

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 7169      PCB HFS 14-03      Child Protection and Child Welfare Services

**SPONSOR(S):** Healthy Families Subcommittee, Harrell and others

**TIED BILLS:**                      **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Healthy Families Subcommittee	12 Y, 0 N	Entress	Brazzell
1) Appropriations Committee		Fontaine	Leznoff

### SUMMARY ANALYSIS

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

- 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, a human services-related field with relevant coursework, or any field with relevant experience and demonstrated capacity.
- Exempts certain staff from state university tuition and fees, and creates a loan forgiveness program, for education in social work.

The bill revises laws relating to 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 modifies requirements relating to the collection and analysis of data. The bill:

- Directs 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 creates standards relating to medically complex and fragile children in the child welfare system. The bill:

- 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 (DOH) 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 changes to the child welfare system. The bill:

- 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 reunite them 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 has an estimated fiscal impact of \$10,212,064 to DCF, an insignificant impact to DOH, and an indeterminate impact to the state university system.

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:** h7169.APC

**DATE:** 4/20/2014

## 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.<sup>1</sup> The assistant secretary for Substance Abuse and Mental Health is the only assistant secretary authorized in statute.<sup>2</sup> The assistant secretary for Substance Abuse and Mental Health is required to have expertise in both areas of responsibility.<sup>3</sup> 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.<sup>4</sup>

##### *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.<sup>5</sup> The state completed the transition to community-based care during the latter part of Fiscal Year 2004-2005.<sup>6</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>7</sup> CBCs contract with a number of subcontractors for case management and direct care services to children and their families.<sup>8</sup> There are 18 CBCs statewide, which together serve the state's 20 judicial circuits.<sup>9</sup> The law requires DCF to contract with CBCs through a competitive procurement process.<sup>10</sup>

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.<sup>11</sup> DCF is also ultimately responsible for program oversight and the overall performance of the child welfare system.<sup>12</sup>

Each month, CBCs are graded by DCF according to their performance on a scorecard. The scorecard evaluates the CBCs on 11 key measures to determine how well the CBCs are meeting the most critical needs of children and families in the child welfare system. Scorecards measure four indicators of permanency, three indicators of wellbeing, three indicators of safety, and one indicator of costs. Two of

---

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

<sup>2</sup> S. 20.19(2)(c), F.S.

<sup>3</sup> S. 20.19(2)(c), F.S.

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

<sup>5</sup> *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).

<sup>6</sup> OPPAGA, Report 06-50.

<sup>7</sup> OPPAGA, Report 06-50.

<sup>8</sup> OPPAGA, Report 06-50.

<sup>9</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 12, 2014).

<sup>10</sup> *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).

<sup>11</sup> OPPAGA, Report 06-50.

<sup>12</sup> OPPAGA, Report 06-50.

the permanency indicators are weighted more than the other 9 indicators, making the permanency indicators drive the CBC's overall score. The scores received by CBCs vary monthly.<sup>13</sup> Scorecards are posted online each month.

### *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.<sup>14</sup> 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.<sup>15</sup>

Initially, community alliances are required to include members 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.<sup>16</sup>

### Child Abuse and Neglect

Child abuse and neglect is a serious problem in the United States.<sup>17</sup> 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.<sup>18</sup> After investigation, the number of unduplicated child victims nationally was estimated to be 681,000.<sup>19</sup> Florida reported 208,437 calls to the abuse hotline in FFY 2011.<sup>20</sup> 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.<sup>21</sup> Florida reported 133 child fatalities resulting from child abuse or neglect in FFY 2011.<sup>22</sup>

### *Abuse Investigations*

---

<sup>13</sup> *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).

<sup>14</sup> S. 20.19(4), F.S.

<sup>15</sup> S. 20.19(4), F.S.

<sup>16</sup> S. 20.19(4), F.S.

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

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

<sup>19</sup> *Id.* at 19.

<sup>20</sup> *Id.* at 11.

<sup>21</sup> U.S. Department of Health and Human Services, *ibid.* at 56.

