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HOUSE OF REPRESENTATIVES
AS FURTHER REVISED BY THE COMMITTEE ON
HEALTH AND HUMAN SERVICES APPROPRIATIONS
BILL RESEARCH & ECONOMIC IMPACT STATEMENT

BILL #: CS/HB 1929 (PCB HCS 97-09)

RELATING TO: Child Abuse & Neglect

SPONSOR(S): Committees on Governmental Operations and Health Care Services and Representative Albright

COMPANION BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:
(1) HEALTH CARE SERVICES YEAS 7 NAYS 0
(2) GOVERNMENTAL OPERATIONS YEAS 5 NAYS 0
(3) HEALTH AND HUMAN SERVICES APPROPRIATIONS YEAS 11 NAYS 0
(4)
(5)

I. SUMMARY:

This bill elevates the Division Director of Children’s Medical Services to a Deputy Secretary and Deputy State Health Officer for Children’s Medical Services, and transfers responsibility for the following programs from the Department of Children & Family Services to the Department of Health:
- Child abuse prevention services;
- Child protection teams; and
- Sexual abuse treatment program.

The Department of Children & Family Services reports that the transfer of child abuse prevention services will result in a loss of approximately $649,000 in matching federal grant funds.

II. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

Child Protection Teams: Child Protection Teams (CPT) are medically directed, multi-disciplinary teams which provide an immediate assessment and documentation of children suspected to be victims of physical and sexual abuse and medical neglect. The teams supplement the comprehensive protective services program provided by the Department of Children & Family Services (CFS) pursuant to part IV of chapter 415, F.S. 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 can be found in s. 415.5055, F.S., and primarily involve 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 importantly 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 of Children & Family Services 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 of Children & Family Services protective services worker responsible for the assessment and disposition of the case. As the assessment is generally multi-agency, the team may also include law enforcement, a department attorney, the state attorney, school personnel, other department and community staff working with the child and family.

In FY 1995-96, over 100 physicians and nurse practitioners served as members of teams across the state. The teams provided assessment services for 20,543 children and their families at an average cost per child of about $400. Approximately $ 8 million of general revenue funds the program. An additional $3.5 million in local revenue funds other local services provided by the teams.

The teams evolved in response to a need to provide a coordinated professional medical response to instances of child abuse. In 1978, the Legislature funded a $300,000 pilot project in Jacksonville, which was housed at University Medical Center. Subsequently, a permanent program was implemented and statewide administration of the program was assigned to the Children's Medical Services program in the Department of Health & Rehabilitative Services (HRS). Children's Medical Services, in turn, contracted with the University of Florida, Department of Pediatric Services, for the services of a statewide team medical director.

When Children's Medical Services became part of the newly created Department of Health (DOH), the teams along with the sexual abuse treatment programs (see below) remained with the Department of Children & Family Services and administrative oversight is now assigned to the Office of Family Safety and Preservation in CFS 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 & Family Services and the Department of Health was concluded this January (effective January 1, 1997 through June 30, 1997). The agreement assigns contract management responsibilities to both the Department of Health and the Department of Children & 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: Initially the child protection 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. In response to a growing awareness of this problem, the 1985 Legislature directed HRS, in consultation with other relevant agencies to develop a model plan for community intervention and treatment of intrafamily sexual abuse (see s. 415.5095, F.S.).

Out of this initiative came the sexual abuse treatment program which provides treatment specifically directed to 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. State funding which amounts to about $300,000 per year is included in the budget allocation for the child protection teams. In FY 1994-95, the program provided services to 1,785 children, 851 non-offending caretakers, and 314 offenders. The average cost per child/family was about $400. Offenders pay for their own group treatment. The initial focus of the program was to provide the service in less populated areas where this type of specialized resource was either nonexistent or minimally available.

Child Abuse Prevention Services: In 1982, the Legislature directed HRS to develop a comprehensive state plan for the prevention of abuse and neglect of children to be used as the basis for funding for child abuse prevention services (see s. 415.501, F.S.). The purpose of prevention services is to target families at risk of abuse or neglect in order to decrease the likelihood that abuse or neglect will occur. Services are provided through community agreements and contracts administered through the Office of Family Safety and Preservation, CFS, in the 15 districts throughout the state. Services include pregnancy prevention, prenatal support, parent support and education, respite care, life skills training, prevention training for children, and therapeutic programs for abused children, and are provided to families regardless of income, age, or other eligibility criteria. State funding for these services (also known as the Mills Bill program) is currently budgeted at $2,398,158 for FY 1996-97. Unlike the child protection teams and the sexual abuse treatment program, child abuse prevention services have always been part of the Office of Children & Families, HRS (now the Office of Family Safety and Preservation, CFS) and not part of Children's Medical Services.

