396 2. A person who publishes a telephone directory that is
 1397 distributed in this state+
 1398 ~~a-~~ shall include, at the beginning of any classified
 1399 heading for adoption and adoption services, a statement that
 1400 informs directory users that only attorneys licensed to practice

PCB HFS 14-03b

ORIGINAL

YEAR

1401 law in this state and licensed adoption entities may legally
 1402 provide adoption services under state law.

1403 3. b. Any person who places ~~may publish~~ an advertisement
 1404 described in subparagraph 1. in ~~a the~~ telephone directory must
 1405 include only if the advertisement contains the following
 1406 information:

1407 (I) For an attorney licensed to practice law in this
 1408 state, the person's Florida Bar number.

1409 (II) For a child placing agency licensed under the laws of
 1410 this state, the number on the person's adoption entity license.

1411 Section 15. Subsection (1) and paragraph (c) of subsection
 1412 (3) of section 383.402, Florida Statutes, are amended to read:

1413 383.402 Child abuse death review; State Child Abuse Death
 1414 Review Committee; local child abuse death review committees.-

1415 (1) It is the intent of the Legislature to establish a
 1416 statewide multidisciplinary, multiagency child abuse death
 1417 assessment and prevention system that consists of state and
 1418 local review committees. The state and local review committees
 1419 shall review the facts and circumstances of all deaths of
 1420 children from birth through age 18 which occur in this state and
 1421 are reported to the child abuse hotline of the Department of
 1422 Children and Families ~~as the result of verified child abuse or~~
 1423 ~~neglect.~~ The purpose of the review shall be to:

1424 (a) Achieve a greater understanding of the causes and
 1425 contributing factors of deaths resulting from child abuse.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1426 (b) Whenever possible, develop a communitywide approach to
 1427 address such cases and contributing factors.

1428 (c) Identify any gaps, deficiencies, or problems in the
 1429 delivery of services to children and their families by public
 1430 and private agencies which may be related to deaths that are the
 1431 result of child abuse.

1432 (d) Make and implement recommendations for changes in law,
 1433 rules, and policies, as well as develop practice standards that
 1434 support the safe and healthy development of children and reduce
 1435 preventable child abuse deaths.

1436 (3) The State Child Abuse Death Review Committee shall:

1437 (c) Prepare an annual statistical report on the incidence
 1438 and causes of death resulting from reported child abuse in the
 1439 state during the prior calendar year. The state committee shall
 1440 submit a copy of the report by October 1 ~~December 31~~ of each
 1441 year to the Governor, the President of the Senate, and the
 1442 Speaker of the House of Representatives. The report must include
 1443 recommendations for state and local action, including specific
 1444 policy, procedural, regulatory, or statutory changes, and any
 1445 other recommended preventive action.

1446 Section 16. Subsections (3) and (5) of section 402.40,
 1447 Florida Statutes, are amended to read:

1448 402.40 Child welfare training and certification.—

1449 (3) THIRD-PARTY CREDENTIALING ENTITIES.—The department
 1450 shall approve one or more third-party credentialing entities for

PCB HFS 14-03b

ORIGINAL

YEAR

1451 the purpose of developing and administering child welfare
 1452 certification programs for persons who provide child welfare
 1453 services. A third-party credentialing entity shall request such
 1454 approval in writing from the department. In order to obtain
 1455 approval, the third-party credentialing entity must:

1456 (a) Establish professional requirements and standards that
 1457 applicants must achieve in order to obtain a child welfare
 1458 certification and to maintain such certification.

1459 (b) Develop and apply core competencies and examination
 1460 instruments according to nationally recognized certification and
 1461 psychometric standards.

1462 (c) Maintain a professional code of ethics and a
 1463 disciplinary process that apply to all persons holding child
 1464 welfare certification.

1465 (d) Maintain a database, accessible to the public, of all
 1466 persons holding child welfare certification, including any
 1467 history of ethical violations.

1468 (e) Require annual continuing education for persons
 1469 holding child welfare certification.

1470 (f) Administer a continuing education provider program to
 1471 ensure that only qualified providers offer continuing education
 1472 opportunities for certificateholders.

1473 (g) Maintain an advisory committee including
 1474 representatives from each region of the department, each
 1475 sheriff's office providing child protective services, and each

PCB HFS 14-03b

ORIGINAL

YEAR

1476 community-based care lead agency, who shall be appointed by the
 1477 organization they represent. The third-party credentialing
 1478 entity may appoint additional members to the advisory committee.

1479 (5) CORE COMPETENCIES AND SPECIALIZATIONS.—

1480 (a) The Department of Children and Families ~~Family~~
 1481 ~~Services~~ shall approve the core competencies and related
 1482 preservice curricula that ensures that each person delivering
 1483 child welfare services obtains the knowledge, skills, and
 1484 abilities to competently carry out his or her work
 1485 responsibilities.

1486 (b) The identification of these core competencies and
 1487 development of preservice curricula shall be a collaborative
 1488 effort that includes professionals who have expertise in child
 1489 welfare services, department-approved third-party credentialing
 1490 entities, and providers that will be affected by the curriculum,
 1491 including, but not limited to, representatives from the
 1492 community-based care lead agencies, sheriffs' offices conducting
 1493 child protection investigations, and child welfare legal
 1494 services providers.

1495 (c) Community-based care agencies, sheriffs' offices, and
 1496 the department may contract for the delivery of preservice and
 1497 any additional training for persons delivering child welfare
 1498 services if the curriculum satisfies the department-approved
 1499 core competencies.

1500 (d) The department may also approve certifications

PCB HFS 14-03b

ORIGINAL

YEAR

1501 involving specializations in serving specific populations or in
 1502 skills relevant to child protection to be awarded by a third-
 1503 party credentialing entity approved pursuant to s. 402.40(3).

1504 (e) (~~d~~) Department-approved credentialing entities shall,
 1505 for a period of at least 12 months after implementation of the
 1506 third-party child welfare certification programs, grant
 1507 reciprocity and award a child welfare certification to
 1508 individuals who hold current department-issued child welfare
 1509 certification in good standing, at no cost to the department or
 1510 the certificateholder.

1511 Section 17. Section 402.402, Florida Statutes, is created
 1512 to read:

1513 402.402 Child protective investigators; child protection
 1514 investigation supervisors; case managers; case manager
 1515 supervisors; department attorneys handling child welfare cases.-

1516 (1) As used in this section, the term:

1517 (a) "Human services related field" means psychology,
 1518 sociology, counseling, special education, human development,
 1519 child development, family development, marriage and family
 1520 therapy, and nursing.

1521 (b) "Relevant coursework" means coursework that imparts
 1522 knowledge and leads to the development of skills with direct
 1523 application to the child protection and child welfare field from
 1524 a college or university social work program accredited by the
 1525 Council on Social Work Education.

PCB HFS 14-03b

ORIGINAL

YEAR

1526 (c) "Child protection and child welfare personnel" includes
 1527 child protective investigators and child protective investigator
 1528 supervisors employed by the department or, beginning July 1,
 1529 2018, a sheriff's office, and case managers and case manager
 1530 supervisors employed by a community-based care lead agency or a
 1531 subcontractor of a community-based care lead agency.

1532 (2) CHILD PROTECTION AND CHILD WELFARE PERSONNEL
 1533 REQUIREMENTS.—

1534 (a) Child protection and child welfare personnel hired on
 1535 or after July 1, 2014, must have one of the following:

1536 1. A bachelor's or a master's degree in social work from a
 1537 college or university social work program accredited by the
 1538 Council on Social Work Education. The individual shall have had
 1539 at least 12 credit hours of relevant coursework.

1540 2. A bachelor's degree or a master's degree in a human-
 1541 services related field and at least 12 credit hours of relevant
 1542 coursework.

1543 3. A bachelor's degree or a master's degree in a human-
 1544 services related field. Within three years of hire, such
 1545 individuals shall complete 12 credit hours of relevant
 1546 coursework. The sequence of courses may be designed to provide
 1547 in-depth knowledge in serving a specific subpopulation or
 1548 developing a specific set of skills relevant to child
 1549 protection. The department shall consult with the institute
 1550 authorized in s. 1004.615 to identify courses available through

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1551 | the consortium of public and private universities in the state
 1552 | offering degrees in social work that fulfills this requirement.

1553 | (b) All child protective investigators and child
 1554 | protective investigation supervisors employed by the department
 1555 | or a sheriff's office shall complete specialized training either
 1556 | focused in serving a specific population, including but not
 1557 | limited to medically fragile children, sexually exploited
 1558 | children, children under the age of three, or families with
 1559 | issues of domestic violence, mental illness, or substance abuse,
 1560 | or in performing certain aspects of child protection practice,
 1561 | such as investigation techniques and analysis of family
 1562 | dynamics. The specialized training may be used to fulfill
 1563 | continuing education requirements pursuant to s. 402.40(2)(e).
 1564 | Individuals hired before July 1, 2014, shall complete the
 1565 | specialized training by June 30, 2016, and those hired on or
 1566 | after July 1, 2014, shall complete the specialized training
 1567 | within two years of hire. An individual may receive specialized
 1568 | training in multiple areas.

1569 | (2) ATTORNEYS EMPLOYED BY THE DEPARTMENT HANDLING CHILD
 1570 | WELFARE CASES.—

1571 | (a) Attorneys employed by the department handling child
 1572 | welfare cases hired on or after July 1, 2014, shall:

1573 | 1. Receive, at a minimum, the same core pre-service
 1574 | training provided to child protective investigators.

1575 | 2. Within 60 days of hiring, shadow an experienced child

PCB HFS 14-03b

ORIGINAL

YEAR

1576 protective investigator and an experienced case manager for at
 1577 least 8 hours each.

1578 Section 18. Section 402.403, Florida Statutes, is created
 1579 to read:

1580 402.403 Child Protection and Child Welfare Personnel
 1581 Tuition Exemption Program.—

1582 (1) There is established within the department the Child
 1583 Protection and Child Welfare Personnel Tuition Exemption Program
 1584 for the purpose of recruiting and retaining high-performing
 1585 individuals who are employed as child protection and child
 1586 welfare personnel, as defined in s. 402.402, and who do not have
 1587 a bachelor's degree or master's degree in social work or the
 1588 required hours of relevant coursework, as defined in and
 1589 required by s. 402.402. The employer of the child protection and
 1590 child welfare personnel may approve the exemption from tuition
 1591 and fees for a state university for child protection and child
 1592 welfare personnel who:

1593 (a) Have been employed as child protection and child
 1594 welfare personnel for at least one year and who are determined
 1595 by their employers to have a high level of performance; and

1596 (b) Are accepted in an upper-division undergraduate or
 1597 graduate level college or university social work program
 1598 accredited by the Council on Social Work Education which leads
 1599 to either a bachelor's degree or a master's degree in social
 1600 work, or are completing 12 credit hours of relevant coursework

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1601 as required under s. 402.403(2)(a)3.