<sup>22</sup> *Id.* at 63.

A child protective investigation begins with a report by any person to the Florida abuse hotline.<sup>23</sup> The state is required to maintain a 24 hour per day, 7 day per week capacity for receiving reports of maltreatments.<sup>24</sup> 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.<sup>25</sup> 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.<sup>26</sup>

The sheriff's offices in Pasco, Manatee, Broward, and Pinellas Counties are required to provide all child protective investigations in these counties.<sup>27</sup> 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.<sup>28</sup> The child protective investigators (CPIs) employed by a sheriff's department must meet the same requirements as child protective investigators employed by DCF.<sup>29</sup>

### *DCF Custody*

A child must have a court hearing to be placed in a shelter<sup>30</sup>, 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.<sup>31</sup>

Once a child is taken into custody<sup>32</sup>, 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.<sup>33</sup> 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.<sup>34</sup>

At the adjudicatory hearing the court may make one the following rulings:<sup>35</sup>

- That the child is not a dependent child and dismiss the case.
- 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.<sup>36</sup> Permanency hearings are required to

---

<sup>23</sup> S. 39.201(4), F.S.

<sup>24</sup> S. 39.201(5), F.S.

<sup>25</sup> S. 39.201(2)(a), F.S.

<sup>26</sup> S. 39.201(5), F.S.

<sup>27</sup> S. 39.3065 (3)(a), F.S.

<sup>28</sup> S. 39.3065 (3)(b), F.S.

<sup>29</sup> S. 39.3065 (3)(b), F.S.

<sup>30</sup> 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."

<sup>31</sup> S. 39.402 (1), F.S.

<sup>32</sup> 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.

<sup>33</sup> S. 39.401(3)(a), F.S.

<sup>34</sup> S. 39.401(3)(b), F.S.

<sup>35</sup> S. 39.507, F.S.

<sup>36</sup> S. 39.621

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.<sup>37</sup> 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.<sup>38</sup>

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.<sup>39</sup> 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.<sup>40</sup> 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.<sup>41</sup>

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.<sup>42</sup> 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 are no definitions for "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 technologically dependent, requiring medical apparatus or procedures to sustain life and without such services is likely to expire without warning."<sup>43</sup>

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.<sup>44</sup> 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,

---

<sup>37</sup> S. 39.621 (1), F.S.

<sup>38</sup> S. 39.621(2), F.S.

<sup>39</sup> S. 39.621, F.S.

<sup>40</sup> S. 39.621 (10), F.S.

<sup>41</sup> S. 39.621 (10), F.S.

<sup>42</sup> S. 39.001(1)(k), F.S.

<sup>43</sup> 59G-1.001, F.A.C.

<sup>44</sup> 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=ElTrRnKPojoVoMBi2Wbckw](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=ElTrRnKPojoVoMBi2Wbckw) (last accessed March 22, 2014).

and decisions for services based on medical necessity for medically complex children.<sup>45</sup> CMAT assessments are available to all medically complex children 20 years of age or younger.<sup>46</sup> Children do not have to be Medicaid eligible to have an assessment.<sup>47</sup>

These assessments form the basis for the CMAT recommendations for the most appropriate and least restrictive setting that will meet the health needs of the child.<sup>48</sup> CMATs also recommend long-term care services and determine the associated level of care needed.<sup>49</sup> After the CMAT makes its recommendations and determinations, the parent or guardian of the child then decides where the child will be placed.<sup>50</sup> However, when medically complex children are in the legal custody of DCF because of abuse, neglect, or abandonment, their parents do not make the decisions regarding their placements and services.<sup>51</sup> Instead, the CBCs and the court determine the child's placement, generally following the CMAT's recommendations.<sup>52</sup>

Medically fragile, Medicaid-eligible 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.<sup>53</sup> 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.<sup>54</sup> It also provides training for the children's caregivers.<sup>55</sup> When approved, children can attend a PPEC center up to a maximum of 12 hours per day.<sup>56</sup> PPEC centers provide a cost effective alternative to home nursing services and may reduce the isolation that a homebound child may experience.<sup>57</sup>

