

**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.)

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Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

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BILL: CS/SB 1666

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Sobel

SUBJECT: Child Abuse and Child Welfare Services

DATE: April 4, 2014

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
	<u>Sanford</u>	<u>Hendon</u>		<b>CF SPB 7072 as introduced</b>
1.	<u>Brown/Sanford</u>	<u>Pigott</u>	<u>AHS</u>	<b>Fav/CS</b>
2.	_____	_____	<u>AP</u>	_____

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1666 makes numerous changes to statutes designed to 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) and certain sheriff's offices. The bill increases child welfare expertise in the DCF, improves child abuse investigator qualifications, and creates a consortium of schools of social work to advise the state on child welfare policy.

The bill directs the DCF to conduct immediate investigations of deaths and other significant incidents involving children who have been known to the child protection and child welfare system. The purpose of the investigations 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 provides a definition of "medical neglect" and requires improvements in the care of medically complex children and the investigation of child abuse cases involving such children.

The bill creates a new part V of ch. 409, F.S., to be entitled "Community-Based Child Welfare." In this new part, current law relating to community-based care is reorganized, obsolete provisions are removed, and some provisions are clarified.

The bill has fiscal impacts that are anticipated to be addressed in the General Appropriations Act.

## II. Present Situation:

### Child Abuse, Neglect, and Death

Child abuse and child neglect, known collectively as child maltreatment, have been identified as serious social issues in the United States. Most recent studies show that the most common child maltreatment is neglect, which accounts 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.<sup>1</sup> 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 problems.<sup>2</sup> In federal fiscal year 2011, the most recent year for which national data is available,<sup>3</sup> an estimated 3.4 million reports of abuse were received by child protection agencies.<sup>4</sup> After investigation, the number of unduplicated child victims nationally was estimated to be 681,000. Florida reported 208,437 calls to the national child abuse hotline, of which 55,770 resulted in substantiated allegations of abuse.<sup>5</sup>

In addition to the human cost of child abuse and neglect, there is a significant fiscal impact to state government. The DCF has made 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.<sup>6</sup> 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 Fiscal Year 2012-2013.

The most serious result of child maltreatment is the death of the child. Nationally, 1,545 child fatalities resulting from child abuse or neglect were identified for federal fiscal year 2011.<sup>7</sup> Florida reported 133 child fatalities for that year resulting from child abuse or neglect.<sup>8</sup> In some instances the family was not previously known to the DCF, and in others the child was previously known. For cases in which the family was previously or currently known to the DCF, understanding the reasons that the previous or current intervention was not effective in avoiding the death is of critical importance.

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<sup>1</sup> Myers, John E.B., *Child Protection in America: Past, Present, and Future*, Oxford University Press, 2006, pp. 134-156.

<sup>2</sup> U.S. Department of Health and Human Services, *Child Maltreatment 2011*, p. 1, available at <http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf> (last visited March 25, 2014).

<sup>3</sup> All data in this paragraph are for FFY 2011 so that all are comparable.

<sup>4</sup> *Id.* at vii. The report adds that the rate of referrals have remained fairly constant for at least five years.

<sup>5</sup> *Id.* at 11, 29.

<sup>6</sup> Department of Children and Families, *2013 Annual Report*, p. 27, available at <http://www.dcf.state.fl.us/admin/publications/docs/CFSAP-2013June.pdf> (last visited March 25, 2014).

<sup>7</sup> U.S. Department of Health and Human Services, *ibid.* at 63.

<sup>8</sup> *Id.* at 63.

## **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 DCF, six sheriff's offices, the Office of the Attorney General, one state attorney's office, the Department of Health, 17 eligible lead community-based providers (lead agencies),<sup>9</sup> and innumerable lead agency subcontractors.

A child protective investigation begins with a report by any person to the Florida Abuse Hotline. The state is required to maintain a non-stop ability and capacity for receiving reports of maltreatments. The reports are sent out to child protective investigators (CPIs) across the state to investigate.

CPIs are most commonly DCF employees, but in six counties, the local sheriff performs the investigative function.<sup>10</sup> The DCF child protective services are delivered through six 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 DCF employees or employees of the Attorney General's Office under contract to DCF or, in one case, a state attorney's 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 providers of substance abuse services or mental health services, or 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 degrees most tailored to and associated with child welfare are the bachelor's and master's degrees 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

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<sup>9</sup> The term "eligible lead community-based provider" is defined as a single agency with which the DCF is required to contract for the provision of child protective services in a community that is no smaller than a county. *See* s. 409.1671(1)(e), F.S. These entities are commonly known as community-based care lead agencies or "lead agencies."