1602 Section 19. Section 402.404, Florida Statutes, is created
1603 to read:

1604 402.404 Child Protective Investigator and Supervisor
1605 Student Loan Forgiveness Program.—

1606 (1) There is established within the department the Florida
1607 Child Protective Investigator and Supervisor Student Loan
1608 Forgiveness Program. The purpose of the program is to increase
1609 employment and retention of high-performing individuals who have
1610 either a bachelor's degree or a master's degree in social work
1611 as child protective investigators or child protective
1612 investigation supervisors with the department or sheriff's
1613 office by making payments toward loans received by students from
1614 federal or state programs or commercial lending institutions for
1615 the support of prior postsecondary study in accredited social
1616 work programs.

1617 (2) In order to be eligible for the program, a candidate
1618 must be employed as a child protective investigator or child
1619 protective investigation supervisor by the department or,
1620 beginning July 1, 2018, a sheriff's office for at least one
1621 year, must be determined by the department or sheriff's office
1622 to have a high level of performance, and must have graduated
1623 from an accredited social work program with either a bachelor's
1624 degree or a master's degree in social work.

1625 (3) Only loans to pay the costs of tuition, books, fees,

PCB HFS 14-03b

ORIGINAL

YEAR

1626 and living expenses shall be covered.

1627 (4) The department may make loan payments of up to \$3,000
 1628 each year for up to 4 years on behalf of selected graduates of
 1629 an accredited social work program from the funds appropriated
 1630 for this purpose. All payments are contingent upon continued
 1631 proof of employment as a child protective investigator or a
 1632 child protective investigation supervisor with the department or
 1633 sheriff's office and made directly to the holder of the loan.

1634 (5) A student who receives a tuition exemption pursuant to
 1635 s. 402.403 is not eligible to participate in the Child
 1636 Protective Investigator and Supervisor Student Loan Forgiveness
 1637 Program.

1638 (6) A community based-care lead agency may provide loan
 1639 forgiveness for case managers and case manager supervisors whom
 1640 it employs or who are employed by its subcontractors.

1641 Section 20. Section 409.165, Florida Statutes, is amended
 1642 to read:

1643 409.165 Alternate care for children.—

1644 (1) Within funds appropriated, the department shall
 1645 establish and supervise a program of emergency shelters, runaway
 1646 shelters, foster homes, group homes, agency-operated group
 1647 treatment homes, nonpsychiatric residential group care
 1648 facilities, psychiatric residential treatment facilities, and
 1649 other appropriate facilities to provide shelter and care for
 1650 dependent children who must be placed away from their families.

PCB HFS 14-03b

ORIGINAL

YEAR

1651 The department, in accordance with outcome ~~established~~ goals
 1652 established in s. 409.986, shall contract for the provision of
 1653 such shelter and care by counties, municipalities, nonprofit
 1654 corporations, and other entities capable of providing needed
 1655 services if:

1656 (a) The services so provided comply with all department
 1657 standards, policies, and procedures ~~are available~~;

1658 (b) The services can be ~~se~~ provided at a reasonable cost
 1659 ~~are more cost-effective than those provided by the department~~;
 1660 and

1661 (c) Unless otherwise provided by law, such providers of
 1662 shelter and care are licensed by the department.

1663
 1664 ~~It is the legislative intent that the~~

1665 (2) Funds appropriated for the alternate care of children
 1666 as described in this section may be used to meet the needs of
 1667 children in their own homes or those of relatives if the
 1668 children can be safely served in such settings ~~their own homes,~~
 1669 ~~or the homes of relatives~~, and the expenditure of funds in such
 1670 manner is equal to or less than the cost of out-of-home
 1671 placement ~~calculated by the department to be an eventual cost~~
 1672 ~~savings over placement of children~~.

1673 (3) ~~(2)~~ The department shall ~~may~~ cooperate with all child
 1674 service institutions or agencies within the state which meet the
 1675 department's standards in order to maintain a comprehensive,

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1676 coordinated, and inclusive system for promoting and protecting
 1677 the well-being of children, consistent with the goals
 1678 established in s. 409.986 ~~rules for proper care and supervision~~
 1679 ~~prescribed by the department for the well-being of children.~~

1680 (a) The department shall work with the Department of
 1681 Health in the development, utilization, and monitoring of
 1682 medical foster homes for medically complex children.

1683 (b) The department shall work with the Agency for Health
 1684 Care Administration and the Agency for Persons with Disabilities
 1685 to provide such home and community-based services as may be
 1686 necessary to maintain medically complex children in the least
 1687 restrictive and most nurturing environment.

1688 (4)-(3) With the written consent of parents, custodians, or
 1689 guardians, or in accordance with those provisions in chapter 39
 1690 that relate to dependent children, the department, under rules
 1691 properly adopted, may place a child:

1692 (a) With a relative;

1693 (b) With an adult nonrelative approved by the court for
 1694 long-term custody;

1695 (c) With a person who is considering the adoption of a
 1696 child in the manner provided for by law;

1697 (d) When limited, except as provided in paragraph (b), to
 1698 temporary emergency situations, with a responsible adult
 1699 approved by the court;

1700 (e) With a person or family approved by the department to

PCB HFS 14-03b

ORIGINAL

YEAR

1701 serve as a medical foster home;
 1702 ~~(f)(e)~~ With a person or agency licensed by the department
 1703 in accordance with s. 409.175; or
 1704 ~~(g)(f)~~ In a subsidized independent living situation,
 1705 subject to the provisions of s. 409.1451(4)(c),
 1706
 1707 under such conditions as are determined to be for the best
 1708 interests or the welfare of the child. Any child placed in an
 1709 institution or in a family home by the department or its agency
 1710 may be removed by the department or its agency, and such other
 1711 disposition may be made as is for the best interest of the
 1712 child, including transfer of the child to another institution,
 1713 another home, or the home of the child. Expenditure of funds
 1714 appropriated for out-of-home care can be used to meet the needs
 1715 of a child in the child's own home or the home of a relative if
 1716 the child can be safely served in the child's own home or that
 1717 of a relative if placement can be avoided by the expenditure of
 1718 such funds, and if the expenditure of such funds in this manner
 1719 is equal to or less than the cost of out-of-home placement
 1720 ~~calculated by the department to be a potential cost savings.~~
 1721 Section 21. Paragraph (c) of subsection (2) of section
 1722 409.967, Florida Statutes, is amended to read:
 1723 409.967 Managed care plan accountability.-
 1724 (2) The agency shall establish such contract requirements
 1725 as are necessary for the operation of the statewide managed care

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1726 program. In addition to any other provisions the agency may deem
 1727 necessary, the contract must require:

1728 (c) Access.—

1729 1. The agency shall establish specific standards for the
 1730 number, type, and regional distribution of providers in managed
 1731 care plan networks to ensure access to care for both adults and
 1732 children. Each plan must maintain a regionwide network of
 1733 providers in sufficient numbers to meet the access standards for
 1734 specific medical services for all recipients enrolled in the
 1735 plan. The exclusive use of mail-order pharmacies may not be
 1736 sufficient to meet network access standards. Consistent with the
 1737 standards established by the agency, provider networks may
 1738 include providers located outside the region. A plan may
 1739 contract with a new hospital facility before the date the
 1740 hospital becomes operational if the hospital has commenced
 1741 construction, will be licensed and operational by January 1,
 1742 2013, and a final order has issued in any civil or
 1743 administrative challenge. Each plan shall establish and maintain
 1744 an accurate and complete electronic database of contracted
 1745 providers, including information about licensure or
 1746 registration, locations and hours of operation, specialty
 1747 credentials and other certifications, specific performance
 1748 indicators, and such other information as the agency deems
 1749 necessary. The database must be available online to both the
 1750 agency and the public and have the capability to compare the

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1751 availability of providers to network adequacy standards and to
 1752 accept and display feedback from each provider's patients. Each
 1753 plan shall submit quarterly reports to the agency identifying
 1754 the number of enrollees assigned to each primary care provider.

1755 2. Each managed care plan must publish any prescribed drug
 1756 formulary or preferred drug list on the plan's website in a
 1757 manner that is accessible to and searchable by enrollees and
 1758 providers. The plan must update the list within 24 hours after
 1759 making a change. Each plan must ensure that the prior
 1760 authorization process for prescribed drugs is readily accessible
 1761 to health care providers, including posting appropriate contact
 1762 information on its website and providing timely responses to
 1763 providers. For Medicaid recipients diagnosed with hemophilia who
 1764 have been prescribed anti-hemophilic-factor replacement
 1765 products, the agency shall provide for those products and
 1766 hemophilia overlay services through the agency's hemophilia
 1767 disease management program.

1768 3. Managed care plans, and their fiscal agents or
 1769 intermediaries, must accept prior authorization requests for any
 1770 service electronically.

1771 4. Managed care plans serving children in the care and
 1772 custody of the Department of Children and Families must maintain
 1773 complete medical, dental, and behavioral health information and
 1774 provide such information to the department for inclusion in the
 1775 state's child welfare data system. Using such documentation, the

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

1776 agency and the department shall determine the plan's compliance
 1777 with standards for access to medical, dental, and behavioral
 1778 health services, the use of psychotropic medications, and
 1779 followup on all medically necessary services recommended as a
 1780 result of early and periodic screening diagnosis and treatment.

1781 Section 22. The Division of Law Revision and Information is
 1782 directed to create part V of chapter 409, Florida Statutes,
 1783 consisting of ss. 409.986-409.998, Florida Statutes, to be
 1784 titled "Community-Based Child Welfare."

1785 Section 23. Section 409.986, Florida Statutes, is created
 1786 to read:

1787 409.986 Legislative findings, intent, and definitions.-

1788 (1) LEGISLATIVE FINDINGS AND INTENT.-

1789 (a) It is the intent of the Legislature that the
 1790 Department of Children and Families provide child protection and
 1791 child welfare services to children through contracting with
 1792 community-based care lead agencies. It is further the
 1793 Legislature's intent that communities and other stakeholders in
 1794 the well-being of children participate in assuring safety,
 1795 permanence, and well-being for all children in the state.