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.<sup>58</sup> Approximately 5 percent of medically complex children receiving Medicaid are receiving services in a skilled nursing facility.<sup>59</sup> According to the Agency for Health Care Administration (AHCA), 150 children with complex medical problems currently reside in nursing homes.<sup>60</sup> As of March 2013, there are approximately 13 medically complex children in DCF care residing in nursing homes.<sup>61</sup>

Children in the custody of DCF may receive in-home services or be placed in a nursing facility or a medical foster home. Medical foster homes provide family-based care for medically complex children.<sup>62</sup> Medical foster parents receive specific training on how to take care of the child's physical, emotional,

---

<sup>45</sup> 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-bcniVexADzIFiwYkKA&sig2=ok6q5TShKAQ7zLCjpZzv\\_A](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-bcniVexADzIFiwYkKA&sig2=ok6q5TShKAQ7zLCjpZzv_A) (last accessed March 22, 2014).

<sup>46</sup> *Id.*

<sup>47</sup> *Id.*

<sup>48</sup> E-mail correspondence with the Department of Health, March 25, 2014, on file with committee staff.

<sup>49</sup> E-mail correspondence with the Department of Health, March 25, 2014, on file with committee staff.

<sup>50</sup> E-mail correspondence with the Department of Health, March 25, 2014, on file with committee staff.

<sup>51</sup> E-mail correspondence with the Department of Health, March 25, 2014, on file with committee staff.

<sup>52</sup> E-mail correspondence with the Department of Children and Families, March 25, 2014, on file with committee staff.

<sup>53</sup> *Id.*

<sup>54</sup> *Id.*

<sup>55</sup> *Id.*

<sup>56</sup> 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).

<sup>57</sup> 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-bcniVexADzIFiwYkKA&sig2=ok6q5TShKAQ7zLCjpZzv\\_A](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-bcniVexADzIFiwYkKA&sig2=ok6q5TShKAQ7zLCjpZzv_A) (last accessed March 22, 2014).

<sup>58</sup> E-mail correspondence with the Agency for Health Care Administration, March 21, 2014, on file with committee staff.

<sup>59</sup> E-mail correspondence with the Agency for Health Care Administration, March 21, 2014, on file with committee staff.

<sup>60</sup> E-mail correspondence with the Agency for Health Care Administration, March 21, 2014, on file with committee staff.

<sup>61</sup> E-mail correspondence with the Department of Children and Families, March 27, 2014, on file with committee staff.

<sup>62</sup> 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=ElTrRnKPojoVoMBi2Wbckw](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=ElTrRnKPojoVoMBi2Wbckw) (last accessed March 22, 2014).

and health care needs.<sup>63</sup> 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.<sup>64</sup> Each foster parent maintains a comprehensive in-home record book that documents all the care provided to the child.<sup>65</sup> 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.<sup>66</sup>

### *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.<sup>67</sup>

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.<sup>68</sup>

### *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.<sup>69</sup> Teams can be composed of appropriate representatives of school districts and appropriate health, mental health, social service, legal service, and law enforcement agencies.<sup>70</sup> 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.<sup>71</sup>

Some cases, including all cases involving medical neglect, must be referred to CPTs.<sup>72</sup> CPTs have medical directors who are board certified pediatricians. The medical directors receive special training in the field of child abuse and neglect.<sup>73</sup> According to DCF, most medical directors have knowledge of some rare conditions that may generate abuse or neglect allegations, such as osteogenesis imperfecta (brittle bone disease). Children with osteogenesis imperfecta may appear to have been abused because of broken bones but instead have experienced a known complication from the medical

---

<sup>63</sup> *Id.*

<sup>64</sup> *Id.*

<sup>65</sup> *Id.*

<sup>66</sup> *Id.*

<sup>67</sup> S. 39.01(44), F.S.

<sup>68</sup> E-mail correspondence with the Department of Children and Families, January 10, 2014, on file with Healthy Families Subcommittee Staff.