<sup>10</sup> 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 DCF.

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

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 became 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 to reduce its complexity and make it possible for people with fewer qualifications to adequately perform required tasks.<sup>12</sup>

### ***Current Qualifications***

The current qualifications for child protective investigators are not specified in statute or rule, but the DCF's internal hiring practices require that new protective investigators have a bachelor's degree in any field and at least 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 DCF is not involved in the hiring practices or standards established by the sheriff's offices.<sup>13</sup>

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.<sup>14</sup> Since employment decisions for child welfare case managers are made by individual lead agencies, and since the DCF does not collect data on their practices, the extent to which this rule is actually observed by the lead agencies is not clear. The DCF has authority to exempt employees from the rule and often does so.

In addition to these 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.<sup>15</sup> 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.<sup>16</sup>

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<sup>11</sup> Child Welfare Workforce, Research Roundup, Child Welfare League of America, (Sept. 2002) *available at* <http://www.cwla.org/programs/r2p/rrnews0209.pdf>. (last visited March 3, 2014).

<sup>12</sup> 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.

<sup>13</sup> 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).

<sup>14</sup> 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.

<sup>15</sup> Currently, the Florida Certification Board.

<sup>16</sup> Section 402.40, F.S.

### *Social Workers in Child Welfare*

The DCF has records on the post-secondary degrees for 1,214 of the state's CPIs.<sup>17</sup> These data do not include information on the degrees of the investigators in the six county sheriff's offices. Approximately 10 percent of the DCF's CPIs have a social work degree, either bachelor's or master's. See Table 1 below:

**Table 1. Degrees of DCF Child Protective Investigators**

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

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.<sup>18</sup> (See Table 2.) There were 1,684 graduates from the state's 14 schools of social work in 2011-2012.<sup>19</sup> 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.<sup>20</sup>

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

	<b>Public Universities</b>	<b>Enrollment</b>	<b>Degrees</b>
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 <sup>21</sup>	0	0
8	University of South Florida	327	184
9	University of West Florida	285	113
	<b>Private Universities</b>	<b>Enrollment</b>	<b>Degrees</b>
10	Barry University	420	209
11	Florida Memorial University	50	15
12	Saint Leo University	218	50

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

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

<sup>19</sup> 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).

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

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

13	Southeastern University	70	31
14	Warner University	30	6
	<b>Total</b>	4,728	1,684

In 2014, the Office of Program Policy Analysis and Government Accountability (OPPAGA) reviewed child welfare systems in Florida and 16 other states with large child populations.<sup>22</sup> 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 in Human Services Field	BSW
Arizona		x	
California			x
<b>Florida</b>	<b>x</b>		
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.<sup>23</sup>

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.<sup>24</sup> Much of the research on the effect of education has

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

<sup>23</sup> Informal communication, Florida State University School of Social Work (March 3, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>24</sup> *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 higher levels of work commitment than other staff. A Nevada study showed that caseworkers who had a social work degree

focused on agency/university partnership programs that have been established over the past decade using federal funding provided under 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 than non-students. Graduates of the specialized child welfare program in New York State, for example, had higher levels of skills, confidence, and sensitivity to clients.<sup>25</sup>

## **Issues Identified in Child Abuse Deaths**

### ***Agency Structure and Stability***

Since 1998 the DCF has had eight secretaries. In July 2013, the agency secretary resigned<sup>26</sup> and an interim secretary was named who has agreed to remain through the 2014 Legislative Session.<sup>27</sup> With each new secretary typically comes a somewhat new vision and a new strategic plan that includes substantial changes to both the structure of the DCF and staff assignments, all of which may result in some degree of disruption to the functioning of the department. Frequent changes to federal and state laws and to rules and operating procedures, combined with these leadership changes, have made long-term stability at the DCF difficult to achieve.

Currently, the structure of the DCF 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 DCF 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.<sup>28</sup>

### ***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 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:

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were significantly more likely to create a permanent plan for children in their caseloads within three years than their colleagues without social work education.

<sup>25</sup> *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.

<sup>26</sup> 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).

<sup>27</sup> 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).

<sup>28</sup> Section 20.19, F.S.

