

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS

Senator Sobel, Chair
Senator Hays, Vice Chair

MEETING DATE: Tuesday, March 11, 2014
TIME: 1:30 —3:30 p.m.
PLACE: *Mallory Horne Committee Room, 37 Senate Office Building*

MEMBERS: Senator Sobel, Chair; Senator Hays, Vice Chair; Senators Altman, Braynon, Clemens, Dean, Detert, Diaz de la Portilla, Grimsley, and Thompson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
Consideration of proposed committee bill:			
1	SPB 7072	Child Abuse and Child Welfare Services; Requiring the secretary of the department to appoint an Assistant Secretary for Child Welfare; providing requirements for persons providing child welfare services; providing education requirements for child protective investigators and child protective investigation supervisors; establishing a tuition exemption program for child protective investigators and supervisors; providing eligibility requirements; establishing the criminal offense of unlawful abandonment of a child; establishing the Florida Institute for Child Welfare, etc.	Submitted as Committee Bill Yeas 10 Nays 0
Consideration of proposed committee bill:			
2	SPB 7074	Child Welfare; Requiring the Department of Children and Families to conduct specified investigations using critical incident rapid response teams; authorizing access to specified records in the event of the death of a child which was reported to the department's child abuse hotline; requiring the department to publish specified information on its website if the death of a child is reported to the child abuse hotline, etc.	Submitted as Committee Bill Yeas 10 Nays 0
Consideration of proposed committee bill:			
3	SPB 7076	Medically Complex Children; Providing for the provision of services for medically complex children; providing requirements for a child protection team that evaluates a report of medical neglect and assesses the health care needs of a medically complex child; requiring the Department of Children and Families to work with the Department of Health and the Agency for Health Care Administration to care for medically complex children; allowing the Department of Children and Families to place children in a medical foster home; allowing the Department of Children and Families to place children in a medical foster home, etc.	Submitted as Committee Bill Yeas 9 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Children, Families, and Elder Affairs

Tuesday, March 11, 2014, 1:30 —3:30 p.m.

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Other Related Meeting Documents

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: SPB 7072

INTRODUCER: Children, Families, and Elder Affairs Committee

SUBJECT: Child Abuse and Child Welfare Services

DATE: March 10, 2014

REVISED: 03/12/14

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Sanford	Hendon		Submitted as Committee Bill

I. Summary:

SPB 7072 makes numerous changes to better protect children from abuse and neglect. The bill seeks to improve the quality of child abuse investigations conducted by the Department of Children and Families (DCF or the department) and certain sheriff's offices.¹ The bill accomplishes this by increasing child welfare expertise in the department, improving child abuse investigator qualifications, and creating a consortium of public and private schools of social work to advise the state on child welfare policy.

The bill establishes an Assistant Secretary for Child Welfare to ensure that the agency has a single point person for the quality of child protection and child welfare services. The bill improves the qualifications for child protective investigators and their supervisors by requiring 80 percent of the persons newly employed for these positions hold college degrees in social work. To allow the current workforce to meet these improved requirements, the bill exempts the employee from paying tuition and fees for a state university social work program. The bill also recreates a loan reimbursement program to assist in recruitment and retention of child protective investigators and supervisors.

The bill also creates a criminal offense for abandoning a child and provides definitions and penalties for that offense.

The bill creates a consortium of the state's public and private university social work programs. The consortium is defined as the Florida Institute for Child Welfare and will conduct research and policy analysis to advise the state, as well as improve both the education and training of child protection and child welfare workers.

The bill will have an indeterminate fiscal impact. The effective date is July 1, 2014.

¹ As authorized under s. 39.3065, F.S., and the General Appropriations Act, sheriffs in Broward, Hillsborough, Manatee, Pasco, Pinellas and Seminole counties investigate child abuse and neglect reported to the abuse hotline rather than the department.

II. Present Situation:

Child Abuse, Neglect, and Death

Child abuse or neglect, or child maltreatment, has been identified as a serious social issue in the United States since its founding. Although the first organized effort to protect children was not until 1875, the year that the New York Society for the Prevention of Cruelty to Children was incorporated, churches, orphanages, and civic groups had attempted to assist children who had been injured or neglected from colonial days.²

Most recent studies show that the most common child maltreatment is neglect, accounting for about 78 percent of the cases. Other common maltreatments are physical abuse (approximately 17 percent of cases) and sexual abuse (approximately 9 percent of cases). Victims less than one year old have the highest rate of victimization. Many factors are associated with child maltreatment, including poverty, substance abuse, domestic violence, and mental illness.³ The presence of an adult male unrelated to the child in the household has also been identified as a major risk factor for child maltreatment.

Child maltreatment is one of the nation's most serious problems⁴. In Federal Fiscal Year 2011, the most recent year for which national data is available,⁵ an estimated 3.4 million reports of abuse were received by child protection agencies.⁶ After investigation, the number of unduplicated child victims nationally was estimated to be 681,000. Florida reported 208,437 calls to the child abuse hotline, of which 55,770 resulted in substantiated allegations of abuse.⁷

In addition to the human cost of child abuse and neglect, there is a significant fiscal impact to the state. The department has posited a conservative estimate of \$72,709 annually per child to provide child welfare, hospitalization, special education and juvenile justice services to care for an abused or neglected child.⁸ Just the cost of child and adult protective investigations in Florida (of which the great majority are child investigations) was reported to be \$312,493,471 in FY 2012-13.

The most serious result of child maltreatment is the death of the child. Nationally 1, 545 child fatalities as the result of child abuse or neglect were identified.⁹ Florida reported 133 child fatalities resulting from child abuse or neglect.¹⁰ In cases where a child died from abuse or neglect, in some instances the family was not previously known to the department, and in others the child was previously known. When the family was previously or currently known to the

² Myers, John E.B., *Child Protection in America: Past, Present, and Future*, Oxford University Press, 2006 at 26.

³ *Id.*, pp. 134-156.

⁴ US. Department of Health and Human Services, *Child Maltreatment 2011*, p. 1.

⁵ All data in this paragraph are for FFY 2011 so that all are comparable.

⁶ *Id.* at vii. The report adds that the rate of referrals have remained fairly constant for at least five years.

⁷ *Id.* at 11, 29.

⁸ Department of Children and Families, *2013 Annual Report*, p. 27.

⁹ U.S. Department of Health and Human Services, *ibid.* at 63.

¹⁰ *Id.* at 63.

department, understanding the reasons that the previous or current intervention was not effective in avoiding the death is of critical importance.

Child Protection and Child Welfare Services in Florida

Florida's system for providing services to children alleged to have been abused, neglected, or abandoned is complex, involving the department itself, 6 sheriff's offices, the Office of the Attorney General, one state attorney office, the Department of Health, 17 community-based care providers (lead agencies), and innumerable subcontractors to lead agencies.

A child protective investigation begins with a report by any person to the Florida Abuse Hotline. The state is required to maintain a 24/hour, 7/day capacity for receiving reports of maltreatments. The reports are sent out to child protective investigators (CPIs) across the state to investigate.

The CPI receiving the report is most commonly a DCF employee, but in six counties the local sheriff performs the investigative function. The DCF child protective services are delivered through 6 regional offices, using 1,300 investigators and 300 supervisors. The sheriff's offices employ 387 CPIs and 70 supervisors.

Court hearings are required whenever a child is removed from his or her home. The attorneys in these cases are either department employees or employees of the Attorney General's Office under contract to DCF or, in one case, a state attorney office.

The lead agencies and their subcontractors are the primary providers of services to children and families in the child welfare system. There are currently 17 lead agencies with contracts covering all 20 judicial circuits. The lead agencies and their subcontractors employ case managers and supervisors to oversee the provision of services to children in the child welfare system. Many of the services are not directly provided by the lead agencies or the case management subcontractors, but by substance abuse, mental health, and other specialized community based providers.

There is variation across the state in deciding the point at which the lead agency assumes responsibility for the case management of a child welfare case, with varying degrees of cooperation and overlap between CPIs and lead agencies. In addition, special problems arise when multiple areas of the state are involved in either the investigation or the placement of children.

Child Welfare Workforce

History

The college degree most tailored to and associated with child welfare is the bachelor's or master's in social work. During the first half of the 20th century, the federal government, in cooperation with universities and local agencies, established a child welfare system staffed by

individuals with professional social work educations. Child welfare came to be viewed as a prestigious specialty within the social work profession.¹¹

In the 1990's, an increased recognition of child abuse led to enactment of state child abuse and neglect reporting laws and toll free numbers to report abuse. This resulted in a large increase of child abuse reports and resources for the preparation and support of additional staff needed to respond to the reports were inadequate. States moved quickly to hire additional employees to investigate abuse. One way to expand the workforce was to reduce staff qualifications. In response to having a varied workforce without similar expertise and training, agencies began to structure child welfare work differently, attempting to reduce its complexity and make it possible for people with fewer qualifications to adequately perform required tasks.¹²

Current Qualifications

The current qualifications for child protective investigators are not specified in statute or rule, but DCF's internal hiring practices require that new protective investigators have a bachelor's degree in any field and one year of child welfare related experience, or a master's degree in any field. Preference is given to candidates with a human services related degree. The department is not involved in the hiring practices or standards established by the sheriff's offices.¹³

The current qualifications for child welfare case managers operating in the community based care system are established by rule and are a bachelor's degree in social work or related field.¹⁴ Since employment decisions for child welfare case managers are made by individual lead agencies, and since DCF does not collect data on their practices, the extent to which this rule is actually observed by the lead agencies is not clear. DCF does have the authority to exempt employees from the rule, and often does so.

In addition to the above qualifications, the 2012 Legislature required that both child protective investigators and child welfare case managers obtain child welfare certification from a third-party credentialing entity.¹⁵ This certification requires the individual to demonstrate core competency in any child welfare practice area. A "core competency" is defined in statute to be the minimum knowledge, skills, and abilities necessary to carry out child welfare work responsibilities.¹⁶

¹¹ Child Welfare Workforce, Research Roundup, Child Welfare League of America, (Sept. 2002) *available at* <http://www.cwla.org/programs/r2p/rnews0209.pdf>. (last visited March 3, 2014).

¹² Jones, L.P. and Okamura, A. Reprofessionalizing Child Welfare Services: An Evaluation of a Title IV-E Training Program, *Research on Social Work Practice*, Vol. 10 No. 5, September 2000 and Zlotnik, J.L., Preparing Social Workers for Child Welfare Practice: Lessons from an Historical Review of the Literature, *Journal of Health & Social Policy*, Vol. 15, No. 3/4, 2002.

¹³ Communication from the Department of Children and Family Services, Family Safety Office, (Sept. 16, 2010) (on file with the Committee on Children, Families, and Elder Affairs.)

¹⁴ Section 409.1671(5)(a), F.S., requires that each community-based lead agency must be licensed as a child-caring or child-placing agency. Section 65C-15.017(2) and (3), F.A.C., sets the education and experience requirements for such agencies.

¹⁵ Currently, the Florida Certification Board.

¹⁶ Section 402.40, F.S.

Social Workers in Child Welfare

According to the department, the degrees are currently known for 1,214 of the 1,522 child protective investigators (CPIs).¹⁷ This data does not include information on the degrees of those investigators in the 6 county sheriff's offices. Approximately 10 percent of the department's CPIs have a social work degree (BSW or MSW). See table 1 below:

Table 1. Degrees of DCF Child Protective Investigators

Degree	Number	Percent of Workforce
Other	388	32.0%
Criminal Justice	361	29.7%
Other Health and Human Service	350	28.8%
Social Work	115	9.5%
Total	1,214	100%

There were 4,728 students enrolled statewide in programs leading to a bachelor's or master's degree in social work in the fall of 2012 (see table 2).¹⁸ There were 1,684 graduates from the state 14 schools of social work in 2011-2012.¹⁹ The schools of social work are located throughout the state. The bachelor's level program in social work requires a structured internship with approximately 512 hours of supervision by a master's level social worker and 50 hours of coursework. In contrast, a psychology or a criminology major requires no internship and 36 hours of coursework, and a sociology major requires no internship and 30 hours of coursework.²⁰ See table 2 below:

Table 2. 2011-12 BSW and MSW Enrollment and Degrees

	Public Universities	Enrollment	Degrees
1	Florida Agricultural and Mechanical University	356	81
2	Florida Atlantic University	687	171
3	Florida Gulf Coast University	176	65
4	Florida International University	515	171
5	Florida State University	885	333
6	University of Central Florida	709	255
7	University of North Florida ²¹	0	0
8	University of South Florida	327	184
9	University of West Florida	285	113
	Private Universities	Enrollment	Degrees
10	Barry University	420	209
11	Florida Memorial University	50	15
12	Saint Leo University	218	50

¹⁷ Data provided by the Department of Children and Families, (Jan. 27, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹⁸ Informal communication, Florida State University School of Social Work, (Mar. 3, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹⁹ Data provided by the Florida Board of Governors and the Independent Colleges and Universities for 2011-2012, (Nov. 18, 2013) (on file with the Senate Committee on Children, Families, and Elder Affairs).

²⁰ *Id.*

²¹ According to the Board of Governors, the University of North Florida's BSW program was approved for fall of 2013.

	Private Universities	Enrollment	Degrees
13	Southeastern University	70	31
14	Warner University	30	6
	Total	4,728	1,684

During the 2014 interim, the Office of Program Policy Analysis and Government Accountability (OPPAGA) reviewed child welfare systems in Florida and 16 other states with large child populations.²² Among the issues studied by OPPAGA were the qualifications required by states in hiring child protection workers. The results are as follows:

Table 3: Qualifications for Child Protective Workers in 17 States)

State	Any Bachelor’s Degree	Bachelor’s Degree Human Services Field	BSW
Arizona		x	
California			x
Florida	x		
Georgia	x		
Illinois			x
Indiana	x		
Michigan		x	
Missouri		x	
New Jersey	x		
New York	x		
N. Carolina			x
Ohio		x	
Pennsylvania	x		
Tennessee	x		
Texas	x		
Virginia			
Washington			x

In addition, Kansas requires a social work degree.²³

The impact of child welfare workers with a social work degree has been examined by researchers. Education is the variable that child welfare workforce researchers have explored most often in relation to performance.²⁴ Much of the research on the effect of education has

²² OPPAGA, *Research Memorandum, State Child Welfare Systems: Key Components and Performance Indicators*, March 10, 2014.

²³ Informal communication, Florida State University School of Social Work (March 3, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs_

²⁴ *Id.* Several studies have found evidence that social work education, at either the bachelors of social work (BSW) or masters of social work (MSW) level, positively correlates with performance. A study conducted in Maryland public child welfare agencies found an MSW to be the best predictor of overall performance as measured by supervisory ratings and employee reports of work related competencies. A national study that measured competencies related to 32 job-related duties found that both MSW and BSW staff were better prepared for child welfare work than their colleagues without social work education. Research conducted with staff in Kentucky’s public child welfare agency also revealed that staff with social work degrees scored significantly better on state merit examinations, received somewhat higher ratings from their supervisors, and had

focused on the agency-university partnership programs that have been established over the past decade using federal funding provided by Title IV-E of the Social Security Act. While there is variation among these programs, they generally aim to increase educational opportunities for agency staff to add to the pool of potential child welfare employees and enhance the relevance of curricula in schools of social work. Research to examine their effects found that students score significantly higher on measures of job-related competencies. Graduates of the specialized child welfare program in New York State, for example, had higher levels of skills, confidence, and sensitivity to clients.²⁵

Issues Identified in Child Abuse Deaths

Agency Structure and Stability

Since 1998 the department has had eight secretaries with more changes soon to come. In July 2013, the agency secretary resigned²⁶ and an interim secretary was named who has agreed to remain through the 2014 Legislative Session.²⁷ With each new secretary typically comes a new vision and a new strategic plan that includes substantial changes to both the structure of the agency and staff assignments that result in constant disruption to the functioning of the agency. Couple the frequent changes in department leadership with changes to federal and state law and changes in rules and operating procedures and it is difficult, if not impossible, to achieve long term stability.

Currently, the structure of the department is provided in law which requires the appointment of a secretary, a deputy secretary and an assistant secretary for substance abuse and mental health. The law also provides that department offices may be consolidated, restructured, or rearranged by the secretary, in consultation with the Executive Office of the Governor, and that the secretary may appoint additional managers and administrators as he or she determines are necessary for the effective management of the department.²⁸

Child Welfare Workforce Issues

A number of commissions and task forces have been established over the past 25 years, often after deaths of children from child abuse or neglect. The commissions and task forces have often found that child protective and child welfare staff did not follow procedures or lacked the

higher levels of work commitment than other staff. A Nevada study showed that caseworkers who had a social work degree were significantly more likely to create a permanent plan for children in their caseloads within three years than their colleagues without social work education.

²⁵ *Id.* Also see Lewandowski, K. (1998). *Retention outcomes of a public child welfare long-term training program*. Professional Development: International Journal of Continuing Social Work Education, 1 and Zlotnik, J.L. *Enhancing Child Welfare Service Delivery: Promoting Agency-Social Work Education Partnerships*, Policy and Practice, 2001. Although the evidence related to educational qualifications is not unequivocal, it provides support for social work education as the best preparation for practice in child welfare. These findings tend to be most consistent with regard to graduates of specialized education programs offering enhanced child welfare content and internships in child welfare settings.

²⁶ Marbin Miller, C. and Klas, M.E., *DCF Secretary David Wilkins Resigns Amid Escalating Controversy over Child Deaths*, TAMPA BAY TIMES, July 18, 2013 available at <http://www.tampabay.com/news/politics/gubernatorial/dcf-secretary-david-wilkins-resigns-amid-escalating-scandal-over-child/2132083> (last visited Mar. 3, 2014).

²⁷ Koff, R., *Interim DCF Boss to Stay on Through Spring*. TAMPA BAY TIMES, Dec. 11, 2013 available at <http://www.tampabay.com/news/politics/stateroundup/interim-dcf-boss-to-stay-on-through-spring/2156688> (last visited Mar. 3, 2014).

²⁸ Section 20.19, F.S.

training and ability to perform their duties. The commissions and task forces have recommended ways to improve the qualifications of child welfare staff. Some of the findings are as follows:

The Study Commission on Child Welfare was established by the Florida Legislature in November 1989, after several children died while in state care.²⁹ At that time, CPIs reported that prior to employment, they worked most frequently in social service/welfare, law enforcement, and in education positions (54 percent); the rest previously held positions as sales personnel, law clerks, real estate agents, and members of the U.S. military.³⁰ The commission recommended that HRS recruitment CPIs with a bachelor's degrees in social work, child development, or guidance and counseling.³¹

On April 25, 2002, DCF revealed that a child in its care, 5-year-old Rilya Wilson, had disappeared 15 months earlier from her custodial home and had not been seen since. In response, Gov. Jeb Bush appointed a four-member Governors Blue-Ribbon Panel on Child Protection.³² The panel recommended that DCF compare the performance and longevity of child welfare staff with degrees in social work or other behavioral sciences to staff with other degrees.³³

In a 2013 Florida case involving a 2-year-old child who died from physical abuse, the Child Welfare League of America (CWLA) was commissioned to study the death and make recommendations. The family included 2 adult women, 5 adult men, and 10 children, including the victim. These people had varying connections and living arrangements throughout the child's life, and the family had 16 reports to the child abuse hotline between 2005 and 2013. The CWLA report stated the family had substance abuse, domestic violence, a "chronic lack of even marginal parental nurturing," developmental delays in several of the children in the home, referrals for services that were not followed through, lack of managerial review, and "many years of systemic failure." In the words of the report, "(c)hanging a checklist or hiring additional staff cannot solve these pervasive problems."³⁴

One of the problems highlighted by the various commissions and panels is the turnover of child protective investigator workforce. Experience among child abuse investigators suffers with significant employee turnover. The annual turnover rate of department CPIs has been 32 percent, 19 percent, and 22 percent over the last 3 years. The negative impact of turnover is well known -- increased training costs (\$6.2 million each year) and inexperienced workers.

²⁹ *Id.* Also see Lewandowski, K. (1998). *Retention outcomes of a public child welfare long-term training program*. Professional Development: International Journal of Continuing Social Work Education, 1 and Zlotnik, J.L. *Enhancing Child Welfare Service Delivery: Promoting Agency-Social Work Education Partnerships*, Policy and Practice, 2001. Although the evidence related to educational qualifications is not unequivocal, it provides support for social work education as the best preparation for practice in child welfare. These findings tend to be most consistent with regard to graduates of specialized education programs offering enhanced child welfare content and internships in child welfare settings.

³⁰ *Id.*

³¹ Report of the Study Commission on Child Welfare, *Part One Recommendations* (Mar. 1991) (on file with the Senate Committee on Children, Families, and Elder Affairs).

³² Governor's Blue Ribbon Panel on Child Protection, (May 2002) (on file with the Senate Committee on Children, Families, and Elder Affairs).

³³ *Id.* In spite of continuing dialog with the Schools of Social Work statewide, the department does not appear to have made progress towards increasing the number of staff with degrees in social work.

³⁴ Child Welfare League of America, *Special Review Report re JVM*, submitted December 19, 2013, p. 15.

Child welfare workers with degrees in social work are not immune from turnover. During the period from 2004-2013, FSU placed and supervised a total of 293 interns in child welfare settings in the northwest region of Florida. While many of the interns were hired for positions with the department, their retention within the department was a problem, with few staying more than a few years. As a result, FSU began surveying students leaving employment within the field to determine the reasons for leaving. The top five reasons were:

- Poor overall management/administration by upper level management;
- Lack of professional support from supervisors;
- No respect and lack of feeling valued by supervisors and upper level management;
- Lack of focus on team work, often employees felt like they were pitted against each other by upper level management and supervisors; and
- No support for professional development or advancement.³⁵

While students related that caseloads were indeed high at some points and that salaries can always be better, neither of these issues were cited as primary reasons for leaving.³⁶

As part of its review of child welfare systems, OPPAGA conducted a series of focus groups with both child protective service investigators and child welfare case managers. They found a variety of problems in the working conditions of CPIs and case managers.³⁷ These problems included:

A lack of mentoring and management support across the state. Some case managers noted that high turnover rates among workers resulted in supervisors carrying caseloads themselves, leaving little time for supervision or mentoring. In addition, most case managers reported that supervisors' primarily focus on meeting department performance measures, rather than encouraging quality work or mentoring new case managers.

Administrative tasks which detract from the time spent with families and children. Investigators estimated that they spend 60 percent to 80 percent of their time on the administrative requirements associated with each case rather than with families. Investigators stated they could not complete required case-related tasks in the standard 40-hour work week and that they routinely work nights and weekends.

Concern about the sometimes volatile work environment. Both investigators and case managers reported that they are required to go into unsafe neighborhoods and dangerous, violent homes, but they do not feel that the department is concerned for their safety. While investigators can request law enforcement agencies to have officers accompany them, they reported that law enforcement agencies are sometimes not responsive to their requests or that it takes hours for officers to arrive.

Outdated technology. CPIs and case managers reported that electronic equipment has not kept up with technology; for example, they reported they are issued laptop computers that are not enabled for wireless Internet connection. Department-issued mobile phones have poor or no

³⁵ *Id.*

³⁶ *Id.*

³⁷ OPPAGA, *ibid.* (Mar. 6, 2014)

reception depending on the investigator's location. As a result, staff must use personal phones at their own expense.

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. 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.

A negative organizational culture is associated with higher worker turnover and less satisfactory child outcomes. The culture of some child welfare organizations may be compliance-driven and "fear-based." Organizations are compliance-driven when they emphasize output-related activities such as checking boxes in a process and counting family contacts. Cultures that are fear-based emphasize the consequences of failure, which can be both catastrophic and widely-publicized when a child dies under the state's care or subsequent to an investigation.

Efforts to Improve Child Protection

The state has taken many actions to improve the quality of child abuse investigators over the years. Most recently, the Legislature has made significant investments in child protection and child welfare:

- In the 2010 Session, the Legislature required child abuse investigators and child welfare case workers to be certified.³⁸ The certification is outsourced and includes testing in child welfare and agreement to a set of ethics.
- In the 2011 Session, the Legislature provided \$11 million to the department to redesign the central abuse hotline.
- In the 2012 Session, the Legislature made several improvements to the child protection system by:
 - Appropriating \$10.8 million to provide additional permanent and temporary child abuse investigators.
 - Appropriating \$7.9 million to improve state's child welfare information system (Florida Safe Families Network, or FSFN).
 - Providing funding to raise CPI salaries by \$4,300.
- In the 2013 Session, the Legislature provided \$4 million for CPI redesign (including sheriff's offices) and \$1.8 million for FSFN.

University Partnerships with Child Welfare

Section 1004.61, F.S., currently 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. The University of South Florida for example, coordinates child welfare training in the state. This partnership effort has not proven effective in increasing the professionalization of the DCF workforce as evidenced by the low recruitment and retention of social workers in the child welfare system.

³⁸ Chapter 2011-163 Laws of Fla.

The federal government provides both policy and financial resources to states for child welfare services under Title IV of the Social Security Act. One use of such funds is the education and training of child welfare workers. Some states use these funds to create partnerships between its child welfare agency and university colleges of social work. The universities provide the expertise in child welfare research, policy, and practices. They also develop and conduct on the job training to child welfare workers. The child welfare agency, in turn, advises the universities on the content of the training and education in the university so graduates are better prepared for child welfare work.

Unlawful Abandonment of a Child

Adoption is a legal process, but the process is not always followed which can put the child in danger. Beginning on September 9, 2013, Reuters New Service published a five-part series, titled “The Child Exchange,” which exposed how American parents were using Internet message boards to find new families for children they regretted adopting – a practice that has been called “private re-homing.” 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.³⁹ 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 Yahoo message board were international adoptees;
- Only 29 states have laws that govern how children can be advertised for adoption;⁴⁰ 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.⁴¹

On October 29, 2013, Reuters updated its story by reporting that a bipartisan group of 18 federal lawmakers had submitted a letter to the United States House of Representatives subcommittee overseeing adoption requesting a study by the Government Accountability Office. The study would identify gaps in state and federal laws “related to the oversight and prosecution of wrongdoers in the re-homing of children” and would also identify ways to better support struggling adoptive families.⁴² Florida law currently contains no criminal provisions specifically relating to re-homing.

III. Effect of Proposed Changes:

Section 1 amends s. 20.19, F.S., to direct the Secretary of DCF to appoint an Assistant Secretary for Child Welfare to lead the department in carrying out its duties and responsibilities for child

³⁹ Megan Twohey, *The Child Exchange*, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited Mar. 3, 2014).

⁴⁰ Florida is one of the 29 states that have addressed this issue. See s. 63.212(1)(g), F.S.

⁴¹ *Id.*

⁴² Megan Twohey, *U.S. lawmakers call for action to curb Internet child trading*, REUTERS, available at <http://www.reuters.com/article/2013/10/29/us-adoption-react-idUSBRE99S1A320131029> (last visited Mar. 3, 2014).

protection and child welfare, and specifies the qualifications for a person appointed to that position. This will increase the expertise within the department for child welfare.

Section 2 amends s. 402.40, F.S., to clarify the current requirement that persons providing child protective and child welfare services, whether employed by DCF, the sheriff's offices, lead agencies, or lead agency subcontractors, earn and maintain a professional certification for a professional credentialing entity approved by DCF.

Section 3 creates s. 402.402, F.S., to require that on an annual and statewide basis, 80 percent of all child protective investigators and child protective investigation supervisors hired on or after July 1, 2014, by DCF or a sheriff's office must have a bachelor's degree or master's degree in social work from an accredited school of social work. The bill exempts all personnel employed before July 1, 2014 from this requirement. The bill requires an annual report to the Governor, the President of the Senate, and the Speaker of the House as to the compliance with this requirement. Overtime, this change will ensure that the majority of child protective service investigators and supervisors have the best qualification and education for performing their duties.

Section 4 creates s. 402.403, F.S., to establish a child protective investigator and supervisor tuition exemption program and sets out the qualifications for obtaining the exemption. The program is for high performing investigators and supervisors who do not have a social work degree. This program will allow current and future child welfare workers without a social work degree to improve their education qualifications.

Section 5 creates s. 402.404, F.S., to establish a child protective investigator and supervisor student loan forgiveness program and sets out the qualifications for obtaining the loan forgiveness. Approximately half of all graduates from the state university system have a student loan debt.⁴³ The bill allows the department to pay up to \$3,000 per year towards the student loan debt as an incentive for degreed social workers working as child protective investigators or child protective investigations supervisors. This program will help attract and retain child protective investigator and supervisors with a social work degree.

Section 6 creates s. 827.10, F.S., to create the criminal offense of abandoning a child and provides definitions and penalties. This will provide a better tool for prosecutors to stop the unlawful adoptions currently made in the state, referred to as "re-homing." This practice is illegal and puts children at great risk of abuse or neglect.

Section 7 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 provide a report annually by October 1st to the Governor, the President of the Senate, and the Speaker of the House outlining its activities in the preceding

⁴³ Data provided by the Florida Board of Governors, (Feb. 11, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

fiscal year, significant research findings and results of other programs, and specific recommendations for improving child protection and child welfare services.

Section 8 amends s. 1009.25, F.S., to add child protective investigators and 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 the department of the sheriff's office to send child protective investigators and supervisors to a university to get a degree in social work.

Section 9 repeals s. 402.401, F.S. This section is the current provision relating to student loan forgiveness, which the bill makes obsolete.

Section 10 repeals s. 1004.61, F.S. This is the current provision relating to partnerships between DCF and state schools of social work, which the bill makes obsolete.

Section 11 corrects a cross reference in s. 39.01, F.S.

Section 12 provides an effective date of July 1, 2014.

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:

Private schools of social work may see an increased enrollment of students as a result of this bill.

C. Government Sector Impact:

The annual cost of an additional assistant secretary and an executive assistant in DCF would be approximately \$260,000. The requirement in the bill that 80 percent of new CPIs and supervisors hold a social work degree should have little or no fiscal impact. Salaries were raised for department CPIs in 2012 and wages are not currently a

significant barrier to attracting and retaining social workers. The cost of the tuition exemption program to the state university system cannot be determined until the number of persons taking advantage of the program is known. There will be costs associated with the loan forgiveness program. The costs will be limited by the amount of funding provided by the legislature. Using the current number of department CPIs (1,522) and an average turnover rate of 24 percent, then an additional 365 CPIs would be hired each year. If all of these new hires are social workers and receive the loan repayment amount of \$3,000, then the annual cost would be \$1,095,000. The establishment of the Institute for Child Welfare would have associated costs depending on the structure or the institute. Similar consortiums of Florida universities can cost between \$500,000 and \$2 million according to the Florida Board of Governors. Additional federal Title IV E training funding may be available to cover the cost.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 20.19, 39.01, 402.40 and 1009.25.

This bill creates the following sections of the Florida Statutes: 402.402, 402.403, 402.404, 827.10, and 1004.615.

This bill repeals the following sections of the Florida Statutes: 402.401 and 1004.65.

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.



289584

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
03/11/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Diaz de la Portilla) recommended the following:

Senate Amendment (with title amendment)

Delete lines 104 - 117

and insert:

(2) REQUIREMENTS FOR PERSONS PROVIDING CHILD WELFARE

SERVICES.-Each person providing child welfare services who is employed by the department, a sheriff's office, or a community-based care lead agency or subcontractor is required to earn and maintain a professional certification from a professional credentialing entity that is approved by the department.



289584

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===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 8 - 9

and insert:

providing child welfare services; creating s. 402.402,
F.S.; providing



955450

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
03/11/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Diaz de la Portilla) recommended the following:

Senate Amendment (with title amendment)

Delete lines 92 - 96
and insert:
competently provide child welfare services. It is the intent of the Legislature that each person providing child welfare services in this state earns and maintains a professional certification from a professional credentialing entity that is approved by the Department of Children and Families ~~Family~~ Services. The



955450

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===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 6 - 7

and insert:

for such position; amending s. 402.40, F.S.; providing
requirements for persons



463708

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
03/11/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Detert) recommended the following:

Senate Amendment

Delete line 69
and insert:
work or at least 7 years of experience working in
organizations

FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

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1 A bill to be entitled
 2 An act relating to child abuse and child welfare
 3 services; amending s. 20.19, F.S.; requiring the
 4 secretary of the department to appoint an Assistant
 5 Secretary for Child Welfare; providing requirements
 6 for such position; amending s. 402.40, F.S.; revising
 7 legislative intent; providing requirements for persons
 8 providing child welfare services; providing an
 9 exception; creating s. 402.402, F.S.; providing
 10 education requirements for child protective
 11 investigators and child protective investigation
 12 supervisors; providing for implementation of such
 13 requirements; providing for exemptions; requiring a
 14 report to the Governor and the Legislature by a
 15 specified date; creating s. 402.403, F.S.;
 16 establishing a tuition exemption program for child
 17 protective investigators and supervisors; providing
 18 eligibility requirements; creating s. 402.404, F.S.;
 19 establishing a student loan forgiveness program for
 20 child protective investigators and supervisors;
 21 providing eligibility requirements; providing
 22 requirements for the program; creating s. 827.10,
 23 F.S.; defining terms; establishing the criminal
 24 offense of unlawful abandonment of a child; providing
 25 criminal penalties; providing exceptions; creating s.
 26 1004.615, F.S.; establishing the Florida Institute for
 27 Child Welfare; providing the purpose of the institute;
 28 requiring the institute to contract and work with
 29 specified entities; providing duties and

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30 responsibilities of the institute; providing for the
 31 administration of the institute; requiring a report to
 32 the Governor and the Legislature by a specified date;
 33 amending s. 1009.25, F.S.; exempting tuition and fees
 34 for specified child protective investigators and child
 35 protective investigation supervisors; repealing s.
 36 402.401, F.S., relating to the Florida Child Welfare
 37 Student Loan Forgiveness Program; repealing s.
 38 1004.61, F.S., relating to partnerships to develop
 39 child protective investigation workers; amending s.
 40 39.01, F.S.; conforming a cross-reference; providing
 41 an effective date.
 42
 43 Be It Enacted by the Legislature of the State of Florida:
 44
 45 Section 1. Present subsections (3) through (5) of section
 46 20.19, Florida Statutes, are redesignated as subsections (4)
 47 through (6), respectively, a new subsection (3) is added to that
 48 section, and subsection (2) of that section is amended, to read:
 49 20.19 Department of Children and Families.—There is created
 50 a Department of Children and Families.
 51 (2) SECRETARY OF CHILDREN AND FAMILIES; DEPUTY SECRETARY.—
 52 (a) The head of the department is the Secretary of Children
 53 and Families. The secretary is appointed by the Governor,
 54 subject to confirmation by the Senate. The secretary serves at
 55 the pleasure of the Governor.
 56 (b) The secretary shall appoint a deputy secretary who
 57 shall act in the absence of the secretary. The deputy secretary
 58 is directly responsible to the secretary, performs such duties

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59 as are assigned by the secretary, and serves at the pleasure of
60 the secretary.

61 (3) ASSISTANT SECRETARIES.—

62 (a) Child Welfare.—

63 1. The secretary shall appoint an Assistant Secretary for
64 Child Welfare to lead the department in carrying out its duties
65 and responsibilities for child protection and child welfare. The
66 individual appointed to this position shall serve at the
67 pleasure of the secretary.

68 2. The assistant secretary must have a degree in social
69 work and at least 7 years of experience working in organizations
70 delivering child protective or child welfare services.

71 (b) Substance Abuse and Mental Health.—

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

76 2. The secretary shall appoint a Director for Substance
77 Abuse and Mental Health who has the requisite expertise and
78 experience to head the state's Substance Abuse and Mental Health
79 Program Office.

80 Section 2. Section 402.40, Florida Statutes, is amended to
81 read:

82 402.40 Child welfare training and certification.—

83 (1) LEGISLATIVE INTENT.—In order to enable the state to
84 provide a systematic approach to staff development and training
85 for persons providing child welfare services which that will
86 meet the needs of such staff in their discharge of duties, it is
87 the intent of the Legislature that the Department of Children

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88 ~~and Families Family Services~~ work in collaboration with the
89 child welfare stakeholder community, including department-
90 approved third-party credentialing entities, to ensure that
91 staff have the knowledge, skills, and abilities necessary to
92 competently provide child welfare services. ~~It is the intent of~~
93 ~~the Legislature that each person providing child welfare~~
94 ~~services in this state earns and maintains a professional~~
95 ~~certification from a professional credentialing entity that is~~
96 ~~approved by the Department of Children and Family Services.~~ The
97 Legislature further intends that certification and training
98 programs will aid in the reduction of poor staff morale and of
99 staff turnover, will positively impact on the quality of
100 decisions made regarding children and families who require
101 assistance from programs providing child welfare services, and
102 will afford better quality care of children who must be removed
103 from their families.

104 (2) REQUIREMENTS FOR PERSONS PROVIDING CHILD WELFARE
105 SERVICES; EXCEPTIONS.—

106 (a) Each person providing child welfare services who is
107 employed by the department, a sheriff's office, or a community-
108 based care lead agency or subcontractor is required to earn and
109 maintain a professional certification from a professional
110 credentialing entity that is approved by the department.

111 (b) Each person who is employed by the department or a
112 sheriff's office as a child protective investigator or a child
113 protective investigation supervisor who has a bachelor's or
114 master's degree in social work from a college or university
115 social work program accredited by the Council on Social Work
116 Education is exempt from the certification requirements of this

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117 section.118 (3)(2) DEFINITIONS.—As used in this section, the term:

119 (a) "Child welfare certification" means a professional
120 credential awarded by a department-approved third-party
121 credentialing entity to individuals demonstrating core
122 competency in any child welfare practice area.

123 (b) "Child welfare services" means any intake, protective
124 investigations, preprotective services, protective services,
125 foster care, shelter and group care, and adoption and related
126 services program, including supportive services and supervision
127 provided to children who are alleged to have been abused,
128 abandoned, or neglected or who are at risk of becoming, are
129 alleged to be, or have been found dependent pursuant to chapter
130 39.

131 (c) "Core competency" means the minimum knowledge, skills,
132 and abilities necessary to carry out work responsibilities.

133 (d) "Person providing child welfare services" means a
134 person who has a responsibility for supervisory, direct care, or
135 support-related work in the provision of child welfare services
136 pursuant to chapter 39.

137 (e) "Preservice curriculum" means the minimum statewide
138 training content based upon the core competencies which is made
139 available to all persons providing child welfare services.

140 (f) "Third-party credentialing entity" means a department-
141 approved nonprofit organization that has met nationally
142 recognized standards for developing and administering
143 professional certification programs.

144 (4)(3) THIRD-PARTY CREDENTIALING ENTITIES.—The department
145 shall approve one or more third-party credentialing entities for

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146 the purpose of developing and administering child welfare
147 certification programs for persons who provide child welfare
148 services. A third-party credentialing entity shall request such
149 approval in writing from the department. In order to obtain
150 approval, the third-party credentialing entity must:

151 (a) Establish professional requirements and standards that
152 applicants must achieve in order to obtain a child welfare
153 certification and to maintain such certification.

154 (b) Develop and apply core competencies and examination
155 instruments according to nationally recognized certification and
156 psychometric standards.

157 (c) Maintain a professional code of ethics and a
158 disciplinary process that apply to all persons holding child
159 welfare certification.

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

163 (e) Require annual continuing education for persons holding
164 child welfare certification.

165 (f) Administer a continuing education provider program to
166 ensure that only qualified providers offer continuing education
167 opportunities for certificateholders.

168 (5)(4) CHILD WELFARE TRAINING TRUST FUND.—

169 (a) There is created within the State Treasury a Child
170 Welfare Training Trust Fund to be used by the department ~~of~~
171 ~~Children and Family Services~~ for the purpose of funding the
172 professional development of persons providing child welfare
173 services.

174 (b) One dollar from every noncriminal traffic infraction

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175 collected pursuant to s. 318.14(10) (b) or s. 318.18 shall be
176 deposited into the Child Welfare Training Trust Fund.

177 (c) In addition to the funds generated by paragraph (b),
178 the trust fund shall receive funds generated from an additional
179 fee on birth certificates and dissolution of marriage filings,
180 as specified in ss. 382.0255 and 28.101, respectively, and may
181 receive funds from any other public or private source.

182 (d) Funds that are not expended by the end of the budget
183 cycle or through a supplemental budget approved by the
184 department shall revert to the trust fund.

185 ~~(6)(5)~~ CORE COMPETENCIES.—

186 (a) The department ~~of Children and Family Services~~ shall
187 approve the core competencies and related preservice curricula
188 that ensures that each person delivering child welfare services
189 obtains the knowledge, skills, and abilities to competently
190 carry out his or her work responsibilities.

191 (b) The identification of these core competencies and
192 development of preservice curricula shall be a collaborative
193 effort that includes professionals who have expertise in child
194 welfare services, department-approved third-party credentialing
195 entities, and providers that will be affected by the curriculum,
196 including, but not limited to, representatives from the
197 community-based care lead agencies, sheriffs' offices conducting
198 child ~~protective protection~~ investigations, and child welfare
199 legal services providers.

200 (c) Community-based care agencies, sheriffs' offices, and
201 the department may contract for the delivery of preservice and
202 any additional training for persons delivering child welfare
203 services if the curriculum satisfies the department-approved

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204 core competencies.

205 (d) Department-approved credentialing entities shall, for a
206 period of at least 12 months after implementation of the third-
207 party child welfare certification programs, grant reciprocity
208 and award a child welfare certification to individuals who hold
209 current department-issued child welfare certification in good
210 standing, at no cost to the department or the certificateholder.

211 ~~(7)(6)~~ ADOPTION OF RULES.—The department ~~of Children and~~
212 ~~Family Services~~ shall adopt rules necessary to administer ~~carry~~
213 ~~out the provisions of~~ this section.

214 Section 3. Section 402.402, Florida Statutes, is created to
215 read:

216 402.402 Child protective investigators; child protective
217 investigation supervisors.—

218 (1) CHILD PROTECTIVE INVESTIGATION STAFF REQUIREMENTS.—

219 (a) On an annual and statewide basis, 80 percent of child
220 protective investigators and child protective investigation
221 supervisors hired on or after July 1, 2014, by the department or
222 a sheriff's office must have a bachelor's degree or a master's
223 degree in social work from a college or university social work
224 program accredited by the Council on Social Work Education.

225 (b) Child protective investigators and child protective
226 investigation supervisors employed by the department or a
227 sheriff's office before July 1, 2014, are exempt from the
228 requirements in paragraph (a).

229 (2) REPORT.—By October 1, 2014, and annually thereafter,
230 the secretary of the department shall report to the Governor,
231 the President of the Senate, and the Speaker of the House of
232 Representatives on compliance with the requirements of

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233 subsection (1). A sheriff who provides child protection services
 234 shall report to the secretary of the department information
 235 regarding the progress of his or her office in meeting the
 236 requirements of subsection (1).