<sup>69</sup> S. 39.303, F.S.

<sup>70</sup> S. 39.303, F.S.

<sup>71</sup> S. 39.303, F.S.

<sup>72</sup> S. 39.303, F.S.

<sup>73</sup> E-mail correspondence with the Department of Health, March 21, 2014, on file with committee staff.

condition.<sup>74</sup> According to DCF, if a CPT physician is unsure of a diagnosis, before concluding that it is the result of abuse or neglect, they will first consult with the statewide CPT Director.<sup>75</sup>

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 disease or disorder suffered by each medically complex child.<sup>76</sup> There is currently no requirement to consult a physician with such experience when the CPT physician has little experience.

### *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.<sup>77</sup> 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.<sup>78</sup> 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.<sup>79</sup>

### *Records of Children*

All records held by DCF concerning reports of child abandonment, abuse, or neglect are confidential and exempt from public records laws.<sup>80</sup> This includes all reports to the DCF abuse hotline.<sup>81</sup> 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.<sup>82</sup> However, DCF has the discretion to release certain information regarding a missing child.<sup>83</sup> In addition, any person or organization, including DCF, may petition the court for an order making public the records of the DCF which pertain to investigations of alleged abuse, abandonment, or neglect of a child.<sup>84</sup> The court determines whether good cause exists for public access to the records.<sup>85</sup> The court is

<sup>74</sup> E-mail correspondence with the Department of Children and Families, March 27, 2014, on file with committee staff.

<sup>75</sup> E-mail correspondence with the Department of Children and Families, March 27, 2014, on file with committee staff.

<sup>76</sup> E-mail correspondence with the Department of Health, March 21, 2014, on file with committee staff.

<sup>77</sup> 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&usg=AFQjCNG-qH-aoPrFAZIVXHNUemu\\_fcAkw&sig2=Cqi9h99WtPI2l6G6s0CRdg](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&usg=AFQjCNG-qH-aoPrFAZIVXHNUemu_fcAkw&sig2=Cqi9h99WtPI2l6G6s0CRdg) (last accessed March 12, 2014).

<sup>78</sup> S. 383.402(2)(a), F.S.

<sup>79</sup> S. 383.402(2)(b), F.S.

<sup>80</sup> S. 39.202(1), F.S.

<sup>81</sup> S. 39.202(1), F.S.

<sup>82</sup> S. 39.202(1), F.S.

<sup>83</sup> S. 39.202(4), F.S.

<sup>84</sup> S. 39.202(1), F.S.



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.<sup>86</sup>

### *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."<sup>87</sup> 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.<sup>88</sup> 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.<sup>89</sup>

### Child Protective Investigators and Case Managers

CPIs 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.<sup>90</sup>

### *Turnover and Vacancies*

In Fiscal Year (FY) 2011-2012, CPI turnover was 36.59%.<sup>91</sup> This figure was slightly lower in FY 2012-13, with a turnover rate of 26.39%.<sup>92</sup> As of January 6, 2014, DCF employed 1,082.5 CPIs, and 40.5 CPI positions were vacant.<sup>93</sup>

---

<sup>85</sup> S. 39.2021(1), F.S.

<sup>86</sup> S. 39.2021(1), F.S.

<sup>87</sup> Megan Twohey, The Child Exchange, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited March 12, 2014).

<sup>88</sup> Megan Twohey, The Child Exchange, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited March 12, 2014).

<sup>89</sup> Megan Twohey, The Child Exchange, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited March 12, 2014).

<sup>90</sup> S. 402.40(3), F.S.