- The Study Commission on Child Welfare was established by the Florida Legislature in November 1989 after several children died while in state care.<sup>29</sup> 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.<sup>30</sup> The commission recommended that the state should recruit CPIs with bachelor's degrees in social work, child development, or guidance and counseling.<sup>31</sup>
- On April 25, 2002, the DCF revealed that a child in its care, five-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 Governor's Blue-Ribbon Panel on Child Protection.<sup>32</sup> The panel recommended that DCF compare the performance and longevity of child welfare staff who had degrees in social work or other behavioral sciences to staff who had other degrees.<sup>33</sup>
- In a 2013 Florida case involving a two-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 two adult women, five 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 been reported to the child abuse hotline 16 times between 2005 and 2013. The CWLA report stated the family had experienced 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."<sup>34</sup>

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 three years. The negative impact of turnover is well known – increased training costs (\$6.2 million each year) and inexperienced workers.

Child welfare workers with degrees in social work are not immune from turnover. During the period from 2004-2013, Florida State University (FSU) placed and supervised a total of 293 interns in child welfare settings in the northwest region of Florida. While many of the interns

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<sup>29</sup> *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.

<sup>30</sup> *Id.*

<sup>31</sup> 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).

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

<sup>33</sup> *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.

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



were hired for positions with the DCF, retention was difficult, 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;
- Lack of respect and lack of feeling valued by supervisors and upper-level management;
- Lack of focus on teamwork, with employees often feeling like they were pitted against each other by upper-level management and supervisors; and
- No support for professional development or advancement.<sup>35</sup>

While respondents indicated that caseloads were indeed high at some points and that salaries could be better, neither of these issues were cited as primary reasons for leaving.<sup>36</sup>

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.<sup>37</sup> 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 focused on meeting DCF performance measures rather than encouraging quality work or mentoring new case managers.
- Administrative tasks that detract from 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 DCF 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 their electronic equipment has not kept up with prevailing technology. For example, they reported they are issued laptop computers that are not enabled for wireless Internet connection and that DCF-issued mobile phones often have poor or no 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,

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<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

<sup>37</sup> OPPAGA, *ibid.* (Mar. 6, 2014)

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.

### **Efforts to Improve Child Protection**

Florida 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.<sup>38</sup> 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 DCF 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 the state's child welfare information system (Florida Safe Families Network, or FSFN).
  - Providing funding to raise CPI salaries by \$4,300 per CPI per year.
- 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 the DCF to form partnerships with the schools of social work of 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.

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 their child welfare agencies and colleges of social work at state universities. 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.

### **Care of Medically Complex Children**

Current law requires that children in this state be provided with the following:

- Protections from abuse, abandonment, neglect, and exploitation;
- A permanent and stable home;

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<sup>38</sup> Chapter 2011-163, Laws of Florida

- 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.<sup>39</sup>

Special provisions for medically complex children are not currently provided 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. Additionally, s. 39.01(44), F.S., sets out the circumstances for neglect of a child. 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 by a parent. Also, a parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or specific religious organization who does not provide specific medical treatment for a child, may not, for that reason alone, be considered a negligent parent or legal guardian. However, ch. 39, F.S., 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, or abandonment may be reported to the DCF child abuse hotline regarding children with significant medical issues, as with any other children. Child Protection Teams, operated by the Department of Health (DOH), provide medical expertise to the DCF if there are medical issues associated with child abuse or neglect. However, the current law does not require the teams to coordinate their findings with physicians who have 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 a 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.

In order to maintain these children in a safe environment that is the least restrictive, families with children who have 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.

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<sup>39</sup> See s. 39.001, F.S.

Florida Medicaid has a comprehensive medical service package to accommodate families that choose to care for their medically complex child at home. Medical services are made 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 or durations for children in the Medicaid program.

The DCF requires foster care caseworkers to obtain high-level approval before placing any dependent child in a nursing home. Foster children already placed in nursing homes are reviewed monthly by the 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 settings such as nursing homes. The U.S. Department of Justice joined the lawsuit that alleges that the state violated the Americans with Disabilities Act (ADA).<sup>40</sup> The AHCA has worked with the families of over 200 children in nursing homes under the Medicaid program to ensure they are aware of in-home health services and have been offered those services. In addition, the DCF and the Agency for Persons with Disabilities (APD) have worked with the families of medically complex children served by APD to ensure the least restrictive placement.

### **Statewide Medicaid Managed Care**

Part IV of ch. 409, F.S., was created in 2011 by ch. 2011-134, L.O.F., and governs the Statewide Medicaid Managed Care program (SMMC). The program, authorized by two federal Medicaid waivers, is designed for the Agency for Health Care Administration (AHCA) to issue invitations to negotiate<sup>41</sup> and competitively procure contracts with managed care plans in 11 regions of the state to provide comprehensive Medicaid coverage for most of the state's enrollees in the Medicaid program. SMMC has two components: managed medical assistance (MMA) and long-term care managed care (LTCMC).

