

## HOUSE OF REPRESENTATIVES FINAL BILL ANALYSIS

<b>BILL #:</b>	CS/HB 7121	<b>FINAL HOUSE FLOOR ACTION:</b>	
<b>SPONSOR(S):</b>	Health & Human Services Committee; Children, Families & Seniors Subcommittee; and Harrell	116 Y's	1 N's
<b>COMPANION BILLS:</b>	CS/SB 7078	<b>GOVERNOR'S ACTION:</b>	Pending

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### SUMMARY ANALYSIS

CS/HB 7121 passed the House on April 28, 2015, as CS/SB 7078 as amended. The Senate concurred in the House amendments to the Senate Bill and subsequently passed the bill as amended on April 29, 2015.

Last year, the Legislature passed SB 1666, a major reform of the child welfare system. Among its many provisions, SB 1666:

- Created the Critical Incident Rapid Response Team (CIRRT) process;
- Expanded the number and types of cases reviewed through the Child Abuse Death Review (CADR) process;
- Required multi-agency staffings for cases alleging medical neglect; and
- Created the Florida Institute for Child Welfare (FICW), requiring an interim report by February 1, 2015.

CS/SB 7078 addresses issues related to the implementation of SB 1666 (2014). The bill:

- Specifies the purpose of the Child Abuse Death Review (CADR) system as a data-based epidemiological review of child deaths, clarifies the roles of committees within the CADR system, imposes specific reporting requirements, and defines the role of the local county health department directors in the CADR system;
- Permits the Secretary of the Department of Children and Families to deploy CIRRTs in response to other child deaths in addition to those with verified abuse and neglect in the last 12 months, and requires more frequent reviews and reports by the CIRRT advisory committee;
- Limits multiagency medical neglect staffings to child abuse and neglect cases in which medical neglect is substantiated by the child protection team; and
- Prioritizes evidence-based and trauma-informed services in Legislative intent as well as in the lead agency duties.

The bill also addresses several other issues related to children. The bill:

- Removes a requirement for counties with populations between 400,000 and 2 million persons to create a ballot initiative to retain their children's services special districts;
- Allows children who are adopted or enter extended foster care and are Medicaid eligible to stay in the Medicaid specialty plan for children in the child welfare system;
- Adds local licensing agencies to the list of specified agencies that can use and access the Care Provider Background Screening Clearinghouse; and
- Requires schools to put up posters with information on abuse and neglect reporting, making that information readily available to children.

The bill has an indeterminate fiscal impact on the state.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2015.

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

STORAGE NAME: h7121z.CFSS

DATE: May 14, 2015

## I. SUBSTANTIVE INFORMATION

### A. EFFECT OF CHANGES:

#### Present Situation

##### SB 1666

SB 1666 was passed in 2014 in response to concerns about the number of deaths of children known to the child welfare system. SB 1666 made a number of changes to state law to improve the investigation of and subsequent response to allegations of abuse or neglect. Among those changes were the creation of the Critical Incident Rapid Response Team (CIRRT), expansion of the number and types of cases reviewed through the Child Abuse Death Review (CADR) process, and the creation of the Florida Institute for Child Welfare (FICW).

##### Child Abuse Death Review

The state Child Abuse Death Review (CADR) is a statewide multidisciplinary, multiagency child abuse death assessment and prevention system.<sup>1</sup> The CADR was initiated in 1999 in response to the death of Kayla McKean and legislative concern that, of the 80 children who died from substantiated child abuse or neglect in Florida during 1998, almost one third (32%) had prior contact with the child protection system.<sup>2</sup>

The purposes of CADR reviews are to:

- Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse;<sup>3</sup>
- Develop a communitywide approach to address such cases and contributing factors, whenever possible;<sup>4</sup>
- Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse;<sup>5</sup> and
- Make and implement recommendations for changes in law, rules, and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.<sup>6</sup>

Florida's CADR is a two-tiered review system comprised of the State Child Abuse Death Review Committee and local review committees operating across the state. These committees work cooperatively to review the facts and circumstances surrounding child deaths that are reported through the central abuse hotline.

