

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 1680
INTRODUCER: Senator Baxley
SUBJECT: Child Welfare
DATE: March 31, 2017 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	Pre-meeting
2.			AHS	
3.			AP	

I. Summary:

SB 1680 makes a number of revisions to current law to improve the care of children in the child welfare system and better ensure child safety, permanency and well-being.

The bill extends the jurisdiction of the dependency court over young adults with a disability until the age of 22 if the young adult continues to remain in foster care past the age of 18. The bill also requires that a child’s transition plan must be approved by the court before a child’s 18th birthday regardless of whether the child is leaving care at 18 and requires that the transition plan be attached to the case plan and updated before each judicial review.

The bill allows the dependency court to order “maintain and strengthen” in the child’s home as a permanency goal. The bill revises the definition of “permanency goal” by removing duplicative language contained in substantive law.

The bill requires the Department of Children and Families (DCF or department) to not only ensure the quality of contracted services and programs offered to families in the dependency system, but also ensure that an adequate array of services is available through the community-based care lead agencies (CBCs).

The bill requires the department to develop, in collaboration with CBCs, service providers, and other community stakeholders, a statewide quality rating system for providers of residential group care and foster homes. The department must submit a report to the Governor, President of the Senate, and Speaker of the House on October 1, 2017, and by October 1 of each year thereafter.

The bill has a significant fiscal impact on the department.

The bill provides an effective date of July 1, 2017.

II. Present Situation:

Extended Court Jurisdiction

States were given the opportunity to draw down additional federal funding if they gave young adults the ability to remain in care until they turn 21 or 22 if the young adult has a disability.¹ In 2014, the Legislature provided children in foster care the option of remaining in care beyond the age of 18.² In order to be eligible to remain in care, the young adult must be:

- Completing secondary education or a program leading to an equivalent credential;
- Enrolled in an institution that provides postsecondary or vocational education;
- Participating in a program or activity designed to promote or eliminate barriers to employment;
- Employed for at least 80 hours per month; or
- Unable to participate in programs or activities above full time due to a physical, intellectual, emotional, or psychiatric condition. Any such barrier to participation must be supported by documentation in the child's case file or school or medical records of a physical, intellectual, or psychiatric condition that impairs the child's ability to perform one or more life activities.³

In extended foster care, young adults continue to receive case management services and other supports to provide a sound platform for success as independent adults. While the 2014 legislation gave young adults with disabilities the option to remain in care until the age of 22, s. 39.013, F.S. was not also amended to extend court jurisdiction.

Transition Plans

During the 6 month period immediately after a dependent child reaches 17 years of age, the department and the CBCs, in collaboration with the child, his or her caregiver, and any other person the child would like to include must develop a transition plan.⁴ These transition plans must address services, housing, health insurance, education, workforce support and employment services, and the maintenance of mentoring relationships and other personal supports.⁵ The plan is designed to help transition a child in the dependency system to adulthood. Currently, if a child is planning to leave care upon reaching 18 years of age, the transition plan must be approved by the court before the child leaves care and the court terminates jurisdiction.⁶

Permanency Goals

The purpose of the permanency goal is to ensure a legally permanent, nurturing family for every child in out-of-home care. Current law provides that a permanency hearing must be held at least every 12 months for any child who continues to be supervised by the department or awaits adoption. Permanency goals available, listed in order of preference, are:

- Reunification;

¹ Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351).

² Section 39.6251, F.S.

³ Section 39.6251, F.S.

⁴ Section 39.6035, F.S.