The LTCMC component began enrolling Medicaid recipients in August 2013 and is scheduled to complete its statewide roll-out in March 2014.<sup>42</sup> The MMA component is scheduled to begin enrolling Medicaid recipients in May 2014 and finish its roll-out in August 2014.<sup>43</sup>

### ***Provider Service Networks in SMMC***

Types of managed care plans that are eligible for SMMC include health insurers, exclusive provider organizations, health maintenance organizations, provider service networks (PSNs), and federally-authorized accountable care organizations, among other entities.<sup>44</sup>

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<sup>40</sup> *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.

<sup>41</sup> An "invitation to negotiate" is a written or electronically posted solicitation for vendors to submit competitive, sealed replies for the purpose of selecting one or more vendors with which to commence negotiations for the procurement of commodities or contractual services. *See* s. 287.012(17), F.S.

<sup>42</sup> *See* < [http://ahca.myflorida.com/Medicaid/statewide\\_mc/index.shtml#LTCMC](http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml#LTCMC) >, last visited March 20, 2014.

<sup>43</sup> *See* < [http://ahca.myflorida.com/Medicaid/statewide\\_mc/index.shtml#MMA](http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml#MMA) >, last visited March 20, 2014.

<sup>44</sup> *See* s. 409.962(6), F.S.

A PSN is defined as a type of managed care plan of which a controlling interest is owned by a health care provider, or group of affiliated providers, or a public agency or entity that delivers health services. For the purpose of this definition, “health care provider” includes Florida-licensed health care professionals or licensed health care facilities, federally qualified health care centers, and home health care agencies.<sup>45</sup>

The AHCA is required to procure a specified number of managed care plans per region or a number of plans that range between a minimum and maximum specified for each region. At least two plans per region must be procured, and at least one plan per region must be a PSN, if a PSN submits a responsive bid during the procurement. If no PSN submits a responsive bid for a region, the AHCA is required to procure no more than one less than the maximum number of plans for that region during the initial procurement and, within 12 months after the initial invitation to negotiate, attempt once again to procure a PSN for that region.<sup>46</sup>

### **Siblings**

Current law includes legislative intent that when siblings are placed in out-of-home care, the DCF must make every possible effort to place them together. If they are permanently placed, the DCF must attempt to place them in the same adoptive home, and if placement together is not possible, the DCF must attempt to keep them in contact with each other.<sup>47</sup> 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 review, to ensure that the DCF is attending to issues relating to siblings.

### **Relative Caregiver Program**

The Florida Legislature established the Relative Caregiver Program in 1998.<sup>48</sup> This program offers monthly cash assistance and Medicaid for a child under the age of 18 who is placed by a 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 full-time for the child, are eligible for the Program.

Under the Relative Caregiver Program, the child may be in temporary custody of the relative under the protective supervision of the DCF, may be placed under guardianship,<sup>49</sup> or may be placed permanently with the relative.<sup>50</sup> Either of the last two options is considered a permanency

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<sup>45</sup> See s. 409.962(13), F.S.

<sup>46</sup> See s. 409.974(1), F.S.

<sup>47</sup> Section 39.001(1)(k), F.S.

<sup>48</sup> Chapter 98-403, s. 70, Laws of Florida.

<sup>49</sup> Section 39.6221, F.S.

<sup>50</sup> Section 39.6231, F.S.

placement for the child. Continued supervision of the placement by the DCF is required under the permanent placement option, but not under the guardianship option.

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."<sup>51</sup>

The DCF 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 studies by the DCF. 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 an average annual total of \$3,087 per child.<sup>51</sup>

### **Public Disclosure of Child Deaths**

There is currently no mechanism by which child deaths that have been reported to the DCF's child abuse hotline are made public. Arkansas has a database by which such deaths are reported, along with basic facts related to the case. This information is made available through the Arkansas social services website.<sup>52</sup>

### **Child Abuse Death Review Committee**

The State Child Abuse Death Review Committee (CADR) was established in Florida in 1999 by statute.<sup>53</sup> Case reviews began in 2000 and were expanded in 2004 to include all verified child abuse deaths. Current law establishes the CADR and local child abuse death review committees within the Department of Health (DOH).<sup>54</sup> The CADR is composed of 18 members, including experts from the medical, law enforcement, social services, and advocacy professions.<sup>55</sup>

Members convene every other month to review facts and circumstances of the deaths of children whose deaths have been investigated by the DCF and closed with a "verified" 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:<sup>56</sup>

- Developing a community-based approach to address child abuse deaths and contributing factors;

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<sup>51</sup> Department of Children and Families, *SB 770 Fiscal Analysis* (Feb. 4, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>52</sup> Arkansas Department of Human Services, Child Fatality Notification, *available at* <https://ardhs.sharepoint.com/CFN/default.aspx> (last visited March 4, 2014)

<sup>53</sup> Section 383.402, F.S.