1796 (b) The Legislature finds that, when private entities
 1797 assume responsibility for the care of children in the child
 1798 protection and child welfare system, adequate oversight of the
 1799 programmatic, administrative, and fiscal operation of those
 1800 entities is essential. The Legislature finds that, ultimately,

PCB HFS 14-03b

ORIGINAL

YEAR

1801 the appropriate care of children is the responsibility of the
 1802 state and outsourcing the provision of such care does not
 1803 relieve the state of its responsibility to ensure that
 1804 appropriate care is provided.

1805 (2) CHILD PROTECTION AND CHILD WELFARE OUTCOMES.--It is the
 1806 goal of the department to achieve the following outcomes in
 1807 conjunction with the community-based care lead agency,
 1808 community-based subcontractors, and the community-based care
 1809 alliance:

1810 (a) Children are first and foremost protected from abuse
 1811 and neglect.

1812 (b) Children are safely maintained in their homes if
 1813 possible and appropriate.

1814 (c) Services are provided to protect children and prevent
 1815 removal from the home.

1816 (d) Children have permanency and stability in their living
 1817 arrangements.

1818 (e) Family relationships and connections are preserved for
 1819 children.

1820 (f) Families have enhanced capacity to provide for their
 1821 children's needs.

1822 (g) Children receive appropriate services to meet their
 1823 educational needs.

1824 (h) Children receive adequate services to meet their
 1825 physical and mental health needs.

PCB HFS 14-03b

ORIGINAL

YEAR

1826 (i) Children develop capacity for independent living and
 1827 competence as an adult.

1828 (3) DEFINITIONS.—As used in this part, except as otherwise
 1829 specially provided, the term:

1830 (a) "Child" or "children" means has the same meaning as
 1831 the term "child" as defined in s. 39.01.

1832 (b) "Dependent child" means a child who has been
 1833 determined by the court to be in need of care due to allegations
 1834 of abuse, neglect, or abandonment.

1835 (c) "Care" means services of any kind which are designed
 1836 to facilitate a child remaining safely in his or her own home,
 1837 returning safely to his or her own home if he or she is removed,
 1838 or obtaining an alternative permanent home if he or she cannot
 1839 remain home or be returned home. It shall include, but not be
 1840 limited to, services for prevention, diversion, and related
 1841 services.

1842 (d) "Community-based care lead agency" or "lead agency"
 1843 means a single entity with which the department has a contract
 1844 for the provision of care for children in the child protection
 1845 and child welfare system in a community that is no smaller than
 1846 a county and no larger than two contiguous judicial circuits.
 1847 The secretary of the department may authorize more than one
 1848 eligible lead agency within a single county if doing so will
 1849 result in more effective delivery of services to children.

1850 (e) "Community-based care alliance" or "alliance" means

PCB HFS 14-03b

ORIGINAL

YEAR

1851 the group of stakeholders, community leaders, client
 1852 representatives, and funders of human services established
 1853 pursuant to s. 20.09(5) to provide a focal point for community
 1854 participation and oversight of community-based services.

1855 (f) "Related services" includes, but is not limited to,
 1856 family preservation, independent living, emergency shelter,
 1857 residential group care, foster care, therapeutic foster care,
 1858 intensive residential treatment, foster care supervision, case
 1859 management, coordination of mental health services,
 1860 postplacement supervision, permanent foster care, and family
 1861 reunification.

1862 Section 24. Section 409.987, Florida Statutes, is created
 1863 to read:

1864 409.987 Lead agency procurement.-

1865 (1) Community-based care lead agencies shall be procured
 1866 by the department through a competitive process as required by
 1867 chapter 287.

1868 (2) The department shall produce a schedule for the
 1869 procurement of community-based care lead agencies and provide
 1870 the schedule to the community-based care alliances established
 1871 pursuant to s. 409.998 and post it on the department's website.

1872 (3) Notwithstanding s. 287.057, the department shall use
 1873 5-year contracts with lead agencies.

1874 (4) In order to serve as a lead agency, an entity must:

1875 (a) Be organized as a Florida corporation or a

PCB HFS 14-03b

ORIGINAL

YEAR

1876 governmental entity.
 1877 (b) Be governed by a board of directors or a board
 1878 committee composed of board members. The membership of the
 1879 board of directors or committee must be described in the bylaws
 1880 or articles of incorporation of each lead agency, which must
 1881 provide that at least 75 percent of the membership of the board
 1882 of directors or committee must be composed of persons residing
 1883 in this state, and at least 51 percent of the state residents on
 1884 the board of directors must reside within the service area of
 1885 the lead agency. However, for procurements of lead agency
 1886 contracts initiated on or after July 1, 2014:
 1887 1. At least 75 percent of the membership of the board of
 1888 directors must be persons residing in this state, and at least
 1889 51 percent of the membership of the board of directors must be
 1890 persons residing within the service area of the lead agency. If
 1891 a board committee governs the lead agency, 100 percent of its
 1892 membership must be persons residing within the service area of
 1893 the lead agency.
 1894 2. The board of directors' or board committee's powers
 1895 must include but need not be limited to approving the lead
 1896 agency's budget and setting the lead agency's operational policy
 1897 and procedures. A board of directors must additionally have the
 1898 power to hire the lead agency's executive director, unless a
 1899 board committee governs the lead agency, in which case the board
 1900 committee must have the power to confirm the selection of the

PCB HFS 14-03b

ORIGINAL

YEAR

1901 | lead agency's executive director.
1902 | (c) Demonstrate financial responsibility through an
1903 | organized plan for regular fiscal audits and the posting of a
1904 | performance bond.
1905 | (5) The department's procurement team procuring any lead
1906 | agencies' contracts must include individuals from the community
1907 | alliance in the area to be served under the contract. All
1908 | meetings at which vendors make presentations to or negotiate
1909 | with the procurement team shall be held in the area to be served
1910 | by the contract.
1911 | Section 25. Section 409.988, Florida Statutes, is created
1912 | to read:
1913 | 409.988 Lead agency duties; general provisions.-
1914 | (1) DUTIES.-A lead agency:
1915 | (a) Shall serve all children referred as a result of a
1916 | report of abuse, neglect, or abandonment to the department's
1917 | child abuse hotline, including, but not limited to, children who
1918 | are the subjects of verified reports and children who are not
1919 | the subjects of verified reports but are at moderate to
1920 | extremely high risk of abuse, neglect, or abandonment, as
1921 | determined using the department's risk assessment instrument,
1922 | regardless of the level of funding allocated to the lead agency
1923 | by the state if all related funding is transferred. The lead
1924 | agency may also serve children who have not been subjects of
1925 | reports of abuse, neglect, or abandonment but are at risk of

PCB HFS 14-03b

ORIGINAL

YEAR

1926 abuse, neglect, or abandonment to prevent their entry into the
 1927 child protection and child welfare system.

1928 (b) Shall provide accurate and timely information
 1929 necessary for oversight by the department pursuant to the child
 1930 welfare results-oriented accountability system required by s.
 1931 409.997.

1932 (c) Shall follow the financial guidelines developed by the
 1933 department and provide for a regular independent auditing of its
 1934 financial activities. Such financial information shall be
 1935 provided to the community-based care alliance established under
 1936 s. 409.998.

1937 (d) Shall post on its website the current budget for the
 1938 lead agency, including the salaries, bonuses, and other
 1939 compensation paid by position for the agency's chief executive
 1940 officer, chief financial officer, chief operating officer, or
 1941 their equivalents.

1942 (d) Shall prepare all judicial reviews, case plans, and
 1943 other reports necessary for court hearings for dependent
 1944 children, except those related to the investigation of a
 1945 referral from the department's child abuse hotline, and shall
 1946 provide testimony as required for dependency court proceedings.
 1947 This duty does not include the preparation of legal pleadings or
 1948 other legal documents, which remain the responsibility of the
 1949 department.

1950 (e) Shall ensure that all individuals providing care for

PCB HFS 14-03b

ORIGINAL

YEAR

1951 | dependent children receive appropriate training and meet the
 1952 | minimum employment standards established by the department.
 1953 | (f) Shall maintain eligibility to receive all available
 1954 | federal child welfare funds.
 1955 | (g) Shall maintain written agreements with Healthy
 1956 | Families Florida lead entities in its service area pursuant to
 1957 | s. 409.153 to promote cooperative planning for the provision of
 1958 | prevention and intervention services.
 1959 | (h) Shall comply with federal and state statutory
 1960 | requirements and agency rules in the provision of contractual
 1961 | services.
 1962 | (i) May subcontract for the provision of services required
 1963 | by the contract with the lead agency and the department;
 1964 | however, the subcontracts must specify how the provider will
 1965 | contribute to the lead agency meeting the performance standards
 1966 | established pursuant to the child welfare results-oriented
 1967 | accountability system required by s. 409.997. The lead agency
 1968 | shall directly provide no more than 35 percent of all child
 1969 | welfare services provided.
 1970 | (2) LICENSURE.—
 1971 | (a) A lead agency must be licensed as a child-caring or
 1972 | child-placing agency by the department under this chapter.
 1973 | (b) Each foster home, therapeutic foster home, emergency
 1974 | shelter, or other placement facility operated by the lead agency
 1975 | must be licensed by the department under chapter 402 or this

PCB HFS 14-03b

ORIGINAL

YEAR

1976 chapter.

1977 (c) Substitute care providers who are licensed under s.

1978 409.175 and who have contracted with a lead agency are also

1979 authorized to provide registered or licensed family day care

1980 under s. 402.313 if such care is consistent with federal law and

1981 if the home has met the requirements of s. 402.313.

1982 (d) In order to eliminate or reduce the number of

1983 duplicate inspections by various program offices, the department

1984 shall coordinate inspections required for licensure of agencies

1985 under this subsection.

1986 (e) The department may adopt rules to administer this

1987 subsection.

1988 (3) SERVICES.—A lead agency must serve dependent children

1989 through services that are supported by research or are best

1990 child welfare practices. The agency may also provide innovative

1991 services including but not limited to family-centered,

1992 cognitive-behavioral, trauma informed interventions designed to

1993 mitigate out-of-home placements.