237 Section 4. Section 402.403, Florida Statutes, is created to
 238 read:

239 402.403 Child Protective Investigator and Supervisor
 240 Tuition Exemption Program.—

241 (1) There is established within the department the Child
 242 Protective Investigator and Supervisor Tuition Exemption Program
 243 for the purpose of recruiting and retaining high-performing
 244 individuals who are employed as child protective investigators
 245 or child protective investigation supervisors with the
 246 department or sheriff's office and who do not have a bachelor's
 247 degree or master's degree in social work. The department or
 248 sheriff's office may exempt tuition and fees to a state
 249 university for an employee who is:

250 (a) Employed as a child protective investigator or child
 251 protective investigation supervisor by the department or
 252 sheriff's office and who receives personnel evaluations
 253 indicating a high level of performance; and

254 (b) Accepted in an upper-division undergraduate or graduate
 255 level college or university social work program accredited by
 256 the Council on Social Work Education which leads to either a
 257 bachelor's degree or a master's degree in social work.

258 (2) To the greatest extent possible, the college or
 259 university social work program shall consider the training
 260 completed and experience of the child protective investigator or
 261 child protective investigation supervisor in granting credit

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262 towards the degree.

263 Section 5. Section 402.404, Florida Statutes, is created to
 264 read:

265 402.404 Child Protective Investigator and Supervisor
 266 Student Loan Forgiveness Program.—

267 (1) There is established within the department the Florida
 268 Child Protective Investigator and Supervisor Student Loan
 269 Forgiveness Program. The purpose of the program is to increase
 270 employment and retention of high-performing individuals who have
 271 either a bachelor's degree or a master's degree in social work
 272 as child protective investigators or child protective
 273 investigation supervisors with the department or sheriff's
 274 office by making payments toward loans received by students from
 275 federal or state programs or commercial lending institutions for
 276 the support of prior postsecondary study in accredited social
 277 work programs.

278 (2) In order to be eligible for the program, a candidate
 279 must be employed as a child protective investigator or child
 280 protective investigation supervisor by the department or a
 281 sheriff's office, must receive a personnel evaluation indicating
 282 a high level of performance, and must have graduated from an
 283 accredited social work program with either a bachelor's degree
 284 or a master's degree in social work.

285 (3) Only loans to pay the costs of tuition, books, fees,
 286 and living expenses shall be covered.

287 (4) The department may make loan payments of up to \$3,000
 288 each year for up to 4 years on behalf of selected graduates of
 289 an accredited social work program from the funds appropriated
 290 for this purpose. All payments are contingent upon continued

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291 proof of employment as a child protective investigator or a
 292 child protective investigation supervisor with the department or
 293 sheriff's office and made directly to the holder of the loan.

294 (5) A student who receives a tuition exemption pursuant to
 295 s. 402.403 is not eligible to participate in the Child
 296 Protective Investigator Student Loan Forgiveness Program.

297 Section 6. Section 827.10, Florida Statutes, is created to
 298 read:

299 827.10 Unlawful abandonment of a child.-

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

301 (a) "Abandons" or "abandonment" means to leave a child in a
 302 place or with a person other than a relative with the intent not
 303 to return to the child and with the intent not to provide for
 304 the care of the child.

305 (b) "Care" means support and services necessary to maintain
 306 the child's physical and mental health, including, but not
 307 limited to, food, nutrition, clothing, shelter, supervision,
 308 medicine, and medical services that a prudent person would
 309 consider essential for the well-being of the child.

310 (c) "Caregiver" has the same meaning as provided in s.
 311 39.01(10).

312 (d) "Child" means a child for whose care the caregiver is
 313 legally responsible.

314 (e) "Relative" has the same meaning as provided in s.
 315 39.01(64).

316 (2) A caregiver who abandons a child under circumstances in
 317 which the caregiver knew or should have known that the
 318 abandonment exposes the child to unreasonable risk of harm
 319 commits a felony of the third degree, punishable as provided in

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320 s. 775.082, s. 775.083, or s. 775.084.

321 (3) This section does not apply to a person who surrenders
 322 a newborn infant in compliance with s. 383.50.

323 (4) This section does not preclude prosecution for a
 324 criminal act under any other law, including, but not limited to,
 325 prosecution of child abuse or neglect of a child under s.
 326 827.03.

327 Section 7. Section 1004.615, Florida Statutes, is created
 328 to read:

329 1004.615 Florida Institute for Child Welfare.-

330 (1) There is established the Florida Institute for Child
 331 Welfare. The purpose of the institute is to advance the well-
 332 being of children and families by improving the performance of
 333 child protection and child welfare services through research,
 334 policy analysis, evaluation, and leadership development. The
 335 institute shall consist of a consortium of public and private
 336 universities offering degrees in social work and shall be housed
 337 within the College of Social Work of the Florida State
 338 University.

339 (2) Using such resources as authorized in the General
 340 Appropriations Act, the Department of Children and Families
 341 shall contract with the institute for performance of the duties
 342 described in subsection (4).

343 (3) The institute shall work with the department, sheriffs,
 344 community-based care lead agencies, community-based care
 345 provider organizations, and other partners who contribute to and
 346 participate in providing child protection and child welfare
 347 services.

348 (4) The duties and responsibilities of the institute

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349 include the following:

350 (a) Maintain a program of research that contributes to
 351 scientific knowledge and informs both policy and practice
 352 related to child safety, permanency, and child and family well-
 353 being.

354 (b) Advise the department and other organizations
 355 participating in the child protection and child welfare process
 356 regarding scientific evidence on policy and practice related to
 357 child safety, permanency, and child and family well-being.

358 (c) Assess the performance of child protection and child
 359 welfare services based on specific outcome measures.

360 (d) Evaluate the scope and effectiveness of preservice and
 361 inservice training for child protection and child welfare
 362 workers.

363 (e) Advise and assist the department in efforts to improve
 364 preservice and inservice training for child protection and child
 365 welfare workers.

366 (f) Assess the readiness of social work graduates to assume
 367 job responsibilities in the child protection and child welfare
 368 system and identify gaps in education that can be addressed
 369 through the modification of curricula or the establishment of
 370 industry certifications.

371 (g) Develop and maintain a program of professional support,
 372 including training to facilitate internships and transitions to
 373 the workforce and training courses and consulting services that
 374 assist both individuals and organizations in implementing
 375 adaptive and resilient responses to workplace stress.

376 (h) Participate in the department's critical incident
 377 response team and assist in the preparation of reports about

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378 such incidents.

379 (i) Identify effective policies and best practices,
 380 including innovations in management of human service
 381 organizations and communicate these findings to the department
 382 and other organizations participating in the child protection
 383 and child welfare process.

384 (5) The institute shall be administered by a director who
 385 is appointed by the President of the Florida State University.
 386 The director's office shall be located at the Florida State
 387 University. Other universities participating in the consortium
 388 shall also provide facilities, staff, and other resources to the
 389 institute to establish statewide access to institute programs
 390 and services. The director must be a child welfare professional
 391 and must hold a faculty appointment in the College of Social
 392 Work. The director is responsible for overall management of the
 393 institute and for developing and executing the work plan
 394 consistent with the responsibilities in subsection (4).

395 (6) By October 1 of each year, the institute shall provide
 396 a written report to the Governor, the President of the Senate,
 397 and the Speaker of the House of Representatives which outlines
 398 its activities in the preceding state fiscal year, reports
 399 significant research findings as well as results of other
 400 programs, and provides specific recommendations for improving
 401 child protection and child welfare services.

402 Section 8. Paragraph (h) is added to subsection (1) of
 403 section 1009.25, Florida Statutes, to read:

404 1009.25 Fee exemptions.—

405 (1) The following students are exempt from the payment of
 406 tuition and fees, including lab fees, at a school district that

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407 provides workforce education programs, Florida College System
408 institution, or state university:

409 (h) A child protective investigator or a child protective
410 investigation supervisor employed by the Department of Children
411 and Families or a sheriff's office who is enrolled in an
412 accredited bachelor's degree or master's degree in social work
413 program pursuant to s. 402.403.

414 Section 9. Section 402.401, Florida Statutes, is repealed.

415 Section 10. Section 1004.61, Florida Statutes, is repealed.

416 Section 11. Subsection (27) of section 39.01, Florida
417 Statutes, is amended to read:

418 39.01 Definitions.—When used in this chapter, unless the
419 context otherwise requires:

420 (27) "District administrator" means the chief operating
421 officer of each service district of the department as defined in
422 s. 20.19(5) and, where appropriate, includes any district
423 administrator whose service district falls within the boundaries
424 of a judicial circuit.

425 Section 12. This act shall take effect July 1, 2014.

Child Abuse and Child Welfare Services - SPB 7072

As of: 03 12 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
61-70	Creates a new assistant secretary for child welfare in the Department of Children and Families	1	20.19	Also specifies the qualifications: a degree in social work or at least 7 years of experience in organizations delivering child protective or child welfare services. (Barcode #463708)
92-96 104-110	Requires employees and supervisors providing child welfare services to be certified	2	402.4	Deletes strike-through and reinstates the legislative intent language currently in statute. (Barcode #955450) Deletes exemption from certification to employees and supervisors that have BSW or MSW degrees. (Barcode #289584)
216-236	Requires child protective investigators hired after 7/1/14 to be 80% BSW or MSW; exempts persons employed on or before 7/1/14.	3	402.402 (new)	Also supervisors
239-262	Investigators and Supervisors Tuition Exemption Program	4	402.403 (new)	
265-296	Investigators and Supervisors Student Loan Forgiveness Program	5	402.404 (new)	
299-326	Criminal penalties for abandonment of a child	6	827.10 (new)	Related to "re-homing" issue
329-401	Florida Institute for Child Welfare: creation, composition, duties	7	1004.615 (new)	Replaces direction to DCF to establish partnerships with University Schools of Social work, s. 1004.61, repealed below

Child Abuse and Child Welfare Services - SPB 7072

As of: 03 12 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
409-413	Investigators and Supervisors Tuition and Fee Exemptions	8	1009.25	
414	Repeal Child Welfare Student Loan Forgiveness Program	9	402.41	Replaced by new s. 402.404
415	Repeal DCF partnership with state universities	10	1004.61	Replaced by new 1004.615
422	Correct Statutory Reference	11	39.01(27)	
425	Effective Date of July 1, 2014	12		

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic Child Welfare Reform Bill Number 7072
Name JENNIFER MINOGUE, LCSW Amendment Barcode _____
Job Title FOSTER PARENT (if applicable)
Address 320 South B St. Phone _____
LAKE WORTH FL 33460 E-mail _____
City State Zip

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

Topic Child Welfare Bill Number 7072
Name Karen Perez Amendment Barcode _____
Job Title LCSW (if applicable)
Address 2614 Cypress Brook Rd Phone 813-493-7705
Tampa FL 33647 E-mail kperezhsb2004@aol.com
City State Zip

Speaking: For Against Information

Representing NASW

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-11-14
Meeting Date

Topic ~~SB 7072~~ Child Welfare

Bill Number SB 7072 ⁷⁰⁷⁶
(if applicable)

Name JIM AKIN

Amendment Barcode _____
(if applicable)

Job Title EXECUTIVE DIRECTOR

Address 1931 DELLWOOD DRIVE

Phone 850-224-2400

TALLAHASSEE, FL 32303
City State Zip

E-mail JIM@NASWFL.ORG

Speaking: For Against Information

Representing NATIONAL ASSOCIATION OF SOCIAL WORKERS

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

Topic _____

Bill Number 7072
(if applicable)

Name Lisa Schelbe

Amendment Barcode _____
(if applicable)

Job Title Assistant Professor

Address 296 Champions Way

Phone 850-296-6901

Tallahassee FL 32306
City State Zip

E-mail Lschelbe@fsu.edu

Speaking: For Against Information

Representing Florida State University

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14

Meeting Date

Topic _____

Bill Number 7072 (if applicable)

Name Colette Podgorski

Amendment Barcode _____ (if applicable)

Job Title Development Director

Address 2010 Levy Ave

Phone 850 228-8536

Tall. FL 32306
City State Zip

E-mail cpodgorski@foundation.fsu.edu

Speaking: For Against Information

Representing FSU College of Social Work

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14

Meeting Date

Topic Child Abuse + Child welfare services

Bill Number 7072 (if applicable)

Name Brigitta Johnson

Amendment Barcode _____ (if applicable)

Job Title Pinellas County Sheriffs Office

Address _____

Phone _____

City State Zip

E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic Child Welfare Certification Bill Number 7072
(if applicable)

Name Alea McGarry Amendment Barcode _____
(if applicable)

Job Title Executive Director, FCB

Address 1715 S. Gadsden St Phone 954-401-6825
Street

Tallahassee FL 32301 E-mail _____
City State Zip

Speaking: For Against Information

Representing Florida Certification Board

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting. S-001 (10/20/11)

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: SPB 7074

INTRODUCER: Children, Families, and Elder Affairs Committee

SUBJECT: Child Welfare

DATE: March 10, 2014

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Sanford	Hendon		Submitted as Committee Bill

I. Summary:

SPB 7074 makes a number of changes to improve the care of children in the child welfare system. Specifically, the bill defines the term “sibling” and requires that when siblings are removed from a home as the result of abuse, neglect, or abandonment, the Department of Children and Families (DCF or the department) must make every effort to keep the siblings together and, if separated, to keep them in communication with one another and reunited as quickly as feasible, unless doing so would not be in the best interest of the children.

The bill directs the department to conduct immediate investigations of deaths involving children that have been known to the child protection and child welfare system. The purpose of the teams is to identify root causes and to rapidly determine the need to change policies and practices related to child protection and child welfare.

The bill requires the department to report on its website basic facts relating to all deaths of children which occur in this state and which are reported to the DCF child abuse hotline. It describes the information to be posted and continues current protection for information which is otherwise confidential or exempt.

The bill expands the DCF Relative Caregiver Program to include non-relatives who are willing to assume custody of a dependent child and the half-brother or half-sister of such a child when placed by the dependency court. The court must find that the placement is in the best interest of the child. If a child is placed with a nonrelative as described in the bill, the placement must be court-ordered temporary legal custody to the relative under the protective supervision of DCF.

The bill adds to the actions to be conducted on the special review hearing after a child in out-of-home care becomes 17 years of age a determination by the court whether the removal of the disability of nonage for the purpose of signing a residential lease, obtaining utilities, or establishing a bank account is in the child’s best interest and to remove those disabilities if doing so is in the child’s best interest.

The bill expands the scope of child deaths to be reviewed by the statewide child death abuse review committee from those determined to have been the result of child abuse or neglect to all child deaths reported to the department's child abuse hotline.

The bill creates a new part V of ch. 409, F.S., to be entitled "Community-Based Child Welfare Care." In this new part, current law relating to community based care is reorganized, obsolete provisions are removed, and some provisions are clarified. Increased specificity relating to duties and accountability of both DCF and Community Based Care Lead Agencies (CBCs) is provided.

The bill will have an indeterminate fiscal impact. It provides for an effective date of July 1, 2014.

II. Present Situation:

Siblings

Current law includes legislative intent that when siblings are placed in out-of-home care, the department 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.¹ The term "sibling" is not defined, and there is no provision at specific points in the child welfare system such as at removal or at judicial reviews to ensure that the department is attending to issues relating to siblings.

Relative Caregiver Program

The Florida Legislature established the Relative Caregiver Program in the 1998 Legislative Session.² This program offers monthly cash assistance and Medicaid for a child under the age of 18 who is placed by the dependency court with a relative after the child is removed from his or her home as a result of abuse, neglect, or abandonment. The monthly payment provides financial help for a relative who would not be able to afford to care for the child without assistance. The amount of the payment varies depending on the child's age and circumstances. Medicaid pays for the child's health care. The child may also be eligible for subsidized child care.

Only persons who are within the fifth degree of relationship by blood or marriage to the parent or stepparent of a dependent child or a half-brother or half-sister of a dependent child and who are caring fulltime for the child are eligible for the Program.

Under the Relative Caregiver Program, the child may either be in temporary custody of the relative under the protective supervision of DCF or may be placed in the guardianship³ or in a placement with the relative.⁴ Either of the last two options is considered a permanency placement for the child. Continued supervision of the placement by DCF is required under the permanent placement option, but not under the guardianship option.

¹ Section 39.001(1)(k), F.S.

² Chapter 98-403, s. 70, Laws of Fla.

³ Section 39.6221, F.S.

⁴ Section 39.6231, F.S.

Funding for the Relative Caregiver Program is through Florida's share of the Block Grant for Temporary Assistance for Needy Families (TANF), in accordance with Title IV-A of the Social Security Act (SSA). The SSA lists the purposes of the TANF program in Title IV-A, section 401. This section specifically states that one of the purposes is to "provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives."

The department currently places children with nonrelatives under court-ordered supervision, but has not been able to pay the nonrelatives due to restrictions on the TANF funding source. These children are placed in the nonrelative homes after home studies by the department. The only current difference between relative and nonrelative placements is that relatives receive payments to offset the cost of caring for the children and nonrelatives do not. As of December 31, 2012, there were 1,552 children in the care of nonrelatives under DCF supervision. The estimated monthly Relative Caregiver cost per child is \$257.09, for the annual total of \$3,087 per child.⁵

Public Disclosure of Child Deaths

There is currently no mechanism by which child deaths which have been reported to the department's child abuse hotline are made public. Arkansas has a database on which such deaths are reported, along with basic facts related to the case. This information is made available through the Arkansas social services webpage.⁶

Child Abuse Death Review Committee

The State Child Abuse Death Review Committee (CADR) was established in Florida in 1999 by statute.⁷ Case reviews began in 2000 and were expanded in 2004 to include all verified child abuse deaths. Current law establishes the State Child Abuse Death Review Committee and local child abuse death review committees within DOH.⁸ The CADR is composed of 18 members, including experts from the medical, law enforcement, social services, and advocacy professions.⁹ Members convene every other month to review the facts and circumstances of the deaths of children whose deaths have been investigated by the department and closed with a "verified"

⁵ Department of Children and Families, *SB 770 Fiscal Analysis* (Feb. 4, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁶ Arkansas Department of Human Services, Child Fatality Notification, *available at* <https://ardhs.sharepointsite.net/CFN/default.aspx> (last visited March 4, 2014)

⁷ Section 383.402, F.S.

⁸ Section 383.402(1), F.S.

⁹ Section 383.402(2)(a) and (b), F.S.

finding of child abuse or neglect. The purpose of the child death review is to help prevent child deaths as a result of abuse or neglect by:¹⁰

- Developing a community based approach to address child abuse deaths and contributing factors;
- Achieving a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect;
- Identifying gaps, deficiencies or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths; and
- Developing and implementing data-driven recommendations for reducing child abuse and neglect deaths.

The state committee is required to submit an annual statistical report to the Governor and the Legislature by December 31st containing recommendations to reduce preventable child deaths.¹¹

Local child abuse death review committees also conduct reviews of the verified deaths of children in their respective communities to develop prevention campaigns and prepare recommendations for improving local practices in child protection and support services to families. There are 23 local committees that provide coverage for Florida's 67 counties.¹²

During 2011, 2,241 children under the age of 18 died in Florida. Of those deaths, 474 were reported to the Florida Abuse Hotline and 130 deaths were verified by the department as being related to child abuse or neglect. The State Committee received 126 cases for review during the period of January through November 2012. The four cases verified after the review period will be reviewed in 2013. The State Committee is statutorily limited to the review of "verified" child death reports, which limits understanding of why children are dying in Florida.¹³

Statutory Provisions Relating to Community-Based Care Lead Agencies

The transition from government-delivered to outsourced child welfare sources began in earnest in Florida in 1996, when the Legislature directed the department to contract with established community-based organizations to establish pilot projects for the provision of foster care and related services.¹⁴ In 1998, the Legislature required the department to privatize the provision of all foster care and related services statewide. The transition was completed in FY 2004-2005. Currently, there are 19 community-based care lead agencies (CBCs) providing child welfare services statewide.

From the beginning of the transition to outsourced child welfare services, s. 409.1671, F.S., has been the primary legislative provision describing the process. Consequently, the statute contains many provisions that are obsolete, some which are current, and some which need clarification. For example, there is no provision in statute currently describing the duties of DCF in an outsourced child welfare world.

¹⁰ Section 383.402(1), F.S.

¹¹ Section 383.402(3)(c), F.S.

¹² Child Abuse Death Review Committee, *Annual Report* (Dec. 2012), available at <http://www.floridahealth.gov/alternatesites/flcadr/reports.html> (last visited Dec. 9, 2013).

¹³ *Id.*

¹⁴ Chapter 96-402, Laws of Fla.

In addition, currently there is not a statutory requirement that the CBCs be incorporated under Florida law. Also, the duty to provide community input for CBCs is buried in the other duties ascribed to the DCF Community Alliances, which are at present located in the DCF organizational statute, ch. 20.19, F.S. There is no provision for a Direct Support Organization (DSO) affiliated with the community alliances.

III. Effect of Proposed Changes:

Section 1 revises s. 39.01, F.S., to provide a definition for “sibling.”

Section 2 creates s. 39.2015, F.S., to direct 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. This investigation does not take the place of the child abuse investigation currently conducted by the department or sheriff office. The investigation rather than focusing on the cause of death, will focus on the child protection and child welfare services provided or needed. The qualifications of the team, the time periods under which they must work, their compensation, and their required reporting are all provided. The section also provides for 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 result of these investigations will be to identify operational changes within the child protection and child welfare system to prevent future child abuse deaths.

Section 3 amends s. 39.202, F.S., to make conforming changes allowing for the posting on the DCF website of information relating to child deaths reported to the DCF hotline.

Section 4 creates s. 39.2022, F.S., to require public disclosure of child deaths reported to the child abuse hotline. It describes the basic information to be provided, and requires that DCF post the information on its website. It preserves the current ability of DCF to provide additional information to any person if the death is determined to be the result of abuse, neglect, or abandonment. It also provides that any information that is otherwise confidential or exempt will not be posted on the website.

Section 5 amends s. 39.402, F.S., to require, at the time of a shelter hearing for a child removed from their home as the result of allegations of abuse, neglect, or abandonment, that DCF report to the court that it has made reasonable efforts to keep siblings together unless the placement together is not in their best interest. It also provides that if siblings removed from their home cannot be placed together, that DCF must provide the court with a recommendation for frequent visitation or other ongoing interaction between the siblings unless such interaction would be contrary to a sibling’s safety or well-being. If visitation among siblings is ordered but will not commence within 72 hours of the shelter hearing, DCF must provide justification to the court for the delay.

Section 6 amends s. 39.5085, F.S., to allow payment to nonrelatives willing to assume custody and care of a dependent child and a dependent half-brother or half-sister of that dependent child in the role of a substitute parent as a result of a court’s determination of child abuse, neglect, or abandonment and subsequent placement with the nonrelative caregiver. The placement is

required to be court-ordered temporary legal custody to the nonrelative under the protective supervision of the department. Nonrelatives may receive payment for the care of the child at the same rate that relatives would be paid, subject to available funding.

Section 7 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.

Section 8 amends s. 39.802, F.S., to remove the requirement that petitions for termination of parental rights be signed by employees of the department. This change will reduce the administrative burden on the department, decrease the cost of processing such petitions, and increase the timeliness of such petitions.

Section 9 amends s. s. 383.402, F.S., to expand the cases reviewed by the State Child Abuse Death Review Committee from those where the death has been verified to have occurred as a result of abuse, neglect, or abandonment to all cases where the death was reported to the DCF child abuse hotline.

Section 10 directs the Division of Law Revision and Information to create part V of ch. 409, F.S., to be entitled "Community-Based Child Welfare." This will improve the use and organization of statutory provisions relating to community based care.

Section 11 moves provisions from s. 409.1671, F.S., to create s. 409.986, F.S. The new section provides legislative findings, intent, goals, and definitions related to community based care.

Section 12 moves provisions from s. 409.1671, F.S., to create s. 409.987, F.S. The new section clarifies the requirements for DCF to procure community based care lead agencies. The procurement must be conducted through a competitive process required by chapter 287 and describes the geographic size limitations for such procurements. It requires DCF to produce a schedule for procurements and to share that schedule with community alliances. It sets for the requirements for an entity to compete for the award of a contract as a lead agency, including the requirement that the entity be organized as a Florida corporation governed by a local board of directors. It requires that the procurement be done in consultation with local community alliances.

Section 13 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 CBC lead agencies and to authorize subcontracting for the provision of child welfare services.

Section 14 moves provisions from s. 409.1671, F.S., and 409.16745, F.S., to create s. 409.990, F.S. The new section describes funding for lead agencies.

Section 15 moves provisions from 409.16713, F.S., to create s. 409.991, F.S. The new section describes the allocation of funds for community-based care lead agencies.

Section 16 moves provisions from s. 409.1671, F.S., to create s. 409.992, F.S. The new section provides for lead agency expenditures. The department must develop financial guidelines in consultation with the Auditor General.

Section 17 moves provisions from s. 409.1671, F.S., to create s. 409.993, F.S., to describe lead agency and subcontractor liability. The contents of this section are currently found in s. 409.1671(1)(h)-(l), F.S.

Section 18 transfers and renumbers current s. 409.1675, F.S., to create s. 409.994, F.S., describing community based care lead agencies and receivership.

Section 19 creates s. 409.996, F.S., to describe the duties of DCF in contracting for community based child welfare services.

Section 20 creates s. 409.997, F.S., to establish a child welfare results-oriented accountability system. The section 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 department is given direction for establishing such a system and is required 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.

Section 21 creates s. 409.998, F.S., to require that DCF establish community based care 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.

Section 22 repeals subsection (4) of s. 20.19, F.S. This is the section describing the current composition and duties of the DCF community alliances, which the bill replaces with the community alliances described in s. 409.998, F.S.

Section 23 repeals ss. 409.1671, 409.16715, and 409.16745, F.S., all of which are incorporated into the new statutory scheme, with amendments.

Sections 24-30 amend ss. 39.201, 409.1676, 409.1677, 409.906, 409.912, 409.91211, and 420.628, F.S., respectively, to correct cross-references.

Section 31 provides an effective date of July 1, 2014.

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 bill clarifies the responsibilities of the CBCs, but does not impose new requirements on them.

C. Government Sector Impact:

The bill calls for the creation of critical incident rapid response teams to review certain child abuse deaths. The team members may be reimbursed for expenses and salaries. It is unknown how many cases each year would be investigated by the teams so the cost of these new investigations is unknown.

The bill requires the posting on the DCF website of information relating to child deaths reported to the DCF hotline. The information is currently collected and maintained in the Florida Safe Families Network (FSFN). The costs to post this information on the DCF website would be insignificant.

The bill allows for the payment to nonrelatives willing to assume custody and care of a dependent child. Based on the number of children currently in this placement, the department estimates that the cost could be up to \$4.8 million each year.

The bill expands the cases reviewed by the State Child Abuse Death Review Committee. The reviews cost \$714 each and the costs are paid from the expense budget of the Department of Health. Based on these current costs and an estimated additional 346 cases to be reviewed under the bill, the increased costs would be \$247,143 each year.

The bill requires DCF repurpose the current community alliances to focus exclusively on the child protection and child welfare system. The cost to perform these new duties is unknown, but is not expected to be significant.

VI. Technical Deficiencies:

The bill transfers current provisions relating to community based care liability from s. 409.1671 to the newly created s. 409.993, F.S. Current law allows liability caps set in 1999 to increase by

5 percent each year. The bill does not update the amounts of the caps, resulting in a reduction of the caps back to the 1999 levels.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.01, 39.201, 39.202, 39.402, 39.5085, 39.701, 39.802, 383.402, 409.16713, 409.1655, 409.1676, 409.1677, 409.906, 409.912, 409.91211, and 420.628.

This bill creates the following sections of the Florida Statutes: 39.2015, 39.2022, 409.986, 409.987, 409.988, 409.990, 409.992, 409.993, 409.996, 409.997, and 409.998.

This bill repeals the following sections of the Florida Statutes: 20.19(4), 409.1671, 409.16715, and 409.16745.

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.



646820

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
03/11/2014	.	
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	.	
	.	

The Committee on Children, Families, and Elder Affairs (Detert) recommended the following:

Senate Amendment

Delete lines 405 - 412
and insert:
the relative or nonrelative under protective supervision of the department pursuant to s. 39.521(1)(b)3., or court-ordered placement in the home of a relative or nonrelative as a permanency option under s. 39.6221 or s. 39.6231 or under former s. 39.622 if the placement was made before July 1, 2006. The



276786

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/11/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Detert) recommended the following:

Senate Amendment

Delete lines 1048 - 1147
and insert:
as a part of its contract, obtain a minimum of \$2,078,928 million per claim/\$3 million per incident in general liability insurance coverage. The eligible community-based care lead agency must also require that staff who transport client children and families in their personal automobiles in order to carry out their job responsibilities obtain minimum bodily



276786

11 injury liability insurance in the amount of \$207,893 per claim,
12 \$300,000 per incident, on their personal automobiles. In lieu of
13 personal motor vehicle insurance, the lead agency's casualty,
14 liability, or motor vehicle insurance carrier may provide
15 nonowned automobile liability coverage. Such insurance provides
16 liability insurance for automobiles that the provider uses in
17 connection with the agency's business but does not own, lease,
18 rent, or borrow. Such coverage includes automobiles owned by the
19 employees of the lead agency or a member of the employee's
20 household but only while the automobiles are used in connection
21 with the agency's business. The nonowned automobile coverage for
22 the lead agency applies as excess coverage over any other
23 collectible insurance. The personal automobile policy for the
24 employee of the lead agency must be primary insurance, and the
25 nonowned automobile coverage of the agency acts as excess
26 insurance to the primary insurance. The lead agency shall
27 provide a minimum limit of \$2,078,928 million in nonowned
28 automobile coverage. In a tort action brought against such an
29 eligible community-based care lead agency or employee, net
30 economic damages shall be limited to \$2,078,928 million per
31 liability claim and \$207,893 per automobile claim, including,
32 but not limited to, past and future medical expenses, wage loss,
33 and loss of earning capacity, offset by any collateral source
34 payment paid or payable. In any tort action brought against such
35 an eligible community-based care lead agency, noneconomic
36 damages shall be limited to \$415,786 per claim. A claims bill
37 may be brought on behalf of a claimant pursuant to s. 768.28 for
38 any amount exceeding the limits specified in this paragraph. Any
39 offset of collateral source payments made as of the date of the



276786

40 settlement or judgment shall be in accordance with s. 768.76.
41 The community-based care lead agency is not liable in tort for
42 the acts or omissions of its subcontractors or the officers,
43 agents, or employees of its subcontractors.

44 (b) The liability of an eligible community-based care lead
45 agency described in this section shall be exclusive and in place
46 of all other liability of such lead agency. The same immunities
47 from liability enjoyed by such lead agencies shall extend as
48 well to each employee of the lead agency when such employee is
49 acting in furtherance of the agency's business, including the
50 transportation of clients served, as described in this
51 subsection, in privately owned vehicles. Such immunities are not
52 applicable to a lead agency or an employee who acts in a
53 culpably negligent manner or with willful and wanton disregard
54 or unprovoked physical aggression if such acts result in injury
55 or death or such acts proximately cause such injury or death.
56 Such immunities are not applicable to employees of the same lead
57 agency when each is operating in the furtherance of the agency's
58 business, but they are assigned primarily to unrelated work
59 within private or public employment. The same immunity
60 provisions enjoyed by a lead agency also apply to any sole
61 proprietor, partner, corporate officer or director, supervisor,
62 or other person who in the course and scope of his or her duties
63 acts in a managerial or policymaking capacity and the conduct
64 that caused the alleged injury arose within the course and scope
65 of those managerial or policymaking duties. As used in this
66 subsection and subsection (3), the term "culpable negligence"
67 means reckless indifference or grossly careless disregard of
68 human life.



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69 (3) SUBCONTRACTOR LIABILITY.—

70 (a) A subcontractor of an eligible community-based care
71 lead agency which is a direct provider of foster care and
72 related services to children and families, and its employees or
73 officers, except as otherwise provided in paragraph (b), must,
74 as a part of its contract, obtain a minimum of \$2,078,928
75 million per claim/\$3 million per incident in general liability
76 insurance coverage. The subcontractor of an eligible community-
77 based care lead agency must also require that staff who
78 transport client children and families in their personal
79 automobiles in order to carry out their job responsibilities
80 obtain minimum bodily injury liability insurance in the amount
81 of \$207,893 per claim, \$300,000 per incident, on their personal
82 automobiles. In lieu of personal motor vehicle insurance, the
83 subcontractor's casualty, liability, or motor vehicle insurance
84 carrier may provide nonowned automobile liability coverage. Such
85 insurance provides liability insurance for automobiles that the
86 subcontractor uses in connection with the subcontractor's
87 business but does not own, lease, rent, or borrow. Such coverage
88 includes automobiles owned by the employees of the subcontractor
89 or a member of the employee's household but only while the
90 automobiles are used in connection with the subcontractor's
91 business. The nonowned automobile coverage for the subcontractor
92 applies as excess coverage over any other collectible insurance.
93 The personal automobile policy for the employee of the
94 subcontractor shall be primary insurance, and the nonowned
95 automobile coverage of the subcontractor acts as excess
96 insurance to the primary insurance. The subcontractor shall
97 provide a minimum limit of \$2,078,928 in nonowned automobile



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98 coverage. In a tort action brought against such subcontractor or
99 employee, net economic damages shall be limited to \$2,078,928
100 million per liability claim and \$207,893 per automobile claim,
101 including, but not limited to, past and future medical expenses,
102 wage loss, and loss of earning capacity, offset by any
103 collateral source payment paid or payable. In a tort action
104 brought against such subcontractor, noneconomic damages shall be
105 limited to \$415,786 per claim. A claims bill
106

FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

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1 A bill to be entitled
 2 An act relating to child welfare; amending s. 39.01,
 3 F.S.; defining the term "sibling"; creating s.
 4 39.2015, F.S.; requiring the Department of Children
 5 and Families to conduct specified investigations using
 6 critical incident rapid response teams; providing
 7 requirements for such investigations; providing
 8 requirements for the team; authorizing the team to
 9 access specified information; requiring the
 10 cooperation of specified agencies and organizations;
 11 providing for reimbursement of team members; requiring
 12 a report of the investigation; requiring the secretary
 13 to develop specified guidelines for investigations and
 14 provide training to team members; requiring the
 15 secretary to appoint an advisory committee; requiring
 16 a report from the advisory committee to the Secretary
 17 of Children and Families; requiring the secretary to
 18 submit such report to the Governor and the
 19 Legislature; amending s. 39.202, F.S.; authorizing
 20 access to specified records in the event of the death
 21 of a child which was reported to the department's
 22 child abuse hotline; creating s. 39.2022, F.S.;
 23 providing legislative intent; requiring the department
 24 to publish specified information on its website if the
 25 death of a child is reported to the child abuse
 26 hotline; prohibiting specified information from being
 27 released; providing requirements for the release of
 28 information in the child's records; prohibiting
 29 release of information that identifies the person who

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30 reports an incident to the child abuse hotline;
 31 amending s. 39.402, F.S.; requiring the department to
 32 make a reasonable effort to keep siblings together
 33 when they are placed in out-of-home care under certain
 34 circumstances; providing for sibling visitation under
 35 certain circumstances; amending s. 39.5085, F.S.;
 36 revising legislative intent; authorizing placement of
 37 a child with a nonrelative caregiver and financial
 38 assistance for such nonrelative caregiver through the
 39 Relative Caregiver Program under certain
 40 circumstances; requiring that a nonrelative caregiver
 41 be given temporary legal custody of a child; amending
 42 s. 39.701, F.S.; requiring the court to consider
 43 contact among siblings in judicial reviews;
 44 authorizing the court to remove specified disabilities
 45 of nonage at judicial reviews; amending s. 39.802,
 46 F.S.; requiring a petition for the termination of
 47 parental rights to be signed under oath stating the
 48 petitioner's good faith in filing the petition;
 49 amending s. 383.402, F.S.; requiring the review of all
 50 deaths of children which occur in the state and are
 51 reported to the department's child abuse hotline;
 52 revising the due date for a report; providing a
 53 directive to the Division of Law Revision and
 54 Information; creating part V of ch. 409, F.S.;
 55 creating s. 409.986, F.S.; providing legislative
 56 findings and intent; providing child protection and
 57 child welfare outcome goals; defining terms; creating
 58 s. 409.987, F.S.; providing for the procurement of

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59 community-based care lead agencies; providing
 60 requirements for contracting as a lead agency;
 61 creating s. 409.988, F.S.; providing the duties of a
 62 community-based care lead agency; providing licensure
 63 requirements for a lead agency; creating s. 409.990,
 64 F.S.; providing general funding provisions; providing
 65 for a matching grant program and the maximum amount of
 66 funds that may be awarded; requiring the department to
 67 develop and implement a community-based care risk pool
 68 initiative; providing requirements for the risk pool;
 69 transferring, renumbering, and amending s. 409.16713,
 70 F.S.; transferring provisions relating to the
 71 allocation of funds for community-based lead care
 72 agencies; conforming a cross-reference; creating s.
 73 409.992, F.S.; providing requirements for community-
 74 based care lead agency expenditures; creating s.
 75 409.993, F.S.; providing findings; providing for lead
 76 agency and subcontractor liability; providing
 77 limitations on damages; transferring, renumbering, and
 78 amending s. 409.1675, F.S.; transferring provisions
 79 relating to receivership from community-based
 80 providers to lead agencies; conforming cross-
 81 references and terminology; creating s. 409.996, F.S.;
 82 providing duties of the department relating to
 83 community-based care and lead agencies; creating s.
 84 409.997, F.S.; providing goals for the department and
 85 specified entities; requiring the department to
 86 maintain a comprehensive, results-oriented
 87 accountability system; providing requirements;

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88 requiring the department to establish a technical
 89 advisory panel; providing requirements for the panel;
 90 requiring the department to make the results of the
 91 system public; requiring a report to the Governor and
 92 the Legislature; creating s. 409.998, F.S.; requiring
 93 the department to establish community-based care
 94 alliances; specifying responsibilities of the
 95 alliance; providing for membership of the alliance;
 96 providing for compensation of and requirements for
 97 alliance members; authorizing the alliance to create a
 98 direct-support organization; providing requirements
 99 for such organization; providing for future repeal of
 100 the authority of the alliance to create a direct
 101 support organization; repealing s. 20.19(4), F.S.,
 102 relating to community alliances; repealing ss.
 103 409.1671, 409.16715, and 409.16745, F.S., relating to
 104 foster care and related services, therapy treatments,
 105 and the community partnership matching grant program,
 106 respectively; amending ss. 39.201, 409.1676, 409.1677,
 107 409.906, 409.912, 409.91211, and 420.628, F.S.;
 108 conforming cross-references; providing an effective
 109 date.

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

112
 113 Section 1. Present subsections (70) through (76) of section
 114 39.01, Florida Statutes, are redesignated as subsections (71)
 115 through (77), respectively, and a new subsection (70) is added
 116 to that section, to read:

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117 39.01 Definitions.—When used in this chapter, unless the
118 context otherwise requires:

119 (70) “Sibling” means:

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

122 (b) Children who have lived together in a family and
123 identify themselves as siblings.

124 Section 2. Section 39.2015, Florida Statutes, is created to
125 read:

126 39.2015 Critical incident rapid response team.—

127 (1) The department shall conduct an immediate investigation
128 of deaths or other serious incidents involving children using
129 critical incident rapid response teams as provided in subsection

130 (2). The purpose of such investigation is to identify root
131 causes and rapidly determine the need to change policies and
132 practices related to child protection and child welfare.

133 (2) An immediate onsite investigation conducted by a
134 critical incident rapid response team is required for all child
135 deaths reported to the department if the child or another child
136 in his or her family was the subject of a verified report of
137 suspected abuse or neglect in the previous 12 months. The
138 secretary may also direct an immediate investigation for other
139 cases involving serious injury to a child.

140 (3) Each investigation shall be conducted by a team of at
141 least five professionals with expertise in child protection,
142 child welfare, and organizational management. The team may be
143 selected from employees of the department, community-based care
144 lead agencies, other provider organizations, faculty from the
145 institute consisting of public and private universities offering

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146 degrees in social work established pursuant to s. 1004.615, or
147 any other persons with the required expertise. The majority of
148 the team must reside in judicial circuits outside the location
149 of the incident. The secretary shall appoint a team leader for
150 each group assigned to an investigation.

151 (4) An investigation shall be initiated as soon as
152 possible, but not later than 2 business days after the case is
153 reported to the department. A preliminary report on each case
154 shall be provided to the secretary no later than 30 days after
155 the investigation begins.

156 (5) Each member of the team is authorized to access all
157 information in the case file.

158 (6) All employees of the department or other state agencies
159 and all personnel from contracted provider organizations are
160 required to cooperate with the investigation by participating in
161 interviews and timely responding to any requests for
162 information.

163 (7) The secretary shall develop cooperative agreements with
164 other entities and organizations as may be necessary to
165 facilitate the work of the team.

166 (8) The members of the team may be reimbursed by the
167 department for per diem, mileage, and other reasonable expenses
168 as provided in s. 112.061. The department may also reimburse the
169 team member’s employer for the associated salary and benefits
170 during the time the team member is fulfilling the duties
171 required under this section.

172 (9) Upon completion of the investigation, a final report
173 shall be made available to community-based care lead agencies,
174 to other organizations involved in the child welfare system, and

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175 to the public through the department's website.

176 (10) The secretary, in conjunction with the institute
 177 established pursuant to s. 1004.615, shall develop guidelines
 178 for investigations conducted by critical incident rapid response
 179 teams and provide training to team members. Such guidelines must
 180 direct the teams in the conduct of a root-cause analysis that
 181 identifies, classifies, and attributes responsibility for both
 182 direct and latent causes for the death or other incident,
 183 including organizational factors, preconditions, and specific
 184 acts or omissions resulting from either error or a violation of
 185 procedures.

186 (11) The secretary shall appoint an advisory committee made
 187 up of experts in child protection and child welfare to make an
 188 independent review of investigative reports from the critical
 189 incident rapid response teams and make recommendations to
 190 improve policies and practices related to child protection and
 191 child welfare services. By October 1 of each year, the advisory
 192 committee shall make an annual report to the secretary,
 193 including findings and recommendations. The secretary shall
 194 submit the report to the Governor, the President of the Senate,
 195 and the Speaker of the House of Representatives.

196 Section 3. Paragraph (o) of subsection (2) of section
 197 39.202, Florida Statutes, is amended to read:

198 39.202 Confidentiality of reports and records in cases of
 199 child abuse or neglect.—

200 (2) Except as provided in subsection (4), access to such
 201 records, excluding the name of the reporter which shall be
 202 released only as provided in subsection (5), shall be granted
 203 only to the following persons, officials, and agencies:

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204 (o) Any person, in the event of the death of a child
 205 reported to the child abuse hotline ~~determined to be a result of~~
 206 abuse, abandonment, or neglect. Information identifying the
 207 person reporting abuse, abandonment, or neglect may ~~shall~~ not be
 208 released. Any information otherwise made confidential or exempt
 209 by law may ~~shall~~ not be released pursuant to this paragraph. The
 210 information released pursuant to this paragraph must meet the
 211 requirements of s. 39.2022.