##### *State Committee*

The State Child Abuse Death Review Committee is housed within the Department of Health (DOH) and consists of representatives from the Department of Health (DOH), the Department of Children and Families (DCF), the Department of Legal Affairs, the Department of Law Enforcement, the Department of Education, the Florida Prosecuting Attorneys Association, Inc., and the Florida Medical Examiners

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<sup>1</sup> S. 383.402(1), F.S.

<sup>2</sup> Florida Child Abuse Death Review, *First Annual Report*, September 2000, available at <http://www.flcadr.com/reports/documents/2000-annual-report.pdf> (last viewed March 20, 2015).

<sup>3</sup> S. 383.402(1)(a), F.S.

<sup>4</sup> S. 383.402(1)(b), F.S.

<sup>5</sup> S. 383.402(1)(c), F.S.

<sup>6</sup> S. 383.402(1)(d), F.S.

Commission, whose representative must be a forensic pathologist.<sup>7</sup> In addition, the State Surgeon General must appoint the following members to the CADR:

- The Statewide Medical Director for Child Protection;
- 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;
- A 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; and
- A representative from a private provider of programs on preventing child abuse and neglect.<sup>8</sup>

Members of the state committee are appointed to staggered terms not to exceed 2 years and are eligible for reappointment.<sup>9</sup>

### *Local Committee*

Local review committees have the primary responsibility of reviewing all child abuse and neglect deaths reported to the child abuse hotline and assisting the state committee in data collection and reporting.<sup>10</sup> The local review committees are composed of the local state attorney, or his or her designee, and other members determined by the state committee.<sup>11</sup> Statute requires no other staffing or structure for the local review committee.

At the direction of the State Surgeon General, the director of each county health department or the directors of two or more county health departments, may convene and support a county or multicounty child abuse death review committee.<sup>12</sup>

Prior to the passage of SB 1666, the CADR only reviewed child deaths verified to be the result of abuse or neglect. SB 1666 requires CADR to review all deaths reported to the central abuse hotline. This resulted in an increase in the number of deaths that must be reviewed through this process. For example, in calendar year 2014, 82 deaths were verified to be the result of abuse or neglect out of 440 total deaths reported to the hotline.<sup>13</sup>

### Critical Incident Rapid Response Team

The Critical Incident Rapid Response Team (CIRRT) process involves an immediate root-cause analysis of critical incidents to rapidly determine the need to change policies and practices related to child protection and welfare.<sup>14</sup> DCF is required to conduct CIRRT reviews of child deaths if the child or another child in the home was the subject of a verified report of abuse or neglect within the previous 12 months.<sup>15</sup> DCF is authorized to deploy CIRRT's for other serious incidents reported to the central abuse hotline.

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<sup>7</sup> S. 383.402(2)(a), F.S.

<sup>8</sup> S. 383.402(2)(b), F.S.

<sup>9</sup> S. 383.402(3)(k)(4), F.S.

<sup>10</sup> S. 383.402(7), F.S.

<sup>11</sup> S. 383.402(6), F.S.

<sup>12</sup> Id.

<sup>13</sup> Florida Department of Children and Families, *Child Fatality Statewide Data*, available at <http://www.dcf.state.fl.us/childfatality/state.shtml> (last viewed March 21, 2015).

<sup>14</sup> S. 39.2015(1), F.S.

<sup>15</sup> S. 39.2015(2), F.S.

The CIRRT must include at least five professionals with expertise in child protection, child welfare, and organizational management. A majority of the team must reside in judicial circuits outside the location of the incident.<sup>16</sup>

An advisory committee of experts in child protection and welfare is tasked with meeting annually to conduct an independent review of the CIRRT reviews and submit an annual report which includes findings and recommendations.<sup>17</sup>

Between September 2014 and March 2015, CIRRTs have been deployed 11 times. The types of deaths reviewed by CIRRT were caused by inflicted trauma, unsafe sleep, natural causes, and a dog mauling. CIRRT reports have identified issues with process and policies. These issues have prompted rapid changes such as updating the Maltreatment Index<sup>18</sup> to identify caregivers' mental health issues as a maltreatment and upgrade the response to immediate response priority for obvious mental health symptoms.<sup>19</sup>