<sup>91</sup> E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

<sup>92</sup> E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

<sup>93</sup> E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

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.<sup>94</sup> The Child Welfare League of America recommends that professionals handling child welfare investigations have a caseload of 1:12 and employees handling ongoing cases for child welfare (typically the case manager role in Florida) have a caseload of 1:17.<sup>95</sup> Caseloads of child welfare employees vary between states. New Jersey reported an average caseload of 1:12 for open cases and 1:8 for new referrals in the child welfare system as of June 2013.<sup>96</sup> North Carolina had an average caseload for child protective workers of 1:9 and Texas had an average caseload of 1:24 in 2012.<sup>97</sup>

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.<sup>98</sup> 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.<sup>99</sup>

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.<sup>100</sup> 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.<sup>101</sup>

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.<sup>102</sup> 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.<sup>103</sup>

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.<sup>104</sup> 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.<sup>105</sup> 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.<sup>106</sup>

### *Education*

CPIs must have a bachelor's degree.<sup>107</sup> DCF prefers to hire CPIs with a bachelor's degree in human services-related fields.<sup>108</sup> The degrees held by CPIs as of January 6 are as indicated below:

<sup>94</sup> *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

<sup>95</sup> *Recommended Caseload Standards*, Child Welfare League of America, *accessible at*:

<http://www.cwla.org/newsevents/news030304cwlacase-load.htm> (last accessed March 12, 2014).

<sup>96</sup> *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

<sup>97</sup> *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

<sup>98</sup> *Organizational Culture*, Administration for Children and Families, *accessible at*:

[https://childwelfare.gov/management/workforce/org\\_culture/index.cfm](https://childwelfare.gov/management/workforce/org_culture/index.cfm) (last accessed March 21, 2014).

<sup>99</sup> *Organizational Culture*, Administration for Children and Families, *accessible at*:

[https://childwelfare.gov/management/workforce/org\\_culture/index.cfm](https://childwelfare.gov/management/workforce/org_culture/index.cfm) (last accessed March 21, 2014).

<sup>100</sup> *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

<sup>101</sup> *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

<sup>102</sup> *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

<sup>103</sup> *State Child Welfare Systems*, OPPAGA Research Memorandum, March 10, 2014, on file with committee staff.

<sup>104</sup> Testimony by the Florida State University College of Social Work, Healthy Families Committee Meeting, February 11, 2014.

<sup>105</sup> Testimony by the Florida State University College of Social Work, Healthy Families Committee Meeting, February 11, 2014.

<sup>106</sup> Testimony by the Florida State University College of Social Work, Healthy Families Committee Meeting, February 11, 2014.

<sup>107</sup> *Career Opportunities*, The Department of Children and Families, *accessible at*: <https://www.dcf.state.fl.us/initiatives/DCFJobs/> (last accessed March 12, 2014).

<sup>108</sup> *Career Opportunities*, The Department of Children and Families, *accessible at*: <https://www.dcf.state.fl.us/initiatives/DCFJobs/> (last accessed March 12, 2014).

- 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.<sup>109</sup>

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.<sup>110</sup>
- Employee Retention: Child welfare employees with social work degrees had similar levels of turnover when compared to child welfare employees with other degrees.<sup>111</sup>
- 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 with child welfare services, and likelihood of deeming services necessary.<sup>112</sup>

### 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 (MSW) degree.<sup>113</sup> In return for accepting the stipend, the student was required to work for a CBC for at least a year.<sup>114</sup> 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.<sup>115</sup>

DCF also has the authority to administer general child welfare student loan forgiveness.<sup>116</sup> This program allows DCF to provide loan reimbursement.<sup>117</sup> To eligible, employees must hold child welfare positions that are critical to DCF's mission and that are within DCF, sheriff's offices, or contracted

<sup>109</sup> E-mail correspondence with the Department of Children and Families, March 17, 2014, on file with committee staff.

<sup>110</sup> 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

<sup>111</sup> 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.

<sup>112</sup> *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.

<sup>113</sup> E-mail correspondence with the Department of Children and Families, October 17, 2014, on file with committee staff.

<sup>114</sup> E-mail correspondence with the Department of Children and Families, October 17, 2014, on file with committee staff.

<sup>115</sup> E-mail correspondence with the Department of Children and Families, October 17, 2014, on file with committee staff.

<sup>116</sup> S. 402.401, F.S.