212 Section 4. Section 39.2022, Florida Statutes, is created to
 213 read:

214 39.2022 Public disclosure of child deaths reported to the
 215 child abuse hotline.—

216 (1) It is the intent of the Legislature to provide prompt
 217 disclosure of the basic facts of all deaths of children from
 218 birth through 18 years of age which occur in this state and
 219 which are reported to the department's child abuse hotline.
 220 Disclosure shall be posted on the department's public website.
 221 This section does not limit the public access to records under
 222 any other provision of law.

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

226 (a) Name of the child.

227 (b) Date of birth, race, and gender of the child.

228 (c) Date of the child's death.

229 (d) Allegations of the cause of death or the preliminary
 230 cause of death.

231 (e) County and placement of the child at the time of the
 232 incident leading to the child's death, if applicable.

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233 (f) Name of the community-based care lead agency, case
 234 management agency, or out-of-home licensing agency involved with
 235 the child, family, or licensed caregiver, if applicable.

236 (g) The relationship of any alleged offender to the child.

237 (h) Whether the child has been the subject of any prior
 238 verified reports to the department's child abuse hotline.

239 (3) The department may not release the following
 240 information concerning a death of a child:

241 (a) Information about the siblings of the child.

242 (b) Attorney-client communications.

243 (c) Any information if the release of such information
 244 would jeopardize a criminal investigation.

245 (d) Any information that is confidential or exempt under
 246 state or federal law.

247 (4) If the death of a child is determined to be the result
 248 of abuse, neglect, or abandonment, the department may release
 249 information in the child's record to any person. Information
 250 identifying the person reporting abuse, abandonment, or neglect
 251 may not be released. Any information otherwise made confidential
 252 or exempt by law may not be released pursuant to this
 253 subsection.

254 Section 5. Paragraph (h) of subsection (8) and subsection
 255 (9) of section 39.402, Florida Statutes, are amended to read:
 256 39.402 Placement in a shelter.—

257 (8)

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

261 1. That placement in shelter care is necessary based on the

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262 criteria in subsections (1) and (2).

263 2. That placement in shelter care is in the best interest
 264 of the child.

265 3. That continuation of the child in the home is contrary
 266 to the welfare of the child because the home situation presents
 267 a substantial and immediate danger to the child's physical,
 268 mental, or emotional health or safety which cannot be mitigated
 269 by the provision of preventive services.

270 4. That based upon the allegations of the petition for
 271 placement in shelter care, there is probable cause to believe
 272 that the child is dependent or that the court needs additional
 273 time, which may not exceed 72 hours, in which to obtain and
 274 review documents pertaining to the family in order to
 275 appropriately determine the risk to the child.

276 5. That the department has made reasonable efforts to
 277 prevent or eliminate the need for removal of the child from the
 278 home. A finding of reasonable effort by the department to
 279 prevent or eliminate the need for removal may be made and the
 280 department is deemed to have made reasonable efforts to prevent
 281 or eliminate the need for removal if:

282 a. The first contact of the department with the family
 283 occurs during an emergency;

284 b. The appraisal of the home situation by the department
 285 indicates that the home situation presents a substantial and
 286 immediate danger to the child's physical, mental, or emotional
 287 health or safety which cannot be mitigated by the provision of
 288 preventive services;

289 c. The child cannot safely remain at home, either because
 290 there are no preventive services that can ensure the health and

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291 safety of the child or because, even with appropriate and
 292 available services being provided, the health and safety of the
 293 child cannot be ensured; or

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

297 6. That the department has made reasonable efforts to keep
 298 siblings together if they are removed and placed in out-of-home
 299 care unless such a placement is not in the best interest of each
 300 child. The department shall report to the court its efforts to
 301 place siblings together unless the court finds that such
 302 placement is not in the best interest of a child or his or her
 303 sibling.

304 ~~7.6-~~ That the court notified the parents, relatives that
 305 are providing out-of-home care for the child, or legal
 306 custodians of the time, date, and location of the next
 307 dependency hearing and of the importance of the active
 308 participation of the parents, relatives that are providing out-
 309 of-home care for the child, or legal custodians in all
 310 proceedings and hearings.

311 ~~8.7-~~ That the court notified the parents or legal
 312 custodians of their right to counsel to represent them at the
 313 shelter hearing and at each subsequent hearing or proceeding,
 314 and the right of the parents to appointed counsel, pursuant to
 315 the procedures set forth in s. 39.013.

316 ~~9.8-~~ That the court notified relatives who are providing
 317 out-of-home care for a child as a result of the shelter petition
 318 being granted that they have the right to attend all subsequent
 319 hearings, to submit reports to the court, and to speak to the

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320 court regarding the child, if they so desire.

321 (9) (a) At any shelter hearing, the department shall provide
 322 to the court a recommendation for scheduled contact between the
 323 child and parents, if appropriate. The court shall determine
 324 visitation rights absent a clear and convincing showing that
 325 visitation is not in the best interest of the child. Any order
 326 for visitation or other contact must conform to ~~the provisions~~
 327 ~~of~~ s. 39.0139. If visitation is ordered but will not commence
 328 within 72 hours of the shelter hearing, the department shall
 329 provide justification to the court.

330 (b) If siblings who are removed from the home cannot be
 331 placed together, the department shall provide to the court a
 332 recommendation for frequent visitation or other ongoing
 333 interaction between the siblings unless this interaction would
 334 be contrary to a sibling's safety or well-being. If visitation
 335 among siblings is ordered but will not commence within 72 hours
 336 of the shelter hearing, the department shall provide
 337 justification to the court for the delay.

338 Section 6. Section 39.5085, Florida Statutes, is amended to
 339 read:

340 39.5085 Relative Caregiver Program.—

341 (1) It is the intent of the Legislature in enacting this
 342 section to:

343 (a) Provide for the establishment of procedures and
 344 protocols that serve to advance the continued safety of children
 345 by acknowledging the valued resource uniquely available through
 346 grandparents, ~~and~~ relatives of children, ~~and specified~~
 347 nonrelatives of children pursuant to subparagraph (2)(a)3.

348 (b) Recognize family relationships in which a grandparent

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349 or other relative is the head of a household that includes a
350 child otherwise at risk of foster care placement.

351 (c) Enhance family preservation and stability by
352 recognizing that most children in such placements with
353 grandparents and other relatives do not need intensive
354 supervision of the placement by the courts or by the department.

355 (d) Recognize that permanency in the best interests of the
356 child can be achieved through a variety of permanency options,
357 including permanent guardianship under s. 39.6221 if the
358 guardian is a relative, by permanent placement with a fit and
359 willing relative under s. 39.6231, by a relative, guardianship
360 under chapter 744, or adoption, by providing additional
361 placement options and incentives that will achieve permanency
362 and stability for many children who are otherwise at risk of
363 foster care placement because of abuse, abandonment, or neglect,
364 but who may successfully be able to be placed by the dependency
365 court in the care of such relatives.

366 (e) Reserve the limited casework and supervisory resources
367 of the courts and the department for those cases in which
368 children do not have the option for safe, stable care within the
369 family.

370 (f) Recognize that a child may have a close relationship
371 with a person who is not a blood relative or a relative by
372 marriage and that such person should be eligible for financial
373 assistance under this section if he or she is able and willing
374 to care for the child and provide a safe, stable home
375 environment.

376 (2) (a) The Department of Children and Families Family
377 Services shall establish and operate the Relative Caregiver

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378 Program pursuant to eligibility guidelines established in this
379 section as further implemented by rule of the department. The
380 Relative Caregiver Program shall, within the limits of available
381 funding, provide financial assistance to:

382 1. Relatives who are within the fifth degree by blood or
383 marriage to the parent or stepparent of a child and who are
384 caring full-time for that dependent child in the role of
385 substitute parent as a result of a court's determination of
386 child abuse, neglect, or abandonment and subsequent placement
387 with the relative under this chapter.

388 2. Relatives who are within the fifth degree by blood or
389 marriage to the parent or stepparent of a child and who are
390 caring full-time for that dependent child, and a dependent half-
391 brother or half-sister of that dependent child, in the role of
392 substitute parent as a result of a court's determination of
393 child abuse, neglect, or abandonment and subsequent placement
394 with the relative under this chapter.

395 3. Nonrelatives who are willing to assume custody and care
396 of a dependent child and a dependent half-brother or half-sister
397 of that dependent child in the role of substitute parent as a
398 result of a court's determination of child abuse, neglect, or
399 abandonment and subsequent placement with the nonrelative
400 caregiver under this chapter. The court must find that a
401 proposed placement under this subparagraph is in the best
402 interest of the child.

403
404 The placement may be court-ordered temporary legal custody to
405 the relative under protective supervision of the department
406 pursuant to s. 39.521(1)(b)3., or court-ordered placement in the

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407 home of a relative as a permanency option under s. 39.6221 or s.
 408 39.6231 or under former s. 39.622 if the placement was made
 409 before July 1, 2006. If a child is placed with a nonrelative
 410 under subparagraph 3., the placement shall be court-ordered
 411 temporary legal custody to the nonrelative under protective
 412 supervision of the department pursuant to s. 39.521(1)(b)3. The
 413 Relative Caregiver Program shall offer financial assistance to
 414 caregivers ~~who are relatives and~~ who would be unable to serve in
 415 that capacity without the ~~relative~~ caregiver payment because of
 416 financial burden, thus exposing the child to the trauma of
 417 placement in a shelter or in foster care.

418 (b) Caregivers ~~who are relatives and~~ who receive assistance
 419 under this section must be capable, as determined by a home
 420 study, of providing a physically safe environment and a stable,
 421 supportive home for the children under their care, and must
 422 assure that the children's well-being is met, including, but not
 423 limited to, the provision of immunizations, education, and
 424 mental health services as needed.

425 (c) Relatives or nonrelatives who qualify for and
 426 participate in the Relative Caregiver Program are not required
 427 to meet foster care licensing requirements under s. 409.175.

428 (d) Relatives or nonrelatives who are caring for children
 429 placed with them by the court pursuant to this chapter shall
 430 receive a special monthly ~~relative~~ caregiver benefit established
 431 by rule of the department. The amount of the special benefit
 432 payment shall be based on the child's age within a payment
 433 schedule established by rule of the department and subject to
 434 availability of funding. The statewide average monthly rate for
 435 children judicially placed with relatives or nonrelatives who

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436 are not licensed as foster homes may not exceed 82 percent of
 437 the statewide average foster care rate, and ~~nor may~~ the cost of
 438 providing the assistance described in this section to any
 439 ~~relative~~ caregiver may not exceed the cost of providing out-of-
 440 home care in emergency shelter or foster care.

441 (e) Children receiving cash benefits under this section are
 442 not eligible to simultaneously receive WAGES cash benefits under
 443 chapter 414.

444 (f) Within available funding, the Relative Caregiver
 445 Program shall provide ~~relative~~ caregivers with family support
 446 and preservation services, flexible funds in accordance with s.
 447 409.165, school readiness, and other available services in order
 448 to support the child's safety, growth, and healthy development.
 449 Children living with ~~relative~~ caregivers who are receiving
 450 assistance under this section shall be eligible for Medicaid
 451 coverage.

452 (g) The department may use appropriate available state,
 453 federal, and private funds to operate the Relative Caregiver
 454 Program. The department may develop liaison functions to be
 455 available to relatives or nonrelatives who care for children
 456 pursuant to this chapter to ensure placement stability in
 457 extended family settings.

458 Section 7. Paragraph (c) of subsection (2) and paragraph
 459 (a) of subsection (3) of section 39.701, Florida Statutes, are
 460 amended to read:

461 39.701 Judicial review.—

462 (2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF
 463 AGE.—

464 (c) *Review determinations.*—The court and any citizen review

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465 panel shall take into consideration the information contained in
 466 the social services study and investigation and all medical,
 467 psychological, and educational records that support the terms of
 468 the case plan; testimony by the social services agency, the
 469 parent, the foster parent or legal custodian, the guardian ad
 470 litem or surrogate parent for educational decisionmaking if one
 471 has been appointed for the child, and any other person deemed
 472 appropriate; and any relevant and material evidence submitted to
 473 the court, including written and oral reports to the extent of
 474 their probative value. These reports and evidence may be
 475 received by the court in its effort to determine the action to
 476 be taken with regard to the child and may be relied upon to the
 477 extent of their probative value, even though not competent in an
 478 adjudicatory hearing. In its deliberations, the court and any
 479 citizen review panel shall seek to determine:

480 1. If the parent was advised of the right to receive
 481 assistance from any person or social service agency in the
 482 preparation of the case plan.

483 2. If the parent has been advised of the right to have
 484 counsel present at the judicial review or citizen review
 485 hearings. If not so advised, the court or citizen review panel
 486 shall advise the parent of such right.

487 3. If a guardian ad litem needs to be appointed for the
 488 child in a case in which a guardian ad litem has not previously
 489 been appointed or if there is a need to continue a guardian ad
 490 litem in a case in which a guardian ad litem has been appointed.

491 4. Who holds the rights to make educational decisions for
 492 the child. If appropriate, the court may refer the child to the
 493 district school superintendent for appointment of a surrogate

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494 parent or may itself appoint a surrogate parent under the
 495 Individuals with Disabilities Education Act and s. 39.0016.

496 5. The compliance or lack of compliance of all parties with
 497 applicable items of the case plan, including the parents'
 498 compliance with child support orders.

499 6. The compliance or lack of compliance with a visitation
 500 contract between the parent and the social service agency for
 501 contact with the child, including the frequency, duration, and
 502 results of the parent-child visitation and the reason for any
 503 noncompliance.

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

508 ~~8.7.~~ The compliance or lack of compliance of the parent in
 509 meeting specified financial obligations pertaining to the care
 510 of the child, including the reason for failure to comply, if
 511 applicable such is the case.

512 ~~9.8.~~ Whether the child is receiving safe and proper care
 513 according to s. 39.6012, including, but not limited to, the
 514 appropriateness of the child's current placement, including
 515 whether the child is in a setting that is as family-like and as
 516 close to the parent's home as possible, consistent with the
 517 child's best interests and special needs, and including
 518 maintaining stability in the child's educational placement, as
 519 documented by assurances from the community-based care provider
 520 that:

521 a. The placement of the child takes into account the
 522 appropriateness of the current educational setting and the

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523 proximity to the school in which the child is enrolled at the
524 time of placement.

525 b. The community-based care agency has coordinated with
526 appropriate local educational agencies to ensure that the child
527 remains in the school in which the child is enrolled at the time
528 of placement.

529 ~~10.9-~~ A projected date likely for the child's return home
530 or other permanent placement.

531 ~~11.10-~~ When appropriate, the basis for the unwillingness or
532 inability of the parent to become a party to a case plan. The
533 court and the citizen review panel shall determine if the
534 efforts of the social service agency to secure party
535 participation in a case plan were sufficient.

536 ~~12.11-~~ For a child who has reached 13 years of age but is
537 not yet 18 years of age, the adequacy of the child's preparation
538 for adulthood and independent living.

539 ~~13.12-~~ If amendments to the case plan are required.
540 Amendments to the case plan must be made under s. 39.6013.

541 (3) REVIEW HEARINGS FOR CHILDREN 17 YEARS OF AGE.—

542 (a) In addition to the review and report required under
543 paragraphs (1) (a) and (2) (a), respectively, the court shall hold
544 a judicial review hearing within 90 days after a child's 17th
545 birthday. The court shall also issue an order, separate from the
546 order on judicial review, that the disability of nonage of the
547 child has been removed pursuant to ss. 743.044, 743.045, and
548 743.046, and for any of these disabilities that the courts finds
549 is in the child's best interest to remove. The court s. 743.045
550 ~~and~~ shall continue to hold timely judicial review hearings. If
551 necessary, the court may review the status of the child more

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552 frequently during the year before the child's 18th birthday. At
553 each review hearing held under this subsection, in addition to
554 any information or report provided to the court by the foster
555 parent, legal custodian, or guardian ad litem, the child shall
556 be given the opportunity to address the court with any
557 information relevant to the child's best interest, particularly
558 in relation to independent living transition services. The
559 department shall include in the social study report for judicial
560 review written verification that the child has:

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

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

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

574 4. All relevant information related to the Road-to-
575 Independence Program, including, but not limited to, eligibility
576 requirements, information on participation, and assistance in
577 gaining admission to the program. If the child is eligible for
578 the Road-to-Independence Program, he or she must be advised that
579 he or she may continue to reside with the licensed family home
580 or group care provider with whom the child was residing at the

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581 time the child attained his or her 18th birthday, in another
582 licensed family home, or with a group care provider arranged by
583 the department.

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

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

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

593 8. Information related to the ability of the child to
594 remain in care until he or she reaches 21 years of age under s.
595 39.013.

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

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

600 11. The child's educational records.

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

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

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

606 Section 8. Subsection (2) of section 39.802, Florida
607 Statutes, is amended to read:

608 39.802 Petition for termination of parental rights; filing;
609 elements.—

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610 (2) The form of the petition is governed by the Florida
611 Rules of Juvenile Procedure. The petition must be in writing and
612 signed by the petitioner under oath stating the petitioner's
613 good faith in ~~er, if the department is the petitioner, by an~~
614 ~~employee of the department, under oath stating the petitioner's~~
615 ~~good faith in~~ filing the petition.

616 Section 9. Subsection (1) and paragraph (c) of subsection
617 (3) of section 383.402, Florida Statutes, are amended to read:
618 383.402 Child abuse death review; State Child Abuse Death
619 Review Committee; local child abuse death review committees.—

620 (1) It is the intent of the Legislature to establish a
621 statewide multidisciplinary, multiagency child abuse death
622 assessment and prevention system that consists of state and
623 local review committees. The state and local review committees
624 shall review the facts and circumstances of all deaths of
625 children from birth through age 18 which occur in this state and
626 are reported to the child abuse hotline of the Department of
627 Children and Families as the result of verified child abuse or
628 ~~neglect~~. The purpose of the review shall be to:

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

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

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

637 (d) Make and implement recommendations for changes in law,
638 rules, and policies, as well as develop practice standards that

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639 support the safe and healthy development of children and reduce
640 preventable child abuse deaths.

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

642 (c) Prepare an annual statistical report on the incidence
643 and causes of death resulting from reported child abuse in the
644 state during the prior calendar year. The state committee shall
645 submit a copy of the report by October 1 ~~December 31~~ of each
646 year to the Governor, the President of the Senate, and the
647 Speaker of the House of Representatives. The report must include
648 recommendations for state and local action, including specific
649 policy, procedural, regulatory, or statutory changes, and any
650 other recommended preventive action.

651 Section 10. The Division of Law Revision and Information is
652 directed to create part V of chapter 409, Florida Statutes,
653 consisting of ss. 409.986-409.998, Florida Statutes, to be
654 titled "Community-Based Child Welfare."

655 Section 11. Section 409.986, Florida Statutes, is created
656 to read:

657 409.986 Legislative findings, intent, and definitions.—

658 (1) LEGISLATIVE FINDINGS AND INTENT.—

659 (a) It is the intent of the Legislature that the Department
660 of Children and Families provide child protection and child
661 welfare services to children through contracting with community-
662 based care lead agencies. It is further the Legislature's intent
663 that communities and other stakeholders in the well-being of
664 children participate in assuring safety, permanence, and well-
665 being for all children in the state.

666 (b) The Legislature finds that, when private entities
667 assume responsibility for the care of children in the child

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668 protection and child welfare system, adequate oversight of the
669 programmatic, administrative, and fiscal operation of those
670 entities is essential. The Legislature finds that, ultimately,
671 the appropriate care of children is the responsibility of the
672 state and outsourcing the provision of such care does not
673 relieve the state of its responsibility to ensure that
674 appropriate care is provided.

675 (2) CHILD PROTECTION AND CHILD WELFARE OUTCOMES.—It is the
676 goal of the department to achieve the following outcomes in
677 conjunction with the community-based care lead agency,
678 community-based subcontractors, and the community-based care
679 alliance:

680 (a) Children are first and foremost protected from abuse
681 and neglect.

682 (b) Children are safely maintained in their homes if
683 possible and appropriate.

684 (c) Services are provided to protect children and prevent
685 removal from the home.

686 (d) Children have permanency and stability in their living
687 arrangements.

688 (e) Family relationships and connections are preserved for
689 children.

690 (f) Families have enhanced capacity to provide for their
691 children's needs.

692 (g) Children receive appropriate services to meet their
693 educational needs.

694 (h) Children receive adequate services to meet their
695 physical and mental health needs.

696 (3) DEFINITIONS.—As used in this part, except as otherwise

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697 specially provided, the term:

698 (a) "Child" or "children" means has the same meaning as the
699 term "child" as defined in s. 39.01.

700 (b) "Dependent child" means a child who has been determined
701 by the court to be in need of care due to allegations of abuse,
702 neglect, or abandonment.

703 (c) "Care" means services of any kind which are designed to
704 facilitate a child remaining safely in his or her own home,
705 returning safely to his or her own home if he or she is removed,
706 or obtaining an alternative permanent home if he or she cannot
707 remain home or be returned home.

708 (d) "Community-based care lead agency" or "lead agency"
709 means a single entity with which the department has a contract
710 for the provision of care for children in the child protection
711 and child welfare system in a community that is no smaller than
712 a county and no larger than two contiguous judicial circuits.
713 The secretary of the department may authorize more than one
714 eligible lead agency within a single county if doing so will
715 result in more effective delivery of services to children.

716 (e) "Community-based care alliance" or "alliance" means the
717 group of stakeholders, community leaders, client
718 representatives, and funders of human services established to
719 provide a focal point for community participation and governance
720 of community-based services.

721 (f) "Related services" includes, but is not limited to,
722 family preservation, independent living, emergency shelter,
723 residential group care, foster care, therapeutic foster care,
724 intensive residential treatment, foster care supervision, case
725 management, postplacement supervision, permanent foster care,

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726 and family reunification.

727 Section 12. Section 409.987, Florida Statutes, is created
728 to read:

729 409.987 Lead agency procurement.—

730 (1) Community-based care lead agencies shall be procured by
731 the department through a competitive process as required by
732 chapter 287.

733 (2) The department shall produce a schedule for the
734 procurement of community-based care lead agencies and provide
735 the schedule to the community-based care alliances established
736 pursuant to s. 409.998.

737 (3) Notwithstanding s. 287.057, the department shall use 5-
738 year contracts with lead agencies.

739 (4) In order to compete for a contract to serve as a lead
740 agency, an entity must:

741 (a) Be organized as a Florida corporation or a governmental
742 entity.

743 (b) Be governed by a board of directors. The membership of
744 the board of directors must be described in the bylaws or
745 articles of incorporation of each lead agency. At least 75
746 percent of the membership of the board of directors must be
747 composed of persons residing in this state. Of the state
748 residents, at least 51 percent must also reside within the
749 service area of the lead agency.

750 (c) Demonstrate financial responsibility through an
751 organized plan for regular fiscal audits and the posting of a
752 performance bond.

753 (5) The procurement of lead agencies must be done in
754 consultation with the local community-based care alliances.

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755 Section 13. Section 409.988, Florida Statutes, is created
756 to read:

757 409.988 Lead agency duties; general provisions.—

758 (1) DUTIES.—A lead agency:

759 (a) Shall serve all children referred as a result of a
760 report of abuse, neglect, or abandonment to the department's
761 child abuse hotline regardless of the level of funding allocated
762 to the lead agency by the state if all related funding is
763 transferred.

764 (b) Shall provide accurate and timely information necessary
765 for oversight by the department pursuant to the child welfare
766 results-oriented accountability system required by s. 409.997.

767 (c) Shall follow the financial guidelines developed by the
768 department and provide for a regular independent auditing of its
769 financial activities. Such financial information shall be
770 provided to the community-based care alliance established under
771 s. 409.998.

772 (d) Shall prepare all judicial reviews, case plans, and
773 other reports necessary for court hearings for dependent
774 children, except those related to the investigation of a
775 referral from the department's child abuse hotline, and shall
776 provide testimony as required for dependency court proceedings.
777 This duty does not include the preparation of legal pleadings or
778 other legal documents, which remain the responsibility of the
779 department.

780 (e) Shall ensure that all individuals providing care for
781 dependent children receive appropriate training and meet the
782 minimum employment standards established by the department.

783 (f) Shall maintain eligibility to receive all available

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784 federal child welfare funds.

785 (g) Shall maintain written agreements with Healthy Families
786 Florida lead entities in its service area pursuant to s. 409.153
787 to promote cooperative planning for the provision of prevention
788 and intervention services.

789 (h) Shall comply with federal and state statutory
790 requirements and agency rules in the provision of contractual
791 services.

792 (i) May subcontract for the provision of services required
793 by the contract with the lead agency and the department;
794 however, the subcontracts must specify how the provider will
795 contribute to the lead agency meeting the performance standards
796 established pursuant to the child welfare results-oriented
797 accountability system required by s. 409.997.

798 (2) LICENSURE.—

799 (a) A lead agency must be licensed as a child-caring or
800 child-placing agency by the department under this chapter.

801 (b) Each foster home, therapeutic foster home, emergency
802 shelter, or other placement facility operated by the lead agency
803 must be licensed by the department under chapter 402 or this
804 chapter.

805 (c) Substitute care providers who are licensed under s.
806 409.175 and who have contracted with a lead agency are also
807 authorized to provide registered or licensed family day care
808 under s. 402.313 if such care is consistent with federal law and
809 if the home has met the requirements of s. 402.313.

810 (d) A foster home licensed under s. 409.175 may be dually
811 licensed as a child care home under chapter 402 and may receive
812 a foster care maintenance payment and, to the extent permitted

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813 under federal law, school readiness funding for the same child.

814 (e) In order to eliminate or reduce the number of duplicate
815 inspections by various program offices, the department shall
816 coordinate inspections required for licensure of agencies under
817 this subsection.

818 (f) The department may adopt rules to administer this
819 subsection.

820 (3) SERVICES.—A lead agency must serve dependent children
821 through services that are supported by research or are best
822 child welfare practices. The agency may also provide innovative
823 services such as family-centered, cognitive-behavioral
824 interventions designed to mitigate out-of-home placements.

825 (4) LEAD AGENCY ACTING AS GUARDIAN.—

826 (a) If a lead agency or other provider has accepted case
827 management responsibilities for a child who is sheltered or
828 found to be dependent and who is assigned to the care of the
829 lead agency or other provider, the agency or provider may act as
830 the child's guardian for the purpose of registering the child in
831 school if a parent or guardian of the child is unavailable and
832 his or her whereabouts cannot reasonably be ascertained.

833 (b) The lead agency or other provider may also seek
834 emergency medical attention for the child, but only if a parent
835 or guardian of the child is unavailable, the parent's
836 whereabouts cannot reasonably be ascertained, and a court order
837 for such emergency medical services cannot be obtained because
838 of the severity of the emergency or because it is after normal
839 working hours.

840 (c) A lead agency or other provider may not consent to
841 sterilization, abortion, or termination of life support.

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842 (d) If a child's parents' rights have been terminated, the
843 lead agency shall act as guardian of the child in all
844 circumstances.

845 Section 14. Section 409.990, Florida Statutes, is created
846 to read:

847 409.990 Funding for lead agencies.—A contract established
848 between the department and a lead agency must be funded by a
849 grant of general revenue, other applicable state funds, or
850 applicable federal funding sources.

851 (1) The method of payment for a fixed-price contract with a
852 lead agency must provide for a 2-month advance payment at the
853 beginning of each fiscal year and equal monthly payments
854 thereafter.

855 (2) Notwithstanding s. 215.425, all documented federal
856 funds earned for the current fiscal year by the department and
857 lead agencies which exceed the amount appropriated by the
858 Legislature shall be distributed to all entities that
859 contributed to the excess earnings based on a schedule and
860 methodology developed by the department and approved by the
861 Executive Office of the Governor.

862 (a) Distribution shall be pro rata based on total earnings
863 and shall be made only to those entities that contributed to
864 excess earnings.

865 (b) Excess earnings of lead agencies shall be used only in
866 the service district in which they were earned.

867 (c) Additional state funds appropriated by the Legislature
868 for lead agencies or made available pursuant to the budgetary
869 amendment process described in s. 216.177 shall be transferred
870 to the lead agencies.

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871 (d) The department shall amend a lead agency's contract to
872 permit expenditure of the funds.

873 (3) Notwithstanding other provisions in this section, the
874 amount of the annual contract for a lead agency may be increased
875 by excess federal funds earned in accordance with s.
876 216.181(11).

877 (4) Each contract with a lead agency shall provide for the
878 payment by the department to the lead agency of a reasonable
879 administrative cost in addition to funding for the provision of
880 services.

881 (5) A lead agency may carry forward documented unexpended
882 state funds from one fiscal year to the next; however, the
883 cumulative amount carried forward may not exceed 8 percent of
884 the total contract. Any unexpended state funds in excess of that
885 percentage must be returned to the department.

886 (a) The funds carried forward may not be used in any way
887 that would create increased recurring future obligations, and
888 such funds may not be used for any type of program or service
889 that is not currently authorized by the existing contract with
890 the department.

891 (b) Expenditures of funds carried forward must be
892 separately reported to the department.

893 (c) Any unexpended funds that remain at the end of the
894 contract period shall be returned to the department.

895 (d) Funds carried forward may be retained through any
896 contract renewals and any new procurements as long as the same
897 lead agency is retained by the department.

898 (6) It is the intent of the Legislature to improve services
899 and local participation in community-based care initiatives by

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900 fostering community support and providing enhanced prevention
901 and in-home services, thereby reducing the risk otherwise faced
902 by lead agencies. There is established a community partnership
903 matching grant program to be operated by the department for the
904 purpose of encouraging local participation in community-based
905 care for child welfare. A community-based care alliance direct-
906 support organization, a children's services council, or another
907 local entity that makes a financial commitment to a community-
908 based care lead agency may be eligible for a matching grant. The
909 total amount of the local contribution may be matched on a one-
910 to-one basis up to a maximum annual amount of \$500,000 per lead
911 agency. Awarded matching grant funds may be used for any
912 prevention or in-home services that can be reasonably expected
913 to reduce the number of children entering the child welfare
914 system. Funding available for the matching grant program is
915 subject to legislative appropriation of nonrecurring funds
916 provided for this purpose.

917 (7) (a) The department, in consultation with the Florida
918 Coalition for Children, Inc., shall develop and implement a
919 community-based care risk pool initiative to mitigate the
920 financial risk to eligible lead agencies. This initiative must
921 include:

922 1. A risk pool application and protocol developed by the
923 department which outline submission criteria, including, but not
924 limited to, financial and program management, descriptive data
925 requirements, and timeframes for submission of applications.
926 Requests for funding from risk pool applicants shall be based on
927 relevant and verifiable service trends and changes that have
928 occurred during the current fiscal year. The application shall

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929 confirm that expenditure of approved risk pool funds by the lead
 930 agency shall be completed within the current fiscal year.

931 2. A risk pool peer review committee, appointed by the
 932 secretary and consisting of department staff and representatives
 933 from at least three nonapplicant lead agencies, which reviews
 934 and assesses all risk pool applications. Upon completion of each
 935 application review, the peer review committee shall report its
 936 findings and recommendations to the secretary providing, at a
 937 minimum, the following information:

938 a. Justification for the specific funding amount required
 939 by the risk pool applicant based on current year service trend
 940 data, including validation that the applicant's financial need
 941 was caused by circumstances beyond the control of the lead
 942 agency management;

943 b. Verification that the proposed use of risk pool funds
 944 meets at least one of the criteria in paragraph (c); and

945 c. Evidence of technical assistance provided in an effort
 946 to avoid the need to access the risk pool and recommendations
 947 for technical assistance to the lead agency to ensure that risk
 948 pool funds are expended effectively and that the agency's need
 949 for future risk pool funding is diminished.

950 (b) Upon approval by the secretary of a risk pool
 951 application, the department may request funds from the risk pool
 952 in accordance with s. 216.181(6)(a).

953 (c) The purposes for which the community-based care risk
 954 pool shall be used include:

955 1. Significant changes in the number or composition of
 956 clients eligible to receive services.

957 2. Significant changes in the services that are eligible

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958 for reimbursement.

959 3. Continuity of care in the event of failure,
 960 discontinuance of service, or financial misconduct by a lead
 961 agency.

962 4. Significant changes in the mix of available funds.

963 (d) The department may also request in its annual
 964 legislative budget request, and the Governor may recommend, that
 965 the funding necessary to carry out paragraph (c) be appropriated
 966 to the department. In addition, the department may request the
 967 allocation of funds from the community-based care risk pool in
 968 accordance with s. 216.181(6)(a). Funds from the pool may be
 969 used to match available federal dollars.

970 1. Such funds shall constitute partial security for
 971 contract performance by lead agencies and shall be used to
 972 offset the need for a performance bond.

973 2. The department may separately require a bond to mitigate
 974 the financial consequences of potential acts of malfeasance or
 975 misfeasance or criminal violations by the provider.

976 Section 15. Section 409.16713, Florida Statutes, is
 977 transferred, renumbered as section 409.991, Florida Statutes,
 978 and paragraph (a) of subsection (1) of that section is amended,
 979 to read:

980 409.991 ~~409.16713~~ Allocation of funds for community-based
 981 care lead agencies.—

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

983 (a) "Core services funding" means all funds allocated to
 984 community-based care lead agencies operating under contract with
 985 the department pursuant to s. 409.987 ~~s. 409.1671~~, with the
 986 following exceptions:

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987 1. Funds appropriated for independent living;
 988 2. Funds appropriated for maintenance adoption subsidies;
 989 3. Funds allocated by the department for protective
 990 investigations training;
 991 4. Nonrecurring funds;
 992 5. Designated mental health wrap-around services funds; and
 993 6. Funds for special projects for a designated community-
 994 based care lead agency.

995 Section 16. Section 409.992, Florida Statutes, is created
 996 to read:

997 409.992 Lead agency expenditures.-
 998 (1) The procurement of commodities or contractual services
 999 by lead agencies shall be governed by the financial guidelines
 1000 developed by the department which comply with applicable state
 1001 and federal law and follow good business practices. Pursuant to
 1002 s. 11.45, the Auditor General may provide technical advice in
 1003 the development of the financial guidelines.

1004 (2) Notwithstanding any other provision of law, a
 1005 community-based care lead agency may make expenditures for staff
 1006 cellular telephone allowances, contracts requiring deferred
 1007 payments and maintenance agreements, security deposits for
 1008 office leases, related agency professional membership dues other
 1009 than personal professional membership dues, promotional
 1010 materials, and grant writing services. Expenditures for food and
 1011 refreshments, other than those provided to clients in the care
 1012 of the agency or to foster parents, adoptive parents, and
 1013 caseworkers during training sessions, are not allowable.

1014 (3) A lead community-based care agency and its
 1015 subcontractors are exempt from state travel policies as provided

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1016 in s. 112.061(3)(a) for their travel expenses incurred in order
 1017 to comply with the requirements of this section.

1018 Section 17. Section 409.993, Florida Statutes, is created
 1019 to read:

1020 409.993 Lead agencies and subcontractor liability.-
 1021 (1) FINDINGS.-
 1022 (a) The Legislature finds that the state has traditionally
 1023 provided foster care services to children who have been the
 1024 responsibility of the state. As such, foster children have not
 1025 had the right to recover for injuries beyond the limitations
 1026 specified in s. 768.28. The Legislature has determined that
 1027 foster care and related services need to be outsourced pursuant
 1028 to this section and that the provision of such services is of
 1029 paramount importance to the state. The purpose for such
 1030 outsourcing is to increase the level of safety, security, and
 1031 stability of children who are or become the responsibility of
 1032 the state. One of the components necessary to secure a safe and
 1033 stable environment for such children is that private providers
 1034 maintain liability insurance. As such, insurance needs to be
 1035 available and remain available to nongovernmental foster care
 1036 and related services providers without the resources of such
 1037 providers being significantly reduced by the cost of maintaining
 1038 such insurance.

1039 (b) The Legislature further finds that, by requiring the
 1040 following minimum levels of insurance, children in outsourced
 1041 foster care and related services will gain increased protection
 1042 and rights of recovery in the event of injury than provided for
 1043 in s. 768.28.

1044 (2) LEAD AGENCY LIABILITY.-

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1045 (a) Other than an entity to which s. 768.28 applies, an
 1046 eligible community-based care lead agency, or its employees or
 1047 officers, except as otherwise provided in paragraph (b), must,
 1048 as a part of its contract, obtain a minimum of \$1 million per
 1049 claim/\$3 million per incident in general liability insurance
 1050 coverage. The eligible community-based care lead agency must
 1051 also require that staff who transport client children and
 1052 families in their personal automobiles in order to carry out
 1053 their job responsibilities obtain minimum bodily injury
 1054 liability insurance in the amount of \$100,000 per claim,
 1055 \$300,000 per incident, on their personal automobiles. In lieu of
 1056 personal motor vehicle insurance, the lead agency's casualty,
 1057 liability, or motor vehicle insurance carrier may provide
 1058 nonowned automobile liability coverage. Such insurance provides
 1059 liability insurance for automobiles that the provider uses in
 1060 connection with the agency's business but does not own, lease,
 1061 rent, or borrow. Such coverage includes automobiles owned by the
 1062 employees of the lead agency or a member of the employee's
 1063 household but only while the automobiles are used in connection
 1064 with the agency's business. The nonowned automobile coverage for
 1065 the lead agency applies as excess coverage over any other
 1066 collectible insurance. The personal automobile policy for the
 1067 employee of the lead agency must be primary insurance, and the
 1068 nonowned automobile coverage of the agency acts as excess
 1069 insurance to the primary insurance. The lead agency shall
 1070 provide a minimum limit of \$1 million in nonowned automobile
 1071 coverage. In a tort action brought against such an eligible
 1072 community-based care lead agency or employee, net economic
 1073 damages shall be limited to \$1 million per liability claim and

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1074 \$100,000 per automobile claim, including, but not limited to,
 1075 past and future medical expenses, wage loss, and loss of earning
 1076 capacity, offset by any collateral source payment paid or
 1077 payable. In any tort action brought against such an eligible
 1078 community-based care lead agency, noneconomic damages shall be
 1079 limited to \$200,000 per claim. A claims bill may be brought on
 1080 behalf of a claimant pursuant to s. 768.28 for any amount
 1081 exceeding the limits specified in this paragraph. Any offset of
 1082 collateral source payments made as of the date of the settlement
 1083 or judgment shall be in accordance with s. 768.76. The
 1084 community-based care lead agency is not liable in tort for the
 1085 acts or omissions of its subcontractors or the officers, agents,
 1086 or employees of its subcontractors.
 1087 (b) The liability of an eligible community-based care lead
 1088 agency described in this section shall be exclusive and in place
 1089 of all other liability of such lead agency. The same immunities
 1090 from liability enjoyed by such lead agencies shall extend as
 1091 well to each employee of the lead agency when such employee is
 1092 acting in furtherance of the agency's business, including the
 1093 transportation of clients served, as described in this
 1094 subsection, in privately owned vehicles. Such immunities are not
 1095 applicable to a lead agency or an employee who acts in a
 1096 culpably negligent manner or with willful and wanton disregard
 1097 or unprovoked physical aggression if such acts result in injury
 1098 or death or such acts proximately cause such injury or death.
 1099 Such immunities are not applicable to employees of the same lead
 1100 agency when each is operating in the furtherance of the agency's
 1101 business, but they are assigned primarily to unrelated work
 1102 within private or public employment. The same immunity

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1103 provisions enjoyed by a lead agency also apply to any sole
 1104 proprietor, partner, corporate officer or director, supervisor,
 1105 or other person who in the course and scope of his or her duties
 1106 acts in a managerial or policymaking capacity and the conduct
 1107 that caused the alleged injury arose within the course and scope
 1108 of those managerial or policymaking duties. As used in this
 1109 subsection and subsection (3), the term "culpable negligence"
 1110 means reckless indifference or grossly careless disregard of
 1111 human life.

1112 (3) SUBCONTRACTOR LIABILITY.-

1113 (a) A subcontractor of an eligible community-based care
 1114 lead agency which is a direct provider of foster care and
 1115 related services to children and families, and its employees or
 1116 officers, except as otherwise provided in paragraph (b), must,
 1117 as a part of its contract, obtain a minimum of \$1 million per
 1118 claim/\$3 million per incident in general liability insurance
 1119 coverage. The subcontractor of an eligible community-based care
 1120 lead agency must also require that staff who transport client
 1121 children and families in their personal automobiles in order to
 1122 carry out their job responsibilities obtain minimum bodily
 1123 injury liability insurance in the amount of \$100,000 per claim,
 1124 \$300,000 per incident, on their personal automobiles. In lieu of
 1125 personal motor vehicle insurance, the subcontractor's casualty,
 1126 liability, or motor vehicle insurance carrier may provide
 1127 nonowned automobile liability coverage. Such insurance provides
 1128 liability insurance for automobiles that the subcontractor uses
 1129 in connection with the subcontractor's business but does not
 1130 own, lease, rent, or borrow. Such coverage includes automobiles
 1131 owned by the employees of the subcontractor or a member of the

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1132 employee's household but only while the automobiles are used in
 1133 connection with the subcontractor's business. The nonowned
 1134 automobile coverage for the subcontractor applies as excess
 1135 coverage over any other collectible insurance. The personal
 1136 automobile policy for the employee of the subcontractor shall be
 1137 primary insurance, and the nonowned automobile coverage of the
 1138 subcontractor acts as excess insurance to the primary insurance.
 1139 The subcontractor shall provide a minimum limit of \$1 million in
 1140 nonowned automobile coverage. In a tort action brought against
 1141 such subcontractor or employee, net economic damages shall be
 1142 limited to \$1 million per liability claim and \$100,000 per
 1143 automobile claim, including, but not limited to, past and future
 1144 medical expenses, wage loss, and loss of earning capacity,
 1145 offset by any collateral source payment paid or payable. In a
 1146 tort action brought against such subcontractor, noneconomic
 1147 damages shall be limited to \$200,000 per claim. A claims bill
 1148 may be brought on behalf of a claimant pursuant to s. 768.28 for
 1149 any amount exceeding the limits specified in this paragraph. Any
 1150 offset of collateral source payments made as of the date of the
 1151 settlement or judgment shall be in accordance with s. 768.76.

1152 (b) The liability of a subcontractor of an eligible
 1153 community-based care lead agency that is a direct provider of
 1154 foster care and related services as described in this section
 1155 shall be exclusive and in place of all other liability of such
 1156 lead agency. The same immunities from liability enjoyed by such
 1157 subcontractor provider shall extend as well to each employee of
 1158 the subcontractor when such employee is acting in furtherance of
 1159 the subcontractor's business, including the transportation of
 1160 clients served, as described in this subsection, in privately

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1161 owned vehicles. Such immunities are not applicable to a
 1162 subcontractor or an employee who acts in a culpably negligent
 1163 manner or with willful and wanton disregard or unprovoked
 1164 physical aggression when such acts result in injury or death or
 1165 such acts proximately cause such injury or death. Such
 1166 immunities are not applicable to employees of the same
 1167 subcontractor when each is operating in the furtherance of the
 1168 subcontractor's business, but they are assigned primarily to
 1169 unrelated works within private or public employment. The same
 1170 immunity provisions enjoyed by a subcontractor also apply to any
 1171 sole proprietor, partner, corporate officer or director,
 1172 supervisor, or other person who in the course and scope of his
 1173 or her duties acts in a managerial or policymaking capacity and
 1174 the conduct that caused the alleged injury arose within the
 1175 course and scope of those managerial or policymaking duties.