### Medical Neglect

While there is no definition of the term "medical neglect" in chapter 39, F.S., the definition of "neglect" encompasses cases of medical neglect. Neglect is defined as 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.<sup>20</sup>

Section 39.3068, F.S. requires that reports of alleged medical neglect be handled in a prescribed manner. It specifies that:

- Reports of medical neglect must be investigated by staff with specialized training in medical neglect and medically complex children.
- 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.
- 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.
- A case staffing be convened and attended by staff from DCF's child protective investigations unit, Children's Legal Services, the child protection team, Children's Medical Services, the Agency for Health Care Administration, the community-based care lead agency, and any providers of services to the child.

Currently, DCF must conduct a multiagency staffing on any case that alleges medical neglect, whether or not the allegation was substantiated as medical neglect by the child protection team.

### Community-Based Care Organizations

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<sup>16</sup> S. 39.2015(3), F.S.

<sup>17</sup> S. 39.2015(11), F.S.

<sup>18</sup> A tool used by the central abuse hotline to guide consistent and accurate decision making, including descriptions of the evidence needed to reach findings for each specific alleged maltreatment. Maltreatment is the abuse or neglect inflicted upon the child; examples include abandonment, burns, fractures, failure to protect, etc.

<sup>19</sup> Critical Incident Rapid Response Team Report, *Phoebe Jonchuck*, available at <http://www.dcf.state.fl.us/childfatality/cirrt/2015-005865.pdf> (last viewed March 21, 2015).

<sup>20</sup> S. 39.01(44), F.S.

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.<sup>21</sup>

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.<sup>22</sup> CBCs contract with a number of subcontractors for case management and direct care services to children and their families.<sup>23</sup> The services provided by these contracted entities must be supported by research or be considered best child welfare practices. The statute allows for innovative services such as family-centered, cognitive-behavioral, and trauma-informed interventions designed to mitigate out-of-home placements. There are 18 CBCs statewide, which together serve the state's 20 judicial circuits.<sup>24</sup> The law requires DCF to contract with CBCs through a competitive procurement process.<sup>25</sup>

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.<sup>26</sup> DCF is also ultimately responsible for program oversight and the overall performance of the child welfare system.<sup>27</sup>

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.<sup>28</sup>

### Florida Institute for Child Welfare

The Florida Institute for Child Welfare (FICW) was created by SB 1666 as a consortium of the state's public and private university schools of social work to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy, analysis, evaluation, and leadership development. The FICW is required to submit an annual report that presents significant research findings and results of other programs and makes specific recommendations for improving child protection and child welfare services.

The FICW submitted an interim report on February 1, 2015.<sup>29</sup> The report made recommendations related to a child welfare strategic plan, results oriented accountability, data analytics, safety, permanency, well-being, workforce, and the CIRRT. Most of the interim report's recommendations can be implemented without further statutory authorization. However, statutory changes are needed to implement recommendations that the frequency of the CIRRT advisory committee's reviews increase from annually to quarterly and that evidence-based and trauma-informed services be prioritized in statute.

### *Trauma-Informed Practice*

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<sup>21</sup> *Community-Based Care*, The Department of Children and Families, accessible at <http://www.myflfamilies.com/service-programs/community-based-care> (last viewed March 19, 2015).

<sup>22</sup> *Id.*

<sup>23</sup> *Id.*

<sup>24</sup> *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 19, 2015).

<sup>25</sup> The Department of Children and Families, *Competitive Procurement*, accessible at: <http://www.myflfamilies.com/service-programs/community-based-care/competitive-procurement> (last accessed March 19, 2015).

<sup>26</sup> *Supra.* at FN 8.

<sup>27</sup> *Id.*

<sup>28</sup> The Department of Children and Families, *CBC Scorecard*, accessible at <http://www.myflfamilies.com/about-us/planning-performance-measures/cbc-scorecard> (last accessed March 19, 2015).

<sup>29</sup> S. 1004.615(7), F.S.