1994 (4) LEAD AGENCY ACTING AS GUARDIAN.—

1995 (a) If a lead agency or other provider has accepted case

1996 management responsibilities for a child who is sheltered or

1997 found to be dependent and who is assigned to the care of the

1998 lead agency or other provider, the agency or provider may act as

1999 the child's guardian for the purpose of registering the child in

2000 school if a parent or guardian of the child is unavailable and

PCB HFS 14-03b

ORIGINAL

YEAR

2001 his or her whereabouts cannot reasonably be ascertained.

2002 (b) The lead agency or other provider may also seek
 2003 emergency medical attention for the child, but only if a parent
 2004 or guardian of the child is unavailable, the parent's
 2005 whereabouts cannot reasonably be ascertained, and a court order
 2006 for such emergency medical services cannot be obtained because
 2007 of the severity of the emergency or because it is after normal
 2008 working hours.

2009 (c) A lead agency or other provider may not consent to
 2010 sterilization, abortion, or termination of life support.

2011 (d) If a child's parents' rights have been terminated, the
 2012 lead agency shall act as guardian of the child in all
 2013 circumstances.

2014 Section 26. Section 409.990, Florida Statutes, is created
 2015 to read:

2016 409.990 Funding for lead agencies.—A contract established
 2017 between the department and a lead agency must be funded by a
 2018 grant of general revenue, other applicable state funds, or
 2019 applicable federal funding sources.

2020 (1) The method of payment for a fixed-price contract with
 2021 a lead agency must provide for a 2-month advance payment at the
 2022 beginning of each fiscal year and equal monthly payments
 2023 thereafter.

2024 (2) Notwithstanding s. 215.425, all documented federal
 2025 funds earned for the current fiscal year by the department and

PCB HFS 14-03b

ORIGINAL

YEAR

2026 | lead agencies which exceed the amount appropriated by the
2027 | Legislature shall be distributed to all entities that
2028 | contributed to the excess earnings based on a schedule and
2029 | methodology developed by the department and approved by the
2030 | Executive Office of the Governor.

2031 | (a) Distribution shall be pro rata based on total earnings
2032 | and shall be made only to those entities that contributed to
2033 | excess earnings.

2034 | (b) Excess earnings of lead agencies shall be used only in
2035 | the service district in which they were earned.

2036 | (c) Additional state funds appropriated by the Legislature
2037 | for lead agencies or made available pursuant to the budgetary
2038 | amendment process described in s. 216.177 shall be transferred
2039 | to the lead agencies.

2040 | (d) The department shall amend a lead agency's contract to
2041 | permit expenditure of the funds.

2042 | (3) Notwithstanding other provisions in this section, the
2043 | amount of the annual contract for a lead agency may be increased
2044 | by excess federal funds earned in accordance with s.
2045 | 216.181(11).

2046 | (4) Each contract with a lead agency shall provide for the
2047 | payment by the department to the lead agency of a reasonable
2048 | administrative cost in addition to funding for the provision of
2049 | services.

2050 | (5) A lead agency may carry forward documented unexpended

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2051 state funds from one fiscal year to the next; however, the
 2052 cumulative amount carried forward may not exceed 8 percent of
 2053 the total contract. Any unexpended state funds in excess of that
 2054 percentage must be returned to the department.

2055 (a) The funds carried forward may not be used in any way
 2056 that would create increased recurring future obligations, and
 2057 such funds may not be used for any type of program or service
 2058 that is not currently authorized by the existing contract with
 2059 the department.

2060 (b) Expenditures of funds carried forward must be
 2061 separately reported to the department.

2062 (c) Any unexpended funds that remain at the end of the
 2063 contract period shall be returned to the department.

2064 (d) Funds carried forward may be retained through any
 2065 contract renewals and any new procurements as long as the same
 2066 lead agency is retained by the department.

2067 (6) It is the intent of the Legislature to improve
 2068 services and local participation in community-based care
 2069 initiatives by fostering community support and providing
 2070 enhanced prevention and in-home services, thereby reducing the
 2071 risk otherwise faced by lead agencies. There is established a
 2072 community partnership matching grant program to be operated by
 2073 the department for the purpose of encouraging local
 2074 participation in community-based care for child welfare. A
 2075 community-based care alliance direct-support organization, a

PCB HFS 14-03b

ORIGINAL

YEAR

2076 children's services council, or another local entity that makes
2077 a financial commitment to a community-based care lead agency may
2078 be eligible for a matching grant. The total amount of the local
2079 contribution may be matched on a one-to-one basis up to a
2080 maximum annual amount of \$500,000 per lead agency. Awarded
2081 matching grant funds may be used for any prevention or in-home
2082 services that can be reasonably expected to reduce the number of
2083 children entering the child welfare system. Funding available
2084 for the matching grant program is subject to legislative
2085 appropriation of nonrecurring funds provided for this purpose.

2086 (7)(a) The department, in consultation with the Florida
2087 Coalition for Children, Inc., shall develop and implement a
2088 community-based care risk pool initiative to mitigate the
2089 financial risk to eligible lead agencies. This initiative must
2090 include:

2091 1. A risk pool application and protocol developed by the
2092 department which outlines submission criteria, including, but
2093 not limited to, financial and program management, descriptive
2094 data requirements, and timeframes for submission of
2095 applications. Requests for funding from risk pool applicants
2096 shall be based on relevant and verifiable service trends and
2097 changes that have occurred during the current fiscal year. The
2098 application shall confirm that expenditure of approved risk pool
2099 funds by the lead agency shall be completed within the current
2100 fiscal year.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2101 2. A risk pool peer review committee, appointed by the
 2102 secretary and consisting of department staff and representatives
 2103 from at least three nonapplicant lead agencies, which reviews
 2104 and assesses all risk pool applications. Upon completion of each
 2105 application review, the peer review committee shall report its
 2106 findings and recommendations to the secretary providing, at a
 2107 minimum, the following information:

2108 a. Justification for the specific funding amount required
 2109 by the risk pool applicant based on current year service trend
 2110 data, including validation that the applicant's financial need
 2111 was caused by circumstances beyond the control of the lead
 2112 agency management;

2113 b. Verification that the proposed use of risk pool funds
 2114 meets at least one of the criteria in paragraph (c); and

2115 c. Evidence of technical assistance provided in an effort
 2116 to avoid the need to access the risk pool and recommendations
 2117 for technical assistance to the lead agency to ensure that risk
 2118 pool funds are expended effectively and that the agency's need
 2119 for future risk pool funding is diminished.

2120 (b) Upon approval by the secretary of a risk pool
 2121 application, the department may request funds from the risk pool
 2122 in accordance with s. 216.181(6) (a).

2123 (c) The purposes for which the community-based care risk
 2124 pool shall be used include:

2125 1. Significant changes in the number or composition of

PCB HFS 14-03b

ORIGINAL

YEAR

2126 clients eligible to receive services.
 2127 2. Significant changes in the services that are eligible
 2128 for reimbursement.
 2129 3. Continuity of care in the event of failure,
 2130 discontinuance of service, or financial misconduct by a lead
 2131 agency.
 2132 4. Significant changes in the mix of available funds.
 2133 (d) The department may also request in its annual
 2134 legislative budget request, and the Governor may recommend, that
 2135 the funding necessary to carry out paragraph (c) be appropriated
 2136 to the department. In addition, the department may request the
 2137 allocation of funds from the community-based care risk pool in
 2138 accordance with s. 216.181(6)(a). Funds from the pool may be
 2139 used to match available federal dollars.
 2140 1. Such funds shall constitute partial security for
 2141 contract performance by lead agencies and shall be used to
 2142 offset the need for a performance bond.
 2143 2. The department may separately require a bond to
 2144 mitigate the financial consequences of potential acts of
 2145 malfeasance or misfeasance or criminal violations by the
 2146 provider.
 2147 Section 27. Section 409.16713, Florida Statutes, is
 2148 transferred, renumbered as section 409.991, Florida Statutes,
 2149 and paragraph (a) of subsection (1) of that section is amended,
 2150 to read:

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2151 | 409.991 ~~409.16713~~ Allocation of funds for community-based
 2152 | care lead agencies.-

2153 | (1) As used in this section, the term:

2154 | (a) "Core services funding" means all funds allocated to
 2155 | community-based care lead agencies operating under contract with
 2156 | the department pursuant to s. 409.987 ~~s. 409.1671~~, with the
 2157 | following exceptions:

- 2158 | 1. Funds appropriated for independent living;
- 2159 | 2. Funds appropriated for maintenance adoption subsidies;
- 2160 | 3. Funds allocated by the department for protective
- 2161 | investigations training;
- 2162 | 4. Nonrecurring funds;
- 2163 | 5. Designated mental health wrap-around services funds;
- 2164 | and
- 2165 | 6. Funds for special projects for a designated community-
- 2166 | based care lead agency.

2167 | Section 28. Section 409.992, Florida Statutes, is created
 2168 | to read:

2169 | 409.992 Lead agency expenditures.-

2170 | (1) The procurement of commodities or contractual services
 2171 | by lead agencies shall be governed by the financial guidelines
 2172 | developed by the department which comply with applicable state
 2173 | and federal law and follow good business practices. Pursuant to
 2174 | s. 11.45, the Auditor General may provide technical advice in
 2175 | the development of the financial guidelines.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2176 (2) Notwithstanding any other provision of law, a
 2177 community-based care lead agency may make expenditures for staff
 2178 cellular telephone allowances, contracts requiring deferred
 2179 payments and maintenance agreements, security deposits for
 2180 office leases, related agency professional membership dues other
 2181 than personal professional membership dues, promotional
 2182 materials, and grant writing services. Expenditures for food and
 2183 refreshments, other than those provided to clients in the care
 2184 of the agency or to foster parents, adoptive parents, and
 2185 caseworkers during training sessions, are not allowable.

2186 (3) A lead community-based care agency and its
 2187 subcontractors are exempt from state travel policies as provided
 2188 in s. 112.061(3)(a) for their travel expenses incurred in order
 2189 to comply with the requirements of this section.

2190 Section 29. Section 409.993, Florida Statutes, is created
 2191 to read:

2192 409.993 Lead agencies and subcontractor liability.-

2193 (1) FINDINGS.-

2194 (a) The Legislature finds that the state has traditionally
 2195 provided foster care services to children who have been the
 2196 responsibility of the state. As such, foster children have not
 2197 had the right to recover for injuries beyond the limitations
 2198 specified in s. 768.28. The Legislature has determined that
 2199 foster care and related services need to be outsourced pursuant
 2200 to this section and that the provision of such services is of

PCB HFS 14-03b

ORIGINAL

YEAR

2201 paramount importance to the state. The purpose for such
 2202 outsourcing is to increase the level of safety, security, and
 2203 stability of children who are or become the responsibility of
 2204 the state. One of the components necessary to secure a safe and
 2205 stable environment for such children is that private providers
 2206 maintain liability insurance. As such, insurance needs to be
 2207 available and remain available to nongovernmental foster care
 2208 and related services providers without the resources of such
 2209 providers being significantly reduced by the cost of maintaining
 2210 such insurance.