<sup>54</sup> Section 383.402(1), F.S.

<sup>55</sup> Section 383.402(2)(a) and (b), F.S.

<sup>56</sup> Section 383.402(1), F.S.

- 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 CADR is required to submit an annual statistical report to the governor and the Legislature by December 31 containing recommendations to reduce preventable child deaths.<sup>57</sup>

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.<sup>58</sup>

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 DCF as being related to child abuse or neglect. The CADR received 126 cases for review during the period of January through November 2012. The CADR is statutorily limited to the review of "verified" child death reports.<sup>59</sup>

### **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 DCF to contract with established community-based organizations to establish pilot projects for the provision of foster care and related services.<sup>60</sup> In 1998, the Legislature required the DCF to privatize the provision of all foster care and related services statewide. The transition was completed in Fiscal Year 2004-2005. Currently, there are 19 community-based care lead agencies (lead agencies) providing child welfare services statewide.

From the beginning of the outsourcing of child welfare services, s. 409.1671, F.S., has been the primary statute providing legislative direction for 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 the DCF in an outsourced child welfare system.

In addition, currently there is not a statutory requirement that the lead agencies be incorporated under Florida law. Also, the duty to provide community input for lead agencies is buried in the other duties ascribed to DCF Community Alliances, which are at present located in the DCF organizational statute, ch. 20.19, F.S.

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<sup>57</sup> Section 383.402(3)(c), F.S.

<sup>58</sup> Child Abuse Death Review Committee, *Annual Report* (Dec. 2012), available at <http://www.floridahealth.gov/alternatesites/flcadr/reports.html> (last visited Dec. 9, 2013).

<sup>59</sup> *Id.*

<sup>60</sup> Chapter 96-402, Laws of Florida.

## Unlawful Desertion of a Child

Adoption is a legal process, but the process is not always properly carried-out, which can put children in danger. Beginning on September 9, 2013, Reuters New Service published a five-part series, entitled “The Child Exchange,” which exposed how American parents were using Internet message boards to find new families for children 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.<sup>61</sup> The investigative series found:

- An advertisement for re-homing appeared, on average, at least once per 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 had been adopted from foreign countries;
- Only 29 states have laws that govern how children can be advertised for adoption;<sup>62</sup> and
- The Interstate Compact for the Placement of Children, which is meant to be a safeguard against the improper placement of children across state lines, is often not enforced by law enforcement.<sup>63</sup>

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 the Department of Children and Families (DCF) to appoint an assistant secretary for child welfare to spearhead the DCF’s efforts to carry out its duties and responsibilities for child protection and child welfare, and specifies the qualifications for a person appointed to that position. This section also provides new membership criteria for the DCF community alliances and adds the new duty of providing independent and community-focused assessment of child protection and child welfare services and the local system of community-based care.

**Section 2** amends s. 39.001, F.S., to:

- Provide that the safety of children is the paramount concern of the chapter;
- Require that partnerships for child protection should include the courts, law enforcement agencies and service providers, as well as the DCF, other agencies, and local communities;
- Emphasize the importance of siblings remaining in contact with one another;
- Preserve and strengthen families caring for medically complex children; and
- Make specific provisions relating to medically complex children.

**Section 3** amends s. 39.01, F.S., to provide definitions for “impending danger,” “medical neglect,” “present danger,” “safety plan,” and “sibling” and to remove obsolete provisions.

<sup>61</sup> Megan Twohey, *The Child Exchange*, REUTERS, (Sept. 9, 2013), available at <http://www.reuters.com/investigates/adoption/#article/part1> (last visited Mar. 3, 2014).

<sup>62</sup> Florida is one of the 29 states that have addressed this issue. See s. 63.212(1)(g), F.S.

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



**Section 4** amends s. 39.013, F.S., to require that the DCF be represented by legal counsel in every dependency proceeding and to give direction to DCF lawyers.