1176 (4) LIMITATIONS ON DAMAGES.-The Legislature is cognizant of
 1177 the increasing costs of goods and services each year and
 1178 recognizes that fixing a set amount of compensation has the
 1179 effect of a reduction in compensation each year. Accordingly,
 1180 the conditional limitations on damages in this section shall be
 1181 increased at the rate of 5 percent each year, prorated from July
 1182 1, 2014, to the date at which damages subject to such
 1183 limitations are awarded by final judgment or settlement.

1184 Section 18. Section 409.1675, Florida Statutes, is
 1185 transferred and renumbered as section 409.994, Florida Statutes,
 1186 and amended to read:

1187 409.994 409.1675 Lead Community-based care lead agencies
 1188 providers; receivership.-

1189 (1) The Department of Children and Families Family Services

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1190 may petition a court of competent jurisdiction for the
 1191 appointment of a receiver for a ~~lead~~ community-based care lead
 1192 agency provider established pursuant to s. 409.987 if ~~or~~
 1193 ~~409.1671~~ when any of the following conditions exist:

1194 (a) The lead agency ~~community-based provider~~ is operating
 1195 without a license as a child-placing agency.

1196 (b) The lead agency ~~community-based provider~~ has given less
 1197 than 120 days' notice of its intent to cease operations, and
 1198 arrangements have not been made for another lead agency
 1199 ~~community-based provider~~ or for the department to continue the
 1200 uninterrupted provision of services.

1201 (c) The department determines that conditions exist in the
 1202 lead agency ~~community-based provider~~ which present an imminent
 1203 danger to the health, safety, or welfare of the dependent
 1204 children under that agency's provider's care or supervision.
 1205 Whenever possible, the department shall make a reasonable effort
 1206 to facilitate the continued operation of the program.

1207 (d) The lead agency ~~community-based provider~~ cannot meet
 1208 its current financial obligations to its employees, contractors,
 1209 or foster parents. Issuance of bad checks or the existence of
 1210 delinquent obligations for payment of salaries, utilities, or
 1211 invoices for essential services or commodities shall constitute
 1212 prima facie evidence that the lead agency ~~community-based~~
 1213 ~~provider~~ lacks the financial ability to meet its financial
 1214 obligations.

1215 (2) (a) The petition for receivership shall take precedence
 1216 over other court business unless the court determines that some
 1217 other pending proceeding, having statutory precedence, has
 1218 priority.

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1219 (b) A hearing shall be conducted within 5 days after the
 1220 filing of the petition, at which time interested parties shall
 1221 have the opportunity to present evidence as to whether a
 1222 receiver should be appointed. The department shall give
 1223 reasonable notice of the hearing on the petition to the lead
 1224 agency ~~community-based provider~~.

1225 (c) The court shall grant the petition upon finding that
 1226 one or more of the conditions in subsection (1) exists and the
 1227 continued existence of the condition or conditions jeopardizes
 1228 the health, safety, or welfare of dependent children. A receiver
 1229 may be appointed ex parte when the court determines that one or
 1230 more of the conditions in subsection (1) exists. After such
 1231 finding, the court may appoint any person, including an employee
 1232 of the department who is qualified by education, training, or
 1233 experience to carry out the duties of the receiver pursuant to
 1234 this section, except that the court may shall not appoint any
 1235 member of the governing board or any officer of the lead agency
 1236 ~~community-based provider~~. The receiver may be selected from a
 1237 list of persons qualified to act as receivers which is developed
 1238 by the department and presented to the court with each petition
 1239 of receivership.

1240 (d) A receiver may be appointed for up to 90 days, and the
 1241 department may petition the court for additional 30-day
 1242 extensions. Sixty days after appointment of a receiver and every
 1243 30 days thereafter until the receivership is terminated, the
 1244 department shall submit to the court an assessment of the lead
 1245 agency's ~~community-based provider's~~ ability to ensure the
 1246 health, safety, and welfare of the dependent children under its
 1247 supervision.

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1248 (3) The receiver shall take such steps as are reasonably
 1249 necessary to ensure the continued health, safety, and welfare of
 1250 the dependent children under the supervision of the lead agency
 1251 ~~community-based provider~~ and shall exercise those powers and
 1252 perform those duties set out by the court, including, but not
 1253 limited to:

1254 (a) Taking such action as is reasonably necessary to
 1255 protect or conserve the assets or property of the lead agency
 1256 ~~community-based provider~~. The receiver may use the assets and
 1257 property and any proceeds from any transfer thereof only in the
 1258 performance of the powers and duties provided ~~set forth~~ in this
 1259 section and by order of the court.

1260 (b) Using the assets of the lead agency ~~community-based~~
 1261 ~~provider~~ in the provision of care and services to dependent
 1262 children.

1263 (c) Entering into contracts and hiring agents and employees
 1264 to carry out the powers and duties of the receiver under this
 1265 section.

1266 (d) Having full power to direct, manage, hire, and
 1267 discharge employees of the lead agency ~~community-based provider~~.
 1268 The receiver shall hire and pay new employees at the rate of
 1269 compensation, including benefits, approved by the court.

1270 (e) Honoring all leases, mortgages, and contractual
 1271 obligations of the lead agency ~~community-based provider~~, but
 1272 only to the extent of payments that become due during the period
 1273 of the receivership.

1274 (4) (a) The receiver shall deposit funds received in a
 1275 separate account and shall use this account for all
 1276 disbursements.

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1277 (b) A payment to the receiver of any sum owing to the lead
1278 ~~agency community-based provider~~ shall discharge any obligation
1279 to the provider to the extent of the payment.

1280 (5) A receiver may petition the court for temporary relief
1281 from obligations entered into by the lead ~~agency community based~~
1282 ~~provider~~ if the rent, price, or rate of interest required to be
1283 paid under the agreement was substantially in excess of a
1284 reasonable rent, price, or rate of interest at the time the
1285 contract was entered into, or if any material provision of the
1286 agreement was unreasonable when compared to contracts negotiated
1287 under similar conditions. Any relief in this form provided by
1288 the court shall be limited to the life of the receivership,
1289 unless otherwise determined by the court.

1290 (6) The court shall set the compensation of the receiver,
1291 which shall be considered a necessary expense of a receivership
1292 and may grant to the receiver such other authority necessary to
1293 ensure the health, safety, and welfare of the children served.

1294 (7) A receiver may be held liable in a personal capacity
1295 only for the receiver's own gross negligence, intentional acts,
1296 or breaches of fiduciary duty. This section may ~~shall~~ not be
1297 interpreted to be a waiver of sovereign immunity should the
1298 department be appointed receiver.

1299 (8) If the receiver is not the department, the court may
1300 require a receiver to post a bond to ensure the faithful
1301 performance of these duties.

1302 (9) The court may terminate a receivership when:

1303 (a) The court determines that the receivership is no longer
1304 necessary because the conditions that gave rise to the
1305 receivership no longer exist; or

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1306 (b) The department has entered into a contract with a new
1307 lead ~~agency community-based provider~~ pursuant to s. 409.987 s.
1308 ~~409.1671~~, and that contractor is ready and able to assume the
1309 duties of the previous ~~lead agency provider~~.

1310 (10) Within 30 days after the termination, unless this time
1311 period is extended by the court, the receiver shall give the
1312 court a complete accounting of all property of which the
1313 receiver has taken possession, of all funds collected and
1314 disbursed, and of the expenses of the receivership.

1315 (11) ~~Nothing in~~ This section does not ~~shall be construed to~~
1316 ~~relieve any employee of the lead agency community-based provider~~
1317 ~~placed in receivership of any civil or criminal liability~~
1318 ~~incurred, or any duty imposed by law, by reason of acts or~~
1319 ~~omissions of the employee before prior to the appointment of a~~
1320 ~~receiver, and, nor shall anything contained in this section does~~
1321 ~~not be construed to~~ suspend during the receivership any
1322 obligation of the employee for payment of taxes or other
1323 operating or maintenance expenses of the lead ~~agency community-~~
1324 ~~based provider~~ or for the payment of mortgages or liens. The
1325 lead ~~agency community-based provider~~ shall retain the right to
1326 sell or mortgage any facility under receivership, subject to the
1327 prior approval of the court that ordered the receivership.

1328 Section 19. Section 409.996, Florida Statutes, is created
1329 to read:

1330 409.996 Duties of the Department of Children and Families.-
1331 The department shall contract for the delivery, administration,
1332 or management of care for children in the child protection and
1333 child welfare system. In doing so, the department retains
1334 responsibility for the quality of contracted services and

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1335 programs and shall ensure that services are delivered in
 1336 accordance with applicable federal and state statutes and
 1337 regulations.

1338 (1) The department shall enter into contracts with lead
 1339 agencies to perform the duties of a lead agency pursuant to s.
 1340 409.988. At a minimum, the contracts must:

1341 (a) Provide for the services needed to accomplish the
 1342 duties established in s. 409.988 and provide information to the
 1343 department which is necessary to meet the requirements for a
 1344 quality assurance program pursuant to subsection (18) and the
 1345 child welfare results-oriented accountability system pursuant to
 1346 s. 409.997.

1347 (b) Provide for graduated penalties for failure to comply
 1348 with contract terms. Such penalties may include financial
 1349 penalties, enhanced monitoring and reporting, corrective action
 1350 plans, and early termination of contracts or other appropriate
 1351 action to ensure contract compliance.

1352 (c) Ensure that the lead agency shall furnish current and
 1353 accurate information on its activities in all cases in client
 1354 case records in the state's statewide automated child welfare
 1355 information system.

1356 (d) Specify the procedures to be used by the parties to
 1357 resolve differences in interpreting the contract or to resolve
 1358 disputes as to the adequacy of the parties' compliance with
 1359 their respective obligations under the contract.

1360 (2) The department must adopt written policies and
 1361 procedures for monitoring the contract for delivery of services
 1362 by lead agencies. These policies and procedures must, at a
 1363 minimum, address the evaluation of fiscal accountability and

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1364 program operations, including provider achievement of
 1365 performance standards, provider monitoring of subcontractors,
 1366 and timely follow up of corrective actions for significant
 1367 monitoring findings related to providers and subcontractors.
 1368 These policies and procedures must also include provisions for
 1369 reducing the duplication of the department's program monitoring
 1370 activities both internally and with other agencies, to the
 1371 extent possible. The department's written procedures must ensure
 1372 that the written findings, conclusions, and recommendations from
 1373 monitoring the contract for services of lead agencies are
 1374 communicated to the director of the provider agency and the
 1375 community-based care alliance as expeditiously as possible.

1376 (3) The department shall receive federal and state funds as
 1377 appropriated for the operation of the child welfare system and
 1378 shall transmit these funds to the lead agencies as agreed. The
 1379 department retains responsibility for the appropriate spending
 1380 of these funds. The department shall monitor lead agencies to
 1381 assess compliance with the financial guidelines established
 1382 pursuant to s. 409.992 and other applicable state and federal
 1383 laws.

1384 (4) The department shall provide technical assistance and
 1385 consultation to lead agencies in the provision of care to
 1386 children in the child protection and child welfare system.

1387 (5) The department retains the responsibility for the
 1388 review, approval or denial, and issuances of all foster home
 1389 licenses.

1390 (6) The department shall process all applications submitted
 1391 by lead agencies for the Interstate Compact for Placement of
 1392 Children and the Interstate Compact for Adoption and Medical

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1393 Assistance.

1394 (7) The department shall assist lead agencies with access
 1395 to and coordination with other service programs within the
 1396 department.

1397 (8) The department shall determine Medicaid eligibility for
 1398 all referred children and will coordinate services with the
 1399 Agency for Health Care Administration.

1400 (9) The department shall develop, in cooperation with the
 1401 lead agencies, a standardized competency-based curriculum for
 1402 certification training and for administering the certification
 1403 testing program for child protection staff.

1404 (10) The department shall maintain the statewide adoptions
 1405 website and provide information and training to the lead
 1406 agencies relating to the website.

1407 (11) The department shall provide training and assistance
 1408 to lead agencies regarding the responsibility of lead agencies
 1409 relating to children receiving supplemental security income,
 1410 social security, railroad retirement, or veterans' benefits.

1411 (12) With the assistance of a lead agency, the department
 1412 shall develop and implement statewide and local interagency
 1413 agreements needed to coordinate services for children and
 1414 parents involved in the child welfare system who are also
 1415 involved with the Agency for Persons with Disabilities, the
 1416 Department of Juvenile Justice, the Department of Education, the
 1417 Department of Health, and other governmental organizations that
 1418 share responsibilities for children or parents in the child
 1419 welfare system.

1420 (13) With the assistance of a lead agency, the department
 1421 shall develop and implement a working agreement between the lead

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1422 agency and the substance abuse and mental health managing entity
 1423 to integrate services and supports for children and parents
 1424 serviced in the child welfare system.

1425 (14) The department shall work with the Agency for Health
 1426 Care Administration to provide each child the services of the
 1427 Medicaid early and periodic screening, diagnosis, and treatment
 1428 entitlement including 72-hour screening, periodic child health
 1429 checkups, and prescribed follow up for ordered services,
 1430 including medical, dental, and vision care.

1431 (15) The department shall assist lead agencies in
 1432 developing an array of services in compliance with the Title IV-
 1433 E Waiver and shall monitor the provision of those services.

1434 (16) The department shall provide a mechanism to allow lead
 1435 agencies to request a waiver of department policies and
 1436 procedures that create inefficiencies or inhibit the performance
 1437 of the lead agency duties.

1438 (17) The department shall directly or through contract
 1439 provide attorneys to prepare and present cases in dependency
 1440 court and shall ensure that the court is provided with adequate
 1441 information for informed decisionmaking in dependency cases,
 1442 including a fact sheet for each case which lists the names and
 1443 contact information for any child protective investigator, child
 1444 protective investigation supervisor, case manager, case manager
 1445 supervisor, and the regional department official responsible for
 1446 the lead agency contract. For the Sixth Judicial Circuit, the
 1447 department shall contract with the state attorney for the
 1448 provision of these services.

1449 (18) The department, in consultation with lead agencies,
 1450 shall establish a quality assurance program for contracted

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1451 services to dependent children. The quality assurance program
 1452 shall be based on standards established by federal and state law
 1453 and national accrediting organizations.

1454 (a) The department must evaluate each lead agency under
 1455 contract at least annually. These evaluations shall cover the
 1456 programmatic, operational, and fiscal operations of the lead
 1457 agency and be consistent with the child welfare results-oriented
 1458 accountability system pursuant to s. 409.997. The department
 1459 must consult with the chief judge on the performance of the lead
 1460 agency.

1461 (b) The department shall, to the extent possible, use
 1462 independent financial audits provided by the lead agency to
 1463 eliminate or reduce the ongoing contract and administrative
 1464 reviews conducted by the department. If the department
 1465 determines that such independent financial audits are
 1466 inadequate, other audits, as necessary, may be conducted by the
 1467 department. This paragraph does not abrogate the requirements of
 1468 s. 215.97.

1469 (c) The department may suggest additional items to be
 1470 included in such independent financial audits to meet the
 1471 department's needs.

1472 (d) The department may outsource programmatic,
 1473 administrative, or fiscal monitoring oversight of lead agencies.

1474 (e) A lead agency must assure that all subcontractors are
 1475 subject to the same quality assurance activities as the lead
 1476 agency.

1477 Section 20. Section 409.997, Florida Statutes, is created
 1478 to read:

1479 409.997 Child welfare results-oriented accountability

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1480 system.--

1481 (1) The department and its contract providers, including
 1482 lead agencies, community-based care providers, and other
 1483 community partners participating in the state's child protection
 1484 and child welfare system, share the responsibility for achieving
 1485 the outcome goals specified in s. 409.986(2).

1486 (2) In order to assess the achievement of the goals
 1487 specified in s. 409.986(2), the department shall maintain a
 1488 comprehensive, results-oriented accountability system that
 1489 monitors the use of resources, the quality and amount of
 1490 services provided, and the child and family outcomes through
 1491 data analysis, research review, evaluation, and quality
 1492 improvement. In maintaining the accountability system, the
 1493 department shall:

1494 (a) Identify valid and reliable outcome measures for each
 1495 of the goals specified in this subsection. The outcome data set
 1496 must consist of a limited number of understandable measures
 1497 using available data to quantify outcomes as children move
 1498 through the system of care. Such measures may aggregate multiple
 1499 variables that affect the overall achievement of the outcome
 1500 goal. Valid and reliable measures must be based on adequate
 1501 sample sizes, be gathered over suitable time periods, reflect
 1502 authentic rather than spurious results, and may not be
 1503 susceptible to manipulation.

1504 (b) Implement a monitoring system to track the identified
 1505 outcome measures on a statewide, regional, and provider-specific
 1506 basis. The monitoring system must identify trends and chart
 1507 progress toward achievement of the goals specified in this
 1508 section. The requirements of the monitoring system may be

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1509 incorporated into the quality assurance system required under s.
1510 409.996(18).

1511 (c) Develop and maintain an analytical system that builds
1512 on the outcomes monitoring system to assess the statistical
1513 validity of observed associations between child welfare
1514 interventions and the measured outcomes. The analysis must use
1515 quantitative methods to adjust for variations in demographic or
1516 other conditions. The analysis must include longitudinal studies
1517 to evaluate longer term outcomes such as continued safety,
1518 family permanence, and transition to self-sufficiency. The
1519 analysis may also include qualitative research methods to
1520 provide insight into statistical patterns.

1521 (d) Develop and maintain a program of research review to
1522 identify interventions that are supported by evidence as
1523 causally linked to improved outcomes.

1524 (e) Support an ongoing process of evaluation to determine
1525 the efficacy and effectiveness of various interventions.
1526 Efficacy evaluation is intended to determine the validity of a
1527 causal relationship between an intervention and an outcome.
1528 Effectiveness evaluation is intended to determine the extent to
1529 which the results can be generalized.

1530 (f) Develop and maintain an inclusive, interactive, and
1531 evidence-supported program of quality improvement which promotes
1532 individual skill building as well as organizational learning.

1533 (g) Develop and implement a method for making the results
1534 of the accountability system transparent for all parties
1535 involved in the child welfare system as well as policymakers and
1536 the public. The presentation shall provide a comprehensible,
1537 visual report card for the state and each community-based care

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1538 region, indicating the current status relative to each goal and
1539 trends in that status over time.

1540 (3) The department shall establish a technical advisory
1541 panel consisting of representatives from the Florida Institute
1542 for Child Welfare established pursuant to s. 1004.615, lead
1543 agencies, community-based care providers, other contract
1544 providers, community-based care alliances, and family
1545 representatives. The President of the Senate and the Speaker of
1546 the House of Representatives shall each appoint a member to
1547 serve as a legislative liaison to the panel. The technical
1548 advisory panel shall advise the department on meeting the
1549 requirements of this section.

1550 (4) The accountability system may not rank or compare
1551 performance among community-based care regions unless adequate
1552 and specific adjustments are adopted which account for the
1553 diversity in regions' demographics, resources, and other
1554 relevant characteristics.

1555 (5) The results of the accountability system must provide
1556 the basis for performance incentives if funds for such payments
1557 are made available through the General Appropriations Act.

1558 (6) At least quarterly, the department shall make the
1559 results of the accountability system available to the public
1560 through publication on its website. The website must allow for
1561 custom searches of the performance data.

1562 (7) The department shall report by October 1 of each year
1563 the statewide and individual community-based care lead agency
1564 results for child protection and child welfare systems. The
1565 department shall use the accountability system and consult with
1566 the community-based care alliance and the chief judge or judges

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1567 in the community-based care service area to prepare the report
 1568 to the Governor, the President of the Senate, and the Speaker of
 1569 the House of Representatives.

1570 Section 21. Section 409.998, Florida Statutes, is created
 1571 to read:

1572 409.998 Community-based care alliances.-

1573 (1) The department shall, in consultation with local
 1574 communities, establish at least one alliance in each community-
 1575 based care service area to provide a focal point for community
 1576 participation and governance of child protection and child
 1577 welfare services. The alliance shall be administratively housed
 1578 within the department.

1579 (2) The primary duty of the alliance is to provide
 1580 independent, community-focused oversight of child welfare
 1581 services and the local system of community-based care. To
 1582 perform this duty, the community alliance shall, with the
 1583 assistance of the department, perform the following activities:

1584 (a) Conduct a needs assessment and establishment of
 1585 community priorities for child protection and child welfare
 1586 services.

1587 (b) Advise the department on the programmatic or financial
 1588 performance of the lead agency.

1589 (c) Recommend a competitive procurement for the lead agency
 1590 if programmatic or financial performance is poor.

1591 (d) Recommend a contract extension for the lead agency if
 1592 programmatic or financial performance is superior.

1593 (e) Make recommendations on the development of the
 1594 procurement document. The alliance may suggest specific
 1595 requirements relating to local needs and services.

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1596 (f) Make recommendations to the department on selection of
 1597 a community-based care lead agency.

1598 (g) Review the programmatic and financial performance of a
 1599 lead agency at least quarterly.

1600 (h) In partnership with the Florida Institute for Child
 1601 Welfare established under s. 1004.615, develop recommendations
 1602 to the department and the community-based care lead agency to
 1603 improve child protection and child welfare policies and
 1604 practices.

1605 (i) Promote greater community involvement in community-
 1606 based care through participation in community-based care lead
 1607 agency services and activities, solicitation of local financial
 1608 and in-kind resources, recruitment and retention of community
 1609 volunteers, and public awareness efforts.

1610 (3) The membership of the alliance shall be composed of the
 1611 following:

1612 (a) A representative from county government chosen by
 1613 mutual agreement by the county boards of commission in the
 1614 service area.

1615 (b) A representative from the school district chosen by
 1616 mutual agreement by the county school boards in the service
 1617 area.

1618 (c) A representative from the county sheriff's office
 1619 chosen by mutual agreement by the county sheriffs in the service
 1620 area.

1621 (d) A representative from the circuit court chosen by the
 1622 chief judge of the judicial circuit.

1623 (e) An advocate for persons receiving child protection and
 1624 child welfare services chosen by the secretary.

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1625 (f) One member appointed by the President of the Senate.

1626 (g) One member appointed by the Speaker of the House of
1627 Representatives.

1628 (h) Three other members chosen by the secretary of the
1629 department based on their expertise in child protection and
1630 child welfare.

1631 (4) A member of the alliance may not receive payment for
1632 contractual services from the department or a community-based
1633 care lead agency.

1634 (5) A member of the alliance shall serve without
1635 compensation but is entitled to receive reimbursement for per
1636 diem and travel expenses as provided in s. 112.061. Payment may
1637 also be authorized for preapproved child care expenses or lost
1638 wages for members who are consumers of the department's services
1639 and for preapproved child care expenses for other members who
1640 demonstrate hardship.

1641 (6) A member of the alliance is subject to part III of
1642 chapter 112, the Code of Ethics for Public Officers and
1643 Employees.

1644 (7) Actions taken by an alliance must be consistent with
1645 department, state, and federal laws, rules, and regulations.

1646 (8) A member of the alliance shall annually submit a
1647 disclosure statement of services interests to the department's
1648 inspector general. A member who has an interest in a matter
1649 under consideration by the alliance must abstain from voting on
1650 that matter.

1651 (9) (a) Authority to create a direct-support organization.-
1652 The alliance is authorized to create a direct-support
1653 organization.

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1654 1. The direct-support organization must be a Florida
1655 corporation, not for profit, incorporated under the provisions
1656 of chapter 617. The direct-support organization shall be exempt
1657 from paying fees under s. 617.0122.

1658 2. The direct-support organization shall be organized and
1659 operated to conduct programs and activities; raise funds;
1660 request and receive grants, gifts, and bequests of moneys;
1661 acquire, receive, hold, invest, and administer, in its own name,
1662 securities, funds, objects of value, or other property, real or
1663 personal; and make expenditures to or for the direct or indirect
1664 benefit of the lead agency.

1665 3. If the Secretary of Children and Families determines
1666 that the direct-support organization is operating in a manner
1667 that is inconsistent with the goals and purposes of community-
1668 based care or not acting in the best interest of the community,
1669 the secretary may terminate the contract and thereafter the
1670 organization may not use the name of the community-based care
1671 alliance.

1672 (b) Contract.-The direct-support organization shall operate
1673 under a written contract with the department. The written
1674 contract must, at a minimum, provide for:

1675 1. Approval of the articles of incorporation and bylaws of
1676 the direct-support organization by the secretary.

1677 2. Submission of an annual budget for the approval by the
1678 secretary or his or her designee.

1679 3. The reversion without penalty to the department of all
1680 moneys and property held in trust by the direct-support
1681 organization for the community-based care alliance if the
1682 direct-support organization ceases to exist or if the contract

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1683 is terminated.

1684 4. The fiscal year of the direct-support organization,
 1685 which must begin July 1 of each year and end June 30 of the
 1686 following year.

1687 5. The disclosure of material provisions of the contract
 1688 and the distinction between the community-based care alliance
 1689 and the direct-support organization to donors of gifts,
 1690 contributions, or bequests, as well as on all promotional and
 1691 fundraising publications.

1692 (c) Board of directors.—The secretary or his or her
 1693 designee shall appoint a board of directors for the direct-
 1694 support organization. The secretary or his or her designee may
 1695 designate members of the alliance or employees of the department
 1696 and the lead agency to serve on the board of directors. Members
 1697 of the board shall serve at the pleasure of the secretary or his
 1698 or her designee.

1699 (d) Use of property and services.—The secretary or his or
 1700 her designee may:

1701 1. Authorize the use of facilities and property other than
 1702 moneys that are owned by the state to be used by the direct-
 1703 support organization.

1704 2. Authorize the use of personal services provided by
 1705 employees of the department. For the purposes of this section,
 1706 the term "personal services" includes full-time personnel and
 1707 part-time personnel as well as payroll processing.

1708 3. Prescribe the conditions by which the direct-support
 1709 organization may use property, facilities, or personal services
 1710 of the office.

1711 4. Not authorize the use of property, facilities, or

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1712 personal services of the direct-support organization if the
 1713 organization does not provide equal employment opportunities to
 1714 all persons, regardless of race, color, religion, sex, age, or
 1715 national origin.

1716 (e) Moneys.—Moneys of the direct-support organization may
 1717 be held in a separate depository account in the name of the
 1718 direct-support organization and subject to the provisions of the
 1719 contract with the department.

1720 (f) Annual audit.—The direct-support organization shall
 1721 provide for an annual financial audit in accordance with s.
 1722 215.981.

1723 (g) Limits on the direct-support organization.—The direct-
 1724 support organization may not exercise any power under s.
 1725 617.0302(12) or (16). A state employee may not receive
 1726 compensation from the direct-support organization for service on
 1727 the board of directors or for services rendered to the direct-
 1728 support organization.

1729 (h) Repeal.—The authority to create a direct-support
 1730 organization expires October 1, 2019, unless saved from repeal
 1731 by reenactment by the Legislature.

1732 (10) All alliance meetings are open to the public pursuant
 1733 to s. 286.011 and the public records provision of s. 119.07(1).

1734 Section 22. Subsection (4) of section 20.19, Florida
 1735 Statutes, is repealed.

1736 Section 23. Sections 409.1671, 409.16715, and 409.16745,
 1737 Florida Statutes, are repealed.

1738 Section 24. Paragraph (g) of subsection (1) of section
 1739 39.201, Florida Statutes, is amended to read:

1740 39.201 Mandatory reports of child abuse, abandonment, or

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1741 neglect; mandatory reports of death; central abuse hotline.-

1742 (1)

1743 (g) Nothing in this chapter or in the contracting with
1744 community-based care providers for foster care and related
1745 services as specified in s. 409.987 ~~s. 409.1671~~ shall be
1746 construed to remove or reduce the duty and responsibility of any
1747 person, including any employee of the community-based care
1748 provider, to report a suspected or actual case of child abuse,
1749 abandonment, or neglect or the sexual abuse of a child to the
1750 department's central abuse hotline.

1751 Section 25. Subsections (1), (3), and (5) of section
1752 409.1676, Florida Statutes, are amended to read:

1753 409.1676 Comprehensive residential group care services to
1754 children who have extraordinary needs.-

1755 (1) It is the intent of the Legislature to provide
1756 comprehensive residential group care services, including
1757 residential care, case management, and other services, to
1758 children in the child protection system who have extraordinary
1759 needs. These services are to be provided in a residential group
1760 care setting by a not-for-profit corporation or a local
1761 government entity under a contract with the Department of
1762 Children and Families ~~Family Services~~ or by a lead agency as
1763 described in s. 409.986 ~~s. 409.1671~~. These contracts should be
1764 designed to provide an identified number of children with access
1765 to a full array of services for a fixed price. Further, it is
1766 the intent of the Legislature that the Department of Children
1767 and Families ~~Family Services~~ and the Department of Juvenile
1768 Justice establish an interagency agreement by December 1, 2002,
1769 which describes respective agency responsibilities for referral,

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1770 placement, service provision, and service coordination for
1771 dependent and delinquent youth who are referred to these
1772 residential group care facilities. The agreement must require
1773 interagency collaboration in the development of terms,
1774 conditions, and performance outcomes for residential group care
1775 contracts serving the youth referred who have been adjudicated
1776 both dependent and delinquent.

1777 (3) The department, in accordance with a specific
1778 appropriation for this program, shall contract with a not-for-
1779 profit corporation, a local government entity, or the lead
1780 agency that has been established in accordance with s. 409.987
1781 ~~s. 409.1671~~ for the performance of residential group care
1782 services described in this section. A lead agency that is
1783 currently providing residential care may provide this service
1784 directly with the approval of the local community alliance. The
1785 department or a lead agency may contract for more than one site
1786 in a county if that is determined to be the most effective way
1787 to achieve the goals set forth in this section.

1788 (5) The department may transfer all casework
1789 responsibilities for children served under this program to the
1790 entity that provides this service, including case management and
1791 development and implementation of a case plan in accordance with
1792 current standards for child protection services. When the
1793 department establishes this program in a community that has a
1794 lead agency as described in s. 409.986 ~~s. 409.1671~~, the casework
1795 responsibilities must be transferred to the lead agency.

1796 Section 26. Subsection (2) of section 409.1677, Florida
1797 Statutes, is amended to read:

1798 409.1677 Model comprehensive residential services

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1799 programs.-

1800 (2) The department shall establish a model comprehensive
 1801 residential services program in Manatee and Miami-Dade Counties
 1802 through a contract with the designated lead agency established
 1803 in accordance with s. 409.987 ~~s. 409.1671~~ or with a private
 1804 entity capable of providing residential group care and home-
 1805 based care and experienced in the delivery of a range of
 1806 services to foster children, if no lead agency exists. These
 1807 model programs are to serve that portion of eligible children
 1808 within each county which is specified in the contract, based on
 1809 funds appropriated, to include a full array of services for a
 1810 fixed price. The private entity or lead agency is responsible
 1811 for all programmatic functions necessary to carry out the intent
 1812 of this section.

1813 Section 27. Subsection (24) of section 409.906, Florida
 1814 Statutes, is amended to read:

1815 409.906 Optional Medicaid services.—Subject to specific
 1816 appropriations, the agency may make payments for services which
 1817 are optional to the state under Title XIX of the Social Security
 1818 Act and are furnished by Medicaid providers to recipients who
 1819 are determined to be eligible on the dates on which the services
 1820 were provided. Any optional service that is provided shall be
 1821 provided only when medically necessary and in accordance with
 1822 state and federal law. Optional services rendered by providers
 1823 in mobile units to Medicaid recipients may be restricted or
 1824 prohibited by the agency. Nothing in this section shall be
 1825 construed to prevent or limit the agency from adjusting fees,
 1826 reimbursement rates, lengths of stay, number of visits, or
 1827 number of services, or making any other adjustments necessary to

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1828 comply with the availability of moneys and any limitations or
 1829 directions provided for in the General Appropriations Act or
 1830 chapter 216. If necessary to safeguard the state's systems of
 1831 providing services to elderly and disabled persons and subject
 1832 to the notice and review provisions of s. 216.177, the Governor
 1833 may direct the Agency for Health Care Administration to amend
 1834 the Medicaid state plan to delete the optional Medicaid service
 1835 known as "Intermediate Care Facilities for the Developmentally
 1836 Disabled." Optional services may include:

1837 (24) CHILD-WELFARE-TARGETED CASE MANAGEMENT.—The Agency for
 1838 Health Care Administration, in consultation with the Department
 1839 of Children and Families ~~Family Services~~, may establish a
 1840 targeted case-management project in those counties identified by
 1841 the Department of Children and Families ~~Family Services~~ and for
 1842 all counties with a community-based child welfare project, as
 1843 authorized under s. 409.987 ~~s. 409.1671~~, which have been
 1844 specifically approved by the department. The covered group of
 1845 individuals who are eligible to receive targeted case management
 1846 include children who are eligible for Medicaid; who are between
 1847 the ages of birth through 21; and who are under protective
 1848 supervision or postplacement supervision, under foster-care
 1849 supervision, or in shelter care or foster care. The number of
 1850 individuals who are eligible to receive targeted case management
 1851 is limited to the number for whom the Department of Children and
 1852 Families ~~Family Services~~ has matching funds to cover the costs.
 1853 The general revenue funds required to match the funds for
 1854 services provided by the community-based child welfare projects
 1855 are limited to funds available for services described under s.
 1856 409.990 ~~s. 409.1671~~. The Department of Children and Families

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1857 ~~Family Services~~ may transfer the general revenue matching funds
1858 as billed by the Agency for Health Care Administration.

1859 Section 28. Paragraph (b) of subsection (4) of section
1860 409.912, Florida Statutes, is amended to read:

1861 409.912 Cost-effective purchasing of health care.—The
1862 agency shall purchase goods and services for Medicaid recipients
1863 in the most cost-effective manner consistent with the delivery
1864 of quality medical care. To ensure that medical services are
1865 effectively utilized, the agency may, in any case, require a
1866 confirmation or second physician's opinion of the correct
1867 diagnosis for purposes of authorizing future services under the
1868 Medicaid program. This section does not restrict access to
1869 emergency services or poststabilization care services as defined
1870 in 42 C.F.R. part 438.114. Such confirmation or second opinion
1871 shall be rendered in a manner approved by the agency. The agency
1872 shall maximize the use of prepaid per capita and prepaid
1873 aggregate fixed-sum basis services when appropriate and other
1874 alternative service delivery and reimbursement methodologies,
1875 including competitive bidding pursuant to s. 287.057, designed
1876 to facilitate the cost-effective purchase of a case-managed
1877 continuum of care. The agency shall also require providers to
1878 minimize the exposure of recipients to the need for acute
1879 inpatient, custodial, and other institutional care and the
1880 inappropriate or unnecessary use of high-cost services. The
1881 agency shall contract with a vendor to monitor and evaluate the
1882 clinical practice patterns of providers in order to identify
1883 trends that are outside the normal practice patterns of a
1884 provider's professional peers or the national guidelines of a
1885 provider's professional association. The vendor must be able to

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1886 provide information and counseling to a provider whose practice
1887 patterns are outside the norms, in consultation with the agency,
1888 to improve patient care and reduce inappropriate utilization.
1889 The agency may mandate prior authorization, drug therapy
1890 management, or disease management participation for certain
1891 populations of Medicaid beneficiaries, certain drug classes, or
1892 particular drugs to prevent fraud, abuse, overuse, and possible
1893 dangerous drug interactions. The Pharmaceutical and Therapeutics
1894 Committee shall make recommendations to the agency on drugs for
1895 which prior authorization is required. The agency shall inform
1896 the Pharmaceutical and Therapeutics Committee of its decisions
1897 regarding drugs subject to prior authorization. The agency is
1898 authorized to limit the entities it contracts with or enrolls as
1899 Medicaid providers by developing a provider network through
1900 provider credentialing. The agency may competitively bid single-
1901 source-provider contracts if procurement of goods or services
1902 results in demonstrated cost savings to the state without
1903 limiting access to care. The agency may limit its network based
1904 on the assessment of beneficiary access to care, provider
1905 availability, provider quality standards, time and distance
1906 standards for access to care, the cultural competence of the
1907 provider network, demographic characteristics of Medicaid
1908 beneficiaries, practice and provider-to-beneficiary standards,
1909 appointment wait times, beneficiary use of services, provider
1910 turnover, provider profiling, provider licensure history,
1911 previous program integrity investigations and findings, peer
1912 review, provider Medicaid policy and billing compliance records,
1913 clinical and medical record audits, and other factors. Providers
1914 are not entitled to enrollment in the Medicaid provider network.

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1915 The agency shall determine instances in which allowing Medicaid
 1916 beneficiaries to purchase durable medical equipment and other
 1917 goods is less expensive to the Medicaid program than long-term
 1918 rental of the equipment or goods. The agency may establish rules
 1919 to facilitate purchases in lieu of long-term rentals in order to
 1920 protect against fraud and abuse in the Medicaid program as
 1921 defined in s. 409.913. The agency may seek federal waivers
 1922 necessary to administer these policies.

1923 (4) The agency may contract with:

1924 (b) An entity that is providing comprehensive behavioral
 1925 health care services to certain Medicaid recipients through a
 1926 capitated, prepaid arrangement pursuant to the federal waiver
 1927 provided for by s. 409.905(5). Such entity must be licensed
 1928 under chapter 624, chapter 636, or chapter 641, or authorized
 1929 under paragraph (c) or paragraph (d), and must possess the
 1930 clinical systems and operational competence to manage risk and
 1931 provide comprehensive behavioral health care to Medicaid
 1932 recipients. As used in this paragraph, the term "comprehensive
 1933 behavioral health care services" means covered mental health and
 1934 substance abuse treatment services that are available to
 1935 Medicaid recipients. The secretary of the Department of Children
 1936 and Families ~~Family Services~~ shall approve provisions of
 1937 procurements related to children in the department's care or
 1938 custody before enrolling such children in a prepaid behavioral
 1939 health plan. Any contract awarded under this paragraph must be
 1940 competitively procured. In developing the behavioral health care
 1941 prepaid plan procurement document, the agency shall ensure that
 1942 the procurement document requires the contractor to develop and
 1943 implement a plan to ensure compliance with s. 394.4574 related

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1944 to services provided to residents of licensed assisted living
 1945 facilities that hold a limited mental health license. Except as
 1946 provided in subparagraph 5., and except in counties where the
 1947 Medicaid managed care pilot program is authorized pursuant to s.
 1948 409.91211, the agency shall seek federal approval to contract
 1949 with a single entity meeting these requirements to provide
 1950 comprehensive behavioral health care services to all Medicaid
 1951 recipients not enrolled in a Medicaid managed care plan
 1952 authorized under s. 409.91211, a provider service network
 1953 authorized under paragraph (d), or a Medicaid health maintenance
 1954 organization in an AHCA area. In an AHCA area where the Medicaid
 1955 managed care pilot program is authorized pursuant to s.
 1956 409.91211 in one or more counties, the agency may procure a
 1957 contract with a single entity to serve the remaining counties as
 1958 an AHCA area or the remaining counties may be included with an
 1959 adjacent AHCA area and are subject to this paragraph. Each
 1960 entity must offer a sufficient choice of providers in its
 1961 network to ensure recipient access to care and the opportunity
 1962 to select a provider with whom they are satisfied. The network
 1963 shall include all public mental health hospitals. To ensure
 1964 unimpaired access to behavioral health care services by Medicaid
 1965 recipients, all contracts issued pursuant to this paragraph must
 1966 require 80 percent of the capitation paid to the managed care
 1967 plan, including health maintenance organizations and capitated
 1968 provider service networks, to be expended for the provision of
 1969 behavioral health care services. If the managed care plan
 1970 expends less than 80 percent of the capitation paid for the
 1971 provision of behavioral health care services, the difference
 1972 shall be returned to the agency. The agency shall provide the

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1973 plan with a certification letter indicating the amount of
 1974 capitation paid during each calendar year for behavioral health
 1975 care services pursuant to this section. The agency may reimburse
 1976 for substance abuse treatment services on a fee-for-service
 1977 basis until the agency finds that adequate funds are available
 1978 for capitated, prepaid arrangements.

1979 1. The agency shall modify the contracts with the entities
 1980 providing comprehensive inpatient and outpatient mental health
 1981 care services to Medicaid recipients in Hillsborough, Highlands,
 1982 Hardee, Manatee, and Polk Counties, to include substance abuse
 1983 treatment services.

1984 2. Except as provided in subparagraph 5., the agency and
 1985 the Department of Children and Families ~~Family Services~~ shall
 1986 contract with managed care entities in each AHCA area except
 1987 area 6 or arrange to provide comprehensive inpatient and
 1988 outpatient mental health and substance abuse services through
 1989 capitated prepaid arrangements to all Medicaid recipients who
 1990 are eligible to participate in such plans under federal law and
 1991 regulation. In AHCA areas where eligible individuals number less
 1992 than 150,000, the agency shall contract with a single managed
 1993 care plan to provide comprehensive behavioral health services to
 1994 all recipients who are not enrolled in a Medicaid health
 1995 maintenance organization, a provider service network authorized
 1996 under paragraph (d), or a Medicaid capitated managed care plan
 1997 authorized under s. 409.91211. The agency may contract with more
 1998 than one comprehensive behavioral health provider to provide
 1999 care to recipients who are not enrolled in a Medicaid capitated
 2000 managed care plan authorized under s. 409.91211, a provider
 2001 service network authorized under paragraph (d), or a Medicaid

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2002 health maintenance organization in AHCA areas where the eligible
 2003 population exceeds 150,000. In an AHCA area where the Medicaid
 2004 managed care pilot program is authorized pursuant to s.
 2005 409.91211 in one or more counties, the agency may procure a
 2006 contract with a single entity to serve the remaining counties as
 2007 an AHCA area or the remaining counties may be included with an
 2008 adjacent AHCA area and shall be subject to this paragraph.
 2009 Contracts for comprehensive behavioral health providers awarded
 2010 pursuant to this section shall be competitively procured. Both
 2011 for-profit and not-for-profit corporations are eligible to
 2012 compete. Managed care plans contracting with the agency under
 2013 subsection (3) or paragraph (d) shall provide and receive
 2014 payment for the same comprehensive behavioral health benefits as
 2015 provided in AHCA rules, including handbooks incorporated by
 2016 reference. In AHCA area 11, the agency shall contract with at
 2017 least two comprehensive behavioral health care providers to
 2018 provide behavioral health care to recipients in that area who
 2019 are enrolled in, or assigned to, the MediPass program. One of
 2020 the behavioral health care contracts must be with the existing
 2021 provider service network pilot project, as described in
 2022 paragraph (d), for the purpose of demonstrating the cost-
 2023 effectiveness of the provision of quality mental health services
 2024 through a public hospital-operated managed care model. Payment
 2025 shall be at an agreed-upon capitated rate to ensure cost
 2026 savings. Of the recipients in area 11 who are assigned to
 2027 MediPass under s. 409.9122(2)(k), a minimum of 50,000 of those
 2028 MediPass-enrolled recipients shall be assigned to the existing
 2029 provider service network in area 11 for their behavioral care.