In 1993, Congress created the family Preservation & Support Services Program which offers states an opportunity to invest in community-based abuse and consumer-driven preventive services. The state child welfare agency is to take the lead role in coordinating and assisting child-serving agencies, families, and businesses in making prevention and family support services more responsive to children and families. Qualifying states and local communities are eligible for a 75%/25% federal/state match up to a maximum federal grant. [In FY 1995-96, Florida contributed $2,093,995 to obtain a $6,281,986 federal match. In FY 1996-97, Florida will need to contribute $3,897,241 to obtain the recently increased $10,479,771 federal match.]

In response, the CFS merged the Mills Bill program and federal Child Abuse & Neglect prevention programs with the new Family Preservation and Support services program in order to improve efficiency and program coordination. For example, because the federal programs and the state child abuse prevention programs require state plans, the department merged the plans to reduce fragmentation of services and eliminate the need for duplicative planning efforts at the state and local level. Importantly, Mills Bill funding is used to help draw down the federal match.

Hierarchial Structure of Executive Agencies: Section 20.04, F.S., provides the organizational structure of state executive agencies. The principal unit is the division, followed by bureaus, which are divided into bureaus and further divided into sections and subsections. The head of divisions, bureaus, sections and subsections are directors, chiefs, and supervisors. Although many, if not all, departments have deputy secretaries, such positions are generally internally created. The Department of Business & Professional Regulation, Children & Family Services, the Department of Insurance, and the Department of Corrections make express statutory provision for deputy secretaries and/or assistant secretaries. At present, the Department of Health has one internally created deputy secretary and one internally created Deputy State Health Officer, and no statutorily created Deputy Secretaries or Deputy State Health Officers. Internally created deputy secretary positions must be initially approved by the Department of Management Services and the Governor's Office of Planning & Budgeting.

B. EFFECT OF PROPOSED CHANGES:

The division director of Children's Medical Services will become the Deputy Secretary and Deputy State Health Officer for Children's Medical Services, the only statutorily created Deputy Secretary or Deputy State Health Officer in the Department of Health; and the child abuse prevention program, child protection teams, and the sexual abuse treatment program will be the responsibility of the Department of Health.

C. APPLICATION OF PRINCIPLES:

1. <u>Less Government:</u>

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

No.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

An agency or program is not eliminated or reduced.

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

   a. Does the bill increase anyone's taxes?

      No.

   b. Does the bill require or authorize an increase in any fees?

      No.

   c. Does the bill reduce total taxes, both rates and revenues?

      No.

   d. Does the bill reduce total fees, both rates and revenues?

      No.

   e. Does the bill authorize any fee or tax increase by any local government?

      No.

3. Personal Responsibility:

   a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

      No.

   b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

      No.

4. Individual Freedom:

   a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

      No.

   b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

      No.

5. <u>Family Empowerment:</u>

a. If the bill purports to provide services to families or children:

[Services are transferred - not created.]

(1) Who evaluates the family's needs?

N/A

(2) Who makes the decisions?

N/A

(3) Are private alternatives permitted?

N/A

(4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

No.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

D. STATUTE(S) AFFECTED:

Amends sections 20.19, 20.43, 39.4031, 30.4032, 39.408, 119.07, 415.501, 415.50171, 415.50175, 415.5018, 415.503, 415.5055, 415.5095, 415.51; s. 415.5075 is repealed.

E. SECTION-BY-SECTION ANALYSIS:

Section 1. Amends s. 20.19, F.S., relating to the creation and structure of the Department of Children & Family Services, to delete references to child protection and sexual abuse treatment teams.

Section 2. Transfers responsibility for child abuse prevention, child protection teams, and sexual abuse treatment teams from the Department of Children & Family Services to the Department of Health.

Section 3. Amends s. 20.43, F.S., relating to the creation and structure of the Department of Health, to:
(a) Assign an additional departmental purpose of providing child abuse prevention and protection services; and
(b) Make the Division Director of Children's Medical Services a Deputy Secretary and Deputy State Health Officer.

Section 4. Amends s. 39.4031, F.S., relating to case plans in dependency proceedings, to clarify that child protection teams are part of the Department of Health.

Section 5. Amends s. 39.4032, F.S., relating to case staffing in dependency proceedings, to clarify that child protection teams are part of the Department of Health.

Section 6. Amends s. 39.408, F.S., relating to hearings in dependency cases, to clarify that child protection teams are part of the Department of Health.

Section 7. Amends s. 119.07, F.S., relating to public records, to reflect the appropriate names of the agencies involved in child abuse prevention and services.

Section 8. Amends s. 415.501, F.S., relating to state plan for prevention of child abuse, to clarify the role of the Department of Health, and update references to the Department of Children & Family Services.

