

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

Date: March 17, 1998 Revised: 04/06/98 \_\_\_\_\_

Subject: Protection of Children

	<u>Analyst</u>	<u>Staff Director</u>	<u>Reference</u>	<u>Action</u>
1.	<u>Barnes</u>	<u>Whiddon</u>	<u>CF</u>	<u>Fav/ 3 amendments</u>
2.	<u>_____</u>	<u>_____</u>	<u>HC</u>	<u>_____</u>
3.	<u>_____</u>	<u>_____</u>	<u>WM</u>	<u>_____</u>
4.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
5.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

**I. Summary:**

Senate Bill 1646 would transfer responsibility for the child abuse prevention program and services to abused and neglected children provided through the child protection teams and sexual abuse treatment program from the Department of Children and Family Services to the Department of Health.

This bill substantially amends sections 20.19, 20.43, 39.4031, 39.4032, 39.408, 415.50175, 415.51, 415.50171, 415.5018, 415.503, 415.5055, 415.5095, 415.501, and 415.5075, Florida Statutes.

**II. Present Situation:**

**Child Abuse Prevention Services**

Since 1982 the Department of Children and Family Services has been responsible for the child abuse and neglect prevention program that is required under Public Law 103-66, 4(b) of Part II of the Social Security Act, and under s. 415.501, F.S. The child abuse prevention general revenue funds for these services are currently contracted to provide community-based family preservation and support services in the 15 service districts throughout the state. Agencies have used these funds to provide home visiting, teen pregnancy prevention, respite care, parenting training and education and other child abuse prevention programs. These funds are used as match to draw down \$7.3 million in federal Family Preservation and Support Service dollars which are awarded to the state child welfare agency (Department of Children and Family Services) to develop and implement a child protection continuum of services that begins with the prevention of child abuse and neglect. The Department of Children and Family Services also administers the social services

program under Title XX of the Social Security Act and according to federal law, the department must also be the agency that administers the Title IV-B, Subparts 1 and 2.

The Child Abuse Prevention funds and funds from other federal child abuse prevention programs have been merged with the federal Family Preservation and Support Services Program which requires that the Department of Children and Family Services as the state child welfare agency take a lead role in making services more preventive, community-based and responsive to children and families. As a result of this merger, the Child Abuse Prevention Programs have been expanded or enhanced by blending the funds of other federal Child Abuse and Neglect programs and Federal Family Preservation and Support Services Program. In SFY 1996-97, 6,719 children and 7,936 families received services funded by the Child Abuse Prevention Program. An additional 13,370 children and 7,979 families were served by blending these funds with other federal funds administered by the department. The merger of these programs has resulted in strong collaborative community and family partnerships at the local level and enhanced services to children and families.

### **Child Protection Teams**

Child Protection Teams (CPT) function exclusively in the child protection system within the Department of Children and Family Services under part IV of chapter 415, F.S. These teams are multi-disciplinary teams which provide an immediate assessment and documentation of children suspected to be victims of physical and sexual abuse and medical neglect. All children reported to the department's central abuse hotline and accepted for investigation by the department are eligible for CPT services. However, initial contact also comes from other sources, particularly law enforcement and hospitals. The teams are available 24 hours a day, 7 days a week.

The duties of the teams as provided in s. 415.5055, F.S., primarily relate to medical and psychological diagnosis and evaluation services, but also include short-term psychological treatment, consultative services, case service coordination and assistance, training services, educational and community awareness programs, and the provision of expert professional testimony in court cases.

At present there are 23 teams providing services in all districts and areas of the state. Department district offices contract with local agency providers for team services. Local agencies currently under contract include several non-profit private agencies, hospitals, and local county governments. The teams function as an independent consultative community-based resource.

Each team is under the direction of a medical director who is a local board-certified pediatrician with expertise and training in child abuse and neglect. Consultation is provided to other area physicians to assist them in the evaluation of a child. Some teams have advanced registered nurse practitioners who work under the supervision of a CPT consultant pediatrician.

Coordination of daily activities is the responsibility of the team coordinator who must have a B.A. or M.A. in psychology, social work, nursing, or other behavioral science and 3 years of

experience in child abuse and neglect and program management. All teams have a licensed psychologist either on staff or on contract. Most teams also retain an attorney.

In addition, the team includes the department protective services worker responsible for the assessment and disposition of a given case. As the assessment is generally multi-agency, the team may also include law enforcement, a department attorney, the state attorney, school personnel, and other department and community staff working with the child and family.

When Children's Medical Services was moved from the Department of Health and Rehabilitative Services and became part of the newly created Department of Health, the teams, along with the sexual abuse treatment programs (see below), remained with the Department of Children and Family Services and administrative oversight is now assigned to the Office of Family Safety and Preservation along with the rest of protective services. Because of a perception that there continues to be a need for medical oversight of a medical program now located in a social service agency, an interagency agreement between the Department of Children and Family Services and the Department of Health was executed in January 1997. The agreement assigns contract management responsibilities to both the Department of Health and the Department of Children and Family Services. Management of district contracts, and lead responsibility for the program are assigned to the Office of Family Safety and Preservation. Statewide medical oversight and approval of team medical directors remain with Children's Medical Services and the University of Florida statewide director.

### **Sexual Abuse Treatment Program**

In response to a growing awareness of the problem of child sexual abuse, the 1985 Legislature, as specified in s. 415.5095, F.S., directed HRS, in consultation with other relevant agencies, to develop a model plan for community intervention and treatment of intrafamily sexual abuse. Initially the teams primarily focused on instances of physical abuse and neglect. Gradually it became apparent that there was also a need to respond to reports of intrafamily sexual abuse. Today the predominate type of referrals the teams receive involve such abuse.

Out of this initiative came the sexual abuse treatment program which provides treatment specifically addressing intrafamily sexual abuse. The goal of the program is to prevent further child sexual abuse from occurring. Treatment objectives focus on development of child self-protective skills, non-offending caretaker child protective skills, and offender relapse prevention skills. Children and families eligible for the program are identified by the child protection teams and child protective services staff.

At present, 11 out of 15 districts have programs. In some areas, the same agency that contracts to provide the child protection teams also contracts to provide the sexual abuse treatment program.

**III. Effect of Proposed Changes:**

Senate Bill 1646 transfers, by a type two transfer as defined in s. 20.06, F.S., to the Department of Health the responsibility for: 1) child abuse prevention programs and 2) services to abused and neglected children provided through the child protection teams and sexual abuse treatment program. The bill specifies that by interagency agreement, all funds that support the child abuse prevention program derived in whole or in part from federal funds would be transferred to the Department of Health.

**IV. Constitutional Issues:****A. Municipality/County Mandates Restrictions:**

None.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**V. Economic Impact and Fiscal Note:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

By transferring \$2,442,372 to the Department of Health, the Department of Children and Family Services would lose the ability to match \$7.3 million dollars of federal Family Preservation and Support Service funds.

The Department of Children and Family Services would transfer \$7,469,481 to the Department of Health to operate the child protection teams and the sexual abuse treatment programs.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Amendments:**

#1 by Children, Families and Seniors:

Removes the provision for transferring the child abuse prevention program to the Department of Health. (WITH TITLE AMENDMENT)

#2 by Children, Families and Seniors:

Requires that the Department of Children and Family Services and the Department of Health develop a memorandum of agreement that specifies: 1) Joint oversight by the two departments, 2) How the oversight will be implemented, and 3) How the child protection teams and sexual abuse treatment program will work with the child protective investigation and service staff. (WITH TITLE AMENDMENT)

#3 by Children, Families and Seniors:

Changes the effective date of the bill to January 1, 1999.