The FICW interim report recommended that evidence-based and trauma-informed practices be prioritized in statute. Children in the child welfare system have often suffered tremendous trauma due to abuse or neglect. This trauma can have a lifelong effect on their physical and mental health, education, relationships, and social function. To provide trauma-informed care to children, youth, and families involved with the child welfare system, professionals must understand the impact of trauma on child development and learn how to effectively minimize its effects without causing additional trauma.<sup>30</sup> Untreated child trauma is a root cause of many of the most pressing problems that communities face, including poverty, crime, low academic achievement, addiction, mental health problems, and poor health outcomes.<sup>31</sup> There are evidence-based treatments and services developed that are highly effective for child traumatic stress; improving access to effective evidence-based treatments for children who experience traumatic stress can reduce suffering and decrease the costs of health care.<sup>32</sup>

### Children's Services Independent Special District

Pursuant to s. 125.901, F.S., counties may create independent special districts to provide funding for children's services. These independent districts may collect ad valorem taxes to help fund children's services and are subject to many requirements and regulations in statute. One such requirement is that for special districts in existence on July 1, 2010, the governing body of the county shall submit the question of retention or dissolution of the independent district to the electorate by certain dates depending on the population of that county. Counties that have children's services special districts are: Hillsborough, Brevard, Broward, Martin, Okeechobee, Palm Beach, St. Lucie, and Miami-Dade.<sup>33</sup>

### Medicaid Specialty Plan

In 2011, the Legislature created the Statewide Medicaid Managed Care system. Statute permits the Agency for Health Care Administration to contract with specialty plans that serve Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.<sup>34</sup> The agency contracted with the Child Welfare Specialty Plan, for children who have an open child welfare case in the Florida Safe Families Network database.<sup>35</sup>

### Background Screening

Pursuant to s. 402.301, F.S., the Legislature intends to have statewide minimum standards for the care and protection of children in child care facilities and to enforce and regulate these standards through a program of licensing. This program of licensing includes a requirement that personnel have good moral character based upon a Level 2 background screening.<sup>36</sup> A Level 2 background screening is a state and national fingerprint-based criminal record check through the Florida Department of Law Enforcement and the Federal Bureau of Investigation.<sup>37</sup> Level 2 background screenings require that no person have been arrested for and are awaiting final disposition, have been found guilty of, or entered a plea of nolo contendere to crimes related to sexual misconduct, child or adult abuse, murder, manslaughter, battery, assault, kidnapping, weapons, arson, burglary, theft, robbery, and exploitation.<sup>38</sup>

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<sup>30</sup> U.S. Department of Health & Human Services, *Trauma-Informed Practice*, available at <https://www.childwelfare.gov/topics/responding/trauma/> (last viewed May 4, 2015).

<sup>31</sup> The National Child Traumatic Stress Network, *Policy Issues*, available at <http://www.nctsn.org/resources/policy-issues> (last viewed March 22, 2015).

<sup>32</sup> The National Child Traumatic Stress Network, *Understanding Child Trauma*, available at [http://www.nctsn.org/sites/default/files/assets/pdfs/policy\\_and\\_the\\_nctsn\\_final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/policy_and_the_nctsn_final.pdf) (last viewed May 4, 2015).

<sup>33</sup> Florida Department of Economic Opportunity, Division of Community Development Special District Accountability Program, *List of Special Districts Online*, available at <https://dca.deo.myflorida.com/fhcd/sdip/OfficialListdeo/> (last viewed May 4, 2015).

<sup>34</sup> S. 409.962(14), F.S.

<sup>35</sup> S. 409.912.(4)(b)5., F.S.

<sup>36</sup> S. 402.305(2), F.S.

<sup>37</sup> S. 435.04, F.S.

<sup>38</sup> S. 435.04(2), F.S.

The cost for a Level 2 background screening ranges from \$38 to \$75 depending upon the selected vendor.<sup>39</sup>

Certain membership organizations affiliated with national organizations which do not provide child care,<sup>40</sup> who meet other requirements, and are certified as being in compliance with the national association's minimum standards are not considered under law to be child care facilities and their personnel are not required to be Level 2 background screened.<sup>41</sup> This exemption from screening affects organizations like the Boy Scouts of America, Girl Scouts of America, and other organizations, if they do not provide child care.