2030 3. Children residing in a statewide inpatient psychiatric

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2031 program, or in a Department of Juvenile Justice or a Department
 2032 of Children and ~~Families Family Services~~ residential program
 2033 approved as a Medicaid behavioral health overlay services
 2034 provider may not be included in a behavioral health care prepaid
 2035 health plan or any other Medicaid managed care plan pursuant to
 2036 this paragraph.

2037 4. Traditional community mental health providers under
 2038 contract with the Department of Children and ~~Families Family~~
 2039 ~~Services~~ pursuant to part IV of chapter 394, child welfare
 2040 providers under contract with the Department of Children and
 2041 ~~Families Family Services~~ in areas 1 and 6, and inpatient mental
 2042 health providers licensed pursuant to chapter 395 must be
 2043 offered an opportunity to accept or decline a contract to
 2044 participate in any provider network for prepaid behavioral
 2045 health services.

2046 5. All Medicaid-eligible children, except children in area
 2047 1 and children in Highlands County, Hardee County, Polk County,
 2048 or Manatee County of area 6, which that are open for child
 2049 welfare services in the statewide automated child welfare
 2050 information system, shall receive their behavioral health care
 2051 services through a specialty prepaid plan operated by community-
 2052 based lead agencies through a single agency or formal agreements
 2053 among several agencies. The agency shall work with the specialty
 2054 plan to develop clinically effective, evidence-based
 2055 alternatives as a downward substitution for the statewide
 2056 inpatient psychiatric program and similar residential care and
 2057 institutional services. The specialty prepaid plan must result
 2058 in savings to the state comparable to savings achieved in other
 2059 Medicaid managed care and prepaid programs. Such plan must

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2060 provide mechanisms to maximize state and local revenues. The
 2061 specialty prepaid plan shall be developed by the agency and the
 2062 Department of Children and ~~Families Family Services~~. The agency
 2063 may seek federal waivers to implement this initiative. Medicaid-
 2064 eligible children whose cases are open for child welfare
 2065 services in the statewide automated child welfare information
 2066 system and who reside in AHCA area 10 shall be enrolled in a
 2067 capitated provider service network or other capitated managed
 2068 care plan, which, in coordination with available community-based
 2069 care providers specified in s. 409.987 ~~s. 409.1671~~, shall
 2070 provide sufficient medical, developmental, and behavioral health
 2071 services to meet the needs of these children.

2072
 2073 Effective July 1, 2012, in order to ensure continuity of care,
 2074 the agency is authorized to extend or modify current contracts
 2075 based on current service areas or on a regional basis, as
 2076 determined appropriate by the agency, with comprehensive
 2077 behavioral health care providers as described in this paragraph
 2078 during the period prior to its expiration. This paragraph
 2079 expires October 1, 2014.

2080 Section 29. Paragraph (dd) of subsection (3) of section
 2081 409.91211, Florida Statutes, is amended to read:

2082 409.91211 Medicaid managed care pilot program.—

2083 (3) The agency shall have the following powers, duties, and
 2084 responsibilities with respect to the pilot program:

2085 (dd) To implement service delivery mechanisms within a
 2086 specialty plan in area 10 to provide behavioral health care
 2087 services to Medicaid-eligible children whose cases are open for
 2088 child welfare services in the HomeSafeNet system. These services

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2089 must be coordinated with community-based care providers as
2090 specified in s. 409.986 ~~s. 409.1671~~, where available, and be
2091 sufficient to meet the developmental, behavioral, and emotional
2092 needs of these children. Children in area 10 who have an open
2093 case in the HomeSafeNet system shall be enrolled into the
2094 specialty plan. These service delivery mechanisms must be
2095 implemented no later than July 1, 2011, in AHCA area 10 in order
2096 for the children in AHCA area 10 to remain exempt from the
2097 statewide plan under s. 409.912(4)(b)5. An administrative fee
2098 may be paid to the specialty plan for the coordination of
2099 services based on the receipt of the state share of that fee
2100 being provided through intergovernmental transfers.

2101 Section 30. Paragraph (d) of subsection (1) of section
2102 420.628, Florida Statutes, is amended to read:

2103 420.628 Affordable housing for children and young adults
2104 leaving foster care; legislative findings and intent.—

2105 (1)

2106 (d) The Legislature intends that the Florida Housing
2107 Finance Corporation, agencies within the State Housing
2108 Initiative Partnership Program, local housing finance agencies,
2109 public housing authorities, and their agents, and other
2110 providers of affordable housing coordinate with the Department
2111 of Children and Families ~~Family Services~~, their agents, and
2112 community-based care providers who provide services under s.
2113 409.986 ~~s. 409.1671~~ to develop and implement strategies and
2114 procedures designed to make affordable housing available
2115 whenever and wherever possible to young adults who leave the
2116 child welfare system.

2117 Section 31. This act shall take effect July 1, 2014.

Child Welfare - SPB 7074

As of: 03 12 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
119-123	Adds definition of sibling	1	39.01(70) (new)	
124-195	Directs DCF to provide immediate investigations of child deaths and other serious incidents; gives qualifications of team members; requires reports	2	39.2015 (new)	
204-211	Amends section relating confidentiality of reports and records in child abuse and neglect cases to allow for web publishing of information related to child deaths	3	39.202(2)	
214-253	Directs DCF to provide information regarding child deaths reported to the hotline on its website	4	39.2022 (new)	Describes the information to be provided; preserves current confidentiality requirements
297-303 330-337	Siblings Placement-shelter requirements; visitation recommendations	5	39.402(8) and (9)	DCF to make reasonable efforts to keep siblings together unless not in their best interest; to provide recommendations for visitation and other contact if cannot be placed together

Child Welfare - SPB 7074

As of: 03 12 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
346-347 370-375 395-402 405-412	Expands Relative Caregiver Program to include Nonrelatives	6	39.5085	Allows payment for nonrelatives assuming custody and care of dependent child and a dependent half-brother or half-sister. Allows for payment to nonrelatives for court-ordered temporary placement or court ordered permanent placement (Barcode #646820)
504-507 547-549	Requires DCF to report at Judicial Review hearings the nature and frequency of sibling contact	7	39.701(2) and (3)	Also directs court to address removing the disability of nonage in certain circumstances from children at the special review hearing set after their 17th birthdays
612-613	Allows the petitioner, rather than DCF, to sign petitions for termination of Parental Rights	8	39.802(2)	Consistent with transition to Community-Based Care
626-627	Expands scope of cases reviewed by the Child Abuse Death Review Committee to all reported to the hotline	9	383.402(1) and (3)	Formerly, only deaths determined to have been caused by abuse or neglect were reviewed
651-654	Creates new Part V in chapter 409, "Community Based Child Welfare"	10	Unnumbered	Provides structure for reorganization of community-based care statutory provision

Child Welfare - SPB 7074

As of: 03 12 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
657-726	Describes legislative findings, intent, outcomes, and definitions relating to community based care	11	409.986 (new) comes from 409.1671	409.986(1)(a) - no substantial change; 409.986(1)(b) - new language - emphasizes necessity for oversight of outsourced child welfare services; 409.986(2) - new language 409.986(3)(a) - new language; (b) - new language; (c) new language; (d) no substantial change from 409.1671(1)(e); (e) no substantial change from 20.19; (f) no substantial change
729-754	Describes procurement of lead agencies	12	409.987 (new)	409.987(1), (2) and (3) are new; (4)(a) - new language (b) modified for residency requirement; (c) performance bond is new language; 409.987(5) is new language
757-844	Describes Lead Agency Duties	13	409.988 (new)	409.988(1)(a) language is slightly revised; (b) is new language; (c) is revised language; (d) is new language; (e) is slightly revised; (f), (g), (h) current language; (i) new language 409.988(2) current language slightly revised; 409.988(3) current language substantially revised; 409.988(4) current language - no revision
847-975	Describes Lead Agency Funding; risk pool; performance bond requirement	14	409.990 (new)	409.990 current language; slight revisions; performance bond requirement is new

Child Welfare - SPB 7074

As of: 03 12 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
980-994	Describes Lead Agency Allocation of funds	15	409.991 (new) replaces 409.16713	409.991 current language - no revision
997-1017	Outlines Lead Agency Expenditures	16	409.992 (new)	409.992(1) new language: remaining section is current language; slight revisions
1020-1183	Describes Lead Agency and Subcontractor Liability	17	409.993 (new)	409.993 - current language; slight revisions
1187-1327	Describes Lead Agency; Receivership	18	409.994 (new) replaces 409.1675	409.994 - current language; slight revisions
1330-1476	Outline DCF duties in contracting with lead agencies	19	409.996 (new)	409.996 - new language; largely taken from DCF contract language
1479-1569	Describes DCF results oriented accountability system	20	409.997 (new)	409.997 - new language
1570-1733	Community Based Care Alliance; creation; duties; membership	21	409.998 (new)	409.998 - substantially revised from 20.19; focuses duties on child welfare
1734	Repeal statute	22	20.19(4)	Former Community Alliance statute; replaced by 409.998
1736	Repeal statutes	23	409.1671, 409.16715 and 409.16745	Former community-based care statutes; replaced by provisions of this bill
1745	Correct statutory reference	24	39.201(1)(g)	

Child Welfare - SPB 7074

As of: 03 12 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
1763 1780 1794	Correct statutory reference	25	409.1676(1), (3) and (5)	
1803	Correct statutory reference	26	409.1677(2)	
1843 1856	Correct statutory reference	27	409.906(24)	
1859	Correct statutory reference	28	409.912(4)(b)	
2080	Correct statutory reference	29	409.91211(3)(dd)	
2101	Correct statutory reference	30	420.628(1)(d)	
2117	Effective Date of July 1, 2014	31		

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

Topic Liability Insurance
Name Debra Henley
Job Title Executive Director
Address 218 S. Monroe St.
Street
Tallahassee Fl. 32301
City State Zip

Bill Number 7074 *(if applicable)*
Amendment Barcode 276786 *(if applicable)*
Phone (850) 224-9403
E-mail _____

Speaking: For Against Information

Representing For Amendment Re Florida Justice Association.

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

Topic CBC Ins
Name Ralph Hoben
Job Title _____
Address 1870 E Wymore
Street
PMA Fl 32301
City State Zip

Bill Number SB 7074 *(if applicable)*
Amendment Barcode _____ *(if applicable)*
Phone _____
E-mail _____

Speaking: For Against Information

Representing Big Bird CBC

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-11-14
Meeting Date

Topic ~~SB 7072~~ Child Welfare

Bill Number SB 7072/7074
(if applicable) ⁷⁰⁷⁶

Name JIM AKIN

Amendment Barcode _____
(if applicable)

Job Title EXECUTIVE DIRECTOR

Address 1931 DELLWOOD DRIVE

Phone 850-224-2400

TALLAHASSEE, FL 32303
City State Zip

E-mail JIM@NASWFL.ORG

Speaking: For Against Information

Representing NATIONAL ASSOCIATION OF SOCIAL WORKERS

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

Topic Section 21 - Community Alliances

Bill Number 7074
(if applicable)

Name Mike Jordan, MD

Amendment Barcode _____
(if applicable)

Job Title Exec. Director, Marion Co. Children's Alliance

Address 3482 NW 10th St

Phone 352-438-5990

Ocala, FL 34471
City State Zip

E-mail CWJORDAN94@ADL.COM

Speaking: For Against Information

Representing Marion Co Children's Alliance - Kid's Central Inc

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-11-14

Meeting Date

Topic sibling separation & nonrelative caregiver language

Bill Number 7074
(if applicable)

Name Miranda Phillips

Amendment Barcode _____
(if applicable)

Job Title Member, Florida Youth SHINE, Pinellas Chapter

Address 3475 32nd Ave. N., Apt. 21
Street
St. Petersburg FL 33713
City State Zip

Phone 727-871-9695

E-mail _____

Speaking: For Against Information

Representing Florida Youth SHINE

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic ~~7074~~ ADDITIONAL SUBSTITUTES

Bill Number 7074
(if applicable)

Name HOWARD TALENTED

Amendment Barcode _____
(if applicable)

Job Title PRESID. FLORIDA'S CHILDREN

Address 100 SB 3RD AVE 234E
Street

Phone 954 683-6084

City State Zip

E-mail HTALENTED@CFE-LINK

Speaking: For Against Information

Representing FLORIDA'S CHILDREN FOST

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

March 11, 2014

Meeting Date

Topic Child Welfare Bill

Bill Number 7074 (if applicable)

Name Victoria Vanaplis Zepp

Amendment Barcode (if applicable)

Job Title Exec. Gov't & Community Affairs

Address 411 W. Park Ave.

Phone 850.241.6309

Tallahassee, FL 32301

E-mail VICTORIA@flchildrens

City State Zip

Speaking: For Against Information

Representing Florida Coalition for Children

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

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: SPB 7076

INTRODUCER: Children, Families, and Elder Affairs Committee

SUBJECT: Medically Complex Children

DATE: March 10, 2014 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Sanford	Hendon		Submitted as Committee Bill

I. Summary:

SPB 7076 amends statutes to improve the care of medically complex children and encourage their continued placement in the home with appropriate services. The bill defines “medical neglect” and describes the requirements for the investigation of medical neglect. It requires Child Protection Teams involved in cases alleging abuse, neglect, or abandonment of a medically complex child to consult with a physician with experience in treating that child’s condition.

The bill requires the Department of Children and Families (DCF or the department) to work with the Department of Health (DOH) and the Agency for Health Care Administration (AHCA) to provide care for medically complex children. It allows placement of such children in medical foster homes and requires placement be made in the least restrictive, most nurturing environment. The bill clarifies statutes that require services to be offered in the child’s home or in the home of relatives if such care can meet the needs of the child.

The bill clarifies the term “provider service network” by explaining the circumstances in which affiliated groups of providers are considered providers and requires Medicaid managed care plans to provide defined information to DCF on children under DCF care. It revises provisions relating to procurement of provider service networks and requires termination of a contract with any such network that may undergo organizational changes that cause the entity to no longer comply with the definition of a provider service network.

The bill is not expected to have a fiscal impact. It provides for an effective date of July 1, 2014.

II. Present Situation:

Care of Medically Complex Children

Currently law requires that the children of this state be provided with the following protections:

- Protections from abuse, abandonment, neglect, and exploitation;
- A permanent and stable home;
- A safe and nurturing environment, which will preserve a sense of personal dignity and integrity;
- Adequate nutrition, shelter, and clothing;
- Effective treatment to address physical, social, and emotional needs, regardless of geographical location;
- Equal opportunity and access to quality and effective education, which will meet the individual needs of each child, and to recreation and other community resources to develop individual abilities;
- Access to preventive services; and
- An independent, trained advocate, when intervention is necessary and a skilled guardian or caregiver in a safe environment when alternative placement is necessary.¹

Special provisions for medically complex children are not currently included in statute.

Section 39.01(43), F.S., provides a definition of “necessary medical treatment” as care that is necessary within a reasonable degree of medical certainty to prevent the deterioration of a child’s condition or to alleviate immediate pain of a child. Also, s. 39.01(44), F.S., sets out the circumstances when neglect of a child may occur. The statute specifically provides that certain circumstances may not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered and rejected or a parent. Also, a parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or specific religious organization does not provide specific medical treatment for a child, may not, for that reason alone be considered a negligent parent or legal guardian. However, chapter 39 does not include a definition of “medical neglect” or special provisions related to the investigation of allegations of abuse, neglect, or abandonment when children with serious medical conditions are the reported victims.

Suspected child abuse, neglect, and abandonment may be reported to the DCF child abuse hotline regarding children with significant medical issues, as with any other children. The Child Protection Teams, operated by DOH, provide medical expertise to DCF if there are medical issues associated with child abuse or neglect. However, current statute does not require the teams to coordinate their findings with physicians with special knowledge of the medical condition of the child who is alleged to be the victim of abuse or neglect. Without the information possessed by those familiar with particular disease or disability processes, parents can be found to be neglectful or abusive even when observed problems are related to insufficient services or a natural change in medical conditions.

¹ Section 39.001, F.S.

In order to maintain these children in a safe and least restrictive environment, families with children with medical issues need access to various medical and social services. These services are sometimes most readily available to the child in placements outside of the home. It is the current policy of the state, supported by federal and state law, that the parent or legal guardian decides what is best for the child. The state respects the parent or legal guardian's decision made in consultation with medical professionals. Many children with complex medical needs live safely in their homes with supportive services through the Florida Medicaid program.

Florida Medicaid has a comprehensive medical service package to accommodate any families who chooses to care for their medically complex child at home. Medical services are available in the home, including private duty nursing, personal care assistance, home health aide services, and occupational, physical and speech therapy when medically necessary, in unlimited amounts and/or duration up to 24 hours per day, 7 days per week for children under the Medicaid program.

The department requires foster care caseworkers to obtain high-level agency approval before placing any dependent child in a nursing home. Foster children already placed in nursing homes are reviewed monthly by AHCA in an effort to return the children to their birth parents or place them in foster homes run by parents with specialized medical training.

The state is currently a party to a lawsuit related to the placement of medically complex children in more restrictive settings such as nursing homes. The United States Department of Justice joined the lawsuit that alleges that the state violated the Americans with Disabilities Act (ADA).² The Agency for Health Care Administration (AHCA) has worked with the families of over 200 children in nursing homes under the Medicaid program to ensure they are aware of and provided in home health services. In addition, the Department of Children and Families and the Agency for Persons with Disabilities have worked with medically complex children and their families that they serve to ensure the least restrictive placement.

Medicaid Statewide Managed Medical Care Program

In 2011, the Legislature passed HB 7107, creating the Statewide Medicaid Managed Care Program as ch. 409, part IV, F.S. The law required AHCA to create an integrated managed care program for Medicaid enrollees that incorporates all of the minimum benefits, for the delivery of primary and acute care as well as long-term care services. The Agency for Health Care Administration sought and received federal authorization through two different Medicaid waivers.

In most regions, the law prescribed the minimum and the maximum number of contract awards. The law also directed that at least one plan per region be a provider service network (PSN), if a responsive PSN bid was received. If no responsive bids were received from a PSN, the AHCA was to contract with one less than the maximum number of plans permitted for the region and to conduct a re-procurement within 12 months of the initial procurement in order to secure a PSN.

² *A.R. et al. v. Dudek et al, United States V. Florida*, Consolidated Case No. 0:12-cv-60460-RSR, U.S. District Court for the Southern District of Florida.

Ongoing litigation³ arising from the procurement of managed care organizations as part of the implementation of statewide managed care has identified several ambiguities in the current statutes. These issues include whether any group of providers constitutes “an affiliated provider group” and whether the AHCA has a continuing responsibility to maintain a contract with at least one PSN in every region.

Under Medicaid managed care, all persons meeting applicable eligibility requirements of Title XIX of the Social Security Act must be enrolled in a managed care plan. Medicaid recipients who (a) have other creditable care coverage, excluding Medicare; (b) reside in residential commitment facilities operated through the Department of Juvenile Justice, group care facilities operated by the DCF, and treatment facilities funded through DCF Substance Abuse and Mental Health Program; (c) are eligible for refugee assistance; or (d) residents of a developmental disability center, may voluntarily enroll in the program. If they elect not to enroll, they will be served through the Medicaid fee for service system.

III. Effect of Proposed Changes:

Section 1 amends s. 39.001, F.S., to underscore the responsibility of DCF to maximize contact between siblings removed from their homes together. The bill makes explicit the requirement for DCF to preserve and strengthen families who are caring for medically complex children. This section also 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 department is directed to maintain a program of family-centered services and supports for medically complex children. 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. 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 department is directed to work with AHCA and the Department of Health to provide needed services. This section also provides for reference corrections.

Section 2 amends s. 39.01, F.S., to add a definition of “medical neglect” and to renumber subsequent paragraphs.

Section 3 amends s. 39.303, F.S., to require that a Child Protection Team in the Department of Health that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition.

Section 4 creates s. 39.3068, F.S., to require 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 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

³ *Care Access PSN, LLC, vs. State of Florida, Agency for Health Care Administration and Prestige Health Choice, LLC, DOAH Case No. 13 4113BID, AHCA ITN 027 12/13* (Agency for Health Care Administration Final Order, Jan. 2014) available at https://www.doah.state.fl.us/FLAID/HCA/2014/HCA_AHCA%20ITN%20027-12-13_02102014_095654.pdf

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.

Section 5 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. It 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. This section also 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 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. It adds medical foster homes to the list of placements available to the department in placing medically complex children. It provides that placements of children in their own homes or in the homes or 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.

Section 6 amends s. 409.962, F.S., to clarify the definition of “provider service network.”

Section 7 amends s. 409.967, F.S., to specify the components of managed care plans serving children in the care and custody of DCF and to require that providers of such plans make information available to DCF for inclusion in the state’s child welfare data system. It directs DCF and AHCA to use the information provided to determine the plan’s compliance with standards for access to medical, dental, and behavioral health services, the use of psychotropic medications, and follow-up on all medically necessary services recommended as a result of early and periodic screening diagnosis and treatment.

Section 8 amends s. 409.974, F.S., to clarify that the standards for eligible managed care plan selection apply to contracting as well. It also clarifies actions to be taken when a managed care plan no longer meets the definition of a provider service network.

Section 9 amends s. 39.302, F.S., to correct a reference.

Section 10 amends s. 39.524, F.S., to correct a reference.

Section 11 amends s. 316.613, F.S., to correct a reference.

Section 12 amends s. 409.1678, F.S., to correct a reference.

Section 13 amends s. 960.065, F.S., to correct a reference.

Section 14 provides an effective date of July 1, 2014.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

Placement of medically complex and medically fragile children in nursing homes is the subject of current litigation, *A.R. et al. v. Dudek et al, United States V. Florida*, Consolidated Case No. 0:12-cv-60460-RSR, U.S. District Court for the Southern District of Florida.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may encourage families to access services which will enable them to care for their medically complex children in their own homes.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.001, 39.01, 39.302, 39.303, 39.524, 316.613, 409.165, 409.1678, 409.962, 409.967, 409.974, and 960.065.

This bill creates s. 39.3068 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.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



335110

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/11/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs
(Thompson) recommended the following:

Senate Amendment (with title amendment)

Between lines 608 and 609

insert:

Section 9. Children with Medically Complex Conditions Task Force.—

(1) The Agency for Health Care Administration shall convene a Children with Medically Complex Conditions Task Force for the purpose of developing a plan to ensure that children with medically complex conditions grow up with the emotional security



335110

11 and continuity of a parental relationship and a stable living
12 arrangement and to reinforce that skilled nursing facilities are
13 temporary placements.

14 (2) The plan developed by the task force must include the
15 following:

16 (a) Uniform procedures applicable to each of the state
17 agencies on the task force to ensure that an individualized
18 permanency plan is developed for each child who resides in a
19 skilled nursing facility which focuses on facilitating a
20 permanent living arrangement with an enduring and nurturing
21 family. These uniform procedures must include:

22 1. Developing a family comprehensive plan to bring the
23 child home or to place the child with an alternative family that
24 will meet the goals of the plan;

25 2. Retaining with the parents the right to decide whether
26 the child is placed in or remains in a skilled nursing facility;
27 and

28 3. Coordinating the programs and services of each of the
29 state agencies on the task force to create an integrated system
30 of services for children with medically complex conditions.

31 (b) A family-based alternative system in which a child with
32 medically complex conditions who cannot reside with his or her
33 birth family may receive necessary services in a family-based
34 alternative setting instead of a skilled nursing facility. This
35 system shall include licensing, monitoring, ensuring quality of
36 care, recruiting and training of families, and involving the
37 birth family with the alternate family selected and in decisions
38 regarding the child's daily life.

39 (c) Establishment of a facilitation of services responsible



335110

40 for:

41 1. Developing and overseeing implementation of a child's
42 individualized permanency plan for the successful transition of
43 a child from a skilled nursing facility to a permanent family;
44 and

45 2. Identifying and determining how funds and resources from
46 all available sources can be blended and used to provide
47 customized services and training and supports to implement a
48 child's individualized permanency plan.

49 (d) A Medicaid waiver mechanism that can be used to provide
50 Medicaid waiver services to prevent the placement of children
51 with medically complex conditions in skilled nursing facilities.

52 (3) The task force shall consist of representatives
53 appointed from the following:

54 (a) The Agency for Health Care Administration.

55 (b) The Agency for Persons with Disabilities.

56 (c) The Department of Children and Families.

57 (d) The Department of Health.

58 (e) The Florida Developmental Disabilities Council, Inc.

59 (f) The Arc of Florida.

60 (g) The Florida Association of Rehabilitation Facilities.

61 (h) A pediatric skilled nursing facility.

62 (i) The family of a child with medically complex
63 conditions.

64 (4) Task force members shall serve without compensation but
65 are entitled to reimbursement for per diem and travel expenses
66 as provided in s. 112.061, Florida Statutes. The Florida
67 Developmental Disabilities Council, Inc., shall reimburse task
68 force members for travel expenses and shall provide



335110

69 administrative support for the task force.

70 (5) The task force shall submit a report to the President
71 of the Senate and the Speaker of the House of Representatives by
72 January 1, 2015. The report must identify legislative and state
73 agency actions needed to implement the plan developed under
74 subsection (2).

75

76 ===== T I T L E A M E N D M E N T =====

77 And the title is amended as follows:

78 Delete line 31

79 and insert:

80 provider service network; requiring the Agency for
81 Health Care Administration to convene a Children with
82 Medically Complex Conditions Task Force; requiring the
83 task force to develop a specified plan; providing for
84 membership on the task force; requiring the Florida
85 Developmental Disabilities Council, Inc., to provide
86 travel reimbursement for task force members; requiring
87 the task force to submit a report to the Legislature
88 by a specified date; amending ss. 39.302, 39.524,



872850

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/11/2014	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Hays) recommended the following:

Senate Amendment (with title amendment)

Delete lines 279 - 283

and insert:

Statewide Medical Director for Child Protection.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 9 - 12

and insert:



872850

11

creating s. 39.3068, F.S.; providing

FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

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1 A bill to be entitled
 2 An act relating to medically complex children;
 3 amending s. 39.001, F.S.; revising the purposes of ch.
 4 39, F.S.; providing for the provision of services for
 5 medically complex children; conforming cross-
 6 references; amending s. 39.01, F.S.; defining the term
 7 "medical neglect"; conforming cross-references;
 8 amending s. 39.303, F.S.; revising legislative intent;
 9 providing requirements for a child protection team
 10 that evaluates a report of medical neglect and
 11 assesses the health care needs of a medically complex
 12 child; creating s. 39.3068, F.S.; providing
 13 requirements for an investigation of medical neglect;
 14 amending s. 409.165, F.S.; revising provisions
 15 relating to the cost of services; requiring the
 16 Department of Children and Families to work with the
 17 Department of Health and the Agency for Health Care
 18 Administration to care for medically complex children;
 19 allowing the Department of Children and Families to
 20 place children in a medical foster home; conforming
 21 provisions to changes made by the act; amending s.
 22 409.962, F.S.; redefining the term "provider service
 23 network"; amending s. 409.967, F.S.; requiring
 24 Medicaid managed care plans to provide specified
 25 information on children under the care of the
 26 Department of Children and Families; amending s.
 27 409.974, F.S.; providing for contracting with eligible
 28 plans; revising provisions relating to negotiation
 29 with a provider service network; providing

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30 requirements for termination of a contract with a
 31 provider service network; amending ss. 39.302, 39.524,
 32 316.613, 409.1678, and 960.065, F.S.; conforming
 33 cross-references; providing an effective date.
 34

35 Be It Enacted by the Legislature of the State of Florida:
 36

37 Section 1. Paragraph (o) is added to subsection (1) of
 38 section 39.001, Florida Statutes, and paragraph (k) of that
 39 subsection is amended, present paragraphs (f) through (h) of
 40 subsection (3) of that section are redesignated as paragraphs
 41 (g) through (i), respectively, and a new paragraph (f) is added
 42 to that subsection, and present subsections (4) through (11) of
 43 that section are redesignated as subsections (5) through (12),
 44 respectively, a new subsection (4) is added to that section, and
 45 paragraph (c) of present subsection (8) and paragraph (b) of
 46 present subsection (10) of that section are amended, to read:

47 39.001 Purposes and intent; personnel standards and
 48 screening.-

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

50 (k) To make every possible effort, if when two or more
 51 children who are in the care or under the supervision of the
 52 department are siblings, to place the siblings in the same home;
 53 and in the event of permanent placement of the siblings, to
 54 place them in the same adoptive home or, if the siblings are
 55 separated while under the care or supervision of the department
 56 or in a permanent placement, to keep them in contact with each
 57 other.

58 (o) To preserve and strengthen families who are caring for

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59 medically complex children.

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

63 (f) Access to sufficient home and community-based support
64 for medically complex children to allow them to remain in the
65 least restrictive and most nurturing environment, which includes
66 sufficient home and community-based services in an amount and
67 scope comparable to those the child would receive in out-of-home
68 care placement.

69 (4) SERVICES FOR MEDICALLY COMPLEX CHILDREN.—The department
70 shall maintain a program of family-centered services and
71 supports for medically complex children. The purpose of the
72 program is to prevent abuse and neglect of medically complex
73 children while enhancing the capacity of families to provide for
74 their children's needs. Program services must include outreach,
75 early intervention, and provision of home and community-based
76 services such as care coordination, respite care, and direct
77 home care. The department shall work with the Agency for Health
78 Care Administration and the Department of Health to provide
79 needed services.

80 ~~(9)(8)~~ OFFICE OF ADOPTION AND CHILD PROTECTION.—

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

82 1. Oversee the preparation and implementation of the state
83 plan established under subsection (10) (9) and revise and update
84 the state plan as necessary.

85 2. Provide for or make available continuing professional
86 education and training in the prevention of child abuse and
87 neglect.

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88 3. Work to secure funding in the form of appropriations,
89 gifts, and grants from the state, the Federal Government, and
90 other public and private sources in order to ensure that
91 sufficient funds are available for the promotion of adoption,
92 support of adoptive families, and child abuse prevention
93 efforts.

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

96 a. Programs and services for the promotion of adoption,
97 support of adoptive families, and prevention of child abuse and
98 neglect.

99 b. Training programs for the prevention of child abuse and
100 neglect.

101 c. Multidisciplinary and discipline-specific training
102 programs for professionals with responsibilities affecting
103 children, young adults, and families.

104 d. Efforts to promote adoption.

105 e. Postadoptive services to support adoptive families.

106 5. Monitor, evaluate, and review the development and
107 quality of local and statewide services and programs for the
108 promotion of adoption, support of adoptive families, and
109 prevention of child abuse and neglect and shall publish and
110 distribute an annual report of its findings on or before January
111 1 of each year to the Governor, the Speaker of the House of
112 Representatives, the President of the Senate, the head of each
113 state agency affected by the report, and the appropriate
114 substantive committees of the Legislature. The report shall
115 include:

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

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117 b. A summary of the adoption data collected and reported to
118 the federal Adoption and Foster Care Analysis and Reporting
119 System (AFCARS) and the federal Administration for Children and
120 Families.

121 c. A summary of the child abuse prevention data collected
122 and reported to the National Child Abuse and Neglect Data System
123 (NCANDS) and the federal Administration for Children and
124 Families.

125 d. A summary detailing the timeliness of the adoption
126 process for children adopted from within the child welfare
127 system.

128 e. Recommendations, by state agency, for the further
129 development and improvement of services and programs for the
130 promotion of adoption, support of adoptive families, and
131 prevention of child abuse and neglect.

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

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

136 ~~(11)-(10)~~ FUNDING AND SUBSEQUENT PLANS.—

137 (b) The office and the other agencies and organizations
138 listed in paragraph (10) (a) ~~(9) (a)~~ shall readdress the state
139 plan and make necessary revisions every 5 years, at a minimum.
140 Such revisions shall be submitted to the Speaker of the House of
141 Representatives and the President of the Senate no later than
142 June 30 of each year divisible by 5. At least biennially, the
143 office shall review the state plan and make any necessary
144 revisions based on changing needs and program evaluation
145 results. An annual progress report shall be submitted to update

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146 the state plan in the years between the 5-year intervals. In
147 order to avoid duplication of effort, these required plans may
148 be made a part of or merged with other plans required by either
149 the state or Federal Government, so long as the portions of the
150 other state or Federal Government plan that constitute the state
151 plan for the promotion of adoption, support of adoptive
152 families, and prevention of child abuse, abandonment, and
153 neglect are clearly identified as such and are provided to the
154 Speaker of the House of Representatives and the President of the
155 Senate as required above.

156 Section 2. Present subsections (42) through (76) of section
157 39.01, Florida Statutes, are redesignated as subsections (43)
158 through (77), respectively, a new subsection (42) is added to
159 that section, and subsections (10) and (33) are amended, to
160 read:

161 39.01 Definitions.—When used in this chapter, unless the
162 context otherwise requires:

163 (10) "Caregiver" means the parent, legal custodian,
164 permanent guardian, adult household member, or other person
165 responsible for a child's welfare as defined in subsection (48)
166 ~~(47)~~.

167 (33) "Institutional child abuse or neglect" means
168 situations of known or suspected child abuse or neglect in which
169 the person allegedly perpetrating the child abuse or neglect is
170 an employee of a private school, public or private day care
171 center, residential home, institution, facility, or agency or
172 any other person at such institution responsible for the child's
173 care as defined in subsection (48) ~~(47)~~.

174 (42) "Medical neglect" means the failure to provide or to

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175 allow needed care as recommended by a health care practitioner
 176 for a physical injury, illness, medical condition, or
 177 impairment, or the failure to seek timely and appropriate
 178 medical care for a serious health problem that a reasonable
 179 person would have recognized as requiring professional medical
 180 attention. Medical neglect does not occur if:

181 (a) The parent or legal custodian of the child has made
 182 reasonable attempts to obtain necessary health care services or
 183 the immediate health condition giving rise to the allegation of
 184 neglect is a known and expected complication of the child's
 185 diagnosis or treatment; and

186 (b) The recommended care offers limited net benefit to the
 187 child and the morbidity or other side effects of the treatment
 188 may be considered to be greater than the anticipated benefit.

189 Section 3. Section 39.303, Florida Statutes, is amended to
 190 read:

191 39.303 Child protection teams; services; eligible cases.—
 192 The Children's Medical Services Program in the Department of
 193 Health shall develop, maintain, and coordinate the services of
 194 one or more multidisciplinary child protection teams in each of
 195 the service districts of the Department of Children and Family
 196 Services. Such teams may be composed of appropriate
 197 representatives of school districts and appropriate health,
 198 mental health, social service, legal service, and law
 199 enforcement agencies. ~~The Legislature finds that optimal~~
 200 ~~coordination of child protection teams and sexual abuse~~
 201 ~~treatment programs requires collaboration between~~ The Department
 202 of Health and the Department of Children and Families Family
 203 Services. ~~The two departments~~ shall maintain an interagency

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204 agreement that establishes protocols for oversight and
 205 operations of child protection teams and sexual abuse treatment
 206 programs. The State Surgeon General and the Deputy Secretary for
 207 Children's Medical Services, in consultation with the Secretary
 208 of Children and Family Services, shall maintain the
 209 responsibility for the screening, employment, and, if necessary,
 210 the termination of child protection team medical directors, at
 211 headquarters and in the 15 districts. Child protection team
 212 medical directors shall be responsible for oversight of the
 213 teams in the districts.

214 (1) The Department of Health shall use utilize and convene
 215 the teams to supplement the assessment and protective
 216 supervision activities of the family safety and preservation
 217 program of the Department of Children and Families Family
 218 Services. ~~Nothing in This section does not shall be construed to~~
 219 ~~remove or reduce the duty and responsibility of any person to~~
 220 ~~report pursuant to this chapter all suspected or actual cases of~~
 221 ~~child abuse, abandonment, or neglect or sexual abuse of a child.~~
 222 The role of the teams shall be to support activities of the
 223 program and to provide services deemed by the teams to be
 224 necessary and appropriate to abused, abandoned, and neglected
 225 children upon referral. The specialized diagnostic assessment,
 226 evaluation, coordination, consultation, and other supportive
 227 services that a child protection team shall be capable of
 228 providing include, but are not limited to, the following:

229 (a) Medical diagnosis and evaluation services, including
 230 provision or interpretation of X rays and laboratory tests, and
 231 related services, as needed, and documentation of related
 232 ~~findings relative thereto.~~

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233 (b) Telephone consultation services in emergencies and in
234 other situations.

235 (c) Medical evaluation related to abuse, abandonment, or
236 neglect, as defined by policy or rule of the Department of
237 Health.

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

243 (e) Expert medical, psychological, and related professional
244 testimony in court cases.

245 (f) Case staffings to develop treatment plans for children
246 whose cases have been referred to the team. A child protection
247 team may provide consultation with respect to a child who is
248 alleged or is shown to be abused, abandoned, or neglected. ~~The,~~
249 ~~which~~ consultation shall be provided at the request of a
250 representative of the family safety and preservation program or
251 at the request of any other professional involved with a child
252 or the child's parent or parents, legal custodian or custodians,
253 or other caregivers. In every such child protection team case
254 staffing, consultation, or staff activity involving a child, a
255 family safety and preservation program representative shall
256 attend and participate.

257 (g) Case service coordination and assistance, including the
258 location of services available from other public and private
259 agencies in the community.

260 (h) Such training services for program and other employees
261 of the Department of Children and ~~Families~~ Family Services,

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262 employees of the Department of Health, and other medical
263 professionals as is deemed appropriate to enable them to develop
264 and maintain their professional skills and abilities in handling
265 child abuse, abandonment, and neglect cases.

266 (i) Educational and community awareness campaigns on child
267 abuse, abandonment, and neglect in an effort to enable citizens
268 more successfully to prevent, identify, and treat child abuse,
269 abandonment, and neglect in the community.

270 (j) Child protection team assessments that include, as
271 appropriate, medical evaluations, medical consultations, family
272 psychosocial interviews, specialized clinical interviews, or
273 forensic interviews.

274
275 All medical personnel participating on a child protection team
276 must successfully complete the required child protection team
277 training curriculum as set forth in protocols determined by the
278 Deputy Secretary for Children's Medical Services and the
279 Statewide Medical Director for Child Protection. A child
280 protection team that is evaluating a report of medical neglect
281 and assessing the health care needs of a medically complex child
282 shall consult with a physician who has experience in treating
283 children with the same condition.

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

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

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- 291 (b) Bruises anywhere on a child 5 years of age or under.
 292 (c) Any report alleging sexual abuse of a child.
 293 (d) Any sexually transmitted disease in a prepubescent
 294 child.
 295 (e) Reported malnutrition of a child and failure of a child
 296 to thrive.
 297 (f) Reported medical neglect of a child.
 298 (g) Any family in which one or more children have been
 299 pronounced dead on arrival at a hospital or other health care
 300 facility, or have been injured and later died, as a result of
 301 suspected abuse, abandonment, or neglect, when any sibling or
 302 other child remains in the home.
 303 (h) Symptoms of serious emotional problems in a child when
 304 emotional or other abuse, abandonment, or neglect is suspected.
 305 (3) All abuse and neglect cases transmitted for
 306 investigation to a district by the hotline must be
 307 simultaneously transmitted to the Department of Health child
 308 protection team for review. For the purpose of determining
 309 whether face-to-face medical evaluation by a child protection
 310 team is necessary, all cases transmitted to the child protection
 311 team which meet the criteria in subsection (2) must be timely
 312 reviewed by:
 313 (a) A physician licensed under chapter 458 or chapter 459
 314 who holds board certification in pediatrics and is a member of a
 315 child protection team;
 316 (b) A physician licensed under chapter 458 or chapter 459
 317 who holds board certification in a specialty other than
 318 pediatrics, who may complete the review only when working under
 319 the direction of a physician licensed under chapter 458 or

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- 320 chapter 459 who holds board certification in pediatrics and is a
 321 member of a child protection team;
 322 (c) An advanced registered nurse practitioner licensed
 323 under chapter 464 who has a specialty ~~speciality~~ in pediatrics
 324 or family medicine and is a member of a child protection team;
 325 (d) A physician assistant licensed under chapter 458 or
 326 chapter 459, who may complete the review only when working under
 327 the supervision of a physician licensed under chapter 458 or
 328 chapter 459 who holds board certification in pediatrics and is a
 329 member of a child protection team; or
 330 (e) A registered nurse licensed under chapter 464, who may
 331 complete the review only when working under the direct
 332 supervision of a physician licensed under chapter 458 or chapter
 333 459 who holds certification in pediatrics and is a member of a
 334 child protection team.
 335 (4) A face-to-face medical evaluation by a child protection
 336 team is not necessary when:
 337 (a) The child was examined for the alleged abuse or neglect
 338 by a physician who is not a member of the child protection team,
 339 and a consultation between the child protection team board-
 340 certified pediatrician, advanced registered nurse practitioner,
 341 physician assistant working under the supervision of a child
 342 protection team board-certified pediatrician, or registered
 343 nurse working under the direct supervision of a child protection
 344 team board-certified pediatrician, and the examining physician
 345 concludes that a further medical evaluation is unnecessary;
 346 (b) The child protective investigator, with supervisory
 347 approval, has determined, after conducting a child safety
 348 assessment, that there are no indications of injuries as

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349 described in paragraphs (2) (a)-(h) as reported; or

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

353
354 Notwithstanding paragraphs (a), (b), and (c), a child protection
355 team pediatrician, as authorized in subsection (3), may
356 determine that a face-to-face medical evaluation is necessary.

357 (5) In all instances in which a child protection team is
358 providing certain services to abused, abandoned, or neglected
359 children, other offices and units of the Department of Health,
360 and offices and units of the Department of Children and Families
361 ~~Family Services~~, shall avoid duplicating the provision of those
362 services.

363 (6) The Department of Health child protection team quality
364 assurance program and the Department of Children and Families'
365 ~~Family Services'~~ Family Safety Program Office quality assurance
366 program shall collaborate to ensure referrals and responses to
367 child abuse, abandonment, and neglect reports are appropriate.
368 Each quality assurance program shall include a review of records
369 in which there are no findings of abuse, abandonment, or
370 neglect, and the findings of these reviews shall be included in
371 each department's quality assurance reports.

372 Section 4. Section 39.3068, Florida Statutes, is created to
373 read:

374 39.3068 Reports of medical neglect.—

375 (1) A report of medical neglect as defined in s. 39.01 must
376 be investigated by staff who have specialized training in
377 medical neglect and medically complex children.