**Section 5** amends s. 39.201, F.S., to require that all incidents of juvenile sexual abuse involving a child who is in the custody of or under the supervision of the DCF to be reported to the child abuse hotline and to require the DCF to inform the court at the next hearing or in its next report to the court about the facts and results of such investigations of child sexual abuse.

**Section 6** creates s. 39.2015, F.S., to establish a critical incident rapid response team within the DCF, to outline its duties and composition, and to require cooperative agreements with other entities and organizations to facilitate the work of the team. This section also requires that the reports of the team be published on the DCF website. The DCF secretary is required to develop guidelines and training for the teams, directing them to conduct a root-cause analysis for each incident. In addition, the secretary is directed to appoint an advisory committee to conduct an independent review of the reports of the critical incident rapid response teams and submit a report to the secretary, who is required to provide the report to the governor, the president of the Senate, and the speaker of the House of Representatives.

**Section 7** creates s. 39.2022, F.S., to require the DCF to report on its website basic facts about all deaths of children reported to the DCF child abuse hotline and describes the information to be posted on the website.

**Section 8** amends s. 39.301, F.S., to provide direction to investigators about the use of safety plans during the investigation of allegations of child abuse, neglect, or abandonment.

**Section 9** amends s. 39.303, F.S., to require that child protection teams evaluating a report of medical neglect and assessing the health care needs of a medically complex child consult with a physician who has experience in treating children with the same condition.

**Section 10** creates s. 39.3068, F.S., to describe special procedures to be followed when investigating a report of medical neglect.

**Section 11** amends s. 39.307, F.S., to describe procedures for the DCF to follow after receiving a report to the child abuse hotline alleging that a child is involved in child sexual abuse or inappropriate sexual behavior.

**Section 12** amends s. 39.402, F.S., to provide that the DCF must, as part of the information presented to the dependency court at a shelter hearing, describe its reasonable efforts to keep siblings together after removal, unless the court finds that placement together is not in the best interest of the children. Reasonable efforts to keep sibling together must include short-term placement in a group home with the ability to accommodate sibling groups if such a placement is available. This section also requires that, if siblings cannot be placed together, the DCF must provide a recommendation for frequent visitation or other ongoing interaction among the siblings unless this 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 after the shelter hearing, the DCF must provide justification to the court for the delay.

**Section 13** amends s. 39.501, F.S., to add noncompliance with a safety plan as information to be included in a petition for dependency.

**Section 14** amends s. 39.504, F.S., to add compliance with a safety plan to the actions which may be ordered by the court in issuing an injunction to protect a child.

**Section 15** amends s. 39.5085, F.S., to add nonrelative caregivers to those who qualify for the DCF relative caregiver program. These placements are already used by the DCF, but with this change, nonrelatives may be reimbursed for the cost of caring for the child.

**Section 16** amends s. 39.604, F.S., (the Rilya Wilson Act) to change the beginning age when a child under court-ordered supervision or in the custody of the DCF must be enrolled in child care from age three to birth. Enrollment in such a program is made a part of the child's safety plan. The requirement extends until the child is enrolled in school.

**Section 17** amends s. 39.701, F.S., to require the DCF to report to the court at the time of judicial review hearings the frequency, kind, and duration of contacts among siblings during placement, as well as any efforts undertaken to reunite separated siblings if doing so is in the best interest of the children.

**Section 18** amends s. 39.802, F.S., to remove a requirement that petitions for termination of parental rights be signed by an employee of the DCF.

**Section 19** amends s. 63.212, F.S., to clarify provisions relating to the advertisement of minors available for adoption.

**Section 20** amends s. 383.402, F.S., to direct the child abuse death review committees of the Department of Health to review all deaths of children reported to the DCF child abuse hotline, not just deaths verified as caused by abuse or neglect. This section also changes the due date of the annual report of the statewide committee from December 31 to October 1 of each year.

**Section 21** amends s. 402.40, F.S., to require that third-party credentialing entities maintain an advisory committee and specifies the membership of such committees. The bill also provides that the DCF may approve certifications involving specializations in serving specific populations or in skills relevant to child protection.

**Section 22** 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 the DCF, 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 allows the DCF to hire persons with bachelor's degrees or master's degrees in other human services-related fields if no viable candidates are available with social work degrees. However, such employees are required to complete certification requirements and at least six credit hours of college level coursework related to the child protection field within three years of employment. Child protective investigators and child protective investigation supervisors hired by a sheriff's office must have a bachelor's degree and, within three years of hire, complete at least six credit hours of college level casework with direct

application to the child protection field. This section requires specialized training for child protective investigators and supervisors and specifies the content and deadline for such training. This section also describes training required for attorneys hired after July 1, 2014, to represent the DCF in child welfare cases.