2211 (b) The Legislature further finds that, by requiring the
 2212 following minimum levels of insurance, children in outsourced
 2213 foster care and related services will gain increased protection
 2214 and rights of recovery in the event of injury than provided for
 2215 in s. 768.28.

2216 (2) LEAD AGENCY LIABILITY.—

2217 (a) Other than an entity to which s. 768.28 applies, an
 2218 eligible community-based care lead agency, or its employees or
 2219 officers, except as otherwise provided in paragraph (b), must,
 2220 as a part of its contract, obtain a minimum of \$1 million per
 2221 claim/\$3 million per incident in general liability insurance
 2222 coverage. The department shall verify the community-based care
 2223 lead agency's insurance coverage through its monitoring
 2224 processes. The eligible community-based care lead agency must
 2225 also require that staff who transport client children and

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2226 families in their personal automobiles in order to carry out
 2227 their job responsibilities obtain minimum bodily injury
 2228 liability insurance in the amount of \$100,000 per claim,
 2229 \$300,000 per incident, on their personal automobiles. In lieu of
 2230 personal motor vehicle insurance, the lead agency's casualty,
 2231 liability, or motor vehicle insurance carrier may provide
 2232 nonowned automobile liability coverage. Such insurance provides
 2233 liability insurance for automobiles that the provider uses in
 2234 connection with the agency's business but does not own, lease,
 2235 rent, or borrow. Such coverage includes automobiles owned by the
 2236 employees of the lead agency or a member of the employee's
 2237 household but only while the automobiles are used in connection
 2238 with the agency's business. The nonowned automobile coverage for
 2239 the lead agency applies as excess coverage over any other
 2240 collectible insurance. The personal automobile policy for the
 2241 employee of the lead agency must be primary insurance, and the
 2242 nonowned automobile coverage of the agency acts as excess
 2243 insurance to the primary insurance. The lead agency shall
 2244 provide a minimum limit of \$1 million in nonowned automobile
 2245 coverage. In a tort action brought against such an eligible
 2246 community-based care lead agency or employee, net economic
 2247 damages shall be limited to \$1 million per liability claim and
 2248 \$100,000 per automobile claim, including, but not limited to,
 2249 past and future medical expenses, wage loss, and loss of earning
 2250 capacity, offset by any collateral source payment paid or

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2251 payable. In any tort action brought against such an eligible
 2252 community-based care lead agency, noneconomic damages shall be
 2253 limited to \$200,000 per claim. A claims bill may be brought on
 2254 behalf of a claimant pursuant to s. 768.28 for any amount
 2255 exceeding the limits specified in this paragraph. Any offset of
 2256 collateral source payments made as of the date of the settlement
 2257 or judgment shall be in accordance with s. 768.76. The
 2258 community-based care lead agency is not liable in tort for the
 2259 acts or omissions of its subcontractors or the officers, agents,
 2260 or employees of its subcontractors.

2261 (b) The liability of an eligible community-based care lead
 2262 agency described in this section shall be exclusive and in place
 2263 of all other liability of such lead agency. The same immunities
 2264 from liability enjoyed by such lead agencies shall extend as
 2265 well to each employee of the lead agency when such employee is
 2266 acting in furtherance of the agency's business, including the
 2267 transportation of clients served, as described in this
 2268 subsection, in privately owned vehicles. Such immunities are not
 2269 applicable to a lead agency or an employee who acts in a
 2270 culpably negligent manner or with willful and wanton disregard
 2271 or unprovoked physical aggression if such acts result in injury
 2272 or death or such acts proximately cause such injury or death.
 2273 Such immunities are not applicable to employees of the same lead
 2274 agency when each is operating in the furtherance of the agency's
 2275 business, but they are assigned primarily to unrelated work

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2276 within private or public employment. The same immunity
 2277 provisions enjoyed by a lead agency also apply to any sole
 2278 proprietor, partner, corporate officer or director, supervisor,
 2279 or other person who in the course and scope of his or her duties
 2280 acts in a managerial or policymaking capacity and the conduct
 2281 that caused the alleged injury arose within the course and scope
 2282 of those managerial or policymaking duties. As used in this
 2283 subsection and subsection (3), the term "culpable negligence"
 2284 means reckless indifference or grossly careless disregard of
 2285 human life.

2286 (3) SUBCONTRACTOR LIABILITY.-

2287 (a) A subcontractor of an eligible community-based care
 2288 lead agency which is a direct provider of foster care and
 2289 related services to children and families, and its employees or
 2290 officers, except as otherwise provided in paragraph (b), must,
 2291 as a part of its contract, obtain a minimum of \$1 million per
 2292 claim/\$3 million per incident in general liability insurance
 2293 coverage. The subcontractor of an eligible community-based care
 2294 lead agency must also require that staff who transport client
 2295 children and families in their personal automobiles in order to
 2296 carry out their job responsibilities obtain minimum bodily
 2297 injury liability insurance in the amount of \$100,000 per claim,
 2298 \$300,000 per incident, on their personal automobiles. In lieu of
 2299 personal motor vehicle insurance, the subcontractor's casualty,
 2300 liability, or motor vehicle insurance carrier may provide

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2301 nonowned automobile liability coverage. Such insurance provides
 2302 liability insurance for automobiles that the subcontractor uses
 2303 in connection with the subcontractor's business but does not
 2304 own, lease, rent, or borrow. Such coverage includes automobiles
 2305 owned by the employees of the subcontractor or a member of the
 2306 employee's household but only while the automobiles are used in
 2307 connection with the subcontractor's business. The nonowned
 2308 automobile coverage for the subcontractor applies as excess
 2309 coverage over any other collectible insurance. The personal
 2310 automobile policy for the employee of the subcontractor shall be
 2311 primary insurance, and the nonowned automobile coverage of the
 2312 subcontractor acts as excess insurance to the primary insurance.
 2313 The subcontractor shall provide a minimum limit of \$1 million in
 2314 nonowned automobile coverage. In a tort action brought against
 2315 such subcontractor or employee, net economic damages shall be
 2316 limited to \$1 million per liability claim and \$100,000 per
 2317 automobile claim, including, but not limited to, past and future
 2318 medical expenses, wage loss, and loss of earning capacity,
 2319 offset by any collateral source payment paid or payable. In a
 2320 tort action brought against such subcontractor, noneconomic
 2321 damages shall be limited to \$200,000 per claim. A claims bill
 2322 may be brought on behalf of a claimant pursuant to s. 768.28 for
 2323 any amount exceeding the limits specified in this paragraph. Any
 2324 offset of collateral source payments made as of the date of the
 2325 settlement or judgment shall be in accordance with s. 768.76.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2326 (b) The liability of a subcontractor of an eligible
 2327 community-based care lead agency that is a direct provider of
 2328 foster care and related services as described in this section
 2329 shall be exclusive and in place of all other liability of such
 2330 provider. The same immunities from liability enjoyed by such
 2331 subcontractor provider shall extend as well to each employee of
 2332 the subcontractor when such employee is acting in furtherance of
 2333 the subcontractor's business, including the transportation of
 2334 clients served, as described in this subsection, in privately
 2335 owned vehicles. Such immunities are not applicable to a
 2336 subcontractor or an employee who acts in a culpably negligent
 2337 manner or with willful and wanton disregard or unprovoked
 2338 physical aggression when such acts result in injury or death or
 2339 such acts proximately cause such injury or death. Such
 2340 immunities are not applicable to employees of the same
 2341 subcontractor when each is operating in the furtherance of the
 2342 subcontractor's business, but they are assigned primarily to
 2343 unrelated works within private or public employment. The same
 2344 immunity provisions enjoyed by a subcontractor also apply to any
 2345 sole proprietor, partner, corporate officer or director,
 2346 supervisor, or other person who in the course and scope of his
 2347 or her duties acts in a managerial or policymaking capacity and
 2348 the conduct that caused the alleged injury arose within the
 2349 course and scope of those managerial or policymaking duties.

2350 Section 30. Section 409.1675, Florida Statutes, is

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2351 transferred and renumbered as section 409.994, Florida Statutes,
 2352 and amended to read:

2353 409.994 ~~409.1675~~ ~~Lead~~ Community-based care lead agencies
 2354 ~~providers~~; receivership.-

2355 (1) The Department of Children and Families ~~Family~~
 2356 ~~Services~~ may petition a court of competent jurisdiction for the
 2357 appointment of a receiver for a ~~lead~~ community-based care lead
 2358 agency provider established pursuant to s. 409.987 if ~~s.~~
 2359 ~~409.1671~~ when any of the following conditions exist:

2360 (a) The lead agency ~~community-based provider~~ is operating
 2361 without a license as a child-placing agency.

2362 (b) The lead agency ~~community-based provider~~ has given
 2363 less than 120 days' notice of its intent to cease operations,
 2364 and arrangements have not been made for another lead agency
 2365 ~~community-based provider~~ or for the department to continue the
 2366 uninterrupted provision of services.

2367 (c) The department determines that conditions exist in the
 2368 lead agency ~~community-based provider~~ which present an imminent
 2369 danger to the health, safety, or welfare of the dependent
 2370 children under that agency's ~~provider's~~ care or supervision.
 2371 Whenever possible, the department shall make a reasonable effort
 2372 to facilitate the continued operation of the program.

2373 (d) The lead agency ~~community-based provider~~ cannot meet
 2374 its current financial obligations to its employees, contractors,
 2375 or foster parents. Issuance of bad checks or the existence of

PCB HFS 14-03b

ORIGINAL

YEAR

2376 delinquent obligations for payment of salaries, utilities, or
 2377 invoices for essential services or commodities shall constitute
 2378 prima facie evidence that the lead agency ~~community-based~~
 2379 ~~provider~~ lacks the financial ability to meet its financial
 2380 obligations.

2381 (2) (a) The petition for receivership shall take precedence
 2382 over other court business unless the court determines that some
 2383 other pending proceeding, having statutory precedence, has
 2384 priority.