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378 (2) The investigation must identify any immediate medical
379 needs of the child and must use a family-centered approach to
380 assess the capacity of the family to meet those needs.

381 (3) A family-centered approach is intended to increase
382 independence on the part of the family, accessibility to
383 programs and services within the community, and collaboration
384 between families and their service providers. The ethnic,
385 cultural, economic, racial, social, and religious diversity of
386 families must be respected and considered in the development and
387 provision of services.

388 (4) An investigation of cases involving medically complex
389 children must include determination of Medicaid coverage for
390 needed services and coordination with the Agency for Health Care
391 Administration to secure such covered services.

392 Section 5. Section 409.165, Florida Statutes, is amended to
393 read:

394 409.165 Alternate care for children.—

395 (1) Within funds appropriated, the department shall
396 establish and supervise a program of emergency shelters, runaway
397 shelters, foster homes, group homes, agency-operated group
398 treatment homes, nonpsychiatric residential group care
399 facilities, psychiatric residential treatment facilities, and
400 other appropriate facilities to provide shelter and care for
401 dependent children who must be placed away from their families.
402 The department, in accordance with outcome established goals
403 established in s. 409.986, shall contract for the provision of
404 such shelter and care by counties, municipalities, nonprofit
405 corporations, and other entities capable of providing needed
406 services if:

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

409 (b) The services ~~can be~~ ~~so~~ provided at a reasonable cost
 410 ~~are more cost-effective than those provided by the department;~~
 411 and

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

414

415 ~~It is the legislative intent that the~~

416 (2) Funds appropriated for the alternate care of children
 417 as described in this section may be used to meet the needs of
 418 children in their own homes or those of relatives if the
 419 children can be safely served in such settings ~~their own homes,~~
 420 ~~or the homes of relatives,~~ and the expenditure of funds in such
 421 manner is equal to or less than the cost of out-of-home
 422 placement ~~calculated by the department to be an eventual cost~~
 423 ~~savings over placement of children.~~

424 (3)(2) The department shall ~~may~~ cooperate with all child
 425 service institutions or agencies within the state which meet the
 426 department's standards in order to maintain a comprehensive,
 427 coordinated, and inclusive system for promoting and protecting
 428 the well-being of children, consistent with the goals
 429 established in s. 409.986 ~~rules for proper care and supervision~~
 430 ~~prescribed by the department for the well-being of children.~~

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

434 (b) The department shall work with the Agency for Health
 435 Care Administration to provide such home and community-based

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436 services as may be necessary to maintain medically complex
 437 children in the least restrictive and most nurturing
 438 environment.

439 (4)(3) With the written consent of parents, custodians, or
 440 guardians, or in accordance with those provisions in chapter 39
 441 that relate to dependent children, the department, under rules
 442 properly adopted, may place a child:

443 (a) With a relative;

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

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

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

451 (e) With a person or family approved by the department to
 452 serve as a medical foster home;

453 (f)(e) With a person or agency licensed by the department
 454 in accordance with s. 409.175; or

455 (g)(f) In a subsidized independent living situation,
 456 subject to the provisions of s. 409.1451(4)(c),

457

458 under such conditions as are determined to be for the best
 459 interests or the welfare of the child. Any child placed in an
 460 institution or in a family home by the department or its agency
 461 may be removed by the department or its agency, and such other
 462 disposition may be made as is for the best interest of the
 463 child, including transfer of the child to another institution,
 464 another home, or the home of the child. Expenditure of funds

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465 appropriated for out-of-home care can be used to meet the needs
 466 of a child in the child's own home or the home of a relative if
 467 the child can be safely served in the child's own home or that
 468 of a relative if placement can be avoided by the expenditure of
 469 such funds, and if the expenditure of such funds in this manner
 470 is equal to or less than the cost of out-of-home placement
 471 ~~calculated by the department to be a potential cost savings.~~

472 Section 6. Subsection (13) of section 409.962, Florida
 473 Statutes, is amended to read:

474 409.962 Definitions.—As used in this part, except as
 475 otherwise specifically provided, the term:

476 (13) "Provider service network" means an entity qualified
 477 pursuant to s. 409.912(4)(d) of which a controlling interest is
 478 owned by a health care provider, or group of affiliated
 479 providers affiliated for the purpose of providing health care,
 480 or a public agency or entity that delivers health services.
 481 Health care providers include Florida-licensed health care
 482 professionals or licensed health care facilities, federally
 483 qualified health care centers, and home health care agencies.

484 Section 7. Paragraph (c) of subsection (2) of section
 485 409.967, Florida Statutes, is amended to read:

486 409.967 Managed care plan accountability.—

487 (2) The agency shall establish such contract requirements
 488 as are necessary for the operation of the statewide managed care
 489 program. In addition to any other provisions the agency may deem
 490 necessary, the contract must require:

491 (c) Access.—

492 1. The agency shall establish specific standards for the
 493 number, type, and regional distribution of providers in managed

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494 care plan networks to ensure access to care for both adults and
 495 children. Each plan must maintain a regionwide network of
 496 providers in sufficient numbers to meet the access standards for
 497 specific medical services for all recipients enrolled in the
 498 plan. The exclusive use of mail-order pharmacies may not be
 499 sufficient to meet network access standards. Consistent with the
 500 standards established by the agency, provider networks may
 501 include providers located outside the region. A plan may
 502 contract with a new hospital facility before the date the
 503 hospital becomes operational if the hospital has commenced
 504 construction, will be licensed and operational by January 1,
 505 2013, and a final order has issued in any civil or
 506 administrative challenge. Each plan shall establish and maintain
 507 an accurate and complete electronic database of contracted
 508 providers, including information about licensure or
 509 registration, locations and hours of operation, specialty
 510 credentials and other certifications, specific performance
 511 indicators, and such other information as the agency deems
 512 necessary. The database must be available online to both the
 513 agency and the public and have the capability to compare the
 514 availability of providers to network adequacy standards and to
 515 accept and display feedback from each provider's patients. Each
 516 plan shall submit quarterly reports to the agency identifying
 517 the number of enrollees assigned to each primary care provider.

518 2. Each managed care plan must publish any prescribed drug
 519 formulary or preferred drug list on the plan's website in a
 520 manner that is accessible to and searchable by enrollees and
 521 providers. The plan must update the list within 24 hours after
 522 making a change. Each plan must ensure that the prior

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523 authorization process for prescribed drugs is readily accessible
 524 to health care providers, including posting appropriate contact
 525 information on its website and providing timely responses to
 526 providers. For Medicaid recipients diagnosed with hemophilia who
 527 have been prescribed anti-hemophilic-factor replacement
 528 products, the agency shall provide for those products and
 529 hemophilia overlay services through the agency's hemophilia
 530 disease management program.

531 3. Managed care plans, and their fiscal agents or
 532 intermediaries, must accept prior authorization requests for any
 533 service electronically.

534 4. Managed care plans serving children in the care and
 535 custody of the Department of Children and Families must maintain
 536 complete medical, dental, and behavioral health information and
 537 provide such information to the department for inclusion in the
 538 state's child welfare data system. Using such documentation, the
 539 agency and the department shall determine the plan's compliance
 540 with standards for access to medical, dental, and behavioral
 541 health services, the use of psychotropic medications, and
 542 followup on all medically necessary services recommended as a
 543 result of early and periodic screening diagnosis and treatment.

544 Section 8. Subsection (1) of section 409.974, Florida
 545 Statutes, is amended to read:

546 409.974 Eligible plans.—

547 (1) ELIGIBLE PLAN SELECTION AND CONTRACTING.—The agency
 548 shall select eligible plans through the procurement process
 549 described in s. 409.966. The agency shall notice invitations to
 550 negotiate no later than January 1, 2013.

551 (a) The agency shall procure and contract with two plans

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552 for Region 1. At least one plan shall be a provider service
 553 network if any provider service networks submit a responsive
 554 bid.

555 (b) The agency shall procure and contract with two plans
 556 for Region 2. At least one plan shall be a provider service
 557 network if any provider service networks submit a responsive
 558 bid.

559 (c) The agency shall procure and contract with at least
 560 three plans and up to five plans for Region 3. At least one plan
 561 must be a provider service network if any provider service
 562 networks submit a responsive bid.

563 (d) The agency shall procure and contract with at least
 564 three plans and up to five plans for Region 4. At least one plan
 565 must be a provider service network if any provider service
 566 networks submit a responsive bid.

567 (e) The agency shall procure and contract with at least two
 568 plans and up to four plans for Region 5. At least one plan must
 569 be a provider service network if any provider service networks
 570 submit a responsive bid.

571 (f) The agency shall procure and contract with at least
 572 four plans and up to seven plans for Region 6. At least one plan
 573 must be a provider service network if any provider service
 574 networks submit a responsive bid.

575 (g) The agency shall procure and contract with at least
 576 three plans and up to six plans for Region 7. At least one plan
 577 must be a provider service network if any provider service
 578 networks submit a responsive bid.

579 (h) The agency shall procure and contract with at least two
 580 plans and up to four plans for Region 8. At least one plan must

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581 be a provider service network if any provider service networks
582 submit a responsive bid.

583 (i) The agency shall procure and contract with at least two
584 plans and up to four plans for Region 9. At least one plan must
585 be a provider service network if any provider service networks
586 submit a responsive bid.

587 (j) The agency shall procure and contract with at least two
588 plans and up to four plans for Region 10. At least one plan must
589 be a provider service network if any provider service networks
590 submit a responsive bid.

591 (k) The agency shall procure and contract with at least
592 five plans and up to 10 plans for Region 11. At least one plan
593 must be a provider service network if any provider service
594 networks submit a responsive bid.

595
596 If no provider service network submits a responsive bid, the
597 agency shall procure and contract with no more than one less
598 than the maximum number of eligible plans permitted in that
599 region, and, within the next 12 months after the initial
600 invitation to negotiate, the agency shall issue an invitation to
601 negotiate in order ~~attempt~~ to procure and contract with a
602 provider service network. The agency shall terminate the
603 contract and provide notice for another invitation to negotiate
604 when changes in the corporate ownership and structure of the
605 only with provider service network networks in a region causes
606 the managed care plan to no longer meet the definition of a
607 provider service network under s. 409.962(13) those regions
608 where no provider service network has been selected.

609 Section 9. Subsection (1) of section 39.302, Florida

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610 Statutes, is amended to read:

611 39.302 Protective investigations of institutional child
612 abuse, abandonment, or neglect.—

613 (1) The department shall conduct a child protective
614 investigation of each report of institutional child abuse,
615 abandonment, or neglect. Upon receipt of a report that alleges
616 that an employee or agent of the department, or any other entity
617 or person covered by s. 39.01(33) or (48) (47), acting in an
618 official capacity, has committed an act of child abuse,
619 abandonment, or neglect, the department shall initiate a child
620 protective investigation within the timeframe established under
621 s. 39.201(5) and notify the appropriate state attorney, law
622 enforcement agency, and licensing agency, which shall
623 immediately conduct a joint investigation, unless independent
624 investigations are more feasible. When conducting investigations
625 or having face-to-face interviews with the child, investigation
626 visits shall be unannounced unless it is determined by the
627 department or its agent that unannounced visits threaten the
628 safety of the child. If a facility is exempt from licensing, the
629 department shall inform the owner or operator of the facility of
630 the report. Each agency conducting a joint investigation is
631 entitled to full access to the information gathered by the
632 department in the course of the investigation. A protective
633 investigation must include an interview with the child's parent
634 or legal guardian. The department shall make a full written
635 report to the state attorney within 3 working days after making
636 the oral report. A criminal investigation shall be coordinated,
637 whenever possible, with the child protective investigation of
638 the department. Any interested person who has information

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639 regarding the offenses described in this subsection may forward
 640 a statement to the state attorney as to whether prosecution is
 641 warranted and appropriate. Within 15 days after the completion
 642 of the investigation, the state attorney shall report the
 643 findings to the department and shall include in the report a
 644 determination of whether or not prosecution is justified and
 645 appropriate in view of the circumstances of the specific case.

646 Section 10. Subsection (1) of section 39.524, Florida
 647 Statutes, is amended to read:

648 39.524 Safe-harbor placement.—

649 (1) Except as provided in s. 39.407 or s. 985.801, a
 650 dependent child 6 years of age or older who has been found to be
 651 a victim of sexual exploitation as defined in s. 39.01(68)(g) ~~s.~~
 652 ~~39.01(67)(g)~~ must be assessed for placement in a safe house as
 653 provided in s. 409.1678. The assessment shall be conducted by
 654 the department or its agent and shall incorporate and address
 655 current and historical information from any law enforcement
 656 reports; psychological testing or evaluation that has occurred;
 657 current and historical information from the guardian ad litem,
 658 if one has been assigned; current and historical information
 659 from any current therapist, teacher, or other professional who
 660 has knowledge of the child and has worked with the child; and
 661 any other information concerning the availability and
 662 suitability of safe-house placement. If such placement is
 663 determined to be appropriate as a result of this assessment, the
 664 child may be placed in a safe house, if one is available. As
 665 used in this section, the term "available" as it relates to a
 666 placement means a placement that is located within the circuit
 667 or otherwise reasonably accessible.

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668 Section 11. Subsection (6) of section 316.613, Florida
 669 Statutes, is amended to read:

670 316.613 Child restraint requirements.—

671 (6) The child restraint requirements imposed by this
 672 section do not apply to a chauffeur-driven taxi, limousine,
 673 sedan, van, bus, motor coach, or other passenger vehicle if the
 674 operator and the motor vehicle are hired and used for the
 675 transportation of persons for compensation. It is the obligation
 676 and responsibility of the parent, guardian, or other person
 677 responsible for a child's welfare, ~~as defined in s. 39.01(47),~~
 678 to comply with the requirements of this section.

679 Section 12. Paragraph (d) of subsection (1) of section
 680 409.1678, Florida Statutes, is amended to read:

681 409.1678 Safe harbor for children who are victims of sexual
 682 exploitation.—

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

684 (d) "Sexually exploited child" means a dependent child who
 685 has suffered sexual exploitation as defined in s. 39.01(68)(g)
 686 ~~s. 39.01(67)(g)~~ and is ineligible for relief and benefits under
 687 the federal Trafficking Victims Protection Act, 22 U.S.C. ss.
 688 7101 et seq.

689 Section 13. Subsection (5) of section 960.065, Florida
 690 Statutes, is amended to read:

691 960.065 Eligibility for awards.—

692 (5) A person is not ineligible for an award pursuant to
 693 paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c) if that
 694 person is a victim of sexual exploitation of a child as defined
 695 in s. 39.01(68)(g) ~~s. 39.01(67)(g)~~.

696 Section 14. This act shall take effect July 1, 2014.

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Medically Complex Children - SPB 7076

As of: 03 10 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
55-59 63-79	Adds to the the purposes of chapter 39 to preserve and strengthen families caring for medically complex children; requires family centered services and supports to prevent abuse to these children while enhancing the capacity of families to care for them	1	39.001	Also clarifies that siblings separated while in DCF custody or supervision must be kept in contact
174 - 188	Adds definition of "medical neglect"	2	39.01(42) new	
199-201 279-283	Requires that Child Protection Teams evaluating reports of medical neglect of a medically complex child consult with a physician with experience of that condition	3	39.303	
374-391	Requries that reports of medical neglect be investigated by staff with training in medical neglect and medically complex children	4	39.3068 (new)	Also requires that investigations of reports involving medically complex children include determination of Medicaid coverage for services and coordination with the Agency for Health Care Administration to secure services

Medically Complex Children - SPB 7076

As of: 03 10 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
407-408 419-423 426-429 431-438 451-452 470-471	Describes funding for services to dependent children; provides that such funding can be used to maintain children in their own homes if the cost is equal to or less than the cost of out-f-home placement; requires maintaining medically complex children in the least restrictive, most nurturing environment	5	409.165	
479	Definition of provider service network amended; requirements given for managed care plans serving dependent children	6	409.962	
534-543	Amends managed care plan accountability to clarify that status is required at both the time the plan is selected and when the contract is made	7	409.967(2)(c)	
551,555,559,563, 567,571,575,579, 583,587,591,and 596-608	Eligible plan selection; procurement; contracting	8	409.974(1)	

Medically Complex Children - SPB 7076

As of: 03 10 14

Bill Line Number	Issue Content	Bill Section Number	Statute Affected	Staff Comments
617	Protective investigations of institutional child abuse, abandonment or neglect	9	39.302(1)	
651-652	Safe harbor placement	10	39.524(1)	
677	Child Restraint requirements	11	316.613(6)	
685-686	Safe harbor for victims of sexual exploitation	12	409.1678(1)(d)	
695	Correct statutory reference	13	960.065(5)	
696	Effective date of July 1, 2014	14		

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

ON
BILL

3/11/14
Meeting Date

Topic Medically Complex Children
Name Richard Chapman
Job Title _____

Bill Number 7076 (if applicable)
Amendment Barcode 335110 (if applicable)

Address 1300 E. 7th Ave
Street
Tampa FL 33605
City State Zip

Phone 813-666-498
E-mail RichardChapman829@gmail.com

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

Topic Child Welfare
Name Doug Bell
Job Title _____

Bill Number 7076 (if applicable)
Amendment Barcode _____ (if applicable)

Address 215 S Monroe St.
Street
Tallahassee, FL
City State Zip

Phone 894-6990
E-mail dbell@penningtonlaw.com

Speaking: For Against Information

Representing Florida Chapter American Academy of Pediatrics

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-11-14
Meeting Date

7076

Topic ~~SB 7072~~ Child Welfare

Bill Number SB 7072/7074
(if applicable)

Name JIM AKIN

Amendment Barcode _____
(if applicable)

Job Title EXECUTIVE DIRECTOR

Address 1931 DELWOOD DRIVE

Phone 850-224-2400

TALLAHASSEE, FL 32303
City State Zip

E-mail JIM@NASWFL.ORG

Speaking: For Against Information

Representing NATIONAL ASSOCIATION OF SOCIAL WORKERS

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

ON
BILL

Topic Children with Medical Complex Conditions

Bill Number 7076
(if applicable)

Name Debra Doust

Amendment Barcode 335110
(if applicable)

Job Title Executive Director

Address 124 Marriott Dr. Suite 203

Phone 850-488-4180

Tallah FL 32301
City State Zip

E-mail debra@dofdc.org

Speaking: For Against Information

Representing Florida Developmental Disabilities Council

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/2014

Meeting Date

Topic Medically Complex Children

Bill Number SPB 7076

Name Deborah Linton

Amendment Barcode 335110
(if applicable)

Job Title CEO, The Arc of Florida

Address 2898 Mahan Drive

Phone 850-921-0460

Tallahassee FL 32308

E-mail deborah@arcflorida.org

City State Zip

Speaking: For Against Information

Representing The Arc of Florida

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14

Meeting Date

Topic Sen Thompson Amendment

Bill Number SPB 7076
(if applicable)

Name Bob Aszalos

Amendment Barcode 335110
(if applicable)

Job Title Chief Lobbyist

Address 307 W Park Ave

Phone 850-224-3907

Tallahassee FL 32301

E-mail baszalos@fhca.org

City State Zip

Speaking: For Against Information

Representing Florida Health Care Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/11/14
Meeting Date

Topic Children-Medicaly Fensile Bill Number PCB 7016
(if applicable)

Name Dixie Sansom Amendment Barcode 33510
(if applicable)

Job Title Lobbyist

Address PO Box 98 Phone 321-543-7195
Street

Cocoa FL 32923 E-mail DixieSansom@aol.com
City State Zip

Speaking: For Against Information

Representing Brevard Family Partnership

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

State Child Welfare Systems: Key Components and Performance Indicators

March 10, 2014

As directed by the Legislature, OPPAGA reviewed child welfare systems in Florida and 16 other states with large child populations.¹ We reviewed the organization and administration of states' systems, including processes for intake, investigations, and service provision and aspects of organizational culture, workforce, and performance. While state child welfare programs follow similar processes as they respond to reports of child abuse or neglect, some differ from Florida with respect to screened-in call rates, time frames for investigators to respond to urgent calls, safety plan follow-up, and services provided during and after investigations. In addition to research on other states' child welfare systems, we conducted focus groups with Florida child protective investigators and community-based care lead agency case managers.² Despite efforts to improve Florida's child protective system, investigators and case managers expressed concern about aspects of the child welfare system.

Background

Most states operate state-administered child welfare programs while some have state-supervised, locally-administered programs. Most of the states in our review (11 of 17), including Florida, have state-administered child welfare systems; 6 states have child welfare systems that are supervised by the state but are locally administered.^{3, 4} For locally-administered programs, the state may only provide statewide policy direction and oversight but the local governments administer the programs' day-to-day activities. For example, Virginia has five regional offices that provide technical assistance, training, and monitoring for 120 local government agencies.

The organizational placement of the child welfare programs varied among the state-administered systems we reviewed. Most of the states in our study place their child welfare programs under a single agency primarily charged with administering child welfare services similar to Florida's Department of Children and Families (DCF). Five states administer child welfare services under a larger umbrella agency that provides a wide range of health and human services. For example, Pennsylvania's Department of Public Welfare is a large umbrella agency; it employs nearly 16,000 employees and includes the state's medical assistance program, long-term care programs, and services for persons with disabilities.

¹ We selected states based on their 2010 child population under age 18. In addition to Florida, the states were Arizona, California, Georgia, Illinois, Indiana, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and Washington. In 2010, the number of children under age 18 varied among the 17 states from a high of 9.3 million in California to a low of 1.43 million in Missouri. Florida's 2010 child population was approximately 4 million.

² We conducted 16 focus groups equally divided between child protective investigators and lead agency case managers in five counties.

³ The six states with child welfare programs that are supervised by the state but locally administered are California, New York, North Carolina, Ohio, Pennsylvania, and Virginia.

⁴ Out of the 50 states, 3 (Maryland, Nevada, and Wisconsin) have hybrid systems (both state- and county-administered); we did not review these states due to their child population under age 18.

In Florida, DCF's Child Welfare Program Office works in partnership with six regions, 17 community-based care lead agencies, and six sheriff's offices to develop and oversee policy and practice requirements for child protective investigations and case management services.⁵ The office works to ensure compliance with state and federal reporting requirements that are linked to financial awards and performance expectations. The department also develops and monitors contracts with lead agencies. According to department information, 293,839 children received a protective services response for alleged maltreatment in Federal Fiscal Year (FFY) 2012. Department officials also reported there were 53,341 total child maltreatment victims in Florida in FFY 2012.

In reviewing states' child welfare programs, we gathered information about state and local processes for responding to reports of child abuse or neglect—intake, investigations, and service provision. We also gathered information on states' efforts to implement differential response, the importance of a positive organizational culture, workforce and workload information for child protective investigators and case managers, and child welfare performance indicators. (See Appendix A for summary information on the 17 states' child welfare systems and Appendix B for a detailed profile on each state.)

Intake and screening processes and information available to hotline staff varies across states

States receive abuse and neglect reports from required reporters (e.g., teachers, healthcare workers, and law enforcement) and the public through telephone hotlines, faxes, and the Internet. Intake counselors must determine if the allegations of abuse or neglect meet the statutory criteria for abuse or neglect. The screened-in calls that meet a state's definition of child abuse and neglect determine what cases are investigated. States recognize and define different types of abuse and neglect in law—physical or sexual abuse, general neglect, medical or education neglect, abandonment, failure to protect, and emotional injury. Nine states, including two of the states in our review (Florida and Michigan), define child abuse to include injury, harm, or threatened harm; other state statutes may refer to a “substantial risk” of abuse rather than threatened harm. Unlike Florida, 15 states, including 4 in our study (Georgia, Michigan, Missouri, and Pennsylvania), do not include abandonment in their child abuse and neglect statutes. At least one state, Pennsylvania, includes a recency provision in statute; Pennsylvania does not investigate reports of child abuse or neglect occurring more than 24 months prior to the hotline report.

Florida screened in a higher percentage of hotline calls than other states. Screening out too many calls puts children at risk, while screening in too many calls may create unnecessary workload for investigators and delay the investigation of other cases that could be more critical. DCF operates the Florida Abuse Hotline that receives reports regarding allegations of abuse or neglect of children and vulnerable adults.⁶ Nationwide, states screened-in 62% of hotline calls in FFY 2012; Florida was in the top 10 states for screened-in calls. In FFY 2012, Florida screened-in 73.6% of calls, down from 80.2% in 2011. For the remaining states in our review, the rate of screened-in calls ranged from a low of 47.4% in Washington to a reported 100% in Illinois.^{7, 8}

⁵ Sheriff's deputies conduct child protective investigations in Broward, Hillsborough, Manatee, Pasco, Pinellas, and Seminole counties.

⁶ Beginning in 2011, the Department of Children and Families took steps to improve its child welfare system including the Florida Abuse Hotline. Changes to the hotline included business process improvements, organizational changes, additional staff training, call center telephone system upgrades, and integration of the call center system with the department's child welfare information system.

⁷ Three states do not screen out any referrals and report screened-in rates of 100%.

⁸ For the 17 states in our review, figures for screened-in reports were not available for North Carolina and Pennsylvania.

Some states use a formal screening tool in their intake process. We identified five states—Arizona, Indiana, Missouri, Ohio, and Virginia—that use a screening tool to determine whether a call should be screened in. Formal screening tools are standardized instruments that guide the worker in determining if the call should be screened-in or screened-out. One child welfare expert recommended that intake staff use a screening tool in order to ensure clear criteria to decide whether a call should be screened-in.

While Florida does not use a formal screening tool, the intake system produces a recommendation to screen-in or screen-out the call; however, not all intake counselors make a final decision based on the recommendation. Department officials told us they are reviewing the screening process to determine whether the hotline is appropriately screening in calls, whether the percentage of screened-in calls varies across the state, and the extent to which investigative outcomes differ for intake counselors that use the system's screening recommendation and those that do not.

Child protective investigators participating in OPPAGA focus groups reported that hotline counselors continue to refer cases that do not meet criteria for investigation. Specifically, they expressed concern about referrals for incidents that happened many years ago; incidents that happened in another state or country; and missing information including the names or addresses of victims or perpetrators. According to investigators, these calls frequently come from mandatory reporters, such as teachers and therapists, as well as individuals involved in custody and neighbor disputes.

Unlike some states, Florida's hotline counselors can access prior screened-out calls and criminal background information. Background information available to the person taking an abuse or neglect report is important in determining risk. Florida's intake system allows workers to review prior information in the system, including prior screened-out calls.⁹ While prior investigations are available to intake workers in most states, information about screened-out calls is not. For example, officials in Missouri and New York reported that their systems do not track screened-out calls. However, in Florida, if there are two or more screened-out calls within the past two years, the department requires additional review of the abuse or neglect allegations. Moreover, Florida's child welfare system now provides intake workers the ability to research criminal background information and provide it to investigators along with the intake report and other information. Other states that provide access to criminal background information at intake include Illinois and Pennsylvania.

While state child protective investigations follow a similar path, safety plans and assessment methodologies differ

Federal law establishes specific guidelines for child welfare practice. While policies and procedures may vary from state to state, they generally contain similar components. The elements of an investigation include

- a visit to the home and an interview or observation of the child victim;
- interviews or observation of other children living in the home;
- interviews with the child's parents, caregivers, or other adults residing in the home;
- checks of criminal records and other records for all adults living in the home;
- evaluation of the home environment, including risk and safety assessments; and
- medical and home health evaluations.

⁹ During the Florida DCF improvement process, the department found that 55% of families being investigated had been the subject of a prior investigation.

Child protective investigators establish direct contact with children that may have been subjected to abuse or neglect. Investigators assess the child's safety and the potential risk of future abuse or neglect. They also establish direct contact with families or other caregivers and usually make the initial determination of whether there is evidence to suggest that abuse or neglect occurred.

Florida investigators must respond within four hours to abuse and neglect reports requiring an immediate response. Florida statutes require an immediate response to certain abuse and neglect reports, and the department requires that an investigation commence in less than four hours. Department rules require an immediate response in situations where one of the following allegations is made:

- a child's immediate safety or well-being is endangered;
- the family may flee or a child will be unavailable within 24 hours;
- institutional abuse or neglect is alleged;
- a department employee has allegedly committed an act of abuse or neglect directly related to the job duties of the employee;
- a special condition referral for emergency services is received; or
- the facts otherwise warrant immediate response.

For all other reports, department policy requires that an investigation must commence within 24 hours. The department's performance measure for this requirement is the percentage of all child abuse investigations commenced within 24 hours. For Fiscal Year 2012-13, 97% of child investigations commenced within 24 hours, just below the 100% standard.¹⁰

In some states (e.g., Nevada) an initial response to urgent cases is required within two hours, while in other states (e.g., Mississippi) an initial response is required within 72 hours. For non-urgent cases, some states (e.g., California) allow up to 10 days for a response. North Carolina requires a 24-hour response for abuse allegations and a 72-hour response for cases alleging neglect. One expert suggested that Florida's timeframes should be reviewed because faster timeframes may not improve child welfare outcomes. In addition, a three- to four-hour response may not give investigators adequate time to review information and prepare prior to responding.

DCF's child welfare improvements include major changes to safety plans. During an initial visit, an investigator may determine that conditions are such that a child needs to be immediately removed from a home. However, more often, an investigator may determine that while a child does not need to be removed immediately, certain risks exist in the home and steps must be taken to ensure the child's safety. In this situation, the investigator would develop a safety plan while continuing to gather information about the family and the reported incident of abuse/neglect.

DCF has acknowledged problems with its safety plans. For example, an investigator might accept a promise made by the parent not to allow the children to be exposed to family violence or to get other family members to help with after school care so the child would not be left alone until the parent returned from work. However, the safety plans were not measurable or verifiable.

The department is working to improve safety plans to ensure that they are sufficient to stop the dangers to children, are feasible to implement, and are continued until they are no longer needed. Under the new system, case managers from the lead agencies will work with investigators as part of the team in providing services to the family where applicable. New department policies and changes in the

¹⁰ The department's monthly scoreboard tracks both the percentage of immediate responses commenced within 4 hours and the percentage of investigations commenced within 24 hours. For October 2013, investigators responded within 4 hours to 95% of immediate reports and within 24 hours to 99% of the remaining calls.

department's child welfare information system do not allow an investigator to close a case until the safety plan requirements are met or until a supervisor agrees that the safety plan can be discontinued.

Officials in Illinois report that they try to ensure there is adequate follow-through on safety plans. If an investigator determines that risks exist, the investigator must visit the home every five days to make sure the safety plan is being followed. The safety plan is entered into the computer system, and supervisors monitor when re-visits occur.

States use different instruments for risk and safety assessments. States use various assessment instruments during child protective investigations. Some instruments may be developed for use in a specific state (e.g., Illinois) while other instruments are developed by private entities and used by investigators in other states (e.g., California uses Structured Decision Making®). The two most common types of models are theoretical models and actuarial models. Theoretical models are based on theories of child maltreatment and research literature as well as the opinions of experts. These assessment instruments can help investigators structure information gathering. Actuarial instruments use statistical procedures to identify and weigh factors that predict future maltreatment.

Prior to recent child welfare system changes, DCF did not require the statewide use of an assessment instrument. However, as part of the child welfare system improvements, the department has adopted a family safety framework that includes three separate assessment instruments. Under the new process, investigators first conduct a present danger assessment to determine whether there is any present or impending danger to the child. Next, the investigator begins collecting information for the Family Functioning Assessment that assesses the functioning of child and parents and/or caregivers and their ability to protect the child. Following the Family Functioning Assessment, investigators use an actuarial risk assessment instrument to determine the likelihood of future risk to the child within the next year. Some focus group participants expressed concerns about the new assessment instruments. Specifically, they believed the assessments are duplicative and time consuming to complete.

DCF is working to improve case transfers; concerns persist regarding service provision

States use different methods to define investigative outcomes. In Florida, an investigation can result in one of the following outcomes.

- *Verified* – A preponderance of credible evidence supports a conclusion of specific injury, harm, or threatened harm resulting from abuse or neglect.
- *Not Substantiated* – Credible evidence exists but it does not meet the standard of being a preponderance of the evidence.
- *No Indication* – No credible evidence to support the allegation.

Following a finding of injury, harm, or threatened harm from abuse or neglect, investigators must decide whether to provide in-home services or remove the child from the home and place them in an alternative living situation.¹¹

The transfer of information and responsibilities is critical when cases move from investigation to case management. In Florida, lead agency case managers provide protective services including in-home case management services designed to prevent or remedy neglect, abuse, or abandonment for the

¹¹ State child welfare systems conduct a variety of activities including public education and awareness campaigns aimed at preventing child abuse and neglect. Recent Florida initiatives include sexual abuse prevention awareness and family violence prevention. In October 2013, the department announced an increase in the state's federal grant awards that will be targeted toward preventing child abuse and providing services to vulnerable families at risk of abuse and neglect.

purpose of preserving families intact and preventing separation of children from their families.¹² Florida officials acknowledge that prior to recent child welfare changes, lead agencies did not always receive adequate information from investigators when cases were transitioned to them. Instead, lead agency case managers often conducted separate assessments to obtain needed family information. Department managers report that they are improving case transitions to ensure that case managers have complete information. The department also is reviewing the services provided by lead agencies and working with some lead agencies that use their own information systems rather than DCF's child welfare information system, the Florida Safe Families Network.

Investigators participating in our focus groups reported the need for better communication and coordination with case managers, especially pertaining to matters such as developing case plans, conducting home studies, and making service referrals. Case managers participating in our focus groups also stated that a better relationship between case managers and investigators is needed with respect to understanding and clarifying roles and responsibilities. Some case managers reported that investigators make case decisions; case managers believe this is their responsibility and that case decisions should not occur before cases are assigned to them. When investigators make case decisions, case managers must work within the decisions made by investigators, including case plan recommendations and the determination of services and providers for children and families.

Both investigators and case managers also expressed concern about services provided to families following investigations. Investigators and case managers in varying locations reported that community services were either not available, available but of poor quality, or did not address the specific needs of families. For example, some investigators and case managers reported that more in-home services were needed because many families did not have reliable transportation. In addition, they reported that there are waitlists for services, especially substance abuse and mental health services, for parents that do not have public or private health insurance. Investigators emphasized that domestic violence services are not sufficient for the number of families needing these services.

Child welfare experts recommend using evidence-based or evidence-informed child welfare interventions. According to a 2012 U.S. Administration on Children and Families' report, state and county child welfare systems commonly provide three services for children and families: counseling, parenting classes, and life-skills training that is provided to youth exiting foster care. The report cited studies that suggest that some of these services are not grounded in the best available evidence and may be provided to children without attention to their specific maltreatment and trauma histories.

Child welfare experts recommend the use of child welfare interventions that research has shown are effective, referred to as evidence-based practices. Several states are creating resources that provide information on effective programs that can be used by child welfare professionals or are implementing evidence-based practices. For example, the California Department of Social Services, working with two non-governmental organizations, has established the California Evidence-Based Clearinghouse for Child Welfare. The clearinghouse has an advisory committee and a national scientific panel that reviews programs with strong empirical research support, programs commonly used in California, and programs marketed in California. The clearinghouse rates the programs on a five-point scale; programs that are well supported by research evidence receive the highest rating. The clearinghouse also may note those programs where research has failed to demonstrate support and those that are concerning because of a risk of harm to participants. Pennsylvania officials told us that their state is

¹² According to a 2010 Casey Family Programs study, only Florida and Kansas have statewide, privatized child welfare services. Other states provide protective in-home services through state agencies (e.g., Texas) while others have privatized only a portion of their child protective services (e.g., Illinois).

moving in the direction of adopting evidence-based interventions; for example, the state plans to implement Multi-Systemic Therapy.¹³

While many experts agree on the use of evidence-based interventions, some disagree on the quality of the research and methods used in evaluating the interventions' effectiveness. Further, some experts believe evidence-based interventions have some limitations. For example, some experts suggest that relying solely on the results of studies using experimental research designs with random assignment of children to treatment and control groups or quasi-experimental designs ignores the complexity of child welfare processes, systems, and issues. They also express concern that some evidence-based practices may not translate across cultures. Due to the current state of research, they believe that interventions based on evidence-informed research rather than evidence-based may be more appropriate for use in addressing some child welfare concerns. Evidence-informed research draws on existing research and other available information and resources to inform child welfare practice.

Differential response is an alternative path for low-risk, screened-in calls

Some states allow a non-investigative response to be taken for cases that meet the criteria for investigation but are assessed to be low risk. Ten states (California, Georgia, Missouri, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Virginia, and Washington) operate a differential response path, and two additional states (Arizona and Texas) have policies that allow for exceptions to an investigative process or plan to implement a differential response path.

In these states, cases assigned to the differential response path usually involve neglect rather than abuse and are tied to a family situation and not to a third party, such as a foster home, residential facility, or child care provider. These states use non-confrontational methods to initiate family contact; for example, social workers make contact with the family rather than investigators. A case worker assesses child safety, gathers information on the family's strengths, weaknesses, or areas that need improvement, and collects family member reports on the alleged abuse or neglect. The focus of these efforts is to develop a family service plan rather than determining the circumstances regarding an incident. Using the safety assessment, case workers partner with families to develop a family service plan that identifies service needs and outlines tasks, strategies, and schedules for achieving family goals. Families are allowed to have input into their service plans and the final reports on their cases to state agencies, but their participation is not required. States that use differential response allow for flexibility because a caseworker can switch a case to the investigation path if the assessment process determines that a family cannot safely care for a child.

Recent evaluations of differential response systems in California and New York found that the systems improved family engagement and satisfaction, families' perceptions of their functioning and well-being, and quality of service delivery. In addition, the evaluation of New York's system found that the percentage of families on whom a petition was filed in family court within six months after the report intake date was slightly lower for families whose cases were handled through the differential response path than the percentage for families in a control group. However, these evaluations did not evaluate whether differential response systems are more cost effective than traditional approaches. Moreover, differential response systems may have higher costs because they have lengthier assessment and reporting periods than investigations. The states' evaluations did not provide information on how stable the child welfare outcomes were over time.

¹³ Multi-Systemic Therapy is a treatment program combines cognitive behavioral therapy, behavior management training, family therapy, and community psychology.

In 2005, DCF's Family Safety Program office issued a Request for Proposal (RFP) for assistance in designing a differential response system pilot project in Florida. The program office limited the scope of the project to Bay, Duval, and Seminole counties. The pilot project ran for six months, beginning in mid-2008. A 2010 Florida Senate interim report recommended the Senate consider requiring the department to update and finalize the work plan that was designed by the Child Welfare Institute in 2006 as informed by operation of the 2008 pilot project and provide to the Legislature a detailed list of tasks and a timeline for future implementation of a differential response system.

Experts suggest child welfare organizations benefit from a supportive organizational culture

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. 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.

A negative organizational culture is associated with higher worker turnover and less satisfactory child outcomes. The culture of some child welfare organizations may be compliance-driven and "fear-based".¹⁴ Organizations are compliance-driven when they emphasize output-related activities such as checking boxes in a process and counting family contacts. Cultures that are fear-based emphasize the consequences of failure, which can be both catastrophic and widely-publicized when a child dies under the state's care or subsequent to an investigation.

Florida's DCF administrators began efforts to improve the child welfare work environment when they learned that protective investigators did not feel empowered in their positions. The department held a summit to give investigators an opportunity to voice their opinions and provide input on their experiences. In subsequent summits, the agency brought together case managers and others to inform the change effort.

Child protective investigators and case managers experience a lack of mentoring and management support across the state. Child protective investigators and case managers who participated in OPPAGA focus groups reported variation among supervisors' expectations for workers and worker priorities as well as differences in interpretation of policies. Some case managers noted that high turnover rates among workers resulted in supervisors carrying caseloads themselves, leaving little time for supervision or mentoring. In addition, most case managers reported that supervisors' primarily focus on meeting department performance measures, rather than encouraging quality work or mentoring new case managers. Investigators also noted that senior investigators, meant to serve as back-ups to supervisors and mentors to less experienced investigators, are carrying full caseloads, making it difficult to fulfill these functions. While most investigators 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. For investigators, management included regional and state-level management and, for case managers, subcontracted agency providers and the community-based care lead agency management.

¹⁴ One expert notes that "fear-based" cultures hurt curiosity, exploration, innovation, creativity, growth, high performance, synergy, teamwork, and morale in organizations.

Child protective investigators and case managers reported that administrative tasks detract from the time they can spend with families and children. Investigators estimated that they spend 60% to 80% of their time on the administrative requirements associated with each case rather than with families. Investigators stated they could not complete required case-related tasks in the standard 40-hour work week and that they routinely work nights and weekends. In those areas without night and weekend units, investigators must be on call; these investigators noted this means never really having any time off from work.

Case managers estimated they spend 50% to 80% of their time on case documentation rather than with families. In addition, these case managers reported that management's focus on meeting DCF's scorecard measures negatively affects the quality of their casework. For example, case managers reported being directed to spend no more than 30 minutes with children during monthly home visits in order to meet the requirement to see each child every 30 days as required by DCF. To ensure good performance on this measure, lead agencies have established an internal requirement for case managers to see each child every 25 days; as a result, the subcontracted case management organizations now require home visits every 20 days. The frequency of home visits is compounded by additional reporting requirements that increase the time spent on cases; the department increased the page length for required reports for each visit from two to five pages.

Case managers also noted that it was not possible to complete all required tasks for children and their families within a 40-hour work week.¹⁵ However, case managers reported that management discourages them from working overtime. While some lead agencies employ aides to help with the work, the case managers reported there were too few aides to be of assistance. If more aides were available, case managers thought they could help in making and following-up on service referrals for children and parents, providing transportation as well as obtaining reports from various service providers.¹⁶

Child protective investigators and case managers also expressed concern about the sometimes volatile environment in which they work. Both investigators and case managers reported that they are required to go into unsafe neighborhoods and dangerous, violent homes, but they do not feel that the department is concerned for their safety. While investigators can request law enforcement agencies to have officers accompany them, they reported that law enforcement agencies are sometimes not responsive to their requests or that it takes hours for officers to arrive.

Further complicating their work, investigators and case managers also reported that electronic equipment has not kept up with technology; for example, they reported they are issued laptop computers that are not enabled for wireless Internet connection. Department-issued mobile phones have poor or no reception depending on the investigator's location. As a result, staff must use personal phones at their own expense. They also noted that the Florida Safe Families Network is not accessible by cell phone and that tablet computers rather than laptops would be more helpful in the field.

¹⁵ Section 20.19(3)(c)2, *F.S.*, requires that caseloads for child protection case workers not exceed the Child Welfare League of America's standard by more than two cases. These standards recommend 12 to 15 children per worker.

¹⁶ Some case managers reported that they are further burdened by transport and service appointments because many foster parents are unwilling to make and transport children to medical appointments. As a result, these tasks fall to the case manager.