⁵ *Id.*

⁶ *Id.*

- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship of a dependent child;
- Permanent placement with a fit and willing relative; or
- Placement in another planned permanent living arrangement.⁷

Child Welfare Services

Since the privatization of foster care and related services in Florida, the department contracts for case management, out-of-home care, and related services with community-based care organizations. The model of using lead agencies to provide child welfare services is designed to increase local community ownership of service delivery and design⁸ and the community-based lead agencies rather than the department are responsible for providing foster care and related services. These services include, but are not limited to, counseling, domestic violence services, substance abuse services, family preservation, emergency shelter, and adoption.⁹ The CBC must give priority to services that are evidence-based and trauma informed.¹⁰

Florida law currently vests responsibility in the department for the quality of contracted services and their delivery in accordance with federal and state law.¹¹

The federal Child and Family Services Reviews (CFSR) are conducted periodically to ensure “substantial conformity” with federal child welfare regulations. The reviews are also designed to assist states in identifying where they need to enhance their program capacity to achieve child safety, permanency, and well-being.¹² The results from Florida’s last review included the following:

- Appropriate services were provided to meet the needs of children were provided in 82% of cases reviewed; and
- Needs of parents were appropriately assessed and addressed through services in 55% of cases reviewed:
 - Substance abuse and parenting services were provided in about 47% of cases reviewed;
 - In about 32% of the cases reviewed the agency did not make concerted efforts to engage parents in services or failed to provide appropriate services.¹³

Placement Options for Children in Out-of-Home Care

Federal law has long supported the belief that children should grow up in families whenever possible. The Adoption Assistance and Child Welfare Act of 1980 codified the concept that children should be cared for in their own homes whenever it is possible to safely do so and in

⁷ Section 39.621, F.S.

⁸ Community-Based Care, The Department of Children and Families, *accessible at*: <http://www.myflfamilies.com/service-programs/community-based-care>. (last visited March 28, 2017).

⁹ Section 409.988, F.S.

¹⁰ *Id.*

¹¹ Section 409.996, F.S.

¹² U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau, *available at*: <https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews>. (last visited March 28, 2017).

¹³ Child and Family Services Reviews, Results Meeting, Florida CFSR 2016.

new permanent homes when it is not. To preserve the well-being of children who enter the system, out-of-home placements must be in the least restrictive setting possible that is most like a family.¹⁴ Florida has likewise codified the concept of least restrictive setting.¹⁵

When a child protective investigator determines that in-home services are not enough to allow a child to safely remain in his or her home, the investigator removes the child from his or her home and places the child in a safe and appropriate temporary placement. These temporary placements, referred to as out-of-home care, provide housing and services to children until they can return home safely to their family or achieve permanency with another family through adoption or guardianship. These out-of-home placements include:

- **Relatives and non-relatives** - Research indicates that children in the care of relatives and non-relatives, such as grandparents or family friends, benefit from increased placement stability and are less likely to change placements as compared to children placed in general foster care.¹⁶
- **Licensed family foster home** - A family foster home is a licensed private residence in which children who are unattended by a parent or legal guardian are provided 24-hour care. Such homes include emergency shelter family homes and specialized foster homes for children with special needs.¹⁷
- **Residential group care** - The primary purpose of residential group care is to provide a setting that addresses the unique needs of children and youth who require more intensive services than a family setting can provide. Group care placements are licensed by DCF as residential child-caring agencies¹⁸ that provide staffed 24-hour care for children in facilities maintained for that purpose, regardless of whether operated for profit or whether a fee is charged. These include maternity homes, runaway shelters, group homes, and emergency shelters.¹⁹

Licensure

The department licenses most out-of-home placements, including family foster homes, residential child-caring agencies (residential group care), and child-placing agencies.²⁰ The following placements do not require licensure:

- Relative caregivers;
 - Non-relative caregivers;
 - An adoptive home which has been approved by the department or by a licensed child-placing agency for children placed for adoption; and
 - Persons or neighbors who care for children in their homes for less than 90 days.²¹
- Licensure involves meeting rules and regulations pertaining to:

¹⁴ Adoption Assistance and Child Welfare Act of 1980, Pub. L. No. 96-272, 42 USC s. 675.

¹⁵ Sections 39.407, 39.6012 and 409.165, F.S.

¹⁶ David Rubin and Downes, K., et al., *The Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care* (June 2, 2008), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654276/> (last accessed March 29, 2017).