<sup>117</sup> S. 402.401, F.S.

community-based care agencies.<sup>118</sup> In addition, the employee's outstanding student loans may not be in a default status to be eligible for loan reimbursement.<sup>119</sup> The Child Welfare Loan Forgiveness was terminated June 30, 2012, and it was last funded in FY 2012-13 for \$1,950,000.<sup>120</sup>

## **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 bill specifies that the procurement for CBCs 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 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 requires that 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.

---

<sup>118</sup> S. 402.401, F.S.

<sup>119</sup> S. 402.401, F.S.

<sup>120</sup> E-mail correspondence with Appropriations Committee, October 15, 2013, on file with committee staff.

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 the 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 include 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, to be consistent with the child welfare results-oriented accountability system. The bill also requires DCF to consult with the dependency 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. The bill requires each CBC to also post on its website the average caseload of case managers, the turnover rate for case managers and case manager supervisors, the percentage of required home visits completed, and the performance on outcome measures. This information is required to be posted by the 15<sup>th</sup> of each month.

### *Community Alliances*

The bill amends the duties of community alliances, to include 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 a nonvoting 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 nonvoting 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.<sup>121</sup> 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:

---

<sup>121</sup> S. 39.301 (14), F.S.  
**STORAGE NAME:** h7169.APC  
**DATE:** 4/20/2014

- 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 children removed from their homes 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 conducting administrative reviews.

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 AHCA and DOH to provide needed services.

The bill also redefines the term "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's 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.<sup>122</sup> 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.<sup>123</sup> If a child is absent from the program, the person with whom the child resides is required to report the absence to the program.<sup>124</sup> 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.<sup>125</sup>

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*

<sup>122</sup> S. 39.604, F.S.

<sup>123</sup> S. 39.604, F.S.

<sup>124</sup> S. 39.604, F.S.

<sup>125</sup> S. 39.604, F.S.

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;
- 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; or
- At least 5 years of experience directly relevant to child protection (if the individual will be employed as a CPI or CPI supervisor) or at least 5 years of experience directly relevant to child welfare (if the individual will be employed as a case manager or a case manager supervisor) and demonstrated competence regarding required skills and aptitudes.

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 fulfill 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 areas such as medically fragile children, sexually exploited 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 case manager, case manager supervisors, 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.

#### Florida 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 the 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. 402.40, 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 protection and child welfare 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 part five of ch. 409, F.S., 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:** Amends 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. 1004.615, 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:** Amends s. 39.201, F.S., related to mandatory reports of child abuse.
- Section 40:** Amends s. 409.16713, F.S., related to allocation of funds for community-based care lead agencies.
- Section 41:** Amends s. 409.1675, F.S., related to lead community-based providers.
- Section 42:** Amends s. 409.1676, F.S., related to comprehensive residential group care services to children who have extraordinary needs.
- Section 43:** Amends s. 409.1677, F.S., related to model comprehensive residential services.
- Section 44:** Amends s. 409.906, F.S., related to optional Medicaid services.
- Section 45:** Amends s. 420.628, F.S., related to affordable housing for children and young adults leaving foster care.
- Section 46:** Provides for an effective date.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

None.

## 2. Expenditures:

The bill includes provisions expected to have a negative fiscal impact upon DCF as enumerated below. The department may implement and manage the bill's provisions in a manner requiring less fiscal and personnel resources than estimated. To the extent these workload assumptions are implemented differently, the fiscal impact may be less.