States vary widely in terms of workforce issues

State educational requirements vary as does the number of child welfare workers and salaries. Florida and seven other states—Georgia, Indiana, New Jersey, New York, Pennsylvania, Tennessee, and Texas—require a bachelor’s degree for entry-level child protective investigators. By comparison, five states—Arizona, Michigan, Missouri, Ohio, and Washington—require a bachelor’s degree from a list of specified fields including psychology, sociology, and social work. Three of the 17 states we reviewed—California, Illinois, and North Carolina—require a bachelor’s degree in social work.

The number of full-time child welfare employees is highest in California, a county-administered system. California has 10,485 county-level child welfare employees. Texas, whose state agency includes child and family protective services, has 8,000 state positions, including 1,735 child protective investigators. By comparison, Florida has 3,800 FTEs providing child welfare services; the number of FTEs includes Florida sheriffs’ office employees and lead agency case managers.

Salaries for Florida’s child protective investigators generally fell in the mid-range of states in our review. As shown in Exhibit 1, Florida salaries vary according to position. The ranges take into account differences among DCF regions, the counties where sheriffs’ office employees conduct child protective investigations, and among Florida’s lead agencies.

Exhibit 1

Florida Child Welfare Average Salaries Range from \$26,000 to \$48,461 for Non-Supervisory Positions

Florida Child Welfare Workers	Range of Average Salaries
DCF Child Protective Investigators	\$39,656 – \$40,082
DCF Child Protective Supervisors	49,568 – \$51,039
Sheriffs’ Office Child Protective Investigators	26,000 – \$48,461
Sheriffs’ Office Child Protective Supervisors	50,000 – \$77,436
CBC Lead Agency Child Welfare Case Managers	30,000 – \$46,186
CBC Lead Agency Child Welfare Case Managers Supervisors	35,353 – \$61,000

Source: OPPAGA analysis of Department of Children and Families’ 2013 data.

Of the other states in our review, Illinois had the highest entry-level salaries for all child welfare worker positions (\$51,000 for child welfare specialists and child protection specialists), while Georgia had the lowest entry-level salary (\$28,000 for case managers).

Florida child protective investigators and case managers feel compensation is inadequate and professional advancement is limited. Child protective investigators and case managers stated that given their caseload size, documentation requirements, long and irregular work hours, and job-related stress, their salaries are inadequate. Investigators noted that recent salary increases were not applicable to all investigators; more experienced investigators earning above the base rate for the position received no increase, which they reported was demoralizing. Case managers reported that salary increases were infrequent and did not keep up with inflation.

Investigators and case managers noted that while the job responsibilities routinely required working more than 40 hours per week, overtime pay was limited and difficult to receive. In addition, in lieu of overtime pay, policies are in place for workers to take time off in compensation for excess hours worked. However, many workers reported taking time off is not feasible given the demands of the job and that it only adds to their workload. This results in uncompensated work hours for both investigators and case managers.

Investigators and case managers are required to use their own vehicles. However, they stated that the mileage reimbursement received does not cover the expenses associated with maintenance or wear-and-tear on their vehicles given the large geographic areas they must cover. Investigators reported spending a great deal of their time in their vehicles and thought they should have the option of using a state car. Investigators noted that while they receive an insurance stipend to help cover the cost of car insurance, the stipend is taxed as income. As a result, it only covers a portion of the annual premium.¹⁷ In addition, some case managers reported they received a lower mileage reimbursement rate than the rate allowed by the state.

All the states in our review provide training for child welfare workers. States may require pre-service training for new employees as well as in-service and continuing education for current employees. Twelve of the states in our review provide training in-house by department employees while five states—California, New Jersey, Pennsylvania, Virginia, and Washington—have training institutes established in partnership with universities that provide initial and on-going training for child welfare workers.

Florida's DCF provides six weeks of pre-service training for child welfare workers that includes instruction on the foundations of child protection; Florida law, rules, and administrative code; child development and family dynamics; interviewing and assessment skills; and the state's child welfare information system. Department requirements also include a minimum of 1,040 hours of on-the-job experience. Workers must pass a written exam to obtain provisional certification and serve for one year prior to becoming career service employees.

Child protective investigators and case managers reported that the pre-service training they received often did not adequately prepare them for the demands of the job. Those workers who had the opportunity to experience fieldwork by shadowing an experienced worker before pre-service training reported that this made the training more relevant because they could relate the training to job requirements. Investigators noted that field time before training eliminated investigator candidates who realized they were not up to the demands of the job. In addition, case workers stated that more shadowing with supervisors or experienced workers after pre-service training, but before assuming a full caseload, would be helpful. Some case managers reported that they received limited coaching and mentoring from supervisors before assuming a full caseload.

Child protective investigators and case managers also must have 40 hours of in-service training annually to maintain their certification. Case managers reported that while their organization supports in-service training opportunities financially and by notifying workers of available trainings, it is often difficult to participate in training due to work demands. In addition, workers reported that there is no formal system for tracking training hours required for certification; this is the responsibility of individual investigators and case managers.

Turnover and caseload information is not available for many states. Among various positions of child welfare workers, New Jersey reports the lowest turnover for caseworkers (7.6%) while Arizona reports the highest for child protective investigators (27.9%). Florida's DCF reported the highest turnover for case managers (30.4%); turnover in Florida is higher for lower level employees and lower for individuals in supervisory positions. Information was not available for six states.

Texas reports caseloads of 1:24 for child protective investigators, the highest of the 17 states included in this review. Georgia reports caseloads of 1:19.5 while Illinois reports the lowest caseloads (1:12) for child protective specialists. In February 2014, the Florida DCF reported a statewide caseload of

¹⁷ Lead agency case managers do not receive car insurance stipends.

1:12.7 for child protective investigators.¹⁸ The department's caseload rate represents a snapshot from the child welfare information system of all investigators and supervisors and the number of active investigations in the system. In any given month, the numbers may not reflect the investigators that have resigned or been terminated. In addition, it will include new employees that may only have two or three assigned cases.

Child protective investigators and case managers in our focus groups spoke to the relationship between turnover and caseloads. They reported that when employees leave, other investigators, supervisors, or in the case of lead agencies, other case managers and supervisors, must take up the caseload of these employees. Child protective investigators and case managers report that their workloads have become unmanageable. Investigators who participated in our focus groups reported caseloads ranging from 20 to 30 families; case managers reported caseloads of 23 to 36 children. See Appendix A for a summary of state workforce and workload information.

Comparing states on child welfare performance indicators is difficult due to state differences

Child fatalities due to abuse and neglect are the most tragic outcome in child welfare. The federal government collects and reports information on child deaths across the 50 states. Exhibit 3 shows child fatalities in the 17 largest states based on child population under age 18 during Federal Fiscal Years (FFY) 2009 through 2012; 2012 is the most recent year that nationwide information is available. For the largest states, Florida ranked second in child deaths in FFY 2012 with 179 reported fatalities, up from 133 in the prior year, which was Florida's lowest number during the four-year time period.¹⁹ Information on child deaths must be considered in light of differences in how states report child deaths; for example, Florida includes child deaths from drowning and co-sleeping that may or may not be reported in other states. Information on child deaths must also be considered in terms of the sources of information. A 2011 report from the U.S. Government Accountability Office states that nearly half the states include data on child deaths only for children known to the state's child welfare agency, leading to incomplete counts since not all children that die each year are involved with the child welfare agency.²⁰

Two of the measures in Exhibit 3, first time victims and absence of maltreatment, are federal performance measures. The first-time victims indicator measures the rate of first-time victims per 1,000 children. As shown in the exhibit, Florida's FFY 2012 rate per 1,000 children was 6.6, which was down slightly from the prior two years but up from 6.1 in FFY 2009. Indiana's rate of 11.5 was the highest rate of first-time victimization of the included states.

The federal measure for absence of maltreatment is defined as "of all children who were victims of substantiated or indicated abuse or neglect during the first six months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a six-month period?" Florida reports a unique count of victims to determine compliance with the standard of 94.6%. As shown in Exhibit 3, Florida fell below the federal standard in the last three years; in the most recent year (FFY 2012) Florida reported an absence of maltreatment recurrence for 92.8% of children.

¹⁸ Section 20.19(3)(c)1, *F.S.*, requires that caseloads for child protection investigation workers not exceed the Child Welfare League of America's standard by more than two cases. These standards recommend 12 active cases per worker per month.

¹⁹ Some of these deaths occurred in 2010 but final determinations of abuse or neglect were not substantiated until 2012.

²⁰ *Child Maltreatment: Strengthening National Data on Child Fatalities Could Aid in Prevention*, U.S. Government Accountability Office, [GAO-11-599](#), July 2011.

**Exhibit 3
Federal Performance Information for Federal Fiscal Year 2009 Through 2012**

CHILD FATALITIES					ABSENCE OF MALTREATMENT RECURRENCE				
State	2012	2011	2010	2009	State	2012	2011	2010	2009
Texas	215	246	222	279	Georgia	96.7%	96.8%	97.2%	97.8%
Florida	179	133	180	156	Missouri	97.9%	96.7%	97.3%	96.1%
California	128	123	120	185	North Carolina	97.9%	96.7%	97.5%	97.6%
Illinois	108	82	73	77	Pennsylvania	97.4%	98.0%	97.4%	97.4%
New York	100	83	114	99	Tennessee	97.3%	97.0%	96.7%	96.8%
Georgia	71	65	77	60	Virginia	97.3%	97.7%	97.6%	98.0%
Ohio	70	67	83	79	Texas	97.1%	97.1%	97.2%	96.3%
Michigan	63	75	71	58	Arizona	95.4%	95.4%	96.7%	98.5%
Pennsylvania	38	37	29	40	New Jersey	94.9%	94.8%	94.3%	94.4%
Virginia	33	36	38	28	California	93.3%	93.0%	93.2%	93.2%
Tennessee	31	29	38	46	Indiana	93.2%	93.3%	93.2%	92.7%
Arizona	30	34	20	30	Florida	92.8%	92.8%	92.8%	93.0%
North Carolina	24	19	17	N/A	Illinois	92.8%	93.4%	93.4%	92.9%
Indiana	23	34	17	50	Washington	92.5%	94.2%	93.7%	93.7%
Washington	21	20	12	21	Ohio	92.4%	92.3%	93.0%	92.7%
Missouri	20	36	31	39	Michigan	91.0%	91.4%	91.7%	93.3%
New Jersey	16	22	18	24	New York	87.6%	87.8%	87.7%	87.8%

FIRST TIME VICTIMS								
State	2012		2011		2010		2009	
	Rate	Number	Rate	Number	Rate	Number	Rate	Number
Indiana	11.5	18,250	9.4	15,068	11.6	18,694	12.5	19,877
Michigan	10.2	23,122	10.2	23,460	9.9	23,171	9.4	22,063
New York	9.9	41,977	10.4	44,714	11.3	48,767	11.3	50,184
North Carolina	8.0	18,370	7.8	17,926	7.4	16,755	7.4	16,816
Ohio	7.7	20,453	8.0	21,511	9.8	26,746	10.2	27,802
Texas	7.2	50,153	7.4	51,235	7.6	52,205	7.9	54,382
California	6.9	64,057	7.3	68,112	7.0	65,070	6.6	62,410
Florida	6.6	26,506	6.8	26,982	6.8	26,994	6.1	24,860
Illinois	6.6	20,348	6.2	19,151	6.3	19,363	6.5	20,508
Georgia	6.4	15,883	Not Available					
Tennessee	5.7	8,494	5.3	7,852	4.8	7,104	5.3	7,847
Arizona	5.4	8,766	4.7	7,604	3.2	5,271	1.9	3,323
New Jersey	3.6	7,310	3.3	44,714	3.6	7,459	3.6	7,324
Washington	3.0	4,694	2.9	4,640	3.0	4,720	2.8	4,473
Missouri	2.8	3,971	3.5	5,002	3.2	4,503	3.0	4,315
Pennsylvania	1.2	3,198	1.1	3,074	1.2	3,326	1.3	3,636
Virginia	Not Available							

Source: *Child Maltreatment 2011*, published by the U.S. Department of Health and Human Services.

Appendix A

States Vary Widely in Terms of Child Welfare Administration, Organization, and Personnel

In our review of other states' child welfare systems, we selected 16 states in addition to Florida based on the size of the state's child population under age 18. In terms of administration, Florida and 10 of the states had state-administered child welfare systems; the remaining 6 states have state-supervised but county-administered systems. (See Exhibit A-1 and Exhibit A-2.) State-administered child welfare systems also differ in terms of organizational placement; 5 of 17 states place their child welfare programs under a large umbrella agency that provides a wide range of health and human service programs such as Medicaid, while the others are similar to Florida and organize child welfare in a single agency with primary responsibility for child welfare.

Exhibit A-1

State Child Welfare Systems – Organizational Placement, Per Capita Funding, Full-Time Equivalents, and Minimum Credentials for Employment

State/Organizational Placement	Per Capita Funding ¹	Child Welfare Worker FTEs	Minimum Credentials by Position
STATE ADMINISTERED CHILD WELFARE SYSTEMS			
Arizona Department of Economic Security, Division of Children, Youth, and Families	\$322.40	Child Protective Services Specialist I 168 Child Protective Services Specialist II 232 Child Protective Services Specialist III 576 Child Protective Services Supervisor 158 Total 1,134	Child Protective Services Specialist I <ul style="list-style-type: none"> ▪ Bachelor's or master's degree in related field; or ▪ Bachelor's degree and two years of social work experience; or ▪ Social services experience; or ▪ Two years as a Service Specialist I in Child Protective Services
Florida Department of Children and Families, Child Welfare Program Office	\$292.06	Department Child Protective Investigator 898.5 Department Child Protective Investigator Supervisor 196 Sheriff Child Protective Investigator 341 Sheriff Child Protective Investigator Supervisor 66 Child Welfare Case Manager 1,927 Child Welfare Case Manager Supervisor 398 Total 3,826.5	Department Child Protective Investigator <ul style="list-style-type: none"> ▪ Bachelor's degree and pass the Introduction to Child Protection written assessment
Georgia Department of Human Services, Division of Family and Children Services	\$215.81	Social Services Associate 29 Social Services Case Manager 994 Social Services Case Manager Advanced 410 Social Services Specialist 302 Social Services Supervisor 362 Total 2,097	Social Services Associate <ul style="list-style-type: none"> ▪ Bachelor's degree Social Services Case Manager <ul style="list-style-type: none"> ▪ Bachelor's degree and one year of social services experience or a division internship that involved a caseload
Illinois Department of Children and Family Services	\$389.11	Protective Services 1,426.7 Family Reunification and Substitute Care 684.4 Family Maintenance 214.4 Total 2,325.5	Child Welfare Specialist <ul style="list-style-type: none"> ▪ Bachelor's degree in social work with one year of directly related professional experience; or ▪ Bachelor's degree in a related human service field with two years of directly related professional experience Child Protection Specialist <ul style="list-style-type: none"> ▪ Bachelor's degree in social work or related human service field and four years of directly related professional experience
Indiana Department of Child Services, Child Protective Services	\$353.01	Family Case Manager 1,445 Family Case Manager Supervisor 243 Total 1,688	Family Case Manager <ul style="list-style-type: none"> ▪ Bachelor's degree, requires related course work

State/Organizational Placement	Per Capita Funding ¹	Child Welfare Worker FTEs	Minimum Credentials by Position
STATE ADMINISTERED CHILD WELFARE SYSTEMS (continued)			
Michigan Department of Human Services, Children Services Administration	\$299.41	Child Protective Service Specialist Direct Care Workers Total	Child Protective Service Specialist ▪ <u>Bachelor's degree in human services</u> ; no specific type or amount of experience is required
		1,384 977 2,361	
Missouri Department of Social Services Children's Division	\$305.47	Not available	Children's Services Worker I ▪ <u>Bachelor's or higher level degree in human services-related fields</u>
New Jersey Department of Children and Families, Division of Child Protection and Permanency	\$394.40	Family Services Specialist	Family Service Specialist ▪ <u>Bachelor's degree</u>
Tennessee Department of Children's Services, Division of Child Safety	\$259.66	Department Case Manager	Case Manager 1 ▪ <u>Bachelor's degree</u>
Texas Department of Family and Protective Services, Child Protective Services	\$198.12	Child Protective Services Staff	Child Protective Services Specialist I ▪ <u>Bachelor's degree</u>
Washington Department of Social and Health Services, Children's Administration	\$353.88	Child Protective Services Workers Child and Family Welfare Workers Total	Social Service Specialist 1 ▪ <u>Bachelor's degree in related field</u> and one year of social service experience; or ▪ <u>Master's degree</u> in related field
		313 625 938	
COUNTY ADMINISTERED CHILD WELFARE SYSTEMS			
California Department of Social Services, Children Family Services Division	\$467.84	Case-Carrying Social Worker Non-Case Carrying Social Worker Supervisor Total	<u>Bachelor's degree in social work or its equivalent in education and/or experience</u> as certified by the State Personnel Board or a county civil service board
		7,225 1,569 1,691 10,485	
		*FTEs represent county-level workers only.	
New York Office of Children and Family Services, Division of Child Welfare and Community Services	\$842.80	Not available	Child Protective Service Workers ▪ <u>Bachelor's degree</u> and/or relevant human services experience.
North Carolina Department of Health and Human Services, Division of Social Services	\$217.92	Not available	Child Welfare Social Worker ▪ <u>Bachelor's degree in social work</u> and completion of the Child Welfare Collaborative; or ▪ <u>Bachelor's degree in social work</u> and one year directly related experience; or ▪ <u>Bachelor's degree in a human services field</u> and two years of directly related experience; or ▪ <u>Bachelor's degree</u> and three years of directly related experience; or ▪ <u>Master's degree in social work</u> ; or ▪ <u>Master's degree in counseling in a human services field</u> and one year of social work or counseling

State/Organizational Placement	Per Capita Funding ¹	Child Welfare Worker FTEs	Minimum Credentials by Position
COUNTY ADMINISTERED CHILD WELFARE SYSTEMS (continued)			
Ohio Department of Job and Family Services, Office of Families and Children	\$297.08	Caseworker 3,814 Supervisor 760 Director 109 <hr/> Total 4,683	Caseworker <ul style="list-style-type: none"> ▪ <u>Associate's degree in human services-related studies; or</u> ▪ <u>Bachelor's degree in human services-related studies; or</u> ▪ <u>Bachelor's degree in any field and has been employed for at least two years in a human services-related occupation; or</u> ▪ <u>A person who has been employed for at least five years in a human services-related occupation</u>
Pennsylvania Department of Public Welfare, Office of Children, Youth, and Families	\$681.43	Not available	County Caseworker I <ul style="list-style-type: none"> ▪ <u>Bachelor's degree; or</u> ▪ <u>Two years of experience as a County Social Services Aide 3 and two years of relevant college coursework; or</u> ▪ <u>An equivalent combination of experience and training, with relevant coursework and one year of experience as County Social Services Aide 3 or similar position performing paraprofessional case management functions</u>
Virginia Department of Social Services, Division of Family Services	\$308.45	Approximately 800 FTEs are involved in child protective services investigations and on-going services.	Local level is responsible for hiring; the state does not establish education, qualification, and training requirements

Source: OPPAGA research of other states' child welfare systems.

**Exhibit A-2
State Child Welfare Systems—Training, Turnover, Caseload, and Annual Salary**

State	Training Administered by State or University/Institute	Turnover	Caseloads (Staff:Cases)	Entry-Level Salary Information (unless otherwise noted)
STATE ADMINISTERED CHILD WELFARE SYSTEMS				
Arizona	State	Child Protective Services Specialists 27.9% Child Protective Services Specialist Supervisors 10.9%	Investigations 1:15 In-Home 1:34	Child Protective Services Specialist \$33,312
Florida	State	Department Child Protective Investigators 19.5% Department Child Protective Investigators Supervisors 3.6% Sheriff Child Protective Investigators 19.9% Sheriff Child Protective Investigators Supervisors 6.1% Child Welfare Case Managers 30.4% Child Welfare Case Managers Supervisors 15.3%	Standard Child Protective Service Worker 1:15.5 Case Manager 1:20 As of October 2013, the actual caseload for Child Protective Service Workers was 1:14.	Department Child Protective Investigator \$39,656 – \$40,082 Sheriff Child Protective Investigator \$26,000 – \$48,461 Child Welfare Case Managers \$30,000 – \$46,186
Georgia	State	All social services positions 19%	Initial Assessment/Investigation 1:19.5 Ongoing Cases 1:14.8	Social Service Specialist \$28,005 (Higher starting salary with social work degree – see profile for detail.)
Illinois	State	Child Welfare Specialist 24.3% Child Protection Specialist 21.7%	Child Welfare Specialist 1:15 Child Protection Specialist 1:12	Child Welfare Specialist \$51,492 Child Protection Specialist \$51,492
Indiana	State	Family case manager 21.6%	Standards Initial Assessments/Investigations 1:12 Ongoing services 1:17 As of May 2012, 17 of 18 regions were in compliance with the caseload averages of 12 and 17.	Family Case Manager \$35,776
Michigan	State	Child Protective Service Specialist 7.2%	Standards Assigned Investigation (55.7% met the standard) 1:12 Ongoing Cases (54.2% met the standard) 1:17	Child Protective Service Specialist \$39,938
Missouri	State	Children’s Services Worker 20%	Standards Investigation 1:15 Open Cases 1:15 to 1:30	Children’s Service Worker I \$27,768
New Jersey	University Partnership	Caseworker 7.6%	Standards Open Cases 1:12 New Referrals 1:8	Family Service Specialist \$48,416
Tennessee	State	Case Managers 12%	Not available	Case Manager 1 \$31,812
Texas	State	Child Protective Services Caseworker 26.1%	Child Protective Services Investigation 1:24	Child Protective Services Investigator \$36,789
Washington	University	Not available	Child Protective Services Workers 1:20	Social Service Specialist 1 \$32,688

State	Training Administered by State or University/Institute	Turnover	Caseloads (Staff:Cases)		Entry-Level Salary Information (unless otherwise noted)
COUNTY ADMINISTERED CHILD WELFARE SYSTEMS					
California	University	Not available	Not available		Depending on location: \$40,428 – \$48,732 (See California's profile for detail.)
New York	State	Not available	Not available		Child Protective Services Specialist for New York City \$42,797 (Statewide information not available.)
North Carolina	State	Not available	Children Protective Service Workers	1:9	Child Welfare Social Worker I \$29,856
Ohio	State	Not available	New Intakes	1:10	Minimum County Social Services Worker salaries ranged from \$20,862 – \$33,030 (Wages vary by county.)
			Open Cases	1:12	
Pennsylvania	University	County Caseworker I 18.39% County Caseworker II 8.74%	Average caseload	1:11	Average Annual Salary County Caseworker I \$29,316
Virginia	University	Not available	Not available		Child Protective Services Personnel \$45,402 (This figure represents the average annual salary.)

Source: OPPAGA research of other states' child welfare systems.

Appendix B

OPPAGA RESEARCH of

STATE LEVEL
CHILD WELFARE INFORMATION

*Arizona ■ California ■ Florida ■ Georgia ■ Illinois ■ Indiana ■ Michigan ■ Missouri ■ New Jersey
New York ■ North Carolina ■ Ohio ■ Pennsylvania ■ Tennessee ■ Texas ■ Virginia ■ Washington*

December 2013

ARIZONA

2010 CHILD POPULATION (UNDER AGE 18): 1,629,014 (25.5%)

STATE AGENCY	Department of Economic Security, Division of Children, Youth, and Families	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Director appointed by the governor 	
DESCRIPTION	<p>The Department of Economic Security is organized into nine divisions. The Division of Children, Youth, and Families provides child protective services; services within the Promoting Safe and Stable Families Program; family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence, and well-being of children with foster and adoptive families; adoption promotion and support services; and health care services for children in out-of-home care. The department oversees the administration of child welfare services through regional operations in five areas of the state.</p> <p>The Office of Child Welfare Investigations is housed within the director’s office. This office was established in December 2012, and its duties include investigating criminal conduct allegations and coordinating with child protective services and law enforcement.</p>	
PER CAPITA FUNDING	\$322.40	
FTEs	2011	
	Child Protective Services Specialist I	168
	Child Protective Services Specialist II	232
	Child Protective Services Specialist III	576
	Child Protective Services Supervisor	158
JOB CREDENTIALS	<p>Child Protective Services Specialist I</p> <ul style="list-style-type: none"> ▪ Bachelor’s or master’s degree in sociology, psychology, or related field; or ▪ Bachelor's degree and two years of social work experience; or ▪ Social services experience; or ▪ Two years as a Human Service Specialist I in Child Protective Services <p>Child Protective Services Specialist II</p> <ul style="list-style-type: none"> ▪ Bachelor’s or master’s degree in social work; or ▪ Bachelor’s or master’s degree in sociology, psychology, or a related field and one year of Child Protective Services experience; or ▪ Master’s degree in a related field and two years of social work or social services experience; or ▪ Bachelor’s degree and three years of social work or social services experience; or one year’s experience as a Child Protective Services Specialist I in Arizona state service <p>Child Protective Services Specialist III</p> <ul style="list-style-type: none"> ▪ Master’s degree in social work or related field and two years of Child Protective Services experience; or ▪ Bachelor’s degree in social work or a related field and three years of Child Protective Services experience; or ▪ One year’s experience as a CPS Specialist II in Arizona state service <p>Child Protective Services Unit Supervisor</p> <ul style="list-style-type: none"> ▪ Two years of experience as a Child Protective Service Specialist III in Arizona State Service; or ▪ Master’s degree in social work or a related field and four years of Child Protective Services experience; or ▪ Bachelor’s degree in social work or a related field and five years of Child Protective Services experience 	

When an employee meets the work standards and knowledge, skills and ability of the Child Protective Services Specialist II, Child Protective Services Specialist III, or Child Protective Services Unit Supervisor level, management has the discretion to promote the employee.

TRAINING

The Division’s Child Welfare Training Institute offers a comprehensive child welfare training program to support and provide quality services. Initial and ongoing training for child welfare staff are provided through various methods and opportunities, including

- pre-core/new employee orientation training;
- CPS Specialist core training;
- on-the-job/field training and support;
- supervisor core training and advanced courses for supervisors and managers;
- parent aide and case aide core training;
- training on Children’s Information Library and Data Source (CHILDS);
- specialized one-on-one training refreshers on CHILDS and the Child Safety Assessment-Strength and Risk Assessment case planning process;
- specialized and advanced training, including workshops and conferences on topics such as gangs, mental health issues, and methamphetamine abuse;
- policy training;
- region offered training;
- out-service training (conferences and seminars in the community);
- the Arizona State University School of Social Work Master of Social Work stipend and BSW scholarship programs;
- the part-time Master of Social Work program for permanent status agency employees residing in Maricopa or Pinal County; and
- training to other child welfare community partners, including the Foster Care Review Board, Juvenile Court, contracted service providers, and Native American tribes.

TURNOVER

2013

Child Protective Services Specialists	27.9%
Child Protective Services Specialist Supervisors	10.9%

CASELOAD

2011

<u>Type of Case</u>	<u>Average Monthly Caseload</u>
Investigations	1:15
In-Home	1:34
Out-of-Home	1:29
Supervisor to CPS Positions	1:5.3

SALARY INFORMATION

	<u>Salary</u>
Child Protective Services Specialist I	\$33,312
Child Protective Services Specialist II	\$35,730
Child Protective Services Specialist III	\$38,855 – \$70,195

CALIFORNIA

2010 CHILD POPULATION (UNDER AGE 18): 9,295,040 (25%)

STATE AGENCY	California Department of Social Services, Children and Family Services Division	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ County-administered child welfare system ▪ Director appointed by the governor 	
DESCRIPTION	<p>The Department of Social Services includes the following divisions: adult programs, children and family services, community and family licensing, disability determination, human rights and community services, state hearings, and welfare-to-work. California’s child welfare services are primarily delivered through the 58 counties, with county boards of supervisors overseeing provision of services. The counties organize and operate their own programs based on local needs while complying with state and federal regulations. Under the supervision of the department, county welfare agencies provide front-line services, including investigating reports of maltreatment, removing children from unsafe homes, finding foster home placements, providing reunification services to families, and finding permanent adoptive parents.</p>	
PER CAPITA FUNDING	\$480.14	
FTEs	2011	
	Case-Carrying Social Worker	7,225
	Non-Case Carrying Social Worker	1,569
	Supervisor	1,691
	FTEs represent county-level workers only.	
JOB CREDENTIALS	<p>County staff who provide emergency response and family maintenance services must meet the following qualifications.</p> <ul style="list-style-type: none"> ▪ At least 50% of the professional staff providing emergency response services, and at least 50% of the professional staff providing family maintenance services, shall possess a master of social work, or its equivalent in education and/or experience as certified by the state personnel Board or a county civil service board. ▪ 100% of the supervisors of staff providing emergency response and family maintenance services shall possess a master’s degree in social work or its equivalent in education and/or experience as certified by the state personnel board or a county civil service board. ▪ Remaining emergency response and family maintenance services professional staff shall possess a bachelor’s degree in social work or its equivalent in education and/or experience as certified by the State Personnel Board or a county civil service board. 	
TRAINING	<p>The Regional Training Academy Coordination Project is a statewide collaborative for in-service training and continuing professional education of public child welfare staff. Six coordinating partners—the four regional training academies, the Inter-University Consortium/Los Angeles County Training Division, and the Resource Center for Family-Focused Practice with University of California Davis—provide a continuum of training and professional education to county staff across the state. This coordinated delivery model reduces duplication of training, increases consistency, promotes professionalism and competency, and supports child welfare staff retention in California’s 58 counties.</p> <p>Regional training academies contract with the department and administer the California Common Core Curricula, a comprehensive, competency-based program that addresses the training needs of new and experienced social workers, supervisors, and management staff. New social workers</p>	

receive statewide standardized training. The curricula are mandated and are in regulation per the manual of policies and procedures. All newly hired social workers and supervisors are required to complete the core training program with standardized information within 12 months of hire. Other core training with standardized competencies and learning objectives must be completed within 24 months of hire. The regional academies deliver services through a variety of modalities, including classroom-based training, training events for a multidisciplinary audience of child welfare community professionals, field-based training, mentoring, coaching, the use of webinars, and e-learning. The academies address issues of staff retention and collaborate with counties to strategize on how training can be used as a strategy toward the retention of quality staff. The training is provided by regional training academies as well as individual counties.

TURNOVER Not Available

CASELOAD Not Available

SALARY INFORMATION	Entry Level Social Worker	<u>Monthly Salary</u>	<u>Annualized (12 months)</u>
	Interagency Merit Systems counties ¹		\$3,693
Approved Local Merit Systems counties ²		\$4,061	\$48,732
Los Angeles County		\$4,027	\$48,324
	Advanced Level Social Worker	<u>Monthly Salary</u>	<u>Annualized (12 months)</u>
Interagency Merit Systems counties ¹		\$4,086	\$49,032
Approved Local Merit Systems counties ²		\$4,610	\$55,320
Los Angeles County		\$4,400	\$52,800

¹ California has 30 Interagency Merit Systems (IMS) counties. The Merit Services System, a centralized system for assisting people with finding positions in the Departments of Social Services and Child Support Services, works with these counties on a daily basis to interpret and apply standards to ensure compliance with state and federal requirements.

² California has 28 Approved Local Merit Systems (ALMS) counties. ALMS counties meet the requirements in Local Agency Personnel Standards (LAPS) and the Merit Services System periodically reviews ALMS counties to ensure compliance with LAPS.

FLORIDA

2010 CHILD POPULATION (UNDER AGE 18): 4,002,091 (21.3%)

STATE AGENCY	Department of Children and Families, Child Welfare Program Office	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Secretary appointed by the governor 	
DESCRIPTION	<p>The Department of Children and Families administers and oversees eligibility determination for Temporary Assistance to Needy Families, Medicaid, and Supplemental Nutrition Assistance Program; family and community services, which include services for adult protection, child care regulation, domestic violence family safety, the Florida Abuse Hotline, and homelessness; and mental health and substance abuse services. The Child Welfare Program Office works in partnership with six regions, 20 community-based care lead agencies, and six sheriff’s offices to develop and oversee policy and practice requirements for child protective investigations and case management services. The office is responsible for complying with state and federal reporting requirements linked to financial awards and performance expectations. Department staff and six sheriff’s offices are responsible for child protective investigations and lead agencies are responsible for all child welfare services except for child protective investigations.</p>	
PER CAPITA FUNDING	\$292.37	
FTEs	2012	
	Department Child Protective Investigator	898.5
	Department Child Protective Investigator Supervisor	196
	Sheriff Child Protective Investigator	341
	Sheriff Child Protective Investigator Supervisor	66
	Child Welfare Case Manager	1,927
	Child Welfare Case Manager Supervisor	398
JOB CREDENTIALS	<p>Abuse Registry Counselor Bachelor’s degree from an accredited college or university</p> <p>Child Protective Investigator Bachelor’s degree from an accredited college or university and passing the Introduction to Child Protection Written Assessment. Applicants who have not passed the assessment will be considered trainee status.</p> <p>Child Protective Investigator Supervisor No minimum qualifications specified. Attainment of a passing score on the basic skills Introduction to Child Protection Written Assessment is required; applicants who have not completed the training and passed the written assessment will be considered trainee status.</p> <p>Community-based care lead agencies and sheriffs’ offices may have their own minimum criteria. However, as part of the state’s Child Professional Certification Program, every child protection professional is required to have a bachelor’s degree in social work or a related area of study, pass the Level 2 background screening, and become certified within one year of the date of hire or within one year of having successfully completed either the post-test or the waiver test for his or her position classification, whichever is easier.</p>	
TRAINING	<p>Training funds are provided to each of the department’s six regions and contracted sheriffs’ offices for the purchase and/or delivery of pre-service and in-service training for child protective investigators. Training funds also are allocated to the lead community-based care agencies for</p>	

the delivery of training for case managers. There are approximately 150 trainers statewide. Contracted agencies (and the regions) must use these funds for child welfare education and training services only.

In addition, all direct service child welfare employees working for the department, sheriffs' offices, and provider agencies that contract with the community-based care lead agencies are required to obtain and maintain certification in the Child Professional Certification Program. The program, provided by the Florida Certification Board, is the only entity approved to provide certification and requires approximately one year of training, supervision, and on-the-job experience.

TURNOVER

Fiscal Year 2012-13

Department Child Protective Investigators	19.5%
Department Child Protective Investigators Supervisors	3.6%
Sheriff Child Protective Investigators	19.9%
Sheriff Child Protective Investigators Supervisors	6.1%
Child Welfare Case Managers	30.4%
Child Welfare Case Managers Supervisors	15.3%

CASELOAD

October 2011 – September 2012 Standards

Intake Counselor per Intake Supervisor	1:9
Child Protective Service Worker	1:15.5
Supervisor to Child Protective Service Worker	1:5.6
Case Manager (non-CPI)	1:20

As of October 2013, the actual caseload for Child Protective Service Workers was 1:14.

SALARY INFORMATION

2012

	<u>Range of Average Salaries¹</u>
Department Child Protective Investigator	\$39,656 – \$40,082
Department Child Protective Supervisor	\$49,568 – \$51,039
Sheriff Child Protective Investigator	\$26,000 – \$48,461
Sheriff Child Protective Supervisor	\$50,000 – \$77,436
Child Welfare Case Managers	\$30,000 – \$46,186
Child Welfare Case Managers Supervisors	\$35,353 – \$61,000

¹ The range of average salaries is based on average salaries by region for Department Child Protective Investigators, by county for Sheriff Child Protective Investigators, and by community-based care lead agencies for Case Managers.

GEORGIA

2010 CHILD POPULATION (UNDER AGE 18): 2,491,552 (25.7%)

STATE AGENCY	Department of Human Services, Division of Family and Children Services											
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Commissioner appointed by State Board of Human Services 											
DESCRIPTION	<p>The Department of Human Services is headed by a commissioner appointed by, and accountable to, the state’s Board of Human Services. The Department of Human Services is responsible for the delivery of social services and is composed of three program divisions: Aging Services, Family and Children Services, and Child Support Services.</p> <p>The Division of Family and Children Services includes the Social Services Program, which administers child welfare programs including adoptions, child abuse prevention and treatment, child protective services, foster care, independent living services, and promoting safe and stable families. The department administers services through 15 child welfare regions; services are provided in department offices located in each county.</p>											
PER CAPITA FUNDING	\$219.30											
FTEs	<p>January 2013</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">Social Services Protect and Placement Associate</td> <td style="text-align: right;">29</td> </tr> <tr> <td style="padding-left: 20px;">Social Services Protect and Placement Case Manager</td> <td style="text-align: right;">994</td> </tr> <tr> <td style="padding-left: 20px;">Social Services Protect and Placement Case Manager Advanced</td> <td style="text-align: right;">410</td> </tr> <tr> <td style="padding-left: 20px;">Social Services Protect and Placement Specialist</td> <td style="text-align: right;">302</td> </tr> <tr> <td style="padding-left: 20px;">Social Services Protect and Placement Supervisor</td> <td style="text-align: right;">362</td> </tr> </table>		Social Services Protect and Placement Associate	29	Social Services Protect and Placement Case Manager	994	Social Services Protect and Placement Case Manager Advanced	410	Social Services Protect and Placement Specialist	302	Social Services Protect and Placement Supervisor	362
Social Services Protect and Placement Associate	29											
Social Services Protect and Placement Case Manager	994											
Social Services Protect and Placement Case Manager Advanced	410											
Social Services Protect and Placement Specialist	302											
Social Services Protect and Placement Supervisor	362											
JOB CREDENTIALS	<p>Social Services Protect and Placement Associate Undergraduate degree</p> <p>Social Services Protect and Placement Case Manager Behavioral science degree and one year of social services experience or a division internship that involved a caseload</p> <p>Social Services Protect and Placement Case Manager Advanced Bachelor’s degree in social work</p> <p>Social Services Protect and Placement Specialist Master’s degree in social work</p> <p>Social Services Protect and Placement Supervisor Bachelor’s degree and 24 months of case management experience in a social services program of the Division of Family and Children Services</p>											
TRAINING	<p>Case managers begin their training by attending the Keys to Child Welfare sequence. This is a basic overview of best practice social work skills and an introduction to the computer data entry system. Case managers then must complete the track sequence for their specific area of work. This might be child protective services, foster care, or adoption. Each sequence is composed of online, classroom, and transfer of learning activities. Upon completion of the coursework, each case manager must also complete a case record review and a field observation by their direct supervisor. Once all objectives have been met, the case manager is certified and all information is</p>											

entered into an online transcript system. Once initial certification is complete, case managers must complete 20 hours of additional training per year to continue their certification.

Supervisors take a similar course of study, but it is designed around information that supervisors must know to complete their job. Supervisors also are certified once they complete a record review and observation. They must complete 20 hours of additional training per year to continue their certification standing. A leadership track is offered to those persons holding positions higher than supervisor. This is designed to increase leadership performance and success.

TURNOVER 2013

The overall turnover rate for social services positions was 19%.