Any county whose child care licensing standards meet or exceed state minimum standards may designate by ordinance a local licensing agency (LLA) in their county.<sup>42</sup> There are 5 such counties: Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota. These LLAs are responsible for licensing child care facilities in those counties. Currently, Broward County also conducts its own background screenings on child care personnel as required pursuant to s. 402.305(2), F.S. All other LLAs conduct background screenings through DCF.

As of March 2015, DCF and other state agencies were included in the statewide Care Provider Background Screening Clearinghouse<sup>43</sup> (clearinghouse). The clearinghouse is a statewide system that enables state agencies to submit requests for state and federal criminal background screening for certain statutorily-defined purposes, such as licensure or license-related employment. Results are provided to the requesting agency and also retained in the clearinghouse. There are several benefits to utilizing the clearinghouse, including significant cost savings due to use of existing screenings, access to a screened individual's Florida public criminal record, and immediate notification if an employee or licensee is arrested in Florida. DCF is scheduled to be fully integrated into the clearinghouse by July 1, 2015. The Agency for Persons with Disabilities is also scheduled to be fully integrated by July 1, 2015, followed by the Department of Juvenile Justice and the Department of Elder Affairs by the Fall of 2015.

## **Effect of Proposed Changes**

### Child Abuse Death Review

The bill revises the CADR process in several ways. The bill amends s. 383.3068, F.S., to clarify the intent of the Legislature, specifying a data-based, epidemiological focus for the child abuse death assessment and prevention system as well as clarifying the cooperative roles of the two committees.

#### *State Committee*

The bill specifies that the state committee shall provide direction and leadership of the review system, analyze the data and recommendations of the local committees, identify issues and trends within that data and make recommendations for statewide action. The bill adds a substance abuse treatment professional to the state committee and limits the number of appointments a member may serve to no more than three consecutive terms.

#### *Local Committee*

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<sup>39</sup> Department of Children and Families, *Livescan Vendor Locations*, available at <http://www.dcf.state.fl.us/programs/backgroundscreening/map.asp> (last viewed May 5, 2015).

<sup>40</sup> "Child care" is defined as the care, protection, and supervision of a child, for a period of less than 24 hours and on a regular basis, which supplements parental care, enrichment, and health supervision for the child, in accordance with his or her individual needs, and for which a payment, fee, or grant is made for care. S. 402.302(1), F.S.

<sup>41</sup> S. 402.301(6), F.S.

<sup>42</sup> S. 402.306, F.S.

<sup>43</sup> S. 435.12, F.S.

The bill requires that a county or multicounty local death review committee be convened, at the direction of the State Surgeon General, and that the directors of the local county health departments must support the local death review committees.

The bill requires that the local committee conduct individual case reviews, generate information for the state committee, and recommend and implement improvements at the local level. The bill specifies that local committee membership shall include the following organizations' representatives, appointed by the local county health department director in consultation with those organizations:

- The local state attorney's office;
- The local DCF child protective investigations unit;
- The DOH child protection team;
- The local CBC;
- Law enforcement;
- The school district;
- A mental health treatment provider;
- A certified domestic violence center;
- A substance abuse treatment provider; and
- Any other members determined by guidelines developed by the state committee.

The bill also requires, to the extent possible, that the individuals who dealt with a child whose death is being reviewed should be present at the review. It also specifies that reports by local committees contain certain information, such as any systemic issues identified and recommendations for improvement.

#### *Data and Report*

The bill requires the use of the Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths. It also specifies that the data in the annual state committee report must be presented on an individual calendar year basis and in the context of a multi-year trend. The report must include:

- Descriptive statistics;
- A detailed analysis of the incidence and causes of death;
- Specific issues identified in current policy, procedure, regulation or statute and recommendations to address them from both the state and local committees; and
- Other recommendations to prevent deaths from child abuse based on the reported data.

#### Critical Incident Rapid Response Team

The bill amends s. 39.2015, F.S., to allow a CIRRT to be deployed, at the secretary's discretion, for other child deaths besides those with a verified report of abuse or neglect in the last 12 months, to include those where there was an open investigation. The bill also requires the CIRRT advisory committee to meet quarterly and submit quarterly reports. This will allow more rapid identification of and response to trends surfaced through the CIRRT process.