¹⁷ Section 409.175, F.S.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

- The good moral character of personnel and foster parents based on background screening, education, training, and experience requirements;
- Operation, conduct, and maintenance;
- The provision of food, clothing, educational opportunities, services, equipment, and individual supplies to assure the healthy physical, emotional, and mental development of the children served;
- The appropriateness, safety, cleanliness, and general adequacy of the premises, including fire prevention and health standards, to provide for the physical comfort, care, and well-being of the children served;
- The ratio of staff to children required to provide adequate care and supervision of the children served; and
- In the case of foster homes, the maximum number of children in the home.²²

These licensure standards are the minimum requirements that must be met to care for children within the child welfare system. The department must issue a license for those homes and agencies that meet the minimum licensure standards.²³

Residential Group Care Quality Standards

Florida Institute for Child Welfare

The Florida Institute for Child Welfare (FICW) published a technical report titled “Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations” in July of 2015. This report looked at the current trends and evidence related to residential group care, finding that:

“Although the appropriate use of residential group care has been a subject of longstanding debate, most child welfare experts, including practitioners, researchers, and advocacy groups, acknowledge that for some youth involved in the child welfare system, high quality group care is an essential and even lifesaving intervention.”²⁴

Based on reviews of current trends and issues, findings from research, and reviews of recommendations proposed by child welfare experts and advocacy groups, the FICW made the following recommendations.²⁵

- Develop and implement a basic set of common quality standards for residential group homes;
- Increase evaluation efforts to identify and support evidence-based services;
- Support providers in strengthening efforts to engage families;
- Explore innovative approaches, including those that are trauma-informed and relationship-based;

²² *Id.*

²³ *Id.*

²⁴ Boel-Studt, S. M. (2015). *Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations*, Florida Institute for Child Welfare, available at: <http://ficw.fsu.edu/sites/g/files/imported/storage/original/application/d274e89564cd47d4b98ee14f68817127.pdf>. (last visited March 29, 2017).

²⁵ *Id.*

- Increase efforts to identify and implement culturally competent practices that are supported by research;
- Continue to build upon efforts to strengthen the child welfare workforce; and
- Explore flexible funding strategies that can help facilitate higher quality services and innovative uses of residential group homes that are consistent with systems of care principles.

The recommendations made by the FICW focus mainly on quality and implementing strategies to facilitate high quality services within residential group care.

Group Care Quality Standards Workgroup

Also in 2015, the department and the Florida Coalition for Children established the Group Care Quality Standards Workgroup (workgroup), with representation from group care providers, CBCs, and DCF. The workgroup reviewed standards-related literature to determine consensus and ensure a high quality of group care standards.²⁶ The workgroup identified eight specific categories for quality standards with 251 distinct quality standards for residential group care.²⁷ The workgroup and FICW started the Quality Standards for Group Care Initiative, which consists of 6 project phases:²⁸

- Development of core quality standards;
- Development of a quality assessment tool;
- Pilot test of the quality assessment tool;
- Field test of the quality assessment tool
- Implementation of the quality assessment tool; and
- Validation of the quality assessment tool.

In September 2015, the department reviewed and approved the core quality standards, completing Phase 1.²⁹ The FICW developed a quality assessment tool shortly thereafter, completing phase 2.³⁰ On October 31, 2016, a rating scale pilot (phase 3) was implemented in DCF's Central service region with 11 group homes.³¹ Once the field test is completed in July 2017, the data will be analyzed and the quality assessment tool will be finalized. Statewide implementation (phase 5) is scheduled for September of 2017 with validation (phase 6) scheduled 1 and 2 years after that.³²

²⁶ Group Care Quality Standards Workgroup, *Quality Standards for Group Care*, Florida Department of Children and Families and the Florida Coalition of Children, 2015.

²⁷ *Id.*

²⁸ Boel-Studt, S. M. (2015). *Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations*, Florida Institute for Child Welfare, available at: <http://ficw.fsu.edu/sites/g/files/imported/storage/original/application/d274e89564cd47d4b98ee14f68817127.pdf>. (last visited March 29, 2017).