CASELOAD March 31, 2012

Initial Assessment/Investigation	1:19.5
Ongoing Cases	1:14.8
Family Support (formerly diversion staff)	1:24.2
Foster Family Care	1:17

SALARY INFORMATION

	<u>Salary</u>
Social Service Protect and Placement Specialist (Bachelor's degree)	\$28,005
Social Service Protect and Placement Specialist (Behavioral Science degree and one year's experience)	\$30,869
Social Service Protect and Placement Specialist (Bachelor's degree in social work)	\$32,412
Social Service Protect and Placement Specialist (Master's degree in social work)	\$34,039
Social Service Case Manager (in Fulton County)	\$31,000
Social Service Protect and Placement Specialist Supervisor	\$37,080

ILLINOIS

2010 CHILD POPULATION (UNDER AGE 18): 3,129,179 (24.4%)

STATE AGENCY	Department of Children and Family Services						
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Director appointed by the governor 						
DESCRIPTION	The department administers child protection services, adoption services, child care licensure and inspection, TANF, housing advocacy services, and cash assistance. The department reorganized in 2012 by privatizing many community-based services. The department’s Bureau of Operations houses child protective investigations, intact family services, and permanency and adoption services.						
PER CAPITA FUNDING	\$393.39						
FTEs	<p>Fiscal Year 2012</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Protective Services</td> <td style="text-align: right;">1,426.7</td> </tr> <tr> <td>Family Reunification and Substitute Care</td> <td style="text-align: right;">684.4</td> </tr> <tr> <td>Family Maintenance</td> <td style="text-align: right;">214.4</td> </tr> </table>	Protective Services	1,426.7	Family Reunification and Substitute Care	684.4	Family Maintenance	214.4
Protective Services	1,426.7						
Family Reunification and Substitute Care	684.4						
Family Maintenance	214.4						
JOB CREDENTIALS	<p>Child Welfare Specialist</p> <ul style="list-style-type: none"> ▪ Bachelor’s degree in social work with one year of directly related professional experience; or ▪ Bachelor’s degree in a related human service field with two years of directly related professional experience <p>Child Protection Specialist Bachelor’s degree in social work or related human service field and four years of directly related professional experience</p> <p>Child Protection Advanced Specialist Master’s degree in social work plus two years of directly related professional experience as a Child Welfare Specialist or Child Protection Specialist in the Department of Children and Family Services</p> <p>Child Protection Investigations Supervisor Master’s degree in social work from a recognized college or university and three years of administrative child welfare experience or a master’s degree in an acceptable human services field from a recognized college or university and four years of administrative child welfare experience</p>						
TRAINING	<p>Illinois law requires the department to have a training program for child protective investigators and supervisor and child welfare specialists and supervisors.</p> <p>The department’s training must include (1) training in the detection of symptoms of child neglect and drug abuse; (2) specialized training for dealing with families and children of drug abusers; and (3) specific training in child development, family dynamics, and interview techniques. Illinois requires child protective and child welfare staff to be certified pursuant to the Child Protective Investigator and Child Welfare Specialist Certification Act of 1987. In addition, state law requires the department to develop a continuous in-service staff development program and evaluation system. Each child protective investigator and supervisor and child welfare specialist and supervisor must participate and complete a minimum of 20 hours of in-service education and training every two years in order to maintain certification.</p>						

TURNOVER

2011-2013

Child Welfare Specialist	24.3%
Child Protection Specialist	21.7%
Child Protection Advanced Specialist	10.1%

CASELOAD

Fiscal Year 2011

Child Welfare Specialist	1:15
Child Protection Specialist (Investigator)	1:12

**SALARY
INFORMATION**

	<u>Monthly Salary Range</u>	<u>Annualized (12 months)</u>
Child Welfare Specialist	\$4,291 – \$6,452	\$51,492 – \$77,424
Child Protection Specialist	\$4,291 – \$6,452	\$51,492 – \$77,424

Indiana

2010 CHILD POPULATION (UNDER AGE 18): 1,608,298 (24.8%)

STATE AGENCY	Department of Child Services, Child Protective Services			
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Director appointed by the governor 			
DESCRIPTION	The department was established in 2005 as a separate cabinet-level agency. The department administers child support, child protection, adoption, and foster care. Along with a reorganization of the central office structure, Indiana's 92 counties were organized into 18 regions with local offices serving as divisions within those regions.			
PER CAPITA FUNDING	\$353.19			
FTEs	June 2012			
	Family Case Manager	1,445		
	Family Case Manager Supervisor	243		
JOB CREDENTIALS	<p>Family Case Manager Bachelor's degree from an accredited college/university with at least 15 semester hours or 21 quarter hours in child development, criminology, criminal justice, education, healthcare, home economics, psychology, guidance and counseling, social work, or sociology</p> <p>Family Case Manager Supervisor</p> <ul style="list-style-type: none"> ▪ Bachelor's degree from an accredited college/university required with at least 15 semester hours or 21 quarter hours in child development, criminal justice, criminology, education, guidance and counseling, healthcare, home economics, psychology, social work, or sociology; and two years of full-time professional experience in the provision of education or social services to children and/or families. At least one year of the required experience must be in an administrative, managerial, or supervisory; or ▪ Master of social work from an accredited university/college. This can be substituted by accredited graduate training in any one of the following areas: child development, criminal justice, criminology, education, guidance and counseling, healthcare, home economics, psychology, social work, or sociology 			
TRAINING	The department's new family case manager training program, effective January 2013, includes four modules covering 12 weeks (29 in-classroom days, 21 county-based transfer of learning days, and 10 county-based on the job reinforcement days).			
TURNOVER	June 2011 – May 2012			
	Family Case Manager	21.6%		
CASELOAD	May 2012			
	<u>Indiana Caseload Standards:</u>			
	Active cases relating to initial assessments, including investigations of an allegation of child abuse or neglect	1:12		
	Children monitored and supervised in active cases relating to ongoing services	1:17		
	As of May 2012, 17 of 18 regions were in compliance with the caseload averages of 12 and 17.			
SALARY INFORMATION	Family Case Manager	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Salary</td> </tr> <tr> <td style="text-align: center;">\$35,776</td> </tr> </table>	Salary	\$35,776
Salary				
\$35,776				

Michigan

2010 CHILD POPULATION (UNDER AGE 18): 2,344,068 (23.7%)

STATE AGENCY	Department of Human Services, Children’s Services Administration	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Director appointed by the governor 	
DESCRIPTION	<p>The Department of Human Services administers several programs for the purpose of helping individuals and families meet financial, medical, and social needs; assisting self-sufficiency; and helping protect children and adults from abuse and exploitation. The department’s Children’s Services Administration is responsible for planning, directing, and coordinating child welfare programs. The department operates 108 offices in 83 counties and coordinates the implementation of child welfare goals through field offices. Michigan’s urban and most populated counties are divided into districts, with a Department of Human Services office in each district.</p>	
PER CAPITA FUNDING	\$302.18	
FTEs	Fiscal Year 2012	
	Child Protective Service Specialist	1,384
	Direct Care Workers	977
JOB CREDENTIALS	<p>Child Protective Service Specialist A bachelor’s degree in one of the following areas of human services: consumer/community services, counseling psychology, criminal justice, family and/or child development, family ecology, family studies, guidance/school counseling, social work, sociology, or psychology. For entry level positions, no specific type or amount of experience is required.</p>	
TRAINING	<p>Child protective services training is administered through the department’s Child Welfare Training Institute. The institute develops, implements, trains, evaluates, tracks, and monitors training for child welfare staff. Child Protective Service Specialists (this includes caseworkers) hired in a child protective services position must successfully complete an eight-week pre-service training program that includes 270 hours of competency-based classroom and field training. Caseworkers learn to conduct interviews, engage and assess families, develop investigation reports and service plans, prepare for and testify in court, and practice personal safety techniques. Training centers are located throughout Michigan. Employees also must complete a minimum number of hours of in-service training on an annual basis.</p>	
TURNOVER	2011	
	Child Protective Services Specialist	7.2%
CASELOAD	January 2012	
	<u>Michigan Caseload Standards:</u>	
	Ongoing Cases	1:17 (54.2% met the standard)
	Assigned Investigation	1:12 (55.7% met the standard)

SALARY
INFORMATION

Salaries are based on level of qualifications and experience:

<u>Type of Degree/Experience</u>	<u>Hourly Wage Range</u>	<u>Annualized (based on 2,080 hours of work per year)</u>
Bachelor's degree and no prior experience	\$18.72 – \$25.79	\$38,938 – \$53,643
Master's degree and no prior experience	\$19.35 – \$27.71	\$40,248 – \$57,637

Missouri

2010 CHILD POPULATION (UNDER AGE 18): 1,425,436 (23.8%)

STATE AGENCY	Department of Social Services, Children’s Division
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Director appointed by the governor
DESCRIPTION	The Department of Social Services is organized into four program divisions: the Children’s Division, the Family Support Division, the MO Healthnet Division, and the Division of Youth Services. The Children’s Division provides programs and services for child safety and permanency, subsidized child care, early childhood development and education, and child abuse prevention. Child safety and permanency programs administer abuse and neglect investigations and foster care and adoption services. The director appoints directors for each division. County Children’s Division offices throughout the state administer child welfare services.
PER CAPITA FUNDING	\$326.41
FTEs	FTEs for child welfare-related positions are not available.
JOB CREDENTIALS	<p>Children’s Services Worker I</p> <p>A bachelor's or higher level degree from an accredited college or university in counseling, criminal justice, education, family and child development, juvenile justice, marriage and family therapy, psychiatric nursing, psychology, social work/human services, sociology, or human services-related fields (e.g., child welfare, developmental disabilities, mental health, and substance abuse).</p> <p>Children’s Services Worker II</p> <ul style="list-style-type: none"> ▪ One or more years of experience as a Children’s Service Worker I with the Missouri Uniform Classification and Pay System; or ▪ A bachelor’s degree from an accredited college or university in counseling, criminal justice, education, family and child development, juvenile justice, marriage and family therapy, psychiatric nursing, psychology, social work/human services, sociology, or human services-related fields (e.g., child welfare, developmental disabilities, mental health, and substance abuse) and one or more years of experience in the delivery of protective children’s services (adoptions, child foster care, family-centered services, intensive in-home services, and investigation of abuse or neglect of children) in a public or private agency; or ▪ A master’s degree from an accredited college or university in counseling, criminal justice, education, family and child development, juvenile justice, marriage and family therapy, psychiatric nursing, psychology, social work/human services, sociology, or human services-related fields (e.g., child welfare, developmental disabilities, mental health, and substance abuse).
TRAINING	The initial in-service curriculum used to train children’s services workers is the Child Welfare Practice Basic Orientation Training that includes 126 hours (over five weeks) of classroom training provided by the Children’s Division (trainers), combined with on the job training skills practice exercises. Topics included in Child Welfare Practice Basic Orientation Training include referral services, development of the case plan, case reviews, case management supervision, and preparation for and participation in judicial determinations. New children’s services workers are on probationary status for the first 12 months of employment and receive on-going classroom and on the job training relating to their area of job assignment. These courses include: child abuse/neglect investigations/family assessments/application of family centered philosophy and skills for intact families, children’s division computer system training, expedited permanency and family-centered out-of-home care process, family-centered philosophy and skills training, and

reinforcement and evaluation.

TURNOVER

Fiscal Year 2011

Children’s Services Worker	20%
Supervisor	10%

CASELOAD

2012

Missouri Caseload Standards:

Investigation	1:15
Open cases	1:15 to 1:30

For probationary staff (first 12 months), caseloads are reduced. Caseloads increase as caseworker skills are developed.

**SALARY
INFORMATION**

	<u>Salary Range</u>
Children’s Service Worker I	\$27,768 – \$42,936
Children’s Service Worker II	\$30,264 – \$42,926

New Jersey

2010 CHILD POPULATION (UNDER AGE 18): 2,065,214 (23.5%)

STATE AGENCY	Department of Children and Families, Division of Child Protection and Permanency			
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Commissioner appointed by the governor 			
DESCRIPTION	Created in 2006, the Department of Children and Families is a cabinet-level department. The Division of Child Protection and Permanency is New Jersey’s child protection and child welfare agency. The division contracts with community-based agencies throughout the state to provide services to children and families.			
PER CAPITA FUNDING	\$442.83			
FTEs	June 2013			
	Family Service Specialist	2,530		
JOB CREDENTIALS	<p>Family Service Specialist A bachelor’s degree from an accredited college or university; a bachelor of social work or master of social work preferred.</p>			
TRAINING	<p>The New Jersey Child Welfare Training Partnership delivers more than 100 different courses including mandatory classes in the department’s case practice model and the four tiers of child abuse investigative findings as well as a large menu of elective course offerings. Working with the department’s Office of Training and Professional Development, Rutgers University serves as the lead partner responsible for creating, coordinating, and delivering training courses that prepare child welfare workers within the division.</p> <p>The partnership has evolved into a large-scale professional development approach taking place in all 21 counties of the state to</p> <ul style="list-style-type: none"> ▪ develop curriculum and delivery of education to enhance case practice and planning with youth, children and their families; ▪ create classroom and on-line training to meet the changing needs of the workforce; ▪ provide specialized training on critical issues influencing child welfare, especially domestic violence and substance abuse; ▪ infuse culturally relevant coursework that raises cultural competence of staff; and ▪ conduct ongoing evaluation of the effectiveness and impact of training. 			
TURNOVER	2012			
	Caseworker	7.6%		
CASELOAD	June 2013			
	<u>New Jersey caseload standards:</u>			
	Intake Worker Open Cases	1:12 (100% of local offices met the standard)		
	Intake Worker New Referrals	1:8 (100% of local offices met the standard)		
SALARY INFORMATION	Family Service Specialist	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 0 10px;">Salary</td> </tr> <tr> <td style="padding: 0 10px;">\$48,416</td> </tr> </table>	Salary	\$48,416
Salary				
\$48,416				

New York

2010 CHILD POPULATION (UNDER AGE 18): 4,324,929 (22.3%)

STATE AGENCY	Office of Children and Family Services, Division of Child Welfare and Community Services
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ County-administered child welfare system ▪ Commissioner appointed by the governor
DESCRIPTION	<p>The Executive Office of the New York State Office of Children and Family Services, encompassing the Office of the Commissioner, the Office of the Executive Deputy Commissioner, the NYC Executive Office, the Office of the Ombudsman, the Office of Equal Opportunity and Diversity Development, and Executive Services, provides overall leadership, management, coordination, and administration of agency operation and mission-driven priorities. The Office of Children and Family Services program divisions/offices include the Division of Child Care Services, the Division of Child Welfare and Community Services, the Division of Juvenile Justice and Opportunities for Youth, and the Commission for the Blind and Visually Handicapped.</p> <p>The Division of Child Welfare and Community Services monitors the provision of services at the local level to ensure compliance with program statutes, regulations, and practice standards. The division maintains regional offices in Albany, Buffalo, Long Island, New York City, Rochester, Syracuse, and Spring Valley, to support agency programs and partnerships with stakeholders and providers. The regional offices assist localities in tailoring local service delivery systems to community needs and conduct reviews of local child protective services.</p> <p>Local departments of social services are responsible for providing child welfare services.</p>
PER CAPITA FUNDING	\$850.64
FTEs	FTEs for child welfare-related positions are not available.
JOB CREDENTIALS	Child Protective Service Workers: Bachelor’s or equivalent college degree and/or relevant human services experience. Counties are responsible for hiring caseworkers.
TRAINING	<p>Child Protective Services Worker</p> <p>Required to complete a basic training program in child protective services within the first three months of employment that focuses on the skills, knowledge, and attitudes that are essential to working in the field. This includes, but is not limited to, basic training in the principles and technique of child protective service investigation case management and planning and legal issues in child protective services matters. All persons employed by child protective services must complete six hours of in-service training per year starting in the second year of employment.</p> <p>State Central Register</p> <p>New employees are required to participate in an intensive five-week training program that includes three weeks of instructor led training which includes, but is not limited to, state social services law, child abuse and maltreatment definitions, evaluating information and decision making based on reports and relevant law, and assigning reports to local protective services units for investigation. New employees also receive two weeks of on-the-job training.</p>
TURNOVER	Not Available
CASELOAD	New York does not have statutory or regulatory caseload requirements for child protective service workers. Based on a 2006 child welfare workload study, the Office of Children and Family Services recommends a caseload goal of 1:12.

SALARY
INFORMATION

	<u>Salary</u>
Child Protective Services Specialist (State Central Register Worker)	\$41,170
New York City Child Protective Services Specialist Starting Salary	\$42,797
New York City Child Protective Services Specialist after six months of service	\$46,479
New York City Child Protective Services Specialist after 18 months of service	\$49,561

New York City also provides compensation for overtime and certain night time assignments.

North Carolina

2010 CHILD POPULATION (UNDER AGE 18): 2,281,635 (23.9%)

STATE AGENCY	Department of Health and Human Services, Division of Social Services
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ County-administered child welfare system ▪ Secretary appointed by the governor
DESCRIPTION	The North Carolina Department of Health and Human Services is the umbrella agency in state government responsible for ensuring the health, safety, and well-being of all North Carolinians. The department is divided into 30 divisions and offices and includes the Division of Social Services. North Carolina also has a Social Services Commission, composed of one member from each congressional district, appointed by the Governor. The commission develops operating rules for the Division of Social Services. The division works in cooperation with the commission and 100 local departments of social services that provide child protective services.
PER CAPITA FUNDING	\$217.92
FTEs	FTEs for child welfare-related positions are not available.
JOB CREDENTIALS	<p>Child Welfare Social Worker</p> <ul style="list-style-type: none"> ▪ Bachelor’s degree in social work from an accredited school of social work and completion of the Child Welfare Collaborative; or ▪ Bachelor’s degree in social work from an accredited school of social work and one year directly related experience; or ▪ Bachelor's degree in a human services field from an accredited college or university and two years of directly related experience; or ▪ Bachelor's degree from an accredited college or university and three years of directly related experience; or ▪ Master’s degree in social work from an accredited school of social work; or ▪ Master’s degree in counseling in a human services field and one year of social work or counseling. <p>Direct related experience is defined as human services experience in the areas of assessment and referral supportive counseling, case management, intervention, and psycho-social therapy and treatment planning. Degrees must be received from appropriately accredited institutions.</p> <p>Note: About half of North Carolina’s child welfare workforce does not have social work degrees and require a high degree of general and specialized social work training before working with families.</p>

TRAINING

North Carolina Statewide Training Partnership. North Carolina General Statute establishes minimum training standards for child welfare workers and supervisors.

Child Welfare Social Workers

Must complete 72 hours pre-service training before assuming direct contact responsibilities and 24 hours of continuing education annually

Child Protective Service Workers

Must complete a minimum of 18 hours of additional training as determined by the department while foster care and adoption workers must complete a minimum of 39 additional hours as determined by the department

Child Welfare Supervisors

Must complete a minimum of 72 hours of pre-service training and a minimum of 54 hours of additional training as determined by the department

In addition, master of social work students enrolled in approved programs can satisfy the Pre-Service Training (Child Welfare in North Carolina course) requirement by successfully completing

1. a customized version of pre-service training;
2. a practicum in a public child welfare setting; and
3. the coursework that the program has identified to address the competencies.

Bachelor of social work students at authorized programs usually complete the Pre-Service Training requirement (Child Welfare in North Carolina course) by completing a specific child welfare course and completing a placement in a public child welfare setting.

Students are provisionally certified until they graduate with a bachelor’s or master’s degree in social work. Full certification requires that the student complete the degree and complete the activities the program designates as those necessary for pre-service training.

TURNOVER

Not Available

CASELOAD

2013

Children Protective Service Workers Average Caseload 1:9

SALARY INFORMATION

	Salary Range
Child Welfare Social Worker I	\$29,856 – \$45,878
Child Welfare Social Worker II	\$34,474 – \$54,460
Child Welfare Social Worker III	\$37,632 – \$62,372

Ohio

2010 CHILD POPULATION (UNDER AGE 18): 2,730,751 (23.7%)

STATE AGENCY	Department of Job and Family Services, Office of Families and Children	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ County-administered child welfare system ▪ Director appointed by the governor 	
DESCRIPTION	<p>The department develops and supervises the state’s public assistance, workforce development, unemployment compensation, child and adult protective services, adoption, child care, and child support programs. The Office of Families and Children is responsible for state level administration and oversight of programs that prevent child abuse and neglect, provide services to abused/neglected children and their families (birth, foster and adoptive), license foster homes and residential facilities, and investigate allegations of adult abuse, neglect and exploitation. The office develops policies and procedures to guide county agencies in program and service delivery, oversees implementation of programs, provides technical assistance to county agencies, and monitors agency compliance with federal and state laws, rules, and policies. Child welfare services are provided at the county level by 88 public children’s services agencies. Although these agencies were created by Ohio statute, the structure of each agency is determined at the local level. Sixty-four of the agencies are located within county department of job and family services’ offices; 24 are separate children’s service boards.</p>	
PER CAPITA FUNDING	\$297.60	
FTEs	January 2013	
	Caseworker	3,814
	Supervisor	760
	Director	109
JOB CREDENTIALS	<p>A county public children services agency may hire caseworkers that meet one of the following minimum requirements.</p> <ul style="list-style-type: none"> ▪ An associate's degree in human services-related studies; or ▪ A bachelor's degree in human services-related studies; or ▪ A bachelor's degree in any field and has been employed for at least two years in a human services-related occupation; or ▪ A person who has been employed for at least five years in a human services-related occupation <p>For employment to continue for employees that do not possess a bachelor’s degree in a human services-related field, the employee must obtain a job-related bachelor's degree not later than five years after the date employment with the agency commences.</p>	

TRAINING

Ohio has a statewide training program, the Ohio Child Welfare Training Program. The training program is administered through eight regional training centers throughout the state. New caseworkers are required to complete 102 hours of core training. Caseworker Core Training, the program for new caseworkers, is an intensive, competency based program that provides training in the knowledge and skills necessary to casework practice. The following courses are included in the caseworker core training.

1. Family-Centered Approach to Child Protective Services
2. Engaging Families in Family-Centered Child Protective Services
3. Legal Aspects of Family-Centered Child Protective Services
4. Assessment in Family-Centered Child Protective Services
5. Investigative Processes in Family-Centered Casework
6. Case Planning and Family-Centered Casework
7. Child Development: Implications for Family-Centered Protective Services
8. Separation, Placement, and Reunification in Family-Centered Child Protective services

Specialized courses and related topic areas also are offered. In addition to core training, caseworkers are required to complete 36 hours of in-service training annually after their first year. Coaching is available for new caseworkers in areas such as family assessment, case documentation, assessing safety throughout the life of a case, and engaging families.

TURNOVER

Not Available

CASELOAD

2012

New Intakes	1:10
Open Cases	1:12

SALARY INFORMATION

	Minimum Hourly Wage ¹	Annualized (based on 2,080 hours of work per year)
County Social Services Worker Minimum	\$10.03 – \$15.88	\$20,862 – \$33,030
County Social Services Worker Maximum	\$12.04 – \$21.38	\$25,043 – \$44,470

¹ Hourly wages vary by county.

PENNSYLVANIA

2010 CHILD POPULATION (UNDER AGE 18): 2,792,155 (22%)

STATE AGENCY	Department of Public Welfare, Office of Children, Youth, and Families
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ County-administered child welfare system ▪ Secretary appointed by the governor
DESCRIPTION	<p>The Department of Public Welfare administers seven program offices including the Office of Child Development and Early Learning, the Office of Children, Youth, and Families, the Office of Developmental Programs, the Office of Income Maintenance, the Office of Long-Term Living, the Office of Medical Assistance Programs, and the Office of Mental Health and Substance Abuse Services. The department’s Office of Children, Youth, and Families is responsible for assuring the availability and provision of public child welfare services, providing oversight and technical assistance to each county agency, and establishing and enforcing policies and regulations that support achievement of child welfare goals and outcomes.</p> <p>County child and youth social service agencies are responsible for administering children and youth social service programs to prevent child abuse and neglect, prevent dependency and delinquency, and provide permanency and stability for children.</p>
PER CAPITA FUNDING	\$682.00
FTEs	FTEs for child welfare-related positions are not available.
JOB CREDENTIALS	<p>County Caseworker I</p> <ul style="list-style-type: none"> ▪ Bachelor’s degree, which includes or is supplemented by successful completion of 12 college credits in criminal justice, gerontology, psychology, social welfare, sociology, or other related social sciences; or ▪ Two years of experience as a County Social Services Aide 3 and two years of college coursework, which includes 12 college credits in criminal justice, gerontology, psychology, social welfare, sociology, or other related social sciences; or ▪ An equivalent combination of experience and training, which includes 12 college credits in criminal justice, gerontology, psychology, social welfare, sociology, or other related social sciences and one year of experience as County Social Services Aide 3 or similar position performing paraprofessional case management functions. <p>County Caseworker II</p> <ul style="list-style-type: none"> ▪ Six months of experience as a County Caseworker 1; or ▪ Successful completion of the County Social Casework Intern Program; or ▪ Bachelor’s degree with a social welfare or social work major; or ▪ Bachelor’s degree, which includes or is supplemented by 12 college credits in criminal justice, gerontology, psychology, social welfare, sociology, or other related social sciences, and one year of professional social casework experience in a public or private social services agency; or ▪ An equivalent combination of experience and training, which includes 12 college credits in criminal justice, gerontology, psychology, social welfare, sociology, or other related social sciences.

TRAINING

The Pennsylvania Child Welfare Resource Center at the University of Pittsburgh provides staff at county Children and Youth Social Service agencies with individualized training and technical assistance services. The services are provided through ongoing collaborative partnerships with County Children and Youth Social Service agencies, the Department of Public Welfare, private provider agencies, families, community members, and other system partners.

Regional teams are assigned to work with county children and youth social service agencies to assess the training and technical assistance needs and to coordinate a seamless delivery of the Resource Center’s products and services.

Regional teams include the following personnel.

- Practice Improvement Specialist
- Curriculum and Instructional Specialist
- Training Specialist
- Transfer of Learning Specialist
- Administrative Assistant

The Resource Center facilitates county specific assessment, planning, implementation, evaluation, and monitoring that leads to improved knowledge, skills, and practices.

TURNOVER

Fiscal Year 2010-11

County Caseworker I	18.39%
County Caseworker II	8.74%
County Casework Supervisor	5.26%

CASELOAD

June 2012

Average caseload	1:11
Minimum caseload	1:3
Maximum caseload	1:41

SALARY
INFORMATION

	<u>Average Annual Salary</u>
County Caseworker I	\$29,316
County Caseworker II	\$35,139

Tennessee

2010 CHILD POPULATION (UNDER AGE 18): 1,496,001 (23.6%)

STATE AGENCY	Department of Children’s Services, Division of Child Safety	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Commissioner appointed by the governor 	
DESCRIPTION	<p>The department underwent reorganization in 2013. Under the new structure, child protective services are administered in the Division of Child Safety and a deputy commissioner position was created to oversee the programs. While regional staff will continue to conduct assessments, investigators will begin reporting directly to the central office. The division also will restructure recruitment, training, and assessment processes for investigators.</p> <p>A new Division of Child Health is being created to oversee the child fatality review process, safety analysis, nursing, psychology, and education. A deputy commissioner position has been created to manage these programs. This will be the first time the department has united these programs.</p>	
PER CAPITA FUNDING	\$332.18	
FTEs	Fiscal Year 2013-14	
	Department Case Manager	3,159
JOB CREDENTIALS	<p>Case Manager 1 Bachelor's degree from an accredited college or university</p> <p>Case Manager 2 Bachelor's degree from an accredited college or university and experience equivalent to one year of full-time professional work providing child welfare services</p> <p>Case Manager 3</p> <ul style="list-style-type: none"> ▪ Bachelor's degree from an accredited college or university and two years of professional experience providing child welfare services; or ▪ A graduate degree in social work or a related behavioral science field may be substituted for the required experience on a year-for-year basis, to a maximum of one year (e.g., 36 graduate quarter hours may be substituted for one year of required experience). <p>Case Manager 4</p> <ul style="list-style-type: none"> ▪ Master's degree from an accredited college or university in social work or a related behavioral science field with a child or family focus and experience equivalent to three years of full-time professional child welfare case work; or ▪ Bachelor's degree from an accredited college or university and experience equivalent to five years of full-time professional child welfare case work. 	

TRAINING

The Tennessee Child Protective Services Investigator Training Academy was designed for Child Protection Service Investigators. The academy is a non-consecutive three week program focusing on how to conduct thorough investigations. All child protective services investigators will graduate from this academy.

To ensure the Academy meets the needs of the Investigators, the Tennessee Bureau of Investigation spent time shadowing the Department of Children's Services' investigators in both urban and rural regions across Tennessee.

The Child Protective Services Investigator Post-Training Academy is designed to supplement and build upon the skills learned during the three week Child Protective Services Investigator Training Academy. The academy is a non-consecutive four-day training program provided to community partners and Investigations staff.

TURNOVER

2011-12

Case Managers 12%

CASELOAD

Not available

**SALARY
INFORMATION**

	Monthly Salary Range	Annualized (12 months)
Case Manager 1	\$2,651 – \$3,573	\$31,812 – \$42,876
Case Manager 2	\$2,905 – \$4,051	\$34,860 – \$48,612
Case Manager 3	\$3,023 – \$4,217	\$36,276 – \$50,604
Case Manager 4	\$3,291 – \$4,592	\$39,492 – \$55,104
Team Coordinator	\$3,904 – \$5,447	\$46,848 – \$65,364

Texas

2010 CHILD POPULATION (UNDER AGE 18): 6,865,824 (27.3%)

STATE AGENCY	Department of Family and Protective Services, Child Protective Services	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Commissioner appointed by the Health and Human Services Commission Executive Commissioner 	
DESCRIPTION	<p>The department has four major programs: Child Protective Services, Adult Protective Services, Child Care Licensing, and Prevention and Early Intervention. The department’s assistant commissioner for child protective services oversees service delivery provided by local staff in eleven geographic regions under the direction of regional directors for child protective services. Direct delivery staff are organized into functional units that are specialized by stage of service: investigation, family based safety services, and conservatorship.</p>	
PER CAPITA FUNDING	\$198.66	
FTEs	2012	
	Child Protective Services Staff	8,064.5
	This includes 1,737.2 Child Protective Services Investigators.	
JOB CREDENTIALS	<p>Child Protective Services Specialist I Degree from an accredited four-year college or university</p> <p>Child Protective Services Specialist II</p> <ul style="list-style-type: none"> ▪ Employed as a Child Protective Services Specialist I for nine months and have received Child Protective Services Specialist Certification; or ▪ Previously employed as a Child Protective Services Specialist II in the Department of Family and Protective Services. 	
TRAINING	<p>The department has an employment development unit that leads all training for new and tenured staff. Workers who investigate reports of child abuse or conduct interviews during investigations of child abuse must receive at least 20 hours of professional training every year. The curriculum must include information about physical abuse and neglect; abuse involving mental or emotional injury; the types and incidence of each type of abuse and neglect reported to the department; the receipt of false reports; law-enforcement style training, including forensic interviewing, investigatory techniques, and the collection of physical evidence; federal child welfare laws; and available treatment resources.</p>	
TURNOVER	2012	
	Child Protective Services Caseworker	26.1%
CASELOAD	2012	
	Child Protective Services Caseworkers (Investigation)	1:24

SALARY
INFORMATION

2012

	Salary
Child Protective Services Investigator (entry-level)	\$36,789
Non-investigator (entry-level)	\$31,729
Supervisor (entry-level)	\$38,146

Virginia

2010 CHILD POPULATION (UNDER AGE 18): 1,853,677 (23.2%)

STATE AGENCY	Department of Social Services, Division of Family Services				
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ County-administered child welfare system ▪ Commissioner appointed by the governor 				
DESCRIPTION	<p>Virginia’s Secretary of Health and Human Resources oversees 12 agencies, including the Virginia Department of Social Services. The roles of the central office include developing regulations, policies, procedures and guidelines; implementing a statewide public awareness program; explaining programs and policies to mandated reporters and the general public; coordinating and delivering training; funding special grant programs; and maintaining and disseminating data from the automated information system.</p> <p>For child protective services, the department directly administers two services—the 24-hour hotline and the central registry of victims and caretakers involved in child abuse and neglect.</p> <p>The department maintains regional offices that provide technical assistance, case consultation, and training and monitoring of 120 local departments of social services that respond to reports of suspected child abuse and neglect, and provide services.</p>				
PER CAPITA FUNDING	\$335.83				
FTEs	<p>July 2013</p> <p>Approximately 800 FTEs are involved in child protective services investigations and on-going services.</p>				
JOB CREDENTIALS	<p>Because localities are responsible for hiring child protective services workers, there are no education, qualification, and training requirements established by the state. The state’s human resources department has occupational title descriptions for social work professionals that can be modified by local departments. The education and experience section of the title description requires a minimum of a bachelor's degree in a human services field or minimum of a bachelor's degree in any field with a minimum of two years of appropriate and related experience in a human services area.</p>				
TRAINING	<p>The Virginia Institute for Social Services Training Activities at Virginia Commonwealth University has been the primary provider of skills training for public child welfare staff since 1991, providing training through five area training centers. Policy and skills training has been offered by the institute in nine program areas, including child welfare, over the past several years. Review of the courses offered through the institute occurs on an ongoing basis and new courses are generally added in conjunction with the annual work plan and budget renewal process. Institute courses are primarily delivered at the five regional training centers. Other venues may be used as needed based on demand and the ability to fund additional course offerings. Courses are approved by the federal Region III child welfare liaison.</p>				
TURNOVER	Not Available				
CASELOAD	Not Available				
SALARY INFORMATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Average Annual Salary</td> </tr> <tr> <td>Child Protective Services Personnel</td> <td style="text-align: center;">\$45,402</td> </tr> </table>		Average Annual Salary	Child Protective Services Personnel	\$45,402
	Average Annual Salary				
Child Protective Services Personnel	\$45,402				

Washington

2010 CHILD POPULATION (UNDER AGE 18): 1,581,354 (23.5%)

STATE AGENCY	Department of Social and Health Services, Children’s Administration	
TYPE OF ADMINISTRATION	<ul style="list-style-type: none"> ▪ State-administered child welfare system ▪ Secretary appointed by the governor 	
DESCRIPTION	<p>The Department of Social and Health Services is part of the governor’s executive cabinet. The Children’s Administration (one of five administrations within the department) serves children and families through four primary program areas: child protective services, family voluntary services, child and family welfare services, and family reconciliation services. The Children’s Administration has staff in 46 field offices.</p>	
PER CAPITA FUNDING	\$368	
FTEs	March 2012	
	Child Protective Services Workers	313
	Child and Family Welfare Services Workers	625
JOB CREDENTIALS	<p>Social Service Specialist 1</p> <ul style="list-style-type: none"> ▪ A bachelor’s degree in social services, behavioral sciences, or an allied field and one year of social service experience; or ▪ A master’s degree in social services, behavioral sciences, or an allied field. <p>Social Service Specialist 2</p> <ul style="list-style-type: none"> ▪ Eighteen months as a Social Service Specialist 1; or ▪ A bachelor’s degree in social services, human services, behavior sciences, or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1; or ▪ A master’s degree in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience. <p>Social Service Specialist 3</p> <ul style="list-style-type: none"> ▪ One year as a Social Service Specialist 2; or ▪ A bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years of paid social service experience performing functions equivalent to a Social Service Specialist 2; or ▪ A master's degree in social services, human services, behavioral sciences, or an allied field and two years of paid social service experience equivalent to a Social Service Specialist 2. <p>Social Service Specialist 4</p> <ul style="list-style-type: none"> ▪ Two years of experience as a Social Service Specialist 3; or ▪ Four years of experience as a Social Service Specialist 2; or ▪ A bachelor's degree in social services, human services, behavioral sciences, or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2; or ▪ A master's degree in social services, human services, behavioral sciences, or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2. <p>Employees must successfully complete the formal training course sponsored by their division</p>	

within one year of their appointment.

TRAINING

The Alliance for Child Welfare Excellence is the Children’s Administration’s comprehensive statewide training partnership dedicated to developing professional expertise for social workers and enhancing the skills of foster parents and caregivers working with vulnerable children and families. The alliance combines the resources of the University of Washington (UW) School of Social Work, UW Tacoma’s Social Work Program, and Eastern Washington University’s School of Social Work with the expertise of the Children’s Administration and Partners for Our Children (a university-based research organization), which is charged with rigorously evaluating training effectiveness over time. By sharing curriculum, delivery methods and evaluation tools, the department expects this public-private partnership to strengthen the professional expertise of social workers, tribal child welfare workers, and community providers; and enhance the caregiving skills of foster, adoptive, and relative caregivers.

TURNOVER

Not Available

CASELOAD

Fiscal Year 2012

Child Protective Services Workers 1:20

**SALARY
INFORMATION**

	<u>Salary Range</u>
Social Service Specialist 1	\$32,688 – \$43,572
Social Service Specialist 2	\$39,516 – \$53,148
Social Service Specialist 3	\$41,508 – \$55,836
Social Service Specialist 4	\$47,016 – \$63,192

CourtSmart Tag Report

Room: LL 37

Case:

Type:

Caption: Senate Children, Families, and Elder Affairs

Judge:

Started: 3/11/2014 1:37:49 PM

Ends: 3/11/2014 3:27:43 PM

Length: 01:49:55

1:37:50 PM Meeting called to order
1:38:00 PM Roll Call
1:38:14 PM Chair Sobel opening remarks
1:38:54 PM (Tab 1) SPB 7072 Child Abuse and Child Welfare Services
1:39:30 PM Chair Sobel's opening remarks
1:44:05 PM Sen. Detert asks question
1:44:56 PM Chair Sobel responds
1:45:30 PM Sen. Braynon asks question
1:45:42 PM Chair Sobel responds
1:46:19 PM Claude Hendon, Staff Director, explains SPB 7072
1:49:27 PM Chair Sobel continued remarks
1:49:46 PM Amendment barcode 289584 by Diaz de la Portilla
1:50:07 PM Sen. Diaz de la Portilla's explanation of the amendment
1:50:53 PM Sen. Diaz de la Portilla withdraws amendment, barcode 289584
1:51:55 PM Chair Sobel asks question
1:52:28 PM Sen. Diaz de la Portilla explains amendment Barcode 955450
1:52:42 PM Chair Sobel asks for objections, questions, testimony
1:53:17 PM Amendment barcode 955450 is adopted
1:53:27 PM Testimony by Jennifer Minogue, LCSW
1:54:54 PM Sen. Clemens thanks Ms. Minogue
1:55:14 PM Testimony by Karen Perez, NASW
1:57:02 PM Testimony by Jim Akin, National Association of Social Workers
1:58:14 PM Lisa Schelbe, FSU Assistant Professor, waives in support
1:58:30 PM Colette Podgorski, FSU College of Social Work, waives in support
1:58:46 PM Brigitta Johnson, Pinellas County Sheriffs Office, waives in support
1:59:02 PM Testimony by Neal McGarry, Florida Certification Board
2:00:02 PM Chair Sobel question
2:00:08 PM Chair Sobel continued remarks and follow-up question
2:00:26 PM Mr. McGarry responds
2:01:02 PM Chair Sobel asks question
2:01:10 PM Claude Hendon, Staff Director, responds
2:01:28 PM Chair Sobel asks follow-up question
2:01:51 PM Mr. Hendon responds
2:02:04 PM Chair Sobel asks follow-up question
2:02:16 PM Mr. McGarry responds
2:03:04 PM Chair Sobel asks question
2:03:18 PM Mr. McGarry responds
2:04:12 PM Chair Sobel asks for questions
2:04:31 PM Sen. Diaz de la Portilla responds to withdrawn amendment barcode 289584
2:05:57 PM Chair Sobel makes comment
2:06:22 PM Mr. McGarry responds
2:06:45 PM Chair Sobel asks follow-up question
2:06:48 PM Mr. McGarry responds
2:06:58 PM Chair Sobel asks for debate, questions
2:07:26 PM Sen. Altman asks question
2:08:17 PM Chair Sobel asks for further comments
2:08:22 PM Sen. Detert makes comment
2:09:14 PM Chair Sobel responds
2:10:20 PM Mr. Hendon's comments
2:10:35 PM Sen. Clemens makes comment
2:11:13 PM Chair Sobel comments
2:11:48 PM Sen. Grimsley comments

2:12:20 PM Sen. Diaz de la Portilla makes comment about amendment barcode 289584
2:12:34 PM Sen. Clemens makes motion to reconsider amendment barcode 289584
2:12:40 PM Chair Sobel comments
2:13:08 PM Sen. Hays asks question
2:13:27 PM Sen. Clemens comments
2:13:44 PM Chair Sobel comments
2:14:00 PM Senator Diaz de la Portilla's remarks on amendment barcode 289584
2:14:17 PM Chair Sobel asks for testimony on amendment
2:15:12 PM Victoria Zepp, Florida Coalition for Children, waives in support of amendment
2:15:38 PM Chair Sobel asks for debate on amendment
2:15:49 PM Sen. Diaz de la Portilla waives close on amendment 289584
2:15:58 PM Roll Call on amendment barcode 289584
2:16:12 PM Amendment 289584 is adopted
2:16:21 PM Sen. Detert makes comment about amendment
2:16:56 PM Sen. Detert explains amendment
2:17:02 PM Senator Detert remarks on proposed amendment
2:17:45 PM Chair Sobel remarks
2:18:11 PM Senator Detert explains handwritten amendment
2:19:08 PM Chair Sobel asks for question on the amendment
2:19:13 PM Senator Clemens question
2:19:25 PM Sen. Hays question
2:19:34 PM Sen. Detert's response
2:19:42 PM Chair Sobel asks for debate
2:19:48 PM Sen. Detert waives close on handwritten amendment
2:20:15 PM Senator Detert amendment adopted without objection
2:20:20 PM Chair Sobel closes on SPB 7072
2:20:34 PM Roll Call on SPB 7072
2:20:50 PM SPB 7072 passes
2:21:08 PM (Tab 2) SPB 7074 Child Welfare
2:21:27 PM Sen. Detert explains bill
2:24:24 PM Claude Hendon, Staff Director, explains SPB 7074
2:26:04 PM Chair Sobel comments
2:26:08 PM Sen. Thompson asks question
2:26:30 PM Sen. Detert responds
2:27:00 PM Claude Hendon, Staff Director, responds
2:27:57 PM Sen. Detert comments
2:29:02 PM Sen. Braynon asks question
2:29:48 PM Sen. Detert responds
2:29:57 PM Claude Hendon, Staff Director, responds
2:30:13 PM Sen. Braynon asks follow-up question
2:30:19 PM Chair Sobel responds
2:31:10 PM Claude Hendon, Staff Director, responds
2:31:17 PM Chair Sobel continued remarks
2:31:35 PM Sen. Braynon asks follow-up question
2:32:05 PM Claude Hendon, Staff Director, responds
2:32:18 PM Senator Braynon question
2:32:30 PM Sen. Braynon asks question
2:32:50 PM Chair Sobel comments
2:33:08 PM Sen. Hays asks question
2:33:34 PM Chair Sobel responds
2:33:44 PM Sen. Hays responds
2:33:55 PM Chair Sobel comments
2:35:08 PM Sen. Hays continued comments
2:35:29 PM Testimony by Mike Jordan, Marion County Childrens Alliance
2:39:53 PM Chair Sobel asks for questions
2:40:19 PM Mr. Jordan responds
2:40:36 PM Chair Sobel comments
2:40:45 PM Mr. Jordan responds
2:41:40 PM Sen. Detert explains amendment barcode 276786
2:42:36 PM Chair Sobel asks for questions
2:42:40 PM Sen. Hays asks question
2:42:58 PM Sen. Detert responds

2:43:55 PM Sen. Hays asks follow-up question
2:44:13 PM Claude Hendon, Staff Director, responds
2:44:40 PM Sen. Detert makes comment
2:44:59 PM Chair Sobel asks for testimony
2:45:08 PM Testimony by Ralph Haben, General Counsel, Big Bend CBC
2:48:14 PM Sen. Detert comments
2:48:23 PM Mr. Haben responds
2:49:40 PM Sen. Detert asks follow-up question
2:49:53 PM Chair Sobel comments
2:50:05 PM Mr. Popen comments
2:50:40 PM Sen. Detert responds
2:51:05 PM Chair Sobel asks for other testimony
2:51:12 PM Testimony by Debra Henley, FL Justice Association
2:53:27 PM Sen. Detert recommends TP the amendment
2:53:41 PM Chair Sobel, seeing no objection, motions to TP amendment
2:53:55 PM Sen. Detert explains amendment barcode 646820
2:54:17 PM Chair Sobel asks for questions
2:54:49 PM Sen. Hays question
2:55:17 PM Sen. Detert responds
2:55:43 PM Sen. Detert waives close on the amendment
2:55:50 PM Chair Sobel shows amendment passing
2:55:58 PM Jim Akin, National Association of Social Workers, waives in support
2:56:11 PM Testimony by Miranda Phillips, Florida Youth SHINE
2:59:46 PM Testimony by Howard Talenfeld, Florida's Children First
3:00:06 PM Sen. Detert corrects earlier motion to TP amendment barcode 276786 to withdraw amendment barcode 276786
3:07:30 PM Chair Sobel continued comments
3:07:36 PM Mr. Talenfeld remarks
3:08:04 PM Sen. Detert waives close on SPB 7074
3:08:19 PM Roll Call on SPB 7074
3:08:33 PM SPB 7074 passes
3:08:43 PM Sen. Thompson asks question
3:09:02 PM Mr. Talenfeld responds
3:09:24 PM Sen. Thompson asks follow-up question
3:09:32 PM Mr. Talenfeld responds
3:09:49 PM Chair Sobel asks for other questions
3:09:56 PM Sen. Dean asks question
3:10:09 PM Mr. Talenfeld responds
3:10:51 PM Sen. Dean asks question
3:10:58 PM Mr. Talenfeld responds
3:11:33 PM Chair Sobel remarks
3:11:48 PM (Tab 3) SPB 7076 Medically Complex Children
3:12:05 PM Sen. Grimsley explains the bill
3:13:07 PM Sen. Thompson explains amendment barcode 335110
3:14:05 PM Sen. Grimsley comments
3:15:18 PM Sen. Thompson withdraws amendment barcode 335110
3:15:42 PM Sen. Hays explains amendment barcode 872850
3:16:24 PM Sen. Hays withdraws amendment barcode 872850
3:16:38 PM Jim Aiken, Executive Director, National Association of Social Workers, waives in support
3:16:44 PM Testimony by Doug Bell, FL Chapter American Academy of Pediatrics
3:17:26 PM Testimony by Richard Chapman
3:20:24 PM Testimony by Debra Dowds, Executive Director, Florida Developmental Disabilities Council
3:23:58 PM Chair Sobel remarks
3:24:09 PM Testimony by Deborah Linton, CEO, The Arc of Florida
3:25:05 PM Testimony by Bob Asztalos, FL Health Care Association
3:26:40 PM Sen. Grimsley waives close
3:26:42 PM Roll Call on SPB 7076
3:27:00 PM SPB 7076 passes
3:27:26 PM Chair Sobel closing comments
3:27:38 PM Meeting adjourned