### Medical Neglect

The bill amends s. 39.3068, F.S., which requires a multi-agency staffing to be convened for cases of alleged medical neglect, limiting such staffings to cases in which medical neglect is substantiated by the child protection team.

### Community-Based Care Organizations

The bill amends s. 409.986, F.S., changing the Legislative intent to require CBCs to prioritize the use of evidence-based and trauma-informed services. The bill also amends s. 409.988, F.S., to prioritize the use of evidence-based and trauma-informed services in the duties of CBCs.

### Children's Services Independent Special District

The bill removes the requirement in s. 125.901, F.S., for counties with a children's services independent special district and a population of more than 400,000 but fewer than 2 million persons to submit a question of retention or dissolution of that special district as a ballot initiative by 2016. This affects Hillsborough, Brevard, Broward, and Palm Beach Counties.<sup>44</sup> This means that the children's special districts in those counties will continue funding children's services until special act by the Legislature or the county governing body decides to dissolve the special district by ordinance, subject to the approval of the electorate.<sup>45</sup>

### Medicaid Specialty Plan

The bill amends s. 409.977, F.S. to allow children who have been adopted or entered extended foster care and continue to be eligible for Medicaid to stay in the Medicaid child welfare specialty plan that serves children in the care and custody of DCF.

### Background Screening

The bill amends s. 402.301(6), F.S., to require all personnel as defined by s. 402.302, F.S.,<sup>46</sup> to receive Level 2 background screenings through DCF. This includes personnel of membership organizations not considered child care facilities and that do not provide regular care of children that were previously exempt from this requirement. This will require membership organizations such as the Boy Scouts, Girl Scouts, Boys and Girls Clubs, 4-H Club, and others meeting criteria to obtain Level 2 background screenings of all personnel.

The bill also amends s. 435.02(5), F.S., to add local licensing agencies to the definition of "specified agencies," allowing those counties that perform licensure of child care facilities to access and use the Care Provider Background Screening Clearinghouse. Please see fiscal impact section below.

### Posting of Abuse and Neglect Information in Schools

The bill amends s. 1006.061, F.S., to require schools to post the central abuse hotline information and instructions on how to access the DCF website for more information on abuse and neglect. This information must be posted in clearly visible places that are readily accessible and widely used by students.

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<sup>44</sup> Comparing 2010 population statistics from the Florida Office of Economic & Demographic Research, available at <http://edr.state.fl.us/Content/area-profiles/2010-census-detailed-county/index.cfm> (last viewed May 4, 2015), to the list of Children's Services Special Districts in FN 34.

<sup>45</sup> S. 125.901(4)(a), F.S.

<sup>46</sup> Owners, operators, employees, and volunteers. A volunteer who assists on an intermittent basis for less than 10 hours per month is not considered personnel for purposes of background screening if that volunteer is always in the line of sight of screened personnel.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

None.

#### 2. Expenditures:

The cost of the increased background screenings to the state is indeterminate because it is unknown how many new background screenings will be required.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

#### 1. Revenues:

None.

#### 2. Expenditures:

There is a potential negative fiscal impact on Broward County of approximately \$200,000 if they choose to join the Care Provider Background Screening Clearinghouse.<sup>47</sup> Broward County is the only county with an LLA that conducts its own background screenings for licensure. However, the bill does not mandate they join the clearinghouse.

### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The cost of the newly required background screening of membership organization personnel is indeterminate because it is unknown how many organizations and individuals will be newly required to undergo background screenings. The cost for a Level 2 background screen ranges from \$38 to \$75 depending upon the selected vendor.<sup>48</sup>

### D. FISCAL COMMENTS:

None.

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<sup>47</sup> Email from Joshua Spagnola, Legislative Affairs Director, Agency for Health Care Administration, Re: SB 7078 and adding LLAs to the Clearing House (May 14, 2015).

<sup>48</sup> Department of Children and Families, *Livescan Vendor Locations*, available at <http://www.dcf.state.fl.us/programs/backgroundscreening/map.asp> (last viewed May 5, 2015).