**Section 23** creates s. 402.403, F.S., to establish a child protection and child welfare personnel tuition exemption program and sets out the qualifications for obtaining the exemption. The program is for high-performing child protection and child welfare personnel who do not have a master's degree in social work or a certificate in an area related to child welfare.

**Section 24** creates s. 402.404, F.S., to establish a student loan forgiveness program for child protection and child welfare staff 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.<sup>64</sup> The bill allows the DCF or a lead agency to pay up to \$3,000 per year towards the student loan debt as an incentive for degreed social workers to become child protection or child welfare personnel. The DCF is directed to prioritize the use of funds appropriated for this purpose to regions with high average caseloads and low workforce retention rates.

**Section 25** amends s. 409.165, F.S., to direct the DCF to work with relevant state and local agencies to develop medical foster homes for medically complex children and to provide such services as may be necessary to maintain such children in the least restrictive and most nurturing environment consistent with their needs. The bill also provides that funds for the care of such children can be spent for care in their own homes or the homes of relatives if the children can be safely served and the cost is equal to or less than the cost of out-of-home placement.

**Section 26** 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 the DCF and the Agency for Health Care Administration (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 27** amends s. 409.972, F.S., to exempt Medicaid recipients residing in a group home facility licensed under chapter 393 from mandatory managed care enrollment.

**Section 28** directs the Division of Law Revision and Information to create part V of ch. 409, F.S., to be entitled "Community-Based Child Welfare."

**Section 29** moves and revises 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.

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<sup>64</sup> Data provided by the Florida Board of Governors, (Feb. 11, 2014) (on file with the Senate Committee on Children, Families, and Elder Affairs).

**Section 30** moves and revises provisions from s. 409.1671, F.S., to create s. 409.987, F.S. The new section clarifies the requirements for the DCF to procure community-based care lead agencies. The procurement must be conducted through a competitive process required by ch. 287, F.S. The bill sets the requirements for an entity to compete for the award of a contract as a lead agency. The bill requires that the procurement be done in consultation with local community alliances. The bill also requires that upon award and execution of a contract between the DCF and a lead agency, the parties must enter into a letter of engagement that the DCF will provide legal representation of the lead agency or its subcontractors for the preparation and presentation of dependency court proceedings without charge to the lead agency or subcontractor.

**Section 31** moves and revises 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 lead agencies and to authorize subcontracting for the provision of child welfare services.

**Section 32** moves and revises 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 33** moves provisions from 409.16713, F.S., to create s. 409.991, F.S. The new section remains unchanged and describes the allocation of funds for lead agencies.

**Section 34** moves and revises provisions from s. 409.1671, F.S., to create s. 409.992, F.S. The new section provides for lead agency expenditures, requiring that these expenditures be governed by financial guidelines developed by the DCF and must comply with applicable state and federal law as well as good business practices. The auditor general is authorized to provide technical assistance in the development of the guidelines.

**Section 35** moves and revises 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 36** transfers and renumbers the current s. 409.1675, F.S., to create s. 409.994, F.S., describing lead agencies and receivership.

**Section 37** creates s. 409.996, F.S., to describe the duties of the DCF in contracting for community-based child welfare services.

**Section 38** creates s. 409.997, F.S., to establish a child welfare results-oriented accountability system. The section requires that the DCF maintain a comprehensive 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 DCF 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 39** creates s. 409.998, F.S., to add duties relating to community-based care to community alliances established in s. 20.19, F.S.

**Section 40** creates s. 827.10, F.S., to establish the criminal offense of unlawful desertion of a child and provides definitions and penalties. This will provide a tool for prosecutors to stop the unlawful adoptions practice referred to as “re-homing.”

**Section 41** amends s. 985.04, F.S., to correct a reference.

**Section 42** creates s. 1004.615, F.S., to establish the Florida Institute for Child Welfare (FICW) and to set forth the purpose, duties, and responsibilities of the institute. The FICW is defined as a consortium of the state’s public and private university schools of social work. The FICW is charged 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. The bill requires the FICW to provide a report annually by October 1 to the governor, the president of the Senate, and the speaker of the House of Representatives to describe its activities in the preceding fiscal year, present significant research findings and results of other programs, and make specific recommendations for improving child protection and child welfare services.