²⁹ Florida Institute of Child Welfare, *Quality Standards for Residential Group Care, A Pilot Test and Initial Validation of a Quality Rating Scale for Florida's Residential Group Homes*, available at: <http://ficw.fsu.edu/technical-assistance-training/quality-standards-residential-group-care> (last accessed March 29, 2017).

³⁰ *Id.*

³¹ *Id.*

³² *Id.*

III. Effect of Proposed Changes:

Section 1 amends s. 39.01, F.S., relating to definitions, to remove duplicative language from the definition of “permanency goal” that is also found in s. 39.621, F.S., relating to permanency determinations by the court.

Section 2 amends s. 39.013, F.S., relating to procedures, jurisdiction and right to counsel, to extend the jurisdiction of the dependency court over young adults with a disability until the age of 22 if the young adult continues to remain in foster care past the age of 18.

Section 3 amends s. 39.6035, F.S., relating to transition plans, to require that a child’s transition plan be approved by the court before a child’s 18th birthday regardless of whether the child is leaving care at the age of 18 and requires that the transition plan must be attached to the case plan and updated before each judicial review.

Section 4 amends s. 39.621, F.S., relating to permanency determination by the court, to allow the dependency court to order to “maintain and strengthen” in the child’s home as a permanency goal. The bill adds this goal to the options a dependency court is able to order.

Section 5 amends s.409.996, F.S., relating to duties of the department, to require DCF to not only ensure the quality of contracted services and programs offered to families in the dependency system, but also ensure that an adequate array of services is available to be provided through the CBCs.

The bill also requires the department to develop, in collaboration with CBCs, service providers, and other community stakeholders, a statewide quality rating system for providers of residential group care and foster homes. The system must promote high quality in services and accommodations by creating measurable minimum quality standards that providers must meet to contract with CBCs. The system must also include the number of staff who have received a child welfare certification developed specifically for residential group home personnel and foster parents. The department must submit a report to the Governor, President of the Senate, and Speaker of the House on October 1, 2017, and by October 1 of each year thereafter. The initial report must include an update on implementation and a plan for oversight of the implementation of the system and beginning in October of 2019 the report must include a list of providers meeting minimum quality standards, the percentage of children placed with highly rated providers, and any negative actions taken against providers for not meeting minimum quality standards.

Section 6 provides an effective date of July 1, 2017.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The department reports that provisions in the bill will have a fiscal impact on foster parents and group care providers. There is not currently a certification process specifically for this population so the fees are not known, but there is a certification process for Child Welfare Professionals that uses a third party credentialing agency. This third party credentialing agency charges \$200 for initial provisional certification and exam. When the Child Welfare Professional meets the requirements to become fully certified it costs \$100 to obtain full certification for a year. After this it costs \$200 every other year for certification renewal.³³

C. Government Sector Impact:

The bill requires the development of the service array and its monitoring, among other things. The department had a vendor perform an estimation last summer for a full services implementation within the Florida Safe Families Network (FSFN). If the intent of this bill is to provide these services, the estimated system cost that the vendor provided was \$10,084,689. This does not include any program costs such as development of a rating system, change management, training, capturing providers who received certification, each provider's level of care and rating based on the proposed quality rating system, the actions taken to help providers address needs in order to meet the standards, and a way to rank foster homes and capture percentages of ranked homes by community based care lead agencies and children placed.³⁴

VI. Technical Deficiencies:

None.

VII. Related Issues:

- The department, in conjunction with Florida State University's College of Social Work, is currently pilot testing a Quality Rating Scale for Florida's residential group homes. The 4th of

³³ Department of Children and Families, 2017 Agency Legislative Bill Analysis, SB 1680, March 8, 2017.

³⁴ *Id.*

the 6 phase project will be completed in July 2017. It is unclear why another rating scaled needs to be developed before the current rating system pilot has not been completed.

- If group homes and foster homes are rated on a scale of 1-5, placing a child who has no choice of where he or she is placed, may be damaging to the child's self-esteem. In addition, if the child is injured in a lower level rated home, a provider making the placement may be liable.

VIII. Statutes Affected:

This bill substantially amends 39.01, 39.013, 39.6035, 39.621, and 409.996 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.