Section 9. Amends s. 415.50171, F.S., relating to system response to reports of juvenile sexual abuse, to clarify that child protection teams are part of the Department of Health.

Section 10. Amends s. 415.50175, F.S., relating to the confidentiality of records in child abuse cases to appropriately reflect role of Department of Health.

Section 11. Amends s. 415.5018, F.S., relating to district responsibility with respect to the family services response system, to clarify that child protection teams are part of the Department of Health.

Section 12. Amends s. 415.503, F.S., relating to definitions used in statutes addressing protective services for abused children, to clarify that child protection teams are part of the Department of Health.

Section 13. Amends s. 415.5055, F.S., relating to child protection teams, to clarify that child protection teams are part of the Department of Health.

Section 14. Amends s. 415.5095, F.S., relating to intervention plans for cases of sexual abuse, to update references to the Department of Children & Family Services, and to add a reference to the Department of Health.

Section 15. Amends s. 415.51, F.S., relating to confidentiality of child protection team records, to clarify that child protection teams are part of the Department of Health.

Section 16. Repeals s. 415.5075, F.S., relating to Department of Children & Family Services' authority to write rules for medical screening and treatment of children.

Section 17. Provides an effective date of October 1 of the year in which enacted.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

	FY 1997-98	FY 1998-99
1. Non-recurring Effects:		
None.		
2. Recurring Effects:		
Transfer of the Child Protection Teams and Sexual Abuse Treatment Program from the Department of Children & Family Services to the Department of Health		
General Revenue (.5 FTEs)	$8,310,022	$8,310,022
Transfer of Child Abuse Prevention Program		
General Revenue	$2,398,158	$2,398,158

3. Long Run Effects Other Than Normal Growth:

   None.

4. Total Revenues and Expenditures:

   None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

   None.

2. Recurring Effects:

   None.

3. Long Run Effects Other Than Normal Growth:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

   None.

2. Direct Private Sector Benefits:

   None.

3. Effects on Competition, Private Enterprise and Employment Markets:

   None.

D. FISCAL COMMENTS:

According to the Department of Children & Family Services, the department has been designated the lead agency for the purposes of the state implementation of the federal Family Preservation & Support Services program. Last year Mills Bill funding was used to draw down approximately $649,000 in matching federal grant funds. Because the federal funding has been significantly expanded the department estimates that transfer of child abuse prevention services could result in a loss of up to $1.7 million in matching federal grant funds.

Amendment #1 removes the transfer of this program from this legislation.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to expend funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority of counties or municipalities to raise revenues.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

The Department of Children & Family Services opposes the transfer of these three programs which they see as part of the continuum of child protective services provided by the department's child protection system. The department argues that children served by the child protection teams and the sexual abuse treatment program are the same children who, alleged to be abused, neglected or exploited, are being served by the child protection system. In addition, the child abuse prevention program has become an integral component of the department's community-based support services provided to children and families. The department believes that transferring child abuse prevention services would fragment the continuum of child welfare services from prevention to out-of-home care. The department also notes that the abuse prevention services are not medical in nature.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On January 7, 1998, the House Committee on Governmental Operations adopted one remove everything after the enacting clause amendment, which was made a committee substitute. The committee substitute made technical changes to reflect the changes made by 1997 session laws. Additionally, the committee substitute eliminated changes the bill had made to ss. 232.50 and 415.501(2), F.S. These sections set up timeframes within which certain agencies had to perform certain activities. These timeframes have long since passed and the activities accomplished. The bill inadvertently eliminated these timeframes and added new players to a process that had been completed. Furthermore, the committee substitute eliminated the section that amended s. 415.514, F.S., regarding "Rules for implementation of ss. 415.502-415.514," which additionally authorized the Department of Health to make rules. Those sections are not equally applicable to both agencies.

On April 14, 1998, the House Health and Human Services Appropriations Committee adopted three amendments that change the legislation as follows:

Amendment #1. Removes the transfer of the child abuse and neglect prevention program from this legislation.

Amendment #2. Requires a memorandum of agreement to be developed between the Department of Children and Family Services and the Department of Health.

Amendment #3. Changes the effective date to January 1, 1999.

The first removes the transfer of the child abuse prevention program from this legislation.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:	Legislative Research Director:
Meta Calder	Mike Hansen

AS REVISED BY THE COMMITTEE ON GOVERNMENTAL OPERATIONS:

Prepared by:	Legislative Research Director:
J. Marleen Ahearn, Ph.D., J.D.	Jimmy O. Helms

AS FURTHER REVISED BY THE COMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS:

Prepared by:	Legislative Research Director:
Lynn S. Dixon	Lynn S. Dixon