2385 (b) A hearing shall be conducted within 5 days after the
 2386 filing of the petition, at which time interested parties shall
 2387 have the opportunity to present evidence as to whether a
 2388 receiver should be appointed. The department shall give
 2389 reasonable notice of the hearing on the petition to the lead
 2390 agency ~~community-based provider~~.

2391 (c) The court shall grant the petition upon finding that
 2392 one or more of the conditions in subsection (1) exists and the
 2393 continued existence of the condition or conditions jeopardizes
 2394 the health, safety, or welfare of dependent children. A receiver
 2395 may be appointed ex parte when the court determines that one or
 2396 more of the conditions in subsection (1) exists. After such
 2397 finding, the court may appoint any person, including an employee
 2398 of the department who is qualified by education, training, or
 2399 experience to carry out the duties of the receiver pursuant to
 2400 this section, except that the court may ~~shall~~ not appoint any

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2401 member of the governing board or any officer of the lead agency
 2402 ~~community-based provider~~. The receiver may be selected from a
 2403 list of persons qualified to act as receivers which is developed
 2404 by the department and presented to the court with each petition
 2405 of receivership.

2406 (d) A receiver may be appointed for up to 90 days, and the
 2407 department may petition the court for additional 30-day
 2408 extensions. Sixty days after appointment of a receiver and every
 2409 30 days thereafter until the receivership is terminated, the
 2410 department shall submit to the court an assessment of the lead
 2411 agency's ~~community-based provider's~~ ability to ensure the
 2412 health, safety, and welfare of the dependent children under its
 2413 supervision.

2414 (3) The receiver shall take such steps as are reasonably
 2415 necessary to ensure the continued health, safety, and welfare of
 2416 the dependent children under the supervision of the lead agency
 2417 ~~community-based provider~~ and shall exercise those powers and
 2418 perform those duties set out by the court, including, but not
 2419 limited to:

2420 (a) Taking such action as is reasonably necessary to
 2421 protect or conserve the assets or property of the lead agency
 2422 ~~community-based provider~~. The receiver may use the assets and
 2423 property and any proceeds from any transfer thereof only in the
 2424 performance of the powers and duties provided ~~set forth~~ in this
 2425 section and by order of the court.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2426 (b) Using the assets of the lead agency ~~community-based~~
 2427 ~~provider~~ in the provision of care and services to dependent
 2428 children.

2429 (c) Entering into contracts and hiring agents and
 2430 employees to carry out the powers and duties of the receiver
 2431 under this section.

2432 (d) Having full power to direct, manage, hire, and
 2433 discharge employees of the lead agency ~~community-based provider~~.
 2434 The receiver shall hire and pay new employees at the rate of
 2435 compensation, including benefits, approved by the court.

2436 (e) Honoring all leases, mortgages, and contractual
 2437 obligations of the lead agency ~~community-based provider~~, but
 2438 only to the extent of payments that become due during the period
 2439 of the receivership.

2440 (4)(a) The receiver shall deposit funds received in a
 2441 separate account and shall use this account for all
 2442 disbursements.

2443 (b) A payment to the receiver of any sum owing to the lead
 2444 agency ~~community-based provider~~ shall discharge any obligation
 2445 to the provider to the extent of the payment.

2446 (5) A receiver may petition the court for temporary relief
 2447 from obligations entered into by the lead agency ~~community-based~~
 2448 ~~provider~~ if the rent, price, or rate of interest required to be
 2449 paid under the agreement was substantially in excess of a
 2450 reasonable rent, price, or rate of interest at the time the

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2451 | contract was entered into, or if any material provision of the
 2452 | agreement was unreasonable when compared to contracts negotiated
 2453 | under similar conditions. Any relief in this form provided by
 2454 | the court shall be limited to the life of the receivership,
 2455 | unless otherwise determined by the court.

2456 | (6) The court shall set the compensation of the receiver,
 2457 | which shall be considered a necessary expense of a receivership
 2458 | and may grant to the receiver such other authority necessary to
 2459 | ensure the health, safety, and welfare of the children served.

2460 | (7) A receiver may be held liable in a personal capacity
 2461 | only for the receiver's own gross negligence, intentional acts,
 2462 | or breaches of fiduciary duty. This section may ~~shall~~ not be
 2463 | interpreted to be a waiver of sovereign immunity should the
 2464 | department be appointed receiver.

2465 | (8) If the receiver is not the department, the court may
 2466 | require a receiver to post a bond to ensure the faithful
 2467 | performance of these duties.

2468 | (9) The court may terminate a receivership when:

2469 | (a) The court determines that the receivership is no
 2470 | longer necessary because the conditions that gave rise to the
 2471 | receivership no longer exist; or

2472 | (b) The department has entered into a contract with a new
 2473 | lead agency ~~community-based provider~~ pursuant to s. 409.987 ~~s.~~
 2474 | ~~409.1671~~, and that contractor is ready and able to assume the
 2475 | duties of the previous lead agency ~~provider~~.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2476 (10) Within 30 days after the termination, unless this
 2477 time period is extended by the court, the receiver shall give
 2478 the court a complete accounting of all property of which the
 2479 receiver has taken possession, of all funds collected and
 2480 disbursed, and of the expenses of the receivership.

2481 (11) ~~Nothing in~~ This section does not ~~shall be construed~~
 2482 ~~to~~ relieve any employee of the lead agency ~~community-based~~
 2483 ~~provider~~ placed in receivership of any civil or criminal
 2484 liability incurred, or any duty imposed by law, by reason of
 2485 acts or omissions of the employee before ~~prior to~~ the
 2486 appointment of a receiver, and; ~~nor shall anything contained in~~
 2487 this section does not be construed to suspend during the
 2488 receivership any obligation of the employee for payment of taxes
 2489 or other operating or maintenance expenses of the lead agency
 2490 ~~community-based provider~~ or for the payment of mortgages or
 2491 liens. The lead agency ~~community-based provider~~ shall retain the
 2492 right to sell or mortgage any facility under receivership,
 2493 subject to the prior approval of the court that ordered the
 2494 receivership.

2495 Section 31. Section 409.996, Florida Statutes, is created
 2496 to read:

2497 409.996 Duties of the Department of Children and
 2498 Families.—The department shall contract for the delivery,
 2499 administration, or management of care for children in the child
 2500 protection and child welfare system. In doing so, the department

PCB HFS 14-03b

ORIGINAL

YEAR

2501 retains responsibility for the quality of contracted services
 2502 and programs and shall ensure that services are delivered in
 2503 accordance with applicable federal and state statutes and
 2504 regulations.

2505 (1) The department shall enter into contracts with lead
 2506 agencies to perform the duties of a lead agency pursuant to s.
 2507 409.988. At a minimum, the contracts must:

2508 (a) Provide for the services needed to accomplish the
 2509 duties established in s. 409.988 and provide information to the
 2510 department which is necessary to meet the requirements for a
 2511 quality assurance program pursuant to subsection (18) and the
 2512 child welfare results-oriented accountability system pursuant to
 2513 s. 409.997.

2514 (b) Provide for graduated penalties for failure to comply
 2515 with contract terms. Such penalties may include financial
 2516 penalties, enhanced monitoring and reporting, corrective action
 2517 plans, and early termination of contracts or other appropriate
 2518 action to ensure contract compliance.

2519 (c) Ensure that the lead agency shall furnish current and
 2520 accurate information on its activities in all cases in client
 2521 case records in the state's statewide automated child welfare
 2522 information system.

2523 (d) Specify the procedures to be used by the parties to
 2524 resolve differences in interpreting the contract or to resolve
 2525 disputes as to the adequacy of the parties' compliance with

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2526 their respective obligations under the contract.
 2527 (2) The department must adopt written policies and
 2528 procedures for monitoring the contract for delivery of services
 2529 by lead agencies which must be posted on the department's
 2530 website. These policies and procedures must, at a minimum,
 2531 address the evaluation of fiscal accountability and program
 2532 operations, including provider achievement of performance
 2533 standards, provider monitoring of subcontractors, and timely
 2534 follow up of corrective actions for significant monitoring
 2535 findings related to providers and subcontractors. These policies
 2536 and procedures must also include provisions for reducing the
 2537 duplication of the department's program monitoring activities
 2538 both internally and with other agencies, to the extent possible.
 2539 The department's written procedures must ensure that the written
 2540 findings, conclusions, and recommendations from monitoring the
 2541 contract for services of lead agencies are communicated to the
 2542 director of the provider agency and the community-based care
 2543 alliance as expeditiously as possible.
 2544 (3) The department shall receive federal and state funds
 2545 as appropriated for the operation of the child welfare system
 2546 and shall transmit these funds to the lead agencies as agreed.
 2547 The department retains responsibility for the appropriate
 2548 spending of these funds. The department shall monitor lead
 2549 agencies to assess compliance with the financial guidelines
 2550 established pursuant to s. 409.992 and other applicable state

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2551 and federal laws.

2552 (4) The department shall provide technical assistance and
 2553 consultation to lead agencies in the provision of care to
 2554 children in the child protection and child welfare system.

2555 (5) The department retains the responsibility for the
 2556 review, approval or denial, and issuances of all foster home
 2557 licenses.

2558 (6) The department shall process all applications
 2559 submitted by lead agencies for the Interstate Compact for
 2560 Placement of Children and the Interstate Compact for Adoption
 2561 and Medical Assistance.

2562 (7) The department shall assist lead agencies with access
 2563 to and coordination with other service programs within the
 2564 department.

2565 (8) The department shall determine Medicaid eligibility
 2566 for all referred children and will coordinate services with the
 2567 Agency for Health Care Administration.

2568 (9) The department shall develop, in cooperation with the
 2569 lead agencies and the third-party credentialing entity approved
 2570 pursuant to s. 402.40(3), a standardized competency-based
 2571 curriculum for certification training for child protection
 2572 staff.

2573 (10) The department shall maintain the statewide adoptions
 2574 website and provide information and training to the lead
 2575 agencies relating to the website.

PCB HFS 14-03b

ORIGINAL

YEAR

2576 (11) The department shall provide training and assistance
 2577 to lead agencies regarding the responsibility of lead agencies
 2578 relating to children receiving supplemental security income,
 2579 social security, railroad retirement, or veterans' benefits.