**Section 43** amends s. 1009.25, F.S., to add child protection and child welfare personnel who meet specified criteria to the list of persons exempted from payment of tuition and fees at a state college or state university under certain circumstances.

**Section 44** repeals s. 402.401, F.S., which contains provisions relating to student loan forgiveness. The bill makes this statute obsolete.

**Section 45** repeals s. 409.1671, F.S., which this bill makes obsolete.

**Section 46** repeals s. 409.16715, F.S., whose provisions are modified and included in this bill.

**Section 47** repeals s. 409.16745, F.S., whose provisions are modified and included in this bill.

**Section 48** repeals s. 1004.61, F.S., which contains the current-law provisions relating to partnerships between the DCF and state schools of social work. The bill makes this statute obsolete.

**Section 49** corrects a cross-reference in s. 39.201, F.S.

**Section 50** corrects a cross-reference to s. 39.302, F.S.

**Section 51** corrects a cross-reference to s. 39.524, F.S.

**Section 52** corrects a cross-reference to s. 316.613, F.S.

**Section 53** corrects a cross-reference to s. 409.1676, F.S.

**Section 54** corrects a cross-reference to s. 409.1677, F.S.

**Section 55** corrects a cross-reference to s. 409.1678, F.S.

**Section 56** corrects a cross-reference to s. 409.906, F.S.

**Section 57** corrects a cross-reference to s. 409.912, F.S.

**Section 58** corrects a cross-reference to s. 409.91211, F.S.

**Section 59** corrects a cross-reference to s. 420.628, F.S.

**Section 60** corrects a cross-reference to s. 960.065, F.S.

**Section 61** 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 CS/SB 1666.

C. Government Sector Impact:

The bill has fiscal impacts that are anticipated to be addressed in the General Appropriations Act, which could include the following:

The annual cost of an additional assistant secretary and an executive assistant in the DCF will be approximately \$260,000.

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 DCF 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 could be \$247,143 each year.

The requirement in the bill that 80 percent of new Child Protective Investigators (CPIs) and supervisors hold a social work degree should have little or no fiscal impact. 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 appropriated 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 estimate could range as high as \$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.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 20.19, 39.001, 39.01, 39.013, 39.201, 39.301, 39.302, 39.303, 39.524, 39.307, 39.402, 39.501, 39.504, 39.5085, 39.604, 39.701, 39.802, 63.212, 316.613, 383.402, 402.40, 409.165, 409.16713, 409.1675, 409.1676, 409.1677, 409.1678, 409.906, 409.912, 409.91211, 409.967, 409.972, 420.628, 960.065, 985.04, and 1009.25.

This bill creates the following sections of the Florida Statutes: 39.2015, 39.2022, 39.3068, 402.402, 402.403, 402.404, 409.986, 409.987, 409.988, 409.990, 409.992, 409.993, 409.996, 409.997, 409.998, 827.10, and 1004.615.

This bill repeals the following sections of the Florida Statutes: 402.401, 409.1671, 409.16715, 409.16745, and 1004.61.

## IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

### **Recommended CS by Appropriations Subcommittee on Health and Human Services on April 2, 2014:**

The Committee Substitute:

- Retains the current responsibilities for DCF community alliances but adds new duties related to child protective services and child welfare services;
- Amends the purposes of ch. 39, F.S., to emphasize that the safety of children is the paramount concern;
- Directs the DCF to investigate all calls of child-on-child sexual abuse for children in its custody or under its supervision;
- Strengthens provisions relating to safety plans for children who have been abused, neglected, or abandoned by their caregivers;
- Responds to judicial concerns by clarifying the role and training of DCF lawyers, as well as the relationship between the lawyers and caseworkers or investigators;
- Strengthens the requirement for the DCF to keep siblings together when they are removed from their homes and requires that temporary placement in appropriate group homes be considered for this purpose, if available;
- Extends the requirement of the Rilya Wilson Act that children supervised by or in the custody of the DCF attend a child care program five days a week so that children are covered from birth, rather than from age three, to school entry;
- Establishes a new criminal offense of unlawful desertion of a child and provides for penalties;
- Establishes qualifications for hiring child welfare workers as well as protective investigators and supervisors and expands tuition exemption similarly;
- Excludes protective investigative staff in sheriffs' offices from the requirement for social work degrees but requires sheriffs' staff to acquire training as a part of certification process; and
- Reorganizes and updates statutes relating to community-based child welfare, placing these provisions in a new part V of ch. 409.

- B. **Amendments:**

None