The total impact based on DCF and DOH estimates and House staff review is \$10,335,000 and requires 28 FTE for the following items:

1. Critical Incident Response Team - \$400,000 – Costs associated with the bill's requirement for the reimbursement of team members' travel and per-diem. This includes payment of team members' salary to their employers for the time spent fulfilling the duties of this team.
2. Advisory Committee Appointees - \$175,000 – The department's estimate to produce an annual report that includes recommendations to improve policies and practices related to child protection and welfare services. The report is to be based upon an independent review of investigations performed by the aforementioned Critical Incident Response Team.
3. Public Disclosure of Reported Child Deaths – \$233,400 (1 FTE) – The estimated cost for the maintenance and development for a system that collects child death information and makes it available on the department's website.
4. Child Abuse Death Reviews - \$734,336 (6 FTE) – The estimated cost to DCF of \$611,400 for additional positions necessary to review all reports of abuse submitted to the department's abuse hotline, and cost to Department of Health of \$122,936 for additional administrative items relative to an increase of State Child Abuse Death Review Committee meetings.
5. Specialized Training for Child Protective Investigators – \$63,925 – The department's estimated cost to fulfill the bill's requirement that investigators be credentialed by a third-party entity (estimated to be \$50 per 1,278 investigators). *See also FISCAL COMMENTS section.*
6. Managed Care Plans - \$3,710,000 (2 FTE) – Costs in connection with the bill's requirement that DCF develop a system to collect the data from dependent children's managed care plans. DCF expects this system will require an interface with AHCA to fulfill the bill's requirement that both agencies validate the data to ensure each plan is in compliance with standard health care practices.
7. Quality Assurance Program and Annual Evaluation - \$1,230,964 (12 FTE) – The estimated cost for additional positions necessary to evaluate CBC's contracted services and to produce an annual assessment of each CBC's programmatic, operational, and fiscal operations.
8. Results-Oriented Accountability System - \$3,125,000 (5 FTE) – The department's estimate for additional positions necessary to develop accountability measures relative to CBCs' performance and to develop a system for data collection and monitoring of such measures and consequent outcomes.
9. Assistant Secretary for Child Welfare - \$222,376 (2 FTE) – Costs associated for a new executive position as required by the bill with an accompanying administrative assistant.
10. The Florida Institute for Child Welfare - \$440,000 – Estimated administrative costs to the state university system for activities performed by the Institute. This amount represents the state share as it's anticipated that training services are eligible for matched federal funding, thus providing a total of \$1,000,000 for the Institute.

## B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

Overall, the House proposed GAA provides a total of \$44.4 million towards child welfare initiatives. Of this amount, \$41.6 million is provided directly to DCF for additional Child Protective Investigators, to county Sheriffs that perform child protective investigations, to expand the Healthy Families Program, to expand direct services by the CBCs, and to service sexually exploited youth. The remaining \$2.8 million is provided to the Department of Health to expand the assessment of child abuse and neglect cases as performed by Child Protection Teams.

The bill includes provisions for which there is an indeterminate cost, or do not directly impact DCF, as outlined below:

- The bill establishes a Child Protective Investigator and Supervisor Student Loan Forgiveness Program. The total cost for this program is indeterminate as it's based upon the number of investigators determined eligible and upon the availability of funding.
- The bill exempts the payment of tuition and fees for child protection and welfare personnel. The costs associated with this exemption are indeterminate as the number of participants is unknown. These costs would be absorbed by the respective state university or college.

As noted in the Expenditure section, the bill requires specialized training of Child Protective Investigators. The department indicates additional CPIs would be necessary as substitutes when training is conducted (which is expected to take four weeks). The House proposed GAA includes \$13.0 million to fund an additional 191 positions, which exceeds the department's estimated need of 12 CPIs for this provision.

The bill provides 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 Criminal Justice Impact Conference met on April, 10 2014 and determined this bill will have an insignificant impact on state prison beds.

### 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**

On March 25, 2014, the Healthy Families Subcommittee adopted four amendments. The amendments:

- Clarify that DCF must consult with the dependency judge, rather than the chief judge, on the performance of each CBC;
- Require the community alliances to recommend a contract extension for a CBC if both programmatic and financial performance are superior, rather than if either the programmatic or financial performance is superior;
- Require the CBCs to post information relating to case management services on their websites; and
- Allow a CPI, CPI supervisor, case manager and case manager supervisor to have five years of experience directly relevant to child protection, in lieu of a degree in a human-services related field with relevant coursework or a social work degree.

This analysis is drafted to the proposed committee bill as amended.