2580 (12) With the assistance of a lead agency, the department
 2581 shall develop and implement statewide and local interagency
 2582 agreements needed to coordinate services for children and
 2583 parents involved in the child welfare system who are also
 2584 involved with the Agency for Persons with Disabilities, the
 2585 Department of Juvenile Justice, the Department of Education, the
 2586 Department of Health, and other governmental organizations that
 2587 share responsibilities for children or parents in the child
 2588 welfare system.

2589 (13) With the assistance of a lead agency, the department
 2590 shall develop and implement a working agreement between the lead
 2591 agency and the substance abuse and mental health managing entity
 2592 to integrate services and supports for children and parents
 2593 serviced in the child welfare system.

2594 (14) The department shall work with the Agency for Health
 2595 Care Administration to provide each child Medicaid early and
 2596 periodic screening, diagnosis, and treatment, including 72-hour
 2597 screening, periodic child health checkups, and prescribed follow
 2598 up for ordered services, including but not limited to medical,
 2599 dental, and vision care.

2600 (15) The department shall assist lead agencies in

PCB HFS 14-03b

ORIGINAL

YEAR

2601 developing an array of services in compliance with the Title IV-
 2602 E Waiver and shall monitor the provision of those services.

2603 (16) The department shall provide a mechanism to allow
 2604 lead agencies to request a waiver of department policies and
 2605 procedures that create inefficiencies or inhibit the performance
 2606 of the lead agency duties.

2607 (17) The department shall directly or through contract
 2608 provide attorneys to prepare and present cases in dependency
 2609 court and shall ensure that the court is provided with adequate
 2610 information for informed decisionmaking in dependency cases,
 2611 including a fact sheet for each case which lists the names and
 2612 contact information for any child protective investigator, child
 2613 protective investigation supervisor, case manager, case manager
 2614 supervisor, and the regional department official responsible for
 2615 the lead agency contract. For the Sixth Judicial Circuit, the
 2616 department shall contract with the state attorney for the
 2617 provision of these services.

2618 (18) The department, in consultation with lead agencies,
 2619 shall establish a quality assurance program for contracted
 2620 services to dependent children. The quality assurance program
 2621 shall be based on standards established by federal and state law
 2622 and national accrediting organizations.

2623 (a) The department must evaluate each lead agency under
 2624 contract at least annually. These evaluations shall cover the
 2625 programmatic, operational, and fiscal operations of the lead

PCB HFS 14-03b

ORIGINAL

YEAR

2626 agency and be consistent with the child welfare results-oriented
 2627 accountability system pursuant to s. 409.997. The department
 2628 must consult with the chief judge on the performance of the lead
 2629 agency.

2630 (b) The department shall, to the extent possible, use
 2631 independent financial audits provided by the lead agency to
 2632 eliminate or reduce the ongoing contract and administrative
 2633 reviews conducted by the department. If the department
 2634 determines that such independent financial audits are
 2635 inadequate, other audits, as necessary, may be conducted by the
 2636 department. This paragraph does not abrogate the requirements of
 2637 s. 215.97.

2638 (c) The department may suggest additional items to be
 2639 included in such independent financial audits to meet the
 2640 department's needs.

2641 (d) The department may outsource programmatic,
 2642 administrative, or fiscal monitoring oversight of lead agencies.

2643 (e) A lead agency must assure that all subcontractors are
 2644 subject to the same quality assurance activities as the lead
 2645 agency.

2646 Section 32. Section 409.997, Florida Statutes, is created
 2647 to read:

2648 409.997 Child welfare results-oriented accountability
 2649 system.—

2650 (1) The department and its contract providers, including

PCB HFS 14-03b

ORIGINAL

YEAR

2651 lead agencies, community-based care providers, and other
 2652 community partners participating in the state's child protection
 2653 and child welfare system, share the responsibility for achieving
 2654 the outcome goals specified in s. 409.986(2).

2655 (2) In order to assess the achievement of the goals
 2656 specified in s. 409.986(2), the department shall maintain a
 2657 comprehensive, results-oriented accountability system that
 2658 monitors the use of resources, the quality and amount of
 2659 services provided, and child and family outcomes through data
 2660 analysis, research review, evaluation, and quality improvement.
 2661 The system shall provide information about individual entities'
 2662 performance as well as the performance of groups of entities
 2663 working together as an integrated system of care on a local,
 2664 regional, and statewide basis. In maintaining the
 2665 accountability system, the department shall:

2666 (a) Identify valid and reliable outcome measures for each
 2667 of the goals specified in this subsection. The outcome data set
 2668 must consist of a limited number of understandable measures
 2669 using available data to quantify outcomes as children move
 2670 through the system of care. Such measures may aggregate multiple
 2671 variables that affect the overall achievement of the outcome
 2672 goal. Valid and reliable measures must be based on adequate
 2673 sample sizes, be gathered over suitable time periods, reflect
 2674 authentic rather than spurious results, and may not be
 2675 susceptible to manipulation.

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2676 (b) Implement a monitoring system to track the identified
 2677 outcome measures on a statewide, regional, and provider-specific
 2678 basis. The monitoring system must identify trends and chart
 2679 progress toward achievement of the goals specified in this
 2680 section. The requirements of the monitoring system may be
 2681 incorporated into the quality assurance system required under s.
 2682 409.996(18).

2683 (c) Develop and maintain an analytical system that builds
 2684 on the outcomes monitoring system to assess the statistical
 2685 validity of observed associations between child welfare
 2686 interventions and the measured outcomes. The analysis must use
 2687 quantitative methods to adjust for variations in demographic or
 2688 other conditions. The analysis must include longitudinal studies
 2689 to evaluate longer term outcomes such as continued safety,
 2690 family permanence, and transition to self-sufficiency. The
 2691 analysis may also include qualitative research methods to
 2692 provide insight into statistical patterns.

2693 (d) Develop and maintain a program of research review to
 2694 identify interventions that are supported by evidence as
 2695 causally linked to improved outcomes.

2696 (e) Support an ongoing process of evaluation to determine
 2697 the efficacy and effectiveness of various interventions.
 2698 Efficacy evaluation is intended to determine the validity of a
 2699 causal relationship between an intervention and an outcome.
 2700 Effectiveness evaluation is intended to determine the extent to

PCB HFS 14-03b

ORIGINAL

YEAR

2701 which the results can be generalized.

2702 (f) Develop and maintain an inclusive, interactive, and

2703 evidence-supported program of quality improvement which promotes

2704 individual skill building as well as organizational learning.

2705 (g) Develop and implement a method for making the results

2706 of the accountability system transparent for all parties

2707 involved in the child welfare system as well as policymakers and

2708 the public. The presentation shall provide a comprehensible,

2709 visual report card for the state and each community-based care

2710 region, indicating the current status relative to each goal and

2711 trends in that status over time. The presentation shall

2712 identify and report outcome measures which assess the

2713 performance of the department, community-based care lead agency,

2714 and its subcontractors working together as an integrated system

2715 of care.

2716 (3) The department shall establish a technical advisory

2717 panel consisting of representatives from the Florida Institute

2718 for Child Welfare established pursuant to s. 1004.615, lead

2719 agencies, community-based care providers, other contract

2720 providers, community-based care alliances, and family

2721 representatives. The President of the Senate and the Speaker of

2722 the House of Representatives shall each appoint a member to

2723 serve as a legislative liaison to the panel. The technical

2724 advisory panel shall advise the department on meeting the

2725 requirements of this section.

PCB HFS 14-03b

ORIGINAL

YEAR

2726 (4) The accountability system may not rank or compare
 2727 performance among community-based care regions unless adequate
 2728 and specific adjustments are adopted which account for the
 2729 diversity in regions' demographics, resources, and other
 2730 relevant characteristics.

2731 (5) The results of the accountability system must provide
 2732 the basis for performance incentives if funds for such payments
 2733 are made available through the General Appropriations Act.

2734 (6) At least quarterly, the department shall make the
 2735 results of the accountability system available to the public
 2736 through publication on its website. The website must allow for
 2737 custom searches of the performance data.

2738 (7) The department shall report by October 1 of each year
 2739 the statewide and individual community-based care lead agency
 2740 results for child protection and child welfare systems. The
 2741 department shall use the accountability system and consult with
 2742 the community-based care alliance and the chief judge or judges
 2743 in the community-based care service area to prepare the report
 2744 to the Governor, the President of the Senate, and the Speaker of
 2745 the House of Representatives.

2746 Section 33. Section 409.998, Florida Statutes, is created
 2747 to read:

2748 409.998 Community-based care oversight by community
 2749 alliances.-

2750 (1) To provide independent, community-focused oversight of

PCB HFS 14-03b

ORIGINAL

YEAR

2751 | child protection and child welfare services and the local system
2752 | of community-based care, community alliances created in s.
2753 | 20.19(5), shall, with the assistance of the department, perform
2754 | the following duties:

2755 | (a) Conduct a needs assessment and establishment of
2756 | community priorities for child protection and child welfare
2757 | services.

2758 | (b) Review the performance of the department, sheriff's
2759 | office if the office provides child protective services, and
2760 | lead agency individually and as an integrated system of care,
2761 | and advise the department, sheriff's office if applicable, and
2762 | lead agency regarding concerns and suggested areas of
2763 | improvement.

2764 | (c) Recommend a competitive procurement for the lead
2765 | agency if programmatic or financial performance is poor. The
2766 | community alliance shall make recommendations on the development
2767 | of the procurement document for such competitive procurement and
2768 | may suggest specific requirements relating to local needs and
2769 | services.

2770 | (d) Recommend a contract extension for the lead agency if
2771 | programmatic or financial performance is superior.

2772 | (e) In partnership with the Florida Institute for Child
2773 | Welfare established under s. 1004.615, develop recommendations
2774 | to the department and the community-based care lead agency to
2775 | improve child protection and child welfare policies and

PCB HFS 14-03b

ORIGINAL

YEAR

2776 practices.

2777 (f) Promote greater community involvement in community-
 2778 based care through participation in community-based care lead
 2779 agency services and activities, ~~solicitation of local financial~~
 2780 ~~and in-kind resources,~~ recruitment and retention of community
 2781 volunteers, and public awareness efforts.

2782 Section 34. Section 827.10, Florida Statutes, is created to
 2783 read:

2784 827.10 Unlawful abandonment of a child.-

2785 (1) As used in this section, the term:

2786 (a) "Abandons" or "abandonment" means to leave a child in
 2787 a place or with a person other than a relative with the intent
 2788 not to return to the child and with the intent not to provide
 2789 for the care of the child.

2790 (b) "Care" means support and services necessary to
 2791 maintain the child's physical and mental health, including, but
 2792 not limited to, food, nutrition, clothing, shelter, supervision,
 2793 medicine, and medical services that a prudent person would
 2794 consider essential for the well-being of the child.

2795 (c) "Caregiver" has the same meaning as provided in s.
 2796 39.01(10).

2797 (d) "Child" means a child for whose care the caregiver is
 2798 legally responsible.

2799 (e) "Relative" has the same meaning as provided in s.
 2800 39.01(64).

PCB HFS 14-03b

ORIGINAL

YEAR

2801 (2) A caregiver who abandons a child under circumstances
 2802 in which the caregiver knew or should have known that the
 2803 abandonment exposes the child to unreasonable risk of harm
 2804 commits a felony of the third degree, punishable as provided in
 2805 s. 775.082, s. 775.083, or s. 775.084.

2806 (3) This section does not apply to a person who surrenders
 2807 a newborn infant in compliance with s. 383.50.

2808 (4) This section does not preclude prosecution for a
 2809 criminal act under any other law, including, but not limited to,
 2810 prosecution of child abuse or neglect of a child under s.
 2811 827.03.

2812 Section 35. Section 1004.615, Florida Statutes, is created
 2813 to read:

2814 1004.615 Florida Institute for Child Welfare.-

2815 (1) There is established the Florida Institute for Child
 2816 Safety within the Florida State University College of Social
 2817 Work. The purpose of the institute is to advance the well-being
 2818 of children and families by improving the performance of child
 2819 protection and child welfare services through research, policy
 2820 analysis, evaluation, and leadership development. The institute
 2821 shall consist of a consortium of public and private universities
 2822 offering degrees in social work and shall be housed within the
 2823 College of Social Work of the Florida State University.

2824 (2) Using such resources as authorized in the General
 2825 Appropriations Act, the Department of Children and Families

PCB HFS 14-03b

ORIGINAL

YEAR

2826 shall contract with the institute for performance of the duties
 2827 described in subsection (4).

2828 (3) The institute shall work with the department, sheriffs
 2829 providing child protective investigative services, community-
 2830 based care lead agencies, community-based care provider
 2831 organizations, the court system, the Department of Juvenile
 2832 Justice, the federally recognized statewide association for
 2833 Florida's certified domestic violence centers, and other
 2834 partners who contribute to and participate in providing child
 2835 protection and child welfare services.

2836 (4) The duties and responsibilities of the institute
 2837 include the following:

2838 (a) Maintain a program of research that contributes to
 2839 scientific knowledge and informs both policy and practice
 2840 related to child safety, permanency, and child and family well-
 2841 being.

2842 (b) Advise the department and other organizations
 2843 participating in the child protection and child welfare system
 2844 regarding scientific evidence on policy and practice related to
 2845 child safety, permanency, and child and family well-being.

2846 (c) Advising about the management practices and
 2847 administrative processes used by the department and other
 2848 organizations participating in the child protection and child
 2849 welfare system and recommend improvements that reduce
 2850 burdensome, ineffective requirements for frontline staff and

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2851 their supervisors while enhancing their ability to effectively
 2852 investigate, analyze, problem-solve, and supervise.

2853 (d) Assess the performance of child protection and child
 2854 welfare services based on specific outcome measures.

2855 (e) Evaluate the scope and effectiveness of preservice and
 2856 inservice training for child protection and child welfare
 2857 workers and advise and assist the department in efforts to
 2858 improve these trainings.

2859 (f) Assess the readiness of social work graduates to
 2860 assume job responsibilities in the child protection and child
 2861 welfare system and identify gaps in education that can be
 2862 addressed through the modification of curricula or the
 2863 establishment of industry certifications.

2864 (g) Develop and maintain a program of professional support
 2865 including training courses and consulting services that assist
 2866 both individuals and organizations in implementing adaptive and
 2867 resilient responses to workplace stress.

2868 (h) Participate in the department's critical incident
 2869 response team, assist in the preparation of reports about such
 2870 incidents, and support the committee review of reports and
 2871 development of recommendations.

2872 (i) Identify effective policies and promising practices,
 2873 including but not limited to innovations in coordination between
 2874 entities participating in the child protection and child welfare
 2875 system, data analytics, working with the local community, and

PCB HFS 14-03b

ORIGINAL

YEAR

2876 management of human service organizations and communicate these
 2877 findings to the department and other organizations participating
 2878 in the child protection and child welfare system.

2879 (5) The President of the Florida State University shall
 2880 appoint a director to the institute. The director must be a
 2881 child welfare professional with a doctoral degree in social work
 2882 and hold a faculty appointment in the Florida State University
 2883 College of Social Work. The institute shall be administered by
 2884 the director, and the director's office shall be located at the
 2885 Florida State University. The director is responsible for
 2886 overall management of the institute and for developing and
 2887 executing the work of the institute consistent with the
 2888 responsibilities in subsection (4). The director shall engage
 2889 individuals in other state universities with accredited colleges
 2890 of social work to participate in the institute. Individuals from
 2891 other university programs relevant to the institute's work,
 2892 including but not limited to economics, management, law,
 2893 medicine, and education, may also be invited by the director to
 2894 contribute to the institute. The universities involved in the
 2895 institute shall provide facilities, staff, and other resources
 2896 to the institute to establish statewide access to institute
 2897 programs and services.

2898 (6) (By October 1 of each year, the institute shall provide
 2899 a written report to the Governor, the President of the Senate,
 2900 and the Speaker of the House of Representatives which outlines

PCB HFS 14-03b

ORIGINAL

YEAR

2901 its activities in the preceding year, reports significant
 2902 research findings as well as results of other programs, and
 2903 provides specific recommendations for improving child protection
 2904 and child welfare services.

2905 (a) The institute shall include an evaluation of the
 2906 results of this act's educational and training requirements for
 2907 child protection and child welfare personnel and recommendations
 2908 for their application to child protection personnel employed by
 2909 sheriff's offices providing child protection services in its
 2910 report due October 1, 2017. The institute shall include an
 2911 evaluation of the effects of the other provisions of this bill
 2912 and any recommendations for improvements in its report due
 2913 October 1, 2018.

2914 (7)(a) The institute, or the Florida State University
 2915 College of Social Work until the institute is operational, shall
 2916 convene a task force to make recommendations for improving the
 2917 state's child welfare system. The task force shall include but
 2918 not be limited to representatives of the department, the
 2919 Department of Juvenile Justice, community-based care lead
 2920 agencies, the Florida Coalition for Children, child welfare
 2921 services providers, including case management providers, the
 2922 court system, the federally recognized statewide association for
 2923 Florida's certified domestic violence centers, and advocates.
 2924 The task force shall include individuals working directly with
 2925 children and families, administrators, and experts. Individual

PCB HFS 14-03b

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PCB HFS 14-03b

ORIGINAL

YEAR

2926 members of the task force shall be responsible for their own
 2927 travel expenses. The task force may meet in person,
 2928 telephonically, through web-based technology, or any combination
 2929 thereof.

2930 (b) The task force shall establish individual workgroups on
 2931 the following topics which may include additional members with
 2932 directly relevant experience and expertise to make specific
 2933 recommendations:

2934 1. Reducing paperwork and increasing the retention of case
 2935 managers, and

2936 2. Care of medically complex children within the child
 2937 welfare system, with the goal of allowing them to remain in the
 2938 least restrictive and most nurturing environment.

2939 (c) The institute or university shall submit interim
 2940 reports from the task force and workgroups by February 1, 2015,
 2941 and final reports by November 1, 2015, to the Governor, the
 2942 President of the Senate, and the Speaker of the House of
 2943 Representatives.

2944 Section 36. Paragraph (h) is added to subsection (1) of
 2945 section 1009.25, Florida Statutes, to read:

2946 1009.25 Fee exemptions.—

2947 (1) The following students are exempt from the payment of
 2948 tuition and fees, including lab fees, at a school district that
 2949 provides workforce education programs, Florida College System
 2950 institution, or state university:

PCB HFS 14-03b

ORIGINAL

YEAR

2951 (h) Pursuant to s. 402.403, child protection and child
2952 welfare personnel, as defined in s. 402.402, who are enrolled in
2953 an accredited bachelor's degree or master's degree in social
2954 work program or completing coursework required pursuant to s.
2955 402.402(2)(a)2., provided that the student attains at least a
2956 grade of "B" in all courses for which tuition and fees are
2957 exempted.

2958 Section 37. Section 409.1671, Florida Statutes, is
2959 repealed.

2960 Section 38. Section 409.16745, Florida Statutes, is
2961 repealed.

2962 Section 39. This act shall take effect July 1, 2014.



Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing PCB: Healthy Families
 2 Subcommittee

3 Representative Harrell offered the following:

4
5 **Amendment**

6 Between lines 1552 and 1553, insert:

7 4. At a minimum, five years of experience directly relevant
 8 to child protection, if employment will be as a child protective
 9 investigator or child protective investigator supervisor, or
 10 child welfare, if employment will be as a case manager or case
 11 manager supervisor, and demonstrated competence regarding
 12 required skills and aptitudes.



Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing PCB: Healthy Families
 2 Subcommittee

3 Representative Harrell offered the following:

4
5 **Amendment**

6 Remove line 2628 and insert:
 7 must consult with dependency judges in the circuit or circuits
 8 served by the lead agency on the performance of the lead
 9



Amendment No. 3

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing PCB: Healthy Families
 2 Subcommittee
 3 Representative Harrell offered the following:

4
5 **Amendment**

6 Remove line 2771 and insert:
 7 programmatic and financial performance is superior.
 8



Amendment No. 4

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing PCB: Healthy Families
 2 Subcommittee
 3 Representative Trujillo offered the following:

Amendment

Between lines 1969 and 1970, insert:

7 (k) Shall post on its website by the fifteenth of each
 8 month at a minimum the following information for the preceding
 9 calendar month regarding its case management services. The
 10 information shall be reported by individual subcontracted case
 11 management provider, the lead agency, if the lead agency
 12 provides case management services, and in total for all case
 13 management services subcontracted or directly provided by the
 14 lead agency:

15 1. The average caseload of case managers, including only
 16 filled positions;



Amendment No. 4

- 17 2. The turnover rate for case managers and case management
- 18 supervisors for the previous 12 months;
- 19 3. Percentage of required home visits completed; and
- 20 4. Performance on outcome measures required pursuant to s.
- 21 409.997 for the previous 12 months.
- 22

